

**HAZARDS OF CRIMINALIZATION OF MEDICINE: 398 PATIENTS AFTER
DISRUPTION OF STABLE OPIATE TREATMENT*****Alen J. Salerian MD**

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ABSTRACT

A plethora of paper trail evidence let us study the medical care of 398 patients with chronic pain following a DEA raid that disrupted treatment in Washington DC on March 3, 2011. This retrospective review suggests that the sudden administrative suspension of operations of a pain center contributed to deaths of 8 patients among 398 stable patients.

This retrospective review suggests an increased risk of premature death with opiate discontinuation long after withdrawal stage. The deaths of 8 patients were consistent with previously reported – opiate associated neuro protective mechanism – against premature death for some vulnerable subgroups. Of profound ethical and forensic significance, evidence suggests multiple major violations of judicial processes let the emergency closure of a pain center possibly contributing to serious adverse consequences for patients. For instance, 4 fraudulent complaints by DEA assisted health professionals and a perjured testimony were recorded in the administrative hearings (DC Department of Health and DC Board of medicine) prior to the closure of the pain center. Prevention of prosecutorial abuses and adoption of a science- based classification of controlled substances may represent the initial steps for appropriate care of people with chronic pain.

KEYWORDS: Chronic Pain, Opiates, Criminalization of Medicine, Suicide, Pain Doctors.

This is a study of 398 patients receiving opiate treatment for chronic pain after DEA raided a pain center in Washington DC on 3/3/2021. Thanks to the paper trail of substantial legal and administrative processes we can study both the government actions and their impact on medical care of 398 patients with chronic pain.

BACKGROUND

A large number of Americans who suffer from chronic pain are sensitively dependent upon optimal medical management by medications that are classified as controlled substances.^[1] According to the 2011 Institute of medicine report, 110 million people suffer from chronic pain and this strikingly high number reflects diverse and complex underlying causes of chronic pain: industrial and car accidents, sports and combat injuries and an aging population.^[1]

The Comprehensive Forfeiture Act of 1984 authorized the confiscation of physician assets accused of overprescribing opiates.^[2, 3] This very law made it possible for physicians without due process to be robbed off their wealth and rendered them impotent for self-defense. Furthermore, criminalization of medicine has also made it possible for local and state health organizations to collaborate with DEA to investigate doctors suspected of overprescribing actions.^[2, 3]

On September 22, 2021, the American Medical Association (AMA) issued a report showing a 44.4 percent decrease in opioid prescribing nationwide in the past decade. At the same time, the country is facing a worsening drug-related overdose and death epidemic.

Key Events of Disruption of Stable Opiate Treatment

On 3/3/2011 DEA agents raided the home and office of Dr S - a Washington DC pain physician and confiscated three family cars, \$168, 000 and hundreds of confidential medical records.^[4]

On April 5, 2012, the DC Department of Health suspended the District of Columbia controlled substances registration of Dr S, disrupting the care of 398 patients receiving opiate treatment (4, 5, 6, image 1). Four individuals (DG, JB, SH, CG) were identified as patients who allegedly received inappropriate opiate treatment (4, 5, 6, image 2).

On April 5, 2012, the DC Board of Medicine launched an independent investigation of the care of 17 patients for possible inappropriate care.^[4, 5, 6]

Summary Suspension of the DC Controlled Substance Registration

The summary suspension of the DC controlled Substance Registration of Dr S on April 5, 2012, interrupted the stable pain treatment of 398 patients and led to the closure of the clinic by bankruptcy.^[4, 5, 6]

Administrative hearings were held in June and July 2012. (DC Department of Health vs Salerian # 2012- DOH 00009).

The following observations represent the highlights of the hearings.

