

November 04, 2007 **Painkillers: Poisonings now kill more Americans than guns**

For the first time in modern American history, drug overdoses and other types of poisonings now kill more people than guns.

Such deaths more than doubled between 1994 and 2004, according to data obtained from the National Center for Health Statistics in a joint Sunday Gazette-Mail/West Virginia Public Broadcasting investigation.

The fastest-growing killers aren't heroin and cocaine. They're prescription painkillers.

Researchers were shocked when they saw the new numbers, said Lois Fingerhut, special assistant for injury epidemiology at NCHS.

"My God — Who would ever have thought that poisoning would have risen that quickly to surpass firearms?" she said.

West Virginians are more likely to die of drug overdoses than people from any other state. Poisonings — mostly overdoses — killed 20 times more West Virginians last year than they did in 1998.

Nationally, more than 30,000 people died from poisoning in 2004, the most recent year for which nationwide data is available.

When most people hear of poisoning, they don't think of drug overdoses.

"What most people think of ... is a child getting into the Drano under the sink, but that's the smallest part of poisoning deaths," Fingerhut said.

"By far, the largest number of poisoning deaths are attributed to drugs. Nine out of 10 poisoning deaths in 2004 were drug-related."

Prescription drugs are responsible for most of that increase in overdose deaths. Heroin deaths fell slightly between 1999 and 2004, while cocaine deaths rose 43 percent.

Prescription narcotic deaths rose 152 percent. Prescription narcotics now kill five times as many Americans as heroin, and almost twice as many as cocaine.

But these deaths get little attention, Fingerhut said — probably because people write the victims off as drug addicts.

Even addicts should matter, she said.

"Addicts don't deserve to die. When it comes right down to it, these are people. And they deserve a chance to live and get their lives back together again."

A prescription strong enough to kill

The dead aren't always addicts.

With painkillers, even a simple mistake can be fatal. The nonprofit Institute for Safe Medication Practices has a database full of stories of people who were taking painkillers for a good medical reason, but died anyway.

- A 69-year-old man hurt his chest horseback riding. An emergency room doctor prescribed him 10 milligrams of morphine for pain. Someone at the hospital mistakenly gave him 10 milligrams of similarly named — but six to seven times stronger — hydromorphone instead. The man died.
- A 77-year-old woman with lower back pain was taking low-dose hydrocodone and acetaminophen, but she was still in pain. She called her primary care doctor, who — without seeing her — called a prescription in to the pharmacy for her: a fentanyl patch strong enough to kill her. When the elderly woman got her patches, she put one on her lower back, where her pain was. She put a heating pad on her lower back and went to bed. A family member later said nobody had told her not to do these things, as they would pump her body full of the drug even faster. Nobody heard from the woman for two days. A friend went to her apartment and found her dead in bed.
- A woman with Crohn’s disease used fentanyl patches to treat her chronic pain. She didn’t dispose of her used patches the approved way, by folding the sticky sides together and flushing them down the toilet. She simply tossed them in a trashcan. She found her 4-year-old son dead on the floor next to the overturned trashcan. He had stuck one of the patches on himself.

“A 4-year-old kid — what do they do with stickers and Band-Aids?” said Matthew Grissinger, director of error reporting programs at ISMP. The watchdog group runs an international database, where doctors and patients report if something goes wrong with a medicine.

“In one case, an older person’s patch happened to fall off on the floor. A 3-year-old kid sat on it and died.” Another child peeled a pain patch off of his sleeping grandmother and stuck it on himself.

Between 1998 and 2005, such serious adverse drug events reported to the U.S. Food and Drug Administration more than doubled, according to a September article in the journal Archives of Internal Medicine co-authored by ISMP researchers Thomas Moore and Michael Cohen, along with Curt Furberg of Wake University School of Medicine.

Four of the top six medications suspected of killing the most people were prescription narcotics: oxycodone, fentanyl, morphine and methadone. Those four drugs are suspected of killing 11,967 people during those eight years — people who may have been given the wrong drug at a hospital, or the wrong dose from a pharmacy.

