September 6, 2026

A Call for Patient-Centered Opioid Safety Reform

Re: Manufacturer-Level Unit-Dose Packaging, Humane Pain Treatment, and Meaningful Representation of Legitimate Pain Patients

An open letter to those who should care,

I am writing as a former pharmaceutical worker, a former long-term prescription opioid patient, and an individual claimant in the Purdue Pharma bankruptcy proceedings. I ask you to take coordinated action on a practical patient-safety reform that has been overlooked for far too long: **manufacturer-level, patient-friendly, tamper-resistant unit-dose packaging for prescription opioids and other narcotics.**

I also ask that the national response to the opioid crisis recognize the harm caused to legitimate pain patients by overly restrictive policies and include our voices in decisions affecting our lives.

I Have Experienced the Consequences.

I woke up in an ICU after being transported by helicopter because of a medication error. For more than fifteen years, I was legally prescribed opioids for severe chronic pain, often along with multiple medications affecting memory and cognition. I was a patient trying to follow medical instructions while managing pain and the effects of the medications prescribed to me.

My earlier pharmaceutical work gave me another perspective. I personally witnessed unit-dose packaging expose diversion in a professional healthcare setting. **Packaging creates evidence and accountability.** A missing individually packaged dose is visible. Loose pills can disappear easily from a bottle with little indication of when, where, or how they disappeared. Loose medications also present opportunities for tampering and contamination. I used to feel like I was looking down the Barrel of a Bottle of Pills, wondering why I still hurt so badly and if it was time to take another pill. I was taking other medication too, so my judgment was not good.

We give patients medications that can impair memory, cognition, alertness, and judgment, then expect them to safely administer numerous loose doses from a bottle while experiencing those very effects. Pain itself, multiple medications, age, and serious illness can make medication management even more difficult. This absolutely would have prevented many of my medication errors, especially the one that almost killed me!

Why should the patient experiencing the side effects have fewer safeguards than the professionals administering these medications in an institution?

The Solution Must Begin at the Manufacturer.

I am not advocating for pharmacy personnel to manually repackage bulk bottles into unit doses. That moves the problem downstream and creates additional handling and potential opportunities for error or diversion, within the professional setting. I've seen it.

I am asking for the individual dose to leave the manufacturer in secure, identifiable packaging and remain protected until the patient opens it, similar to birth control or Accutane.

Patient-friendly packaging should provide individually sealed doses, clear identification of the drug and strength, manageable quantities, and visual cues that allow patients to track remaining doses and record administration when appropriate. Such packaging could support safer medication management, make unexplained missing doses more apparent, deter diversion, and reduce opportunities for tampering or contamination.

This is not a new proposal. I have raised it repeatedly in the Purdue Pharma proceedings. In 2023, the Arkansas General Assembly adopted House Concurrent Resolution 1011, subsequently approved by the Governor, to encourage the federal government to look into the possibility of the pharmaceutical industry to use unit-dose packaging for narcotics and opioids.

Arkansas has already formally asked the federal government to act. I am asking that the request now receive meaningful consideration and a concrete response.

Pain Is Real, and Patients Deserve Humane Treatment

Pain is a symptom. Whenever possible, medicine should identify and treat its underlying cause rather than simply medicate the symptom indefinitely. But sometimes the cause cannot be quickly corrected, and sometimes pain is severe, disabling, or unavoidable. The person experiencing that pain deserves humane treatment.

The response to the opioid crisis has overcorrected. Patients who took their medications as prescribed and never abused, diverted, or illegally obtained drugs have been stigmatized and harmed by policies created in response to addiction and illicit drug use.

We do not have to choose between careless prescribing and denying necessary medication. There is a practical path between those extremes: **treat the underlying cause whenever possible, prescribe opioids when medically appropriate, and make those medications safer to consume through manufacturer-level unit-dose packaging. Lose the FEAR!**

Success should not be measured merely by how few opioid prescriptions are written. It should be measured by whether patients receive appropriate care, whether preventable harm is reduced, and whether people can live with dignity.

Legitimate Pain Patients Must Have a Seat at the Table

I am deeply concerned that opioid settlement and abatement discussions have too often centered on substance-use disorder and illicit drug harms while overlooking patients harmed by prescription-drug safety failures and by the subsequent overcorrection. Addiction treatment and overdose prevention are important, but they are not the only needs created by this crisis.

