

# BIG PAIN IN THE BIG SKY

## Miscommunication and misinformation: Chronic problems with treating chronic pain



# BIG PAIN IN THE BIG SKY

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*Editor's note: This story is the first of a three-part series looking at the challenges associated with using prescription pain medication for patients coping with chronic pain.*

The public portrait of drug addicts evokes images of skinny, toothless meth users, strung out heroin junkies or crazed cokeheads.

However, more Americans abuse prescription pain medications than cocaine, heroin, hallucinogens and inhalants combined. Many of those addicts don't fit into the standard stereotype.

In Montana, more than 300 people die each year in connection with prescription drug abuse.

In 2012, 11 percent of eighth-, 10th- and 12th-grade students around the state said they had used prescription drugs without a prescription.

With millions of Americans suffering from chronic pain — many of whom are treated with prescription pain medications — physicians and community members often face a dilemma: They must adequately treat patients who are legitimately suffering and simultaneously attempt to keep highly addictive prescription drugs off the streets and out of the hands of addicts.

When it comes to prescription pain medication, little is black and white. Doctors have to try to decipher the difference between a patient in real pain and someone who might be abusing the system. Law enforcement officials are not only chasing criminals with glass pipes and needles but also ones with prescription bottles and pills.

To begin to comprehend the complexities of the issues, it takes understanding of the source — pain.

### Pain

The Yale Cancer Center defines opioids as “all substances that bind to the opioid receptors present in many tissues.” Opioid receptors are cell surfaces in the central nervous system that produce a feeling of being high and deaden pain when activated.

The general opioid classification includes all types of codeine, morphine, methadone, heroin and more. In essence, the codeine in prescription Tylenol and the illicit drug heroin are classified together medically.

Many types of pain may result in a prescription for opioid medication, including chronic back pain, post-

surgical pain and pain derived from auto-immune diseases.

But physicians and patients alike struggle to pin down a solid answer to the question, “What is pain?”

“There is no objective definition of pain,” said Dr. Matthew D. McLaren, a pain specialist who formerly worked for St. Peter’s Hospital. “Pain management is a very young specialty.”

When prescription pain medications were introduced to doctors decades ago, there was a lack of sufficient information about their effectiveness for treating long-term pain and virtually no information about their highly addictive qualities and adverse side effects.

For years doctors only had two options for treating pain patients — high doses of non-steroidal anti-inflammatory drugs (NSAIDs) or opioids.

“There’s not really anything in between,” McLaren said. “The trend before the early ’90s was to sort of dose to effect.”

When McLaren and his associates established the pain management clinic at St. Pete’s, the goal was to eventually create a program to treat pain patients and also rehabilitate addicts. Physicians in Helena had a minimal arsenal for handling chronic pain patients at that time.

“Until we established the program four years ago here, there was no established pain management program,” he said. “They had a prescription pad or they could send someone 100 miles away.”

When management at St. Pete’s changed and dismissed the program’s original goal, McLaren set out to start his own clinic.

He is in the process of opening what he says will be a truly comprehensive program featuring interventional pain management therapy — injections, implantations, etc. — as well as physical therapists and addiction counselors.

“All of those people have to be ideally under the same roof,” he said.

### **A prescription for addiction**

While many legitimate pain patients struggle to obtain the medicine they need to live normally, the street market for prescription pain pills is expanding.

Lewis and Clark County Coroner Mickey Nelson said he hasn’t necessarily seen a rise in overdose deaths in the county, but prescription drugs are becoming a more prominent factor in accidental deaths.

“Drugs are playing a larger role in definitely our traumatic-type deaths that it didn’t used to play,” Nelson said. “The combination, poly-prescription drug overdose ... is more common today than it’s ever been, in my professional opinion.”

Combining prescription opioids with anti-depressants is becoming a popular trend as well, he said.

When the two types of drugs are combined with alcohol — something Nelson frequently sees — it can have deadly effects.

“You’ve got something taking you up, and you’ve got something bringing you down,” Nelson said. “It’s like a rubber band for your heart.”

Scott Larson, the toxicology supervisor at the Montana State Crime Lab said he has also seen an increase in such drug combinations throughout the state.

