February 13, 2012

R. Gil Kerlikowske  
Director  
Office of National Drug Control Policy  
Executive Office of the President  
750 17th Street, NW, Suite 800  
Washington, DC 20503

Dear Mr. Kerlikowske:

Thank you for your letter regarding our state legislative conference in Tucson. It was a pleasure meeting you and we appreciate the time you took from your busy schedule to speak to our members. We share your confidence that, by working together, the American Medical Association (AMA) and the Office of National Drug Control Policy can make a difference in the mounting prescription drug abuse problem facing our nation.

We also appreciated the opportunity for my colleague on the AMA Board of Trustees, Dr. Patrice Harris, and our staff to meet with you and your staff recently to discuss in more detail how we may effectively cooperate on this issue. There are a number of avenues for us to pursue together, including increasing the capabilities, funding, and physician use of prescription monitoring program (PMP) data, improving participation in continuing medical education programs, promoting participation by the Veterans Administration in PMPs, and identifying strategies for addressing the addiction treatment workforce shortage. We also share some of the concerns you discussed with Dr. Harris regarding marijuana, in particular that the patchwork of state-based systems that have been established for "medical marijuana" lacks even rudimentary safeguards for the clinical use of psychoactive substances.

It is our hope that we will also be able to work collaboratively with you on the Administration’s federal legislative proposal to address the prescription drug abuse crisis. The AMA supports many elements of the Administration’s prescription drug abuse action plan, and agrees that a crucial first step is to raise awareness through the education of parents, youth, patients, and health professionals. Nonetheless, we continue to have serious concern about mandatory physician education linked to Drug Enforcement Administration (DEA) registration. Instead, the AMA recommends that creative strategies be put in place to increase participation in voluntary educational programs, such as working with specialty societies to identify and address specific knowledge gaps, developing convenient online programs that minimize time away from practice, and financial incentives, such as waiving or reducing physicians’ DEA registration fees.

It was great to meet a fellow transplant from the Pacific Northwest to Washington DC. Thank you for your outreach to the AMA. We are committed to addressing this epidemic and look forward to continuing our discussions and partnership with you.

Sincerely,

Robert M. Wah, MD