

SPEAK OUT - PUBLIC HEALTH: Suboxone works; it's a tool we must use

By COLLEEN LaBELLE

Suboxone has made its way to the street and so has methadone, OxyContin, Percocet, neurotin, clonidine, Klonopin, phenergan, elavil and ...the list goes on.

Some of these drugs stick out and we acknowledge that narcotics and benzo's are on the street, but do we know that anti-nausea drugs, high-blood-pressure pills, etc., are on the street and have a street value? And no, the drug dealers are not selling Suboxone to be good Samaritans; they are dealing and serving the demand the same way they sell other drugs.

It is not okay that Suboxone is on the street; it is not okay that any of these drugs are on the street as they are clearly not being monitored and prescribed as they were intended. The reason these drugs are on the street is for purposes of abuse, they are used to potentiate other drugs and give some altered high or euphoric states.

Suboxone has made its way to the street because folks are desperate for treatment, and cannot access it through appropriate channels. In Massachusetts, there are 37,369 licensed physicians and only 794 are licensed to prescribe Suboxone. This is a mere 2 percent of the physicians in the state that have taken the course and obtained a waiver to prescribe this treatment for addiction, and of those, many do not prescribe. Historically, it had been against the law for physicians to treat opioid addiction in an office setting, but with the change in federal regulation, access to treatment has expanded, allowing patients to get Suboxone in the privacy of their physician's office.

At Boston Medical Center we have treated hundreds of patients with Suboxone since it became available more than five years ago, and we have seen many people come forward seeking treatment who had never accessed treatment before. They report a desire for confidentiality, unwilling to go to traditional detox settings, chronic relapses, and not wanting their family or employers to know about their addiction.

Suboxone has opened the doors of treatment for many who never would have accessed care in traditional settings. We are told day in and day out how this drug has saved lives; we see first hand the kids who get back on track and graduate from college at the top of their class, the homeless person who secures housing and a job for the first time, the executive who gets rid of the separate bank account and supply of OxyContin in the basement and discloses it to his wife, the laborer who calls each year on the anniversary of his recovery for four years thanking us for saving his life!

Improving access and treating patients' addiction as we treat other chronic diseases should be the gold standard, not the exception! Let's stop making it so hard, stop stigmatizing the person with the disease of addiction and work on using whatever tools we have available to do so.

Suboxone is just that, a tool; it's not perfect and it's not for everyone, but it works for many just as other forms of treatment work. There are minimal tools in treating this disease that kills so many, and we need to take what we have and utilize it to the best of our abilities in fighting this disease!

Suboxone has been available for five-plus years now and we are learning more and more about it as we move forward. It is critical to take the lessons learned and implement changes to our practices to not only care for our patients but also provide responsible practices to minimize the diversion, improve quality addiction treatment, and allow our patients to access treatment.

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