

Coming clean

Cerritos facility's cutting-edge treatments give addicts hope



Cristina Salvador / Press-Telegram

Lynn Silva, who has battled heroin addiction for 25 years, gets some support from staff members Ruby Quinones, left, and Leona Christens after surgery at the Coleman Institute in Cerritos. Silva received an implant of naltrexone, a medication designed to reduce cravings for heroin.

By Kristopher Hanson

Staff writer

CERRITOS — Heroin and cocaine addicts, meth abusers, pill poppers, alcoholics — they arrive at the nondescript Bloomfield Avenue clinic five days a week, some frightened, others resigned, all desperate to clean up.

They've signed up to try some of the medical world's newest methods to combat drug addiction.

A pill that reportedly curbs cravings for a drink.

An abdominal implant that negates heroin's powerful high.

A shot designed to reduce the desire for methamphetamine.

Lynn Silva recently stopped by to have the implant, naltrexone, which blocks the effects of opiates for up to six weeks, in an attempt to kick her 25-year heroin addiction.

"I've been clean for as long as six months

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at a time, but always found an excuse to shoot up again," said Silva, 55, of Las Vegas. "Heroin is my personal demon."

But can medications like naltrexone and Suboxone really help a longtime addict like Silva kick?

Not exactly, says Dr. Stuart Finkelstein, who operates the Cerritos clinic, the Coleman Institute, and has been working with the addicted for more than 20 years in the Long Beach area.

"It's only one tool, but it's a powerful tool," Finkelstein said during a recent visit

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Carlos Jurado, a former Wilson High School student, is taking naltrexone in a detox program run by Dr. Stuart Finkelstein in Cerritos. Jurado says the medicine has helped him stay clean.

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to the office. "They still need recovery programs, lifestyle changes and after-care. (The replacement drugs) are a safety net against the physical symptoms of their disease."

Working with so-called junkies since the mid-1980s, Finkelstein knows the path to sobriety is an uphill battle.

Drug abuse can permanently alter brain chemistry, Finkelstein explains, leading a user to need the drug just to feel normal.

The new opiate, alcohol and stimulant-replacement drugs work by blocking brain receptors that make the drug's use pleasurable. They also block the users' ability to get high by providing a measured, non-addictive dose of medicine that replaces the drug.

The replacement drugs are given on a short-term or long-term basis, depending on the patient and addiction.

"Your brain cells are like a room with a door and a keyhole," Finkelstein said. "When a user takes the drug, it fills that room and creates a wonderful sensation. The drugs work by blocking the keyhole and closing the door. Now the drug that will open the door can't get in the keyhole, cause the keyhole's already occupied."

The new drugs are different than, say, methadone, a synthetic opiate which has been used for decades to treat heroin addiction.

Methadone is given daily, and like a nicotine patch, satisfies the desire for the drug, but if the patient stops using, intense cravings return.

The new drugs are designed to be non-addictive.

Carlos Jurado, an 18-year-old former Wilson High student and Long Beach resident, became addicted to a variety of illegal drugs in his early teens.

By 14, he was shooting heroin.

"It got to the point where I was shooting a mixture of cocaine and heroin just to feel normal," Carlos said. "It's brutal. It's like the worst thing you can feel."

On several occasions, Jurado was able to kick, but sobriety never lasted.



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Lynn Silva undergoes surgery, performed free by Dr. Stuart Finkelstein of the Coleman Institute, to place a naltrexone implant in her stomach. The implant reduces cravings for heroin.

In March, he arrived at Finkelstein's office after a 10-day detox stint in a local hospital. At Coleman, he received a shot of naltrexone to curb the cravings, and immediately afterward entered a 30-day rehab facility.

Three months later, he's clean, but admits the urge to shoot up is always lurking in the background.

"It's hard, the feeling never really goes away, but I finally feel like have a grip on it," Jurado said. "I have a chance."

Finkelstein says an addict's best chance at quitting is reached when they have a strong desire to quit and regularly attend support groups.

In his view, 12-step programs like Alcoholics Anonymous are the most effective, but he concedes they're not for everyone.

"Get into something, because you're not going to stay sober without after-care," he said. "Nobody's tough enough to do it on their own. The drugs are tougher than anybody."

Finkelstein's current batch of addicts range in age from early teens to octogenarian and represent every social, economic and cultural background.

Costs for treatment can run as high as \$650 per shot or implant and do not include regular checkups, detox or rehab.

An addict may spend as much as \$4,000 the first year for such treatment, although many

insurance companies will pay the initial costs.

For those without medical coverage, the clinic sometimes ends up eating the costs.

Still, says Finkelstein, the price associated with cleaning up — financially, physically and emotionally — is far cheaper than using.

"We have doctors, police officers, students, engineers, rich, poor, young, old," Finkelstein said. "It's not just street people or the homeless."

The majority relapse, some several times, before finally sobering up. The unfortunate never make it.

Success rates, however, are increasing.

"In the past, we'd see a 90 percent failure rate," Finkelstein said. "Now we're above 50 percent, and with some of the (medications), it's around 70 percent. That would be unheard of in the past."

Daniel, a 51-year-old recovering alcoholic and prescription painkiller addict, said he began taking a replacement medication called Suboxone eight years ago and attending AA.

He's been clean since.

"It's really like a miracle drug in many ways," said Daniel, who asked that his last name not be used. "I feel good, I don't have the cravings like I used to and I'm happy. My personal life is back and I have a network of support, but it's something I'll be working on

the rest of my life."

For Silva, the path to recovery has just begun.

She plans to stay with her estranged husband George in San Diego for the next several months while attending therapy and continuing naltrexone, which Dr. Finkelstein will insert above her belly button every eight weeks through next June.

The Coleman Institute is donating the estimated \$4,000 in medicine and doctor visit costs for Silva, who is uninsured.

"When I first tried heroin, it felt good for awhile, but it quickly deteriorates into hell," Silva said. "In the darkest hours of my illness, I felt like the walking dead. I disappointed my children and set a terrible example for them. Now I have hope I never dreamed possible. I look forward to the future."

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