“The combination of these drugs with ethanol, alcohol, is a really major problem in the post-mortem cases that we got,” he said. “They’re going to depress their respiratory systems so much that it just stops working.”

Between 2009 and 2013, the Montana State Crime Lab has seen the number of DUIs in which prescription opioids were involved nearly double, from 491 cases in 2009 to 788 cases in 2013.

Steve Hagen, the assistant chief of the Helena Police Department, has seen that trend echoed in the city of Helena.

“We’re seeing a drastic increase,” Hagen said. “We’re seeing more and more of the pain medication where folks are either abusing the medication or they’re just on the prescribed amount.

“When that bottle says you shouldn’t operate machinery, it means if you don’t feel yourself, you shouldn’t drive,” he said.

Many opioids cause lethargy and dizziness, which could hinder someone’s ability to drive just as much, if not more, than alcohol.

“That’s where your average person who would never think of drinking and driving would get in trouble,” he said.

Hagen’s department is also working to try and curb drug diversion — the sale of prescription medication on the streets — in Helena.

“A lot of people who are getting (opioids) prescribed to them are not using them, they’re selling them,” he said, noting Hydrocodone pills sell for \$1 per milligram on the streets.

Hydrocodone pills are typically between five and 10 milligrams each, meaning dealers could make as much as \$10 for an individual pill.

He has also seen an increase in prescriptions stolen from residences.

“A lot of the prescriptions are folks that, oh, they have surgery, they leave them in their cabinet and forget about them,” Hagen said. “And a friend or relative will steal them.”

Lewis and Clark County Sheriff Leo Dutton is seeing similar trends at the county level.

“The cases that our drug task force are working on, they used to infrequently work on a prescription drug case,” Dutton said. “Now it’s common.

“When you have an addiction, you’re unscrupulous,” he said.

### **Blurred lines**

When someone lands in jail because of an opioid addiction — whether they are criminally buying, selling or stealing the drugs — it’s easy to place blame on “overprescribing” doctors.

Gray areas in both federal and state laws governing the prescribing of opioids create a conundrum for doctors forced to make black-and-white decisions while sitting face-to-face with a patient in pain.

“We don’t have a protocol for treating pain,” said Cynthia Gustafson, executive director of the Montana Board of Nursing. “The practice rules are more general about giving safe patient care.”

Marcie Bough, the executive director of the Montana Board of Pharmacy said her board also lacks concrete guidelines for regulating prescribers.

“Montana, as with the rest of the country, continues to look at ways to address prescription drug abuse,” Bough said. “Ensuring that legitimate physician-patient relationship down to the pharmacist, but also the valid prescription order and also patient safety —that’s a role that the pharmacist is required to play.”

Despite the absence of a specific set of prescribing guidelines, both the Board of Pharmacy and the Board of Medical Examiners have the responsibility of ensuring licensed prescribers are operating in the best interests of their patients.

Bob Twillman, deputy executive director for the American Academy of Pain Management in California said that concept is great in theory but rare in practice.

“Most opioids are prescribed by primary care doctors, not pain specialists,” Twillman said.

“They’re paid for seeing a new patient every 15 minutes,” Twillman said of primary care doctors. “For turning the room over as quickly as possible.

“And the fastest way to do that is to write a prescription, hand it to the patient and be on your way,” he said.

Lisa Robin, chief advocacy officer for the Federation of State Medical Boards — based out of Texas and Washington, D.C. — echoed Twillman’s concern.

“With many treatments there are significant risks,” she said. “There’s certainly a need for additional research.”

The federation recently released its “Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain,” she said.

“By promulgating its model policies, the FSMB has sought to provide a framework for the legitimate medical use of opioid analgesics for the treatment of pain while emphasizing the need to safeguard against their misuse and diversion,” the policy said.

“Physicians should not fear disciplinary action from the board for ordering, prescribing, dispensing or administering controlled substances, including opioid analgesics, for a legitimate medical purpose and in the course of professional practice, when current best clinical practices are met,” the policy said.

But rampant abuse of prescriptions has some physicians regulating their prescribing practices for fear of discipline from the Montana State Board of Medical Examiners.

In Helena, Dr. Mark Ibsen, owner of Urgent Care Plus, knows that fear all too well.