Prescription painkillers “are not necessarily involved in more errors — but the danger is much higher,” Grissinger said. “You have pain doctors who probably already know this.” But other doctors, he said, may not.

Stern warnings in tiny print

For a couple of years, one organization tried to teach doctors, dentists, nurses and others in West Virginia and the surrounding states how to prescribe and administer painkillers responsibly.

Then its federal grant money dried up.

“It [the money] went away after two years,” said J.K. Lilly, a Charleston pain specialist and co-chairman of the Appalachian Pain Foundation.

When it started seven years ago, the Foundation got money from Purdue Pharma, whose drug OxyContin was beginning to be linked to deaths and addiction. In recent years, however, it was funded by federal grants.

“We had three Internet-based conferences, with 13 or 14 hospitals. We had nurses, physicians, physical therapists ... We were able to reach a number of these people.”

To try to continue its program, the Foundation has asked for money from the U.S. Congress, the state Budget Digest and the state's \$44 million OxyContin settlement, which West Virginia won after Purdue Pharma and three of its executives pleaded guilty to misleading the public about the painkiller's dangers.

It came up empty.

"There are constantly people hoping that the big pharmaceutical companies will continue to fund education programs," Lilly said.

"There's not much education in med schools for drug abuse and drug diversion.... That kind of money is extremely hard to find."

The Foundation is in limbo. "We even had to shut our Web site down because of the cost," Lilly said.

Meanwhile, doctors can prescribe these drugs even if nobody has ever taught them how to do so safely. People are dying as a result, according to ISMP.

Three years ago, ISMP issued a Medication Safety Alert, warning that mix-ups between morphine and the much stronger hydromorphone were "among the most common and serious errors that can occur involving two high-alert drugs."

It warned health-care providers to limit access to the two drugs, require double-checks, monitor patients that get the drugs and recommended other ways to stop the sometimes fatal mistakes.

Have the mistakes gotten less common? "I've got to say no," said the ISMP's Grissinger. In September, he published a Patient Safety Advisory that analyzed all "wrong drug" errors reported in Pennsylvania, which has its own error reporting system.

"Number one on that list, hands down, was morphine/hydromorphone. Easily," he said.

ISMP asked the group that approves generic drug names, the United States Adopted Names Council, to change hydromorphone's name in hopes that will help protect patients.

Likewise, fentanyl has shown up in ISMP safety alerts since 2001. The organization has recommended ways to stop the deaths: Only let doctors who have been educated about the drugs prescribe them. Make patient education mandatory, not optional.

None of that has happened. Drug companies have written sterner warnings on the pages of tiny print that come with prescription painkillers, "but the problem is, does that actually get out to the prescribers? To the nurses and pharmacists in the world? The answer is no," Grissinger said.

"Just because we put stronger warnings, bolder letters in a label, that doesn't mean doctors are reading it.

"In theory, from the manufacturers' perspective, they did their thing by strengthening the warning. The FDA put out an alert ...

"The higher-up part of it, in theory, was done."

But "adverse outcomes" — such as deaths — keep happening with these drugs as they have for the 30 years ISMP has been tracking them, he said.

"It's kind of frustrating," Grissinger said. "It's still happening today."

How we did it

This Sunday Gazette-Mail/West Virginia Public Radio joint investigation of overdose deaths started as an investigation into something else entirely.

Reporter Tara Tuckwiller was digging through federal documents, looking for methadone death numbers. Tuckwiller and Finn had written an investigative series, “The Killer Cure,” about methadone overdose deaths.

In the process, Tuckwiller unearthed a startling statistic: In 2004, for the first time, more Americans were killed by poisonings — mostly drug overdoses — than guns.

Finn contacted the federal epidemiologist who had charted the statistic and found out that researchers were just as startled.

Tuckwiller and Finn collected, analyzed and graphed further source data from the National Center for Health Statistics, U.S. Drug Enforcement Administration, West Virginia Bureau for Public Health and West Virginia Medical Examiner’s Office. The results are presented in this report and in the companion reports on West Virginia Public Radio, at wvpubcast.org and wvgazette.com.

This article is part of a joint investigation by the Sunday Gazette-Mail and West Virginia Public Broadcasting.

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