

THE DRUG CRISIS IN OUR BACKYARD TAKES ANOTHER YOUNG VICTIM

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This week I had the very difficult experience of greeting a patient who just lost her son from a drug overdose. This is the 4th parent in my practice who has lost a child within the last 2 years.

As we speak of the dangers of terrorism in our society as it dominates the airwaves and our public policy, not so quietly 50,000 Americans die per year from drug overdoses; something I've discussed before. Yet this issue is just beginning to be addressed at town hall meetings around the country. During the election cycle, numerous people confronted both Hillary Clinton and Donald Trump with their tragic stories of losing their children. They received great empathy but very little else as the issues quickly turned to the geopolitical and economic issues facing our country. There is no greater health hazard in our country facing people ages 18-34 than the plague of drug abuse and death.

I just finished reading a book which I recommend to all of you titled "Dreamland: The True Tale of America's Opiate Epidemic" written by Sam Quinones. Ironically, Mr. Quinones just wrote a story in the New York Times basically indicating that the wall that the President wishes to build will not keep out heroin. He is right.

The book was given to me by a patient who requested that I visit her godson who has a lifetime sentence at Sing Sing Prison in Ossining. The young man, drug addicted earlier in life, eventually took lives in the search for money and will spend the rest of his life incarcerated. The godmother requested that I go into the prison and see if I could provide him with a modicum of care that he's not receiving. I'm in the pursuit of that opportunity.

The book is a chilling indictment at many levels. It indicts law enforcement, the Federal government, our border control, pharmaceutical companies and physicians.

Back in the 90's, Purdue Pharma introduced Oxycontin which is a powerful pain reliever. As the book documents, we only began to look at pain as a patient issue back in the 70's when intractable pain in cancer patients became a main concern for medical care. Drugs were developed to deal with this very severe pain as well as patients having postoperative pain following surgery. What began as a humanitarian effort to deal with intractable pain has morphed into the utilization of these opiates for all kinds of pain.

An article written in the 80's which indicated that a small percentage of patients given opioids in the hospital developed addiction was used by Purdue Pharma to justify the use of these opioids for a myriad of medical conditions; from back pain to headaches. Purdue Pharma flooded the country with courses and perks for doctors to encourage them to prescribe this powerful pain reliever for conditions it was never intended for. Doctors pressed by patients to provide them with pain relief, doctors who felt that they had to be contemporary with their peers in order to be seen as effective by their patients, doctors who are rushed and have difficulty dealing with chronic pain, found it easier to write a prescription than deal with the underlying causes or use alternative methods for pain control. All led to this dissemination of literally hundreds and hundreds of millions of Oxycontin pills flooding our country on an annual basis.

In parts of the country, pain centers popped up where doctors were just prescribing pain pills for addicts and particularly Medicaid patients who came in with prescriptions after being diagnosed with back or neck pain. The addicts would bring their prescriptions, take some for themselves and sell them on the street.

The cost of Oxycontin which is a slow-release type of Oxycodone can range anywhere from \$60 to \$100 on the street. Many people who became addicted found that the ready availability of heroin, particularly a high-potency heroin which is very inexpensive, was flooding our suburbs and cities brought here not by a cartel but by small-time heroin dealers from a little town in Mexico that went back and forth selling it throughout the country. There was a ready audience because there was easier availability than having to go to a doctor to get a prescription and it was less expensive than buying opiates on the street.

We are losing our sons and daughters.

As I finished the Dreamland book, it became clear to me that Purdue Pharma which did pay a \$600+ Million fine for their false representation of their drug as nonaddictive, bears a great deal of responsibility for this epidemic. That compounded with the plethora of prescriptions provided by physicians both in an honorable and dishonorable fashion has resulted in the spreading of addiction across our communities.

As I've discussed before, in 10 years, I have not written a narcotic prescription for patients following oral or periodontal surgery. I've discussed with you that 3 Advil or 600 mg. of Ibuprofen with 2 Tylenol have the potency of morphine and is all a patient needs. But I've been a lone voice until now where more and more practitioners are beginning to realize that this practice of prescribing narcotics is both unnecessary and has increasingly tragic consequences for our society.

One only needs to meet a parent who has lost a child to understand how pervasive and tragic this drug problem is for all of us. No matter how much we would like to think otherwise, nobody is safe and no child could resist the temptation or even become addicted to medication being given for the extraction of a wisdom tooth or back surgery. How easily a child can become addicted and start down this path.

Unfortunately, once this path is entered into, rehabilitation is not as easy as we would like to think. Experts believe that it takes over a year of a rehab program and even then, relapses and constant effort with Narcotics Anonymous is necessary to reduce the incidence of recidivism and unfortunately the tragedies that we see around us.

To me, the solution to this problem is both complex and simple. The simple part is by making sure that every drug with Oxycodone, which includes Oxycontin and other less powerful pain narcotics such as Percocet or Percodan, be labeled clearly as addictive and be given in limited dosages to individuals if it must be given at all. Withholding narcotics and providing alternative methods whether it be acupuncture, non-narcotic prescriptions which are very potent or counseling should always be the first choice before narcotics are provided to patients. And when narcotic prescriptions are provided to patients, never exceed 2 weeks.

I have a colleague who recently had shoulder surgery and was given 180 Oxycontin pills; told to take 3 per day for 60 days. He took one the first day, just to prepare himself for the return home from the hospital and one pill before he started rehab. The 178 remaining pills now sit in his medicine cabinet. Unfortunately, those pills represent something similar to a loaded gun around children.

In any event, I would urge you to pick up a copy of Dreamland by Sam Quinones. It opened my eyes and prompted me to write this necessary but sad commentary.

As always, I appreciate your feedback.

Yours truly,
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