

Rehabbing: Abstinence vs. methadone

By Carrie Moore Staff Writer

It's not a news flash that Pike County has an above average percentage of drug abusers, nor is it a revelation that opiates are the drug of choice for most of the area's addicts.

And, with the recent trial of Billy Reed, who was convicted of manslaughter for killing a motorcyclist while driving under the influence of methadone and other drugs, some in the county have questioned methadone's use in the treatment of opiate addiction.

One of methadone's opponents is the state's largest anti-drug coalition, Operation UNITE, which favors abstinence-based treatment.

"In general, UNITE is greatly concerned about any method that would treat addiction without counseling. Methadone just exchanges one drug for another. We don't see it as an effective way of treating a person with substance abuse issues," said UNITE Communications Director Dale Morton.

Joe Chapman, the director of the methadone-prescribing Williamson Treatment Center, disagrees.

"I'm a firm believer in abstinence (treatment), and it works for a lot of people. We're here for those it doesn't work for," he said, adding that those being treated with methadone, as a requirement to receive the drug, must attend counseling treatment.

And, while abstinence-based treatment is the more noble of the two, methadone treatment is arguably the more successful one. According to UNITE's Web site, of the 1,591 adults and juveniles who have entered its drug court program, only 594, or 37 percent, have graduated.

"Most that go through treatment end up relapsing," admitted Morton, who added it takes several rehabilitation attempts, in many cases, to achieve success with abstinence-based treatment.

Conversely, of the 200 people currently under treatment at the Pikeville Treatment Center, 85 percent of those, "maybe more," are being treated successfully, according to Dr. Steven Lamb, who prescribes methadone at the clinic.

Strengths

Chapman said 86 percent of the 700 patients treated at his center are performing successfully.

Success, however, in terms of methadone, does not equal rehabilitation as it does with abstinence treatments. Addicts do not stop being addicts because they switch from heroine, Oxycontin, Lortab, or another opiate, to methadone, which is also an opiate, said Lamb. They are merely addicted to a less-destructive drug.

Success with methadone, said Lamb, is defined when a person stops committing anti-social acts and begins committing pro-social acts. In other words, "they stop robbing drug stores and selling their babies' diaper money," and, instead, they become better parents, get jobs, or, in some way, they become more beneficial to society.

Part of methadone's success — and in UNITE's shortcomings — can be attributed to the nature of opiate addiction, which, according to Chapman, is "the most difficult addiction to overcome."

Lamb said the reason it is so hard for opiate addicts to stop using is that after a person has been on narcotics for a long time, something happens to his brain. He said even people who have been using for a short time have trouble, because once they stop taking the drugs, they get sick and suffer withdrawal symptoms.

For these reasons, addicts "can't go 24 hours without thinking where the next pill is going to come from," he said, and obtaining more drugs become the addict's constant thought.

Lamb said methadone is successful because it allows people to stop craving street drugs. Under medical supervision, a “therapeutic dose” can be obtained, which is strong enough to block the thought of drugs from a person’s mind, but not so strong as to make the person drowsy.

Because patients are less plagued by the thought of drugs, they can focus on improving their lives and are able to search for friends who aren’t drug users. Finding friends who do not use, said Lamb, greatly reduces chances of relapse.

Unfortunately, what makes methadone so successful at treating opiate addiction is also liable for the negative aspects of the treatment.

Drawbacks

While it is a safer opiate alternative than street drugs, it is not a less addictive one, and people usually stay in methadone treatment for years or longer.

“Once you start (methadone), it’s terribly hard to stop,” said Lamb.

Chapman said the average treatment time for patients in the Williamson clinic is three years.

Lamb said the treatment at the Pikeville clinic takes no less than six months, but, for some, it takes years, and others may never stop treatment.

Lamb said the more slowly one comes off the drug, the better chances he has of staying off. But, staying off, said Lamb, is even harder than getting off.

He said many times people who successfully stop taking methadone or other opiates go about six or 12 months and then “the get in a rut. They start to feel awful and give up.” When they feel bad, he said, they often go back to using street drugs.

Methadone itself is a street drug, and can be harmful when used in that scenario.

The Kentucky Office of Drug Control Policy said methadone was the leading cause of overdose deaths in the state during 2006, and was detected in 41 percent of the 484 overdose death cases throughout the state. Many times other drugs were also detected along with methadone.

But Chapman said clinics are not to blame. Though they do get blamed for the drug’s diversion onto the street, in reality, he said, clinics are only responsible for a small fraction of the methadone on the street.

Lisa Walls, assistant director for the Kentucky Division of Mental Health and Substance Abuse, agrees. She said most of the methadone obtainable on the streets was prescribed by private doctors, some of whom can prescribe the drug for pain, but not addiction.

Walls said the majority of street methadone is in the form of tablets, but methadone clinics only dispense liquid methadone, because it has less abuse potential.

While a physician may write a monthly prescription for pain, the most that can ever be taken out by a patient at a methadone clinic is a week’s dosage, and only a handful of patients are even allowed that much.

For a patient to be able to take out one day’s dose of liquid methadone, he has to have been a patient at the clinic, passing every drug test, and participating in counseling, for at least 90 days in Kentucky, or at least 30 days in West Virginia. For a patient to be able to take out a week’s worth of methadone, he has to have been a well-behaved patient for over a year, in Kentucky, or nine months in West Virginia.

Relapses

Another problem with methadone treatment arises, as with the case of Billy Reed, when a patient on methadone relapses back to taking street drugs. Though mandatory drug testing is performed at clinics in both states to detect this scenario, even if a patient is found to be taking other drugs along with his methadone, he has to be weaned off the drug. Prescribers cannot just stop giving the drug to non-complying patients right away.

Testimony and evidence showed that Reed had methadone, Xanax, Valium and alcohol in his system in a blood test taken two hours after the wreck on Jan. 7 that killed Ronnie Church.

According to Lamb, it is very dangerous for a patient taking methadone to also take street drugs, especially if those drugs are Xanax and alcohol. He said the combination of Xanax, methadone and alcohol is deadly, and is the cause of most methadone-related overdose deaths.

Another dangerous consequence of a patient on methadone taking street drugs is that it impairs their driving ability, which methadone, when taken properly and by itself, does not do, said Lamb.

And, as the area has recently witnessed, when patients decide to use their methadone as an ingredient in their drug “cocktail,” and then decide to get behind the wheel, deadly consequences can arise as well, though not always for the drug abuser.