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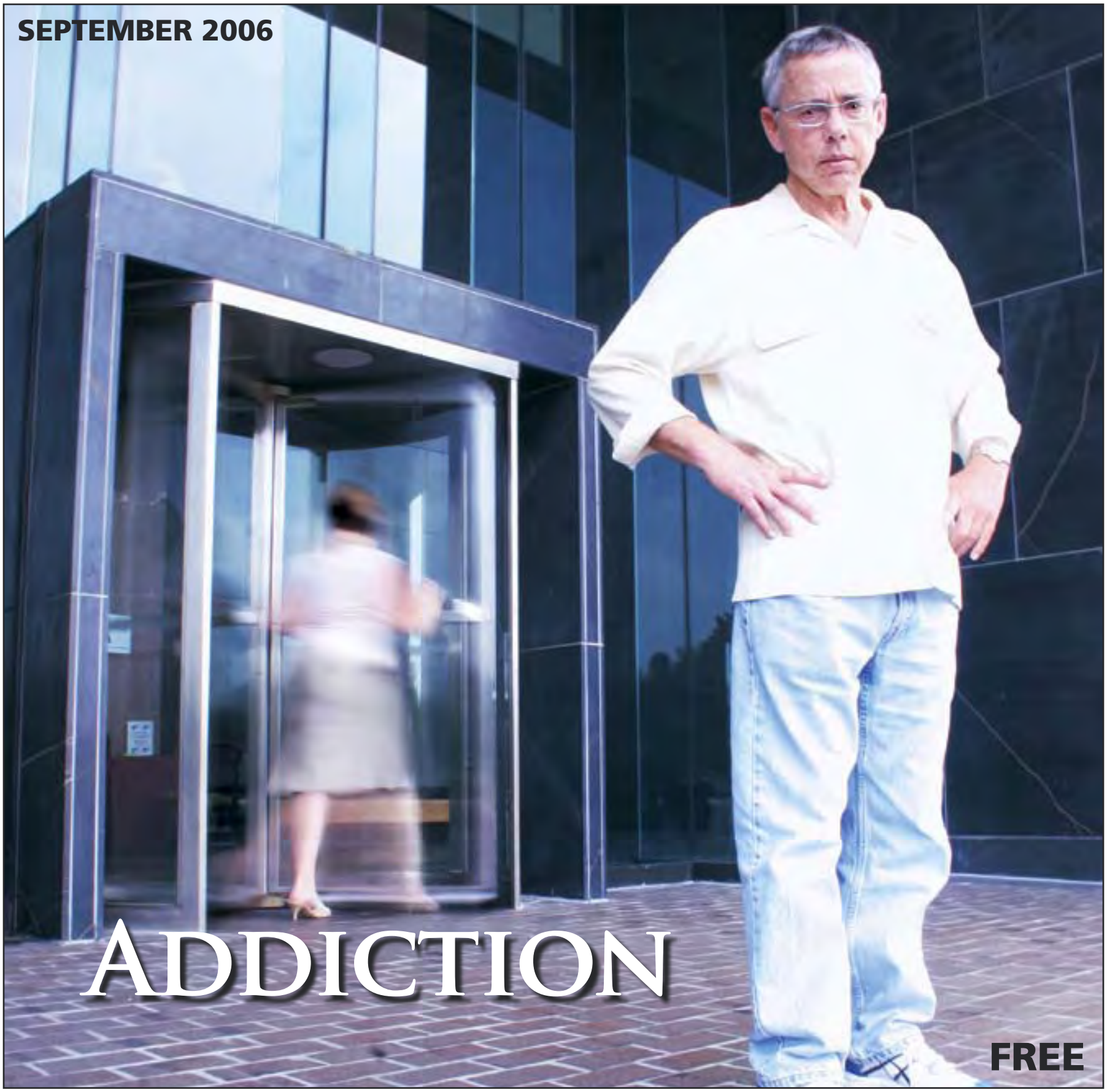

