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VIM clinic curtailing narcotics use for chronic pain patients

By Dann Denny 331-4350 | ddenny@heraldt.com May 10, 2013



The VIM Clinic on West Second Street. Jeremy Hogan | Herald-Times

By Jan. 1, the Volunteers in Medicine Clinic of Monroe County will no longer prescribe long-term narcotics for the management of chronic pain.

“This policy change represents a philosophical change to VIM’s management of chronic pain after a careful weighing of the risk and benefit of chronic narcotic use in light of new scientific data,” said Dr. Peter Wallskog, a VIM board member and longtime VIM volunteer provider. “We will continue to offer comprehensive management for chronic pain, using modalities and medications which are safe and not habit forming.”

Nancy Richman, VIM’s executive director, said recent research shows more than 16,500 people die of opioid (narcotic) overdoses annually. The research also suggests there is a significantly higher risk of addiction among narcotics users than previously thought, and it raises questions about whether opioids are truly effective in treating the origins of chronic pain.

“At the same time, there is ample evidence from current research demonstrating that chronic pain can be effectively and safely managed through non-narcotic approaches,” Richman said. She noted the new policy still allows VIM providers to prescribe short-term narcotics use — up to seven days — for acute episodes of pain related to an injury or dental procedures.

The new policy also addresses another issue: the potential misuse of prescribed narcotics.

Dr. Rajih Haddawi, the driving force behind the creation of VIM in the spring of 2007 and now its director emeritus, said while it’s not possible to document whether any of VIM’s patients are seeking controlled substances for reasons other than their intended purpose, it is an increasing problem facing the medical community locally, statewide and nationally.

“VIM is committed to administering safe and effective patient care,” he said.

Richman said according to a 2007 article in the journal *Pharma Drug Safety*, up to 30 percent of prescription narcotics in the U.S. are diverted for illegal use by someone other than the person for whom they were prescribed.

“As the misuse of prescription medications has increased dramatically across the country in the past few years, particularly for opiates, it has become increasingly important to be aware of the potential for drug-seeking behavior,” she said. “Drug-seeking behavior might include selling the pills on the street, exchanging them for other illegal substances or sharing them with family and friends.”

Richman said it’s impossible to say what percentage of VIM clinic patients might be abusing their narcotic prescriptions.

“Over the years, the clinic has used several safeguards to identify drug-seeking behavior, including random urine drug screens and reviewing INSPECT reports prior to every Spine Clinic visit,” she said. INSPECT is an acronym for Indiana Scheduled Prescription Electronic Collection and Tracking, which provides a statewide database of the controlled substances a patient has been prescribed, the practitioner who prescribed them and the dispensing pharmacy where the patient obtained them.

“Curtailing all long-term narcotics use allows the VIM clinic to treat patients safely and effectively, without risk to the patient for addiction or concern that medication might be misused.”

VIM provides free primary and preventive medical care to low-income residents of Monroe and Owen counties who do not have health insurance.

Gradual withdrawal

Richman said among the narcotics to be discontinued are such medications such as hydrocodone (Lortab, Norco, Vicodin), methadone, oxycodone (OxyContin, Percocet, Percodan), tramadol (Ultram) and others within the opioid category.

She said beginning this month, VIM doctors will start tapering off patients' narcotics over a period of several months to give their bodies time to adjust to the change.

"As patients are safely and gradually withdrawn from their medications, they will be offered a range of treatment options for pain management and back rehabilitation, including a range of other medications," she said. "VIM doctors will discuss these options with patients to determine the best approach to their individual situations, then make a plan customized specially for them."

Richman stressed that patients now on narcotics can continue receiving care at the VIM spine clinic and continue getting primary, dental, mental health and walk-in care.

"The only change is that instead of prescribing narcotics, your doctor will prescribe alternative approaches for pain management and back rehabilitation," she said. "If a VIM doctor refers you to an off-site specialist who prescribes narcotics for you, we will continue to stamp your prescriptions, allowing you to receive a discount from some of the local pharmacies. However, if VIM did not make the referral, we will not stamp your prescription."

VIM does not stock narcotics or any other controlled substance in its on-site medication room.

New services

VIM has several services, many of them new, that are designed specifically for patients managing chronic pain.

Services that have become available during the past year include individual therapy using an evidence-based methodology for pain, and the Vital Living Pain Group that provides group support and relaxation techniques designed to help patients cope with pain.

Later this month, VIM will offer a healthy backs class in which people can learn how to move in safe ways and improve flexibility, strength and endurance.

Other pain management services include physical therapy, acupuncture, a tobacco cessation class that can reduce sensitivity to pain, "Yes I Can," a six-week wellness class designed to teach strategies for managing a chronic illness; and "Healthy Diet, Healthy Life," dietary consultations designed to help people with chronic joint pain lose weight.

Richman said initially VIM will focus on providing the new services to those visiting the Spine Clinic.

"While all VIM patients are eligible to participate in the new services, the priority initially will be to ensure that patients struggling with chronic pain have a range of non-narcotics approaches," she said. "These patients will be allowed to enroll first in the clinic's many new services, followed by patients with conditions unrelated to pain."

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