



U. S. Department of Justice
Drug Enforcement Administration

www.dea.gov

Washington, D.C. 20537

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Jane M. Orient, M.D., F.A.C.P.
Executive Director
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and Surgeons, Inc.
1601 N. Tucson Boulevard, Suite 9
Tucson, Arizona 85716-3450

Dear Dr. Orient:

This is in response to your correspondence dated April 23, 2003 and April 25, 2003, to the Drug Enforcement Administration (DEA) and Attorney General John Ashcroft, respectively. In your letters, you expressed concern about the DEA's role in investigating the prescribing of opioid pain medications by physicians and the detrimental effect these investigations may have on physicians' willingness to treat patients suffering from chronic pain. You also mentioned a number of cases involving the arrests of doctors, which you cite as examples of prosecutorial abuse.

Please be assured that the DEA is not attempting to prevent patients with legitimate medical needs from receiving treatment, including opioid medication, intended to alleviate their pain. The DEA is mandated by federal law to prevent, detect, and investigate the diversion of pharmaceutical controlled substances that have the potential for abuse. However, this mandate is continuously balanced with our commitment to ensuring that patients truly in need of these substances have adequate access to them. The DEA does not establish medical practice guidelines or regulate the practice of medicine per se. In fact, federal laws and regulations do not attempt to define "legitimate medical need" nor do they set standards as to what constitutes the usual course of professional practice. The DEA relies on the medical community to make these determinations.

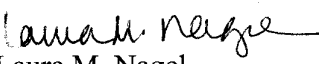
In keeping with this reliance on standards set by medical professionals for medical professionals, the DEA has been a strong supporter of the Federation of State Medical Board's "Model Guidelines for the Use of Controlled Substances for the Treatment of Pain." The DEA recognizes that these guidelines, a copy of which is enclosed, are invaluable in assisting both medical professionals and regulators in determining the appropriateness of opioid prescribing.

As previously stated, the DEA is required by law to investigate the diversion of pharmaceutical controlled substances, including diversion that may stem from inappropriate prescribing or dispensing by physicians. These investigations are most frequently initiated following the receipt of a complaint from a concerned citizen. While it would be inappropriate to comment on the investigations you specifically mentioned, you may be assured that treatment guidelines established by specialists in the medical community are taken into account when considering initiating any action against a physician.

In addition to supporting the establishment of treatment guidelines, the DEA is engaged in ongoing dialogues with healthcare groups and patients' rights advocates in order to achieve a balanced approach to the prescribing and regulating of therapeutically beneficial yet potentially harmful medications. In fact, the need for such a policy was announced by the DEA and 21 health organizations in a joint statement on October 23, 2001. A copy of this joint statement is enclosed for your review. Furthermore, the DEA continues to work with several prominent pain treatment experts in pursuing initiatives to increase the level of awareness among healthcare professionals regarding the appropriateness of opioid prescribing, ways to detect drug-seeking behavior, and the DEA's role in overseeing the handling of pharmaceutical controlled substances.

I trust this information helps to allay your concerns about the DEA's commitment to ensuring that patients with legitimate medical needs have adequate access to pharmaceutical controlled substances. For additional information regarding the DEA's Office of Diversion Control, you may access our web site at www.DEAdiversion.usdoj.gov.

Sincerely,


Laura M. Nagel
Deputy Assistant Administrator
Office of Diversion Control

Enclosures