PAIN TREATMENT AND PRESCRIPTION DRUG ABUSE IN KENTUCKY
Prescription drug abuse has often been in the headlines due to the shocking overdose deaths of celebrities. Unfortunately, the problem has also infiltrated the lives of ordinary citizens and has struck Kentucky particularly hard.

The Centers for Disease Control and Prevention reports that prescription painkillers were involved in 14,800 overdose deaths in 2008. That's more than cocaine and heroin combined. More than 12 million people reported using prescription painkillers for nonmedical reasons in 2010.

Many people, particularly teenagers, have the perception that prescription drugs are safer to abuse than street drugs. More than 70 percent of people who abuse prescription drugs obtain the medicines from friends or relatives, the National Survey on Drug Use and Health found.

Substance abuse among teens and young adults is particularly problematic, and prescription drugs are no exception. The Partnership at Drugfree.org reports that one in six teens has used a prescription drug to get high or change their mood. About one-third of those who are addicted to prescription painkillers are ages 18-25.

The Greater Louisville Medical Society is taking a leading role in addressing the prescription drug problem in Kentucky, focusing on education for doctors and patients, promoting safe access to appropriate treatments and doing everything possible to enhance the quality of life for all Kentuckians. Here, GLMS President-Elect James Patrick Murphy, MD, answers the difficult questions about pain treatment and controlled substances. Dr. Murphy is a board-certified specialist in Anesthesiology, Pain Medicine and Addiction Medicine who has been president and medical director of Murphy Pain Center for 12 years.
What medical conditions do pain specialists like you treat? When does a patient need to see a specialist?

**DR. MURPHY:** Chronic pain specialists treat most any type of pain that should have gone away with treatment, but for some reason just hasn’t. The most common ailments we see are spine pain, muscle pain, headaches and pain from nerve damage called “neuropathy.”

Most people should start with their primary care doctor, surgeon or specialist. Everything possible to get at treating the true cause of the pain should be done. After about three months, if the pain is still a problem then seeing a pain specialist might be a good option. But sometimes you need to go sooner if your doctor thinks a procedure, or “intervention,” like an epidural steroid injection or a nerve block, will get you better quicker.

What kinds of treatments are available for chronic pain?

**DR. MURPHY:** Not all pain specialists offer the same treatments. Some “interventionalists” specialize in giving injections. Some even implant very sophisticated devices in the spine to control pain. A spinal cord stimulator is an example of this. Some pain specialists are very comfortable prescribing a wide range of medications for pain. Time-released drugs are useful when the pain is “around-the-clock” and allow doctors to treat some pain more appropriately with fewer pills per day. Most people are aware that anti-inflammatories and controlled medicines like morphine are prescribed, but it may surprise some to learn that anti-seizure and antidepressant drugs can be very effective alone or in combination with other therapies. Even if a pain specialist does not specifically offer services such as physical therapy, massage or complementary therapies like acupuncture, the pain specialist should be able to facilitate access to those types of treatments for their patients.

What makes a medication a “controlled substance”? How are these different from other medications?

**DR. MURPHY:** Controlled substances are medications that are known to have some potential to be abused. The federal government has strict rules for these drugs, and states can add their own rules if they want more strict oversight. If a drug is considered highly addictive with no real use in our society, it is a schedule ONE drug. For example, heroin is a schedule ONE drug. Powerful drugs like OxyContin, Percocet, morphine and Opana are schedule TWO drugs. They require a written prescription on a special type of paper with no refills and cannot be called in to the pharmacy. Schedule THREE drugs are considered less “addictive” than the schedule TWOS. They can be called in to the pharmacy by phone and can have refills. Schedule FOUR and FIVE drugs are considered even less addictive, but still are watched closely by government regulators and the police.

Explain the difference between abuse and addiction.

