

PREVALENCE OF ILLICIT DRUG ABUSE

To the Editor:

I read with great interest the article published by Manchikanti et al (1) detailing the prevalence of illicit drug use in interventional pain management settings, in patients without controlled substance abuse. Several important facts to be emphasized in this manuscript include:

- ◆ This is the first published controlled study, which emphasizes that illicit drug abuse can be prevalent in chronic pain patients who do not exhibit overt abusive behaviors and are difficult to diagnose with clinical evaluation and evidence based on controlled substance usage.
- ◆ This study obviously is in variance with the published material by the "proponents" of opioid use in chronic pain, who continue to preach that abuse of prescription opioids in chronic pain is low in patients without prior or current history of substance abuse.
- ◆ This well-performed study also points out that abuse of cocaine is about 4 times more prevalent in chronic pain patients when compared to general population (3% vs 0.7%) (2). This

essentially means that interventional pain physicians must be more vigilant in identifying drug abuse in patients on controlled substances.

- ◆ Finally, the study also shows that urine drug screens are a very valuable tool in identification of illicit drug abuse.

It would be interesting to see the data of illicit drug abuse in patients with controlled substance abuse. Further, the incidence of illicit drug abuse would probably have been higher if the cutoff for cocaine was 150ng/mL as opposed to 300 ng/mL used in this study, and that of amphetamines decreased to 500 ng/mL from 1000 ng/mL.

REFERENCES

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IN RESPONSE

We appreciate the comments by Atluri. Over the past decade, there has been a steady increase in the use of illicit drugs, such as marijuana and cocaine, and the non-medical use of prescription drugs (1-9).

Statistically significant increases between 2000 and 2001 in the non-medical use of pain relievers and tranquilizers has been identified. Mixing illicit drugs and licit drugs is not only dangerous to the public, but also is dangerous to the practitioners of interventional pain management under the scrutiny of numerous agencies, including the Federal and State Drug Enforcement Administrations, Board of Medical Licensures, and multiple other authorities. It is further indicated that interventional pain physicians should take all necessary precautions in providing medically necessary care, but at the same time, not encouraging diversion. In fact, a higher prevalence of illicit drug usage was shown in patients abusing controlled substances (10).

With regards to the suggestion of lower cutoff limits for cocaine, as well as amphetamines, while appears intriguing, it does not appear to be practical as the cutoff limits utilized in the study are the accepted limits.

It is interesting to note a recent publication by Rosenblum et al (11) in *JAMA* evaluating the prevalence and characteristics of chronic pain among chemically dependent patients in Methadone maintenance and residential treatment facilities. These authors showed that chronic severe pain is prevalent among patients in substance abuse treatment, especially

methadone maintenance treatment program patients. Further, this study showed that pain is associated with functional impairment and multiple correlates varied with the population. They concluded that self-medication for pain with psychoactive drugs appeared especially problematic among substance users who enroll in drug-free treatment programs. Thus, they suggested that substance abuse treatment programs can develop comprehensive and structured pain management programs. Vice versa, interventional pain physicians must realize that illicit drug usage is prevalent among chronic pain patients and physicians have to develop comprehensive and structured drug evaluation programs.

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