Methadone Maintenance: Putting a Real Face on a False Demon

Edwin A. Salsitz, M.D., FASAM
Medical Director, Office-Based Opioid Therapy
Beth Israel Medical Center, NYC
Financial Disclosure

• Reckitt Benckiser        Suboxone
  Speaker/Honoraria

• Pfizer                  Chantix
  Speaker/Honoraria
OPIATE AGONIST THERAPY

Addiction  Regulatory

Medical  Stigma

Destitution  Political
A Medical Treatment for Diacetylmorphine (Heroin) Addiction

A Clinical Trial With Methadone Hydrochloride

Vincent P. Dole, MD, and Marie Nyswander, MD

JAMA 1965

Original Articles

Narcotic Blockade

Vincent P. Dole, MD; Marie E. Nyswander, MD; and Mary Jeanne Kreek, MD, New York

ARCH INTERN MED 1966

Heroin Addiction—A Metabolic Disease

Vincent P. Dole, MD, and Marie E. Nyswander, MD, New York

ARCH INT. MED. 1967
A internist specializing in metabolic disorders and a psychiatrist working with NY street “addicts” theorized that the only way to account for the poor treatment outcome was that narcotic addiction must have be a metabolic disorder…

Courtesy Dr. Vincent Dole

Dr. Vincent Dole and Dr. Marie Nyswander
Methadone Pioneers
Professor Mary Jeanne Kreek
Rockefeller University
MEDICATION ASSISTED ADDICTION TREATMENT

“All Treatments Work For Some People/Patients”

“No One Treatment Works for All People/Patients”

Alan I. Leshner, Ph.D
Former Director NIDA
“I medicate first and ask questions later.”
“Sorry, no water. We’re just a support group.”
Cerebral phosphorus metabolite abnormalities in opiate-dependent polydrug abusers in methadone maintenance

Fig. 3. Metabolite levels in control subjects (n=16) and in short- (n=7) and long-term (n=8) methadone maintenance treatment (MMT) subgroups. Shown are means±S.D. of percent metabolite measures. Post hoc Scheffé test results: *P<0.05 vs. control subjects; **P<0.01 vs. control subjects; ***P<0.0001 vs. control subjects ;†P<0.05 vs. long-term MMT group

Psychiatry Research: Neuroimaging Volume 90, Issue 3, 30 June 1999, Pages 143-152
Kaufman,M
From these data, we conclude that polydrug abusers in MMT have 31P-MRS results consistent with abnormal brain metabolism and phospholipid balance. The nearly normal metabolite profile in long-term MMT subjects suggests that prolonged MMT may be associated with improved neurochemistry.
New York Hospital
Mount Sinai Hospital, New York City
Ax for drug rehab center

Mount Sinai to make way for clinics & luxury condos

BY NICOLE BODE
DAILY NEWS STAFF WRITER

MOUNT SINAI Medical Center is evicting hundreds of staffers and clients of a well-respected drug rehabilitation center to make room for a set of new clinics and high-rise luxury condominiums, the Daily News has learned.

The Mount Sinai Narcotics Rehabilitation Center, a 35-year-old methadone clinic at 5 E. 102nd St., has until the end of July to find another location or close, staff and patients told The News.

“We know that they [Mount Sinai] want it in a different site, that they want it out of where they are,” said Karen Carpenter-Palumbo, commissioner of the state’s Office of Alcoholism and Substance Abuse Services, or OASAS, which oversees the program. “We want to keep them [the clinic] in the business. They’re the best.”

A Mount Sinai spokeswoman said the hospital has been working with OASAS for close to a year to find a new home for the center, to no avail. She said no firm date had been set for its closing and denied patients’ claims that they have been told to seek care elsewhere.

“We continue to explore and discuss the options with OASAS to ensure that high-quality care is seamlessly provided to all of our patients,” spokeswoman Leslie Schwartz said in an e-mailed statement.

The center currently serves about 600 former heroin users and has helped more than 20,000 people since its inception, according to the former program director.

And it has now become one of the points of contention in a battle for space in a rapidly gentrifying neighborhood at the edge of East Harlem.

Some in the community are worried about Mount Sinai’s ambitious $500 million plan to completely overhaul two of its properties on E. 102nd St. — turning one into a renovated outpatient center and the other into a 565-foot high-rise with luxury condos.

Alberty Slappey, 63, president of the Carver Residents Association, which represents more than 1,200 tenants in the Carver Houses, said her board opposes the high-rise and has written a letter of support for the drug treatment center to Mount Sinai brass.

“We’ve been working with them for the past 25 years; don’t stop now,” Slappey said. The Carver complex, operated by the city Housing Authority, runs from 99th to 106th Sts., between Madison and Park Aves.

