

PINK POWER - Advocates give 'Bupe' credit for saving lives

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BUT DEA THREATENS 'UNPRECEDENTED' REVIEW OF DRUG TREATMENT

By Stephen Janis

While police battle to reduce Baltimore's stubborn penchant for violence, health advocates and doctors say a little pink pill has played a heretofore unrecognized role in reducing the city's homicide rate.

A relatively new drug for treating heroin addiction called Buprenorphine, advocates say, has decreased overdose deaths and taken many addicts off the street in just under three years, reducing crime and even preventing homicides.

"It's absolutely the best thing that ever happened to this city in terms of treating heroin addiction, and I think it's safe to say it has been a factor in reducing violence," said Dr. Michael Hayes, chief physician at the Center for Addiction Medicine at Maryland General Hospital.

"It's really is the best thing to happen to our business ever."

Buprenorphine is a mild analgesic that acts as a "blocker," preventing withdrawal symptoms and cravings in people addicted to heroin. Made available for treating addiction nationally in 2005, Buprenorphine - unlike methadone, a more established treatment for heroin addiction - is not nearly as potent. Nor does it cause feelings of euphoria associated with more powerful opiates like methadone.

The apparent effectiveness of Buprenorphine has prompted a greater push by Baltimore officials to expand the availability of the drug, which currently gets only a small percentage of the city's \$47 million drug treatment budget.

Since the beginning of the year, Baltimore Substance Abuse Systems, the organization that oversees the vast array of drug treatment programs in the city, has increased the number of available treatment slots from 312 to 451. But the increase is not enough, say health officials.

"Every week I get calls from doctors or clinics seeking funding to be able to provide Buprenorphine to people who need it," said Greg Warren, CEO of BSAS.

"It provides a new a quality tool for drug treatment in the city."

But Warren's efforts to expand the availability of Buprenorphine have paid dividends not only in the city, but nationally as well. Baltimore's Buprenorphine program was given a "Model Practice Award" by the National Association of City and County Health Officials last week in recognition of the efficacy of its Buprenorphine initiative.

"I am proud of the Health Department's Buprenorphine Initiative. It has significantly increased access and capacity in publicly funded treatment centers for addicts across our City," Mayor Sheila Dixon said in a written statement released by the Health Department.

"In 2008, 84 fatal drug overdoses did not occur, and in my book that is 84 people whose lives were saved. This award is well earned and deserved," said Dixon, referring to the 2008 reduction in overdose deaths from the previous year, which Warren also attributes to the wider availability of Buprenorphine.

But even as Buprenorphine wins over doctors and addiction specialists, the federal government is planning what advocates call an "unprecedented" probe of the drug's providers.

A letter sent by the Drug Enforcement Agency to doctors and clinics last month prescribing Suboxone - the brand name of the drug distributed to physicians - has put addiction treatment specialists on notice that the agency is planning to visit every single clinic and prescribing doctor across the country.

"It's unprecedented," said Mike DeCissio, spokesman for Reckitt Benckiser Pharmaceuticals, the manufacturer of Suboxone.

"Technically the law requires them to do it, but I can't remember a time when they have said they would visit every doctor."

Currently there are roughly 23,000 doctors who have been granted a "waiver" to prescribe Suboxone, DeCissio said. Of those, roughly 17,000 are active. Concerns over "diversion," the misuse of the drug by street addicts who obtain it illegally, are the ostensible reason for the DEA's scrutiny, DeCissio said.

But Warren said diversion of Buprenorphine, while a concern, has less onerous implications for Suboxone than treatments like methadone.

"I do not believe that Buprenorphine is being misused, even when it's being bought on the street because you can't really get high on it," said Warren, noting that Suboxone includes an additive called Naloxone, a drug that blocks the effects of other opiates, making Buprenorphine less attractive to people using other narcotics.

"It's really just indicative of how many people want it for treatment," said Warren, who added the city is investing most new drug treatment funding in Buprenorphine.

The less potent Buprenorphine, Hayes said, makes it difficult to abuse.

"It almost impossible to overdose on Buprenorphine unless you are taking another substance," Hayes added.

"In general, we still don't see deaths, but we do with methadone, Buprenorphine is a much, much safer drug,"

Last year a Baltimore grand jury investigated Buprenorphine's efficacy for treatment of heroin addiction. After a four-month probe that included interviews with health officials, drug treatment professionals, and even addicts, the jurors concluded the drug is both "safe" and "effective" for treating heroin addiction, and recommended the city expand availability of the drug.

Still, the FDA has yet to lift restrictions that limit each approved doctor to prescribing the drug to more than 30 patients; restrictions initially limited an entire practice to 30 patients being treated with Buprenorphine.

But Hayes said that in a city where heroin addiction fuels a violent drug trade and criminal behavior, the more Buprenorphine available the better.

sjanis@investigativevoice.com