Crackdown on Drugs Hits Chronic-Pain Patients

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The government's widening crackdown on prescription-drug abuse is having an unintended consequence: It's making it tougher for people with chronic pain to get treatment.

In recent weeks, federal regulators have sharply dialed up their effort to combat the black market in pain killers. The White House Office of National Drug Control Policy this month announced a $148 million plan targeting illegal use of prescription tranquilizers, sedatives and other drugs, with a goal of curbing the flow of drugs such as OxyContin to abusers.

Separately, the Drug Enforcement Administration is reviewing a proposal to reclassify hydrocodone, the most commonly prescribed pain drug in the U.S., in a more tightly regulated class of drugs. If the switch occurs, patients would be unable to get refills without obtaining a new prescription from a doctor.

State regulators are stepping up their own efforts as well. Some 20 states already have implemented some form of prescription-monitoring plan to help track doctors who prescribe narcotics, the DEA says. Lawmakers in at least six more states are considering similar plans.

The problem is that many of the opium-derived prescription drugs that can successfully treat severe chronic pain -- such as oxycodone and hydrocodone -- also command high premiums on the street market. Rising abuse rates, and the media frenzy generated by celebrity addiction cases like Rush Limbaugh, have increased pressure on regulators.

Patients with chronic pain say the government initiatives are making it harder for them to get the painkillers they need to battle conditions such as arthritis and cancer. The crackdown is making doctors more reluctant to prescribe some drugs out of fear they will attract attention from regulators.

Doctors are also getting more vigilant. One Tennessee doctor turned in a patient he believed wasn't actually taking a prescription painkiller. The arrest took place in the doctor's office.

The DEA has been aggressively prosecuting doctors who prescribe large amounts of painkillers that wind up on illegal markets. The agency is trying to reduce the number of so-called pill mills -- unscrupulous doctors who write prescriptions for narcotics to anyone who asks. The DEA has arrested 50 doctors in the year that ended last September,
for issues related to improper prescribing, including five cases where doctors allegedly were trading prescriptions for sexual favors, according to the DEA.

"Doctors can't be pill pushers," says Bob Williamson, deputy chief in the office of diversion control at the DEA. "Legally, they are treated like drug dealers."

Doctors say the prosecutions are ensnaring legitimate physicians. Advances in the way doctors treat chronic pain during the past decade have led to more use of opioids, in higher doses, as part of an aggressive approach in difficult pain cases.

The trouble began when OxyContin hit the market in 1996. Most traditional pills have just a few hours' worth of opioids, but it used a time-release formula that jammed 12 hours' worth into one pill. That meant patients could get consistent relief for long stretches of time -- without the roller coaster pain-relief cycle that can be caused by drugs that wear off more quickly.

But abusers quickly realized they could grind up the pills -- defeating the time-release formula -- and inject or snort the powder to get a massive hit of the drug all once. By the late '90s, OxyContin was a favorite on the street market.

The practice of prescribing drugs such as these carries increasing legal risks for doctors. If a patient turns around and sells the drugs, the doctor can be held legally responsible, according to the DEA. Doctors also can be charged if a patient abuses a drug. In 2002, a Florida doctor was convicted of manslaughter after four patients died from OxyContin overdoses. The case is being appealed.

The DEA doesn't necessarily need to prove a doctor operated with explicit criminal intent to bring charges. Instead, they must demonstrate the doctor prescribed drugs "outside the scope of legitimate medical practice." That standard is open to a range of interpretations.

The prosecutions worry pain doctors. "I'm terrified," says Dennis Ford, a specialist in Chattanooga, Tenn., who has drastically cut back his OxyContin prescriptions. Instead he prescribes other drugs, such as morphine and pain patches, that he believes are less likely to draw attention from regulators. The drugs are just as strong as OxyContin, but the street value is lower.

Dr. Ford also makes his patients take regular urine tests to confirm they are actually taking the drugs he prescribes. "I have to be a detective," he says. Last year, when drug traces weren't showing up in one patient's urine, he alerted investigators, who eventually brought charges. With Dr. Ford's cooperation, the patient's arrest occurred in his office. "I want to appear tough," he says.

Some doctors are deciding it just isn't worth the risk to offer opioid drugs to patients at all. "I will not treat pain patients ever again," says Frank Adams of Houston, Texas, a former cancer pain specialist who was indicted on charges related to opioid prescribing in the early 1990s following a DEA investigation. The charges were later dropped,
according to his lawyer, Henry Ackels of Dallas, Texas. Dr. Adams is now the medical director of a brain disorder clinic in Houston.

Regulators say they are trying to take a balanced approach to protect the public health. "I don't want legitimate patients in pain undertreated because of fears of criminal persecution," says Karen Tandy, the DEA's administrator.

But as the market for opioid drugs grows, so does the potential for abuse. Last year, patients filled nearly 200 million prescriptions for analgesic narcotics, the class of painkillers that includes most opioid drugs such as oxycodone, (the active ingredient in OxyContin), and hydrocodone (an ingredient in painkillers such as Vicodin and Lortab). The number of prescriptions written for analgesics has risen about 5 percent a year since 2000, according to IMS Health, a pharmaceutical consulting company.

Abuse rates are rising, too. A major 2002 report, the National Survey on Drug Use and Health, found an estimated 6.2 million Americans had used prescription drugs for a nonmedical purpose in the previous year. Among teens, nearly 14 percent reported taking a prescription drug for a nonmedical purpose at least once in their life.

Still, the scope of the problem is in dispute. The DEA cites figures suggesting that prescription-drug abuse has quintupled since 1998. Researchers involved in the survey, however, say the agency's numbers may be inflated, because the survey methodology changed over the years. Critics say the DEA is inflating the abuse numbers to build the sense of crisis. The DEA says the numbers are the best data available.

The increasing use of opioid drugs during the past two decades illustrates a fundamental shift in how doctors treat chronic pain. Until the early 1980s, opioid drugs generally were used only inside hospitals. In the mid-1980s, the World Health Organization began a campaign to promote aggressive treatment of severe cancer pain. The campaign led to higher rates of opioid prescribing.

For Meg Zilkowski, a 48-year-old nurse from Forked River, N.J., OxyContin is the only drug that eases chronic bone pain caused by leukemia. After she went on the drug in 1998, she was able to return to work. "My life started again," she says.

But two years ago, her doctor cut her off, telling her he had become fearful he may attract DEA attention. He switched her to a less controversial morphine drug that made her feel woozy and high.

The new White House plan includes a range of initiatives. Regulators will provide grants to states to develop monitoring programs to identify "doctor shoppers" -- patients who travel from doctor to doctor seeking drugs. The plan also includes funding to educate doctors and state medical regulators about appropriate use of opioids.

Some doctors worry that fears about opioids are leading patients to rely on drugs such as aspirin and ibuprofen that can cause gastrointestinal problems. "We're cavalier about
over-the-counter drugs," says Norman Marcus, head of the Norman Marcus Pain Institute in New York.

**Killing The Pain**

Individual patients respond very differently to pain medications, so doctors often try many different drugs to find one that works.

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