The Board of Medical Examiners is currently investigating Ibsen after a former employee filed a complaint accusing him of overprescribing pain medications to his patients.

The complaint cites eight chronic pain patients all prescribed a high-dose regimen of opioids to treat their individual conditions, Ibsen said.

But, at the time the complaint was filed, he said six of those eight patients had been weaned completely off of their opioids and the remaining two are on lower dosages than when they first arrived at his clinic.

Ibsen is a firm believer in treating the psychological and emotional issues that may lead to or worsen chronic pain. His main goal with every chronic pain patient is to reduce or remove the use of opioids as a primary treatment.

“Ultimately, narcotics don’t work for chronic pain,” he said. “We have to treat chronic pain as a separate illness, as a diagnosis in and of itself.”

Because people across the country are abusing the physician-patient relationship by diverting, some doctors feel they have to turn away people who may be legitimate pain patients simply because they require high doses of opioids to function.

“And then there are people saying that these people are criminals and that the doctors who prescribe for them are criminals,” Ibsen said. “When we start to characterize our patients ... or people start to characterize doctors who prescribe narcotics to narcotics patients, we’ve lost the game.

“We’re no longer healers,” he said. “We’re just providers.”

## **Prescription drugs:**

Prescription drugs:

100 million

The number of Americans who suffer from chronic pain

— 2011 study by the Institute of Medicine Committee on Advancing Pain Research, Care and Education

**\$635 billion**

Amount those suffering from chronic pain pay in treatment and lost productivity

— 2011 study by the Institute of Medicine Committee on Advancing Pain Research, Care and Education)

**6 million**

The number of Americans abusing prescription drugs

— Responsible Opioid Prescribing A Clinician’s Guide

**21**

Montana’s rank among the states for number of annual drug overdose deaths

— “Prescription Drug Abuse: Strategies to Stop the Epidemic,” a 2013 study by Trust for America’s Health

**12.9**

The number of Montanans per 100,000 who die from prescription drug overdose each year

— “Prescription Drug Abuse: Strategies to Stop the Epidemic,” a 2013 study by Trust for America’s Health

**11**

Percentage of eighth-, 10th- and 12th-grade Montana students who said they have used prescription drugs without a prescription

— 2012 study by the Montana Department of Justice

### 30

Amount of days every single American adult could be continually medicated by the amount of prescription painkillers prescribed in 2010

— “Prescription Drug Abuse: Strategies to Stop the Epidemic,” a 2013 study by Trust for America’s Health

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The incidence of pain in the United States is greater than that of diabetes, heart disease and cancer, combined.

— Responsible Opioid Prescribing A Clinician’s Guide

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Opioid overdose is the second-leading cause of accidental death in America, exceeded only by car crashes.

— Responsible Opioid Prescribing A Clinician’s Guide

## Washington state creates guidelines

The state of Washington introduced its Opioid Dosing Guideline in June 2010. The Journal of the American Board of Family Medicine described it as a set of “tools needed to implement most of the best practices,” for opioid prescribing.

In 2012, the journal conducted a survey of 623 providers that treated patients with chronic noncancer pain. The survey revealed that many physicians were shifting the way they prescribed opioids, especially for chronic pain patients.

Of those surveyed, 55 percent said they had read or applied the 2010 guideline in their practices.

More than 44 percent of providers said they now prescribe opioids to fewer chronic non-cancer pain patients and more than 46 percent said they prescribe higher doses of opioids less often.

Of those surveyed, 72.3 percent said they were “very concerned” with overdose, addiction, dependence or diversion when prescribing opioids to chronic non-cancer pain patients.



## The price of addiction

Rise in prescription drug abuse strains law enforcement system



# BIG PAIN IN THE BIG SKY

4 HOURS AGO • BY JULIE BAUGHMAN INDEPENDENT RECORD

Thomas Cullen Whitten tried his first illegal drug when he was 15 years old.

He raced motorcycles — sometimes exceeding speeds of 115 mph — and was a drummer in more than a few garage bands in Alabama in the '80s.

He committed his first felony before he turned 25 and spent six months working as a roadie for Lynyrd Skynyrd after being discharged from the Army National Guard in 1988.

He's served time for felony theft and felony DUI in both state and federal prisons; and throughout his escapades, Whitten said he's broken almost every bone in his body.

