



State of West Virginia  
Office of the Attorney General

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March 13, 2014

**Via Mail & Regulations.gov (DEA-389)**

Michele Leonhart  
Administrator  
Drug Enforcement Administration  
U.S. Department of Justice  
8701 Morrissette Drive  
Springfield, Virginia 22152

**Re: Comments supporting the rescheduling of hydrocodone combination products from schedule III to schedule II (DEA-389)**

Dear Administrator Leonhart,

I write to express my full support for the immediate rescheduling of hydrocodone combination products from schedule III to schedule II, as proposed in the Drug Enforcement Administration's (DEA's) notice of proposed rulemaking. Rescheduling hydrocodone would tighten regulatory controls aimed at ensuring that the drug is used properly and safely. This reclassification is not only justified given the high abuse and addiction potential of hydrocodone prescription painkillers like Vicodin and Lortab, it is necessary to combat the drug abuse epidemic that is destroying so many West Virginia communities. I urge you to proceed with your rulemaking without delay. The abuse of hydrocodone is an urgent problem that necessitates urgent action.

In West Virginia, we are painfully aware of the consequences of the drug epidemic, and, in particular, hydrocodone abuse. According to a recent Trust for America's Health report, the number of drug overdose deaths in West Virginia (nearly 29 for every 100,000 residents) increased 605 percent from 1999 to 2010; West Virginia now has the highest drug overdose mortality rate in the nation. Moreover, the 2013 West Virginia Behavioral Health

Epidemiological Profile reported that opiates like hydrocodone accounted for the highest percentage of treatment admissions in West Virginia in 2010 (34.9 percent), a percentage that was four times higher than the national percentage (8.7 percent). In addition, hydrocodone was cited as the second most abused prescription drug in 2012. It represented 13.6 percent of all prescription drugs reported to the West Virginia Prescription Drug Abuse Quitline, according to the same behavioral health report.

Rescheduling hydrocodone will help prevent this addictive drug from falling into the wrong hands and destroying more West Virginian lives. Significantly, the move will ensure that the drug is handled with the same precautions as other medicines containing controlled substances used for acute and chronic pain treatment. For example, medicines containing morphine, oxycodone, hydromorphone, and oxymorphone are all considered schedule II drugs.

Experts agree that hydrocodone should not be treated differently than other drugs fueling this nation's prescription drug abuse crisis. On January 25, 2013, the Food and Drug Administration's Drug Safety and Risk Management Advisory Committee, which included members from the National Institute on Drug Abuse and the Centers for Disease Control, voted 19 to 10 in favor of recommending that hydrocodone be placed into schedule II. Based on this vote as well as an evaluation of scientific and medical evidence, the Department of Health and Human Services recommended rescheduling on December 16, 2013. Then DEA's own eight-factor analysis confirmed that hydrocodone combinations should be considered schedule II drugs.

For the aforementioned reasons, I urge you to proceed with your rulemaking as quickly as possible. Hydrocodone abuse is a serious and growing public health problem that necessitates the stronger regulatory controls that come with a schedule II classification. Rescheduling hydrocodone is a small but important step that will help us fight back against this devastating epidemic.

Sincerely,

A handwritten signature in black ink that reads "Patrick Morrissey". The signature is written in a cursive, slightly slanted style.

Patrick Morrissey

West Virginia Attorney General