**DR. MURPHY:** “Abuse” covers a wide range of behaviors and simply means that a person is not using the drug as prescribed. In contrast, “addiction” is a chronic neurologic disorder that involves an abnormality in the “reward center” in the brain, such that a person craves the drug despite knowing they shouldn’t have it and is constantly preoccupied with getting the drug. Drug abuse is much more common than is drug addiction. Drug abuse is about bad choices and bad behavior.

WHAT IS KASPER?

Under a new state law that took effect in July 2012, physicians are required to obtain a KASPER report about a patient before prescribing a controlled substance for the first time. The Kentucky All Schedule Prescription Electronic Reporting system tracks all prescriptions for controlled substances that are dispensed in the state. KASPER can help physicians identify patients who are “doctor shopping,” or deliberately misleading doctors in order to obtain prescriptions for controlled substances.

A patient’s KASPER report shows all scheduled prescriptions during a specified time period, with both the prescriber and dispenser listed. Pharmacies and other dispensers are required to report to KASPER within every seven days. Access to KASPER is available to certain health care professionals and law enforcement entities. Physicians are able to share patients’ KASPER reports with them, and KASPER reports can be placed in the medical record.
Drug addiction is about loss of control and is a severe, often incurable, illness that is very difficult to treat.

While most drugs are simply swallowed, abusers often alter the drugs so they can be inhaled, snorted or injected in an attempt to get the drug to the brain as fast as possible. No drug is tamper-proof, but some of the newer drugs have formulations that make it more difficult to convert them into fast-acting forms.

The difference between addiction and “physical dependence” is important. As I stated, addiction is a brain disorder. Physical dependence simply means that when someone gets used to a drug and it is suddenly taken away, they go into “withdrawal.” Anyone who misses their morning cup of coffee and gets irritable has experienced “withdrawal” from caffeine. Withdrawal symptoms from chronic use of pain medications can be quite uncomfortable but in no way mean that the individual is addicted. Anyone will have withdrawal if their medication is suddenly cut off. It is a normal expected physical condition. On the other hand, addiction is a brain disorder that is constantly present whether or not the person has any drug in their system.

How do overdose deaths involving prescription drugs typically occur?

**DR. MURPHY:** Every 19 minutes someone in the U.S. dies of a drug overdose. In Kentucky, more people die from prescription drug overdose than from car wrecks, about 1,000 each year. By far, most deaths from prescription drug overdose are unintended, involve substance abusers, and are due to a combination of drugs, including alcohol and illegal drugs, used in an effort to get “high.” Usually the abuser’s heart stops beating or they simply stop breathing. Overdose deaths involving legitimate patients are extremely rare by comparison.

Why has the number of controlled substance prescriptions in Kentucky increased, to 11.1 million prescriptions dispensed in 2009? Why is there so much pain in Kentucky?

**DR. MURPHY:** The three main reasons that controlled substance prescriptions have increased in Kentucky are:

- The number of older Kentuckians is growing faster than the younger ones. Older people simply have more aches and pains.
- Doctors have new drugs that are potent and effective and they are getting better at diagnosing. In other words, we are treating more people than ever.
- But doctors are generally prescribing too much pain medication. I’m not talking about the few bad doctors who are running an assembly line through their office. Many well-meaning, intelligent and dedicated doctors haven’t been taught that there are limits to how far we should go in trying to alleviate suffering. When you add it all up, a little cutback here and there would make a big difference considering there are more than 10,000 doctors in Kentucky.

Addiction is a serious problem with potentially devastating consequences for individuals, their family and friends and their communities. However, substance abuse treatment can work.

At The Healing Place in Louisville, more than 3,500 men and women have successfully completed its nationally recognized long-term residential recovery program. The Healing Place boasts a success rate of 75 percent of alumni remaining sober after one year – five times the national average for recovery facilities.

The physicians of the Greater Louisville Medical Society were instrumental in establishing The Healing Place in 1989. The medical society assumed ownership of a homeless shelter for men located on West Market Street, and the recovery program was developed in the years following. The Healing Place now serves men and women free of charge, and the recovery program has become a model for replication at facilities across the United States.

