

The DEA's War on Pain Doctors

Frank Owen; The [NYC] Village Voice; 2003-11-05

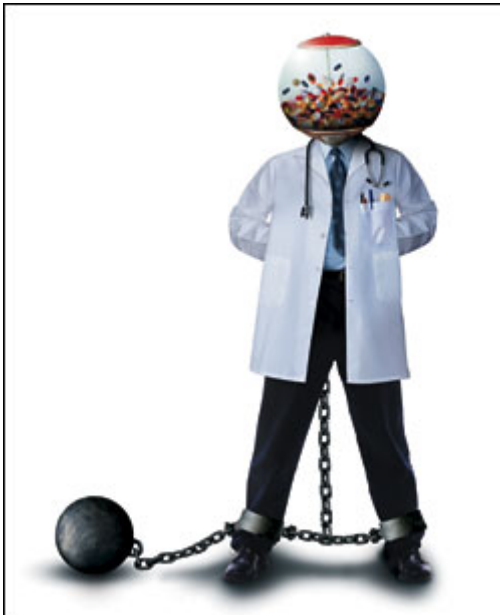
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Some in the medical community call it "a war on pain doctors," or "state-sponsored terrorism." However you describe the current campaign, Frank Owen writes, the DEA's hardball tactics have scared physicians nationwide to the extent that legitimate pain sufferers now find it increasingly difficult to get the medicine they need.



Twenty-four years after Darlene broke her back in a swimming pool accident, crippling pain still rules every aspect of her life, from getting up in the morning (which she describes as akin to "climbing the highest mountain") to falling into a fitful sleep at night. After years of botched surgery that left her in even more agony, she knows there is no real cure for what ails her, but thanks to synthetic opioids (which include such regulated substances as Vicodin, Dilaudid, and the devil drug of the moment, OxyContin), she says that she can now lead a halfway normal life. Just folding sheets or washing dishes or sitting at the computer are daily miracles for Darlene, who claims she would otherwise be bedridden and suicidal without the chemical crutches that high doses of these powerful

opium-like painkillers provide.

But in some ways worse than the pain, says Darlene (who doesn't want her last name revealed), are the shame and fear that come with it. Shame when she goes to have her special triplicate prescription—required for all scheduled drugs—filled at the drugstore and the pharmacist looks at her as if she were some addict abusing the drug to get high. Fear that her medications will soon be taken away by the Drug Enforcement Administration's ongoing crackdown on pain doctors. "You worry every day that the medicine won't be available for much longer, or your doctor won't be there tomorrow because he's been arrested by the DEA," she claims. All the bad publicity in the press about the abuse of OxyContin by celebrities such as Rush Limbaugh and Courtney Love doesn't help matters. But, says Darlene, the media scare stories shouldn't blind people to the fact that these drugs—when taken under medical supervision—have made life livable for hundreds of thousands of chronic pain patients, herself included.

Some in the medical community call it "a war on pain doctors," others "a government jihad" or "state-sponsored terrorism." However you describe the current campaign, which according to pain-patient advocates began under Janet Reno, but which they say has increased in intensity under John Ashcroft, the DEA's hardball tactics—storming clinics in SWAT-style gear, ransacking offices, and hauling off doctors in handcuffs—have scared physicians nationwide to the extent that legitimate pain sufferers now find it increasingly difficult to get the medicine they need. Doctors' offices today display signs that say "Don't ask for OxyContin" or "No OxyContin prescribed here." And medical schools advise students not to choose pain management as a career because the field is too fraught with potential legal dangers.

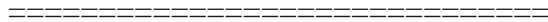
"The war on drugs has turned into a war on doctors and pain patients," says Dr. Ronald Myers, president of the American Pain Institute and a Baptist minister who operates a string of clinics for poor people in the Mississippi Delta. "Such is the climate of fear across the medical community that for every doctor who has his license yanked by the DEA, there are a hundred doctors scared to prescribe proper pain medication for fear of going to prison. The DEA is creating a situation where legitimate pain patients now have to go to the streets to get their medication. It's a health care catastrophe in the making." (Myers theorizes that Rush Limbaugh is probably "a neglected pain patient" and another victim of the crackdown: "Why else would someone with all his money have to go to the street to get enough medication, other than if he couldn't find a doctor to give him an adequate supply?")