He's had multiple surgeries to fix back injuries, pins and plates implanted in his left shoulder and facial

reconstruction surgery for broken jawbones.

As a result, Whitten is a chronic pain patient.

"I made some pretty bad choices throughout my life," said a beleaguered, now 49-year-old Whitten.

"Every time that I was in trouble (with the law) I was doing it for drugs or alcohol, to feed my addiction," he said. "If I'd have behaved and done like my mother told me, I'd be a lot better off."

"That's why I deal with chronic pain," he said. "A lot of it was self-inflicted."

Now, Whitten exists under the influence of a daily high dose of Oxycodone to silence the pain that constantly reminds him of the ghosts of his battered body's past.

"I have to have them to operate throughout the day," he said.

As a recovering alcoholic, Whitten keeps his prescriptions at his Alcoholics Anonymous sponsor's house in order to hinder the temptation to take more than the daily prescribed dose.

His sponsor gives him his daily dose at the start of each day.

He readily admits he is addicted to the medication.

"All through my life I had an addictive personality," he said. "I can get addicted to a bowl of Cocoa Puffs."

Whitten is currently on probation for a felony theft he committed in 2007 in Helena. He served five months in the Butte-Silver Bow Detention Center for that crime but still has nearly four years left to

serve on probation.

He said he desperately wants to stop his opioid therapy and switch to medical marijuana to manage his pain, but his situation in the judicial system has made that nearly impossible.

“I’ve been on those for 20 years probably,” he said of the narcotics.

“I could probably teach the class for any kind of addiction problems,” he said. “I’ve quit alcohol. I’ve quit heroin. I’ve quit cocaine, just about every one of them.”

But the one drug that he just can’t seem to kick is the one that he depends on to survive. Whitten said he’s tried to quit the pain pills cold turkey before — mainly when he’s been in jail and can’t get his prescriptions — but it has proved to be nearly impossible.

“It’s rough withdraws,” he said.

“That’s the ultimate goal,” Whitten said. “Get weaned off and maybe by then probation and parole will decide (about medical marijuana).”

### **A statewide problem**

Since 2011, the Missouri River Drug Task Force has collected 1,365 units of prescription drugs — one unit equaling one pill, one patch etc. — through 68 different investigations.

It has collected 50 units through eight investigations in 2014 alone.

The Montana State Crime Lab is seeing more toxicology cases involved prescription drugs as well.

In 2009, the lab investigated only 3,633 prescription toxicology cases. In 2013, that number jumped to 5,991, a nearly 40 percent increase.

Scott Larson, the toxicology supervisor at the state crime lab, said that, despite the jump in cases, the amount of opioid abuse has remained fairly stable throughout that time period.

“There is a five-year block of time where there’s no real increase or decrease,” he said. “It’s stable both within a dead population, a population that’s within the corrections system and then in the DUI world, which theoretically is just a random sampling of society.”

Larson finds the lack of trends somewhat concerning because it means that there hasn’t been a shift away from the use and abuse of the drugs now known to have dangerous addictive properties.

“More people have probably accidentally fallen into drug abuse from opioid use than any other drug,” he said. “The combination of these drugs with ethanol, alcohol, is a really major problem in the post-mortem cases that we got.”

### **Where to go**

As prescription drug abuse continues to rise, the number of addicts in the criminal justice system also increases.

Within the Lewis and Clark County District Court system, Treatment Court provides a welcome alternative to jail or prison for those who have been convicted of drug crimes.

“It’s a team approach to an addiction issue,” said District Court Judge James Reynolds, who oversees the court.

“These are folks who have made a series of bad decisions in life,” he said. “What we’re trying to do is

give them tools and treatment to start making good decisions.”

Coordinator Freyja Bell said there is an intensive screening process for acceptance into the program. Once someone is admitted they receive rigorous treatment from people — including an attorney, law enforcement officers and a probation officer — who truly understand the nature of addiction.

“I would say there’s a huge part of Helena that doesn’t understand drug addiction,” Bell said.

“It’s like, “Stop using. Why can’t you stop?” ” she said. “It’s not that easy.”

Bell said the program typically runs over the course of 18 months and has three phases. As they progress through each phase, the participants receive fewer restrictions and less supervision.

