

Methadone Today

The official newsletter of DON'T--BY PATIENTS, FOR PATIENTS

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The Zillion Dollar Misunderstanding

by Anne Lombardo Ardolino, [reply to an editorial in the New York Post.]

Approximately two, maybe three years ago, you printed a letter from a Mr. Gerald Mac Oscar entitled "The Addiction Excuse," an essay on the "wickedness of addictions," and which included his opinions regarding what he felt was one very unfortunate remark made by Darryl Strawberry's good friend and teammate, Dwight Gooden, that being, "[o]nce you're an addict, you're an addict for life." Mr. Mac Oscar took serious umbrage with the remark, stating, "I almost cried when I read this," his reaction apparently NOT because of the devastating validity of the claim, but because he was in furious disagreement. He inferred that the taking of drugs is always the result of a "lack of character," and simply a matter of "making the wrong choices at midnight in the garden of good and evil."

As someone who has struggled unsuccessfully with drug addiction for over forty years, I DID cry when I read these condemning words. I also feel I have the right to inquire--what qualifies Mr. Mac Oscar (as a Pennsylvania lawyer and not a pain specialist or scientist of brain chemistry) to pass this severely harsh and absolute judgement on Darryl Strawberry or anyone like him?

My intentions are not to be disrespectful or confrontational; I am as sincere as a country church supper when I say that it amazes me as to how naive and consequently merciless people can be when it comes to the subject of addiction. And although I can already hear the voices raised in collective protest, I believe this is true and I AM going to say it and that is, "unless you're an addict, you can't even begin to understand the sad reality of Mr. Gooden's statement.

Just like I cannot comprehend what bizarre and savage sensations compel an individual suffering from Tourettes Syndrome to spasm uncontrollably and bark and growl and utter profanities at the most awkward of moments, neither do I believe that a "normal" person can understand the unrelenting and insidious discomfort that drives someone like myself to narcotics.

There are scientific explanations for the following I am sure, but not being a scientist, I'll have to beg for your patience as I am forced to make do with my own inadequate vocabulary. I compare the problem of addiction to the fairy tale Pandora's box (e.g., once you open it, you can never close it again). I believe that once an addict has developed a physical addiction, their brain's already defective chemical system becomes even more and forever disrupted and never fully returns to home base--not ever; it can't you see, because for one thing, it won't ever be possible for this individual to completely eradicate the physical and emotional memory of what it was like to feel reasonably comfortable for maybe the first time in their entire, miserable, "endorphin anemic" life.

While slapping themselves in the heads with exasperation, people ask the addict over and over: "why, why, why? You know it's destroying your life, yet still you do it. WHY DO YOU? WHY DO YOU TAKE DRUGS?" And the addict tries to explain, usually replying, "because without drugs, I feel bad." People conclude, "well, that's no excuse; I feel very bad on plenty of occasions, but I can't go running to drugs every time I get a little depressed." And there it is--what I call the "Zillion Dollar Misunderstanding." It's not "feeling bad" in the normal sense which drives an addict to drugs--it is the result of their malfunctioning brain sending out the incorrect chemical messages to the rest of their body resulting in a constant sensation of discomfort, and they can only take so much before they've just got to have some relief.

Unfortunately, most addicts don't know how to articulate this. They don't know how to tell you that they have all the regular depressions and (p 3).

Methadone & Women

[The follow is reprinted from the handbook, "About Methadone," published by The Lindesmith Center-Drug Policy Foundation.]

Is it true that women sometimes stop getting their periods when they begin taking methadone?

Yes, but there are also many other reasons why women's periods become irregular or stop:

- Pregnancy
- Stress
- Poor diet
- Weight gain and loss
- Menopause
- Other medical problems
- Other medications

Remember:

- You can still get pregnant even if you don't get your period.
- You can conceive and have normal pregnancies and normal deliveries while you are receiving methadone.

You may have heard that you should not take methadone when pregnant. This is not true.

