

DEA's Opioid Policy Discussed

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Doctors avoid prescribing narcotic painkillers to people who need them because they are afraid of being investigated by the federal government, the head of a Billings pain clinic said Friday.

"Many physicians avoid opioids, and that has caused millions of Americans pain," said Dr. John Oakley, medical director of the Northern Rockies Regional Pain Center. "The ability to discern who is an addict and who is not an addict is difficult to do, and treating an addict can be seen as a violation of the law. Definitions are sometimes unclear. Definitions can be seen as threatening."

Oakley estimated that 80 percent of physicians do not prescribe opioids, the medical term for narcotics, for fear of being investigated by the Drug Enforcement Administration.

He called the regulations surrounding the legal dispensation of powerful painkillers "a morass that changes almost yearly" and said doctors are often uncertain what is legitimate and what is not.

Oakley spoke during a symposium about chronic-pain management held at St. Vincent Healthcare for law enforcement, medical providers, educators and others.

Using opioids to manage chronic pain has been debated in the medical community for decades, but recently the conversation erupted into controversy.

Oakley said that was due in part to "an aggressive plan to eradicate diversion of OxyContin" launched by the DEA after media reports about abuse of the narcotic painkiller were blown out of proportion.

The DEA was pressured by the U.S. Department of Justice to respond to the perceived problem, he said.

"Many reports were exaggerated or unfounded," he said.

Diversion occurs when legal drugs are used illegally, such as when prescription painkillers are sold on the street.

Since the DEA began investigating doctors, including one in Billings, a chill has been cast on the doctor-patient relationship, and some patients in pain are not receiving adequate care, Oakley said.

The DEA opened an investigation of Richard A. Nelson, a Billings neurologist who treated chronic-pain patients with opioids, several months ago. Nelson's prescription-writing privileges were suspended, and many of his patients claimed they could not find other physicians to treat them.

A DEA spokesman said on Friday that no criminal charges have been filed against Nelson, and the investigation into his medical practice continues. He remains in good standing with the state Board of Medical Examiners.

At the Northern Rockies Regional Pain Center, patients treated with opioids are closely monitored for signs of abuse or diversion, said Dr. Michael Schabacker.

To receive opioids, patients must sign a contract and consent to regular urine tests, Schabacker said. The tests help physicians determine whether patients are taking the drugs prescribed to them and whether they are taking them as instructed.

"Absence of the drug in urine is a sign of diversion," he said. "Unsuspecting chronic-pain patients have had family and friends emptying their pill bottles as soon as they got home and putting other tablets in there."

Most patients at the pain center are happy to provide urine samples, he said.

"A lot of patients with chronic pain have a lot of concern about how they're viewed. They feel the need and use of these opiate medications is in some way unsavory," Schabacker said. "People are anxious and oftentimes offer to provide their screening."

Patients who show signs of addiction are referred to chemical-dependency programs, but many sever their relationship with the pain center rather than submit to an evaluation.

Addiction to prescription painkillers is estimated to occur in 3 percent to 20 percent of people who use them.

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