Statement of U.S. Rep. Dave Weldon, M.D. (FL-15)

Submitted for the Record

Committee on Health, Education, Labor, and Pensions

Hearing on
OxyContin: Balancing Risks and Benefits

February 12, 2002

Mr. Chairman and members of the Committee, prior to coming to the Congress of the United States in 1994, I practiced internal medicine for 15 years both in the Army and eight years in private practice. During that time period, I had an extensive opportunity to treat many patients with a variety of conditions, which required high doses of narcotic pain relievers to manage their condition.

These included terminal patients with metastatic bone cancer, which can be excruciatingly painful. It also included many patients with chronic conditions that were unmanageable by any other method other than through the use of narcotic pain relievers.

Several years ago, it was recognized by the medical community working in coordination with government officials that many patients with chronic pain and many terminal patients were being grossly undertreated with narcotic pain relievers due to fears on the part of the attending physicians over using these drugs.

These fears included: (1) the possibility of Drug Enforcement Agency (DEA) investigations of their medical license for prescribing excessive amounts of narcotics, (2) the possibility of turning patients into "narcotic addicts," and (3) the development of complications from high doses of narcotic pain relievers and the associated complications that can occur from them such as severe constipation.

Without adequate pain management, most patients are unable to engage in work, family, and community life. The severe and chronic pain they experience leaves them desperate, depressed, and unable to heal from their primary injury or condition. For terminal patients, such as those suffering from cancer, the inadequate treatment of pain reduces their already diminished quality of life.

It was in this environment that government and medical officials came together and recognized that there was a serious problem in that many of these patients were being undertreated because of unwarranted fears and concerns of practitioners. Specifically, the medical community and the government came together to recognize that narcotic pain relievers can be used in very high doses for (1) the management of terminally ill patients and (2) for extended periods of time in patients with chronic pain conditions. The medical community also learned how to properly manage the complications of narcotic pain relievers.

Following this, an extensive education program was pursued on the part of the government and health care professionals to educate prescribing physicians, particularly, in the specialty of anesthesiology and oncology.

I was involved in this entire process in my clinical practice. I saw many patients who had been undertreated moved into the new environment where they could receive the proper doses they needed so that their pain could be properly managed and they could return to a functional level in society.

Understandably, as there has been more widespread prescribing of these drugs in this new environment and those who suffer from pain have been the largest beneficiaries. There has also been a much greater tendency for some of these products to be siphoned off and used illicitly.

As you, Mr. Chairman, and the members of your Committee pursue policies to address the abuse of certain drugs, I would make the following recommendations to you:

1) Your highest priority should be to give DEA and other investigative agencies both at the federal and state level the necessary funds, resources, and authority (DW had laws) they need to properly track these drugs as they move from the manufacturing facility to patients. It is my opinion that we do not have a proper system in place at this time and that the adoption of reforms in the system are more important than singling out one particular drug for elimination. I say this because there are multiple other products with as great a potential for abuse as OxyContin, and, should this drug be removed from the market, it is my opinion that other drugs will simply be abused in its place. It is therefore very important that we make the systematic changes necessary to prevent abuse as has occurred in the past from occurring in the future.

2) Secondly, and more importantly, it is extremely important that we do not create a climate of fear in the medical community about prescribing these drugs. If that were to occur, patients will again be undertreated for their pain and will suffer unnecessarily.

In the last six years of my private practice, prior to coming to Capitol Hill, I accumulated over time a fairly extensive group of patients that I was managing with a variety of chronic pain syndromes. Many of these patients came to my practice because other physicians in the community were not treating their pain properly and, specifically, in many instances, were underprescribing the necessary medications to provide them adequate relief. It would be most unfortunate if we were to turn the clock back on these patients causing them to suffer unnecessarily.

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