- Methadone is not harmful to the developing fetus--but detoxing is.
- Methadone is the treatment of choice for heroin and opiate dependency during pregnancy.
- The effects of methadone on pregnancy have been widely studied.
- Methadone has been used successfully during pregnancy.
- When properly prescribed for pregnant women, methadone provides a non-stressful environment in which the fetus can develop.
- Taking methadone during pregnancy may prevent miscarriage, fetal distress, and premature labor. (p. 2)

Dear Methadone Today,

I just got some very surprising news at my clinic in Massachusetts! Actually it was a very good surprising bit of news to the "New Direction" our clinic may be taking starting in late March/early May! We may be getting EXTENDED TAKEHOMES for 13 days to possibly, just possibly, 27 Days! I have been on this clinic for about six years, and I also have been on the LAST PHASE, "Phase D", which means having to go to the place that dispenses methadone two times a week, for the past 2 ½ years!

This is a big methadone maintenance company, which has the MOST LOCATIONS out of ANY OTHER in the state. They have switched over recently to the "oral swab test", which detects any opiates and other drugs for up to a month at a time. And by getting that privilege, it may give many of the maintenance patients that have worked hard on their "clean time" a lot more days away from the clinic!



I do not really know "how" or "what level/step" they are going to put certain patients with over two, three or even over five years of clean time such as myself? But it would be WITHOUT A DOUBT "The Prayer" that I have been asking for EVERYDAY to be answered. It would give me even more time to move up the company ladder!

Thanks to EVERYONE at ARM for ALL THEIR HARD WORK that "we methadone maintenance people" feed off of every time we go on their website! -Stefvano

Dear Stefvano,

We are glad to hear that you and other patients at your clinic may get extended take-homes. We hope and expect that more patients will be receiving extended take-homes as many states modify their laws to coincide with the new federal regulations and treatment providers decide how to institute extended take-homes. ARM and other advocacy groups' achievements demonstrate that we can make a difference.

Methadone & Women (from p. 1).

- ▶ Decreasing the dose of methadone during the first trimester increases the risk of miscarriage.
- ▶ During pregnancy, your dose should be sufficient to avoid cravings, avoid street drugs, and prevent withdrawal.

If you are pregnant, be sure to talk with your doctor, because:

- ▶ When you're pregnant, your body metabolism changes, so you may need to adjust your dosage. You may need to increase your dose of methadone, or split your dose and take smaller amounts two or three times a day.

You may have heard that your baby will be born addicted to methadone or will suffer other side effects, but here are the facts:

- ▶ Methadone dose not cause fetal abnormalities. No harmful effects to a fetus have been found in the study of methadone's effect on pregnancy.
- ▶ Premature birth and low birth weight can be associated with cigarette smoking and/or poor nutrition and are not attributed to methadone.
- ▶ Babies born to mothers dependent on methadone will have methadone in their systems, but studies show that the children can be weaned successfully and safely with no adverse effects.

You may have heard that you shouldn't breast-feed your baby if you are taking methadone, but here are the facts:

- ▶ Breast-feeding is now considered safe for the babies of women who are taking methadone, but not safe for women who are HIV+.
- ▶ Small amounts of methadone in breast milk can pass to the baby.
- ▶ Methadone levels in breast milk are very low.

Serum Levels Active & Inactive Methadone

by **Marc Shinderman, M.D.**
Center for Addictive Problems (CAP)
Chicago, Illinois

People are always asking me about serum levels. Usually they tell you something useful, but not always.

American methadone is a 50/50 mixture of active and inactive forms. Swiss sometimes use the pure form that has only active methadone, as well as the mixed (racemic) product used for maintenance in the U.S.

These are called different names in different languages but are named for the right-handed or left-handed nature of the way the molecule transmits light. What is important is that only one of these methadone forms is

biologically active.

Our traditional serum level lab tests are based on adding the total methadone, both right- and left-handed. Combined values, which equal 450 ng/ml or greater, are cited as being the minimum necessary for good treatment and abolishing cravings.

The problem is that some patients metabolize methadone in a way that allows the 50/50 ratio of inactive/active methadone to vary widely. Some patients can have far too little of active methadone ("R" methadone) but still have serum levels in the normal range.

Others can be comfortable with low serum methadone test results because they have larger than average "R" methadone fractions in their system. In patients whose active/inactive (R/S) methadone ratio is less than .67 (=40 percent active methadone), Swiss clinicians (JJD) have observed signs and symptoms of withdrawal and emergence of craving although their total methadone serum level would appear to be adequate.

In the U.S., we need to medicate patients based on clinical signs and symptoms more than on serum levels. Tests which measure the two isomers are now expensive, and our literature does not yet reflect broad clinical experience with their use. Pure "active" methadone, which is usually dosed at fifty percent of the dose of our methadone, is unavailable here (and costly, if it were).

