Narcotics treatment for addiction gains favor, with caution

Congress eyes increased access to opioid treatment meds in the war on addiction —experts say that's half the battle

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David Miller, 36, at home with his son on Father's Day. | Photos by Elizabeth Lepro

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NEW YORK — David Miller's stepdaughter Mattisyn watches a white holographic tiger move on the table in front of her as she shifts, giggling, from one foot to the other.

A pink construction-paper card, propped in front of the tiger, says I "heart" You, in Mattisyn's four-year-old handwriting. The gifts commemorate Miller's first Father's Day as a dad.

Miller, 36, has taken a narcotic today—but he's not high. Sitting on the couch at the apartment he shares with his fiancé, holding his squirming two-and-a-half-month-old son, DJ, he's feeling present. Little more than a year ago, he would not have imagined any of this for himself.

Miller has been taking medically prescribed buprenorphine/naloxone, a drug called suboxone that's used to treat opioid addiction, for about a year. He's one of many recovering addicts who say Medication Assisted Treatment (MAT), a combination of behavioral therapy and medication to treat opioid addiction, works.

Though methadone, which is typically given at clinics, has been in use longer, medications that can be prescribed and taken at home are increasingly popular in the fight against the epidemic.

According to the Substance Abuse and Mental Health Association, the number of opioid treatment programs (OTPs) offering buprenorphine jumped from 11% in 2003 to 58% in 2015.

Positive feedback on the effectiveness of MAT—including studies that show patients treated for opioid abuse with medication are more likely to remain in therapy—has persuaded some lawmakers to back legislation that would make it easier for practitioners to prescribe these drugs.

The Mainstreaming Addiction Treatment Act, co-sponsored by Rep. Antonio Delgado and introduced to the House in May, aims to amend a section of the 2000 Controlled Substances Act. Currently, practitioners who want to prescribe drugs for opioid treatment need to acquire two federal waivers as well as undergo training. The bill's sponsors consider the second Drug Enforcement Administration waiver "burdensome" and want to eliminate it.

"Backward policies make it harder to prescribe addiction treatment medication than to prescribe opioids themselves," Delgado said in a statement about the act. "Congress must act to make this lifesaving addiction medication more accessible and, in turn, destigmatize addiction so folks will see it for what it is—a disease that requires treatment."

Despite agreeing with Delgado's sentiments, some on the front lines of the crisis, including Miller, are wary. Opening up the medication side of MAT without a focus on the behavioral, they say, is dangerous.

Miller with his family at home on Father's Day.

‘This is saving lives’

As a teenager, Miller tagged along with his friends to an abandoned house and became an accessory to burglary. Marijuana, Miller’s then drug of choice, shows up in a drug test for 30 days. Finding himself on probation at 19, a friend introduced him to heroin as a replacement.

“I’d been through a lot in my life, and I just really was looking for any way to not feel myself,” he said.

Miller maintained that addiction for 14 years, while working as a caretaker for a bungalow colony. When his grandmother, with whom he’d been close, died roughly five years ago, Miller fell apart completely. He lost his job and his home all at once and started taking a daily cocktail of drugs—200 to 300 mg of morphine a day, valium, alcohol and cocaine—aiming to black out. “I was 35 years old. I said, it’s time for a change.”

Miller checked himself into Catskill Regional and then Catholic Charities in Monticello for detox and rehab.

For a month, Miller quit everything. He experienced the worst of withdrawal. “I rearranged, basically, my whole brain with all the stuff that I’ve done,” he said. “Not having the Suboxone to help… it was rough.”

Eventually, he signed up for an outpatient program at Synergy of Monticello Inc., where he was given a one-week supply of buprenorphine/naloxone and a requirement that he had to come back once a week for group therapy.

A year later, taking 16 mg of Suboxone twice a day, Miller says he has no urges at all. He has a job, a fiancé, a newborn son, an apartment and attends group therapy once a week. “This is saving lives,” he said. But so is his regimented therapy—and it’s the combination that Miller says keeps him away from other opioids.

“I know that I don’t need it,” he said. “I don’t want it, actually. That’s the major thing. I also keep it in my mind the fact that I do have a newborn son now… Each day I get a little bit stronger, and I get a little bit more mature.”

Docs weigh in

Addiction treatment drugs have always triggered debate.

Critics of opioid treatment medication call it “trading one drug for another.” They point to people visiting methadone clinics and getting high immediately afterwards.

