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INEZ -- The biggest drug problem in Kentucky is not cocaine. Not crack. Not even marijuana.

"It's overmedication through prescription drugs," said Leo Marcum, the Martin County commonwealth's attorney.

Nerve pills.

The brand names are a second language, a colorful lingo, for an underclass of Kentuckians. They roll effortlessly off unschooled tongues: Valium. Xanax. Serax. Soma. Tylenol 3. Ativan. Percodan. Percocet. Placidyl. Lorcet . . .

Anti-pain, anti-anxiety, euphoria-inducing medication.

"Nerve pills," said Dr. Edward Burnette, who runs a hospital emergency room in Jackson. "That's the stuff everybody uses."

For many Kentuckians, the capsules and pills offer escape from various personal demons, from real pain and medical problems, from stress and poverty. For lawmakers considering a state or national health-care plan, they amount to a serious warning.

Unlike other drug addiction, nerve-pill dependency bridges age groups -- creating thousands of zoned-out, pill-popping poor people, dozing in classrooms and languishing at home, in jail or in nursing homes.

Taxpayers subsidize much of the drug use because many users are covered by the state Medicaid program, which provides free medical and dental care for the poor, including unlimited quantities of certain prescription drugs.

Medicaid is intended to help those in need, and health fraud investigators say many Medicaid patients have legitimate medical needs for these drugs. But they acknowledge that large amounts of Medicaid money are wasted on unnecessary prescriptions. Fraud is widespread: Some patients fake symptoms in order to get nerve pills and some doctors and pharmacists go along because Medicaid will pay for the drugs.

"You have some doctors giving out nerve pills just like candy because it's so easy for them," said Thomas McKnight Jr., a Kentucky State Police detective in London. "It's not that no one is looking. It's just that the problem is so widespread, it's hard to get a handle on."

Scams involving nerve pills are part of an \$80 billion medical-insurance fraud problem nationwide that U.S. News & World Report calls "the nation's biggest unchecked scandal."

In Kentucky, at least seven state and federal agencies are attempting to stop the hemorrhaging of drugs and money, but without significant success. Investigators blame a lack of money and cooperation.

"It's a real serious problem area because, for some reason, the state's enforcement of it seems to be lacking," said Karen Caldwell, the U.S. attorney for Eastern Kentucky.

Lois Baker of Whitesburg, executive director of Mountain Comprehensive Health Care Inc., a non-profit federally funded organization, thinks the abuse is especially severe in the mountains. "As bad as I hate to admit it, Eastern Kentucky has turned into a culture of people that needs prescription drugs," she said. "We've got a generation that feels there's a pill for everything. We have raised a society of people that really think they need to go to the doctor for every ache and pain."

During the last decade, Kentucky has ranked among the top six consumers in the nation of codeine-laced medication, according to the federal Drug Enforcement Administration.

This year, Kentucky is No. 1.

A nationwide survey of hospital emergency rooms last year found that 45 percent of patients treated for drug overdoses were taking legally manufactured drugs, as opposed to cocaine, crack and marijuana, the DEA said.

But a recent survey of emergency rooms at six hospitals in Eastern Kentucky indicated a heavier proportion of prescription-drug overdoses. At Hazard Appalachian Regional Medical Center, the region's largest hospital, a day-shift emergency room employee said 100 percent of the drug overdose cases there in the past year involved nerve pills.

Two recent occurrences in Eastern Kentucky have riveted attention on the overuse of nerve pills in the region and the abuse of Medicaid:

When Mary Porter Fletcher of Inez pleaded guilty last month to killing her 3-year-old daughter for the child's burial insurance, she said the murder weapon was an overdose of prescription drugs.

When Marcum subpoenaed Fletcher's prescription records from two Martin County pharmacies, he discovered Fletcher had used her family's state Medicaid card to obtain at least 604 prescriptions since January 1989.

Prosecutors did not subpoena records from Inez Drug Store -- one of 10 in Martin County, which has a population of about 10,000 -- but pharmacist Fred Galen said he also filled prescriptions for Fletcher.

The Fletchers' Medicaid privilege "was misused, which happens thousands of times a day all over the country," he said.