Those seeking help can call The Healing Place men’s campus at 502-583-0369 or the women’s campus at 502-568-6680 for admissions information.

There are many different treatment programs, however. A national hotline, run by the Substance Abuse and Mental Health Services Administration, can be reached at 1-800-662-HELP (4357). Online treatment locaters are available at http://samhsa.gov/treatment or http://odcp.ky.gov.
How can patients be sure they’re seeing a qualified physician for pain treatment?

DR. MURPHY: Ask about the doctor’s training for medical school and residency, board certifications and years of experience. Pain Medicine is a board-certified specialty that involves five years of unique training beyond medical school. Find out the main focus of the practice. Do they primarily do injections? Medications? Or, both? Do they work closely with any hospitals? And does a trusted friend or your family doctor recommend them?

Don’t waste your time looking at random websites or magazines that give physicians some sort of “grade.” The Greater Louisville Medical Society can give you the contact information you need to find a local pain specialist in your area who has met the medical society’s standards for membership. Search the Physician Finder at www.glms.org or call 502-589-2001.

Describe proper screening before being prescribed a controlled substance for the first time.

DR. MURPHY: To prescribe a controlled substance for the first time in Kentucky, a doctor follows a standard course of action, essentially getting over FRIGHT about a particular patient:

- Formulate a plan of care
- Review a KASPER report about the medications the patient has been prescribed
- Informed consent is obtained (i.e. explaining the risks to the patient)
- Government identification is provided by the patient (required)
- History and physical exam is performed
- Teach the patient about how to use the medication

Since doctors are trying to minimize your risk of addiction and also the risk that the medications will end up in the wrong hands, you may be asked to give a urine sample for drug testing. You may also be asked questions about any psychiatric and drug abuse problems you or your family may have had. The extent of this screening process usually depends on how long your doctor thinks you will need to take these medications.

What you should know about controlled substances

PROPER USE
1. Carefully follow instructions.
2. Make sure you can see well when taking your meds.
3. Read the prescription container label each time.
4. Never use expired meds.
5. Never share the meds.
6. Never take the meds with alcohol or other sedatives.
7. You should not take the meds to help you sleep.
8. Never break, crush or chew the meds.
9. Heat, fever and exertion can dangerously increase the potency of skin patches and could even be fatal.
10. Immediately report any adverse reactions.
11. It is illegal to share, sell or give away controlled substances.

DRIVING AND WORK SAFETY
1. These types of meds can be sedating. Never drive impaired.
2. Get used to the meds before trying to drive.
3. Combining additional meds, like cold meds, can make sedation even worse.

PREGNANCY
1. These drugs may be risky for a pregnant mother and a fetus. Discuss the risks with your doctor.
2. Know the signs of a bad reaction, side effect or condition that places you or your baby at risk, and know what to do about it.
3. Be sure the benefits outweigh the risks.

POTENTIAL FOR OVERDOSE AND RESPONSE
1. If you get too much, these drugs can kill you by making you stop breathing.
2. Call “911” or an emergency service if an overdose is suspected.

SAFE STORAGE OF CONTROLLED SUBSTANCES
1. Use the original container.
2. Lock them up.
3. Report stolen or lost meds immediately.

PROPER DISPOSAL
1. Dispose of unused and expired meds.
2. Ask your doctor about how to do this properly. Flushing them is not advised.

More information on proper disposal is available at www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm. In addition, the Kentucky Office of Drug Control Policy has a listing of Permanent Drug Disposal Locations at www.odcp.ky.gov.

Source: Kentucky Board of Medical Licensure
Acrobats, flamenco dancers, singers and more are coming to the Kentucky Science Center in 2013. Real human bodies shown in dramatic poses, preserved for education through a process called plastination, will be part of “BODY WORLDS Vital” running Jan. 20 through May 19.

