Methadone Today

The official newsletter of DONT--BY PATIENTS, FOR PATIENTS **July 2005** **Volume X Number V**

Myths of Methadone (part 2)

Reprinted from http:/www./MedicalAssistedTreatment.com (see page 1 of the June issue for part 1)

5. IF IT IS NECESSARY FOR A METHADONE PATIENT TO TAKE PAIN MEDICATION THEY DO NOT NEED STRONG NARCOTICS BECAUSE THE METHADONE WILL BLOCK THE PAIN. TRUE OR FALSE

Methadone was originally invented as an opioid medication to treat pain. So it is sometimes believed that persons taking the drug daily as part of a methadone maintenance treatment program for addiction do not feel physical pain like everybody else.

This is untrue--patients stabilized on methadone feel pain just like anybody else would. And, when it comes to treating pain, you will have the same needs as other people for adequate pain medication.

For average pain that doesn't last very long--such as, a headache or muscle strain--over-the-counter painkillers (analgesic) should do the job. If pain is more severe and/or long-lasting, opioid painkillers with actions similar to morphine may be prescribed.

Be aware that certain painkillers---such as, Buprenex®, Nubain®, Stadol®, Talacen®, Talwin®--block the effects of methadone and could bring on uncomfortable withdrawal symptoms. Also, Darvon® and Demerol® are not recommended because harmfully high doses may be needed for effective pain relief in a methadone-maintained person.

You should definitely inform the healthcare professionals treating your pain that you are on methadone maintenance. If they are unsure of how best to treat your pain, or seem reluctant to prescribe stronger medication, refer them to the medical staff at your methadone clinic. Never take non-prescribed medications or street drugs, including alcohol, along with pain medication or you could seriously harm yourself.

(Spring 1998 edition of Addiction Treatment Forum)

6. METHADONE CAUSES PATIENTS TO BECOME ALCOHOLICS AND/OR COCAINE ABUSERS. TRUE OR FALSE ***(Cont. p. 3)***

Number of States Without Methadone Treatment Decreasing

There are still states that do not allow methadone treatment at all. Fortunately, the list of states with no methadone treatment is shrinking. Within the last several years, New Hampshire, Vermont, West Virginia--and now, Mississippi, have begun allowing methadone treatment.

In many of these states, considerable work remains for advocates of methadone treatment--to push for better regulations, to make treatment better, more accessible and more affordable for those who need it. For example, in Vermont, the regulations are so restrictive regarding where methadone treatment must be provided that treatment scarcely exists. In some of these states, methadone treatment is very expensive, to the point that only the affluent and those lucky enough to have private health insurance—that actually covers treatment—can obtain it.

Still, the number of states that have begun permitting methadone treatment illustrates that state regulations are moving in the right direction. In all likelihood, some but probably not all of the remaining states which do not permit methadone treatment will begin to allow it. Policymakers in these states need to realize that nowhere in the U.S. is exempt from opiate addiction--even if heroin is not widely available in a given area, other [prescription] opiates are, and it hurts more than just opiate addicted individuals when quality opiate addiction treatment (e.g., methadone treatment) is not available. States that still do not allow methadone treatment include: Idaho, Nebraska, North Dakota and South Dakota.

At the top of page 4 is an announcement for a new methadone clinic in Mississippi--a state that recently began permitting methadone treatment.

Editor's Note: In addition to the states that do not permit methadone treatment at all, there are a few states that allow methadone treatment but have such bad regulations, that decent methadone maintenance treatment simply does not exist. For example, Ohio residents in need of methadone maintenance often commute to methadone clinics in bordering states like Michigan.

Dear Methadone Today,

I am writing this letter to voice my situation and express my outrage with a local methadone clinic. My ex and I are in a custody battle over my 11-year-old son, and I videotaped her going in and out of the methadone clinic at 5:30 am, which is an hour's drive from her home, while my son is being left at home all alone to get himself up and ready for school.

This methadone clinic has refused service from the sheriff's office on a court hearing to obtain her medical records and has lied to those empowering counsels on why she is there. She has also taken my son to this place and left him in the car while she went in.