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Conclusion:

Although of small amplitude (16%), this decrease confirms previously described adaptive changes in methadone pharmacokinetics during racemic methadone maintenance treatment and may necessitate a dose adjustment in some patients.

Methadone Today would like to thank our Medical Advisory Board for their participation.

Our Medical Advisory Board includes:

Dr. Vincent Dole, Rockefeller University;
Dr. Marc Shinderman, Director/Owner of
Center for Addictive Problems in Chicago;
Dr. Andrew Byrne from New South Wales,
Australia, who has written two books
about methadone and addiction;
Dr. Brian McCarroll, Director/Owner of
Bio-Med in Clinton Township, MI;
Dr. Charles Schuster, Director of the
University Psychiatric Center in Detroit, MI
and former head of NIDA; and his associate
Dr. John Hopper, Medical Director of UPC.

Zillion Dollar Misunderstanding (from p. 1).

sadness and anxieties to contend with as everyone else—but in addition, they have a low pain tolerance to deal with, an inability to deal with pain which is due to a lack of endorphins, (the natural substance that everyone's body is supposed to make at least some of). Apparently these endorphins act very much the same as opioids, without all the horrible side effects, and the scientists who discovered them say that they are several hundred times more potent than any narcotic. I don't know what's so difficult to figure out; people are born with all sorts of shortcomings and disabilities—why isn't it understandable that this is just one more human frailty, an inadequacy—a defect; addicts don't have enough natural painkiller and as a result, they feel terrible in a way that other people don't. Simple.

I truly believe that those of us with substance abuse problems were either born with or early acquired this physical defect, this "anemia." I do not believe that it came about as a result of making bad decisions or by "hanging out with the wrong crowd." When you're an addict, you ARE the "wrong crowd."

I can promise you with my hand on the *Bible* and from the bottom of my heart, I did not accept my sentence of addiction lying down. I fought hard, did everything I knew and then some trying to find a way to learn how to live drug-free. I went to rehab after rehab, subjected myself to program after program.

I voluntarily spent six months at "Daytop Village" in Staten Island, "learning how to grow up" was what they called it. I attended endless group therapies where people screamed at each other for hours without stop. I lived in a regimented environment, an atmosphere much like your regular old boot camps, where I was forced to do endless and mindless chores, especially as punishment against any infraction of the rules, punishments which included scrubbing toilets with toothbrushes while being forced to wear funny signs that proclaimed a variety of things, most of them containing the phrase, "I am an ass-hole", to humiliate basically, knock you down a peg or two—the penalty for anything from splitting and then coming back begging re-admittance, to "being negative" and allowing yourself to daydream about your old drug days. It was extreme, yes, but I had an extreme disease, and I was willing to try anything.

Next I went to Synanon for two-and-a-half years of more of the same, except an even more psychologically strenuous and sophisticated program, (Synanon, the grand-daddy of all rehabs). When that didn't work either, I still kept trying—I tried everything I heard of, from spending three thousand dollars on a useless Ibogaine treatment to attempting a "Native American Vision Quest," where I stood on one leg facing the East until I grew exhausted and fell over, unable to complete the three-day exercise.

I've done it all—went the route from organic, macrobiotic, all raw vegetarian diets and high colonic enemas to spending tons of money on psychiatrists, (self-appointed "experts" who knew less about addiction than I did)—from going to hospitals where I was attended to like a "sick person," to being thrown in jail and treated like a criminal of the worst ilk, beaten and left to vomit and convulse on the cold cement floor. I've been to NA

and AA where I "surrendered to a higher power." I've been to church where I "died to the flesh and was born again." I have "stood on my own two feet" and taken control of my life. I have "let go and let God." You name it; I tried it and gave it my all.

And guess what? I'm still a drug addict. I am fifty-seven years old and whether or not I act on this reality changes nothing—I am still and always will be physiologically predisposed to substance abuse and narcotics addiction—all due to some sort of hideous and incurable chemical disorder in my brain that is probably genetic and was probably passed on to me in my DNA.

Let me use the following analogy to try and prove to you with simple logic why I believe that addiction has nothing to do with a lack of will power or poor character.