Advocates for pain doctors and their patients have had enough. Limbaugh's recent admission that he's addicted to OxyContin and other painkillers has brought the issue of pain management and the law to the fore in the media. But the September arrest of northern Virginia's Dr. William Hurwitz—a respected if controversial pioneer in high-dosage pain treatment—galvanized opposition among physicians and patients to the DEA's harsh approach. Hurwitz, a leading specialist in his field, was arrested on federal drug-trafficking charges, accused of prescribing excessive quantities of OxyContin to addicts who he knew were selling the drugs on the street. The 49-count indictment alleges that his prescribing practices led to the death of three patients and bodily harm to two others. Federal prosecutors have depicted Hurwitz, a contentious figure who has had his license suspended three times by medical boards, as no better than "a street-corner crack dealer . . . who dispensed misery and death." After initially being threatened with the death penalty, Hurwitz now faces life in prison.

But others defend the doctor. "Dr. Hurwitz saved my husband's life," says Siobhan Reynolds, founder of the Pain Relief Network, a New York City-based grassroots organization defending pain doctors and their patients. For over a decade, Reynolds's husband has suffered terrible head pain caused by a connective-tissue disorder. "Other doctors treated my husband like a leper. If it weren't for Dr. Hurwitz, he would have killed himself. Dr. Hurwitz is responsible for every day that my son has a father."

After the arrest, the Association of American Physicians and Surgeons condemned the prosecution at a news conference held at the National Press Club in Washington, D.C.,

saying that doctors who treat pain patients are heroes, not felons. A major protest on the National Mall is being organized by the National Pain Patients Coalition for next April to bring attention to what some experts regard as the No. 1 health issue in America: the under-treatment of chronic pain. And a push is on in various states to get politicians to pass bills guaranteeing patients' right to opioids to alleviate their suffering, if a doctor deems it necessary.



**Siobhan Reynolds: "Pain patients are committing suicide because of the DEA's campaign."
[Photo: Brian Kennedy]**

Many doctors used to think that extreme pain was something that their patients just had to live with. The pain-management movement that has sprung up over the past few years takes a radically different tack, believing that long-term chronic pain can be managed with large amounts of synthetic opium, a treatment that remains controversial both within and outside the medical community. The extremely high doses often prescribed—sometimes dozens of

pills a day—can seem dangerous and excessive to both laymen and other physicians. A number of doctors insist that these drugs are so powerful that no one should be prescribed them except end-stage cancer patients. But pain-management advocates argue that despite the scare stories, drugs such as OxyContin are actually safer than the alternatives and are much more effective.

The DEA denies there's been an increase in investigations and prosecutions of physicians and refutes the notion that it's engaged in a crackdown on pain doctors in general. The agency insists that it's after only rogue practitioners who overprescribe the medicines and who know—or should know—that their patients are selling the drugs on the black market. So far this year, says the DEA, the agency has launched 557 investigations, pursued actions against 441 doctors, and arrested 34, a small fraction of the nearly 1 million physicians licensed to dispense controlled drugs. "DEA statistics," the agency proclaimed on October 30, "show that the vast majority of practitioners registered with the DEA comply with the requirements of the Controlled Substances Act and prescribe controlled substances in a responsible manner." The agency added, "Doctors operating within the bounds of accepted medical practice have nothing to fear from the DEA."

But some doctors believe that the DEA, having conspicuously failed to stem the tide of illegal drug use in this country, is coming after physicians to ratchet up the agency's prosecution count. (This year alone, two federal

reviews lambasted the DEA for its poor performance in fighting illegal drug use, one report giving the agency a zero on a scale of one to 100.)

"They're unable to take down the real drug lords, so they're coming after doctors using the same tactics," one pain physician tells the *Voice*. For an agency keen to justify its massive budget, doctors provide an easy target. Consider some other recent cases:

In Roanoke, Virginia, pain specialist Dr. Cecil Knox and two of his associates were accused of operating what federal prosecutors call "a pill mill." Prosecutors alleged that Knox overprescribed OxyContin and methadone to increase the profits of his financially struggling operation and that this contributed to the deaths of eight patients. Armed agents in flak jackets raided Knox's office. "They all came in with guns drawn," a clinic employee who was present during the raid reported to the Pain Relief Network. "I thought I was going to die. My husband was helping out that day, and a DEA agent came in and pointed a gun at his head and said, 'Get off the phone now.'" (As this story went to press, news came that the feds failed to win a single conviction in the case; the jury cleared Knox of 30 of the 69 charges, deadlocking on the remaining counts.) In another case of DEA strong-arm tactics, more than 20 agents burst into a Dallas pain clinic in June. The agents kicked down doors, ransacked the office of Dr. Daniel Maynard, and handcuffed patients, including an elderly woman with a stroller and an oxygen tank.

