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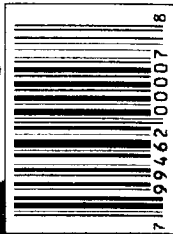


THE
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Jail draws a line at drug programs

By Amanda Kerr

JAMES CITY — A local physician is appalled that several of his patients who are undergoing treatment for drug addiction were refused their withdrawal prescriptions in jail.

Dr. Richard Campana, the private physician who heads First Med clinic on Second Street, started a Suboxone clinic about three years ago. He has developed a special interest in treating addicts and has enjoyed considerable success.

Suboxone is an opioid replacement for drugs such as heroin and oxycodone. It eases withdrawal symptoms and blocks receptors in the brain so that anyone who uses an opioid won't experience a high.

At issue is whether inmates should be

allowed to continue treatments while behind bars, and whether drug addiction should be considered a disease.

Campana said at least three of his patients who were arrested for drug abuse were not allowed to continue using Suboxone while held at Virginia Peninsula Regional Jail. Some have gone without the medication for months.

He said in an interview that a break in treatment can result in withdrawal symptoms similar to

the flu and can affect a patient's long-term recovery.

"Relapse doesn't mean treatment failure," Campana said. "You want to continue treatment as much as you can. To take them off this medication is disrupting their treatment program. The jail should not edit out what medicines they can and can't take in there."

In the three years that he's been treating opioid addiction with Suboxone, Campana estimates his patients have had a

success rate of 75%-80% based on clean drug screens for at least six months.

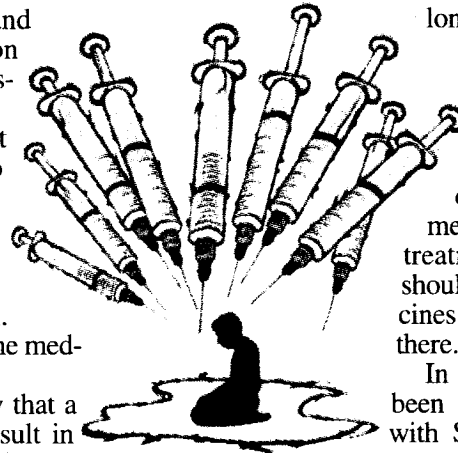
Many in the substance abuse treatment community consider addiction a disease.

"Would we deprive an inmate who has diabetes of insulin?" he asked. "It should be handled and treated the way any other chronic disease is treated."

Dr. Kaveh Ofogh has been the resident physician at the Virginia Peninsula Regional Jail for nearly 10 years. He acknowledged that many of the inmates are there because of drug or alcohol addiction, and that drug treatment is a regular part of healthcare at the jail.

He has resisted Suboxone because it isn't accepted as a national standard for inmates, in

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part because it carries a certain level of dependency.

The jail does offer both medical and psychological treatment for substance abuse. Medical treatment for withdrawal is treated on a symptomatic basis.

Inmates withdrawing from opioids, including Suboxone, are often treated with Clonidine, a blood pressure medication that alleviates symptoms such as elevated blood pressure and dizziness. Librium, an anti-anxiety medicine, is occasionally used as well.

For symptoms like nausea or vomiting, the anti-nausea medicine Phenergan is administered. Diarrhea is treated with Imodium.

The jail's therapeutic community is designed to deal with the emotional aspects of substance abuse. The program includes counseling, classes and treatment groups like Alcoholics Anonymous and Narcotics Anonymous.

Ofoh asserts that his treatment practices are on par with national standards for substance abuse treatment in correctional institutions.

But standards are changing. According to the website for the National Commission on Correctional Health Care, the American Medical Association has endorsed opioid treatment programs in correctional institutions. The commission advocates the use of methadone, which operates similarly to Suboxone as an opioid substitute.

The group argues that the benefits of opioid treatment go beyond just helping the inmates while they are in jail. Long-term benefits include:

- A drop in criminal activity by addicts who have participated in an opioid program.

- Behavioral problems of incarcerated addicts are more easily managed.

- Illegal drug use and hospitalization rates decrease.

- Methadone costs about \$4,000 a year compared to incarceration costs of \$20,000 a year.

Suboxone isn't cheap. According to Meriter, a healthcare provider in Wisconsin, Suboxone costs about \$6 per tablet for 10 mg.

Still, there is a difference in substance abuse treatment in a correctional setting and a private setting.

"Maybe Suboxone is more justified to use [in private medicine] because they have easier access to go buy heroin again, but I can almost 99 percent guarantee they can't find heroin in the jail," Ofoh said.

Additionally, he said that just like in the world of private medicine, he is not bound by one course of treatment.

"I don't have to honor the exact identical treatment they were getting on the street," Ofoh added. "The same thing could happen in the private world. If you move and get a new physician, that new doctor may choose to put you on a different medicine than what your previous doctor may have used. He doesn't have to copy whatever your previous doctor was giving you."

The bottom line is that inmates do receive medical treatment for symptoms related to addiction.

"Some inmates may feel that violates their rights, but one thing to remember is once you develop a drug addiction, you have to accept the consequences of withdrawing to some degree," Ofoh said. "Here, we want to help wean them off as quickly and safely as possible."