

Doctors see revolution in addiction treatment

Continued from 1A

only officials' alarm at the recent rise in heroin use, but also longstanding frustrations with methadone and the way it is distributed. Methadone, the most common treatment for heroin, is just as addictive, many doctors say. Addicts who drink daily doses to curb heroin cravings often can't give up methadone without going through a painful withdrawal.

Scientists and health officials say the new drugs could diminish methadone's role as well as that of clinics, which usually are in run-down neighborhoods because no other areas will have them.

A combination of two drugs in a once-a-day pill could be approved by the Food and Drug Administration as early as September. The combined drugs mute the craving for heroin and throw users into withdrawal if they try to abuse the pill by smashing it, adding liquid and

Cover story

injecting it like heroin. Some test subjects have reported mild side effects such as nausea.

Another drug, which is injectable, is being tested. It lasts 30 days, blocks cravings for heroin and, by not letting heroin into the nervous system, makes it nearly impossible for a relapsed user to overdose. The drug could be on the market by 2002.

Federal officials, while excited over the promise of such drugs, acknowledge that they are not a cure-all for heroin addiction. Anti-addiction drugs should be one part of a recovery program that also includes psychological treatment, vocational training and social rehabilitation, says Barry McCaffrey, director of the White House Office for National Drug Control Policy.

Westley Clark, director of the Center for Substance Abuse Treatment, a division of the Department of Health and Human Services (HHS), compares drug-addiction treatment to diabetes treatment. Besides taking insulin, Clark says, a diabetic must watch his diet and exercise. Though Clark expects the new drugs to help thousands, he agrees that addicts also need counseling to address social and psychological problems.

"It's not as simple as, 'Give it a pill and it's fixed, hallelujah,'" Clark says. "None of these things are a panacea."

Heroin is purer, cheaper and more popular than it has been in

three decades, thanks largely to what amounts to an underground sales campaign by traffickers in Colombia and Mexico.

Young adults, along with suburban middle- and high-school students, have driven the rise in heroin use over the past several years. Heroin use remains rare overall. A University of Michigan study last year indicated that about 2% of U.S. youths ages 12-17 had tried it. However, that was more than double the rate of 1992.

In 1997, the latest year for which such statistics are available, the number of addicts seeking heroin treatment in the USA surpassed the number of those seeking treatment for cocaine problems, federal officials say. In 1999, an estimated 240,000 addicts sought treatment.

Problems with methadone

Methadone, the most common treatment for heroin addiction, occupies opiate "receptors" in the body that can crave heroin. Methadone gives users a mild high that does not interfere with their ability to work or function. Most users become dependent on it.

Methadone programs, which have been around since the 1970s, have had only moderate success. A study published recently in the *Journal of the American Medical Association* said that 50% of those in a San Francisco methadone program had used an illicit opiate drug such as heroin, opium or morphine at least once a month while in treatment. Scientists called the finding "not encouraging."

New treatment drugs have surfaced periodically, but they haven't been enough of an improvement over methadone to have much of an impact. The last new product, called LAAM, was released in 1993. It is similar to methadone except that it needs to be taken only once every three days. Just 5,000 recovering addicts across the nation are being treated with it.

Addiction experts say the newest drugs offer much more hope.

The drugs, which are new formulations of drugs already approved for other uses, are far more difficult to abuse than methadone because they are much less addictive. There also is less risk of death by overdose because the new drugs don't depress breathing. Doctors in hospitals use an injectable form of one of the drugs, a mild narcotic called buprenorphine, to treat pain.

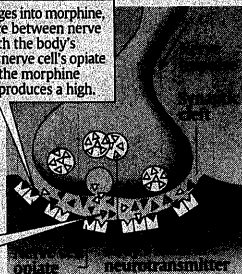
Although manufacturers have

The drug buprenorphine blocks heroin's effect

After heroin is injected or snorted, it travels through the bloodstream to the brain and nerve cells elsewhere in the body.