ADDICTION

FREE

photo by Brian M. Freer

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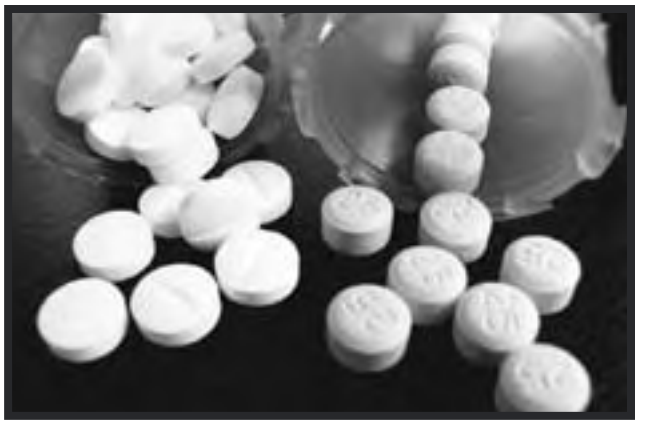

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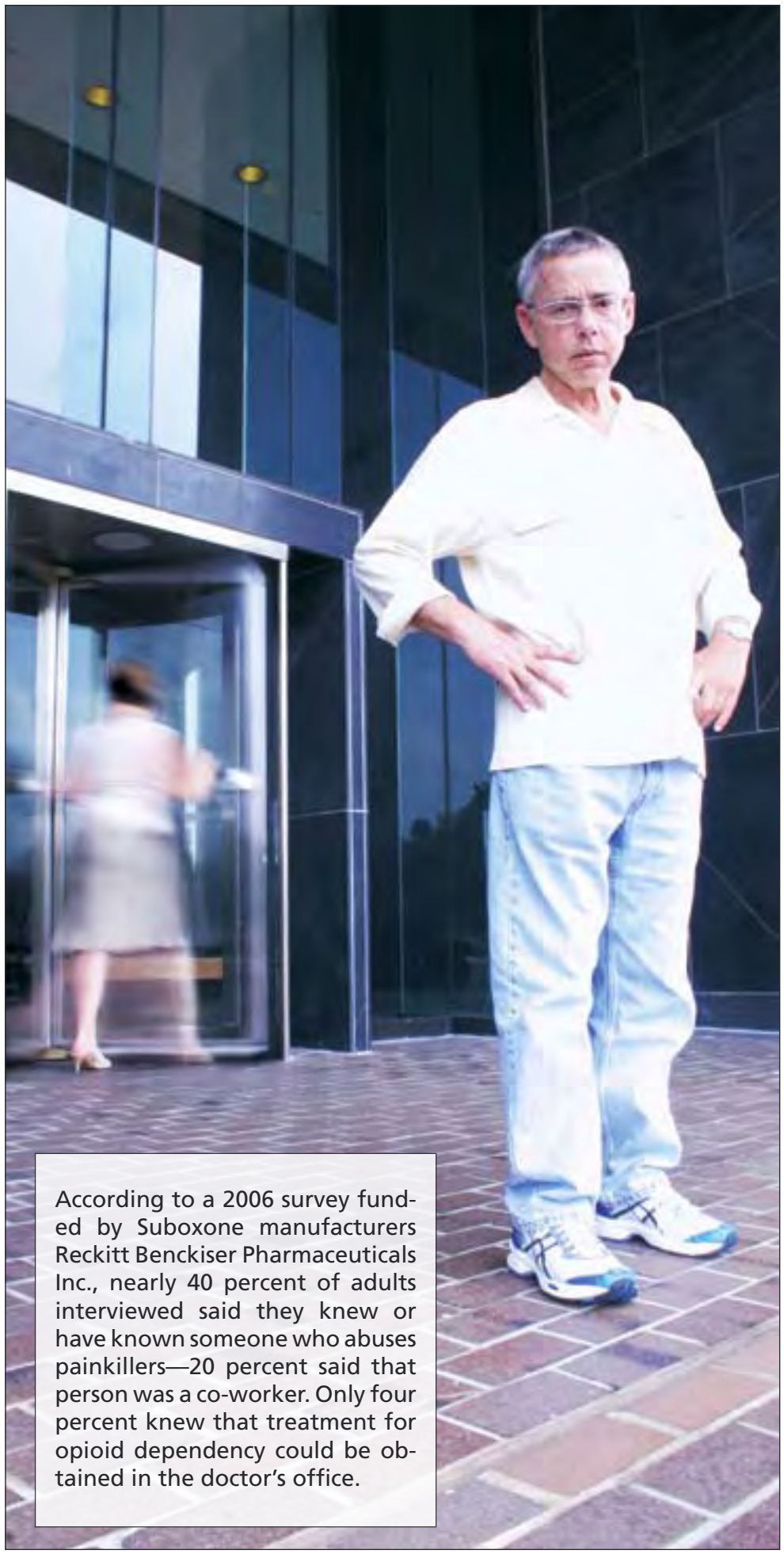
Treating Addiction at its Core