From what I observed, the people going in and out of this place, which is in the seediest part of this large town, were not the most trusting of people and that this is no place for an 11-year-old child to be left alone! I have also spoken with people that have received "treatment" at this facility, and I must say they all have said that this is not treatment but an organization after the money from the addicted. They also said that none of them, nor do I believe that my ex was, so addicted that it would not have been in their best interest to just quit rather than to get hooked on another drug. I can see that some people it would help, but I believe that these so-called counselors are getting to be more interested in money and not helping! If this is such a good form of treatment, then in this case, why do they want to lie?

I consider this form of "treatment" the same thing as giving needles to drug addicts to be left on our playgrounds for our children to find and catch diseases! We don't give condoms to child molesters!! So if you have any children, the next time you tell them you love them, think of my son, whom I love more than anything in this world, then think of your child sitting outside in a car by himself in the seediest part of your city! Then tell me why if your "treatment center" is so legitimate and upstanding, why they need to lie!

HIPPA laws were not designed for this! and when you reply to this, go put your child in a car all alone outside of your nearest methadone clinic while you come home to reply! **-P.O.'d** ***(Cont p. 3)***

Dear Doctor,

Over the past years I have developed numerous problems with my teeth. I have always kept up with good oral hygiene, even during my years of drug use... always brushing twice a day and flossing every day. I had healthy teeth as a child and teen and never even had a cavity until I was 14 years old. From the time I was 14-20 years old, I had the occasional cavity that needed to be filled, but nothing severe or out of the ordinary. Like many opiate addicts, I experienced and still experience having a sweet tooth, so naturally I assumed that as my dental condition deteriorated, that it was the result of eating too much sugar. I am starting to doubt that sugar is the only cause of my dental problems.

At the age of 21, I went to the dentist as a result of tooth pain. I had not been to the dentist in about a year because I didn't have insurance and learned that the tooth giving me pain was in such bad shape that it needed to be taken out. I was even more horrified to find out that in addition to that one tooth, I had 14 cavities! Over the course of the next few months, I went to the dentist many times to have all my problems fixed. It seemed that every time I would go in for a filling, he would find more and more cavities. The final outcome was to have two teeth pulled, one tooth that still needs to be pulled, three root canals, and at least one filling in EVERY SINGLE TOOTH IN MY MOUTH! It was just this past November that I finally had the last of the work done that I needed to have done.

Just yesterday, I went to a new dentist for the first time for a routine check-up and cleaning. My new dentist was shocked to see what was going on in my mouth. She took 18 x-rays because of how bad the situation was. I was again horrified to find that I need to have work done on EVERY SINGLE TOOTH IN MY MOUTH! I currently need $9,000 worth of work. I was visibly upset and asked her how I could possibly have so many problems when as of three months ago, my teeth were completely fixed!

This is when I became very impressed with my new dentist. I had NOT told her that I was a methadone patient (I have had bad reactions in the past), but she immediately asked me if I used drugs. She went on to explain that she had just transferred to my area (Virginia) from California and that she was familiar with my case because both drug use and methadone clinics are much more prevalent out that way. She explained that certain drugs have a very bad effect on the teeth. She said that she knew that crystal meth causes tooth loss, but she wanted to research more about methadone on teeth before she gave me exact facts and figures. I had heard that cocaine and such would cause tooth problems, but I never knew that methadone would have the same effect.

I am writing you to try to gain knowledge on this topic and to express some anger toward my clinic. I have asked my clinic nurses, counselors, and even the doctor in the past if methadone could be causing my dental problems, and they all assured me that methadone will NOT have an ill effect on teeth. I want to know if my clinic purposely mislead me or if they are just ignorant. If they did know, then I want to know why I was not warned about possible problems and given suggestions how to avoid dental problems. Doctor, could you PLEASE tell me if there is anything I can do to help counteract the ill effects of methadone on my teeth. Will I experience less problems if I can get my dose lower? Why does methadone cause these problems? What can I do to help my teeth? Does buprenorphine cause the same bad effects on the teeth? Do heroin and opiate use cause tooth problems also? Why do I get sugar cravings from methadone and other opiates? Does methadone have any other ill effects that I do not know about and my clinic won't tell me about? I don't think that I will be able to go off the methadone and live a normal life, but I don't want to be without my teeth either!!! Please give me as much information as possible. I need to know what to do! Please help to educate myself and others... it is much appreciated!