Throughout the process, participants are required to attend a variety of support meetings, get a job or pursue an education, do community service and pay restitution fines.

“It really is all encompassing for every part of their life,” she said.

In order to diminish the number of people who might find themselves in the criminal justice system for drug addiction charges, law enforcement agencies are spearheading state, county and citywide preventative programs.

Montana Attorney General Tim Fox said the Department of Justice has plans to hire an outreach specialist to specifically address prescription drug abuse starting in July.

“We want to jump start our prescription drug abuse prevention program,” Fox said. “For the first time in the Department of Justice’s history, there will be a dedicated person to that effort.

“It’s such a huge problem — and it’s only growing — that I felt that it was necessary to focus one person’s sole energy on the prescription drug abuse problem,” he said.

Fox said he also plans to expand and increase the number of prescription drug drop-off locations throughout the state.

“And to get the word out better so people know where they are,” he said.

The Lewis and Clark County Sheriff’s Office held its annual drop-off day April 26 and saw the number of drugs collected nearly double from last year.

In 2013, Sheriff Leo Dutton said the event collected 87.5 pounds of prescription drugs around the county.

This year, 179 pounds of prescription drugs were collected, with 87 pounds collected at the Helena Wal-Mart alone.

“The message in that is there are good people, and they want to do the right thing; but they need the opportunity to dispose of them correctly,” Dutton said.

## **Drug take-back day**

**87.5**

Pounds of prescription drugs collected at Lewis and Clark County drug take-back day in 2013

**179**

Pounds of prescription drugs collected at Lewis and Clark County drug take-back day in 2014 (87 pounds at

Wal-Mart; 79 pounds at Shopko; 13 pounds at Augusta drop-off location

**Treatment Court Statistics (since the program started in August 2011)**

**Current participants:** 18 (from age 20-56)

**Graduated participants:** 5

**Terminated participants:** 6 (and 1 voluntary withdraw)

**GEDs earned:** 4

**Attending college:** 2 past participants; 3 current

**Drivers licenses:** 5 earned

**Fines paid:** \$9,373

**Missouri Rive Task Force**

Amount of prescription medication collected each year where one unit equals one pill, one patch etc.

**2011**

521 units through 21 investigations

**2012**

623 units through 21 investigations

**2013**

171 units through 18 investigations

**2014 (so far)**

50 units through 8 investigations



## Drug-free therapies

Journey to recovery takes alternative path



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3 HOURS AGO • BY JULIE BAUGHMAN INDEPENDENT RECORD

When Anthony Hale was only 21 years old, a forklift ran over his leg, causing significant crush injuries.

The now 29-year-old would spend the next eight years of his life amidst a whirlwind of doctor appointments, failed procedures and prescription drugs.

“I got passed around from doctor to doctor and was prescribed any kind of narcotic prescription medication they could give me,” Hale said.

“They were threatening to get my leg cut off,” he said. “I was told I would never work again.

“It was a very dark, depressing time for me and I just got consumed by my injury, being told I was never going to get better,” Hale said.

When Hale began receiving treatments at Dynamic Health Technologies in September 2013, he was skeptical at best.

In years prior, three different doctors told him he would lose his leg and his days were spent in a drug-induced cloud.

“It only took two weeks here before he was off his pain meds,” said Carol Wilcock, the CEO and clinical supervisor at Dynamic Health.

The clinic, located in the basement suite at 900 N. Montana, seems unassuming at first glance, but the treatments offered there are, in many ways, revolutionary.

After spending almost 10 years as a nurse at St. Peter’s Hospital, Wilcock decided to open the clinic in July 2011 as a way to treat what she felt was an underserved patient demographic.

“I realized I wasn’t in health care, I was in disease management,” she said. “I just found there are people being left behind.”

She began researching alternative methods for treating and now boasts multiple noninvasive, non-narcotic treatment options.

The Enhanced External Counter Pulsation system works to increase circulation and revascularize weak or damaged tissue. Patients strap what function as giant blood pressure cuffs around their waist, thighs and calves and spend one hour a day attached to the machine, five days a week for seven weeks.

“When your heart is contracting, the cuffs are relaxed, but when your heart is relaxed, the cuffs inflate,” Wilcock said.