Former Attorney Finds Buprenorphine is Key

by Page E. Bishop



According to a 2006 survey funded by Suboxone manufacturers Reckitt Benckiser Pharmaceuticals Inc., nearly 40 percent of adults interviewed said they knew or have known someone who abuses painkillers—20 percent said that person was a co-worker. Only four percent knew that treatment for opioid dependency could be obtained in the doctor's office.

photo by Brian M. Freer

Robert Eisen sits in a coffee shop reading the morning paper. His outfit—casual. Blue jeans, flip-flops. He looks sharp in square, steel-framed glasses. Outside, rain pounds the pavement. On a typical morning five years ago, Eisen was likely striding into a packed courtroom, well-dressed and well-prepared to defend his latest client in some high-profile case. Chances are the details of the trial would have made that morning's headlines. "I'm the luckiest guy you ever met," says Eisen, by way of introduction. "And I mean that."

A white fifty-something Jewish lawyer, Robert Dean Eisen doesn't fit the stereotype of an addict. Once the sole proprietor of a law firm in downtown Norfolk, his professional reputation grew throughout the '80s and '90s as he represented clients in many of the state's most notorious cases, some of which were documented on national television programs such as *20/20*, *60 Minutes* and *American Justice*.

Despite his professional success, Eisen regularly abused prescription painkillers and marijuana. He was self-medicating, he says, to quell his chronic depression. By the 1990s he remembers he was "clearly addicted." "When I was in that courtroom, I was fine," he explains. "It was when I walked out that I wasn't."

Though he can't pinpoint when his depression began, Eisen remembers having symptoms, such as irritable bowel syndrome, as early as adolescence. In high school, he says, he was "outgoing," and "always in a hurry." He was also "a thrill seeker," often displaying outrageous behavior; once he sped down Norfolk's Granby Street, his car in reverse, just to see if he could do it. "I did all sorts of risky stuff," he says now, "trial law being one of them."

When Eisen graduated from Washington D.C.'s American University School of Law at age 23, he was the youngest attorney in Virginia. A rising "star of the Bar," he impressed judges and juries with his energy. He took risks, both in and out of the courtroom. After one major trial, Eisen recalls driving home from Atlanta in his BMW, going 120 miles per hour just to maintain the adrenaline rush. "I loved the thrill of the courtroom," he says.

Eisen and his wife Paula had two children, a son and a daughter. The success of his practice allowed the couple to restore several mansions in Norfolk's historic Ghent district while residing in a cushy high-rise apartment. Eisen purchased a Cigarette racing boat, which he often drove at top speeds much to his wife's chagrin. "We were the golden family," he says, looking away. "Money meant nothing. Big money, big cars, big vacations…I was somewhat grandiose."