In Pike County, Dr. Charles Sowards died in August soon after he was placed on probation by the Kentucky Board of Medical Licensure for overprescribing drugs at the Virgie Clinic.

When new operators took over the clinic, they said some of Sowards' former patients verbally abused their doctors for refusing to renew prescriptions for nerve pills. Of 150 patients who showed up when the clinic reopened, 140 wanted nerve pills, according to one report.

Several patients, however, said it was a new physician, Dr. Conrad Reico, who was guilty of verbal abuse. They said Reico called them "drug addicts" and referred to Sowards as "a drug pusher."

"It's true," said Reico, but he declined to elaborate.

Roots of the problem

Dr. John W. Turner, 78, of Paintsville said one reason he stopped practicing medicine three years ago was the increasing swarm of patients who showed up at his office, practically demanding nerve pills.

A half-century ago, when he began practicing medicine in Eastern Kentucky, Turner said, "you just saw people who were really sick."

Sometimes he prescribed a sedative, phenobarbital, to a harried miner or housewife, who referred to it as their "nerve tonic," but the medication was rarely abused.

Things changed rapidly, Turner said, after the national Medicaid and Medicare programs began in 1966. That also was the year the Vietnam War began accelerating, along with the nation's drug problems.

"It became much worse when they could get their medication free," Turner said. "Before Medicaid, most people didn't come to the doctor. When I quit practicing medicine, 90 percent of my younger patients weren't really sick."

About 15 years ago, Turner said, he became aware of an increase in what he termed "peddling" of medication by patients.

They would receive a prescription for Tylenol 3, which has one-half grain of codeine, or Tylenol 4, which has a grain. Each pill cost about 70 cents, Turner said, but some recipients would sell them on the street for \$5.

Many of the peddlers were welfare patients, Turner said, "but a lot of them were more or less middle class, too."

"It's a very sad situation."

Scheming for 'scripts'

Doctors say Kentucky is full of canny patients who lie and scheme to get "scripts," as they call prescriptions, sometimes faking the symptoms required to get the drugs they have come to rely on -- even if it means cutting their fingers to put blood in a urine sample, indicating a kidney disorder that would require powerful painkillers.

Not much surprises Baker, the clinic owner from Whitesburg.

"Every new doctor that comes to town, all the druggies try them out," she said. "They come in with headaches, backaches -- they're professionals. Some of them are truly actors -- they have the exact symptoms. They've got it down to a fine art.

"It usually takes a doctor about a month to find out who they are."

Dr. William P. McElwain, a former member of the state medical licensure board, practiced for 17 years in Lawrenceburg before moving to Mouthcard in Pike County in 1991 to take over the Upper Levisa Clinic.

McElwain was astonished by what he found. "I got stung one time in 17 years (in Lawrenceburg)," he said. "Here, you can expect at least one a day and sometimes five or six a day. That kind of conflict just wears you out."

Ed Crews, branch manager for the drug control office in the state Cabinet for Human Resources, said some patients "shop" hospital emergency rooms, faking injuries or ailments to get pain pills.

Ed Horning, who heads the fraud unit for Blue Cross and Blue Shield of Kentucky in Louisville, said investigators have even encountered emergency-room shoppers who operate coast to coast.

Fraud by 'providers'

Critics emphasize that most doctors and pharmacists are honest and ethical, but prescription-drug fraud is not limited to patients.

The Wall Street Journal reported last month that providers commit 49 percent of health-care fraud in the nation.

Since 1987, the Kentucky medical licensure board has taken action against at least 53 physicians for writing "inappropriate and/or excessive" prescriptions.

The state Board of Pharmacy does not maintain such a list, but the Drug Enforcement Administration in Louisville listed criminal or civil cases against 15 pharmacies, two dentists, one veterinarian and four physicians who were not identified on the licensure board list.

The Medicaid fraud unit in the state attorney general's office opened five new cases in August and has 30 cases pending.

Officials with the unit say the most common types of prescription-drug fraud involve pharmacies and doctors billing for drugs or services not supplied.