Do not exclude the people who were harmed while following medical instructions. Our experience is evidence that the system needs to hear.

Requested Action

I respectfully ask the appropriate federal and state authorities to:

1. **Establish and mandate manufacturer-level unit-dose packaging** for all prescription opioids and other narcotics, as appropriate.
2. Ensure that opioid prescribing and public-health policies preserve individualized medical judgment and do not unnecessarily deny appropriate pain treatment or punish providers for prescribing adequate pain medication on an individualized basis.
3. Quit pretending as if opioids are not provision for pain relief by our creator. It has been the synthesized opioids that have caused the greatest problems along with unchecked greed.
4. Include legitimate long-term pain patients, including those harmed by medication-management failures, in federal and state advisory groups, research, and opioid-abatement planning. Include those who have successfully reduced or abated the opioids using alternative, natural remedies.

Please Do not punish patients for failures they did not create. Do not confuse physical pain with addiction. Do not measure success merely by reducing prescriptions.

Treat pain patients with humanity and dignity. Listen to us. Build safety into the package and allow physicians to treat the individual patient in front of them.

Respectfully submitted,

Carrie L. McGaha

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Enc: Arkansas House Concurrent Resolution 1011 (2023).

State of Arkansas
94th General Assembly
Regular Session, 2023 HCR 1011

By: Representative Vaught
By: Senator B. Johnson

HOUSE CONCURRENT RESOLUTION

TO ENCOURAGE THE UNITED STATES CONGRESS TO ENCOURAGE THE USE OF UNIT DOSE PACKAGING FOR NARCOTICS AND OPIOIDS TO PRESERVE THE HEALTH AND SAFETY OF ALL CITIZENS OF THIS NATION.

Subtitle

TO ENCOURAGE THE UNITED STATES CONGRESS TO ENCOURAGE THE USE OF UNIT DOSE PACKAGING FOR NARCOTICS AND OPIOIDS TO PRESERVE THE HEALTH AND SAFETY OF ALL CITIZENS OF THIS NATION.

WHEREAS, the rate of drug overdose deaths in Arkansas, a majority of which are due to the misuse of prescription drugs, has more than tripled since 1999, when the age-adjusted rate was six and one-tenth (6.1) per one hundred thousand (100,000) people, compared to twenty-one and seven-tenths (21.7) per one hundred thousand (100,000) people in 2017; and

WHEREAS, in recent years the pharmaceutical industry has responded to an increased demand for drug products which are packaged for "unit dose" dispensing or the delivery of a single dose of a drug to the patient at the time of administration; and

WHEREAS, the drug product is dispensed in a unit dose container which is a non-reusable container designed to hold a quantity of drug intended for administration as a single dose, directly from the container; and

WHEREAS, the advantages of unit dose dispensing are that the drug is fully identifiable and the integrity of the dosage form is protected until the actual moment of administration; and

WHEREAS, unit dose packaging for narcotics and other opioids, especially narcotics and opioids affecting memory and cognition, would improve patient compliance, reduce misuse of the prescription drugs, and prevent overdoses and diversion which would save lives across the nation; and

WHEREAS, encouraging unit dose packaging of narcotics and opioids is practical and patient-friendly and may reduce medication waste for manufacturers of prescription drugs; and

WHEREAS, the United States Congress, the United States Food and Drug Administration, and the United States Drug Enforcement Administration should take action to preserve the health and safety of all citizens of this nation,

NOW THEREFORE,

BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES OF THE NINETY-FOURTH GENERAL ASSEMBLY OF THE STATE OF ARKANSAS, THE SENATE CONCURRING THEREIN:

THAT the House of Representatives of the Ninety-Fourth General Assembly of the State of Arkansas, the Senate concurring, encourages the United States Congress, the United States Food and Drug Administration, and the United States Drug Enforcement Administration to encourage the use of unit dose packaging for narcotics and opioids by the pharmaceutical industry to preserve the health and safety of all citizens of this nation.

BE IT FURTHER RESOLVED THAT upon adoption of this resolution, an appropriate copy be provided by the Chief Clerk of the House of Representatives to the United States Food and Drug Administration, the United States Drug Enforcement Administration, the majority leader of the United States Senate, the Speaker of the United States House of Representatives, and the members of the Arkansas congressional delegation.