Thanks so much! **-Melanie**

P.S.: While I am writing this, I wanted to ask two final questions that have come up in my group at my clinic. Does methadone (or should I say WHY does methadone) lower your sex drive? Does methadone, or why does methadone, make people gain weight?

Dear Melanie,

These are all very important questions. And there are few simple answers to all of them. Teeth, sex and weight are all affected to some degree by drugs, including methadone and other opiates.

What we do know is that many drugs, including anti-depressants, heroin and methadone, can reduce salivary flow. This is called xerostomia and is not usually prominent on normal doses of methadone. However, even a small reduction in salivation may increase dental problems, especially when teeth are not cleaned too often and diet may be poor (meaning less fibre and more sugars). Also a lack of professional dental care will lead to problems in itself. Gingivitis or gum inflammation is also common, especially with diets high in sugars.

Many methadone patients have poor dental hygiene even before starting treatment. However, there is no systematic research I am aware of where this was examined. As in this case, most evidence points towards improvements in access to dental care after joining methadone or other dependency treatment. Cavities, gingivitis and other mischief may be noticed for the first time yet be quite advanced. Some old fashioned forms of methadone even contained sugars! Like glucose and sucrose, sorbitol can also be a nutrient for oral bacteria and it is the acid from these bacterial growths which destroy the dentine, I understand, leading to cavities.

There are thousands of methadone patients with excellent teeth, so this is not a universal problem by any means.

I hope these observations are helpful.

Dr. Andrew Byrne, General Practitioner, Drug and Alcohol (New South Wales, Australia)

Editor's Note: In contrast to the issue of dentistry, methadone's impact on libido/sexual performance is fairly well known. Opioids are associated with a decreased sex drive. Usually, but not always, sexual function actually improves, if not completely normalizes, once an opiate addict has been stabilized on methadone for a period of time. Another member of our Medical Advisory Board, Dr. Marc Shinderman, M.D. (Center for Addictive Problems, Chicago, Illinois), co-wrote a research paper on the subject. Dr. Shinderman has stated that there are treatments for sexual dysfunction related to methadone treatment--so methadone patients with this problem should seek help.

Finally, there are methadone patients who have complained about weight gain while on methadone. There have been various reasons given for such weight gain, including change in lifestyle---from active opiate addiction, where eating may have been secondary to scrounging up enough money to support one's habit--- to a more sedentary lifestyle in recovery. Many patients have stated that methadone seems to make them crave sugary foods. Naturally, eating sugary foods is likely to result in weight gain. Just as in the general population, most excess weight gain can be avoided by proper diet and exercise.

Methadone Myths (from p. 1).

The idea in this myth is that there is a special tendency for methadone patients to turn to alcohol because they are on methadone. The DARP studies indicate that the amounts of alcohol consumed by methadone maintenance patients and the therapeutic community and out-patient drug -free clients at the beginning of treatment were almost identical. At earlier follow-ups after treatment, the amounts of alcohol reported consumed has increased considerably. These increases were almost identical for each of the three treatment modalities. Therefore, it can be concluded that methadone treatment has no special relationship to people's propensity to increase their alcohol intake.

At twelve-year follow-up, it was concluded that the increases in alcohol consumption reported above had leveled off within a few years of completion of treatment. It has been found in the DARP follow-ups that as time passes, a larger and larger percentage of the original subject group remained free of illicit drug use. Therefore, it appears that there is no progressive tendency to substitute alcohol for heroin. Some, but only some, patients may so substitute, or at any rate increase alcohol consumption. *(**Ed.:** Dr. Marc Shinderman has stated that with adequate dosage, methadone treatment actually reduces the rate of alcohol abuse.)*