I do not drink alcohol. For as long as I can remember, I've hated the taste, the smell, and most of all, I abhor the way it makes me feel. It is unpleasant and sickening to me; consequently, I have never had any desire to drink. In my case, where alcohol is concerned, there is no temptation, and even stark, cold reality, hard as it might be to bear, is preferable to that state commonly referred to as "being intoxicated." I'd rather die than have to be drunk all the time.

I don't believe for a second that this is any indication of my having made the right decisions in life; I just don't like to drink and so I don't. I couldn't tell you why if my life depended on it. It's simply that way. Do I deserve some sort of reward or credit for this? Was it really a mark of my courage that I decided not to drink (since it made me feel so terrible)? I don't think so.

Now, to get back to Dwight Gooden's remark. If I may be so bold and assuming, here is what I believe he may have been trying to say. "Sooner or later an addict will goof up, even if only once in a while and/or a teeny bit." And when and if this happens, I don't think it's fair for people to react so severely. After all, when someone like Rosie O'Donnell falls off the wagon and eats a couple of extra Twinkies or inhales a gallon of ice cream, no one arrests her or plasters her name all over the front pages of every newspaper in the country. She does not have to go to court and allow some judge, who may not be good enough to lick her boots, to admonish her in public, speak down to and lecture her and threaten to ruin her career or fine her 'til she's broke and her life is in shambles.

No one does this to a drunk when he falls off the wagon and takes a drink. Oh sure, there may be consequences. He may have to go to rehab; they may throw him in a hospital for a few months; his boss may fire him from his job; his wife may leave him, and his family may turn their backs on him, but he doesn't have to go to prison and be run through the gauntlet of the criminal justice system right along with the serial killers and child molesters and thieves and bank robbers. Not unless he was drinking and driving perhaps or worse yet, got into some sort of an accident and killed someone while under the effects of liquor is there ever a prison sentence involved.

I'm not going to try and tell you that a tendency towards addiction is an excuse to let it all hang out. Of course everyone should always fight to rise above their circumstances and weaknesses.

I have a friend who loves to pat himself on the back and take credit for the fact that he's fit

and trim, even though it appears to me that it has required little effort on his part to manage this, I mean, he doesn't diet or work out or make any special efforts to maintain his condition— it just seems to be his good fortune that he's "built that way."

But oh God, you should hear him crow—insisting that "being fat is only the result of weakness, nothing but a matter of a lack of simple, everyday will power." He says this often—his "proof" and I quote, "They don't have fat people in concentration camps." To his limited scope, there's the whole thing in a nutshell—that people only get fat when there's too much food available. He grew quite annoyed with me when I mentioned that I felt he was missing the entire point, that being that it wasn't just a matter of who stuffed too much food down their gullet when given the opportunity; it was, who suffered more in between meals? Whose mind would give them no rest when they were feeling hungry? Whose tummy ached the most when it was empty and which of them would be the first to cheat to get an extra morsel of food? Which of them laid awake at night with their mouths watering?

In a situation like that, I'd be the one with all the character and ability to control myself. I don't really care about food too much, never have; in fact, I consider it a bother and wish I didn't have to worry about eating. So—is this a mark of my good character? I don't think so.

I myself am currently not using heroin or cocaine or street drugs or pills, etc. For over seven years I have been successfully making do with a small daily dose of methadone, and although most folks might not be impressed, I am overjoyed with my limited success; it was more than I ever hoped for.

As for Darryl Strawberry? Okay, maybe he's not fit to be playing sports anymore. And no, he can't be a good role model for young kids anymore. But my goodness, he's been though an awful lot lately, and maybe he deserves to be excused for his recent misbehavior. Just think of all he's going through—his beloved career is done and over; he has colon cancer, and this is the second bout with this dread disease; he's lost a kidney, and last but not least, he's having to deal with the serious fears and depression related to chemotherapy treatments while away from his family and friends and loved ones and familiar surroundings, plus he's fighting this addiction—and on top of everything else, he's having to do it all under enough stress and duress to drive anyone over the edge, since, as a public figure, he is held up to the highest and most unreasonable scrutiny.

One last thought—I wonder if those cops who busted Darryl that night with the tiniest little amount of cocaine in his wallet went out later to celebrate the gold star they received from their Sergeant for "doing such a good job." Wonder if they stopped off at the local bar after work to share a beer?

It must be nice to live in a country where your poison is legal, available, and reasonably priced.