The property at 5 E. 102nd St., which currently houses the rehab center, will become Mount Sinai’s Center for Advanced Medicine, a planned eight-story, 150,000-square-foot outpatient primary- and specialty-care center, according to the hospital.

Across the street, 4 E. 102nd St. will become a 39-story residential high-rise — featuring 81 luxury condominiums atop the new Center for Science and Medicine, a fully renovated 410,000-square-foot science and research facility. Mount Sinai will sell rights to the upper floors to a developer to offset the construction costs on both properties, according to a statement from the hospital.
Albert Einstein College of Medicine, New York
Methadone Maintenance Patients in General Medical Practice

A Preliminary Report

JAMA : 1988

David M. Novick, MD; Emil F. Pascarelli, MD; Herman Joseph; Edwin A. Salsitz, MD; Beverly L. Richman, MD; Don C. Des Jarlais, PhD; Mary Anderson, MS; Vincent P. Dole, MD; Marie E. Nyswander, MD†
Medical Maintenance
1983 - Present

347 = Total Enrolled

Withdraw
21 (6%)

MMTP
41 (12%)

Deaths
55 (16%)

Active
199 (57%)

Transfer
7

Cocaine
19

Cause
22

22 - Tobacco
13 - Hepatitis C
4 - Lymphoma
9 - Medical
4 - HIV
1 - Old Age
1 - Homicide
1 - Prostate Ca

Revised – 08/10/07

Buprenorphine

decis 1 to 22

9 liver transplants
8 patients
4 alive
Methadone Maintenance
Total duration in years
N = 233 patients

Duration in years
Table 1. Percentage of US Patients Receiving Less Than 40, 60, and 80 mg of Methadone per Day: 1988-2000

<table>
<thead>
<tr>
<th>Year</th>
<th>Patients Receiving &lt;40 mg/d, %</th>
<th>Patients Receiving &lt;60 mg/d, %</th>
<th>Patients Receiving &lt;80 mg/d, %</th>
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<tr>
<td>1988</td>
<td>44.8</td>
<td>79.5</td>
<td>94.2</td>
</tr>
<tr>
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<td>36.0</td>
<td>70.2</td>
<td>89.4</td>
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<td>1995</td>
<td>19.4</td>
<td>50.0</td>
<td>77.9</td>
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<tr>
<td>2000</td>
<td>13.2</td>
<td>35.5</td>
<td>67.6</td>
</tr>
</tbody>
</table>

JAMA 288, 2002
Stigma - OAT

- A distinguishing mark burned or cut into the flesh as of slave or criminal
- Something that detracts from the character or reputation of a person
- Mark of disgrace or reproach
- A mark indicating that something is not considered normal or standard
- Mark of shame or discredit OAT > HIV, gay, heroin, alcohol
Stigma - MM OAT

- Spouses etc
- Endoscopy - meds, no meds
- Sanitation Dept.
- Nurse - never ever
- MM Recruitment - Sr./Jr.
- Chemotherapy - Ca.
- Last Will - Coma
- Surprise Detox.
- Hepatitis C-Inj.
- Physicians
Stigma - OAT

e.g. liver biopsy

S.E.S
Methadone-Stigma

- NYC-Dept. of Sanitation
- Allows Methadone Treatment
- Random Urine Screens For All
- Extra, Obvious Testing For Methadone Pts.
- Orientation: “If Your Name Is Listed Here, You Are Either a F*#K UP or a Drug Addict.”
Guards Charged in Fatal Beating Of Inmate at Nassau County Jail

By DAVID M. HALBFINGER  5/99

UNIONDALE, N.Y., May 26 — Three guards at the Nassau County jail were charged today with violating the civil rights of an inmate who prosecutors say died from a vicious beating at the hands of two of the guards in January. Prosecutors say the third guard acted as a lookout during the beating.

The three correction officers named in the attack could face life in prison, and a fourth, charged with preparing a fake report saying the inmate suffered his injuries when he slipped in the shower, could receive up to 15 years.

The inmate, Thomas Pizzuto, 38, was beaten in his cell a day after he began serving a 90-day sentence for driving while impaired. Several days later he died of a ruptured spleen and quickly became a symbol of what many former inmates and prisoners’ advocates said is a long history of brutality inside the county jail. Between 1991 and 1998, officials received more than 100 complaints of assaults by guards, and still more allegations have surfaced since Mr. Pizzuto’s death.

In the months since Mr. Pizzuto’s death, Nassau County has paid $3 million to settle three civil rights lawsuits by former inmates. In one of those cases, a former president of the correction officers’ union was found liable for severely beating a mentally retarded man.

