

**Boston Globe Op-Ed: "Pill pusher or a lifesaver?"**

**By Lawrence Harmon**

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DR. CLAUDE Curran sees himself as a thorn in the side of the medical establishment. If the state Board of Registration in Medicine makes its case, he may soon be removed.

Curran, who practices out of a ramshackle house in Fall River, is a relentless pill pusher, according to a 50-page board complaint. It alleges that the 56-year-old psychiatrist "inappropriately prescribed" Vicodin or benzodiazepine tranquilizers to at least 25 patients, often without conducting proper tests or medical histories. To his patients, however, Curran is a lifesaver who has snatched them from the horrors of heroin and OxyContin addiction.

On a recent weekday, addicts filled Curran's waiting room. Some had their kids in tow. Some were on lunch breaks from work. Others haven't worked in years. A burly man with two skull tattoos on his forehead stood apart from the other patients. Crowds, he said, make him nervous after serving 22 years in prison for "everything but murder." Eventually, they all get ushered into Curran's cramped office where Elvis memorabilia hangs on prime wall space normally reserved for medical diplomas.

Massachusetts is in the grip of a drug epidemic. Heroin is cheap, pure, and abundant. The addiction rate for OxyContin, a powerful pain killer, has jumped 950 percent in the last decade, according to a recent legislative report. And public health officials and police can't seem to get a grip on the diversion of prescription pain medications. Where does the unorthodox Curran fit into this picture? Is he just a so-called "croaker" who prescribes drugs irresponsibly to addicts? Would revocation or suspension of his medical license alleviate the drug problem in Fall River, or exacerbate it? While state fact finders prepare to hear the specific allegations against him, state public health officials should study the wider policy implications of his case.

Curran is also in hot water over his enthusiasm for Suboxone - a cutting edge drug containing buprenorphine that offers maintenance therapy to opiate addicts. The drug, he says, has fewer side effects and less potential for abuse than methadone, a synthetic opioid that blocks the effects of heroin. It's also cheaper. Despite such advantages, federal drug regulators place tight restrictions on its use. Physicians are required to take a special course before offering the drug, and even then each doctor can prescribe it to no more than 100 patients. Curran thinks such

restrictions are ridiculous. The cap was just 30 patients in 2005 when he lit up the radar of the Drug Enforcement Administration by prescribing buprenorphine to more than 700 patients. The feds cracked down. Curran, in turn, organized a protest by addicts and their families at the JFK Building in Boston. Whatever might be said about Curran's practice of medicine, it isn't furtive.

Curran acknowledges that he is seen as a "cowboy" in his field. But his belief in Suboxone is quite mainstream. Dr. Kevin Hill, a psychiatrist at McLean Hospital, considers Suboxone, combined with behavioral therapy, to be the best his field has to offer for opiate addiction. Hill thinks the 100-patient cap is reasonable. The bigger problem, he says, is that too few doctors in the state have chosen to undergo the specialized training needed to prescribe the drug to addicts. Doctors aren't exactly lining up to treat such challenging patients, especially at Medicaid rates. About 900 of the roughly 24,000 active physicians in the state can prescribe Suboxone, but only 343 of them list their services on an easily searchable data base.

Curran's door, however, is always open. Amanda, a 28-year-old addict, tells him that she is desperate to get off methadone. She and other addicts say methadone is murder on their teeth due to the side effects of extreme dry mouth. Yet she lines up at a Fall River methadone clinic for her daily dose to avoid getting "dope sick." Curran is dismissive of methadone clinics, which he says can "trigger" illicit drug use by forcing daily contact with other addicts. But he can't prescribe Suboxone in his private office for Amanda without exceeding the cap.

The allegations against Curran are disturbing, but so is the difficulty of finding effective drug treatment. Most doctors in Massachusetts are allergic to treating addicts. Does the Board of Registration in Medicine have a prescription for that?

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