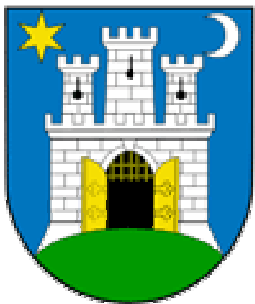


The 9th European Congress on Heroin Addiction and Related Clinical Problems May 28-30, 2010

The persistent rejection of maintenance treatment - Why?

Robert Newman, MD, MPH



ICAAT International Center for
Advancement of
Addiction Treatment
The Baron Edmond de Rothschild
Chemical Dependency Institute

The challenge for advocates of maintenance treatment

Gain acceptance of addiction as a ***chronic medical condition*** like any other

Obtain commitment of government, the health care community and the general society to ***ensure prompt access*** to maintenance for all who want and need it



Addiction: incurable but treatable - not a new concept!

Dr. Ernest Bishop, New York, 1920:

“There exists at present no ‘cure’ for the great number of narcotic addicts.”*

** The Narcotic Drug Problem. Macmillan, NY, 1920*



ICAAT International Center for
Advancement of
Addiction Treatment
**The Baron Edmond de Rothschild
Chemical Dependency Institute**

Addiction: a chronic illness - not a new concept!

Rolleston Commission, UK, 1926:

“Addiction to morphine and heroin should be regarded as a manifestation of a morbid state, and not as a form of vicious indulgence.”*

Halliday, Canada, 1963:

“It is now widely accepted that the addict is a sick person... and as such requires medical and other treatment.”**

* *Ministry of Health. 1926, London; HMSO*

** *Brit Col Med J. 1963. 5(10):412-414*



Addiction: a chronic illness - not a new concept!

Alan Leshner, former Director of NIDA, 1997:

“Scientific advances over the past 20 years have shown that drug addiction is a chronic, relapsing disease . . . “*

*<http://www.sciencemag.org/cgi/content/abstract/278/5335/45>



ICAAT International Center for
Advancement of
Addiction Treatment
The Baron Edmond de Rothschild
Chemical Dependency Institute

In-depth literature comparison of addiction and selected chronic illnesses*

Addiction vs diabetes, hypertension, asthma:

- . Heritability
- . Course
- . Pathophysiology
- . Treatment concepts
- . Patient compliance
- . Course after treatment

Conclusion:

“Drug dependence should be insured, treated and evaluated like other chronic illnesses.”

*McLellan *et al.* *JAMA* 2000. 284(13):1689-1695



Addiction: a chronic illness

Re-evaluation 9 years later

USA, 2009, Dr. Tom McLellan, Deputy Drug Czar:

“In light of the now substantial literature ... there has been growing acceptance that many to most of the more serious cases of addiction are best considered chronic conditions ... [requiring] sustained outpatient clinical management”*

**Lancet, 2009. 374:1220-1221*



ICAAT International Center for
Advancement of
Addiction Treatment
The Baron Edmond de Rothschild
Chemical Dependency Institute

National Institute on Drug Abuse (2009): drug addiction is a brain disease



<http://www.drugabuse.gov/scienceofaddiction>

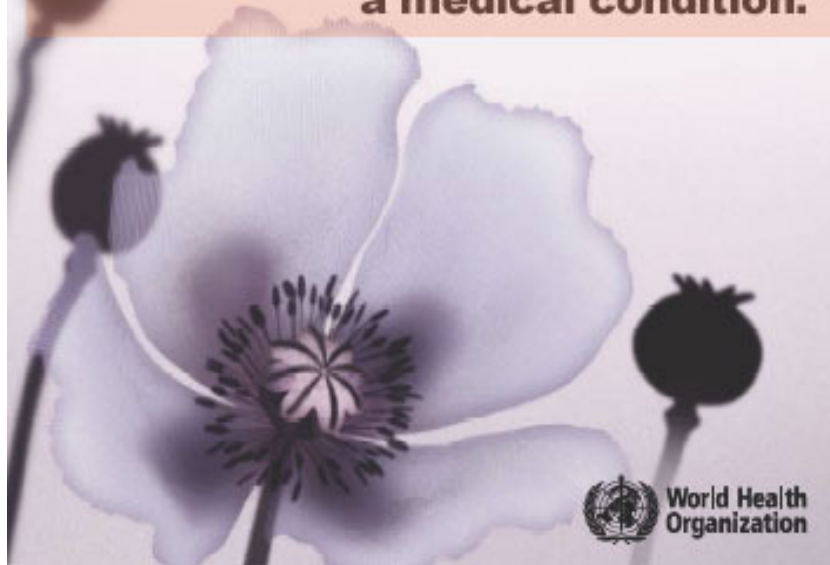


ICAAT International Center for
Advancement of
Addiction Treatment
The Baron Edmond de Rothschild
Chemical Dependency Institute

