

Steve Ariens, retired pharmacist with a chronic pain wife and a chronic pain advocate

We don't have a epidemic of drug abuse.. We have a epidemic of ppl with undiagnosed/untreated mental health issues.. Including addictive personalities and/or are self-medicating the demons in their heads and/or monkeys on their backs.

There is basically three "players" in this war on drugs.. The judicial system, those with mental health issues and those that are participating in your basic capitalism. They have found a need or want and have developed a business plan to profit from meeting that need or want.

A well-documented dilemma unfolds when doctors decide to practice law and lawyers decide to practice medicine .. Robt Mabee

David Herlihy, executive director of the Vermont Board of Medical Practice, reminded doctors that they can be conservative about dispensing medicines for chronic pain.

"We've never disciplined anybody for the under treatment of pain,"

As a society/system we don't track how many of those estimated 16 K people whose death certificate states "opiate related death".. Are in fact suicides..

There is a equal number of people that die from hospital acquired MRSA.. because staff fail to properly wash their hands... another 500,000 catch C-diff in hospitals and nursing homes for the same reasons with 29 K dying we ignore the 40 K that commit suicide every year and don't forget the 500 K - 600K that die from use/abuse of tobacco & alcohol every year... but all those preventable deaths are not considered a EPIDEMIC..

We have a had between 1% - 2% of our population that has chosen to abuse some substance other than alcohol and tobacco.. Since 1914 when the passing of the Harrison Narcotic Act was the genesis of our "war on drugs" and the motivation behind Harrison was racism and bigotry. And the judicial system at the time declared that opiate addiction was not a disease but a CRIME.. So today with have mental health issue of addiction with both a ICD9 code and a criminal code.

We are currently spending some 51 billion dollars trying to keep between 3 and 6 million people with mental health issues from self medicating their health issues... that is up to TWICE per person that this country spends on all healthcare per capita.

IMO, Florida's E-FORCSE along with the other 48 states that have a PMP.. Is a joke.. In trying to catch the serious diverters.

The Rx dept staff is suppose to get a valid ID from the pt.. yet with today's technology... fake/forged/stolen ID's are easily obtainable .... and can assure you that 99%+ of the Rx dept staff could not separate a legit ID from a fake/forged/stolen ID... and they will check for a expiration date on the ID and enter the information into the PMP.

There was just a issue in Baton Rouge, LA of around 25 K doses of various controls obtained via forged Rxs from a small group of people..

Hackers have stolen pt data from large hospital system, large health insurance companies and the IRS.. IMO, it is only a matter of time before there is a tsunami of insurance fraud at the Rx counter.. From all of these data breaches.

There is a way to put safeguards in place to address all of this diversion, but I won't take the committee's time today elaborating on that..

The DEA'S charge is to prevent diversion, they have no authority to be concerned about legit pain pts not getting their medically necessary medications.

However, it is a discrimination violation of the Americans with Disability Act to deny medically necessary medication to someone covered by the ADA.. It is considered a civil rights violation. Rite Aid was fined 15 K for a Pharmacist refusing to give a HIV + pt a flu shot.

We Pharmacists profess to be medication experts, but I have heard all too many times Pharmacists cutting off pts that have been on opiates for years .. "I'm not comfortable" .. Throwing them into cold turkey withdrawal, besides elevated pain levels going without their necessary medications.

Is that just denial of care.... pt abuse... irresponsible professional negligence... Should intentionally throwing a pt into withdrawal and elevated pain.. Be consider a form of torture ?

The first line of the Pharmacist Oath is *I will consider the welfare of humanity and relief of suffering my primary concerns.*

And the Pharmacist's code of Ethics ... states similar commitments to the pt's health & welfare..

I communicate with those in the chronic pain community all over the country and IMO it is just a matter of time before lawsuit are filed... I know that I will not be working with the counsels for the defendants.

*I've really hesitated to post this because it's so personal but I feel I have to. I'm up hurting like crazy BECAUSE OF THE HYSTERIA. Despite the fact that I was doing very well, my doctor is being FORCED to lower my dose by the Medical Board. I have been a completely compliant patient of his for years now. Sadly I'm losing the ability to function with each decrease. Just when I'd finally found part time employment that was truly perfect to me and an answer to prayers and hundreds of applications. The improvement I've had has been truly miraculous and the thought of going back to the long days of unending agony makes me feel as if our government is robbing me of my life. My doctor says he has "no idea how low I'll have to go" and "hates to imagine what will happen". I'm working on a letter that I'm going to show him at my next appointment. If he agrees I'll submit it to the board. Any ideas? Sorry to gripe. I know I'm blessed to have medication at all when so many others are suffering.*

*It's the difference between having fingers that aren't completely curled up and the ability to sit in a regular chair with armrests or wheelchair versus being stuck in recliner or tilt power wheelchair with straps to keep me from falling out on the floor due to spasms. I went from around 120 pounds to the low 80's in 6 weeks from burning so many calories. At best I'd gotten to the point I could actually stand with a counter to lean on BY MYSELF. I managed to get a van after being stuck using the bus or riding my powerchair everywhere. I'm able to live on my own. That's one of the things I'm most thankful for. I don't see how that will continue or know what kind of situation I'd end up in. Adult protective services tried to force me into a nursing home at one point. I've been in one before. It was horrible....I managed to elope and rode home in my chair. I've never been so happy to see home. All I want is to keep the quality of life that I fought so hard to get.*

I suspect that if this was abandoned dog or cat.. There would be some organization raising funds to rescue this neglected and abused creature.. The same would go .. If it was some person in an underdeveloped country some organization would be coming to the rescue. As a country we criticize other country's on their human rights issues and yet we allow our bureaucracy to be hypocritical in how we treat the most frail or fragile among us.

There is a estimated 6 -7 million chronic pain pts in FL. Why are so few here today ? Because most are physically, mentally and financially exhausted and their pain management is being denied...making them chair, bed or home confined.

Einstein stated that insanity was repeating the same process over and over and expecting a different outcome... IMO.. That pretty much describes the war on drugs for the last 45 yrs... It is probably time to toss out the PLAY BOOK and start with a clean sheet of paper and a 21 st century mind set to deal with the 21<sup>st</sup> century criminals and their technology

Today is the beginning of the Gloucester Initiative. Our doors are open and will remain so until every addict who seeks help with their disease has treatment. I want to reiterate that every addict who walks into the Gloucester Police Department intent on seeking help will not be charged, We will fast track you to treatment. You will receive no judgment; just professionalism, respect and compassion. Narcan is now available at Conleys, CVS, and Walgreens in Gloucester. We will pay for those who do not have insurance. And we will pay for family members of addicts who do not have insurance so that no one will have to watch a loved one die for lack of money to pay for a medication that could have saved them. We will continue to push for legislation so that seized monies can be earmarked for addiction and recovery at a state and federal level. We will continue to speak with legislators, insurance companies and pharmaceuticals so that addiction is treated as a DISEASE.

And as the national conversation starts to swing toward realization that addiction is a disease, please watch for further developments here, including PAARI, which we hope to unveil within two weeks. We believe it to be a game changer in the national epidemic of opiate abuse.

If you are an addict or a loved one of an addict, that's our promise to you. All you have to do is take advantage, when you're ready, to get your life back. We believe you can. We'll be here.

Chief Campanello