According to an indictment unsealed today in Federal court here, Mr. Pizzuto was beaten by Patrick Regnier, 36, and Edward Velazquez, 32, both of Farmingdale, while Ivano Bavaro, 32, of Valley Stream, acted as a lookout just outside Mr. Pizzuto’s cell. Investigators have said that the guards were annoyed by the repeated demands of Mr. Pizzuto, a heroin addict, for methadone.

The three guards were charged with depriving Mr. Pizzuto of his constitutional right to be free of cruel or unusual punishment by a law enforcement officer.

Corporal Joseph Bergen, 47, of Bethpage, who began his shift after the attack took place, is charged as an accessory after the fact for drafting and signing the false accident report.

The four officers are being prosecuted by

Continued on Page B9
One of Medicine’s Best-Kept Secrets: Methadone Works

Greatest success stories go untold because of stigma.

By CHRISTOPHER S. WREN

ACK when a subway ride cost 15 cents, Dr. Vincent Dole, a metabolic specialist, and Dr. Marie Nyswander, a psychiatrist, joined forces to try to reverse a worrisome rise in heroin addiction in New York City. Working at the Rockefeller Institute, as Rockefeller University was then called, the researchers sought to block addicts’ craving for heroin by substituting an opioid painkiller developed by German chemists during World War II.

More than three decades later, the synthetic analgesic they first tested in 1964, methadone, is accepted as the closest thing to a heroin cure. About 115,000 Americans take methadone regularly.

Yet by various estimates, only 5 percent to 20 percent of such users stay on it for more than 10 years. Some find they no longer want the medication. Others relapse into drug use. Many are put off by the cumbersome, often petty bureaucracy that administers methadone, misleading rumors that methadone is ruinous to health; and an insidious social stigma that by equating methadone with illicit drugs, forces users to hide the achievement of taking back their lives.

Successful methadone users are those who do take it systematically, said Dr. Morris Schottenfeld, a critic of methadone treatment. "It’s not a cure," he said. "It’s just a way of life."

Indeed, Mr. Maxwell was a hipster. His record album contained a hauntingly mellow tune, "Let’s Fall in Love," with the refrain, "I just want a hit of methadone."

"He’s a classic case of someone who responded very well to methadone," Dr. Salsitz said. "He’s the right kind of person for methadone."

Mr. Maxwell said that when one of his friends used heroin, more popular with bebop musicians like Charlie Parker, "Three persons were in the same fix."

Mr. Maxwell recalled, "bebebop musicians tended to drink..."

But during a tour of the Union with the Benny Goodman band in 1962, Mr. Maxwell contracted debilitating diarrhea that so many treated with opium, which is opium disso alcohol. He completed the tour, returned exhausted to New York, where an acquaintance suggested a white powder — heroin — to restore his strength. He sniffed the next three years, though, and called, "I didn’t have any when I was using heroin."

Yet the extensive medical literature on methadone does not contain a single report of methadone’s failing to block the craving for heroin. "The safety and efficacy of methadone in the treatment of narcotic addiction have been documented more extensively than any other medication in the pharmacopoeia," said Dr. Robert G. Newman, president of Beth Israel Medical Center.

Regular doses of methadone break the drug’s cycle, says Dr. Newman. Still, methadone has its problems:

"It’s a negative experience," said Dr. Newman. "It makes you feel good but it also makes you feel bad."

"I thought it made you feel good but it didn’t," Mr. Maxwell said. "It’s a negative experience, prevents you from feeling euphoria."

For years, Mr. Maxwell
WHY IS METHADONE SO DEMONIZED AND STIGMATIZED?
/-methadone--μ agonist
$\alpha$-methadone—NMDA antagonist
BUPRENERPHINE
NOT DEMONIZED AS OF NOW
Buprenorphine
Buprenorphine Transformed
Addiction Treatment Centers

- Abstinence-Based Rehabs, T.C.s
- Are All Options Presented?
- Are All Options Presented Accurately?
- Are Medication Assisted Treatments Stigmatized?
- When One Therapeutic Option Fails, Is Another Option Tried?
### Drug Screen or Blood Alcohol Custody and Control Form

**Laboratory Request Information. Please (X) Desired Profile.**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>M50</td>
<td>Drug Screen, Urine, for Drugs of Abuse (10-Drug Panel) with Confirmation of Positive Results</td>
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<tr>
<td></td>
<td>Amphetamines, Barbiturates, Benzodiazepines, Cocaine, Marijuana, Methadone, Methaqualone, Opiates, Phencyclidine, Propoxyphene</td>
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<td>T24</td>
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<td></td>
<td>Amphetamines, Cocaine, Marijuana, Opiates, Phencyclidine. FOR NON FEDERAL AGENCY USE ONLY.</td>
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<td>P29</td>
<td>Alcohol, Ethyl, Urine with Confirmation of Positive Results</td>
</tr>
<tr>
<td>M23</td>
<td>Alcohol, Ethyl, Blood with Confirmation of Positive Results</td>
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<td></td>
<td>When both a urine and blood sample are submitted for testing on the same patient, a separate Drug Screen (Chain of Custody) Test Requisition and Specimen Transport Box must be submitted.</td>
</tr>
</tbody>
</table>
High Anxiety for the MMTP Patient
When They Come Back, How Will You Know If They’re Still Clean?
Testing With Accutest® Keeps Your Program Clean.