Guidelines for the Psychosocially
Assisted Pharmacological Treatment
of Opioid Dependence

**"3.7 Historically, opioid dependence
was often seen as a
disorder of willpower...**

**However...it has now
been widely accepted
that opioid dependence
constitutes a brain disorder...
a medical condition."**



2009

WHO 2009 publication available online at:
[http://www.who.int/substance_abuse/
publications/opioid_dependence_guidelines.pdf](http://www.who.int/substance_abuse/publications/opioid_dependence_guidelines.pdf)



ICAAT International Center for
Advancement of
Addiction Treatment
The Baron Edmond de Rothschild
Chemical Dependency Institute

Demanding “cure” - before methadone

USA, 1963, American Medical Association:

“Continued administration of drugs for the maintenance of dependence is not ethical...”

*** *JAMA*, 1967; 202(3):137-140**



ICAAT International Center for
Advancement of
Addiction Treatment
**The Baron Edmond de Rothschild
Chemical Dependency Institute**

Demanding “cure”: plus ça change...

USA, 1974:

“The fundamental myth surrounding methadone maintenance treatment - that we are doing no more than substituting one drug for another – persists.”

** NY Times, April 2 1974, quoting Robert Newman, MD*



Demanding “cure”: plus ça change...

2006, Scotland:

“Methadone programme fails 97% of heroin addicts”

“Drugs experts have branded Scotland’s methadone programme a failure in the wake of a study that shows only 3% of addicts kick the habit.”*

** The Sunday Times Oct. 29, 2006*



Demanding “cure”: plus ça change...

2010, UK:

” Those who go through Britain’s drug-treatment regimen seldom come out drug-free; it has become the norm for heroin addicts to be ‘maintained’ on prescriptions of methadone, a replacement drug that is not much better for the patient’s health. . . “*

** The Economist, April 7, 2010*



Demanding “cure”: plus ça change...

UK, 2010:

“Retoxification” - pre-release methadone for “former addicts ...who have beaten their drug dependency in prison”

* <http://clipmarks.com/clipmark/F02246AA-BD9A-4B6E-B40B-F1F3ADD3A1D7/>



Demanding “cure”: plus ça change...

Scotland, 2010:

“Giving drug users the heroin substitute methadone is being criticised as a waste of money that leaves too many *parked on methadone.*”*

* *The Guardian*, 20 April 2010



Demanding “cure”: plus ça change...

Wisconsin, USA, 2010:

State regulator of methadone clinics: “Patients have to start working on why they became addicted ... The state is considering limits on how long people can be in treatment.”*

* *Wisconsin State Journal*, 1 May 2010



Demanding “cure”: plus ça change...

Pittsburgh, USA (population 2.4 million), Editorial, 2010:

“Pennsylvania’s methadone ‘fix’ merely helps addicts trade their street-drug addiction for a government-drug habit. ... Addicts get ‘parked’ on this highly addictive drug and remain there *for years*” [emphasis in original]*

* *Pittsburgh Tribune-Review*, 3 May 2010



ICAAT International Center for
Advancement of
Addiction Treatment
The Baron Edmond de Rothschild
Chemical Dependency Institute

Demanding “cure”: plus ça change...

Bluefield, W. Va, USA (population 11,000)

Editorial, 2010:

Expresses regret over cancellation of plans for a new drug treatment facility, stating, “It’s important to emphasize that *this isn’t a methadone clinic*”.*

* *Bluefield Daily Telegraph* 11 May 2010



“No cure” = realism, not nihilism

No different from any chronic illness: diabetes, coronary artery disease, alcoholism



I've tried to quit smoking many times.

I'm concerned about my health.

Willpower alone was not enough.

Let's get real.

Smoking is more than a habit it's a nicotine addiction.

That's why it's so hard for me to quit.

You can't seem to stop smoking. We understand. For most people, smoking is a nicotine addiction. But the good news is, medical advances have been made in understanding it. Find out how medicine and behavioral support both may help you quit smoking. Now may be your time to quit for good.

Find out how to quit smoking and about a prescription treatment option.

Go to www.mytimetoquit.com or call 1-866-467-7723.