"We investigate pharmacies where patients are getting a lot of drugs from two or three different doctors," said investigator Jim Nickell.

Some doctors issue prescriptions on the telephone and bill Medicaid for an office visit, he said.

"You'll find that once a patient finds a supplier, the patient tends to come back," said Ken Ball, another investigator. "Once they start taking Tylenol 3, for example, they tend to continue taking them."

Horning said some pharmacists fill prescriptions for name-brand drugs with generic brands and then fraudulently bill Medicaid for the name-brand drug, which often is three or four times more expensive.

"Patients often don't know the difference," he said.

Other druggists simply give patients fewer pills than prescribed, but bill Medicaid for the full amount, Horning said.

Doctors, he said, sometimes change a diagnosis to fit the insurance coverage that's available.

Patients rarely complain, especially Medicaid patients, who never see -- much less pay -- a bill.

"Sometimes I get the impression that for some (people), going to the doctor in Eastern Kentucky is a social event," Horning said. "Sometimes I question how necessary treatment is."

If the patient has insurance coverage, however, there's an incentive on the provider's side to treat him, he said.

Such a system plays into the hands of large-scale scam artists, said David Haight, resident agent in the DEA's Louisville office.

"The markup is in pills, believe me," Haight said. "There's plenty of margin for profit in this business."

Overprescription woes

Vernon K. Fletcher -- no relation to Mary Fletcher -- said he became addicted to prescription drugs after a 1981 mining accident.

Fletcher, 48, of Inez has sued Dr. Ekambaram Parameswaran, accusing him of overprescribing his medication.

Parameswaran's license to prescribe controlled substances was revoked by the Drug Enforcement Administration in 1990, according to a Federal Register notice, but his attorney, Ned Pillersdorf of Prestonsburg, said the allegations in Fletcher's lawsuit are untrue.

Fletcher said he realized he had a drug problem in 1986 when a Louisville doctor told him he was overmedicated. "I dried myself out," he said.

Parameswaran often filled prescriptions for his patients, Fletcher said, dispensing medication from his office. The practice, once common among rural physicians, is still legal, but there is a statewide trend in Kentucky these days for physicians to open their own drug stores.

Independent pharmacists do not like it, of course. Salyersville pharmacist Tommy Frazier said he was operating a drug store in Campton during the early 1980s when Wolfe County's only two doctors opened pharmacies in their clinics.

Almost immediately, Frazier said, his store's business dropped from 200 prescriptions a day to 20.

State and federal enforcement officials agree with Frazier that physicians should not be permitted to have ties to pharmacies. "Ethically, I think there's some definite problems with it, but not legally," said Mark Caverly, an investigator for the DEA.

"It's a kind of a trap," Frazier said. "Regardless of who the doctor is, I think it creates a tendency to overprescribe."

David Carby, general counsel for the medical licensure board, said such an arrangement "could lend itself to the appearance of impropriety," but he said he was not aware of any physician who abused the situation.

State Sen. Benny Ray Bailey, a Hindman businessman whose Knott County clinic contains a pharmacy, said his patients rarely leave the building to fill their prescriptions. Then again, the pharmacy rarely has customers from outside the clinic, he said.

Pharmacies are generally limited to \$4 profit on each prescription, but Bailey said that is where the number of prescriptions a doctor writes pays off.

Bailey said the drug store in his clinic does not make any money by the time he pays his pharmacist's \$45,000 salary and that of an assistant, who earns \$12,000.

That is because Bailey's clinic writes an average of 1.2 prescriptions per patient, he said. "If the doctor would double that 1.2 to 2.4, then we'd start making some money," he said.

Other clinics sometimes average seven or eight prescriptions a patient, he said. Pike County Coroner Charles Morris said he has investigated the deaths of older people who were taking 15 kinds of medicine.

Dr. John Adler, the Inez physician who wrote most of Mary Fletcher's prescriptions, said he had been designated as her "lock-in" physician. Officials issue red Medicaid cards instead of white to such patients, he said, but that does not always end fraud.

"I kept her off narcotics," Adler said. "She walked out of this office and went to another to get narcotics. One doctor and one drugstore doesn't make any difference. She went to 20."