1 The heroin, which the body changes into morphine, goes to the synaptic cleft, the space between nerve cells. There the drug competes with the body's neurotransmitters for spots on the nerve cell's opiate receptors. Once on the receptors, the morphine triggers a chemical response that produces a high.

2 Buprenorphine competes with morphine in the synaptic cleft, preventing the drug from binding to the receptors and blocking its effect. Buprenorphine lasts longer than morphine, so if any morphine makes it to a receptor, the buprenorphine takes its place once the morphine wears off.



Sources: National Institute on Drug Abuse, Reckitt & Colman Pharmaceuticals

Key

▲ Heroin

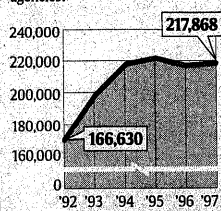
▲ Buprenorphine

▲ Neurotransmitters

By Genevieve Lynn, USA TODAY

Addicts seek treatment

Heroin users who sought addiction treatment from 1992 through 1997, as reported by state public-health agencies:



Note: 1997 data is latest available

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration

By Alejandro Gonzalez, USA TODAY

not priced the new drugs, they will be more expensive than methadone, which no longer is under patent restrictions and costs just pennies a dose.

The combination pill nearing FDA approval is called Suboxone, and is made up of buprenorphine and naloxone. Buprenorphine competes with heroin for space on the opiate receptors in the brain and body, which causes any high that heroin provides. It also blocks withdrawal pains by keeping the receptors occupied. The naloxone remains inactive unless a recovering addict tries to abuse the drug by crushing it into a powder, adding a liquid and then injecting it. The activated naloxone starts an extraordinarily painful withdrawal. In effect, it punishes those who misuse their treatment.

The FDA is reviewing drug applications for the combination pill and another one containing only buprenorphine; both are produced by

All ages improve

In 1997, more heroin users in every age group sought addiction treatment than in 1992. Treatment admissions for people under age 20 more than doubled in the six-year period.

1992		Number	
Under 20	2,055		
20-29		36,608	
30-39		74,040	
40 or older		42,659	
1997		Number	
Under 20	5,884		
20-29		45,604	
30-39		77,101	
40 or older		71,119	

Note: 1997 data is latest available

Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration

By Alejandro Gonzalez, USA TODAY

Reckitt & Colman Pharmaceuticals of Richmond, Va. Versions of the drugs have been given to addicts in France, where the approval process for drugs is less complicated than in the USA.

"This is cutting-edge because it's different from methadone," says Charles O'Brien, chief of psychiatry at the Philadelphia VA Medical Center and an expert on treating heroin addiction. "You almost can't overdose on heroin when you're on buprenorphine. It's really been a huge success. People can function totally normally and be very alert if it's properly dosed."

Another drug, NALTREL, manufactured by Drug Abuse Sciences in Los Altos, Calif., is a time-released, injectable version of naltrexone, which blocks heroin from binding to receptors in the body. That prevents the user from getting high or overdosing.

The FDA has approved daily naltrexone tablets to treat heroin and

alcohol abuse. The injectable version, designed to last 30 days, would eliminate daily trips to methadone clinics and, health officials hope, increase the number of addicts seeking treatment. Drug Abuse Sciences is conducting clinical trials in substance-abuse patients this year and intends to file for FDA approval in early 2001, company documents indicate.

"It's a wonder-drug. Even if addicts take a shot of heroin, they won't feel it," O'Brien says. He adds that the drawback of the new drugs is "that doctors have to learn to prescribe (them) properly."

The promise of less-addictive treatment drugs has fueled the efforts to shift treatment from clinics to doctors' offices. Federal rules prohibit doctors from prescribing narcotics to treat addictions to other narcotics anywhere except clinics regulated by the Drug Enforcement Administration (DEA).

