

# Methadone Today

The official newsletter of DONT November 2001 Volume VI Number IX

## AMTA Conference 2001

Patient Advocates Receive AMTA Awards.  
Dr. Marc Shinderman Receives Award from  
Advocacy Coalition.

by Nancy Rose

The American Methadone Treatment Association (AMTA) held their most recent national conference in St. Louis, Missouri, October 7-10, 2001. It was held in the Millennium Hotel near St. Louis' famous "Arch". AMTA, formed in 1984, is a group of methadone treatment providers who joined together to support the value of methadone maintenance treatment, to increase the availability of treatment services to people in need of care, and to keep abreast of any changes in the field. AMTA works with the federal agencies and state substance abuse authorities concerning methadone policy. AMTA also holds a national methadone conference every 18 months, in a different city each time. At an AMTA conference, staff from methadone clinics around the country and from other countries come together to focus on the most effective clinical practices, to review current research breakthroughs, and to discuss news regarding regulatory requirements and policy changes. Patients and patient



Photo by Nancy Rose

Dr. Marc Shinderman receives the Illumination Award from The Advocacy Coalition (TAC)\*, presented to him by Joycelyn Woods, long-time President of the National Alliance of Methadone Advocates (NAMA). Dr. Shinderman is the owner and medical director of the Center for Addictive Problems (CAP) in Chicago, CAP Downers Grove in Downers Grove, Illinois, and CAP Quality Care in Westbrook, Maine. He began treating opiate-addicted persons in 1976. Dr. Shinderman has done much research and studies on optimal dosing in methadone treatment and is recognized as one of the foremost authorities on methadone maintenance treatment (MMT). Dr. Shinderman cares deeply for all methadone patients and is recognized by methadone patient advocates as one of the best physicians in the field!



Photo by Nancy Rose

Carmen Pearman-Arl was presented with a "Marie" award. Ms. Pearman-Arl, a former patient, has contributed to the methadone treatment field by serving as a program director and counselor. In the early 1970s, she was a substance abuse counselor in Indiana. Following years of education and raising a family, Ms. Pearman-Arl returned to the substance abuse field, organizing a patient advocacy group, the MAG of Indiana. She also served as a member of the State of Indiana Chemical Addictions Advisory Board and frequently meets with legislators about methadone treatment. She also served as a member of the Governor's Commission on a Drug-Free Indiana.

advocates have always been welcome to attend, and more attend each succeeding conference. In fact, the Center for Substance Abuse Treatment (CSAT) paid for over 40 patient advocates to fly in from around the United States to attend the conference, covering their conference fees, travel, hotel, and meals. Patients/patient advocates came from many states: California, Georgia, Massachusetts, Michigan, New York, New Jersey, North Carolina, Oklahoma, Pennsylvania, Tennessee, Texas, Vermont, Washington DC, and more!

An "awards banquet" is held at each AMTA conference, and AMTA has always given out several Nyswander/Dole--or "Marie"--awards to various professionals for their contributions to the field of methadone maintenance treatment. "Marie" awards are named after the late Dr. Marie Nyswander who, along with Dr. Vincent Dole, started methadone treatment in the United States back in the 1960s.

This conference marked the first time that AMTA honored methadone patient advocates, (cont. P.3)



Photo by Nancy Rose

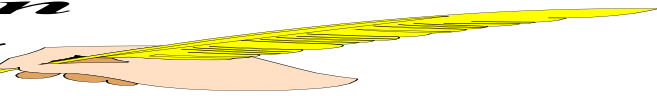
Joycelyn Woods, president of the National Alliance of Methadone Advocates (NAMA), was presented with the "Richard Lane Methadone Advocacy Award" by AMTA, for her extraordinary efforts in organizing the worldwide and state affiliates within NAMA. Ms. Woods has also been instrumental in establishing the Pain Management and Chemical Dependence Conferences and has organized more than thirty symposia on chemical dependence and related social issues. Ms. Woods completed her undergraduate degree Cum Laude and her graduate degree in neuropsychology. She has worked as a laboratory scientist at the Rockefeller University. Federal agencies, in addition to provider and patient advocacy groups, have recognized her outstanding organizing abilities and knowledge in the field of addiction services. Ms. Woods is one of the foremost methadone patient advocates in the United States.



Photo by Nancy Rose

Diane Fleury-Seaman, presented with a "Marie" award, has been a methadone patient, a counselor working in a methadone program, and a forceful patient advocate. After successfully engaging in methadone treatment, Ms. Fleury-Seaman became certified as an addiction counselor, founded California's first patient advocacy group, "Methadone As a Legitimate Treatment Alternative" (MALTA), and published a patient newsletter, called "MALTA Messenger". In spite of continuing health problems, she has participated in various California task-forces as a patient advocate, has done a considerable amount of physician education at the UC Davis School of Medicine, and presented at various conferences, focusing on treatment accessibility and stigma.

