the tablets pose overdose risks to children but because Suboxone is due to go generic, and the company wants to keep a stranglehold on the market.

I don't have the answers to these allegations and, for my purposes here, I'll leave this particular controversy to another story. Suboxone worked for me — far from perfectly, but perfectly enough. "There is no silver bullet for opioid dependence treatment, and outcomes vary from patient to patient," Tim Baxter tells me. Baxter is global medical director for Reckitt Benckiser, the Big Pharma company based in the U.S. out of Richmond, Va., that makes and distributes Suboxone, Baxter proved more than forthcoming when answering my questions, so I have no Big-Pharma cudgel to wield here; like any patient, whether before treatment or in retrospect, I simply wanted to know more about what I'd been taking, and why.

Suboxone may not be a "miracle drug" but, scientifically speaking, it does qualify as an elegant and sleekly brilliant instance of Occam's Razor in action. Buprenorphine, the main ingredient in Suboxone (and the only ingredient in S ubutex) is a partial opioid agonist that binds to the brain's opioid receptors while simultaneously blocking other opioids. In so doing, Baxter explains, buprenorphine "produces less maximal opioid effect than full opioid agonists such as oxycodone, hydrocodone, morphine, methadone and heroin" — the good stuff that gets junkies high, in other words.

Suboxone, unlike Subutex, also includes naloxone, an opioid antagonist that "reduces the medication's attractiveness for deliberate misuse," Baxter adds. Misuse, as I understand it, includes shooting the stuff up. When Suboxone is taken as prescribed, he says, "the naloxone has no effect."

Here's the aspect of Suboxone treatment that appealed to me — and, by extension, might appeal to a good number of addicts currently recovering under the strictures of a daily methadone program: "As a result of the Drug Abuse Treatment Act of 2000," Baxter says, "patients can now receive treatment confidentially in a doctor's office, enabling individuals who may not have sought help previously to access treatment in their own community, often from their own doctor.

"Because the medication is approved for at-home use," Baxter continues, "patients can continue their daily lives while under a doctor's care, in much the same way that other chronic diseases are managed, such as diabetes, asthma or hypertension." This is a huge step in the ongoing development of recovery therapies because — as we saw with Sybil's bucking against the allegedly patronizing ways of the county's methadone clinic — it bestows upon addicts a level of respect, maturity and responsibility that can go a long way in "recovering" a normal life.

Of course, Suboxone also carries risks. Remember, we are talking addiction here, and one aspect of a strong recovery program involves the addict's learning to take his medication in a regular and responsible manner (veteran junkies would abuse Pepto-Bismol if it were illegal).

Baxter, like everyone involved in the field of recovery I spoke with, insists that medication alone is a poor substitute for tackling recovery from all possible angles, and according to individual need. And, when it comes to getting off buprenorphine itself, the same idea appears to hold true.

"There is not a one-size-fits-all approach to discontinuing Suboxone," Baxter says, adding that the decision to stop "should be made as part of a comprehensive treatment plan. The important factor is to ensure that appropriate counseling takes place and a relapse plan is established."

MANIFEST DESTINY

Is there something about the Pacific Northwest that pushes so many of its sodden, mist-enveloped denizens to seek solace in chemical nirvana? I think so, though I have as proof only the kind of anecdotal evidence that wouldn't stand a snowball's chance in hell among scientific types. But, considering the fact that, not all that long ago, homosexuality was considered an aberration, African-Americans were constitutional property and only three-quarter human, and addiction to opiates was considered, by law, a moral failing, I say fuck science. Science blew up the Holy Ghost in Nagasaki. Science ain't got no soul.

The soul of the Great Northwest is wicked and scorched, tangled by a gruesome haunted history that stretches back much further than those spavined pioneers huffing their luggage over the Oregon Trail. The trees have secrets here — secrets smothered in moss and swallowed by the ocean. Make no mistake: A forest is still a jungle, even if you're more likely to die of hypothermia in the Hoh Rainforest than die of thirst. We Northwesterners might have beat back nature for the time being, but nature will get the last laugh. The early natives counted on it.

A dank, gothic miasma suffuses the Pacific Northwest; it's got something to do with the way Manifest Destiny ran dry against our cold, rocky shores, and the way anyone who tapped the Calvinist spirit and stuck around at the ass end of the continent became a victim of waterlogging and too little sun. We are underdogs here, losers who seek a smug sort of comfort in our chronic defeatism. Francis Farmer. Ted Bundy. Kurt Cobain. Suicide rates are high in states like Oregon and Washington, and in a strange sense, offing yourself instead of, say, traveling south to sunnier climes, seems almost redundant. We are immaculate dead here, zombies of the fungus.

Opiates, which wax a mausoleum sheen on a life lived in failure, offer a means of achieving physiological stasis for seasonally affected sad-sacks who don't have the wherewithal to budge from the toadstool of life. Sure, it's a risky means, with shitty odds, but our culture as a whole isn't all that great at preparing individuals with tools for coping with the vapidity of our consumer culture.

Am I saying addiction is not a disease? By no means. Statistically, I was a goner in utero. I was a loaded die. But if we continue to ignore the cultural and social factors that compel dissatisfied people like me to strive, ignorantly, to feel normal, we're going to continue to have dirty needles on the one side, and Sandy Hook on the other, with everyone else trapped in-between. ■

** EDITOR'S NOTE: At the suggestion of family and friends of the author of this story, we are using his pen name. Comments on this story can be posted on our website, and email messages will be forwarded to him through editor@eugeneweekly.com*