Immediate results can help make your drug-abuse treatment program more effective. And Accutest®, our rapid one-step drug test, provides results in three to eight minutes. It's not only faster and easier to use, but it costs less than most other methods. The money you save can be used for other parts of your drug treatment program.

MORE TESTING INCREASES COMPLIANCE WITH YOUR PROGRAM.

Onsite testing for drug use is a deterrent. It increases compliance. It helps your patient stay clean. And it keeps the environment clean for other patients in your care.

Accutest® quick results provide a valuable counseling intervention opportunity. Right away. Not days later. There's no time for denial or justification. All of which helps you help your patients with recovery. And makes your program more successful.

ACCU TEST® COSTS LESS, SO YOU CAN TEST MORE AND SAVE MORE.

Accutest® costs considerably less than using a lab. And less than most other onsite methods. With Accutest®, you use the test that's needed — a multiple drug test or a single drug test that saves even more.

You can afford to do more testing. Not just once, but every time testing is needed. It still costs less. And the money you save can be reallocated for other critical needs.

ONE-STEP ACCUTEST® FOR INDIVIDUAL OR MULTIPLE DRUGS OF ABUSE.

With Accutest®, you can test for just one drug. So, it's easier and less expensive to do random testing. For the times when you need a more comprehensive screen, there's an Accutest® available for up to eight drugs in one-step. For example, multi-drug tests include:

5-Drug Test for: Amphetamine, Cocaine, Methamphetamine, Morphine, THC.
3-Drug Test for: Cocaine, Methamphetamine, Morphine, PCP, THC.
8-Drug Test for: Amphetamine, Barbiturates, Benzodiazepine, Cocaine, Methamphetamine, Morphine, PCP, THC.

And single-drug tests are available for:
Amphetamine
Barbiturates
Morphine
PCP
THC
Cocaine
Benzodiazepine
Methadone
Methamphetamine
Cotinine (nicotine metabolite)

EASIER THAN USING A LAB OR OTHER ONSITE TESTS.

Accutest® is a convenient one-step test that makes it easy to implement a program of regular and random drug testing. All you do is add urine to the single test, or dip the multiple test in the urine receptacle and wait three to eight minutes for results.

It's easy, you don't have to mix reagents or any other chemicals. And you don't have to fill out extensive paperwork for the lab.

In some situations, a positive confirmation by a lab may be required.

JANT
PHARMACEUTICAL CORPORATION
MINNESOTA: PRIZE STEER FAILS DRUG TEST A contestant in the state fair steer competition was stripped of his award and about $5,000 because his steer failed a drug test. It is the first time a contestant has been expelled since the fair began testing for illegal drugs 10 years ago. Tests on Brandon Lusk’s steer found a diuretic. Steve Pooch, assistant fair manager, said the drug could help a steer qualify for a lighter weight class, then it could be rehydrated to gain weight. Mr. Lusk, 19, denied giving the steer the drugs. Elizabeth Stanton (NYT)
<table>
<thead>
<tr>
<th>Slang</th>
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<td>Addict</td>
<td>Addicted patient, patient with the disease of addiction</td>
</tr>
<tr>
<td>Junkie, dope fiend</td>
<td>Opiate addicted patient, cocaine addicted patient</td>
</tr>
<tr>
<td>Clean urine</td>
<td>Urine negative for illicit or non-prescribed drugs</td>
</tr>
<tr>
<td>Dirty urine</td>
<td>Urine positive for x, y, or z</td>
</tr>
<tr>
<td>Drunk, smashed, bombed</td>
<td>Alcohol addicted, intoxicated</td>
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<tr>
<td>Crack head, pot head</td>
<td>Cocaine addicted, THC abuse</td>
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<tr>
<td>La La Land</td>
<td>Intoxicated</td>
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<tr>
<td>Street addict, hard-core addict</td>
<td>Patient with the disease of addiction</td>
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<tr>
<td>Speed-balling</td>
<td>Using heroin and cocaine together</td>
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<td>Meth</td>
<td>Methadone or Methamphetamine</td>
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<td>Strung out</td>
<td>Debilitated, intoxicated</td>
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<tr>
<td>Cop/Fix</td>
<td>Obtain, purchase/Dosed, took</td>
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<tr>
<td>Hooked</td>
<td>Addicted</td>
</tr>
<tr>
<td>Kicking</td>
<td>Withdrawal Syndrome</td>
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U.S. Drug Enforcement Administrative Agent Joanne Masur, one of the last government witnesses in the case against Shinderman, took the stand Friday in U.S. District Court in Portland.

