



October 19, 2015

Mr. Chuck Rosenberg
Acting Administrator
Drug Enforcement Administration
8701 Morrissette Drive
Springfield, VA 22152

Dear Acting Administrator Rosenberg:

I write today to urge your consideration of the National Safety Council (NSC) policy recommending additional medical training for practitioners prescribing opioids for pain relief.

The National Safety Council is a 100 year-old Congressionally chartered nonprofit safety organization dedicated to saving lives by preventing injuries and deaths at work, in homes and communities, and on the roads through leadership, research, education, and advocacy. Our more than 13,000 member companies represent nearly 8 million employees at more than 50,000 U.S. worksites, and we had overwhelming support for this new policy.

America's drug overdose epidemic is taking too large a toll, and ending far too many lives too soon. More than 43,000 families lost loved ones in 2013 to this epidemic, and more than half of these deaths were related to prescription medications--mostly opioid painkillers and benzodiazepines. The Drug Enforcement Agency (DEA) has been on the front lines of this fight, arresting those prescribers who operate outside the realm of accepted medical practice, fining the distributors and pharmacies who fail to prevent diversion of controlled substances, and witnessing first-hand the terrible impact of drug abuse. We applaud your efforts and the work of your agents in the field.

Opioids, as you know, are the first step to addiction for many drug abusers, and access to these medications is all too easy. The Centers for Disease Control and Prevention (CDC) has shown that the increase in opioid-related fatalities and treatment admissions parallels the increase in sales of opioid pain relievers. The supply of these opioids remains high with more than 259 million prescriptions written in 2012.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reports that more than 1.8 million Americans are addicted to opioid painkillers. Tragically, some people, as their addiction proves too costly, will turn to heroin. According to a study in the Journal of Drug and Alcohol Dependence, more than three out of four new heroin users began their addiction with opioid pain pills. It is clear that the overprescribing of opioids for pain is contributing significantly to our Nation's drug overdose epidemic.

Deborah A.P. Hersman, PRESIDENT & CEO

making our world safer®

The Controlled Substances Act of 1970 (CSA) requires additional physician screening by the DEA when prescribing controlled substances, including most opioid pain medications. However, prescribers receive minimal training on pain management or prescription drug abuse and addiction in medical school and while practicing. Further, drugs of abuse change over time and often differ by region of the country, and new drugs are periodically introduced in the marketplace. Requiring and regulating continuing medical education would address this knowledge gap.

We would embrace the opportunity to work together in those areas where our interests intersect. The National Safety Council, like your organization, recognizes the staggering impact of drug abuse on our communities and our citizens and is committed to pursuing the small changes that can make enormous differences.

It is with this commitment and passion, therefore, that the National Safety Council urges the DEA to use its authority under the CSA to establish a national training requirement as part of a medical practitioner's initial and subsequent renewal of registration under CSA. The proposed training curricula should include the following topics:

- Relative efficacy and risks of medications used to treat acute and chronic pain
- Responsible prescribing, including the use of tools such as state prescription drug monitoring programs
- Linkage to treatment for those with addiction

This proposed change would not pose an undue burden to licensed medical practitioners as they are presently required to receive continuing medical education as part of their State licensure and/or Board Certification. Also, only those practitioners who apply with the DEA would be subject to the requirement. Further, this action by the DEA would likely prompt medical schools to change their curricula to meet this new requirement.

We hope you will adopt this policy recommendation from NSC, which has already been instituted in some states. A national training requirement will reduce the supply of opioids, save lives and improve the treatment of pain.

Thank you for your continued leadership and your consideration of our recommendation which would save lives and prevent injuries due to opioid abuse.

Sincerely,



Deborah A.P. Hersman