Anne is staff writer and in-house poet of eastvillagepoetry.com

Dear Methadone Today,

Thank you for all the great work you do on our behalf. My wife and I have been methadone maintenance patients for 15 years. This past year, the clinic (on their own initiative--we didn't even ask) increased our take homes from once a week to twice a month. I have absolutely no doubt that you deserve a great deal of the credit for the changes we are beginning to see.

Obviously we have a long way to go, but just as obviously we're on the right track. I'm looking forward to the day when my family doctor will be willing and able to prescribe our methadone the same way he prescribes my blood pressure meds now. Changing attitudes takes time, but clearly attitudes are changing.

The family doctor I mentioned above has asked me repeatedly over the years, "When are you gonna get off that stuff?" However, he recently referred me to a specialist for an unrelated problem. During the initial consultation, I mentioned to this new doctor that I've been on methadone maintenance for 15 years. He shook my hand and congratulated me on "**my accomplishment**." These examples of changing attitudes have convinced me that things can improve.

We're paying over \$500 per month for health insurance. I was unable to get a "normal" policy. After being "honest" with State Farm and several other providers about our methadone treatment, I was told that we should reapply after we'd detoxed and remained "clean" for seven years. Eventually I found a group policy sponsored by the state for people who were otherwise "uninsurable." In order to qualify for this policy, I had to provide letters from three insurance companies refusing coverage.

So, I finally found health insurance; however, even for \$500 per month (\$90,000 over the past 15 years), they still refuse to pay anything toward methadone treatment. One of the reasons for the denial of methadone therapy-related claims has always been the fact that the clinic is not accredited. Now it looks like that is about to change too [as the new federal regulations require methadone maintenance treatment providers to be accredited]. If you keep this up, pretty soon we're gonna be just like everybody else! Thank You. --B.F. (Florida)

Dear B.F.,

We definitely empathize with the problems you are having getting health insurance. In our experience, most employer-provided health insurance covers individuals regardless of health status*; however, for a large number of people who must purchase health insurance on an individual basis, having certain medical conditions and/or receiving certain medical treatments means having to pay high premiums for insurance. The ultimate insult—as you mentioned—is that most of these insurance policies are not

going to pay for the patient's methadone treatment anyway. Many insurance companies will include a clause exempting "pre-existing conditions" from coverage, preventing the patient already on methadone treatment prior to purchasing the policy from getting any coverage for this treatment. Some individual insurance policies do not cover substance abuse treatment at all, and others will only cover some addiction treatments, in which case methadone maintenance is probably not covered.

A methadone patient recently informed us of his experience obtaining health insurance. Although he did find an insurance company (BCBS) which provides individual policies at set rates without reference to health status and without exempting coverage for pre-existing conditions*, the premiums were significantly higher than for equivalent policies from insurance companies which did ask health questions. In addition, unlike many other insurance companies, they did not include prescription drug coverage. Instead of paying more for a policy that did not include prescription drug benefits, to obtain the insurance, he decided to lie/withhold information about being an opiate addict on methadone treatment. The insurance policy did not cover substance abuse treatment, so he figured he would never have made a claim for methadone treatment anyway. Besides the fact that many people feel uncomfortable lying, there is the possibility—though unlikely—that the insurance company somehow finds out that he withheld information, which would be considered fraud. [*Blue Cross Blue Shield of Michigan (BCBSM) is required per state regulations to provide individual health insurance to all comers and offer the same premiums regardless of age or health.]

Health insurance is an issue that advocates need to address. In a past issue of **Methadone Today**, we reported that a substance abuse parity bill was introduced in the U.S. Congress, but it was not passed. If substance abuse parity legislation cannot be passed, we would at least like to see legislation which prohibits insurance policies from exempting "pre-existing conditions" from coverage and ends discrimination [in the form of higher insurance premiums] against those with certain medical conditions.

Methadone Today welcomes and needs readers to contribute articles, stories and letters—PLEASE.

We want to hear from you--your story and perspective is important to us, and you don't need to be a great writer or grammar expert to contribute. Thanks to all those who have contributed in the past.

Beth Francisco, Senior Editor
Aaron Rolnick, Managing Editor
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P.O. Box 164
Davison, MI 48423-0164
<http://www.methadonetoday.org>
E-mail: bethfrancisco@netzero.net

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