Masur, whose job is preventing the diversion of prescription drugs to the black market, said she consulted with Shinderman on at least two occasions. But she said she had no bias against him or his clients, although she said she may have referred to them as "dirt bags."

"That is a term I use," she said. "But it's not necessarily derogatory."
• Methadonian - A person who is on methadone maintainance and uses methadone as their drug of choice, is extremely lethargic and can be found in a stupor, zombie like all day long. Can usually be found either standing, leaning or nodding out on a corner not far from the clinic. Methadonian is a term found most commonly in the ghettoes of New York City, where there are more methadone clinics than anywhere else in the World. Just as there are crackheads, dope fiends and speed freaks, there are Methadonians. **Yo mang check out them methadonians them ni**** is straight fiends son!**

*In Washington Heights, you will always find the methadonians hanging out at Burger King on 181 St. & St Nick.*
Grisly Effect of One Drug: 'Meth Mouth'

By MONICA DAVEY
Published: June 11, 2005

From the moment on Thursday when the young man sat down in Dr. Richard Stein's dental chair in southwestern Kansas and opened his mouth, Dr. Stein was certain he recognized the enemy. This had to be the work, he concluded, of methamphetamine, a drug that is leaving its mark, especially in the rural regions of the Midwest and the South, on families, crime rates, economies, legislatures - and teeth.

Quite distinct from the oral damage done by other drugs, sugar and smoking, methamphetamine seems to be taking a unique, and horrific, toll inside its users' mouths. In short stretches of time, sometimes just months, a perfectly healthy set of teeth can turn a grayish-brown, twist and begin to fall out, and take on a peculiar texture less like that of hard enamel and more like that of a piece of ripened fruit.
Dry Mouth ➞ Decay, Crave Sugary Drinks, Brushing/Flossing, Caustic Ingredients, Grinding/Clenching Teeth,
THE DOPAMINE CYCLE

THE BRAIN

Addicts become accustomed to high levels of dopamine, which plays an important role in the regulation of pleasure. Dopamine is manufactured in nerve cells within the ventral tegmental area and is released in the nucleus accumbens and the frontal cortex.

DOPAMINE'S NORMAL ACTION

1. After being released into the synapse (the gap between nerve endings and receptor cells), dopamine binds to receptors on the next neuron.
2. The dopamine is either quickly reabsorbed or broken down by the enzyme monoamine oxidase (MAO).

HOW DRUGS AFFECT DOPAMINE LEVELS

- Cocaine
  - Cocaine blocks the normal absorption of dopamine. As a result, dopamine accumulates in the synapse, where it stimulates the receiver cell.

- Amphetamines
  - Amphetamines stimulate excess release of dopamine, overwhelming the processes of reuptake and enzyme breakdown.

- Cigarettes
  - Nicotine stimulates the release of dopamine, while another substance in cigarette smoke blocks the action of MAO.
A Way Out for Junkies?

In trials going on nationwide, buprenorphine seems to block the cravings of heroin withdrawal

BY JOHN CLOUD

When Ted C., a reborn junkie and former baseball umpire, heard about an experimental new treatment for his addiction, he was skeptical. Doctors told him that a simple pill called buprenorphine could eradicate his enormous craving for the narcotic, which he had been snorting daily for several years.

It sounded too good to be true—junkies live in fear of the agony that arrives when a hit wears off—so Ted bought an extra bag of heroin the night before he took buprenorphine for the first time. Just in case.

But this time there was no pain. “I went to the clinic, took the pill and went home. I used the last of the bag and haven’t touched heroin since,” he says. That was April, and today he still takes the tablets—one a day keeps the craving away—but he expects to stop using the drug in a few months. “There was no struggle,” he says. “There is no downside to the drug.”

Testimonials such as Ted’s have researchers across the U.S. claiming a breakthrough in the treatment of heroin addiction. Today most addicts who want to kick the drug are sent to clinics that administer methadone. But that cure is nearly as troublesome as the disease it treats. Methadone produces its own high and is so addictive that it has its own black market. To receive it legally, addicts must report every day to authorized clinics, something many are loath to do. Before buprenorphine, Ted tried methadone and found the experience “a lot like taking heroin”—only he had to get his fix at front of a hungry group of drug pushers and criminals. The scene made him feel closer to drugs, not free of them.

