May 15, 2022

Wi. Medical Examining Board
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To the Wisconsin Medical Board:

The biggest takeaway we want the board to address is that putting an MME limit on opioids is wrong, scientifically; also, the horrendous idea to limit opioids to 50 MME (morphine milligram equivalents) will harm many people, and benefit no one! We also need confirmation from the WI-MEB how this will affect addiction doctors and addiction centers. Individuals that suffer from painful diseases and addiction/PWUD (people who use drugs) alike are both *not* opioid naïve, so why currently is there an MME limit recommendation for the State of Wisconsin's pain patients but not for addicts/PWUD? Why the bias?

Then the question must be asked; "What is the science behind MME?" Two pain management physicians and one pharmacist created the Von Korff reference based solely on their similar opinions of what the conversion should be.[1,2] We hope you all see the fallacy in the idea of MME and are appalled at the thought of MME prescribing limits being held up as a rule and standard for doctors to follow. Because we, the patients suffering under arbitrary MME prescribing limits – we sure are.

The state of Wisconsin is a horrific mess in regards to a person's ability to receive substantiated proper, adequate, individualized treatment for pain. So many people who are suffering long-term painful diseases are not able to find a doctor to treat their pain. Doctors that used to do this important work have been wrongly targeted and barred from prescribing. Spinal stenosis, Crohn's disease or ulcerative colitis, sickle cell, multiple sclerosis; these people get turned away because it's "chronic pain." However, pain is pain, acute or chronic, there is no difference and *yes*, opioids do work for the reduction of chronic pain. Got cancer? These days we've received many reports of patients who have received no opioids for that pain either. People living with daily pain in our state (even as mentioned, people with cancer pain) are told to take Tylenol and ibuprofen because the WI-MEB, DOJ,

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and the DEA are watching. Providers know this won’t work for the extreme, round-the-clock pain these patients report, yet they continue to rely on off-label medicines like gabapentinoids, SSRIs, or NSAIDs that with chronic use absolutely ruin patients' stomach, liver, and/or kidneys.

Even our state's children are not having their pain effectively treated because they are “too young.” Ignore that child’s pain today and tomorrow when they are a little older, they have learned that the only way to get pain relief is to find it for yourself, AKA the streets. When we deny children at such an impressionable age, they also end up suffering from medical PTSD and avoiding care, even basic preventative care. We literally just heard from a mother whose teenage daughter is inconsolable at the thought that she might have cancer, not because she’s afraid of fighting the disease but because she and her mom are under-treated chronic pain patients, and she doesn’t trust US healthcare providers to help her fight cancer and manage her pain. She’s only 17.

Palliative care is almost impossible to find and qualify for even when it is obvious patients need it and qualify for it. Hospice care used to bring us some comfort, knowing our dying loved ones would be kept comfortable. Now our dying loved ones are being tortured until death. It's hit or miss if they’ll receive that beneficial dose of opioids. Their loved ones are told, "We don't want them getting addicted." What, as they lay dying, moaning, and writhing in pain?! The stigma around pain management is so bad that it's literally reached hospice caregivers to this level. It is truly appalling.

What is left for those of us in the State of Wisconsin who suffer from incurable illnesses and disabilities is a just few brave doctors who can half-treat people’s pain due to this flawed concept of an MME; but take note there are not enough of these doctors, and many people are suffering. People are actively contemplating suicide. They are finding tainted illicitly manufactured fentanyl on the street, or forced to wait for their body to have a stroke or heart attack caused by increased blood pressure and heart rate because of untreated pain.

We don’t understand why a recent MEB editorial mentions 50 MME as the ideal generalized "goal" for the treatment of pain. What is this supposed to accomplish other than the absolute torture for millions? Shouldn't the goal be adequate pain management for each individual? The evidence shows that prescription opioids are *not* the cause of overdose deaths; in fact, prohibition tactics have fueled street market profits from failed patients looking to the black market for help, and caused

an overwhelming increase of accidental overdose deaths.[3,4,5] Targeting FDA-approved pain relievers, opioids, is causing harm to millions, including PWUD.

Please don't make Wisconsin another bandwagon clique. Please do not implement any form of 50 MME. Revoke the current MME limit that you have. Please help find us doctors that will prescribe for cancer pain, acute pain, after surgery, for children in pain, and absolutely for chronic pain. The lack of long-term studies for opioids and chronic pain is not the same as proof they don't work.[3] In fact, the dichotomy between patients' reported quality of life when able to access their individualized pain management care plan vs. their lack of quality of life and/or independence when they are force-tapered to arbitrary limits should function as its own body of evidence.

References

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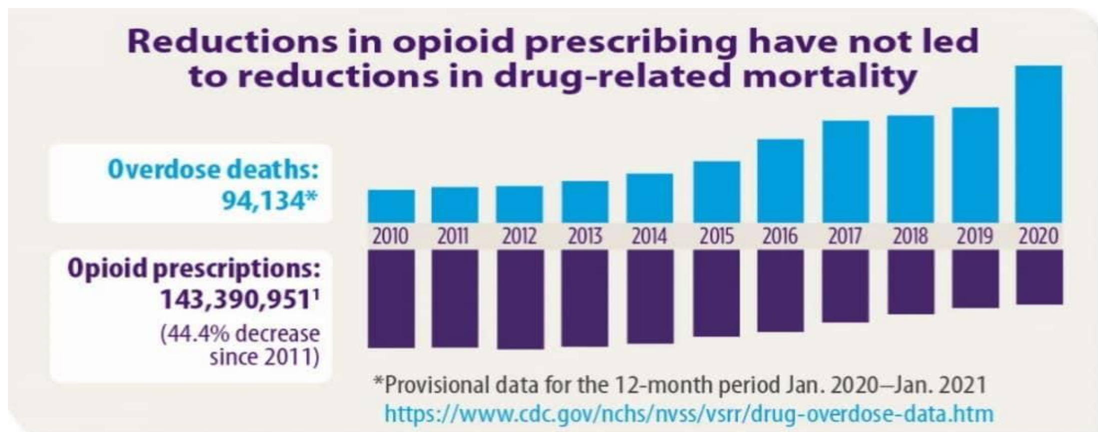
5. 

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