She asserts the treatment is equivalent to getting three years of exercise in seven weeks.

“It really keeps your circulatory system in peak performance,” she said.

An on-site hyperbaric chamber oxygenates damaged blood vessels in patients with inflammatory or brain injuries and an H-Wave unit stimulates and rebuilds damaged nerves.

“It doesn’t matter if you’re keeping one foot out of the grave or training for a marathon,” Wilcock said. “You don’t feel less pain because we try to fake you out of it, you feel less pain because you are less unhealthy.”

After weeks of an intense combination of treatments at Dynamic Health, Hale said he got his life back.

He is now the warehouse manager at Morey’s Gifts and enjoys playing with his 7-, 8- and 10-year-old children.

He is thrilled to be rid of the pain pills.

“With a natural path it takes longer,” he said. “It’s not just take a pill and then 20 minutes later you feel nothing.”

“Before you know it, that’s all you’re doing every day, is taking pills,” he said.

“I’m so glad I was able to get free of that.”

A way out

Dynamic Health Technologies is only one of a number of alternative treatment options for chronic pain patients in the Helena area.

Deidre Smith opened the Helena Acupuncture Clinic in 2008 and prides herself in taking a holistic approach to pain management, especially considering she is no stranger to pain herself.

“I’ve had lupus for almost 25 years,” she said. “I just thought it was normal to hurt so bad.

“I wanted to die,” she said of her battle with the disease. “I just thought, I’m awake, but I can’t open my eyes.”

Smith dedicated more than six years of her life to the study of Eastern medicine, which she said has helped her manage her own chronic pain.

She received a master’s from Portland College of Oriental Medicine and spent two years studying at a traditional medical hospital in China before returning to Montana to open her clinic.

Her services range from traditional acupuncture to dietary consultations to cupping — a method of suction used to relieve tension in muscles — to magnetic light therapy.

With a bachelor’s degree in psychology from Carroll College, Smith also attempts to address the nonphysical contributors to pain.

“There isn’t any elegant thoughtful plan on how to treat not only just the pain body, but the emotional body and the spiritual body,” she said.

She said her ultimate goal with every pain patient is to reduce the pain level to less than a two out of 10, using whatever combination of treatments she can offer.

“I throw everything at them heavy and hard,” Smith said. “Let’s feel your body, let’s talk about your

emotional life and let's laugh a little because there's irony in pain."

She supports a multifaceted approach to pain management and encourages her patients to take prescribed medications when they feel it's necessary.

However, she also promotes the addition of healthy lifestyle changes for pain patients including proper dietary supplements, yoga, swimming and counseling.

"Anything that can just take the edge off," she said. "Sometimes that's all they need."

Dr. Matthew D. McLaren offers equally innovative, but more invasive options for pain management. His new pain clinic will open its doors June 2 in suite F at 301 Saddle Drive. McLaren said interested patients can call 422-0503 to set up an appointment.

McLaren is the former pain specialist with St. Peter's Hospital and offers chronic pain patients with a number of surgical options to treat their symptoms, including an intrathecal pain pump and neuromodulation.

Neuromodulation, McLaren said, is "a way of intercepting the pain pathways."

The typical neurological response that would be sent to the brain is intercepted and "redirected as a massaging feeling," he said.

Intrathecal pain pumps are implanted at the base of the spine and release electrical signals that prevent pain signals from reaching the brain.

"You have to think about it as a way of short circuiting the typical way your nervous system works," he said.

He admits there is a notable chance for pain pumps to migrate — or move from the spot of implantation, rendering them ineffective — but said there are more successes than failures.

"They feel better than they have in years if not decades," McLaren said of people who have had the pump implanted.

For Anthony Hale, a pain pump was not the best option.

He said he was the youngest person in the nation to have a pain pump implanted, but his age turned out to be a hindrance rather than a benefit.

"I was too young and too wanting to be active," Hale said.

He said the migration of his pain pump was a significant low in his journey to healing, but that his experience with alternative pain management has changed his outlook on life.

"I wake up in the morning (now) wanting to get up and do something for the day," he said. "Not dreading how long is it going to be before I can sit down or how long is it going to be before I can't move."

"There is hope out there," he said. "You just have to want to get better and believe that you can do it."