

Officials urge action on painkiller abuse

Lawmaker calls rising death toll from prescription drugs ‘shocking’

By [Marshall Allen](#)

Tue, Jul 8, 2008 (2 a.m.)

State legislators and regulators Monday called the Sun’s reports about the startling rise in the use of narcotic painkillers in Nevada a wake-up call to improve patient care in the state.

“Definitely Nevada is overusing narcotics,” said Assemblywoman Sheila Leslie, D-Reno, who leads the legislative committee on health care. “How could you not come to that conclusion?”

Leslie said she will work with Nevada Attorney General Catherine Cortez Masto to draft legislation to address the issue during the 2009 legislative session.

The Sun’s analysis of Drug Enforcement Administration data showed that Nevadans are the No. 1 users of hydrocodone — the primary ingredient in the brand-name drugs Vicodin and Lortab — and ranked fourth for per capita use of methadone, morphine and oxycodone, the primary ingredient in the painkiller OxyContin.

The skyrocketing rate of narcotics use — methadone use was up 12-fold in a decade — has been accompanied by a startling trend: The number of fatal overdoses in Clark County involving narcotic painkillers is now greater than those involving street drugs and surpasses the number of people killed by firearms.

“Shocking,” Leslie said of the rising prescription drug death toll. “I don’t think that’s well-known.”

Leslie said that among the Sun’s findings, she was concerned by how just a few providers prescribe the bulk of the narcotics — and how current law limits what authorities can do about it.

The Sun’s analysis of a Nevada Pharmacy Board database that tracks prescriptions for controlled substances found that about 5 percent of providers in the database wrote about 88 percent of prescriptions in the database in 2007.

The database was created to help identify patients who might be “doctor shopping” — illegally getting overlapping and concurrent prescriptions from multiple providers to get drugs to feed an addiction or to distribute illegally. By law, the database cannot be analyzed to examine the prescribing habits of a particular doctor, dentist or other medical professional.

Leslie said she wants to explore whether the law can be changed to monitor prescribing habits.

“There has to be a way to have someone more carefully review that information,” Leslie said. “It certainly seems like we could zero in on the doctors who are overprescribers.”

Leslie said the Legislature needs to support a campaign to prevent drug abuse — it’s common for abusers to get pills that were prescribed legitimately for others — and increase resources for the treatment of addiction, the lack of which she called one of the “biggest problems in Nevada.”

“There are a lot of people using (narcotics) who know they’re in trouble and know they’re addicted but can’t get help,” Leslie said.

Cortez Masto recently expanded the mission of the state’s methamphetamine working group to include the prescription drug problem. She said Monday the group is exploring legislative changes focused on preventing abuse, providing treatment and educating the public to prevent drug abuse.

Cortez Masto said any regulatory changes must respect patients who legitimately need narcotic painkillers, while making it more difficult for drug abusers to get them from doctors or on the street. To combat methamphetamine, the state requires people sign a log to purchase cold medicines that can be used to make the illegal drug.

Dr. Edwin “Flip” Homansky, an emergency room doctor, medical director of the Valley Health System and member of the Nevada State Board of Health, said regulators and influential members of the medical community need to further examine the Sun’s findings to address the problem.

He said he was most concerned about patients who take too many narcotics to alleviate pain. “These pills aren’t the answer and can lead to more trouble,” he said.

Homansky said medical providers need to learn about the long-term consequences of prescribing narcotic painkillers, which are not effective for long-term chronic pain.

Larry Pinson, executive director of the Nevada Pharmacy Board, said it’s urgent legislators and elected officials take action to prevent excessive use of the painkillers.

“You look at these types of numbers — prescription narcotic drug overdoses rivaling automobile deaths — that’s got to be a wake-up call,” he said.

In addition to help for patients addicted to painkillers, Pinson said, there is a need for patients to be educated about the law — that pharmacists are required to speak with patients about the drugs they receive, and that pharmacists are required by law to offer free consultations.

Pinson said he’s also in favor of licensing pharmacy technicians, who can easily divert drugs, so there’s a higher threshold to cross in terms of getting the jobs and to provide accountability once they are in their positions.

Pinson said the board will resurrect a program to help patients get help for their addiction if they are discovered to be shopping for doctors to obtain multiple prescriptions for narcotic painkillers.

[Pain Pills Legally \(OXY\)](#)

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By [NancyNAABT](#)

7/8/08 at 5:50 a.m.

