

Do methadone prescriptions do more harm than help?

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BILL: Dave, listen to this letter. "My mother died of an overdose of prescription methadone. She was 58 years old, a grandmother with much to live for. My question is, Why is it acceptable to treat someone in pain with a drug virtually equivalent to heroin?"

DR. DAVE: As a synthetic form of opium, methadone has indeed safely helped millions get relief from pain. But - because it is also abused by thrill-seekers and often prescribed by doctors unfamiliar with its risks - methadone is now the fastest-growing cause of narcotic deaths in many major metropolitan areas.

BILL: Isn't the rise of its use as a prescription drug due to a change in medical attitudes in the 1990s?

DR. DAVE: In the 1990s, the national hospital credentialing body, the [Joint Commission on Accreditation](#) of Health Organizations - also called JCAHO - made an aggressive push to reduce patient pain. As MDs scrambled to respond, methadone became attractive as a generic, cheaper alternative to other long-lasting painkillers.

BILL: Like the brand-name opiate drug [OxyContin](#), which has been widely publicized as a leading cause of overdose deaths itself in recent years.

DR. DAVE: And that's why so many MDs began to prescribe methadone instead.

BILL: Because it seemed cheaper and less prone to abuse than OxyContin?

DR. DAVE: Less controversial too. Besides, methadone was already being used by tens of thousands of ex-heroin addicts on a daily basis. The initial bump in prescriptions, by an individual doctor or the nation as a whole, sort of flew under the radar.

BILL: Never having used methadone, I can't make up my mind about it. In fact, I'm not even sure I agree with the entire "War on Drugs." What good did Prohibition do? So before talking to you, I called [Dr. Keith Humphreys](#), a friend of mine who's a professor at [Stanford](#). "Wasn't methadone originally intended to treat heroin addicts?" I asked him. "And isn't it still being prescribed for that purpose to this day - a cheap and legal form of chemical control, in effect, keeping addicts legally hooked for life?"

DR. DAVE: What did Professor Humphreys say?

BILL: He went right at me for not knowing what I was talking about. "Bill, when you say methadone is chemical control," he wrote back, "the question is, compared to what? Jonesing for smack 3 times a day, shooting up with infected needles and ripping off radios and purses to feed your habit? If I had a heroin problem, would I rather be in [Narcotics Anonymous](#) than doing methadone? You bet. But would I rather go to a methadone clinic than shooting heroin on the street? Again, you bet."

DR. DAVE: A very good statement of the case. What's more, if we made methadone illegal, a lot more people would be using infected needles, getting HIV/AIDS, and passing it along to their unsuspecting sexual partners. Let me ask you Bill, is that what you want?

BILL: Oh come on, what's the difference between that and the drunk who switches to pot so that he doesn't have severe blackouts? There's always some addictive switcheroo an addict is trying to pull instead of getting clean and sober.

DR. DAVE: I have to say I felt that way about a decade ago - particularly since some of those who advocated controlled drinking for alcoholics were now supporting the same notions under the buzz words "harm reduction."

BILL: The first thing I know about you, Dave, is you are fact-oriented. What changed your mind in favor of methadone maintenance programs?

DR. DAVE: When human stories pile up in my experiences, they become facts too. Over the last two years, I have gotten to meet staff and patient advocates from the Texas MARS Methadone Program. While I hope they are on the road to a final drug-free lifestyle, we don't spend a lot of time on what separates them from other types of addiction recovery. As the [Substance Abuse and Mental Health Services Administration](#) says, "There is no wrong door to recovery."

BILL: Well, Dave, while I respect both you and Dr. Humphreys for your scientific approach, I respect [Alcoholics Anonymous'](#) accumulated wisdom even more. "Half measures availed us nothing!" the Big Book says. Right on! I see methadone as another of denial's seductive faces.

Shooting up with methadone, even if legally done in a clinic, enables the addict to keep denying he has to change his life, and face what brought him to spiritual bankruptcy. Sure, some people need more than two [Advil](#) and a hot bath to fight their physical pain - but enrolling them into lifelong methadone dependence to ease that struggle? Hardly my idea of harm reduction.

[Dr. David Moore](#) is a licensed psychologist and chemical dependency professional who is a graduate school faculty member at [Argosy University's Seattle](#) campus. [Bill Manville](#) is a novelist and writer whose most recent work, 'Cool, Hip & Sober,' is available at online bookstores. Formerly the host of the No. 1 radio show 'Addictions & Answers,' he has been sober now for over 20 years.

Got a question about addiction? E-mail Dr. Dave and Bill at drdaveandbill@yahoo.com. Anonymity is guaranteed.

Need to talk to someone right now? Dave and Bill recommend the 24-hour addiction hotline at [Caron Treatment Centers](#): 1-800-678-2332.