Visitors will get an unparalleled look at the inner workings of the human body through the exhibit that includes human bodies willed by donors specifically for educating the public. “BODY WORLDS” exhibits, created by Dr. Gunther von Hagens, have been viewed by more than 35 million people around the globe. Among the specimens are joints with osteoporosis and lungs damaged by smoking. The public will be able to learn how to fight, manage and prevent conditions like cancer, diabetes, obesity and heart disease through healthy choices and lifestyle changes. Real human bodies are able to display details of disease and anatomy that can't be captured by models, while showing how each individual has unique features, inside and out.

“We think this is the health event of the year,” said LaQuandra Nesbitt, MD, MPH, director of the Louisville Metro Department of Public Health and Wellness. The mission is “to educate our citizens by promoting health and wellness, preventing disease, illness and injury, and protecting the health and safety of our residents. You won’t want to miss this!”

Parents should decide if the exhibit is appropriate for their children. Children under age 12 should be accompanied by an adult parent or chaperone.

The plastination process involves stopping decomposition in order to preserve anatomical specimens. Bodily fluids and soluble fat are extracted from specimens, replaced with reactive resins and elastomers and cured with light, heat or certain gases that give the specimens rigidity and permanence.

In conjunction with “BODY WORLDS Vital,” the Kentucky Science Center will also be opening a new IMAX film called “The Human Body.” It presents the incredible story of life through the biological processes that go on automatically and often without notice.

KENTUCKY SCIENCE CENTER
727 W. Main St.
502-561-6100
www.kysciencecenter.org

HOURS
Sunday-Thursday, 9:30 a.m.-5 p.m.
Friday-Saturday, 9:30 a.m.-9 p.m.

TICKETS FOR “BODY WORLDS VITAL”
Public tickets start at $20 for adults and $15 for children ages 2-12. Other ticket combinations and prices are available. Tickets also include admission to the permanent exhibit galleries.

“BODY WORLDS Vital” is presented by Spalding University with support from Louisville Metro Public Health and Wellness and in partnership with the Greater Louisville Medical Society, the Kentucky Department for Public Health, KentuckyOne Health and the YMCA of Greater Louisville.
As of January 1, 2013, the 175,000 patients with Medicaid in Jefferson and 15 surrounding counties will receive health care services through one of four different insurance plans. This is a change from Passport Health Plan being the only company providing Medicaid coverage for the region since 1997.

Medicaid patients should be aware that they can choose which of the four plans they wish to use – CoventryCares, Humana CareSource, WellCare or Passport. In November 2012, the Kentucky Department for Medicaid Services mailed patients letters informing them of the plan to which they were assigned initially.

The only way for patients to select a different plan is by calling the toll-free Medicaid Member Services hotline at 855-446-1245. Changes can be made only from Jan. 1 through March 31. The hotline is available Monday through Friday, 8 a.m. - 6 p.m. Callers must have the Social Security numbers of the Medicaid patients living in their house, as the state is trying to group families with the same plan. Patients will not be able to switch plans after March 31 until a future enrollment period.

Ask your physician if he accepts your Medicaid plan. If he does not, you may wish to switch to a plan he accepts so that you can continue seeing your physician. Each plan may have different pharmacists and preferred drugs as well.

Why is this change occurring? The federal government advised the Kentucky government that the region could no longer operate with a single Medicaid provider, in order that patients would have a choice in their health care coverage.

“The managed care approach is familiar to Medicaid recipients in the Jefferson County area, but having a choice of managed care organizations is new,” said Audrey Tayse Haynes, secretary of the Kentucky Cabinet for Health and Family Services. “Passport has been a good partner and has served the region’s recipients well for 15 years, but the federal government now requires that individuals have a choice of providers.”

Patients should watch the mail for their new ID cards. More information is available at http://chfs.ky.gov/dms/member+information.htm.
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