

Answer lies within for opioid addicts

Waukesha woman one of first to receive implants for fighting addiction

By Brian Huber - Freeman Staff
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WAUKESHA — Raynell Hammer of Waukesha has had her share of ups and downs: motherhood and grandmotherhood on one end, temporary homelessness, job loss, a stay in prison, and an opioid addiction on the other.

She'd used alcohol, crack and pills. After being prescribed pain pills for dental work, Hammer said, she got addicted to them — first it was for pain, then recreation, then it became a habit, and she eventually turned to heroin to feed the demon inside her.

But with the help of Dr. Siamak Arassi and staff at Brookfield's Healing Corner Recovery Center, the mother of four and grandmother of four has turned a huge corner.

"I have a new life," Hammer said this week. "In everyday life I was used to being drugged up, on the streets. That was the only life I knew. ... Once I recovered, I got to deal with feelings I didn't know what to do with them."

Dr. Siamak Arassi at the Healing Corner Recovery Center in Brookfield holds a rod of buprenorphine on Thursday. Four such rods are implanted into patients like Raynell Hammer to deliver a constant low-level dose of a drug used to combat opioid addiction.

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The boost she got was much more than a shot in the arm: It was an implant called

Probuphine, the generic name being buprenorphine, one of the medications making up the suboxone used by many with opioid dependencies to treat cravings.

After a year on suboxone treatment with Arassi, Hammer was deemed a good candidate for the therapy. Four 1 to 1.5-inch rods containing the medication were implanted in her left arm in April. They are good for six months, at which time the implants will be removed, and new ones put into her right arm. Then both arms are repeated over the two-year therapy.

Hammer said she feels a difference daily. Under the fog of addiction, she barely had energy to get out of bed and felt sick until she took the drugs her body was craving. Now, she said, she feels “good. On suboxone, you go up and down. You wake up, feel sick, take a suboxone and you’re OK, but by the end of the day you feel like (crap). Here, it’s level. This has got me feeling no sickness at all. I can just get up and go.”

Raynell Hammer points to the spot in her arm where she received a buprenorphine implant to help her in her battle against opioid dependency. She said the treatment has made a profound difference in her life and helped improve her daily functioning and relationships with family members.

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That’s exactly what is supposed to happen, with patients staying in a steady state rather than the stress of highs and withdrawals, Arassi said. Having the medication implanted is like a steady drip from an IV without the IV — the best way to administer it, he said. He said buprenorphine acts both as a opioid in the absence of opioids and as a blocker when opioids are present. He said buprenorphine could be used to counteract an overdose, but Narcan is quicker. He put it into terms most Wisconsinites can understand.

“Think of it as the Bears and the Packers. Both are football teams, both are in the NFL. There is a musical dance here. One is going to win over the other. Buprenorphine/ suboxone is the stronger competitor. It acts as a blocker and knocks (other opioids) out of the game.”

Arassi said he was told by a representative of the firm behind buprenorphine that he was the first in the state to implant the drug, in December of last year, and with 17 patients similarly treated is also the state’s leader. But what makes his practice different, he said, is most clinics don’t do the supervised medicine intake, drug testing and making sure patients follow through with other treatment. Sessions with Alcoholics Anonymous, Narcotics Anonymous and other counseling are key factors in assisting the implants for long-term success and actually are mandated by authorities and the Substance Abuse and Mental Health Services Administration for medication- assisted treatment, he said.

Patients are first put on a months-long regimen of suboxone that gets them to a point where none of them needs more than 8 mg in 24 hours, a fraction of the maximum allowable. They must refrain from alcohol and other drugs before the implants are even considered, he said.

Changes needed

“There’s lots of things that have to change in one’s life to increase the odds of success,” Arassi said. “You have to move away from the people and stressors that lead you to use. Change that relationship. The village has to change for the person to change.”

Arassi said obstacles to contend with are the lack of public transit for his patients to get to his office and insurance coverage. He also said society needs to change its outlook toward and the stigma on opioid addicts, and look at them as having more medical needs than criminal issues.

He compared it to diabetics who are unable to control their condition but aren’t put in jail for it.

“We treat you as a person with mental health needs. We don’t judge you,” he said. “I think our website says it best: We meet you where you are to help you.”

Hammer would agree. She admits she gave Arassi and his staff “hell” in badgering them for more suboxone prior to her implants. Now, she said, she is restoring her life, working on her relationships with her children, which have improved “tremendously.” One of them, himself battling the addiction issues that Hammer said run in her family, and often battling his mother along the way, told her recently she was his role model. The others have told her they are proud of her, too, Hammer said.

She is again reaching toward her goals: being a better mother and grandmother, going back to school, running her own business with clothes and jewelry.

“I think it’s a second chance at life. I feel like I’ve got to make up for lost time,” she said.

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