

From prosecuting doctors to twin epidemics of suicides and heroin overdose deaths

Volume 6 Issue 5 - 2016

Alen J Salerian

Salerian Center for Neuroscience and Pain, USA

Correspondence: Alen J Salerian, Salerian Center for Neuroscience and Pain, 8409 Carlynn Drive, MD 20817, Bethesda, USA, Tel 301-204-9004, Email alensalerian@gmail.com

Received: August 08, 2016 | **Published:** October 08, 2016

Opinion

Alen J Salerian, Silviu Ziscovici and John Mirczak are not household names in America, yet our stories may offer insights into our twin epidemics in America: Deaths by suicide and heroin overdose. CDC reported 44,000 deaths by suicide and 10,574 by heroin overdose in 2014. Deaths from both have been on a steady rise since 2000. Our medical careers ended in 2010 and 2011 upon allegations of “drug trafficking by over prescribing opiates”.

John died under duress associated with financial hardship. The charges against Silviu and I were dismissed in mid 2016 after bankruptcy, destitution and imprisonment. The Comprehensive Forfeiture Act of 1984 authorizing the confiscation of physician assets accused of overprescribing opiates-was devastating. Overnight, without due process we were robbed off our wealth and were rendered impotent for self-defense. Many of our 2000 patients with chronic pain, addiction or psychiatric problems suffered immensely. Seven of them committed suicide within one year after our offices were closed.

We had been familiar with the warnings by Dr. Grant and colleagues-the authors of the largest US epidemiological study of people with mood, anxiety and substance abuse disorders-who advised not to interrupt opiate treatment of stable patients. We also knew of the classic Kakko findings. Dr Kakko and colleagues had reported that 20% of Swedish heroin addicts had died within one year after discontinuing treatment with buprenorphine, an opiate. We tried hard to find new doctors to treat our patients. Also, my attorney Bernie Grimm and I held a press conference to inform the public of the high suicide risk. Sadly our efforts failed. Seven patients-very much like the seven former patients of Dr. Bill Hurwitz-a Washington DC pain physician- killed themselves. Is there any connection between what our patients have endured and the current US suicide and heroin death epidemics? In general suicide rates seem to be sensitively dependent on three major influences: the economy, depression and various psychiatric disorders associated with depression and the therapeutic advances in treating depression and other psychiatric disorders. The current US suicide epidemic does not seem to be influenced by adverse economic conditions as it had been in the past. Also, soon after the introduction of new generation of antidepressants the US suicide rates had begun to decline until 2000 when the epidemic began. In contrast in Japan and in the European Union suicide rates have declined since 2014.

Science says almost all addictions including heroine coexist with mental disorders and the great majority of addictions are complications of untreated psychiatric disorders or chronic pain. Can biology help us understand the current heroin and suicide epidemic? Endorphins and endorphin agonists (opiates) have unique properties to regulate pain, emotions and mood. They are of essence in the treatment of chronic pain, addiction and psychiatric disorders. Some 120million Americans suffer from chronic pain, addiction or mental illness.

Our industrialized society constantly generates humans with chronic pain partly due to industrial and traffic accidents. Military injuries and sports related injuries have also been significant contributors to chronic pain.¹⁻³

Table 1 CDC Vital Statistics⁴

	US Deaths (2000-2014)	Population (%)
Overdose	6.2	14.7
Suicide	10.5	13
Homicide	5.5	4.5
Heroin	0.73	4

Is it possible that the comprehensive Forfeiture act of 1984 and the criminalization of psychiatry and pain medicine have contributed to less than effective delivery of treatment for people with chronic pain or addiction? Table 1 & 2 show why this question is worthy of further scientific inquiry, sadly for a long time millions of Americans with chronic pain and addiction have been treated as second class citizens for instance people in need of methadone for pain relief or addiction have been forced to attend a daily clinic to receive treatment.⁴ Special DOJ sponsored certification has been necessary to prescribe buprenorphine an effective treatment for addiction. These are medically unjustified and discriminatory regulations.

Biology is unfamiliar with politics or social policy. It seems reasonable to investigate whether the economic laws of demand and supply may also apply to medical treatment. It seems equally reasonable to hypothesize that any reduction of appropriate opiate treatment may directly or indirectly increase demand for illicit opiates (Table 3). The prosecution of psychiatrists and the reduction of the pool of physicians treating people with chronic pain, addiction and psychiatric disorders may also explain the opposite trends of successful suicides in the US versus Japan and the European Union. The experience of our patients suggests a possible connection between the criminalization of psychiatry and pain medicine and the twin US epidemics.

Table 2 Evidence of a Correlation between the Suicide Epidemic and Man-Made Interventions- 2000-2014

-
1. Heroin addiction and depression have sensitive dependence on endorphins- opiates.
 2. Heroin addiction and suicide increased in the US after man-made reduction of access to prescription opiates.
 3. Suicide rates increased in the US and declined in Western Europe and Japan (no reduction of access to prescription opiates).
 4. US homicide rates decreased from 5.4 to 4.4 per 100,000 populations.
 5. Historically suicide rates have gone up with increased unemployment and economic hardship and declined with advances in psychiatry. Advances in psychiatry have continued and in general economy remained stable.
-

Table 3 The Shrinking Pool Of Pain Physicians: 2000-2014

-
- i. People in need of pain treatment: 110 million.
 - ii. Physicians: 1.1 million.
 - iii. Physicians with DEA license: 930,000.
 - iv. Physicians treating pain: 6000.
 - v. Physicians under investigation every year: 600.
 - % Pain physicians under investigation 10%.
 - 2000-2014 # Pain physicians de-licensed: 9000
-

Acknowledgments

None.

Conflicts of interest

Author declares there are no conflicts of interest.

Funding

None.

References

1. Institute of medicine report, Washington, USA. 2012.
2. Libby RT. Treating Doctors as Drug Dealers the DEA's war on Prescription Painkillers. Policy Analysis. *Cato institute*, Washington, USA. 2005.
3. Libby RT. The criminalization of medicine, America's War on Doctors. Praeger Publishers, An imprint of Greenwood Publishing Group, USA. 2008. p.1–226.
4. CDC Vital Statistics. 2016;64(5):1378–1382.