## Column From the Doctor



**Dear Doctor,**

Can a methadone patient's organs be used for transplantation? In other words, is there anything about methadone maintenance that would cause a problem with using the organs of a methadone patient?

**Dear Perspective Donor,**

There is nothing [regarding methadone maintenance treatment] that would prevent donation of organs. HIV and HCV [Hepatitis C] are issues (organs taken from an individual who has/had HIV or HCV may not be useable in transplantation), but that is not an issue of methadone maintenance treatment per se.

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

**Editor's Note:** It is possible that discrimination exists regarding the use of a methadone patient's organs, though we have not heard of any such cases. This is not an issue that comes up much, since the perspective organ donor is often deceased.

Many methadone maintenance patients have other health issues that may make use of at least certain organs problematic. As Dr. Shinderman mentioned, HIV and HCV are certainly relevant issues--and some experts estimate that 90% of methadone maintenance patients have hepatitis C. In addition, abuse of certain drugs, including cocaine, tobacco, and alcohol, can damage various organs. But being a methadone patient should not disqualify one from being an organ donor, especially considering the shortage of available organs for transplantation.

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### 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.**

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## Methadone Myths & Facts

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

- **Myth:** Methadone gets into your bones and weakens them.
- **Fact:** Methadone does not "get into the bones" or in any other way cause harm to the skeletal system. Although some methadone patients report having aches in their arms and legs, the discomfort is probably a mild withdrawal symptom and may be eased by adjusting the dose of methadone.
 

Also, some substances can cause more rapid metabolism of methadone. If you are taking another substance that is affecting the metabolism of your methadone, your doctor may need to adjust your methadone dose.
- **Myth:** It's harder to kick methadone than it is to kick a dope habit.
- **Fact:** Stopping methadone use is different from kicking a heroin habit. Some people find it harder because the withdrawal lasts longer. Others say that although it lasts longer, it is milder than heroin withdrawal.
- **Myth:** Taking methadone damages your body.
- **Fact:** People have been taking methadone for more than 30 years, and there has been no evidence that long-term use causes any physical damage. Some people do suffer some side effects from methadone--such as constipation, increased sweating, and dry mouth--but these usually go away over time or with dose adjustments. Other effects, such as menstrual abnormalities and decreased sexual desire, have been reported by some patients but have not been clearly linked to methadone use.
- **Myth:** Methadone is worse for your body than heroin.
- **Fact:** Methadone is not worse for your body than heroin. Both heroin and methadone are non-toxic, yet both can be dangerous if taken in excess--but this is true of everything, from aspirin to food. Methadone is safer than street heroin because it is a legally prescribed medication and it is taken orally. Unregulated street drugs often contain many harmful additives that are used to "cut" the drug.
- **Myth:** Methadone harms your liver.
- **Fact:** The liver metabolizes (breaks down and processes) methadone, but methadone does not "harm" the liver. Methadone is actually much easier for the liver to metabolize than many other types of medications. People with hepatitis or with severe liver disease can take methadone safely.
- **Myth:** Methadone is harmful to your immune system.
- **Fact:** Methadone does not damage the immune system. In fact, several studies suggest that HIV-positive patients who are taking methadone are healthier and live longer than those drug users who are not on methadone.
- **Myth:** Methadone causes people to use cocaine.
- **Fact:** Methadone does not cause people to use cocaine. Many people who use cocaine started taking it before they started methadone maintenance treatment--and many stop using cocaine while they are on maintenance. **(Cont. p. 3)**

**AMTA Conference 2001 (from p. 1)**

by giving out "Marie" awards to two long-time advocates, Carmen Pearman-Arlt and Diane Fleury-Seaman. A special "Richard Lane Methadone Advocacy Award" was presented to a third advocate, Joycelyn Woods, who was the vice-president of the National Alliance of Methadone Advocates (NAMA) for over a decade; she is now president.

Also, for the first time ever, the advocates (The Advocacy Coalition, or TAC\*) gave out an award of their own, called the "Illumination Award". Joycelyn Woods presented the award on behalf of TAC to Dr. Marc Shinderman, who owns two methadone clinics in Illinois and one in Maine, for his continued contributions to improving the experience and outcome of methadone treatment for patients. Dr. Shinderman is on the Medical Advisory Board of the *Methadone Today* newsletter. I believe all of us advocates agree that Dr. Shinderman has done so much for methadone patients everywhere, particularly in the area of "proper dosing."

\*The Advocacy Coalition (TAC) is something new; TAC consists of the two national methadone patient advocacy groups, Advocates for Recovery through Medicine (ARM) and the National Alliance of Methadone Advocates (NAMA), along with Addiction Treatment Watchdog, Advocates For the Integration of Recovery and Methadone (AFIRM), and the Virginia Alliance of Methadone Advocates (VAMA).