© 2006 Pfizer Inc. All rights reserved. Printed in USA/November 2006

Nicotine addiction: a relevant analogy



ICAAT International Center for
Advancement of
Addiction Treatment
**The Baron Edmond de Rothschild
Chemical Dependency Institute**



2010

Nicotine addiction
is a disease.

And you can treat it.

ASK all your patients about smoking.

ADVISE them to quit.

REFER them to **1-800-NO-BUTTS**
for **FREE** telephone counseling.

This material was made possible by funds received from the
California Department of Public Health, under contract #05-45834.

Treating nicotine addiction: accepting reality

Evaluation in 2002 of “telephone
counseling” found abstinence
rate of 12% at 6 months and 8%
at 12 months.*

Program continues in 2010.

* **NEJM. 347(14):1087-1093**



ICAAAT International Center for
Advancement of
Addiction Treatment
**The Baron Edmond de Rothschild
Chemical Dependency Institute**

Methadone: limitations acknowledged

1981 (Des Jarlais, Joseph and Dole)

“ Given present treatment methods, significant reductions in drug abuse can be achieved, but a permanent drug-free status does not appear to be a realistic goal for the majority of persons ...”*

**Ann NY Acad Sciences. 1981.362:231-8*



Methadone: efficacy clearly established

1983: National Institute on Drug Abuse

“To argue that methadone maintenance is not effective... is to ignore the results of the best designed research studies and the consensus of varied group of experts”

*DHHS publication #(ADM)83-1281, 1983



ICAAT International Center for
Advancement of
Addiction Treatment
The Baron Edmond de Rothschild
Chemical Dependency Institute

Methadone: efficacy clearly established

2008: World Health Organization

“... substitution therapies such as methadone remain the most promising method of reducing drug dependence.”*

**Bulletin of the World Health Organization 2008. 86(3):164-165*



Methadone: ignoring the evidence

1994 (UK)

“The studies of methadone maintenance show consistent positive results over vastly different cultural contexts and over more than two decades of research ... *[but] methadone maintenance continues to arouse professional and political controversy.*”*

*Farrell M, Ward J *et al.* *BMJ* 1994. 309:997-1001



Methadone: ignoring the evidence

Canada, 1997

“... methadone maintenance has not yet gained acceptance as a normal therapy for a *bona fide* medical condition.”*

* *Can Med Assoc J* 1997. 157(4):395-398



Ignoring the evidence: the criminal justice system

2003 (Indiana) "Advisory" to all probationers:

Henry County Probation Department: "... methadone use/treatment is not approved [and] ... will be cause for a probation violation. You are hereby given thirty days to discontinue the use of methadone."

2009 (California)

"The [Drug] Court orders the Medical Center ... to begin reducing the dosage of methadone the defendant receives..."



Ignoring the evidence: the politician

1999: United States Senator John McCain

“[With methadone maintenance] the federal government trades places with the street dealer, feeding the addiction with taxpayer dollars. This is disgusting and it is immoral.”*

*Sen. McCain, Feb. 11, 1999, floor of US Senate



Ignoring the evidence: the politician

2008: Scotland

“A senior Tory politician stated, ‘We have a very high proportion of the drug-abusing population sitting fat, dumb and happy on methadone.’”

http://news.bbc.co.uk/go/em/fr/-/2/hi/uk_news/scotland/7299452.stm



Ignoring the evidence: the politician

2009: United States

Lawmakers in West Virginia are concerned about “... the length of time that patients continue using methadone...”.*

*Herald-Dispatch, Charleston, W. Va., Sept. 16, 2009



Ignoring the evidence: the politician

Pennsylvania, USA 27 May 2010:

Bill introduced to State Senate "... would cut off funding after one year - with clients showing progress eligible for an additional six months."*

*<http://www.altoonamirror.com/page/content.detail/id/530256.html?nav=742>



Ignoring the evidence, rejecting methadone: defies comprehension

Vincent Dole, 1992:

“With no large-scale alternative available, one wonders about the motives of persons who prefer to have addicts continue to buy heroin on the streets rather than receive medicine prescribed by a physician.”*

* *JAMA*, 1992. 267(16): 2234-2235



Anti-maintenance bias - among patients too

USA, patient survey, 2002 (av. treatment: 7 yrs)*

79% agree “methadone has helped me change my life in a good way”, but . . .