Methadone regulations require addicts to stop in each day at one of about 900 clinics nationwide to retrieve their daily dose. Officials say that is a discouraging burden, particularly for relatively stable addicts who have recovered enough to hold down a job or care for a family.

Methadone clinics have become a common target of "Not In My Back Yard" debates. Seven states have banned them. Many of the clinics are in drug-infested neighborhoods — to get their daily dose of methadone, addicts must face temptations outside.

"There are a lot of people who would rather not come to methadone programs," O'Brien says. "You're going to a place with a lot of heroin addicts. They offer to sell you heroin right outside the door of the clinic. By taking it out of that environment, it will open up treatment to more people who don't really consider themselves addicts, people who consider themselves nice, normal Americans who don't want to be hooked."

'Time to change the rules'

When Erin Allen, 21, of Wilmington, Del., sought treatment for her heroin addiction in 1997, doctors had little more to offer than therapy and methadone. Allen bounced in and out of detoxification programs, her mother, Marie, recalls.

Allen spent four months on methadone but grew tired of daily visits to a Wilmington clinic.

"I know methadone helps tons of people, but it wasn't helping Erin,"

Marie Allen recalls. "She had to go every morning. She would have to wait in line an hour, an hour and a half. She didn't want to be on methadone the rest of her life."

Erin suffered a fatal overdose of heroin three days after leaving a treatment program. Now her mother wonders whether other drugs, and another approach to treatment, could have saved her.

"You almost can't overdose on heroin when you're on buprenorphine. It's really been a huge success."

— Charles O'Brien, Philadelphia VA Medical Center, chief of psychiatry

The methadone program is "a 30-year-old system," Clark says. "It's time to change the rules."

HHS officials say the DEA now is willing to do just that, and allow certified physicians to prescribe

drug-treatment medication. Instead of lining up each day at a clinic, an addict could get a prescription from a doctor for several days of treatment drugs and pick them up at a pharmacy.

Health officials expect to officially announce the policy changes soon. Sens. Carl Levin, D-Mich., and Orrin Hatch, R-Utah, have proposed legislation that would bypass some regulatory hurdles and let some physicians dispense buprenorphine and combination drugs once the FDA approves them.

Law enforcement agencies fret that recovering addicts who are allowed to take medication home will sell or trade it for street drugs.

"With naloxone, it's almost non-addictive," Levin says. "It's got almost no street value, unlike methadone, which is addictive."

McCaffrey says that the benefits of increasing access to methadone, and eventually other treatment drugs, outweigh any risks of increased abuse.

He said that the longer addicts don't get treatment, the more it costs society. Many users will steal to feed their habit and wind up in jail, lose their jobs and end up on welfare, he says.

Prison costs taxpayers about \$26,000 a year per inmate, he says, while drug treatment costs \$18,000 annually. "From a taxpayer's perspective, it makes more sense for you to get the chronic addict into treatment."

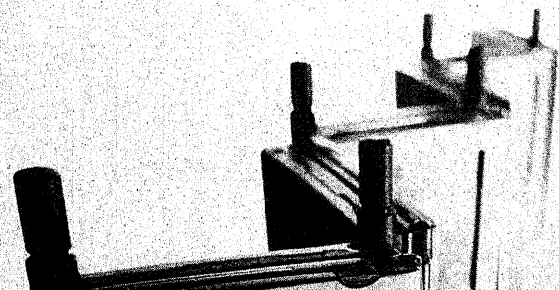
Moving addiction treatment into doctors' offices and out of clinics represents a giant leap for science, Leshner says.

"Ten years ago, you could not speak about treating addiction in a doctor's office because people just thought it was a failure of willpower: 'You don't need a doctor, you need someone to yell at these people,'" he says. "Science is teaching us that this is a medical illness."

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list for bombings in the South.

southern Appalachia said what its agents and helicopters with heat-seeking radar haven't found in two years: a clue to the whereabouts of Eric Robert Rudolph, 33.