In South Carolina, physician Deborah Bordeaux was convicted earlier this year under a federal drug-kingpin statute and is currently awaiting sentencing. She faces up to 100 years in prison as a major drug dealer for dispensing opiates to patients suffering from chronic pain at a Myrtle Beach clinic, where she had worked for only two months. Dr. Benjamin Moore, who worked at the same clinic, committed suicide in July 2002 rather than testify against his co-workers.

In Arkansas, Dr. Randeep Mann claims that a patient approached him in 2002 and told him that a federal agent had offered her \$250 to say that Mann had prescribed her painkillers in exchange for sex. Mann also charges that another female patient told him that local authorities had offered to forgive her cocaine arrest if she told the same lie in court. "They destroyed my practice and they've managed to run away a lot of my patients, and I can no longer prescribe opioids, but I still have my license," Mann tells the *Voice*.

In New Orleans, Dr. David Jarrott, who specializes in pain management, claims that an undercover DEA agent posing as a truck driver tried to entrap him by giving him fake X-rays to secure a supply of Vicodin for a supposed bad back. Jarrott also says the same agent tried to bribe him for amphetamine-based diet pills claiming he needed to stay awake while driving his truck. In early October, the doctor had his license suspended for three

years after two of his patients died, one of whom, unbeknownst to Jarrott, was mixing street drugs with his legitimate medication.

In Arizona, Dr. Jeri Hassman, who runs Tucson's biggest pain practice, was indicted in March after a sting involving two undercover agents and a three-time-convicted felon. She is being threatened with a 28-year prison term because some of her patients abused prescriptions she wrote.

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It's not just on the federal level that harsh punishment is being meted out. Dr. Robert Weitzel from Utah was convicted of negligent homicide and sentenced to 15 years in prison. He gave morphine to a 91-year-old patient, who soon after died of heart disease. Weitzel won a retrial (and acquittal) in November 2002 after it was learned that a local prosecutor had concealed exculpatory evidence. In Florida in the same year, Dr. James Graves was not so lucky, becoming the first U.S. physician to be convicted of manslaughter related to an OxyContin prescription, after local authorities charged that four of his patients fatally overdosed on OxyContin, some of them after combining it with illegal street drugs. Graves contended that his patients would not have died if they had taken the drugs as directed. He is currently serving 63 years.

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Federal officials claim that nearly 500 people died from overdosing on OxyContin in 2002, but a recent article in *The Journal of Analytical Toxicology* could find only 12 cases in which OxyContin was the sole cause of death; all the others fell victim to poly-drug abuse—mixing OxyContin with cocaine, alcohol, Valium, or various other substances.

"Opioids when taken under clinical supervision are not that dangerous," says the American Pain Institute's Myers. "The data tells us that only 3 percent of people who take opioids become addicts. The latest research conclusively shows that the best medicines for the treatment of chronic pain are narcotics. They have less side effects and more benefits than any other type of drug."

More dangerous, contends Myers, are the everyday drugs that pain sufferers turn to when they can't get narcotics. He talks about something called "suicide by Tylenol": "When chronic pain patients can't get opioids, they go out and use tremendous amounts of drugs like Tylenol and Motrin, which can cause serious liver and kidney damage. Pain patients are dying from kidney and liver disease because of this."

Many pain patients are also dying by their own hand, according to the Pain Relief Network's Reynolds. "All over America, pain patients are committing

suicide because of the DEA's campaign," she claims. "I know of at least 17 recent cases in Arkansas alone. It's really astonishing the amount of human carnage that this campaign has already caused."

Fumes Myers: "What's going on here is morally reprehensible and medically incomprehensible and it has to stop. Doctors who treat pain patients are not criminals."

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