7. **METHADONE IS MORE ADDICTIVE THAN HEROIN. TRUE OR FALSE**

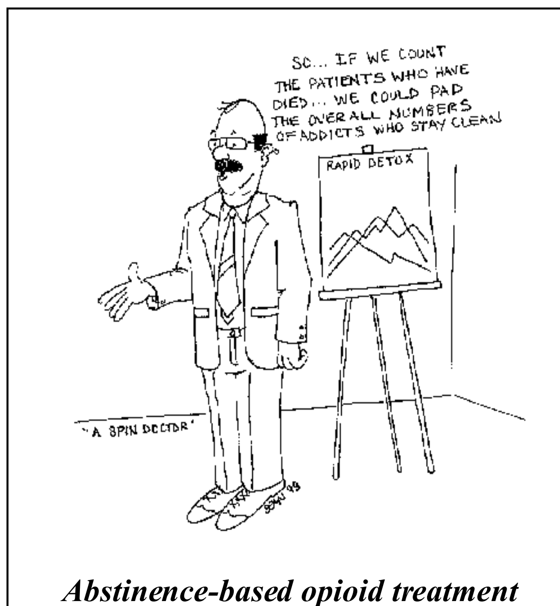
This is a persistent myth that was long ago disproved. A blind comparison study years ago at a federal facility for addiction treatment in Lexington, Kentucky, found that withdrawal symptoms actually were less severe in patients maintained on methadone than in those taking equivalent doses of short-acting opioids like heroin.

Because methadone is very long-acting, withdrawal from methadone does last much longer than withdrawal from short-acting opioids. Therefore, a person who has experienced 'cold ***(Ct. p. 4)***

Dear Methadone Today (from p. 1).

Dear Peeved,

We don't even know where to begin with replying to your letter. First of all, what knowledge, education, or credentials do you have that make you qualified to evaluate methadone treatment or any other medical treatment? Of course, you are entitled to your opinion--just as we are entitled to point out how misinformed it is.



Abstinence-based opioid treatment

You quote patients of this methadone clinic as saying that, "it would not have been in their best interest to just quit rather than to get hooked on another drug." Apparently you do not realize that most methadone patients tried to "just quit" a large number of times before starting on methadone treatment. Methadone treatment most likely would have never been developed had other non-medication-based treatments been effective for even a large minority of opiate addicts. Methadone treatment is the most effective opiate addiction treatment, and as we have explained in previous issues, methadone patients are not 'hooked on' or addicted to the medication. If your ex-wife is a bad mother, that has nothing to do with her being a methadone patient. By the way, how were you able to determine from looking at the people entering and exiting the methadone clinic, that they were not the most "trust[worthy]" people? We only wish we could tell from looking at someone whether they are trustworthy or not. This is precisely why parents are advised to tell their children not to approach strangers--because appearances can be deceiving.

If your ex-wife is leaving your son alone in the car in what you describe as a bad area for a significant amount of time, she is using poor judgement--but that is not the fault of methadone treatment or methadone patients. Last summer, there was a case in the Detroit area in which a mother left her two young children locked in a car with the windows cracked open while she had her hair done at a salon; the children both died. Nobody blamed the salon or suggested that having one's hair done is morally wrong because of this incident, but I suppose if this mother were going to a methadone clinic instead of a hair salon, it would be the methadone clinic's fault and prove that methadone treatment is bad?

Unfortunately, single parents cannot be with their children every minute of the day; however, it is up to the parent to act in the best interest of the child. In the case of an 11-year-old--if he is responsible and mature for his age--the solution may be to leave the child at home for a short period of time, with a babysitter, if necessary. Indeed, you also take issue with the fact that on many occasions, your ex-wife did in fact, leave your son at home alone, "to get himself up and ready for school." Since we do not know your son, we cannot assess whether he is mature enough to be expected to get ready for school by himself--maybe he does need a baby sitter--but this has nothing to do with whether methadone treatment is a good idea! If the methadone clinic should get blamed for anything, it is for not having more flexible hours so that your ex-wife can go there when your son is at school! Then again, if there were a methadone clinic closer to her home, she would not have to leave your son alone for so long--but people who oppose methadone clinics, without even knowing the facts, block methadone clinics from opening (i.e., the 'Not in My Backyard' syndrome).

We cannot reply to your claim that this methadone clinic lied about why your ex-wife attends the clinic, since we obviously do not know the facts in this case. However, with any medical treatment, there are strict rules concerning patient confidentiality. Treatment providers cannot and should not give out information about patients without the patients' consent, except in very limited circumstances (i.e., per a court order). The fact that a treatment provider withholds such information in no way demonstrates that there is something wrong with the treatment. The methadone clinic will have to disclose this information to the sheriff's office if the court orders the methadone clinic to do so--if no court order has been issued, then the methadone clinic is correct to withhold this information.