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Buprenorphine is a state-of-the-art medication, combined with psycho-social therapy, to treat the medical condition of opioid addiction in the privacy of a physician's office. FDA approved in late 2002, this treatment has improved quality of life for patients and provided dignity to opiate addiction treatment. Buprenorphine is sold under the brandname Suboxone® by Reckitt Benckiser Pharmaceuticals.

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By [Chausie](#)

7/8/08 at 3:35 p.m.

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I am worried by the fact that for the patient who needs pain relief that the overzealousness to control illegal use of prescriptions drugs will make it more difficult and Doctors more reluctant to prescribe medications. I am handicapped and current procedures are strict enough. I have to see my Doctor every month for a hand written prescription which is only good for ten days. I then have to take it to the pharmacy within two days of the expiration of my previous medication. This must fall within the ten days the handwritten prescriptions are good for. If my Doctor goes on vacation or in my case maternity leave they can not postdate a prescription and another Doctor has to fill out the prescriptions which many are afraid to do. I could not function without my pain medication. I have had 3 laminectomies plus scoliosis in my neck and the last Doctor who evaluated my spine said if he were to do surgery he wouldn't know where to start. He said there isn't one part of my back from end to end that doesn't have some sort of medical problem in addition I have some kind of growth that they are currently trying to diagnose between c5-c6. In my life I have never gotten high from prescription drugs. I don't drink because of the drugs I take but when I did one or two beers would make me high like drugs never have. I may be dependent but I am definitely not addicted. Some of us need are medication and I just want to state that handicapped and disabled people already have extra requirements to get their medicines which in many cases are a hardship. These are the only prescriptions that can't be faxed in by a Doctor and those of us with limited mobility are already burdened with extra provisions and for us who need our medication we don't need or want anymore. As it is now life revolves around getting your prescriptions filled. If you are going on vacation you cannot get your prescriptions filled early and your plans must be changed so you can get your meds. Thank you for listening.

By [Melis11577](#)

7/8/08 at 6:34 p.m.

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In 2005 Methadone is indicated in over 4600 deaths nationwide and this number is underestimated due to an error in ICD10 coding and non uniform procedures in reporting and determining causes of death. Methadone is killing more people than any other prescription drug, killing 2 people for every 100 exposed.

Methadone is now the #2 Killer Drug in the U.S. Methadone is more addictive then any other pain medication including heroin and because of it's extremely long half life, cardio toxic risks, numerous fatal drug interactions, dosages based on tolerance, and small margin of error.

Every day 10.9 people die from Methadone (according to 2004 stats, not including car accident deaths caused by drivers under the influence of Methadone)

We cannot continue to allow a legal medication to be killing more people then the illegal drugs. Our government cannot be allowed to use tax dollars to fund their legal drug dealing operations.

We are asking government agencies to enact stricter guidelines in prescribing methadone for any reason. It must be mandatory that all doctors be certified and trained in the pharmacology of methadone; inpatient stays must be required during induction to methadone; all staff be extensively trained in monitoring methadone patients for symptoms of toxicity. Clinic patients should be tested weekly for legal and illegal drugs that are taken with methadone to get "high" or experience "euphoria" such as benzodiazepines, alcohol, cocaine, heroin, marijuana etc... and face severe consequences or mandatory detoxification from the methadone program after 3 dirty urines. Selling of take home doses must result in termination from methadone program permanently throughout the U.S. When presenting inebriated at clinic, clinic should also document such activity as well as prevent client from driving. Take home doses for all patients receiving methadone should be eliminated thus preventing the risk of diversion or precautions such as pill safe should be implemented. <http://www.thepillsafe.com/>

Current statistics show that nearly 4000 people a year die from methadone. These deaths are mostly happening to pain management and detoxification patients' within the first 10 days of taking initial dose. Most of these deaths are related to methadone prescribed with other medications that react as additives with the methadone. Diversion of methadone is a serious problem because it lands the most deadly drug on streets. Statistics also state that methadone is contributing to more deaths nationwide then heroin and only second to cocaine deaths.

The potential of abuse, diversion, and overdose to new patients being prescribed methadone is overwhelming. The unique properties of methadone, it's long half life, and it's negative interaction with numerous drugs make it an optimal choice as a last result treatment for chronic pain and addiction.

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Helping America Reduce Methadone Deaths

