

# Methadone Today

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## My Baby's Story

by Angel

Reprinted from <http://www.atwatchdog.org>

February 11, 2004, I got the shock of my life finding out that I was pregnant and I was already 2½ months along. My husband and I discussed the unplanned pregnancy and decided there was no way we could even think of having the baby aborted even though we didn't even have enough income at the time to take care of the two of us, let alone an infant. We live next to my parents and luckily they were very excited about my pregnancy and expressed a desire to help out. It was my mother's birthday and she thought I was joking but when she realized I wasn't, she said that was a present she'll never forget.

My husband and I both had been on methadone for approximately 8 months when we found out I was pregnant. Fortunately, I had been doing well in my treatment and therefore had not taken any illegal drugs. By choice, I had been weaning off the methadone for a couple months, not knowing I was pregnant, and went from 90 mg down to 76 mg. The next day, February 12th, I met with my counselor and informed her of my pregnancy. I asked her if it was alright for me to continue decreasing my daily dose of methadone and without hesitation she said yes, it wouldn't harm the baby.

The same day, I made an appointment with an obstetrician and informed him of my MMT. During our first appointment on February 20th I also asked him if it was alright for me to continue my methadone taper. My mother informed him that she had read that it was unsafe. Sure of himself, he told me yes and even encouraged me to do so. He said I could decrease my dose by 5 – 10 mg a week. He then proceeded in telling me how awful it would be for my baby to be born on methadone and that I was doing the right thing by tapering. He seemed very confident as he gave me advice that I was comfortable with the decision to keep my weekly 3 mg decrease order active.

Since I felt I was doing so well at decreasing by 3 mg weekly, I decided to try 5 mg. My counselor was forgetful, so I sent her a letter requesting she change my weekly dose decrease to 5 mg. In the letter, I informed her that I only wanted to **(Cont. p. 2)**

## Editorial--Story Reveals Medical Errors

In "My Baby's Story" [see left column], several professionals dropped the ball. This is a cautionary tale of what can happen when misinformed doctors, counselors, and other medical professionals give advice based on outdated or inaccurate information. The following is an account of what was done wrong in this case--starting with a counselor who should have known better than to give uninformed medical advice to a patient.

With all due respect to methadone clinic counselors, a counselor is not qualified to give such medical advice (i.e., whether tapering off of methadone is advisable or contraindicated during pregnancy). A well-informed counselor may give the proper medical opinion that tapering is definitely not recommended during pregnancy or, as in this case, give very bad medical advice. Had the author's baby been stillborn, died shortly after birth or suffered birth defects as a consequence, the patient might have had grounds for a lawsuit against the counselor for giving her the wrong medical advice without a medical license. Arguably, this counselor should have informed her methadone clinic physician that the patient was pregnant--though it is also the patient's responsibility to notify the clinic physician of such an important change in medical status.

Furthermore, once the author's counselor did inform the clinic physician that she was pregnant, the doctor should have met with the patient and discussed these issues with her directly, rather than just relying on the counselor to pass on the information--especially since the author no longer trusted her counselor regarding this issue.

Even though a methadone clinic counselor is not a doctor, we believe that all substance abuse counselors working at methadone clinics should receive basic education regarding methadone treatment from a medical perspective and related medical issues, such as pregnancy. While the counselor should not be giving final medical advice, it would certainly be helpful in a case like this if they had some basic knowledge about such medical issues. There are some methadone clinic counselors who seem very knowledgeable, but others know surprisingly little.

As for the obstetrician advising the author that it was okay to taper off of methadone while pregnant---even encouraging her to continue to do so---it is mind-boggling that an obstetrician would give such poor medical advice. Patients go to a specialist **(C. p. 4)**

## California Drug and Alcohol Treatment Assessment

Reprinted from CSAT's TIP #43, "Medication-Assisted Treatment For Opioid Addiction in Opioid Treatment Programs"

In 1994, the California Department of Alcohol and Drug Programs published the results of a pioneering large-scale study of the effectiveness, benefits, and cost of substance abuse treatment in California.

Among the California Drug and Alcohol Treatment Assessment's (DATA) findings were the following:

☞ Treatment was cost beneficial to taxpayers, with the cost averaging \$7 returned for every dollar invested (Gernstein et al. 1994). "Each day of treatment paid for itself (the benefits to taxpaying citizens equaled or exceeded the costs) on the day it was received, primarily through an avoidance of crime" (Gernstein et al. 1994, p. iv). "Regardless of the

modality of care, treatment-related economic savings outweighed costs by at least 4 to 1" (Gerstein et al. 1994, p. 90).

