



“ Subaxone is a double- edged sword”

PART (1) OF A (2) PART SEGMENT

“Subaxone is a double- edged sword. The metaphor fits the drug so perfectly that the manufacturers put a sword on the pill.” This quote directly from a heroin addict for seven years , Jim Stack , (name changed) tried for seven years and countless times to stay clean through therapy, Narcotics Anonymous, rehab, and many other treatments. Stack failed attempts turned into success once he embarked on Subaxone treatment. Suboxone gave me time to build up my life where I wanted to be, a crutch that I lean on in difficult times when I really want to get high.” In the past Stack reported he would always resort to “using” when times got tough.

Stack is currently working toward an undergraduate degree, saving money, and planning to attend graduate school. Stack truly exemplifies successful use of this drug in combination with competent medical expertise, delivered and monitored by a reputable physician trained in addiction treatment, while utilizing adjunct therapy.

It is unfortunate to face the darkside of this drug: (1) when administered in questionably large dosage and for lengthy duration, (2) lack of supervision or use of adjunct supportive therapy, (3) lack of integrity in some corners of the medical and pharmaceutical communities to strive only for profit,(4) a controlled

substance now used as a street drug, and (5) prisons facing a new dilemma with subaxone cleverly hidden and confiscated as it enters their facilities.

We will address the first 3 issues in the interest of page constraints this month, but first let's take a look at the drug and its makeup.

The drug's name is "buprenorphine" but more widely known as Suboxone. It was sold exclusively by Reckitt-Benckiser a British pharmaceutical company. Since Reckitt's patent expired in 2012 other drug makers have introduced formulations hoping to grab a share of the \$1.5 billion dollar market in the USA.

Buprenorphine is a narcotic, a powerful and potentially addicting pain killer first approved for opioid addiction in the USA in 2002. When combined with naloxone to make Suboxone, the drug can help "wean" addicts off opioids like Heroin, Vicodin, Oxycotin, and Hydrocodone. Buprenorphine is estimated to be 25 to 45 times as powerful as morphine. "Bupes" 37 hour "half-life" makes the drug build up in the body when dosed every day. In essence, maintenance treatment is comparable to being maintained on one narcotic "bute" to replace another narcotic "heroin" and adding to the existing dose each day. In maintenance therapy an individual may be kept on Suboxone for months or even years while a patient's brain chemistry, having been severely damaged by heroin or opiate addiction heals.

The argument presented by one medical expert, Steven R. Scanlan MD, is that your continuing to give some narcotic. (Scanlan is board certified in psychiatry by the American Academy of Psychiatry and Neurology, and board certified in addiction medicine by the American Board of Addiction Medicine. He is also the cofounder of Palm Beach OutPatient Detox, "PBOD", in Boca Raton Fla. In the heart of "pill-mill" country.

"Suboxone is a tool to get them clean but not a suitable maintenance drug if a patient wants to get into recovery. Adjunctive therapy prepares patients for the restlessness, irritability, and discontent they will experience when they are off all narcotics including Suboxone.

Scanlan's detox schedule for someone addicted to Suboxone is not synonymous with the popular maintenance method. Scanlan describes the optimal time to have someone on Suboxone between 20-25 days while tapering down on the meds every few days. Scanlan claims his method makes the physical symptoms of detox more manageable without causing cross addiction to the Suboxone. Longer use of the drug could lead to a larger degree of dependence.

Dr. Percy Menzies , president of Assisted Recovery Centers of America, described Suboxone as a fantastic detox agent, but one must use it with great caution as a long term maintenance medication. "The problem with Suboxone according to Menzies, is that addicts have mastered using the medication not to treat their addiction, but to maintain it. Subaxone won't get them high but will smooth out the withdrawal symptoms between highs.

Over 20,000 physicians in the USA are certified to prescribe Buprenorphine. Dr. Menzies concern is that many of these physicians are irresponsible due to their lack of training in addiction. The training may amount to a few hours of online education in some cases.

According to Dr. Scanlan most places prescribing Suboxone maintenance don't offer addiction treatment because of the fact the physician is not trained and because it is not time or cost effective to do so. "Suboxone on a maintenance schedule basis is more lucrative".

Scanlan offers a comparison of detox cost treatment averging \$2,000 dollars from Oxycontin or Methadone taking 3 weeks vs. detox from Suboxone dependence cost at \$5,000 dollars. Subaxone being more costly due to the four to five month period, incorporating about 10 different medications to detox the patient from successfully.

Many doctors charge \$200 to \$300 monthly per patient for a 5-10 minute checkup to renew Subaxone prescriptions. The federal limit of patients per physician allowed to treat with Subaxone is 100, with waiting lists "looming".

Long term maintenance or short term intense treatment tapering the drug with adjunct supportive therapy is in debate. What we have is a powerful yet effective

medication that has both the ability to change the course of addicted individuals lives for the better or prolong what is a seemingly endless need to be sustained on a powerful narcotic. One could conclude this is obviously a “work in progress”.

Next issue the Alliance will discuss the last two, of five issues on this subject: Subaxone as a street drug, it’s use and accessibility , as well as a look at our Correctional facilities coping with Subaxone as contraband.