

LOCAL MAY 14, 2016 7:23 PM

N.C. Medical Board investigating 60 doctors of drug overdose victims

HIGHLIGHTS

Regulators will analyze data to find dangerous prescribing by doctors

Officials say move is needed to curb drug-related deaths



BY FRED CLASEN-KELLY

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In a move to step up the fight against prescription drug abuse, North Carolina's Medical Board is investigating 60 doctors and physician assistants with patients who died of overdoses.

By law state officials cannot release the names, but said each physician had two or more patients fatally overdose on prescription painkillers within a 12-month span. The Medical Board is also investigating 12 other doctors and physicians assistants who prescribed high doses or large volumes of opioids.

[Doctors prescribed man 145 opioid pills. Nine days after surgery, he died]

[Peggy Martin mourns son's overdose death]

In some cases, the agency says, there is no direct link between the deaths and the doctor's prescribing. But regulators will look into whether patients received substandard care.

Doctors who over-prescribe OxyContin, Percocet and other narcotic painkillers known as opioids are widely seen as partly responsible for a dramatic rise in drug overdose deaths over the last two decades. Fatal overdoses kill more than 1,000 people a year in North Carolina and nearly half involve prescriptions written within 60 days of the victim's death.

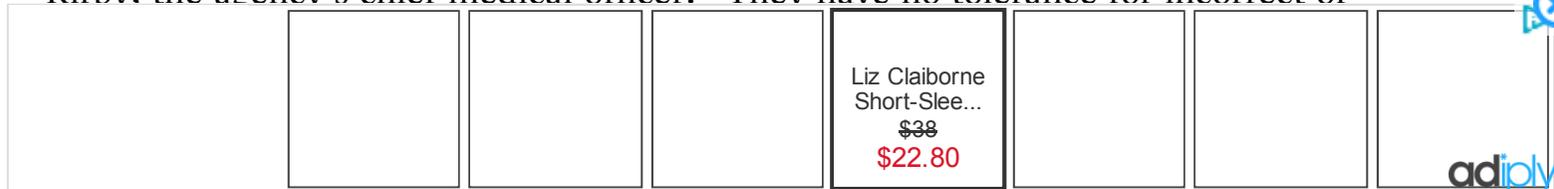
Regulators seeking to curb deaths are now using a statewide database to spot potentially reckless prescribing.

"The Safe Opioid Prescribing Initiative" represents a more aggressive approach for the Medical Board, which has been criticized for its slow response to the overdose crisis. Officials say they will review the state data every three months and launch investigations in addition to receiving complaints.

Spokeswoman Jean Fisher Brinkley said the change signals that the Board wants to increase the number of investigations into improper prescribing.

From 2013 through 2015, the Medical Board investigated more than 7,000 cases. But only in about 343 cases, or about 5 percent of the time, was prescribing the primary issue even though the agency itself has labeled the rising overdose death rate a public health crisis. Of those cases, 109 resulted in public sanctions.

“The Board views this as a serious problem that requires ongoing attention,” said Dr. Scott Kirby, the agency’s chief medical officer. “They have no tolerance for incorrect or



review.

North Carolina has maintained a prescription database since 2007, but it was used only to help physicians and pharmacists check whether patients were getting drugs from multiple providers. The database is operated by the N.C. Drug Control Unit and access is limited even for law enforcement to protect patient privacy.

The Medical Board did not receive permission to access the information until last year.

Officials said they are already hearing complaints from patients that physicians are arbitrarily reducing the strength and quantity of painkillers that they prescribe out of fear of being investigated.

Kirby said the Medical Board is trying to strike the right balance between protecting the public from dangerous prescribing and ensuring medication is accessible for cancer patients, the terminally ill and others suffering with severe chronic pain.

Authorities believe a few doctors are responsible for the bulk of problem, Kirby said. Other cases involve well-meaning physicians who err in the course of helping patients, Kirby said.

A 2014 state report by the General Assembly’s research arm criticized the Medical Board and other state agencies’ response to the overdose crisis as slow and insufficient.

The Medical Board failed to provide doctors enough detailed guidance as the crisis worsened in the early 2000s, the report said. The board did release a lengthy position statement in 2014 giving physicians advice on how to prescribe painkillers.

Dr. Andrew Kolodny, the nationally known chief medical officer for Phoenix House, a New York non-profit drug treatment organization, asserts that medical boards actually played a role in worsening the epidemic.