☞ Methadone treatment was among the most cost-effective treatments, yielding savings of \$3 to \$4 for every dollar spent. This was true for each major methadone treatment modality, but costs were lower in an outpatient OTP than in a residential or social modality (Gerstein et al. 1994).

☞ Patients in methadone maintenance showed the greatest reduction in intensity of heroin use, down by two-thirds, of any type of opioid addiction treatment studied.

☞ Patients in methadone maintenance showed the greatest reductions in criminal activity and drug selling, down 84 percent and 86 percent, respectively, of any type of opioid addiction treatment studied.

☞ Health care use decreased for all treatment modalities; participants in methadone maintenance treatment showed the greatest reduction in the number of days of hospitalization, down 57.6 percent, of any modality.

**(Cont p. 3)**

**My Baby's Story (from p. 1).**

do what was best for my baby. Obviously, with the advice I had been given thus far, I thought tapering was the best thing. Again, she placed the order as I requested and never mentioned it could be unsafe for my baby.

A couple months passed without interruption. I continued the taper with no problems. My belly was sticking out and my baby boy kicked all of the time. I was so happy and anxious to see my little one. Then, my heart froze as I came across information about methadone that plainly stated that withdrawal off methadone could cause in-uterine death and was a definite probability. I was in shock. I didn't understand how this could be because I had asked both my obstetrician and counselor at the clinic and several times they both said tapering was safe. I loved my baby so and couldn't imagine losing the one thing that was giving me a new future and new life.

The next day I took that particular methadone information to my counselor to get her advice. It seemed like hours before she returned as she had stepped out of the office with the piece of paper I had given her about methadone. She returned with a grim look on her face as she informed me that she phoned the clinic doctor. She then proceeded to tell me that the doctor said that it was very unsafe for me to be weaning and that my baby was in serious danger. It hit me instantly that she obviously had never told the clinic doctor that I was pregnant even the times she entered my dose decrease orders. She further went on to tell me that my baby was probably in withdrawal at that time, even though I wasn't, and I would need to increase my dose back up to 80 mg – 90 mg to be safe.

Fear and anger overwhelmed me. Not only had I worked so hard in weaning myself over the past several months thinking I was doing what was best for my baby but to find out I could have been killing him by doing so was horrifying. I became very terrified and scared that I was going to lose my precious baby boy. By this time I had tapered down to 47 mg without any trouble or withdrawal and just couldn't believe what I was hearing. I wondered how my baby could be suffering even if I wasn't. I was furious at my counselor because she had let me taper all of that time. Apparently she didn't know the taper was unsafe but if she didn't know, she should've asked before she allowed me to continue. Unsure of what to do and I didn't want to have angry outburst at her and be thrown out of the program, I told her that I was going home to call my obstetrician and discuss this with him. Before I left, I told her to put a hold on my taper order and keep me at the current 47 mg.

I cried and rubbed my belly all of the way home from the clinic and my husband was outraged that nobody had informed me of this danger beforehand. I called my obstetrician as soon as I walked in the door and spoke with his nurse. She had me come in and meet with the doctor in person.

Again with much confidence, he reassured me that tapering off the methadone was not only very safe but the best thing I could do for my baby. He told me all of the horrible things babies go through when they are in withdrawal. Without hesitation he again said I could decrease my dose by 5 – 10 mg a week. He was outraged by the clinic telling me that it was unsafe and expressed his feelings about methadone clinics only being "out for money" and "not wanting people off it." He wrote a note to the clinic on his prescription pad to allow me to continue my taper weekly at a rate of 5 – 10 mg a week.

I was very confused but after I discussed the situation with my family, we decided that my obstetrician must know what he was talking about. In addition, I was so upset with the wishy-washy advice I had received from my counselor that I felt that she was incompetent in giving medical advice. Also, I hadn't even met the doctor at the clinic and therefore I was reluctant to take her advice through my counselor.

I began tapering at an even faster rate of 10 mg a week to get it over with. I went from 47 mg to 7 mg in four weeks. That is when the withdrawal set in. I started worrying about my baby as his movements became very frantic and I called the doctor. He had me come in. My blood pressure was up and I was shaking. I was in moderate withdrawal at the time. He told me that I would be fine and my baby would too. He didn't do an ultrasound but my baby's heart rate was up 20 beats compared to what it usually was. He wrote a letter to the clinic again on his prescription pad to increase my dose from 7 mg to 11 mg. He suggested that I just slow my taper down to what I could withstand but informed me that I should continue tapering.

