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TODAY'S HEALTH FOR THE EMPOWERED WOMAN

PRESCRIPTION DRUG ABUSE

The abuse of pain killer prescriptions has reached epidemic proportions with far reaching medical, social, and economic impact. First one must understand how this happened. Most pain killers other than acetaminophen and aspirin are by prescription from a licensed provider: physician, nurse practitioner, midwife, dentist, etc. The reason is that they are “controlled substances” that require the provider to be well trained and to have a DEA certificate (drug enforcement agency of the federal government) that mandates that said provider be trained in pharmacology and medicine and to be well versed in the potential complications of the drug as well as the potential for overdose that can lead to complications and even death, especially when combined with other drugs and alcohol. These drugs are used to treat psychosis, severe pain from surgery, childbirth, cancer, depression, bone pain from arthritis of the spine and other joints etc. The research and development of these drugs is the hallmark of medicine in the 21st century and has replaced bloodletting, the use of boiling oil, alcohol, chaining to walls in asylums, use of shamans and witch doctors . Where would any of us be without the use of medicines that alleviate pain and suffering? By having providers record the prescription on special pads and to indicate their DEA number was considered a safeguard against abuse. However, something went really wrong. Patients learned that these drugs when not used in the manner prescribed could be used to get “high” and/or to earn huge profits by reselling them on the “street”. Many lied about their conditions or severity of symptoms to access these drugs. I have personally had patients who have begged for surgery when no pathology could be found in order to get a prescription for postoperative pain meds. I was taught in residency that the only one who could assess how much pain a patient had was the patient herself. How is a provider to judge a patient's level of pain? As more insurance companies paid for medications, pain clinics evolved—some staffed by less than reputable providers that prescribed these medications without adequate evaluation and with subsequent prescriptions for unusually high numbers of pills that were taken by the patient herself leading to illness or overdose or death or to their being marketed on the street to unsuspecting teens, hard core junkies, or other dealers. To deal with this New York State developed the I-stop program that requires a provider to have a code from the State Health Department that is entered on a computer when these substances are provided that informs the provider if other prescriptions have been written by other providers or from other pharmacies. The intent is to prevent huge stockpiles of these drugs that can be abused, sold, etc. The pharmacist is also required to follow this protocol. The penalty for non compliance can be loss of license to practice medicine or pharmacy. Sounds good? The intent is good. However, providers are now petrified to “overprescribe” pain medications lest they be reviewed by the Office of Professional Medical Conduct. But there are doctors who perform much surgery or have as their specialty cancer treatment that requires large amount of pain killers to just keep a severely ill patient comfortable.

Psychiatrists must use these drugs to treat psychosis and the ravages of schizophrenia. Want to have a root canal without pain meds? So it seems that some balance needs to be developed. Patients need to be informed about the correct amount of medication, complications and to prevent a lifetime of use when other alternatives might be possible. Much overworked providers need to take the time to properly diagnosis conditions to tailor the appropriate medication and when this medication “fails” to analyze the reason and to rule out abuse. Patients with legitimate severe pain that can be documented and proven or with the crushing pain of cancer should not be denied the use of these potent drugs that will alleviate suffering. We have a long way to go. New York State is at the forefront of bringing these issues up, but education of providers and patients is paramount while, at the same time, not tying the hands of those trained to provide pain relief. Empowerment, as always, comes with education.