- The suspension was based upon complaints of inappropriate opiate treatment of four patients (DG, JB, SH, CG)(4, 5, 6, table 1).
- All complaints were filed without the knowledge or consent by individuals receiving treatment.^[4, 5, 6]
- All complaints were initiated by DEA assisted clinicians or coached by the DC Department of Health staff.^[4, 5, 6]
- All complaints showed evidence of easily observable misrepresentations summarized below:
 - A. Complainant # 1, DR F, under oath acknowledged that he had misled and manipulated the pain doctor.^[4, 5, 6]
 - B. Complainant # 2, Pharmacist M never communicated with the doctor to form an opinion to support his complaint of inappropriate treatment and the recorded times of the pharmacy visit by the patient and the time of the filed complaint, demonstrated his misrepresentations.^[4, 5, 6]
 - C. Complainant # 3, Dr. K, falsely and without any supporting evidence reported that the pain doctor was involved in receiving cash for prescribing controlled substances.^[4, 5, 6]
 - D. Complainant # 4, Dr Patricia D'Antonio the chief pharmacist for the DC Department of Health –who had ordered the emergency suspension of the controlled substance registration of the pain center admitted under oath during the DC Board of Medicine hearing that she had lied about a patient (Mr. H) a subject of the investigation (4, 5, 6).

Public Warnings of Potential Adverse Consequences of Disruption of Treatment

Several public presentations by the pain center informed the public of potential adverse consequences from disruption of treatment for patients at the pain center.^[4]

The public warnings of potential harm were based upon scholarly observations by independent researchers who had previously reported a very high mortality rate among patients maintained on opiates following discontinuation of treatment for diverse reasons. For instance, Dr. Kakko and colleagues had reported 20% mortality among heroin addicts who had discontinued opiate treatment in one year after stoppage.^[7] Dr. Grant and colleagues had also warned health professionals of the potential lethal complications of opiate withdrawal in their

groundbreaking study of mental disorders in America.^[8] Of importance, a recent article suggested that, reduction of access to prescription opiates- by disrupting stable treatment of a population vulnerable to mood instability- might have been an independent contributor to the dual epidemics of heroin overdose deaths and suicides from 2000 to 2014.^[9]

Medical Outcome of Interrupted Opiate Treatment of 398 Patients

Data of medical outcome of Interrupted opiate treatment of 398 patients derived from the evidence gathered from administrative and criminal proceedings, personal communication from patients and family members and public death notices.

For the record, numerous claims of distress and suffering of patients with interrupted treatment were reported. However, due to the lack of objective documentation these observations are not included in this study.

At the time of the DEA raid of the pain clinic on March 3, 2011 there were 398 stable patients whose treatment included opiates. On 12 /5/ 2012, 49 of 398 patients became the subjects of administrative and criminal investigations as recipients of inappropriate opiate treatment. 17 patient treatments were the subjects of the investigation by the DC board of Medicine and 4 patient treatments by the DC Department of Health.^[10]

During the first year after the disruption of opiate treatment 7 patients died by suicide and 1 by postsurgical complications of exploratory surgery (mortality rate = 2 %). Among 17 patients- included in the investigation by the DC board of medicine -there were 2 deaths, one by suicide. Among 4 patients - included in the investigation by the DC Department of health-no death was reported.

DEA Covert Actions Against the Pain Center and Patients

The dual raids on 3/3/2011, marked the onset of a cluster of actions involving with the pain center: several pharmacies in Washington DC, Virginia and West Virginia were instructed by DEA not to honor prescriptions by the pain center and many other pharmacies stamped bottles with a notice: Dr S is under DEA investigation.^[4]

In a period of nine months from April 2011 until December 2011, 16 patients returning home from the pain clinic were stopped by local police and their prescribed pain medications were confiscated.^[4]