When new narcotic painkillers were introduced in the 1990s, doctors feared they could lead to addiction. Historically, physicians had reserved such narcotics for cancer patients and the terminally ill.

But medical boards in North Carolina and elsewhere adopted model legislation from the Federation of State Medical Boards that emphasized the treatment of pain and pushed doctors to use highly-addictive medication for common conditions, Kolodny said.

“Not only did they fail to protect the public, they played a role in spreading opioids,” he said.

State Rep. Craig Horn, a Union County Republican, who supports stricter oversight of prescribing practices, said the current crisis calls for stiff sanctions for improper prescribing.

“There needs to be more accountability,” Horn said. “A higher level of accountability must be met when you impact the lives of others.”

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Robert Brown

The tearjerker in the video. Riley Martin, given "145 pills" after a tonsillectomy who died 9 days later as a result. His mother thinks the clinicians should be held responsible for that. I gotta ask, though Which of those clinicians prescribed Riley Martin cocaine pills if such a thing even exists?

... strength. Which of these substances prescribed they, Martin became pine, in each a thing even exists. If he was dead 9 days after his tonsillectomy from multiple drug toxicity, and cocaine was part of the mix . . . this was not the first time this little angel "partied." And we still don't know what those "145 pills" were. It is possible that only a percentage of them were controlled substances. Moral panic, and yellow journalism. This is what we're seeing here. Bread and circuses.

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Diane Duncan Sherrell · Pine Forest High

I have severe chronic back pain. I have been on Percocet for many years taking as prescribed. Now because of the stupidity of others my Dr is cutting way back on my meds and denying me valium altogether. I am pissed. I have done nothing wrong and yet I have to suffer. Not fair. I have chronic back pain and chronic Lyme disease. I do not wish this on my worse enemy. Drs who do nothing wrong need to be left alone to do their job and help the patients that need them.

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Tom Nesbit · East Leyden High School

They should prosecute the Drug companies that misled doctors on the addiction potential of the drugs they were pushing. Purdue manufactured oxycontin and they made billions of dollars misleading doctors and the public about the dangers. The family that owns Purdue should be in prison.

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Susan Ventricini · Dental Lab Technician at Dental Crown In An Hour

The doctors are not responsible for overdose deaths. These medicines are to be used as prescribed. Alcohol kills more people than any other drug, but this is never mentioned. The people who depend on these medications are suffering because they are having a hard time getting their medications or unable to get them at all. These medications are life saving for many who need them to function without pain. The blaming of everyone and anything besides the person who is putting too many in their mouth or mixing with other substances are to blame. Take alcohol off the market because people are drinking too much and killing themselves and others with violence and drunk driving. This is not the right approach to this and will cause many, many more problems...

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Mary Johnson · Works at Martin's IGA

Dr Thertham in Terre Haute, In prescribed

o xyContin 165 mg wice a day and 12 oxy instant relief in between them he took these 60 days and dropped dead of a miocardial infraction This was in 2002. I lost my everything father, husband etc... And its still happening... Someone needs to get a grip on this!!!!

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Stephanie N Marcus · Works at Food Lion

Decriminalization/legalization is necessary, it needs to be backed up with public health announcements explaining exactly why it is needed. Its not in any way condoning the abuse of addicts, it is done bc the alternative, the drug war, has made things infinitely worse on almost

every level, to include making all drugs abundantly available to any & all that wants them. We need to pull LE out of the drug biz - that will free up a lot of resources currently chasing their collective tails. When the laws create more harm and cause more damage than they prevent, its time to change the laws. The \$1... [See More](#)

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Nicki Pecchenino

Well, in CA, thanks to this blanket rule that no one should get opiods or anti-anxiety pills, my doctor who had been prescribing my Valium (I have a severely autistic whom I am raising on my own) is now denying any and my GP will only prescribe enough Tramadol to alleviate about 1/20th of my pain. I am now taking even more dangerous drugs to control the chronic pain from three herniated discs and severe arthritis, like Tylenol Arthritis, Advil, and in heavy dose, and they just don't do the trick. Yes, some physicians prescribe too many the first time out, but not in this state. People are desperate as the functionality of their lives is being compromised.

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Stephanie N Marcus · Works at Food Lion

this over-reaching over-reaction will not do much of anything, except push well meaning pts to the breaking point/heroin. total set-up

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