47%: methadone is bad for your health

39%: higher doses “less healthy”

80%: “people should try to get off methadone”

** Bull NY Acad Med 79(4);571-578, 2002*



Anti-maintenance bias - among addicts too

USA, survey of out-of-treatment addicts, 2009*

Methadone is bad for health.....	73%
People should try to get off methadone.....	77%
Being on methadone maintenance means a person isn't abstinent from drugs.....	66%

** Int J Environ Res Pub Health, 2009. 6:787-797*



One barrier to acceptance: *provider attitudes and practices*

1998, US: Get a job- or get out!

The “target”: unemployed methadone patients in treatment >1 year (78% had no evidence drug use)

The “rules”: no employment in 2 months, 10 weeks mandatory “intensive counseling”; then *detoxification*

The result: 25% terminated because still unemployed

The conclusion: “contingencies motivate many to get jobs”*

* *Drug Alc Dep*, 1998, 50:73-80



One barrier to acceptance: *provider attitudes and practices*

1999, UK – National Treatment Guidelines:
optimal *maintenance* dose for most 60-120 mg*

2005, UK - average dose *decreased*
from 59mg 1999 to 45mg 2005**

* <http://www.dh.gov.uk/assetRoot/04/07/81/98/04078198.pdf>

**Dickinson et al. (2006) J Clin Pharm Therap, 31:477-484



One barrier to acceptance: *provider attitudes and practices*

2007: Report of National Treatment Agency (UK)



Of 200 clinics surveyed, 1/3 offered methadone dose increase as “reward for ‘clean’ urines”.*

***National Treatment Agency, April 2007, page 4**



One barrier to acceptance: misinterpreting *research*

May 28, 2010, UK:

Headline (Associated Press):

“Study: heroin better than methadone *to kick habit*”



The good news: the press *can* get it right!

“Heroin therapy call for ‘chronic addicts’”

BBC: 28 May 2010*

“Injectable ‘medical’ grade heroin should be offered under supervision to the most hardened addicts, say UK researchers.”

*<http://news.bbc.co.uk/2/hi/10175671.stm>



The other challenge: persistent “waiting lists”

Seattle (USA), 2003

“Currently there are 739 people on the waiting list for methadone treatment. Health officials estimate most will languish there for between 18 months and two years.”*

* *Seattle Post-Intelligencer* 17 Mar 03

http://www.seattlepi.com/local/112813_methadone17.shtml



The other challenge: persistent “waiting lists”

Ireland, 2009 and 2010:

2009: “Heroin addicts are waiting 2 years on average to get methadone treatment ...”*

2010: “Addicts are waiting two years to access a methadone maintenance programme. ... *Health Service Executive “acknowledges that there are challenges with respect to waiting time”***

* *The Irish Times*, July 10, 2009

**<http://www.munster-express.ie>, 8 May 2010



The other challenge: persistent “waiting lists”

Wisconsin (USA), 2010:

State methadone clinic regulator: "...because of the increase in patients the state is considering *limits on how long people can be in treatment.*"*

**Wisconsin State Journal, May 1, 2010*



The bottom line – 90 years ago

1920: Dr. Ernest Bishop:

“Same criteria apply to addiction as to all other diseases.”*

* *The Narcotic Drug Problem*. Macmillan, NY, 1920



The bottom line – still!

2007: Executive Director, UNODC

"If we see addicts as people affected by illness, the way we do with cancer or diabetes or tuberculosis, if we bring drug addiction into the mainstream of health care in major countries, then we would make real progress in curbing consumption."*

*Antonio Maria Costa, quoted in *NY Times*, 26 June 2007



Possible explanations for rejection

Few advocates for change

- *Drug-free providers* vilify medication-based treatment
- *Medication-based programs* reject a role for generalists
- *Public*: doesn't care - just wants addicts *gone* - especially from my neighborhood!



The challenge for *providers*

We must view the disease we treat - addiction - like any other chronic medical condition

We must view our drug dependent patients like any other chronically ill patient

We must treat addiction the way our colleagues treat all other chronic medical illness



The challenge for *providers*

Ambros Uchtenhagen, June, 2008:

“Criteria of good practice do not just apply to the care of the individual - as important as that is; good practice must also aim at ensuring care is available to all who need it.”



The challenge for *providers*

We must focus on and advocate ***not only for our patients***, but the many who need care but can not get it

If not us, who?
If not now, when?



70 thousand kilometers of advocacy for substitution treatment in Russia



Refusing to accept the evidence: a greater barrier to getting off the ground than volcanic ash from Iceland!

Slide of Prof. Vladimir Mendeleovich, Sept., 2006



ICAAT International Center for
Advancement of
Addiction Treatment
The Baron Edmond de Rothschild
Chemical Dependency Institute