

NOT IN VEIN: Al Whitney, a 71-year-old retired factory worker from Ohio, aims to donate platelets in all 50 states. He made DHMC his Granite State stop, ticking off his 27th state on May 14. He began to donate blood in 1965.



of *Time's* "100 Most Influential People in the World" in 2006.

Kim is no stranger to small towns, however. He grew up in Muscatine, Iowa, after immigrating with his family at age five from Korea. In high school, he was valedictorian and quarterback of the football team.

Groups: Though he has spent his career so far in health care—most recently as chair of the Department of Global Health and Social Medicine at Harvard—he believes that many of the lessons he's learned will be directly applicable to his new position at Dartmouth. In all of his global health endeavors, he has had to tackle "a fundamental problem," he says, "which is how do you get complex groups of people to achieve anything.

"You've got to have the science. Without the science you can't go anywhere." But you also have to figure out the best way to execute your goals, he adds, and that's where anthropology, engineering, business, and many other disciplines come into play.

JENNIFER DURGIN



Kim, right, pictured in Lesotho, Africa, is the first Asian American named as president of an Ivy League institution.

JUSTIN IDE/HARVARD UNIVERSITY NEWS OFFICE

FACING FACTS ABOUT BLOOD

The DHMC Blood Donor Program faced a mismatch. The population of people rolling up their sleeves and regularly donating blood was growing older and older. But program officials suspected there was a willingness among young people, including Dartmouth students, to give back to the community. The problem was that their standard recruitment methods didn't resonate with this audience.

Michelle Loveys Dozier, the program's marketing specialist, figured social marketing might be just the ticket. The founders of a new national nonprofit called Takes All Types (TAT) had exactly the same idea; they aimed to use Facebook's demographic linking capability to recruit blood donors. Dozier stumbled across TAT on Facebook, "learned that their mission and what we were hoping to accomplish were perfectly in line," and signed DHMC up as one of TAT's first two pilot sites in the country. "We have not seen a bump [in younger donors] as of yet," she says, "but expect to after the students return to [school] in the fall." A.S.



DMS faculty member heads national panel on opioid prescribing

If you don't continue to prescribe to me, I will kill you." That's a threat that more than a few DHMC physicians have heard from patients addicted to prescription opioids, says Dr. Gilbert Fanciullo, director of DHMC's Pain Management Center. At least once a week, he adds, staff in the pain center need to use distress buttons—similar to those at banks—to call security when angry patients demand narcotics.

"Addiction is a terrible disease," Fanciullo admits. But so is chronic pain, which is often why people begin taking opioids—such as methadone, morphine, codeine, and oxycodone. To address the problem of addiction, Fanciullo has helped draft comprehensive guidelines, both nationally and at DHMC, for prescribing opioids. He cochaired a panel of experts from the American Pain Society and the American Academy of Pain Medicine that wrote new national guidelines published recently in the *Journal of Pain*.

Abusing: Doctors want to be "humane," says Fanciullo, and use opioids as appropriate to treat pain. But they also have to worry about "who is addicted to the drug, who is diverting the drug, who is abusing the drug, . . . and who is misusing the drug inadvertently."

About 27 million Americans suffer from severe chronic pain, according to the American Med-

A PAINFUL CONCLUSION

Doctor-shopping and diverting drugs from their intended recipients—those may be ways two groups of New Hampshire residents are feeding their addiction to prescription opioids. So surmises a student who led the first-ever comprehensive analysis of New Hampshire deaths related to prescription opioids. The study was conducted by Laura Hester (pictured below), a geography major in the Dartmouth Class of '09. When she looked at age-specific death rates, she found that the greatest increase for men was among 18- to 24-year-olds and for women among 45- to 65-year-olds.

"The 18-to-24 [group] is worrisome," says Hester, because young people experience less chronic pain and thus are less likely to be prescribed opioids, such as Vicodin or OxyContin. So opioids prescribed to older adults are probably getting diverted to this younger group. In contrast, middle-aged women addicted to opioids are "most likely doctor-shopping," Hester says—going from doctor to doctor to get higher doses or more drugs. "So you have a law-enforcement problem in younger people and a prescribing-practices problem in older people," she concludes. (See the box at the top of page 11 for more on Hester's study.) J.D.





CAPITOL ONE: In March, DMS's David Goodman, an expert on the physician supply, was invited to testify about health-care workforce issues before the U.S. Senate Finance Committee. For more about Goodman's work, see dartmed.dartmouth.edu/sp09/i03.