Finally, we are not enamored with the idea of videotaping patients going in and out of methadone clinics. You wouldn't think this was a good idea if somebody taped you going to a doctor about a sensitive matter.

ANNOUNCEMENT:

ALTERNATIVES FOR LIFE TREATMENT AND RECOVERY, LLC., (ALTR) opened a methadone maintenance clinic in Jackson, Mississippi on 18 April 2005; it duly licensed by the State of Mississippi and SAMSHA. The clinic is currently accepting patients on Tuesday and Wednesday of each week and this is expected to be expanded to Monday through Thursday as the base population of the clinic increases.

ALTR can also "guest dose" patients who are traveling through the area if the clinic has approximately 5 days' notice. Patients from out of state are currently allowed to guest dose for up to 14 days after seeing ALTR's physician.

Initially, ALTR is offering methadone in the clear liquid form. However, the clinic is looking into the protocols necessary to offer the orange wafers in the very near future. All patients receive a medical exam prior to being admitted and each patient's dose is regulated by the physician. ALTR has a licensed pharmacy (in-house) with two pharmacists. There are no dose caps.

ALTR provides counseling services through an individualized treatment plan that is patient driven.

All patients must meet the DSM-IV criteria for admission as determined by the medical director. ALTR does not admit patients for Detox.

ALTR's address is: 500 D East Woodrow Wilson Drive, Jackson, MS 39216 and the phone number is: (601) 362-3131. FAX: (601) 362-3339. **Thomas J. Fett, Director of Operations**

Methadone Myths (from p. 3).

turkey' withdrawal separately from heroin and methadone might say that 'kicking' methadone was worse-because it lasted longer.

However, gradual withdrawal from methadone, when properly done under medical supervision, can be virtually free of discomfort. On the other hand, patients who try to withdraw from methadone by themselves, on their own time and dose schedule, almost always experience undue discomfort and fail.

Also, some patients forget that the reason they came into methadone maintenance treatment was because they could not stay away from opioid drugs on their own. When they decide to leave methadone maintenance treatment and find they cannot just stop taking methadone, they blame the methadone rather than the heroin or other opioids that deranged their brain chemistry in the first place. **For many former opioid-addicted persons, methadone is a lifelong medication necessary for stabilizing brain functions, much like a person with diabetes needs insulin every day to live a normal life.**
(Methadone Treatment For Opioid Dependence; Chapter 5 pages: 61-63. Eric Strain, MD and Maxine Stitzer Ph.D.)

8. METHADONE PATIENTS SHOULD NOT BE ALLOWED TO OPERATE HEAVY MACHINERY OR TO DRIVE A CAR? TRUE OR FALSE

The public has been greatly concerned about persons using alcohol or any drugs that might impair mental functioning while driving motor vehicles. However, it is clear that methadone itself does not in any way hinder persons stabilized on methadone maintenance treatment from driving safely.

Various research studies involving methadone patients in methadone maintenance treatment have examined important skills required for safe driving, such as the ability to pay close attention, reaction time, eye-hand coordination, and accurate responses in emergency situations. In some cases, driving simulators were used to test skills. In all studies, persons maintained on adequate methadone doses had normal functioning. In some cases, their reaction times were better than comparison to group members not taking methadone.

To examine "real world" driving performance, some researchers looked at reported traffic violations and accidents among methadone-maintained patients compared with others having no history of drug addiction. Methadone maintenance treatment patients did not differ in any way from other drivers of the same age.

Therefore, the research consistently shows that methadone itself is not a concern when it comes to driving motor vehicles. However, it should be noted, that the patients tested were well-established in methadone maintenance treatment and receiving adequate methadone doses. Patients going through opioid withdrawal due to insufficient methadone doses, or experiencing methadone overmedication effects, such as sleepiness or fatigue, might not perform as well.

For the discussion and listing of the research, see "The Functional Potential of The Methadone Maintained Person" Norman B. Gordon, in a compendium for methadone maintenance treatment by The Chemical Dependency Research Working Group of New York State OASAS (Monograph 2, 1994). This is available online at: *http://www.users.rcn.com.nama.interport/mono2.htm*

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DONT is a non-profit 501(c)3 organization dedicated to helping patients achieve quality methadone treatment, preserve patient dignity, provide greater public understanding, eliminate discrimination toward methadone patients, and promotion of harm reduction policies.

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