Within a couple days at 11 mg, I became somewhat stable again. This time, I decided to do my own research and see what was best for my baby. I had lost all confidence in my obstetrician and counselor. After repeated failure of finding a third medical opinion (nobody wanted to get involved) this is when I found Watchdog! I posted my story and concern and received a tremendous amount of feedback. I was overwhelmed with the replies and shocked at how much everybody cared. I was even more shocked and scared when I read how unsafe everybody thought the withdrawal was for my baby. The people at Watchdog not only gave their opinion but they provided me with sound medical evidence to back it up.

Through them, I learned about CSAT's TIP series. Tip 2 is specifically for pregnancy and substance abuse. It thoroughly covers methadone and pregnancy. After reading it, I had no doubt my obstetrician was wrong and it was very unsafe to taper off methadone while pregnant. On the contrary, methadone was actually very safe for a fetus but withdrawal while in the uterus was not. It plainly stated that fetus demise was probable even under close medically assisted withdrawal. Needless to say, I was very upset and outraged with both my counselor and obstetrician. I also learned that weaning a baby from methadone once born is relatively benign.

My parents had been paying for my methadone treatment. They also regularly attended my appointments with my obstetrician. They both had asked the doctor his opinion about the taper. He and my dad had a very long discussion about methadone and my doctor expressed his negative feelings about it. My dad then became headstrong against my MMT and wanted me off the methadone. He almost demanded that I continue my taper and at a fast rate. The thought of me possibly increasing my dose only made him furious and I feared that he would quit paying for my treatment. I cried daily in fear of losing my baby. I was in a horrible position for my husband was also tapering off the methadone and he was waiting on his SSD and in need of heart surgery –therefore unable to work. One day, he rubbed my belly and cried in fear of his only baby boy dying. I lost it mentally that day. I don't have the words to tell you what I felt at that moment seeing him break down and cry in fear.

Not knowing how we would pay for my methadone if my dad quit (which luckily he didn't), we knew I had to get an increase, and quick, to save our baby. We didn't want to even take a chance no matter how small of chance it may have been.

I requested a new counselor at the clinic and discussed with her what had happened thus far. She knew that it was unsafe for a pregnant woman to taper off of methadone and seemed much more educated and competent than the last counselor. I was instantly much happier with her and felt more at ease. Per my request, she submitted a 10 mg per day dose increase to stop my withdrawal and mainly for the safety of my baby. However, due to all of the mix up, the clinic doctor was very reluctant to give me the increase without my obstetrician's approval and order. This became a big dilemma I didn't have the time or energy for.

**(Cont. p. 3)**

**My Baby's Story (from p. 2).**

After many discussions with my obstetrician and the clinic doctor, I finally got my increase and several more to follow. During that hard time, I found so much comfort from all the people at Watchdog. Although my obstetrician still insisted that my taper was safe even after my thorough research, which I showed him, I increased and maintained a 40 mg per day dose throughout the rest of my pregnancy. Even at 40 mg, I remained in minimal withdrawal daily but it was so hard to get an increase that I didn't try anymore and prayed everyday for my precious baby.

July 29, 2004 my labor was induced because my water was leaking. I was so scared and worried of how they would handle my pain. My obstetrician was very cautious and made sure all the nurses knew that I was an MMT patient and I couldn't receive certain medications. The pain set in as the contractions started, and I got a Demerol pain shot (instead of Stadol) right off the bat, but it didn't help much. Luckily I had a really nice nurse and she begged my doctor to go ahead and give me my epidural. He agreed even though I had only dilated to 2 cm. Also, they did make sure that I had already received my daily dose of methadone. Once I got the epidural I had a tremendous amount of relief although I could still feel the contractions somewhat. By this time, I had already been in labor for 7 hours. My baby's heart rate dropped suddenly for no explained reason, and the doctor had to deliver my baby by emergency C-section.

