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Drug abuse

By Frank Shatz

WILLIAMSBURG

The numbers are staggering. According to a government survey, 4.7 million teenagers and adults misused opioid painkillers in the United States in 2003.

Another 2.5 million people used opioid painkillers for non-medical reasons for the first time, a 335% increase from 1990. The number of teenagers and adults who confessed to misusing prescription painkillers at least once was more than 31 million. Approximately 1.5 million people used heroin.

Contrary to public perception, most of the abusers of controlled substances are not addicts on the margins of society. They come from all walks of life.

According to a brochure issued by Reckitt Benckiser Pharmaceutical Inc., maker of Suboxone, a drug used in the treatment of controlled substance abuse, "Every year millions of people who are treated for severe pain become dependent on prescription opioid painkillers after their medical need for pain relief has passed. Exactly the same as with heroin addiction, use of opioid painkillers can cause physical changes in a person's brain that lead to dependence. People suffering from the disease have a physical and emotional need for these drugs."

This became obvious to Dr. Richard Campana of First Med of Williamsburg. His office is a no-appointment-needed medical facility.

"I have always had an interest in neuropharmacology, especially as it is applied to human behavior," said Campana in an interview. "A colleague of mine was involved in research with Suboxone, the newest drug approved by FDA for opioid addiction. The clinical results of her study with Suboxone were nothing short of astounding."

He was prompted by the results to learn more about the drug and its clinical application in his opioid-dependent patients. "I felt it was time for me to take a more pro-active stance in treating this disease."

Campana took a training course that addressed the evaluation and treatment aspects of opioid dependence with the focus on Suboxone. "The initial training program gives a doctor the basic principles of opioid addiction treatment, but the real skill only comes with hands-on application using Suboxone in clinical testing," he said.

He explained how the brain works with narcotics. In its most simple terms, there are special areas of the brain called opioid receptors, which can be compared to electrical outlets. The brain naturally produces opioid substances called endorphins, plugs that fit in the socket and stimulate the opioid receptors. In cases of medically managed opioid dependency, Methadone treatment was the most common until now.

"Methadone is a perfect fitting plug and causes the maximum stimulation of the opioid receptor," Campana said. "Suboxone is an imperfect fitting plug, so it only gives partial stimulation of the opioid receptor."

While Methadone must be administered at a government-approved clinic and generally requires patients to return daily to get their doses, Suboxone can be prescribed by a doctor in the office and does not require the patient to return daily.

Once the maintenance dose is determined, a doctor can prescribe a patient Suboxone for an extended period. This drug is better tolerated by patients, gives them more freedom, and makes them feel "normal but not high."

"Most important, the withdrawal from Suboxone is less intensive than from Methadone, and patients can be successfully weaned from Suboxone, when done properly, with much less problem than Methadone," Campana said.

To rescue people from the ravages caused by the abuse of controlled substances has become the driving force in his effort to help patients. "Opioid dependency is first and foremost a biochemical brain disease very much akin to other types of mental disease, such as depression, psychosis, bipolar disease, etc.," he said. "It spares no sector of the population and can be found in all ethnic groups, socioeconomic classes, and anyone predisposed to chemical addictions. I treat individuals ranging from high-profile business owners to teachers, professionals, housewives, high school students. There is a major stigma with addiction among the general public, who believe that addiction is a character flaw or a moral weakness."

He pointed out that the stigma is a major deterrent for patients seeking treatment. But growing understanding of brain disorders, development of new neuropharmacological medications and a better-educated public are helping to remove the stigma and offering patients a chance to live normal lives with proper treatment.

The most satisfying cases that Campana has handled to date involved several young men he treated for heroin addiction. "They were all very intelligent and from solid, loving families. Yet each of them was being consumed by heroin addiction. Their families were devastated.

"I am happy to say that once these young men started taking Suboxone, their withdrawal symptoms and drug cravings completely dissipated and their general sense of well-being improved dramatically. All of their follow-up drug screens have been negative. They are all gainfully employed or working on advanced educational degrees."

Reflecting on his work, Campana said, "My satisfaction comes from knowing that these young men, who are not much older than my own son, now have a real chance to get on with their lives and become productive citizens in this community."