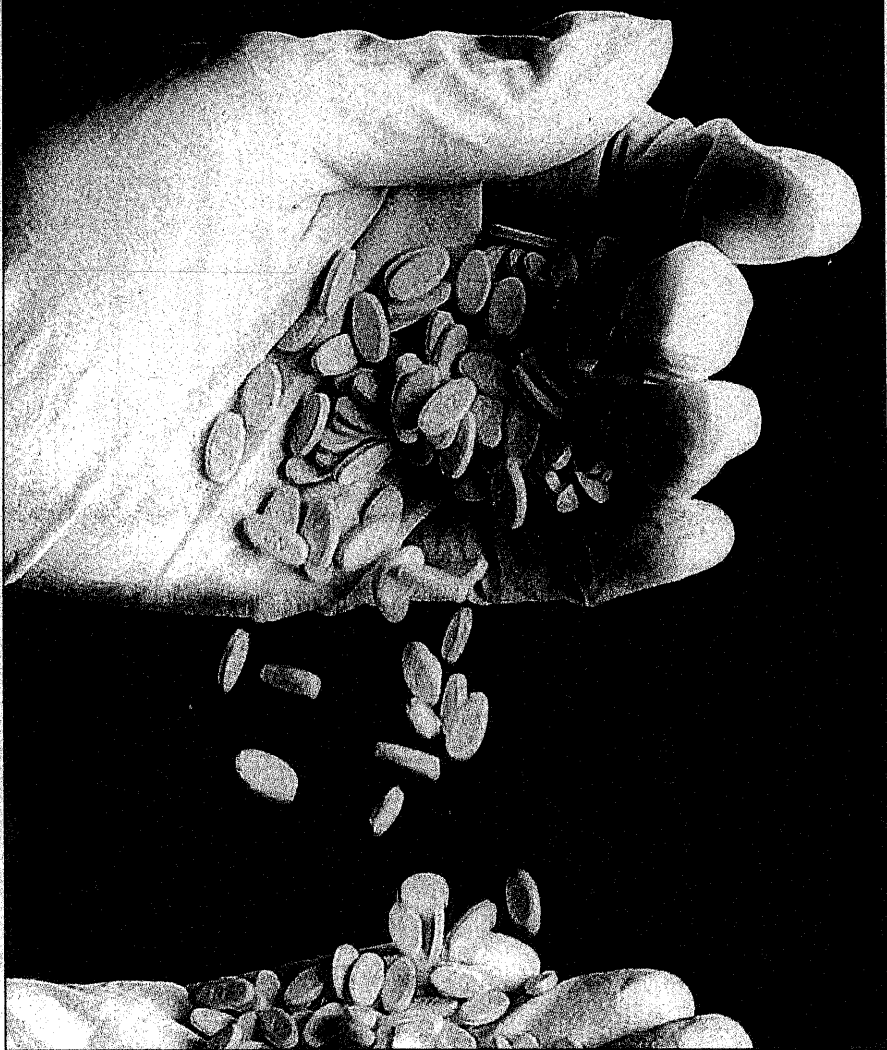
say they found materials used to build the bombs in Rudolph's home in Andrews, N.C.

The search for Rudolph was most intense in July 1998 after the fugi-

the area, but the FBI is paying small fees for help in keeping the search alive. It is described by one senior law enforcement official as a "scout program."

Authorities want their tipsters to report suspicious footprints, trails of broken branches, remnants of campfires, discarded food or garbage left in remote areas.

Heroin's new fix and why it matters to you



By Wayne Scarberry for USA TODAY

Suboxone: Pill nearing FDA approval douses heroin's high and induces severe withdrawal pains if abused.

New drugs, younger addicts fuel push to shift treatment from methadone clinics

By Donna Leinwand
USA TODAY

WASHINGTON — Scientists are ready to usher in a generation of anti-addiction drugs that could significantly improve the prognosis for the nation's 1 million heroin addicts at a time when use of the opiate is rising.

