

TOP STORY

Establishing realistic pain expectations could help end the opioid epidemic

By Anna Beahm Staff Writer Oct 16, 2017 Updated 9 hrs ago

The rate of opioid painkillers prescribed has quadrupled since 1999, but there has not been an overall change in the amount of pain Americans are reporting, according to the Centers for Disease Control and Prevention.

Americans consume 80 percent of opioids used worldwide, but Americans do not have an elevated rate of accidents or reported pain, said State Attorney General Steve Marshall.

"We aren't sicker than other people necessarily," Marshall said. "We don't necessarily have more people that are injured per capita than others. There is clearly something driving that, and that is one thing we are trying to get a handle on."

Many are pointing fingers at doctors and opioid drug distributors, as many cities and states, including Birmingham, have filed lawsuits against drug companies. Several doctors from across the state also have been charged for writing prescriptions for opioid painkillers outside medical necessity.

Former Huntsville physician Shelinder Aggarwal, who operated Chronic Pain Care Services in Huntsville, was sentenced to 15 years in prison in February for his illegal prescriptions and health care fraud, according to the U.S. Attorney General's Office.

At the peak of his practice, Aggarwal was the nation's highest Medicare prescriber of opioids in the nation, according to data from the Alabama Prescription Drug Monitoring Program, which tracks prescriptions for controlled substances.

The U.S. Attorney General's office estimates Aggarwal prescribed about 12.3 million pills of controlled substances in 2012.

Aggarwal isn't the only doctor who has been busted for fraudulent prescribing practices, which has the Alabama Opioid Overdose and Addiction Council focused on not just citizens, but doctors.

"Physicians had a big role in this," Acting State Health Officer Scott Harris said.

Harris said the opioid epidemic is the "biggest health problem we're facing in this country."

Harris said most doctors are simply doing their jobs when they prescribe opioids for pain.

"People got prescribed the drugs by well-meaning physicians who were doing what they thought they should do," Harris said. "The only way we are going to get out of this is by re-educating physicians about what they need to do and by giving them knowledge that allows them to make good decisions.

"And, we also need to retrain patients on what their expectations are. Patients probably shouldn't expect to have zero pain, ever."

Addiction specialist Steven Hefter said his experience as a cardiologist — his original medical focus — exposed the slippery slope of opioid abuse into which many Americans fall after they have major surgeries or a car accident.

Hefter said he often performed cardiac pre-operation evaluations for patients getting gastric bypass surgery and noticed they were on higher doses of opioids every time they returned for heart checkups.

"They were getting more, and I asked the surgeons why they are just changing one addiction for the other. Their word to me was, 'Well, you get them off the drug. If you're so concerned about it, you get them off,'" he said.

So he did.

After 23 years as a cardiologist, Hefter went back to school to learn how to help people become addiction free.

He's been working with addiction patients for nine years. He has three offices: in Decatur, Birmingham and Anniston. The Decatur office is open Fridays.

Alabama Sen. Tim Melson, R-Florence, an anesthesiologist, said doctors should explore alternatives to opioid pills.

He mentioned long-acting local anesthetics, which could provide pain relief for up to five days post-surgery, as a way to eliminate the need for post-op painkillers entirely. Other types of painkillers target specific brain receptors instead of every receptor, like many opioids do, he said.

He also mentioned switching to only pain patches instead of pills.

"The patient can see the device, see that it's working and they're not worried about when they're getting that next pill," Melson said.

Some have suggested another non-prescription solution to pain treatment: cannabis.

Luke Ledbetter, 41, of Boaz, said he's been using cannabis to treat his chronic pain from severe arthritis for six years.

When he was diagnosed with severe arthritis in 2000, he started chemotherapy treatments and opioid painkillers to treat his condition.

"I'm 41 years old, and if I don't take the chemo and stuff, I can't get out of bed," he said.

He soon found himself needing more and more pain pills to control the pain and eventually became addicted. Ledbetter started taking more than he was prescribed and eventually started buying them off the street to get more.

"I had a conviction over this," he said. "I knew I had to get off those pills."

Ledbetter started using marijuana in 2011 after doing research on marijuana for arthritis and was able to stop taking the opioid painkillers for his condition.

"I can go three weeks without touching marijuana and not break out in a sweat, and I don't crave it like I did the pills," he said.

Ledbetter said smoking marijuana a few times a week controls the pain and inflammation from his condition. He still takes chemo, but said he hasn't touched pain pills in six years.

He claims marijuana helps calm inflammation in his joints — something opioids couldn't do.

"I have a strong belief God gave all seed-bearing plants to us. He provided it for us to heal our bodies," he said. "(Marijuana) is the kind of stuff God gave us to work with. He didn't give us synthetic heroin and opioids."

Marshall said he does not think legalizing marijuana is the right choice for Alabama at this time, since legalizing what's still considered a Schedule I controlled substance comes with its own set of complications.

However, Ledbetter said he's been reaching out to Gov. Kay Ivey, Alabama senators, representatives and others in Montgomery about legalizing medical marijuana.

"I'm just one man. I'm not even a good man. I'd like to be able to do something," he said. "I see cannabis as an alternative to a very bad problem. I don't think it's a cure-all, but a help-all."

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Drug deaths in Alabama

Drug deaths in Alabama

:2011;2015;2016*

Opioid-related deaths;115;270;324

Total drug overdose deaths;505;720;741

% of opioid deaths;31%;38%;44%

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Drug overdoses by county

;2011;2015;2016*;2011-2016 total*

Morgan;16;22;15;107

Lawrence;under 10;under 10;under 10;16

Limestone;under 10;under 10;under 10;25

Madison;27;38;59;207

Jefferson;82;196;239;926

Mobile;42;69;59;330

Montgomery;10;18;14;93

*2016 numbers are preliminary

** Opioid-related deaths may be underestimated since many death certificates do not have specific drug information

Source: Alabama Department of Public Health