Table 1**Permanent Closure of a Pain Clinic in Washington DC**

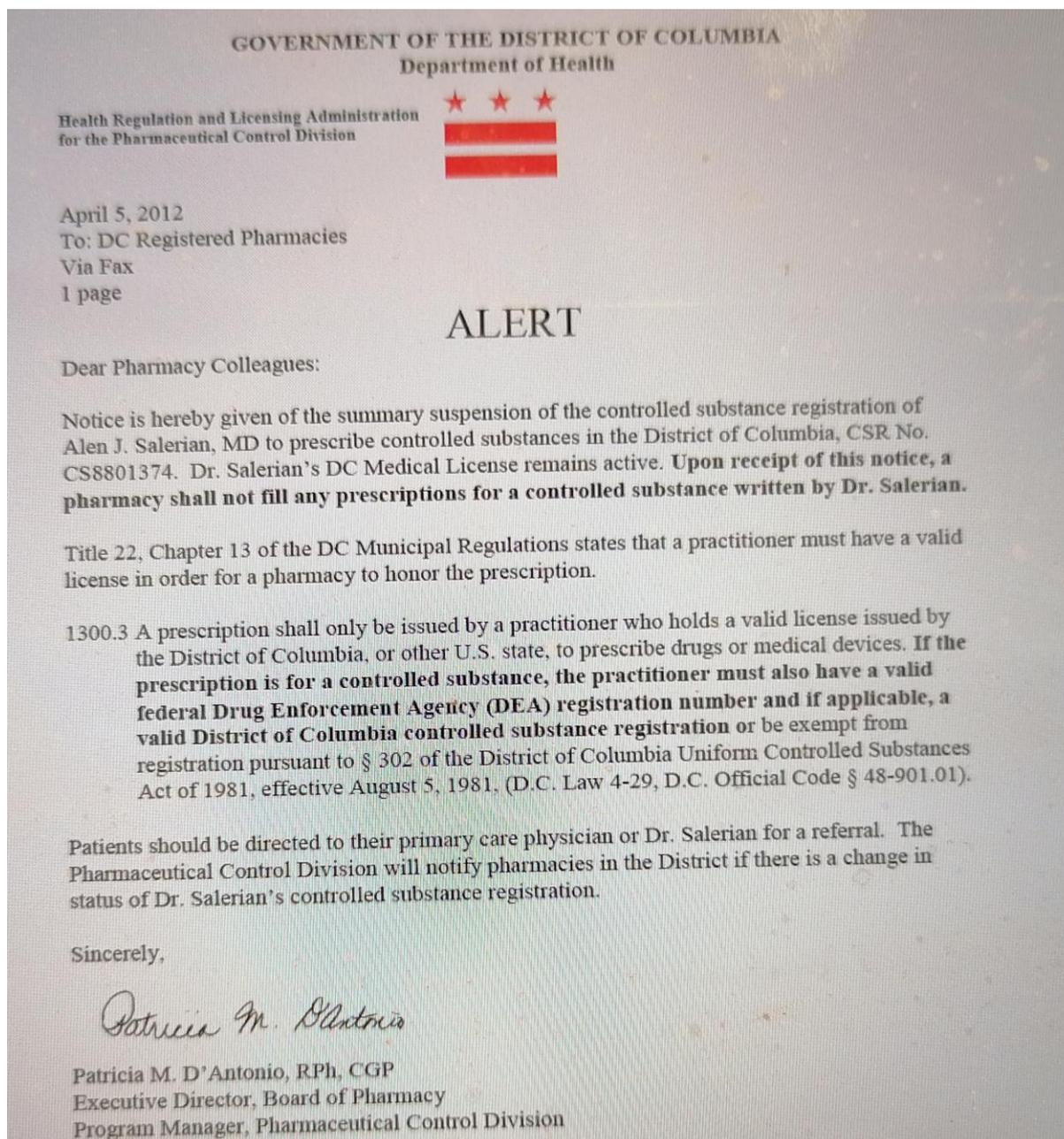
Administrative Hearings June and July 2012

Judge John Dean

DC Department of Health vs Salerian # 2012- DOH 00009

Suspension of the DC Controlled Substance Registration of Dr S on 4/5/ 2012

	DG	JB	SH	CG
Patient consent	No	No	No	No
Patient knowledge	No	No	No	No
Patient criminal history	No	No	No	No
Complainant	Dr F	Dr K	Ph D	Ph M
Evidence of DEA influence	Yes	Yes	Yes	Yes
Evidence of misrepresentation	Yes	Yes	Yes	Yes
Evidence of perjury by complainant	No	No	Yes	No

**Image 1: Suspension of the DC Controlled substance registration.**

Hon. Judge John P. Dean
 Office Of Administrative Hearings
 One Judiciary Square
 441 4TH Street Northwest Suite 450 North
 Washington DC 20001

Subject: DC Department of Health V Salerian
 Case number: 2012 - DOH-00009

May 17, 2016

Dear Hon. Judge Dean

May I kindly request your decision on "DC Department of Health v Salerian"?