Buprenorphine is an opiate too, but it creates only a passing flicker of a high, if that—and it is not addictive. Consequently, the FDA is expected to approve the drug by spring, which would allow physicians to dispense it from the privacy of their offices. For many, that will be a moment too soon. During the 1960s, heroin addiction had spread to groups ill-suited by existing treatment networks: professionals like Ted and middle-class, often suburban, teens.

The majority of addicts are still poor, city-dwelling adults, but teens account for more than a fifth of those who say they have taken heroin in the past year, double the proportion in the early ’80s. Researchers believe more kids are using it because it is now sold in purer form—pure enough to snort or smoke. Like Ted, most teens will not inject, but they do mind taking a puff or a sniff. (Injecting heroin is the quickest way to experience its rush, but the drug still packs a punch when snorted or smoked.)

For suburban kids, treatment options are sparse. Federally funded methadone clinics are off limits to those younger than 21. Even at private clinics, doctors are reluctant to prescrive methadone for all but the most hard-core addicts. “Methadone itself is a terribly shocking drug,” and putting young or short-time users on methadone is criminal,” says Paul Easley, an addiction specialist at the Ridgeview Institute, outside Atlanta.

In the fight against addiction, breakthroughs have been made and broken many times; methadone was once considered a miracle drug, and heroin itself was developed to cure addictions. But researchers say buprenorphine could be the answer. Like heroin and methadone, it binds to certain receptors in the brain, blocking the pain they transmit and convincing the brain that the cravings have been satisfied. Yet somehow it does that without creating cravings for itself. Even long-term junkies who try buprenorphine simply do not want heroin anymore.

So why has buprenorphine not replaced methadone? Although the drug has been rumored since the 1970s to work well for addicts—and has been used in France for more than a year—scientists only recently began the costly clinical trials needed for government approval. Conducted at 12 hospitals around the U.S. and coordinated jointly by the government and drugmaker Reckitt & Colman, the trials have gone extremely well—so well that clinicians stopped giving placebos to control groups. “We could not morally go on giving placebos to people who needed the drug,” says Dr. John Retrosen, one of the study’s administrators.

THE PROBLEM THE SOLUTION

GETTING WELL. An addict shoots up in a New York City park; another receives his weekly dosage of buprenorphine, an experimental antidote that erases cravings for the opiate.

The inevitable catch? No one is sure how long patients will have to take buprenorphine before they can be free of it. Doctors say most heroin addicts are addicted for life, even if they stop using it—a warning Ted C. might well heed. What’s more, buprenorphine will probably cost more than methadone: ruling it out for poor junkies without government aid. Still, it could be a lifeline for many of the estimated half-million American addicts. Predicts Retrosen: “It will fundamentally change the way heroin is treated in the U.S.” -- Reported by Edward Barnes/New York, Greg Fulton/Atlanta and Chandrani Ghosh-Washington

TIME, JANUARY 19, 1998

39
Pamela Anderson Roast
Comedy Central TV
4 million viewers
8/14/05—Jeffrey Ross

“Courtney Love looks like the girl next door.....If you happen to live next door to a methadone clinic.”
“Girl Next Door”
THE PARTNERSHIP FOR A DRUG-FREE AMERICA
The Partnership for a Drug-Free America is a nonprofit coalition of communication, health, medical and educational professionals working to reduce illicit drug use and help people live healthy, drug-free lives. For 24-hour information on alcohol and drug problems as well as treatment referral call: 1-800-662-HELP.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
SAMHSA's mission is to build resilience and facilitate recovery for people with or at risk for substance abuse and mental illness.

NATIONAL CLEARINGHOUSE FOR ALCOHOL AND DRUG INFORMATION (NCADI)
The Substance Abuse and Mental Health Services Administration's (SAMHSA) National Clearinghouse for Alcohol and Drug Information (NCADI) is the Nation's one-stop resource for information about substance abuse prevention and addiction treatment. Includes a list of centers in the The RADAR Network (sponsored by SAMHSA's NCADI) which is the largest substance abuse prevention and treatment network of its kind. There are more than 700 active Centers worldwide with representation in every State and U.S. territory. Call toll-free at: 1-800-729-6686.

THE ADDICTION RECOVERY GUIDE
The Addiction Recovery Guide assists individuals struggling with drug addiction and alcoholism find help that best suits their needs. From evaluation to residential treatment, they have selected a range of programs and resources. To interact with others in recovery and to share your success story, there is also an online message board.
Methadone-Stigma

• NYC-Dept. of Sanitation
• Allows Methadone Treatment
• Random Urine Screens For All
• Extra, Obvious Testing For Methadone Pts.
• Orientation: “If Your Name Is Listed Here, You Are Either a F*#K UP or a Drug Addict.”
“My Wife’s Opinion Is That Methadone Maintenance Treatment Is As Close To Evil As You Can Get, Without Killing Someone.”