But just as the most important trial of his career was nearing a close, the pieces of Eisen's seemingly perfect world came tumbling down. Over the years, recreational drug use had turned habitual. He went from occasionally stealing his wife's pain medication to scoring black-market painkillers, such as Vicodin, OxyContin and codeine. At some point he crossed an invisible line between abuse and dependency. He didn't need drugs to get high; he needed them to function. Five or six pills a day crept to nearly 15, then to "however many I could swallow or chew."

While Eisen slowly withdrew, no one questioned his preference for solitude. His immersion in his cases seemed a valid justification. He managed to conceal his addictions from relatives and close friends. When his addictions went public, those who knew him were astounded. "My friends later said that I could have been a Shakespearean actor, the way I pulled this off," he laughs painfully.

The truth about Eisen's addictions surfaced in 2001 when he was caught phoning one of his dealers. Police officers waited on

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the other end. Just minutes earlier the dealer had been caught buying a supply of painkillers at the back door of a pharmacy. When the name "Bob" flashed on the caller ID, the officers quickly discovered that the caller was Robert Eisen, the attorney. A write-up of his subsequent arrest appeared in The Virginian Pilot: *Norfolk Lawyer Indicted on Prescription Drug Charge*. Suddenly Eisen's personal life was the subject of headlines. The storm that ensued would nearly swallow him.

Confronted with the prospect of losing his license, Eisen plummeted into a profound

y to Survival

depression. He fueled his addiction until his sanity was shattered. He was found wandering along a Virginia Beach highway. Convinced he was protecting entertainer Britney Spears from kidnappers, Eisen was ruled psychotic and locked in a padded room. Institutionalized. He did not recognize his wife and children. He did not recognize himself. "I was Britney's bodyguard," he says, "and *that's* who I was." Local headlines told the story: *Norfolk Lawyer's License Suspended, Lawyer Sentenced in Misdemeanor Drug Case*. A few months later he stood trial. Pleading guilty to an attempt to possess Vicodin, Eisen served no jail time. He was assigned community service and a court order to seek treatment.

Checking himself into a Los Angeles rehabilitation facility, Eisen thought he was on his way to getting well. But he soon checked out, noting that the standard 12-step protocol was used there, as it's used at most drug and alcohol detoxification centers. "I knew I wasn't going to get well there," he says. With only $100 in his pocket he "conned" his way home from the airport, claiming he had been robbed. Once home he continued to "self-medicate," breezing through court-mandated drug tests by purchasing "clean" urine from strangers. Seeking help at a private Florida treatment center, Eisen says he "did his 28 days" but wasn't exactly rehabilitated—when he boarded the plane home, a supply of pills was waiting for his return. He put his faith in a new drug, called buprenorphine, that was not available yet, but was expected to gain FDA approval early the next year.

photo by Brian M. Freer

To understand Eisen's addiction is to understand the drug that saved his life. Buprenorphine (or, to some, simply "bupe"), was approved by the Food and Drug Administration (FDA) in 2002 for the treatment of opioid addiction. Opioids are drugs that are either derived from opium (e.g., morphine, coedine) or synthetics designed to mimic the effects of opium (Vicodin, oxycodone, hydrocodone, buprenorphine, methadone and heroin). Buprenorphine eliminates the cravings and withdrawal symptoms associated with discontinued opioid use (such as agitation, nausea, diarrhea, muscle aches and insomnia), but it does not produce the euphoria that most opioids do. It's also effective in treating depression and mild to moderate pain, according to the National Alliance of Advocates for Buprenorphine Treatment (NAABT). Compared to methadone, the only other FDA-approved treatment for opioid addiction, buprenorphine has shown higher success rates, fewer side effects, a lower risk of relapse, plus a low risk of physical dependency. [See "How it Works" on page 28].

ugs to get high; he needed them to ix pills a day crept to nearly 15, then y I could swallow or chew."

