



Fig. 2. Posterior approach to interlaminar cervical epidural injection

washout is seen. While there is no guarantee that this can prevent such devastating complications, this technique may improve the safety and lower the risk. The author uses low volume, 12" tubing (0.3 mL vol.).

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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.

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