A “successful” methadone patient quoting his wife’s attitude toward methadone treatment
Geoff says he planned to use the time on board to detox. He had relapsed into his Vicodin habit. And that’s why he says he had methadone with him.

Geoff says he wasn't under a doctor's care and attempted to do this himself. He doesn’t deny he was the one who brought the methadone on board the ship. In fact Geoff admits he hid the methadone in a bottle of over the counter cold medicine, like Nyquil or Dayquil in order to smuggle it on.

Robert Craanen, an electrician with severe migraine headaches, took methadone as prescribed and died four days after starting the medication

"After he passed away, I counted the days and counted the pills. He had taken the proper amount that was prescribed," said Darlalu, Craanen's wife. "He shouldn't have died."
**Star's RX For Disaster**

**Here's a rundown of what she had in her system when she died:**

- Chloral hydrate (potent sedative)
- Klonopin (anti-seizure, anti-anxiety)
- Valium (anti-anxiety)
- Ativan (anti-anxiety)
- Benadryl (anti-histamine)
- Soma (muscle relaxer)
- Robaxin (muscle relaxer, sedative)
- Topamax (for migraine headaches)
- Ciprofloxacin (antibiotic)
- Atropine (used by medics trying to revive her)
- Tylenol

**Here are other drugs she was prescribed or known to use in the days and months before she died:**

- Methadone (potent pain reliever)
- Human Growth Hormone (longevity, anti-aging)
- Vitamin B12 (by injection, longevity)
- Immunoglobulins (longevity)
- Demerol (potent pain relief)
- Dalmane (sleeping aid)
- Nicotine gum
FORMULA RACER: Anna Nicole Smith's Bahamas fridge shows what she may have been living on in her final days: Slim-Fast — not the TrimSpa she endorsed — with a side of methadone. 02/07
Figure 1. Poisoning and methadone-related poisoning deaths: 1999-2004

DESTITUTION & ADDICTION

- Housing-Homeless
- Family & Friends
- Education
- Literacy
- Vocational Skills
- Employment
- Finances
- Welfare
- Abuse ↔
- Spirituality
- Medical Co-morbidity
- Psychiatric Disorders
- HIV/AIDS
- Criminal Justice
- Racial Issues
- Societal Attitudes
- Despair, Hopeless
- Civility, Anger, Gratitude
- Societal Institutions
- Addictions

The Whole is Greater than the Sum of its Parts
DESTITUTION & ADDICTION

- Often interrelated → synergistic effects
- Addiction ≠ Destitution
- Which is the bigger problem?
- Which is easier to treat?
- Can Addiction (or DM, BP, asthma) be treated in the context of destitution?
- Is destitution masquerading as addiction?
- Politically sensitive issues
Methadone Dose Destitution

- How does one titrate the "correct" dose in the context of destitution?
- "Nodding" in rehab programs
- Diversion issues
- Splitting usually not possible (50% split in M.M.)
“NODDING” IN GROUPS?

1. ACTIVE ADDICTION LIFESTYLE
   sleep(apnea), nutrition, medical-HIV, HepC
2. REMOVAL OF STIMULANT DRUG
3. WITHDRAWAL(COCAINIE)
4. MOTIVATIONAL STAGE
5. BORED
6. DOSE TITRATION IN DESTINATION
<table>
<thead>
<tr>
<th>Education</th>
<th>No.</th>
<th>%</th>
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<tr>
<td>High School</td>
<td>30</td>
<td>45</td>
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<tr>
<td>College</td>
<td>32</td>
<td>48</td>
</tr>
<tr>
<td>Graduate</td>
<td>5</td>
<td>7</td>
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</table>

<table>
<thead>
<tr>
<th>Income (x 1000) *</th>
<th>No.</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>&lt;20</td>
<td>3</td>
<td>5</td>
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<tr>
<td>21-60</td>
<td>25</td>
<td>38</td>
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<tr>
<td>&gt;60</td>
<td>37</td>
<td>57</td>
</tr>
</tbody>
</table>

*Mean income, $61,000 (range, 10,000 to 350,000) for the 65 patients on whom data were available.
Crane Secured for Storm Falls, Killing a Worker in Chelsea

BY JODI WILGOREN 9/9
with KEVIN FLYNN

A huge crane collapsed at a Chelsea construction site yesterday morning, killing one worker and injuring three others after the crane operator tried to hoist the boom without releasing special restraints intended to prevent an accident once Hurricane Floyd reached the city, officials said.