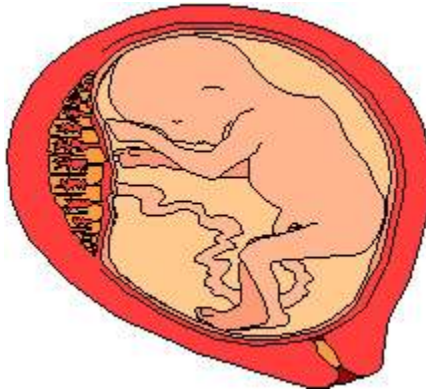
My husband was able to go in the operating room with me. The nurses and doctors were all so nice and comforting. They made sure I was really numb. It went by really quick and I didn't feel a thing. All of a sudden, I heard my baby boy screaming and crying and instantly all of my fears, worries and anxieties were replaced with tears of joy and I began to experience one of the happiest moments of my life.

My baby boy, Dakota Andrew, weighed 6 pounds 2 ounces and was 18 ½ inches long. He was absolutely perfect! He had the most beautiful complexion, color and hair. He was the prettiest newborn baby my eyes had ever seen. It was love at first sight. My heart melted and he was worth everything I had gone through. His daddy was deliriously happy too and left me to go with Dakota to the nursery. They finished stitching up my tummy and gave me Valium through my IV so I could rest.

My C-section healed up very quickly as I stayed in the hospital for an additional three days. During that time, I was given Tylox, Demerol shots and Motrin for pain. They also gave me my daily dose of methadone. Even though my obstetrician tried to get me

to wean off the methadone before I gave birth, he treated me very well. I was actually surprised at how compassionate he was toward my pain and concerns. He made sure I received my pain medication as I needed it and I feel that he managed my pain really well. He checked on me and Dakota every day. Upon my discharge, he prescribed me three day's worth of methadone to allow me time to get things worked out with my clinic.

My clinic too was very helpful once Dakota was born. My new counselor is great. She set up guest dosing for me at a clinic that



was really close to where Dakota was staying in the hospital. I also received my take-homes weekly so I only had to go to the clinic three days a week.

Dakota didn't experience any withdrawal symptoms for 24 hours and then NAS (Neonatal Abstinence Syndrome) set in. They started Dakota on methadone at a dose of .28 mg every 4 hours. This hospital usually keeps all of their babies born with a physical dependence in the nursery to wean them but since I wanted to stay with him all of the time, they made an exception for me. They placed Dakota in the pediatrics unit and I had my own bed next to his carriage. He was in a room with another baby who did not have anything contagious. The Ronald McDonald House graciously let my husband stay in one of their rooms so that he would be close to us also.

They weaned Dakota every 24 hours. Sometimes they would decrease his dose by 10% and other times they would just make the intervals longer in between doses. Although it was controversial between the pediatricians at that hospital, Dakota's pediatrician did recommend that I breast feed him. Since Dakota was born four weeks early, I had to pump breast milk and give it to him by bottle because of his underdeveloped "sucking" skills.

Dakota never experienced any trouble throughout his stay at the hospital. I never noticed him to suffer any. I couldn't even tell he was being weaned. He came off the methadone very easily, and the doctors were very impressed at how well he did.

The doctors told me that they felt that Dakota did so well because I stayed with him through it. They also told me that they felt that I was a good mother and they didn't feel a need to contact social services.

Three weeks after Dakota was born, he was discharged to me in my care and custody. He is now almost two months old and is growing "like a weed." He is about the size of a nice plump butterball turkey!! I love him so and wouldn't change a thing. I don't feel like the methadone hurt Dakota in any way and weaning him off of it was no trouble either.

My parents stayed by my side throughout and realized that I made the right decision by staying on the methadone. Along with my grandparent's help, my dad did continue to pay for my MMT and still is. Thanks to Addiction Treatment Watchdog, my mom too has educated herself about methadone more and is very supportive of my treatment now.

As I come to the end of my story, I just want to express how methadone has turned my life around 100% and I don't know where I'd be right now without it. I now have a happy home; supportive and loving husband; parents and grandparents; a wonderful, sweet 9-year-old boy; and let's not forget, my precious and beautiful baby boy, Dakota Andrew.

*\*See "Editorial--Story reveals medical errors," on page 1 for a discussion of what went wrong in this case.*

Please send us your story. You can help other patients to know they aren't alone in coping with issues related to methadone.

**CA Treatment Assessment (from p. 1).**

**Editor's Note:** As research such as this indicates, methadone therapy is highly effective in treating opiate addiction--to the benefit of not only the patients being treated, but the public as well. Methadone treatment greatly reduces criminal activity, and [where publicly funded, i.e., by Medicaid] actually saves taxpayers money.