The AMTA Conference takes place over several days and includes workshops, several "plenary" sessions, "hot-topic roundtable" discussions, "poster" sessions, and, of course, the Awards Banquet. The main theme of this year's conference was "Opioid Treatment in the 21st Century: Implementing the Vision". The new role of CSAT, new regulations, accreditation requirements, scientific research and AMTA's "Five-Year Plan" all helped to shape this year's conference. AMTA is working on increasing patient access to treatment, including in the **criminal justice system**. Patient advocates have been trying for years to get methadone treatment in jails and prisons.

Policymakers from every level of government, including federal, state, and the White House, were in attendance. In fact, State Methadone Authorities (SMAs) and federal officials from CSAT and other agencies met in a closed meeting to discuss the new regulations, Office-Based Opioid Treatment (OBOT), and new treatment medications, among other topics. AMTA's goals for this year's conference included: To identify and provide new information of critical importance to the field of methadone treatment, to examine the implications of new information for clinicians, administrators, policymakers, and patients, and to demonstrate techniques for improving clinical and program administration.

There were over 40 workshops, with several going on in any given time slot. This was the second AMTA conference where **patient advocates** presented a few of the workshops. The advocates' workshops included: "Empowering Treatment Communities Through Education" and "Patients' Perspectives on the Past, Present, and the Future".

Some of the other workshops included: "What do Opioid Treatment Programs Need to Know about the New Federal Regulations?", "Clinical Guidelines for Buprenorphine in Office-Based Treatment", "Medical Maintenance", "Preparing for Community Pharmacy Dispensing of Methadone", "Heroin Dependence and the Courts", "Women: Special Needs", "Converting Repetitive Detox into Successful MMT", "Clinical Results of High Dosages of Methadone", "Reduction of Tobacco Smoking Among Heroin Users after Stabilization on Methadone", just to name a few. Some of the "hot-topic roundtable" discussions included: "Acupuncture in a Methadone Setting", "Methadone and Menopause: The Aging Population of Women in Treatment", "Combating Stigma", and "Administrative Detox: Necessary Use or Abuse?" and many more.

I found the conference to be extremely interesting, and I loved meeting in person the many patient advocates that I had already "met" online on the computer over the past couple of years. A bunch of us advocates got together several times during the conference to have lunch together, to have impromptu meetings among ourselves, and some even went out in the evenings to see some of the St. Louis sights (I was too exhausted to go anywhere by evening). It was great!

Many things that patient advocates have been "fighting" for years now finally seem to be happening or about to happen. There are more and more clinics who support patient advocacy and believe in patient-oriented treatment. There are clinics in quite a few states that are now allowing their long-term, stable patients 30-day takehomes (the patient comes to the clinic only once a month). The professionals are seriously talking about implementing methadone treatment in prisons and jails. Office-based opioid treatment, or "OBOT" (long-term, stable patients can leave the clinic and go to a regular doctor's office for their methadone treatment, thereby opening new slots in the clinics for the newer patients coming into treatment and hopefully eliminating "waiting lists"), is becoming a reality. Hopefully, the new accreditation guidelines will "force" some of the clinics that are behind-the-times (to put it nicely) to offer improved, patient-oriented treatment: no more "dose caps", no more observed urine testing across the board, proper dosing for every patient, humane withdrawals if a clinic is forced to do an "administrative-feetox", etc.

All of us patients and patient advocates are proud of our three long-time advocates who

were honored by AMTA with these awards. All of the patient advocacy groups--ARM, NAMA, VAMA, AFIRM, and Watchdog of The Advocacy Coalition, along with MALTA, DON'T, MAG of Indiana, and all the other state and local advocacy groups--continue to strive to work together for the good of all methadone patients.

**Myths & Facts (from p. 2)**

► **Myth:** The lower the dose of methadone, the better.

► **Fact:** Low doses will reduce withdrawal symptoms, but higher doses are needed to block the effect of heroin and--most important--to cut the craving for heroin. Most patients will need between 60 and 120 milligrams of methadone a day to stop using heroin. A few patients, however, will feel well with 5 to 10 milligrams; others will need hundreds of milligrams a day in order to feel comfortable. Ideally, patients should decide on their dose with the help of their physician and without outside interference or limits.

► **Myth:** Methadone causes drowsiness and sedation.

► **Fact:** All people sometimes feel drowsy or tired. Patients on a stabilized dose of methadone will not feel any more drowsy or sedated than is normal.

