



## New Medication Shows Promise In Addiction Treatment

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By Amy Hunter  
Reporter  
Bristol Herald Courier  
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Prescription drug addiction continues to rage nationwide and across the region, despite state and federal intervention.

In 2006, nonmedical use of prescription painkillers drew the highest number of new users, or "initiates," than any other illicit drug, with 2.2 million users, according to the 2006 National Survey on Drug Use and Health.

And according to the U.S. Drug Enforcement Administration, there are nearly 7 million Americans abusing such drugs today – more than the number of those using cocaine, heroin, hallucinogens, ecstasy and inhalants combined.

Despite the alarming statistics, many insurance companies don't cover substance-abuse treatment. In fact, Medicaid in Virginia didn't cover the cost for anyone but pregnant women until last July.

Lisa Williams, director of the suboxone treatment program at Highlands Community Services in Abingdon, said one of the most difficult obstacles in combating prescription drug abuse is the availability of the drugs and the lack of viable treatment options.

Until 2005, methadone was the only treatment for opiate addicts, but it has a number of drawbacks. First, it can only be distributed at clinics, which in rural areas such as Southwest Virginia can be far away. Second, methadone gives its user a feeling of euphoria that mirrors the effect of an opiate, and the more methadone you take, the greater the high.

And perhaps the most telling drawback is the spike in methadone overdose deaths in the western district of Virginia. According to the state medical examiner's office, there were 264 fatalities in 2006 from drug overdoses, 70 because of methadone. It's the leading cause of fatal overdoses in the state.

Suboxone was introduced in the U.S. in 2005 as an alternative to methadone. Like methadone, the drug works to placate withdrawal symptoms and cravings in opiate addicts.

But, Williams said, the drug is superior in several ways. Because it does not give its user a feeling of euphoria, it has little potential for abuse. It simply satiates the cravings. It also has a "ceiling effect," which means exceeding the prescribed dose does not increase the patient's relief.

Suboxone also can be prescribed by certified physicians across the country, which makes the treatment more convenient in rural communities.

But there are drawbacks. Strict criteria govern the treatment. In order to start on the drug, a patient must be in a specific phase of withdrawal and cannot be taking certain other drugs that interact poorly with suboxone. Also, only certified physicians can administer the drug, and they are limited in the number of patients they can treat.

Williams said those enrolled in her program have an astonishing 87 percent success rate at beating their addiction.

But some say the drug may not be all it's cracked up to be. Suboxone is the most expensive drug per milligram on the black market today, said Richard Stallard, head of the Southwest Virginia Drug Task Force. An 8-milligram pill sells for \$25 to \$30 on the street, which means 80 milligrams – the average dosage of OxyContin – would cost more than \$400, he said.

"There have been several suboxone arrests. I am not saying that it doesn't work when used properly," he said. " ... But to say it has no potential for abuse is totally wrong. No one is going to spend \$30 on a pill that don't make you feel good when you use it."

Stallard said he started seeing the drug on the street about two years ago.

"Not many weeks go by in this area that there is not a suboxone purchased by undercovers [police]," he said. "I was here when oxy came in the mid-'90s. It started slow and then got big. Suboxone has some similarities."

[ahunter@bristolnews.com](mailto:ahunter@bristolnews.com) | (276) 645-2531

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