Amy Kolakowski, the director of behavioral health for Catholic Charities in Sullivan and Ulster counties, said not enough attention has been focused on tackling that stigma. “I don’t think we would be stereotyping diabetics who need insulin,” she said. At the same time, she said, these drugs do come with the potential for abuse and should be monitored carefully.

“I know of people that have been through our program that, without Suboxone in the long term or as long as they’ve been on it, they would not have had the gains that they have had,” she said. “I know other people that Suboxone unfortunately then became their drug of choice.”

Dr. Peter Panzarino, an addictionologist at Synergy of Monticello, is a major advocate of MAT. He calls it the “gold standard” of treatment. But he’s not necessarily in favor of the proposed legislation.

Panzarino has been using MAT to treat his patients for nearly two decades. He prescribes Suboxone, or something similar, like the once-monthly Vivitrol injection, to all of his patients. He doesn’t expect most of his patients to ever stop taking them.

Of 1,000 patients, Panzarino estimates that four may successfully wean off of Suboxone. The rest take the medicine for the rest of their lives.

“When patients say to me, ‘I want to get off, I want to get off,’ I say, ‘I want you to stay off heroin [and] have a good life. If you can stay off of Suboxone, that’s the icing on the cake,’” he said.

However, the most Synergy will prescribe is a month's worth of MAT drugs, and only after the patient has proved he or she is not abusing the medicine and is committed to therapy.

The MAT Act does include a provision that would require the Secretary of Health and Human Services to "encourage providers to integrate substance-use treatment into their practices." But at least one of its sponsors, New York Rep. Paul Tonko, doesn't think counseling is always necessary. "Evidence shows access to buprenorphine, with or without associated counseling, is tied to significant drops in mortality rates," he said. "These decisions need to be made by the patient and doctor, not the federal government."

Panzarino disagrees. He described opening up access to MAT drugs without intensifying the necessity for therapy as "vastly inadequate."

"It's not just stopping the drug. Recovery is about changing your behavior and the way you act in the world," he said.

Panzarino noted that not all doctors have been trustworthy in prescribing opioids. A bust of several medical practitioners across seven states this April revealed numerous doctors overprescribing opioids, including Suboxone, in exchange for sex and under-the-table money.

"Ironic," said Dr. Charles Reynolds, former head pharmacist at the Stewart and Lynda Resnick Neuropsychiatric Hospital at the University of California in Los Angeles, that irresponsible doctors may now benefit from the treatment for opioid abuse as well. He has been vocal about his opposition to the bill, as is.

"We must recognize that the driving force behind the opiate crisis was the failure of most clinicians to recognize the risks from prescribing, furnishing [and] dispensing opiates for [pain]," he said in an email. "My basic question is why allow all clinicians to prescribe buprenorphine, when these clinicians were actually part of the problem?"

Miller holds his daily prescription, which he says has been a lifesaver and ceased his cravings for other drugs.

The alternative

Comments on the treatment center Narconon's 2017 Facebook post about Suboxone run the gamut of feelings on the drug.

"Best to detox, go through hell for a week and just avoid everything... It's tough but it can be done," one commenter writes. "I am on a medication-based treatment plan. It has turned my life around and I have accomplished leaps and bounds," another fired back. "If you're a TRUE addict and have had people die all around you and been using for years and years and couldn't even go four hours without something before you're sick as hell, then you will realize [Suboxone is] a HUGE help and life changer!" The thread goes on for 530 comments.

The year that post was made, more than 70,000 people died in the U.S. of a drug overdose, and nearly 70% of those drugs were opioids, according to the Centers for Disease Control and Prevention.

Miller lost two of his friends, whom he used to do drugs with, to overdoses in the last six months. Both of them tried to quit cold turkey.

For him, being alive is enough.

"I don't want to be dependent on it honestly," he said. But, he started to say, it's better than the alternative.

To get connected with services at Catholic Charities of Orange, Sullivan, and Ulster:

Sullivan County Program information:

Medically Supervised Detox or walk-in Crisis Services Unit and residential referrals

845-794-8080 ext. 133 located at 17 Hamilton Ave. Monticello, NY

Community Based Services 845-467-0861

Outpatient Programs 845-794-8080 ext. 191 located at 396 Broadway Monticello, NY

To connect with services at Synergy of Monticello:

Synergy of Monticello, Inc

64 Jefferson Street, Suite 1

Monticello, NY 12701

Phone: (845) 791-8800