**Editor's Note:** One point that should be made regarding the question of whether it is harder or easier to "kick" methadone than heroin, is that quitting heroin or methadone "cold turkey" is rarely a successful method of becoming opiate-free. In the case of methadone, slowly tapering off the medication will only result in relatively mild withdrawal symptoms, and the patient is more likely to remain opiate-free after detoxing than with "cold turkey" withdrawal. Regardless of the detoxification method used, whether detoxing from methadone or short-acting opiates like heroin, the relapse rate is quite high. This should not be seen as a shortcoming of methadone maintenance treatment--this is a characteristic of opiate addiction, probably due to a chemical imbalance in the brain.

We could also point out that most methadone maintenance patients tried to quit short-acting opiates cold turkey at some point before beginning methadone maintenance treatment. If heroin were so easy to "kick" [and remain abstinent from], they never would have needed methadone to begin with.

## Methadone Patient Advocacy--Letters to the Media Helps Change Attitudes

Given the various misconceptions and myths held by the general public regarding methadone maintenance treatment, we must attempt to better educate the public about this highly misunderstood treatment. One of the few ways we can do this without spending a large amount of money and time is to write to the media, especially in response to an article or segment on, or somehow related to, methadone maintenance treatment or opiate addiction. Such letters may be printed in the newspaper, etc., directly educating their readers, but a well-written, informative letter may also serve to educate the journalist, reporter, and/or editor being written to. Many journalists, reporters, and editors are legitimately interested in accurately reporting matters in a fair and unbiased manner.

For instance, we contacted a reporter at a local television station when they ran a story about opposition to the placement of a new methadone clinic in the city. However, the reporter we talked to was genuinely interested in hearing another side of the issue and gathering more information--the major obstacle was not the reporter but the lack of time. Sometimes the news only has one side of the story because they could not find a good spokesperson for the other side.

The following letter was written by DJ Jones of Advocates for Recovery through Medicine (ARM) in response to a local television news story, which portrayed methadone treatment in a negative light, misleading its viewers. We are reprinting it here, because it is a good example of a letter to the news media. Notice that it presents the facts in a concise manner and criticizes the news report without appearing as an attack on their news program. We believe that this letter could be used as sort of a template--a basis for writing replies to news stories that perpetuate the negative stigma often associated with methadone treatment.

**Dear KFSM Channel 5,**

Although I missed your evening news report on August 29 regarding the two alleged methadone overdose deaths, I was dismayed by the summary on your web site as well as the accounts I received from others who did catch your report.

I have always been an avid supporter and fan of KFSM due to your usual unbiased reporting on social issues impacting our area. Some of the other local news teams just ignore these issues, or worse yet, editorial comments are presented under the guise of news reporting. Given your normal high standards, I am hoping that this one-

sided report was merely an oversight due the fast-paced environment in which you must work to bring us the news in a timely manner.

Although your report acknowledges the controversy, the story only presented one side of that controversy and failed to mention the well-documented, life-saving effect methadone has had on many opiate addicts, including many Arkansans. Methadone maintenance treatment (MMT) is often presented as "controversial" by those who advocate abstinence-based recovery modalities and others who have a vested interest in perpetuating that image and keeping the truth about iMMT unknown.

In fact, over the last 30 years, methadone has become one of the most researched drugs in the history of medicine and the pharmacological treatment of addiction. Research has also shown that it is the most effective treatment for opiate addiction in existence today. There are many reputable resources that support these statements. A couple to get started with are found at the following web sites:  
[http://www.drugpolicy.org/library/byrne\\_contents\\_methadone.html](http://www.drugpolicy.org/library/byrne_contents_methadone.html)  
<http://www.atforum.com>  
<http://www.asam.org/Frames.htm>

One of the most succinct and easily understood discussions of the controversy surrounding methadone maintenance treatment is at the web site of Center for Addictive Problems of Chicago, which is located at <http://www.capqualitycare.com/default.htm>.

I will also forward a very well put together Community Awareness package that further explains the benefits of methadone maintenance therapy. If you have specific questions regarding methadone maintenance treatment or would like to speak with methadone patients or medical professionals who have used this life-saving treatment for opiate addiction, please do not hesitate to contact me.

Sincerely,

DJ Jones, Acting Director ARM-AROK

Advocates for Recovery through Medicine of Arkansas/Oklahoma

**Editor's Note:** For free literature to send reporters, journalists, etc., such as the Community Awareness package mentioned in the above letter, call 1-800-SAYNOTO. The TIP & TAP publications can be ordered there also (ask for their catalog). Another good resource is the "About Methadone" Handbook (write to us for this publication). PLEASE KEEP YOUR EYES AND EARS OPEN AND RESPOND WHEN YOU HEAR MISINFORMATION ABOUT METHADONE. Myths and misinformation are what stigmatize this life-saving medication..

**Beth Francisco, Senior Editor**  
**Aaron Rolnick, Managing Editor**

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