Sold as either Subutex (pure buprenorphine, generally taken during the first stage of treatment) or Suboxone (buprenorphine plus naloxone), buprenorphine is revolutionizing the way opioid addiction is treated. Prescribed in a doctor's office, it allows patients greater privacy and freedom than methadone, the standard for treating opioid addiction since the 1960s. Doctors who have completed the necessary training can prescribe buprenorphine in an amount they feel is appropriate for each patient (i.e., a one-week, one-month, or three-month supply, etc.). Methadone, however, is a schedule II controlled substance (highly addictive), so it can only be obtained in single doses at designated methadone clinics.

Daily trips to a methadone clinic can affect a person's ability to maintain a job (i.e., excessive time off) as well as his or her ability to travel, as even a weekend trip is not possible when daily visits are required. In addition, opioid dependent people often cringe at the thought of standing in line for their daily dose of the reddish liquid—they feel ashamed, embarrassed. Methadone also has a high relapse rate, creating the "revolving door" of patients that doctors often describe. A person seeks help, relapses, and winds up back on the street only to seek help again.

Dr. Richard A. Campana, owner of First Med of Williamsburg, is one of the first area physicians to offer a Suboxone program that includes relapse-prevention counseling and maintenance therapy, or long-term treatment. Campana believes addressing opioid addiction in the office setting, combined with counseling, is an effective approach. "Methadone clinics tend to shuttle people along like cattle," he says. "But when they're treated in the doctor's office, they're treated as real patients."

One of a new breed of physicians known as "addictionologists," Campana says more and more doctors are treating addiction as a disease—a chronic illness like any other. And because biochemical imbalances in a person's brain are responsible for many addictive behaviors; therefore, a new generation of targeted therapy drugs like buprenorphine are able to treat addiction at its core. Genetics also can predetermine who is at risk for developing a drug or alcohol dependency.

Campana asserts that age, race and social status have little influence on who gets hooked: "There is addiction in our community from all spectrums, from Grove to Governor's Land, from teenagers to the middle aged to the elderly. We can't continue to put our heads in the sand and pretend it doesn't exist." And while the medical community is adapting, society still largely regards addiction as an individual's lack of self-control—or moral failings. "I've had patients call me from phone booths," adds Campana, "because they were scared someone might track the number. People think, 'If anyone finds out, I'll be ruined.' "

cont. on page 28

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Licensed Counselor Linda Spalding specializes in helping patients with substance abuse disorders. Many of her patients are referred to her practice from Campana's program. "It's nobody's life plan to grow up and be an alcoholic or a junkie," she explains. "I've treated everyone from the homeless to neurosurgeons. Addiction is the only true equal-opportunity employer—it doesn't care about the society you come from or the color of your skin. It doesn't care about your education or how smart you are. Anyone can become addicted if they have the genetic predisposition and access to the right chemicals."

This revelation changed Eisen's life. When a psychiatrist asked him why, out of all the drugs available, he chose to abuse opioids, Eisen replied with a nonchalant "You're the doctor, you tell me." But when it was explained to him that a chemical imbalance may be the underlying cause of his depression, and therefore, that imbalance may have driven him to use opioids "just to feel normal," Eisen says a light bulb went off: "I knew then that I really was sick. At that moment I felt liberated."

An estimated 3.5 million American adults are addicted to prescription opioids or heroin, but less than 250,000 have tried buprenorphine. Access to the drug is limited due to a 30 patient per doctor cap (a boon, however, considering that just one year ago a 30-patient per practice cap existed). And because maintenance therapy is vital to a full recovery, some providers must choose between admitting new patients and maintaining current ones.

Campana feels the pressures of the 30-patient limit. He has a waiting list and receives an average of nine inquiries per week about his program. He hopes to strike a balance between incoming and outgoing patients. "If you take someone off Suboxone too quickly, chances are they'll relapse," he says. Therefore, he tries to enroll only the patients he feels are the most committed. So far he has seen a 75 percent success rate within his program.

Eisen says that for him, the 30-patient rule presents an ethical quandary: "Today I am okay, so why should I take someone else's place? I could morally justify giving up Suboxone, but I'd be back on the street buying. Like a diabetic is dependent on insulin, I am dependent on this drug. Take it away, and I die. I can't let them take my insulin."

