

Why Methadone?

BY ALICE DIORIO

Many people in our community have worked for years to see methadone treatment available in our state. We asked Alice Diorio of the Vermont Harm Reduction Coalition to explain to help us understand why the newly signed law is so important.

Last night I received a call from another desperate mother. This woman has been going through the hell of watching a son's life deteriorate at the hands of a chronic, incurable disease.

She was apologetic and explained that she didn't have anywhere else to go for help. She got my name through the grapevine of other victims of this dreadful disease. She claimed that she had exhausted the normal channels of information and treatment, and nothing had made a difference in her son's condition. His health was deteriorating rapidly, and all her efforts to help him had not changed a thing.

The reason that this desperate mother could not get any help for her son's condition is clear. He suffered from the disease of heroin addiction.

I get too many calls like this. Over the years, many Vermonters with the disease of opiate addiction have died from risks associated with their disease. Others have had to leave the state or drive hundreds of miles to receive what research has established as most the effective treatment — methadone maintenance. The treatment simply was not available in Vermont.

Methadone treatment has been accessible in all but eight states in the US until May 18 when Governor Howard Dean signed "An Act Relating To Treatment Of Opiate Addiction." On that day, Vermont became the forty-third state to allow methadone

treatment. This bill allows all existing pharmacological treatment options for this disease. These options include methadone, LAAM, naloxone, and a drug named buprenorphine, when it becomes FDA approved.

Since its beginning more than 30 years ago, methadone maintenance has proven to be the most effective treatment for heroin addiction, resulting in

self-inflicted and efforts to treat them will inevitably fail. However, the 12-member panel concluded that opiate drug addictions are diseases of the brain and medical disorders that indeed can be effectively treated. Studies have shown that methadone maintenance treatment significantly lowers illicit opiate drug use, reduces illness and death from illicit opiate drug use, reduces crime,

tive, non-judgmental treatment model utilizing the latest research and developments in the field, including the incorporation of methadone treatment into mainstream medicine.

By this marriage of methadone treatment and general practice medicine, patients would be able to receive treatment for addiction, as well as their other medical needs.

pitfalls and problems that other states have experienced. This will result in positive patient outcomes to the benefit of Vermont society.

We need to embrace new ideas, including the medical treatment of addiction by primary care physicians in hospitals and office-based settings. Since addiction has psychosocial components, ancillary services such as substance abuse counseling, mental health counseling, vocational counselors and social services are an important part of treatment. Most of these services already exist in our hospitals and in our communities. Physicians could refer their patients to local services for ancillary services.

It is important that the professionals who treat these patients assist the patient to develop a positive attitude, self esteem and encourage self-empowerment. Addicts come from diverse backgrounds. Treatment providers must be representative of the diversity of patients in order for patients to feel comfortable communicating their needs. Dignity and respect are requirements for successful treatment. Education is the key to success in building a system for the treatment of heroin addiction in Vermont.

As it turns out, I had to tell that poor mother that her son must look for treatment out of state, unless he could endure the wait until Vermont's treatment system is in place. But his needs are too immediate. I hope he won't have to endure this misery for too long.

Alice Diorio lives in Brattleboro. ▼

"Opiate drug addictions are diseases of the brain and medical disorders that indeed can be effectively treated. Studies have shown that methadone maintenance treatment significantly lowers illicit opiate drug use, reduces illness and death from illicit opiate drug use, reduces crime, and enhances social productivity."

Conclusion of National Institute of Health consensus panel on treatment of opiate addiction.

the termination of both heroin use and criminal behavior. In spite of this success, those who ignore the positive benefits it has brought to society often disparage methadone maintenance as a "substitute drug."

In 1997, the National Institute of Health formed a consensus panel to study the treatment of opiate addiction. The panel was chaired by Lewis L. Judd, M.D., Chairman, Department of Psychiatry, University of California at San Diego School of Medicine.

In their conclusions, they state, "Many people believe that opiate drug addictions are

and enhances social productivity." This consensus is shared by the medical world in general.

With pharmacological treatment being new to this state, we can learn from the more than 30 years of scientific research and experience in treating addiction with methadone by the rest of the world.

An advisory committee, mandated by the legislative bill, will develop the guidelines for methadone treatment in Vermont. This committee, having the opportunity to learn from the experiences of others, can develop a culturally sensi-

This concept is new to the methadone treatment field in the US, but has been very successful in other countries. Traditional US methadone clinics treat addiction only. This has led to a large gap between medicine and addiction treatment. Methadone patients frequently do not receive quality medical care and serious health problems are often overlooked. Research has shown that patients need to be treated for all their medical needs under the same roof.

Vermont can become a leader in the field of opiate addiction treatment. We have a unique opportunity to avoid the



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