The 383-foot red steel crane, which had become a fixture in the bustling neighborhood, buckled under the restraints, tumbled backward and crashed at the corner of 24th Street and the Avenue of the Americas just after 7 A.M., crushing a carpenter who was having breakfast on the sidewalk before heading to work at the site.

The man, Kenneth Preiman, 45, suffered severe head injuries and was pronounced dead at the scene, where the crane knocked over a traffic light and a lamppost and left a hole a foot deep in the sidewalk.

The other three workers were hit by debris and had only minor injuries. The crane operator, Paul Hettinger, spent most of yesterday being questioned by the police, as well as investigators from the city’s Buildings Department and the Federal Occupational Safety and Health Administration.

The fatal accident came 14 months after the collapse of a temporary elevator tower at a problem-plagued construction site in Times Square killed an 85-year-old woman, and is the latest in a spate of high-profile construction debacles in Manhattan. Several blocks of the Avenue of the Americas, a busy commercial artery, were shut down for more than two hours during the morning rush, as workers in hard hats stood a sterile vigil on a street corner, staring toward the shrouded body of their fallen colleague.

“I sit there every morning,” said William Irrell, 32, a steel laborer at the site whose 50-mile commute from Greenwood Lake, N.Y., was delayed yesterday because of the storm. “That’s where I would have been if I was on time.”

A field supervisor for Laquila/Pinnacle said both the crane operator and the victim worked for the company, which is based in Mamaroneck, N.Y. Laquila/Pinnacle has been subcontracted to create the concrete superstructure for the 29-story, $75 million apartment building, which is scheduled to open in the spring. The crane belonged to New York Crane, a subsidiary of Lomma Construction.

Officials at the city’s Buildings Department said the project had all its permits in order, and that inspectors had been careful to visit construction sites throughout New York on Wednesday and Thursday to ensure that large cranes were tied down so the wind could not knock them around. But the extra safety measures backfired at the Avenue of the Americas site, investigators said, when yesterday morning’s crane operator either was unaware or forgot that the equipment was tied, and tried to hoist it up without releasing the restraints.

Richard C. Visconti, the Acting Buildings Commissioner, said that in preparation for the storm, the boom, or swinging arm of the crane, had been lowered and secured to the mast, or tower, with wire ropes to avoid a

Continued on Page B6
OAT-Physicians-Stigma

- Clinical Crossroads—A 35 y.o. Physician with Opioid Addiction-JAMA, 292, 9/15/04
- “Hydrocodone energized me”
- 200mg./day—18mos.
- In discussion by Dr. Knight, and in 47 references—not 1 mention of Methadone or Buprenorphine(or naltrexone)
- Only 3 mos. Residential + AA
Response to Letter Suggesting Methadone Maintenance Option

• “….the Mass. Physician Health Services program has never monitored a physician receiving methadone maintenance.

• “…Federation State Physician Boards, 15 responded, only 4 reported monitoring physicians on methadone main., and not all were actively practicing.

• “Despite its effectiveness, methadone main. therapy is limited by the requirement that methadone can only be dispensed by specially licensed facilities. Buprenorphine, a replacement therapy for opioid dependence, can be dispensed by pharmacies and therefore has potential to overcome this limitation.”

John R. Knight, M.D.  JAMA. 2005;293:294
Science for the Benefit of Humankind

John D. Rockefeller, Sr., created the first biomedical research institute in the United States on June 14, 1901. Since then, scientists at The Rockefeller University have:

- Discovered that DNA is the basic material of heredity
- Determined that cancer can be caused by a virus
- Learned how to preserve whole blood, making blood banks possible
- Identified the Rh factor
- Pioneered the modern science of cell biology
- Confirmed the connection between cholesterol and heart disease
- Developed methadone treatment to manage heroin addiction
- Isolated the dendritic cell, a key immune-system cell that may yield new therapies for viral infections and cancer
- Discovered leptin, a hormone that influences appetite, energy use and body weight
- Devised the AIDS cocktail drug therapy

For 100 years, Rockefeller investigators have earned international recognition, and 21 have received Nobel Prizes — most recently in 1999 and 2000.
WHAT IS ADDICTION?

Dependence

Does Not Necessarily Equal

Addiction

e.g. (1) caffeine  (2) nicotine  (3) alcohol  (4) opiates  (5) cocaine  (6) methadone
Medical Maintenance
Primary Principles

- Reduce non-medical salience to zero
- The patient should not have to “pay the price” for illogical regulations. The physician must try to make the “price” negligible.
- No rush to be punitive
- Find a solution!
QUOTATION OF THE DAY

“A methadone patient is monitored more closely than a paroled murderer.”

DR. EDWIN A. SALSITZ, of Beth Israel Hospital in New York City.

[12.]
WARNING!
The person seated next to you may be taking Methadone.
SUPPORT ASAM!