This month Congress will vote on a new piece of legislation that could lift the 30-patient limit. In a recent study published in the *New England Journal of Medicine*, researchers from Yale University stated that buprenorphine "attracts new patients to treatment for addiction,

"It's nobody's life plan to grow up and be an alcoholic or a junkie... Addiction is the only true equal-opportunity employer."

providing support for federal efforts to expand access to treatment." Knowing that the vote could go either way, Eisen says he often wonders, "Why does the government make it so hard to do what's right, yet so easy to do what's wrong?" If legislation is passed to lift the 30-patient cap, Eisen and Campana hope that together they can open the first full-time opioid treatment center in Williamsburg.

But not everyone is sold on Suboxone. Some argue that it's simply "trading one addiction for another" and that it doesn't address the social aspect of opioid abuse. In a February 2006 essay printed in the *New York Times*, Dr. Sally Satel, author of *One Nation Under Therapy*, argues that without concurrent therapy the "passive model of drug treatment for addiction is a pipedream," referring to the recent flood of anti-addiction medications, including Chantix for nicotine dependency and Vivitrol for alcoholism (both FDA-approved).

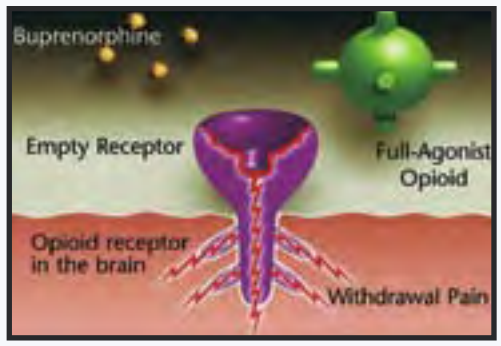
Psychiatrist Dr. Omar S. Manejwala is the assistant medical director at Williamsburg Place, a drug and alcohol rehabilitation center with experience in treating opioid addiction. Manejwala explains that the 12-step method of drug detoxification is designed to "comfortably discontinue the use of opiates" and involves monitoring patients in a safe environment while "providing medicines where appropriate." The addiction specialists at Williamsburg Place often prescribe opiate-like medications to help patients "wean off" a drug and, at times, buprenorphine is used in that process. However, says Manejwala, "For many patients this proves to be unnecessary and they can comfortably detox without [buprenorphine]." The most important message to relay, Manejwala asserts, is that addiction is a treatable disease, and treating it can save lives.

But for Eisen, who'd tried this "comfortable" method several times and failed, buprenorphine was the salvation he'd been searching for. He'd followed news of the drug in its infant stages and, more importantly, he'd learned about its anti-depressant qualities. In spring of 2002, when he found a doctor willing to prescribe Suboxone, Eisen recalls speeding from Norfolk to Washington, D.C., in his car in hopes of a miracle. When he held the tiny, eight-sided, orange pill in his hand, he thought, "There's no way this will work." Already in a state of mild withdrawal—a prerequisite for buprenorphine to work—Eisen felt the pill dissolve under his tongue, obtained his prescription and drove home. Eisen says it wasn't long before the dark clouds of depression lifted from his psyche. He no longer felt cravings, those sharp pangs of addiction.

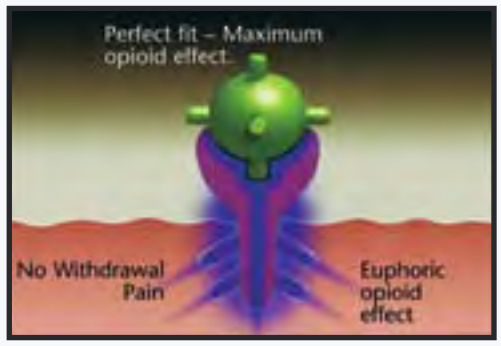
His body, however, was less forgiving. Years of heavy smoking had led to heart complications. He had open-heart surgery, for which he was prescribed painkillers—a score in the old days. But Suboxone rendered the pain medication useless. Eisen flushed the pain pills. "It was a good feeling," he says.

