

I am a pain and illness patient advocate and the Vice President of The Doctor Patient Forum, a national nonprofit. Since 2017, we have spoken to and advocated for tens of thousands of patients in pain. Over the past several years, one of the most pressing issues we have encountered is the shortage of opioids at pharmacies. Many stable patients are forced to endure withdrawal and debilitating pain due to a lack of access to their prescribed medications.

Due to the red flagging system (created by and enforced by DEA) which includes number of pharmacies a patient uses, distance from patient to pharmacy, and overlapping prescriptions, many of these patients are now flagged due to no fault of their own. As a result, many patients find themselves flagged and cut off from their medications, exacerbating their suffering. In August 2023, the DEA introduced a revised regulation allowing DEA-registered retail pharmacies to transfer electronic prescriptions for controlled substances (schedules II-V) to other pharmacies at a patient's request. Although this was helpful to patients, the DEA did nothing to remove the red flagging system. This allowance caused patients to be red flagged and marked as "high risk," making it difficult for them to get adequate care in the healthcare system.

Contrary to the popular narrative, there is evidence of efficacy and safety of long-term opioid therapy for chronic non-cancer pain. (Kollas CD, Ruiz K, Laughlin A. Effectiveness of Long-Term Opioid Therapy for Chronic Pain in an Outpatient Palliative Medicine Clinic. *J Palliative Med.* 2024 Jan;27(1):31-38. doi: 10.1089/jpm.2023.0251. Epub 2023 Aug 8. PMID: 37552851; PMCID: PMC10790545). Additionally, the risks associated with sudden disruptions to opioid therapy—such as death from suicide or overdose—are well-documented. These patients are cherished members of families and communities - somebody's mother, father, son, daughter, grandparent, or friend.

Our organization vehemently opposes the proposal from DEA to cut production of prescription opioids in 2025. The misapplication of the 2016 CDC Guidelines has been thoroughly documented with warnings against sudden discontinuation, non-consensual tapers, and patient abandonment. Yet, these harmful practices continue to escalate. Government agencies, including the DEA, seem to disregard fifteen studies indicating that forcibly cutting patients off opioids—regardless of dosage, duration, or medication combinations—always poses greater risks than allowing them to continue their treatment regimen. (see attached file for a list of studies).