



# **PAIN & POLICY STUDIES GROUP**

**WHO Collaborating Center for Policy and Communications in Cancer Care**

September 29, 2009

Dear NASCSA Attendees,

Greetings to all gathered for the 25th anniversary of the National Association of State Controlled Substances Authorities! I greatly regret as I am recovering from a leg fracture.

I have shared with Kathy Keough my historical files for your use; these include early meeting materials and correspondence with the DEA, as well a photograph of the members of the early Executive Committee. It is sad that we have lost some of our founding members, including our dear friend Bill Marcus. Bill and I were co-founders of NASCSA. We served as Presidents in the 1980s. For those of you who were not acquainted with Bill, his legal career with the California Department of Justice concentrated on the regulation of controlled substances for the California Board of Pharmacy. His activities subsequently broadened to leadership in California and the US to achieve more ‘‘balanced’’ drug control policies so that health professionals and patients could have access to controlled pain medicines. His AOL name was ‘‘BILLNOPAIN.’’ There is a tribute to Bill: <http://www.painpolicy.wisc.edu/publicat/08jpsm/bmarcus.pdf>

Some notes about the origins of this organization. Ten years or so after Congress adopted the 1970 Controlled Substances Act, several state controlled substances authorities (I represented the Wisconsin Controlled Substances Board) became interested in greater communication among the states and with the DEA about a range of federal-state drug regulatory matters. I recall driving a VW bus to Minneapolis on a hot summer day in 1981 to a conference of the International Narcotics Enforcement Officers Association to present the idea to DEA’s Director of Compliance and Regulatory Affairs, proposing that DEA take the lead in developing a mechanism for improved communication. DEA did not follow through so we decided to do it ourselves, beginning with the first annual conference NASCSA in 1985. I have a list of all the interesting annual conference topics from 1985 to 1992, if there are any history buffs among the attendees.

In addition to holding conferences, NASCSA has made a number of contributions to national scheduling tasks and issues. One I recall in particular was when we learned that the National Cancer Institute (NCI) was going to withdraw all Schedule I investigational THC from the pipeline throughout the US, subsequent to FDA approval of the NDA for a commercial THC preparation and DEA rescheduling of THC to Schedule II. We explained that the commercial THC product could not be introduced in some states due to delays in re-scheduling procedures, which would result in a period when neither the investigational nor the commercial preparation would be available. In response, the NCI decided to phase-out its withdrawal of THC on a state-by-state basis pending rescheduling, in order not to disrupt access by those cancer patients who would be shifted from investigational THC to the commercial product, for the relief of nausea refractory to other treatments. This was a good example of where consideration of availability and access issues led a government agency, in this case the NCI, to modify its actions.

Another example relates to the federal and state controlled substances laws. In 1970, the Nixon Administration was very eager to sign a new controlled substances law, and pressed the National Conference of Commissioners on Uniform State Laws to speedily develop a model law for the states to adopt in order to achieve a uniform national anti-drug policy. But US Attorney General John Mitchell had proposed a controlled substances bill in which the entire drug scheduling process would be handled within the Justice Department without involvement of federal health agencies. Very strong concerns about such an unbalanced approach wound their way through the Congress in 1970, delaying a final vote. Ultimately, the legislation was amended so that the scheduling authority was a shared responsibility with the Department of Health and Human Services. However, the model UCSA had already been approved and given to the states and thus did not reflect the more balanced Controlled Substances Act that became law.

We asked the NCCUSL to consider revising the model UCSA; NCCUSL agreed, and appointed a drafting committee and advisors who worked for several years to prepare a new UCSA. The new UCSA, approved by the NCCUSL in 1994, contains language about the medical need for controlled substances and an interesting new section on diversion prevention and control, as well as extensive language about forfeiture:

<http://www.law.upenn.edu/bll/archives/ulc/fnact99/1990s/ucsa94.htm>.

Bill Marcus and I were appointed advisors to the NCCUSL Drafting Committee, along with Steve Stone of the DEA, and Bob Angarola of Hyman, Phelps and McNamara. We have lost Steve and Bob; both were good friends and supporters of NASCSA. A tribute to Bob is at <http://www.painpolicy.wisc.edu/publicat/96jpsmi.htm>.

As many of you know, I became interested in drug control policies that affect pain management, moving from the Wisconsin Controlled Substances Board to the University of Wisconsin where I started the Pain & Policy Studies Group in the Comprehensive Cancer Center, School of Medicine and Public Health. I have retired as Director, and am confident that the PPSG's US and International programs, as well as its World Health Organization Collaborating Center, are in the good hands of Dr. Aaron Gilson, Ms. Karen Ryan and Dr Jim Cleary. You can find the PPSG's work at [www.painpolicy.wisc.edu](http://www.painpolicy.wisc.edu).

Through the efforts of the PPSG and many cancer professionals, pain specialists, medical and drug regulators and their organizations, the degree of "balance" in state policies has improved significantly. A number of countries around the world have also adjusted their unnecessarily strict drug policies to allow for better access to opioids for pain relief, while maintaining control. We are concerned about the increased misuse of opioids. Several articles and a "diversion schematic" have been prepared to assist in this effort; they are on the PPSG website at <http://www.painpolicy.wisc.edu/domestic/diversion.htm>. The PPSG encourages careful examination of all the sources, or "vectors" of illegal diversion including both medical and non-medical sources from various places in the distribution chain. We have documented that our work in India to increase controlled patient access to oral morphine did not lead to diversion and abuse: <http://www.painpolicy.wisc.edu/publicat/01lancet/contents.htm>. If you have questions about any of this work, I would encourage you to explore the PPSG website and contact PPSG staff members.

A closing historical note: When the founders were discussing a name for the organization, we realized that the literal pronunciation of "NASCSA" didn't exactly roll off the tongue. Consequently, we made the first of our many great decisions--that the first "S" in NASCSA would be silent...

I am very pleased to see that NASCSA continues to sponsor annual conferences where all those interested in controlled substances affairs are able to sit together with the federal and state agencies, including the prescription monitoring programs, to exchange views and explore how to improve and protect public health relating to controlled substances.

I want to wish you a successful annual conference and a happy celebration of our 25<sup>th</sup> Anniversary. Keep up the great work of providing a forum for thoughtful national discussion of controlled substances policies.

Sincerely yours,

A handwritten signature in black ink that reads "David Joranson". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

David E. Joranson, MSSW  
Distinguished Scientist, Founder  
Pain & Policy Studies Group  
University of Wisconsin  
[dejoranson@uwcarbone.wisc.edu](mailto:dejoranson@uwcarbone.wisc.edu)