But old ghosts soon re-surfaced. While Eisen had been institutionalized for drug-induced

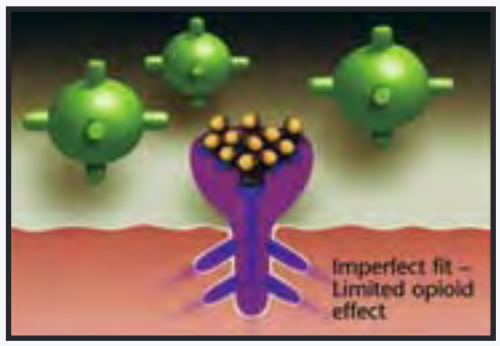
How it Works



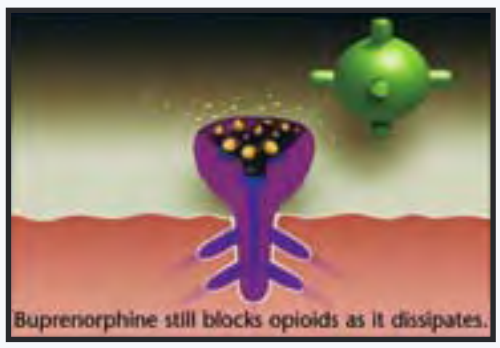
Opioid receptor unsatisfied–Withdrawal. As someone becomes tolerant to opioids, their opioid receptors become less sensitive. More opioids are then required to produce the same effect. Once *physically dependent* the body can no longer manufacture enough natural opioids to keep up with this increased demand. Whenever there is an insufficient amount of opioid receptors activated, the body feels pain.



Opioid receptor satisfied with a full-agonist opioid. The strong opioid effect of heroin and painkillers stops the withdrawal for a period of time (4-24 hours). Initially, euphoric effects can be felt. However, after prolonged use, tolerance and physical dependence can develop. Now, instead of producing a euphoric effect, the opioids are primarily just preventing withdrawal symptoms.



Opioids replaced and blocked by buprenorphine. Buprenorphine competes with the full agonist opioids for the receptor. Since buprenorphine has a higher affinity (stronger binding ability) it expels existing opioids and blocks others from attaching. As a partial agonist, the buprenorphine has a limited opioid effect, enough to stop withdrawal but not enough to cause intense euphoria.



Over time (24-72 hours) buprenorphine dissipates, but still creates a limited opioid effect (enough to prevent withdrawal) and continues to block other opioids from attaching to the opioid receptors.

For more information visit www.naabt.org

The above illustrations are for educational purposes and do not accurately represent the true appearance.

psychosis, several of his clients filed complaints. He'd let his cases slide. They demanded restitution for which he paid a devastating price. Again, reporters covered the story—*State Board Revokes License of Norfolk Lawyer*. Says Eisen, "I lost my identity as a lawyer…lost a lifetime of work. I'd lost my family's trust. Now the money was gone…I couldn't get any lower. I had every reason in the world to be depressed, but I wasn't."

Robert Eisen has ridden the waves of success and nearly drowned in the depths of depression. Today he exists somewhere in between, each new day better than the last. He has two successful children: his daughter, a prominent attorney; his son, a budding entrepreneur. Paula, his wife of nearly 30 years, has stood beside him through his recovery. Right now he sells furniture at a local showroom. For a man used to being his own boss, Eisen describes employment as an "enriching" experience. His co-workers are fascinated. "A lawyer selling furniture…" he grins. "Imagine that."

In 2008 Eisen will be eligible to reapply for his license with the Virginia Bar Association. He feels confident he will get it back. One of these mornings he'll put on a well-tailored suit and make his way back into the courtroom. He'll be ready to reinvent himself. Robert Eisen, the attorney nearly drowned by his addictions, has somehow survived. "I'm the luckiest guy you ever met," he says again. And he means it. WHJ