**Editorial--Medical Errors (from p. 1).**

because they have more education and experience in their particular area; an obstetrician is not expected to be an expert on addiction, but it is reasonable to expect accurate information and medical advice regarding medications and fetal health during pregnancy. We understand that doctors are human and that even a specialist does not know everything there is to know about their specialty, but it is outrageous and downright scary that an obstetrician would essentially make a guess about something this important. This doctor could have consulted with some of his colleagues, including the methadone clinic physician, and/or researched the issue. Had he studied the issue, he would have discovered that the issue of methadone treatment and pregnancy is well-researched, and there is a medical consensus that a methadone taper is contraindicated during pregnancy. Worse, when confronted with the methadone clinic physician's medical opinion--that tapering off of methadone during pregnancy endangers the fetus and is contraindicated--he dismissed it out-of-hand and even questioned the motives of the methadone clinic (i.e., that they were, "out for money," and "not wanting people off it,") for suggesting that she stop tapering. Had something gone wrong as a result of the author tapering off of methadone while pregnant, she could sue the obstetrician.

In addition, we are concerned that this obstetrician may be suggesting to other pregnant methadone patients--or even pressuring them--to taper off of methadone. He did not merely tell the author that tapering while pregnant is safe--he went on to indicate that, "[tapering is] the best thing [she] could do for [her] baby", and he told her about, "all of the horrible things babies go through when they are in withdrawal." The presumption of the second statement is that if the pregnant patient finishes tapering off of methadone before the baby's birth, the baby would not have to go through withdrawal after birth, or at least, the withdrawal symptoms would be minimized. It should be mentioned that tapering off of methadone during pregnancy does not really prevent the baby from going through withdrawal--the fetus may go through withdrawal in utero, which is far more dangerous for the baby than whatever withdrawal might occur after birth. Crucial fetal development may be disturbed if the fetus goes through withdrawal. Besides, if a baby does experience withdrawal symptoms after birth, it can be easily detected and treated, with no harm and minimal discomfort to the baby. Many babies born to methadone-maintained mothers do not experience withdrawal symptoms, and if withdrawal does occur, it is not a problem as long as proper treatment is provided. Many pregnant methadone patients may believe what this obstetrician says and proceed to

tapering off of methadone--tragically, putting their babies at risk.

This story should serve as a lesson to methadone patients and medical patients generally that doctors are not infallible, and a second--or third--opinion is advisable. Better yet, do some research yourself; in this case, accurate information was readily available. We would like to be able to tell you that this is the first story we have read about a doctor or hospital providing incorrect medical advice or bad medical treatment to methadone patients, but in fact, we have read and printed many such stories. Just one example of the incorrect medical advice sometimes given to methadone patients is regarding another issue brought up by this author--whether it is okay for a methadone patient to breast feed her infant. The author states that, "although it was controversial between the pediatricians at that hospital, Dakota's pediatrician did recommend that I breast feed him." Presumably, some of the pediatricians at this hospital recommend against methadone patients' breast feeding their infants--in spite of the fact that it has been the consensus of medical experts for some time that breast feeding while in methadone treatment is completely safe for the infant. Numerous mothers have lamented that they and their babies missed out on the emotional bonding associated with breast feeding because they followed their doctor's inaccurate medical advice against breast feeding while on methadone.

For methadone patients interested in researching such issues for themselves--a good place to start is CSAT's (Center for Substance Abuse Treatment) TIP/TAP series, which can be ordered by calling 1-800-SAY-NOTO. CSAT recently released a new publication that has the most up-to-date information: *TIP #43, "Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs."* This is free for the asking, and every methadone patient and clinic should have one.

Fortunately, the fetus suffered no long-term ill effects as a result of the author partially tapering off of methadone while pregnant. Besides the risks to the fetus of the taper itself, a pregnant methadone patient forced or pressured to taper off of methadone by her doctor [or family] when not ready might relapse to illicit opiate or other drug or alcohol abuse, which would certainly endanger the fetus. Conversely, continuing methadone maintenance treatment at an adequate dose is completely safe. Though babies born to methadone maintained mothers sometimes develop withdrawal symptoms, this can be managed with little discomfort and no long-term harm to the baby. Furthermore, in cases where an opiate addict not in treatment becomes pregnant, it is generally recommended that methadone maintenance treatment be initiated and continued throughout the pregnancy.

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