



WHY METHADONE MAINTENANCE DOESN'T WORK

Introduction

People who are addicted to heroin, a powerful opiate, often find their lives spiraling out of control as they need more and more of a costly drug which can only be sourced from criminals. Because of the phenomenon called 'tolerance' to heroin, where a heroin user needs more and more of the substance to be able to get the same 'high' as when they started, it then becomes a costly addiction.

These high costs force them into criminal activity – stealing, prostitution, drug dealing – to fund their 'habit'. And if there is no money to buy heroin, a drug user will swiftly begin to suffer withdrawal. If you want to know what that is like, just watch this short Ted Talk. Even though the person in this Ted Talk was not a heroin user, but rather a person using doctor-prescribed opiates, he still went through what any heroin user suffers when withdrawal symptoms start kicking in. And those withdrawal symptoms start showing themselves within 6-12 hours of their last opiate dose.

Methadone programs were introduced to provide government-subsidised opiates to heroin users so that they no longer needed to commit criminal acts to fund their addiction. The effects of methadone are similar to heroin but each dose of methadone lasts much longer and it can be taken orally, which removes the damaging effects to veins suffered by injecting heroin users. At the same time it is meant to stop fatal overdoses from heroin which can be due to the unpredictability of heroin availability and cash to buy it. Having a sure source for obtaining the much cheaper methadone was meant to allow opiate users more stability in their work so that they could eventually wean themselves off opiates and become productive members of society.

Do these programs work?

For many years small poorly-done scientific studies had indicated that methadone programs were working, reducing overdoses and criminal activity. However, by 2003 it became evident that these many studies indicating methadone's success were not scientifically reliable studies, or meeting a standard that could be trusted scientifically, often done by researchers who had a bias towards creating a favourable outcome for their programs.

Thus in 2003, a review was completed under the Cochrane Collaboration which is the scientific gold-standard for reviews of scientific studies. Headed by Dr Richard Mattick, an Australian who had long been a strong supporter of opiate maintenance therapies, the review found that methadone was not the success it had been thought to be in reducing criminal activity. It is well documented that many heroin users who have commenced the much cheaper opiate maintenance therapy still seek out heroin to use alongside methadone regardless. This still requires criminal activity.

Then in 2009, Professor Mattick completed a second review in which his researchers found that methadone not only failed to reduce criminal activity, but also overdoses from heroin. The summary of the Cochrane Collaboration review states that “It does not show a statistically significant superior effect on criminal activity or mortality.”

Chemical handcuffs

A problem for methadone patients is that many express that methadone is harder to quit than heroin. A common expression they use is that methadone is like “chemical handcuffs” which leaves them with little hope of ever quitting opiates. Because opiates prematurely age those who use them, most opiate users die many years younger than the average person from overdose, or as many grow older they die from a normal dose of heroin or like opiate.

A scientific study from Scotland asked drug users in methadone programs what was their goal – was it getting free from drugs or was it to have continued maintenance on methadone. 57% said that they wanted to get off drugs. The problem for these drug users was that there were not enough rehabilitation centres to help them and so they felt stuck with the ‘chemical handcuffs’ that were so hard to remove.

Conclusion

Methadone has failed to fulfill its imagined promise of reducing opiate overdose deaths and reducing criminality. The world’s gold standard review, the Cochrane Collaboration, led by a Professor who has been a strong supporter of maintenance therapies, made this finding after looking at unbiased scientific studies that were of a quality standard.

