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NCIC Clerk

March 1, 2018

Kendall M. Bourdon
NC Industrial Commission
1233 Mail Service Center
Raleigh, NC 27699-1233

Dear Ms. Bourdon,

On behalf of The Rehab Center and myself, I would like to applaud the efforts of the North Carolina Industrial Commission, with its proposed rules under 04 NCAC 10M .0101, to work toward containing the widespread and reckless opioid prescribing practices that have resulted in the death and untold damage to countless lives in North Carolina and throughout the United States. This is a bold first step. I hope that these efforts will be fruitful and lead to greater oversight of the practitioners and the pharmaceutical marketers who have promoted the limitless release of these dangerous substances into the mass market, despite indisputable evidence of their danger in the absence of any counterbalancing evidence of long-term efficacy.

We have been in practice for over thirty years in North Carolina, spearheading a function-oriented paradigm of alternative and effective treatment for people with disabling chronic pain. Even as a fledgling practice, our multidisciplinary team of psychologists, physicians, physical therapists and vocational counselors was fully aware of the need for alternatives to opioids for patients with non-cancer pain. The physicians and others who referred to our practice recognized the use of opioids as being a wholly insufficient approach beyond very short-term use, even if then.

We were dismayed by the success of pharmaceutical companies at promoting the reification of pain as an objective disease process requiring opioid prescriptions, when it had long been understood that the perception of (especially chronic) pain is shaped by multiple cultural, emotional, behavioral and attitudinal factors; and that opioids did not and could not possibly address these. As many physicians got on board with the aggressive marketing and lobbying efforts, there was still no science behind the practice. And to this day, despite the massive corporate funding of efforts at legitimizing opioid prescriptions, there has not been one single study passing scientific muster demonstrating the efficacy (let alone safety) of opioids for long-term pain management. Nevertheless, opioids have filled the bathroom cabinets and flooded the streets of this country, in ever-higher dosages and longer-acting formulations of greater lethality.

We have all seen the news reports and have been deeply saddened by the deaths of so many of our sons and daughters, multiplying exponentially, in tandem with the multiplying numbers of opioid prescriptions that we have incredulously witnessed. It has long been evident that regulation would be needed as the damage mounted, unabated, spurred by reasons unrelated to science and good practice.

Our only reservation regarding the proposed rules is that they fall short of addressing the urgent and dire needs of the many unfortunate thousands who were led, sometimes cajoled and browbeaten, into becoming the "lost generation" of disabled, long-term users of opioids, at dosages never prescribed anywhere before. These people were once productive workers, whose injuries were a portal into an abyss of misguided management and deterioration. Their initial mistreatment is being compounded by their current neglect.

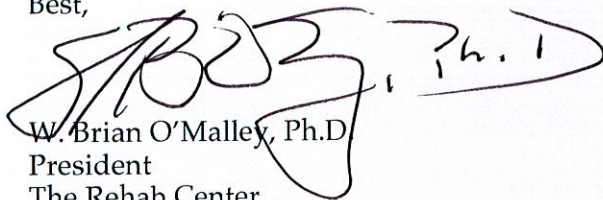
There is ample science attesting to central nervous system disruption caused by opioids, resulting in much greater sensitivity to pain. The result of these changes—in the brain's gray matter and glial cells and even in the DNA underlying the function of these essential components—is that these patients experience heightened pain, especially in between doses, such that they become persuaded that they remain ever in need of the very cause of their despair.

Many in the medical community have seemingly given up on helping these unfortunate people, content only to reduce dosages while continuing to provoke and perpetuate their perceived need. We have had patients wean off opioids entirely with the benefit of supportive guidance and training in new and effective coping strategies, even after years upon years of increasing dosages and consequent morbidities requiring more medications. They have demonstrated truly astounding improvements in their pain, cognitive function, emotional adjustment, and the organ systems affected by opioid use. Beyond these objective gains, they appear as altogether different people, capable of joy in their lives, and grateful for their renewed vitality. In contrast, we have seen those who are maintained on opioids, even at levels within CDC guidelines, whose lives appear perpetually on hold: they appear blunted and unhappy, reporting continued pain and disability, barely getting by, at the mercy of the next dose.

We hope that the new proposed rules will be implemented, sparing uncounted many from being casualties of this scourge. But we do also hope that the Industrial Commission will be an active leader, spurring the State and others, protecting the present victims, as well as those who would otherwise join their ranks.

Thank you for your work in devising and crafting the new proposed rules. These are welcome and essential, if we are to protect our citizenry and our injured workers.

Best,

A handwritten signature in black ink, appearing to read "W. Brian O'Malley, Ph.D.", written over the typed name.

W. Brian O'Malley, Ph.D.
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