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# **American Society of Addiction Medicine**

4601 North Park Avenue • Upper Arcade Suite 101 • Chevy Chase, MD 20815-4520 Treat Addiction • Save Lives

May 24, 2012

The Honorable Joe Manchin III 311 Hart Senate Office Building United States Senate Washington, DC 20510

Dear Senator Manchin:

On behalf of the members of the American Society of Addiction Medicine (ASAM), I am writing in support of your bill, S. 2297, to make any substance containing hydrocodone a schedule II drug.

It has been over 40 years since hydrocodone was originally classified as a Schedule III drug, per the Controlled Substances Act (CSA). At that time, neither the abuse liability nor the potency of hydrocodone were well understood. Today, we know that this drug is both potent and highly addictive. Unfortunately, the CSA still misclassifies hydrocodone as a drug with a potency that is six times weaker than that of oral morphine when, in fact, hydrocodone and morphine have the same potency (e.g., a 10mg dose of oral hydrocodone produces the same effects as a 10mg dose of oral morphine.) This misclassification also misrepresents the addiction potential of this drug. There is widespread agreement that hydrocodone has the same abuse liability as oxycodone and other Schedule II opioids.

ASAM is a professional medical society representing close to 3,000 physicians dedicated to increasing access and improving quality of addiction treatment, educating physicians and the public, supporting research and prevention, and promoting the appropriate role of physicians in the care of patients with addictions. Our members know, first-hand, that hydrocodone is no less addictive than oxycodone or other opioids that are classified as Schedule II. Many ASAM members treat patients who developed opioid addiction after medical and/or recreational use of hydrocodone. In fact, some of our members believe that a majority of their opioid addicted patients began their addiction using hydrocodone. This should not be surprising since the misclassification of hydrocodone allows the drug to be readily available in our medicine chests and in high schools and college dorm rooms around the country.

The United States is currently facing its worst drug epidemic in 40 years, according to the CDC. Drug overdose deaths now exceed the number of

overdose deaths from the heroin epidemic of the 1970s and the crack cocaine epidemic of the 1980s, combined. Updating the classification of hydrocodone in the CSA would be one of the single most important interventions the federal government could implement to bring this raging epidemic under control. At a future time, ASAM would be pleased with the opportunity to comment on the scheduling status of other agents where we believe a "fresh look" would be helpful, e.g., carisoprodol, tramadol, and nalbuphine.

Thank you for your attention to this matter. Please reach out to me or to ASAM's Executive Vice President/CEO, Penny Mills, if we can be of further help in this or other addiction-related matters.

Sincerely,

that Attan and

Stuart Gitlow, MD, MBA, MPH, FAPA Acting President, American Society of Addiction Medicine