For a **WEB EXTRA** about undergraduate Laura Hester's study of opioid deaths, see dartmed.dartmouth.edu/su09/we05.

ical Association (AMA). Clinicians define chronic pain as pain that lasts beyond the usual course of natural healing—from surgery or injury, for example—and that is not associated with a terminal illness. Before the 1990s, opioids were rarely prescribed, even to terminal cancer patients, because of the fear of addiction.

Chronic: Since then, doctors have become more comfortable prescribing opioids for terminal patients, as well as for those with chronic pain, realizing that many patients can benefit from the drugs without becoming addicted.

"But misuse and related ill effects [have increased] as well," the AMA noted in a recent article. "The number of accidental overdose deaths from narcotics or hallucinogens among those 15-64 years old . . . increased 83%, from 5,921 in 1999 to

10,829 in 2005." (For insight into opioid-related deaths in New Hampshire, see "A painful conclusion" on page 10 and the web-extra in the box above.)

Estimates of the total number of Americans using opioids for chronic pain are not readily available. However, the FDA recently reported that in 2007, 21 million prescriptions for long-acting opioids were dispensed to about 3.7 million unique patients. Perhaps of more concern is the fact that 5.2 million people age 12 and older reported using prescription pain relievers for a nonmedical purpose in the past month, in a 2007 survey conducted by the Substance Abuse and Mental Health Services Administration.

Such national trends seem to be showing up locally, says Fanciullo. Many primary-care practices in New Hampshire and Vermont have stopped prescrib-

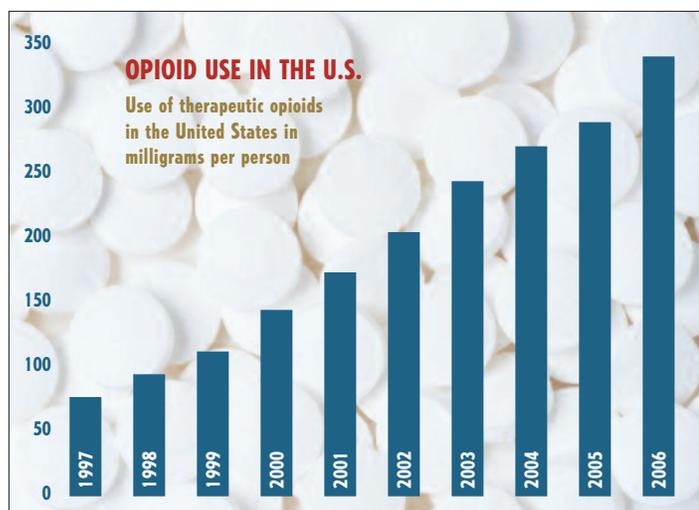
ing opioids entirely, he says. This likely means that more patients are seeking opioids from DHMC—either to treat pain or because they are addicted, or both.

The Pain Management Center is not the only service experiencing this trend. Obstetrics and gynecology has seen an increase in the number of pregnant women on opioids, and the number of opioid-dependent newborns is increasing. Between October 2007 and October 2008, 67 babies admitted to or born at DHMC were diagnosed as being substance-exposed—about 10 more than in the previous 12 months. And Dr. Bonny Whalen, medical director of DHMC's newborn nursery, expects that number to increase to almost 100 this year.

Policy: For providers who treat adults, the national and DHMC guidelines offer advice on how to prevent the abuse and diversion of opioids. DHMC's guidelines include some policy changes, too. Patients prescribed opioids by a Dartmouth provider must now sign a form that outlines the risks and responsibilities associated with taking such drugs and signifies that they agree to undergo periodic urine drug screens in order to confirm that they are taking their medication as directed. The form also tells patients that there are other ways to effectively treat pain, such as physical therapy, psychotherapy, injections, operations, and non-opioid medications.

"Opioids are the final option," says Fanciullo. Or at least they should be.

JENNIFER DURGIN



The use of therapeutic opioids—natural opiates and synthetic versions—increased 347% between 1997 and 2006, according to this U.S. Drug Enforcement data.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1957-58 edition of the *Dartmouth Medical School Bulletin*:

"The medical library occupies the mezzanine floor of the Baker Library, where over 30,000 volumes have been segregated from the stacks. The current numbers as well as the bound volumes of over 300 periodicals devoted to the medical sciences are to be found in the journal room on this floor."



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Number of biomedical libraries now (one in Hanover, one in Lebanon)

302,000

Volumes in the collection

>3,800

Number of electronic journal subscriptions

3 million

Hits on the biomedical libraries' website in FY08