Cover story

Analysts say the new drugs are superior, less-addictive alternatives to methadone, the once-a-day narcotic that has been used for decades to block the craving for heroin's euphoric effects.

"This could be the biggest advance in the last 10 years," says Alan Leshner, director of the National In-

stitute on Drug Abuse, part of the National Institutes of Health. "It will tremendously add to the clinical toolbox. We're very optimistic. Everyone's very excited."

The new medicines are emerging as federal officials prepare to give physicians more authority to dispense drugs that help addicts, a move that could dramatically change the face of drug treatment across the USA. By shifting the focus of treatment from methadone clinics to doctors' offices, health officials say they hope to better serve a new generation of heroin addicts, including tens of thousands of suburban teenagers, who often are reluctant to visit urban clinics.

The moves by government and science reflect not

Please see COVER STORY next page. ►

Note fraud explosion targeted

Promissory scams prey on the elderly; at least \$300M lost

By Noelle Knox
USA TODAY

NEW YORK — Regulators will unveil a nationwide crackdown Thursday on con artists and unwitting insurance agents who sell fraudulent promissory notes to elderly people, often bilking them of their life savings.

The fraud has spread with startling speed and little warning. It has cost thousands of Americans at least \$300 million, regulators say.

News conferences across the country will warn that the notes are the top securities fraud in such states as California and Connecticut.

Two years ago, promissory note fraud "wasn't even on the list of Top 10 scams. . . . This year, it's No. 1," said Bill McDonald of the California Department of Corporations.

Thirty-eight states formed a task force last year to fight the explosion in promissory note fraud. Among the worst hit: Florida, Connecticut, Pennsylvania, North Carolina and South Carolina. Regulators have handed out scores of cease-and-desist orders and expect civil and criminal charges to be filed.

Promissory notes are a type of short-term debt that companies use to borrow cash, almost like an IOU.

Con artists exploit a loophole in securities laws that exempt some nine-month promissory notes from regulatory scrutiny. The con artists form marketing companies that offer to help struggling companies raise money by issuing promissory notes. The marketing firms, which get a cut of the money raised, recruit independent insurance agents to sell the notes.

What lures investors to the notes:

► They typically pay 9% to 12% annual interest — enticing, but not high enough to raise red flags.

► They are billed as "risk-free" and bonded by foreign insurance companies, which often are fake.

► Local insurance agents who have previous relationships with the investors usually sell the notes.

Yvette Barber, 75, of Santa Clarita, Calif., and husband Raymond, 74, had been living off the interest from two promissory notes before they lost the \$65,000 they had in savings. "My husband has a small pension and our Social Security, and that's it," she said.

Securities regulators have asked insurance commissioners to educate agents about the fraud. But, "We are still trying to put our hands around it and define our next step," said Robert Ober, head of anti-fraud at the National Association of Insurance Commissioners.

Fallout

Thirty-eight states have banded together to fight an epidemic of promissory note fraud:

► **California** has issued 430 cease-and-desist orders in the past 11 months to combat promissory note fraud.

► **Scams in Florida** have defrauded 1,000 victims nationwide, mostly senior citizens, out of \$100 million.

► **Pennsylvania** has 1,000 victims.

► **More than 100 Connecticut** residents have lost \$10 million. It is the state's No. 1 securities fraud.

Source: State securities agencies

USA TODAY

Buchanan's delegate count gives him Reform Party edge

By Tom Squitieri
USA TODAY

► Party infighting, 4A

of the delegates to override the results of the national primary. Buchanan, who left the Re-

\$12.6 million in federal campaign funds. He also could siphon conservative votes from Republican George W. Bush and labor votes from Democrat Al Gore. He will be bid-

the presidential primary in July and command a majority of convention delegates.

"We are thrilled with the progress of our loyal, hard-

In June, the party's five-member nominations committee will determine who will be on the primary ballot. Approximately 1 million ballots will be sent to Reform Party members