

Drug could give addicts hope for recovery

Posted Monday, August 15, 2016 3:44 am

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An innovative program in Questa has paired medical treatment with group therapy to treat the root causes of addiction and help people get off opioids long term. The program relies on the drug Suboxone, which relieves cravings and withdrawal symptoms without giving patients a potent high.

Supporters of the program say it has managed to bring progressive, effective addiction treatment to a poor, rural community. Suboxone is an integral part of the program. It helps addicts stabilize their lives so they're more receptive to treatment of trauma, chronic pain and other issues that make getting clean almost impossible.

Yet the drug is the subject of intense medical debate.

Fourteen years after it was approved by the U.S. Food and Drug Administration to treat opioid addiction, there's still little consensus on how best to use it. Should it be prescribed indefinitely, or should patients be forced to taper off? How much does counseling really help? And can patients who taper stay clean?

Various academic studies on Suboxone have shown mixed results.

A notable 2011 study by the National Drug Abuse Treatment Clinical Trials Network found that about half of patients treated with Suboxone

and “standard medical management” were clean at the end of three months. But eight weeks after the treatment ended, only 9 percent of participants had stayed clean. The results did not change for a group that got additional counseling.

Dr. Gina Perez-Baron — a feisty general practitioner formerly at the Questa Health Center — is adamant that most studies on Suboxone have asked the wrong questions. She thinks it takes at least a year or two of intense medical and behavioral health treatment for addicts to get stable enough to taper off Suboxone with minimal risk of relapse. A study measuring who stays clean after tapering off in just three months is inherently flawed, she says.

Still, research like the 2011 study has taken some of the shine off Suboxone as a silver bullet for solving addiction. Some doctors argue Suboxone is just trading one drug for another. Others suggest long-term use can create its own addiction problem.

That danger is well known in Questa, where a toddler suffered severe brain damage after he ingested a Suboxone tablet illegally obtained by his father in 2014.

To keep prescription Suboxone off the streets, participants in the Questa program can be kicked out if they’re caught selling or giving the drug to anyone else.

John Hutchinson, a doctor of pharmaceuticals and director of health outreach with Holy Cross Hospital, has publicly weighed in on the ways Suboxone can be misused. But he also sees its potential.

Hutchinson is an advocate for Suboxone combined with behavioral health therapy and mandatory drug testing — exactly the model that’s been put in place at the Questa clinic.

“It’s beautiful,” Hutchinson says. “If you’re going to use Suboxone, that’s

the way to do it.”

Combining medical treatment and intensive therapy to combat addiction is gaining traction nationwide. Similar programs exist in Santa Fe and Albuquerque. Such models are less common in primary care settings, like the Questa clinic.

Hutchinson says Perez-Baron’s program is especially impressive because it’s happening in a rural, impoverished community. He says it took a “heroic effort” to get a dedicated therapist despite a lack of resources. The program also had to be available to Medicaid patients, who make up the vast majority of participants.

“This is a big-city service in tiny Questa,” Hutchinson says.

Perez-Baron’s last day at the Questa clinic was Aug. 4. She recently took a job as medical director for Las Clinicas del Norte, which serves patients in Taos and Río Arriba counties. She hopes to put the same treatment model in place there.

Running this kind of program in such an isolated area takes dedication from the doctor and therapist. Perez-Baron is unusually motivated. It might be tough finding a replacement.

As a physician, Perez-Baron says the progress shown by patients in the program is incredibly rewarding. “I think if more doctors saw the reward, more doctors would be invested in it,” she says.

Moving forward

As with any intervention, gauging the effectiveness of the Questa program can be a challenge. Academic studies tend to focus on who stops using drugs and for how long. Perez-Baron’s measures of success go beyond absolute abstinence.

Clinical indicators show the program is working. There’s been a 40

percent decrease in trauma, as measured through a questionnaire. Depression rates are down 28 percent. And self-reported anxiety is down 4 percent.

Perez-Baron says these mental and physical benefits coincide with quality of life improvements. Of her female patients with children, 78 percent have been reunited with kids they lost because of addiction. Two patients have started their own businesses. Two more have gone back to school.

As she likes to quip, “It’s a country song played in reverse.”

Some patients have also stumbled. Six have been arrested in the last 12 months. And four have gone to the emergency room in the last year because of illicit drug use.

Perez-Baron says the ultimate goal of the Questa program is to get patients off Suboxone entirely.

So far, Perez-Baron says only one participant has tapered completely off the drug without relapse. That’s partly because the program has only been around a year and no one is pushing patients to taper. There’s no timeline. No pressure.

It’s a cautious approach, but Perez-Baron say it’s necessary so patients have time to learn the skills to cope with life off drugs.

“I know there are those who would say I’m a fool for saying anyone could taper off of Suboxone,” she says. “But I’m willing to be that fool. And I’m willing to put that possibility in the hands of my patients by making them well armed to make that choice.”

But can a treatment program that may last for years really survive in a rural clinic strapped for resources?

Perez-Baron and her staff say the treatment model has not been especially burdensome, in part because the program isn't overwhelmed with patients.

While there's a rising demand for opioid addiction treatment in Northern New Mexico, a daunting application and intake process at the Questa clinic tends to weed out anyone who isn't committed. Even then, Perez-Baron says just 30 percent of those patients make it three months without dropping out. Some don't like the approach. Some have a hard time commuting to Questa, especially those who have to come from more than an hour away. Others just aren't ready to get clean.

Smashing the stigma

Chavez, now in his seventh month in the Questa program, says the model works. He understands his addiction. He knows his triggers. He also knows the consequences of not getting clean.

For the first time, he says he's getting help from people who want to understand his addiction as well as he does. He says he's finally climbing out from a very deep hole.

"This program saved my life," he says. "I've never wanted to help myself as much as I want to now because of these people. This is my sanctuary. This is where I feel safe."

For him, the short-term benefits of Suboxone and therapy have been stability and peace of mind.

Chavez says he's happy now. He's mended a torn relationship with his parents. He has a steady job and is taking on side work to pay off his debts.

Last month, Chavez had his first real victory on his march toward recovery.

He was back in the hospital because of more abdominal pain. The nurse asked him if he was on any medications. Chavez knew if he lied about Suboxone, he'd get morphine. And he wanted it bad.

But he didn't lie. He thought about how Perez-Baron and everyone at the Questa group would react to another relapse. He didn't want to let them down. And he used lessons from the program to overcome the craving.

Chavez felt proud in that moment of strength. But he was immediately reminded that small successes for a recovering addict are bittersweet.

Twice now, he says, nurses have completely changed their demeanor when they learn he's on Suboxone. They talk to him differently. They are less kind. Their attitude suggests they don't see him as a patient, but as an addict.

That kind of judgment means Chavez and others in the group have to hide in the shadows, even after they've emerged from the darkness of addiction.

Some recovering addicts have lost jobs when employers learn they're on Suboxone. Patients in the Questa program know that being open about their recovery can also hinder it, so their triumphs get muted. A small conference room in the Questa clinic is one of the few places where they can celebrate their recovery.

Chavez is adamant that he wants to taper off Suboxone. He's already cut his dose in half since starting the program. But he's not rushing into it. For him, it's important to know he's not tied to any drug.

"Free," he says. "I want to be free."