Sadly, I'm no longer represented by an attorney . Hence, my personal letter.

Nowadays, I live in Athens Greece , yet my priorities remain the same: I would like to promote science- based treatment for people with chronic pain and mental illness. And I believe the suspension of my controlled substance registration has harmed many vulnerable people .

I am most thankful to Drs Bodkin and Bonfiglio who testified that the primary subjects of the hearings - ~~Connelly Garrett~~, ~~Jamie Bonfiglio~~, ~~Dan G...~~ and ~~Shane H...~~ - received appropriate treatment.

The hearings have also revealed ethical and possibly criminal violations (perjury?) by key complainants:

- Dr. Fratkin -who had filed a complaint about the care of ~~Connelly Garrett~~ -was less than honest in his communication with me.
- Dr. David Katz -who had filed a complaint about the care of ~~Jamie Bonfiglio~~ was untruthful about ~~Jamie~~ . Dr. Katz had falsely reported that Jamie was arrested for selling narcotics. The police records did not support that claim. Another allegation by Dr. Katz about myself being a "cash for drugs Dr" lacked logic or any supporting evidence..
- Shane Miller -a pharmacist who filed a complaint about the care of ~~Dan G...~~ - was also untruthful. His core complaint (my not returning his call) did clash with the timing of the complaint which was faxed in less than four hours after his alleged phone message . Also , the phone records proved that no such call was made.
- The testimony of Dr. Patricia D'Antonio was heard at the DC Board of Medicine Hearings (from 11/ 2012 until 3/2013) . Dr. D'Antonio -the DC chief pharmacist -misrepresented how Mr. ~~Shane Hughes~~ greeted me outside at the courtyard ,right after the administrative hearings. "Mr. ~~Hughes~~ jumped up in the air" she alleged . The implication was that Mr. ~~Hughes~~ was feigning his injuries. Her testimony was dismissed and made the 11 o'clock news on channel 9 WUSA by Gary Nuremberg on the same evening.

It seems the summary suspension order lacks scientific and moral integrity. And I do concur with Drs Bodkin and Bonfiglio and their expert opinions about the good quality of care of my four former patients.

I thank you for your time and consideration.
 Respectfully,

Alen J Salerian MD

Image 2: Letter to the DC Administrative Judge.

DISCUSSION

This retrospective study of 398 stable patients whose stable opiate treatment was discontinued by governmental actions associated with criminalization of medicine- military raids on medical offices and confiscation of medical records and physician assets- contributed to eight premature deaths including seven suicides. Furthermore, although the actions of DEA, DC Department of Health and DC Board of Medicine had the appearance of being lawful, a closer examination of administrative actions revealed diverse and multiple prosecutorial abuses including fraudulent complaints and perjured testimony by key government witnesses and covert criminal acts by DEA agents. In essence, in the context of the very laws that enabled the US Government take actions- that may be unconstitutional and in violation of due process- the closure of a Washington DC pain clinic was executed by multiple criminal acts of civil servants.

In essence, It's important to recognize that, various administrative deficiencies make it possible for some overzealous members of law enforcement to engage in unlawful actions at the expense of people with chronic pain and their physicians. As noted by research and a recent AMA report the decline of total number of prescribed opiates has been associated with an epidemic of suicides and increased mortality among patients with chronic pain. And this case report highlights the urgent need to address the man- made contributions of criminalization of medicine to the unnecessary suffering of people with chronic pain.

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