

Is this worth someone's life?

STIGMA

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Dictionary.com

A mark of disgrace or infamy; a stain or reproach, as on one's reputation.

Webster-Dictionary.net

Any mark of infamy or disgrace, sign of moral blemish; stain or reproach caused by dishonorable conduct; reproachful characterization

Worlds English Dictionary

A distinguishing mark of social disgrace: the stigma of having been in prison



“At one point, we had the stigma of leprosy,” recalls Dr. Nora Volkow of the National Institute on Drug Abuse. “Nobody spoke about leprosy. We had a stigma of cancer at one point. We had a stigma of schizophrenia. There’s still a significant stigma with some of the mental diseases, but much less so than there used to be. But the one that’s lagging behind is addiction.”

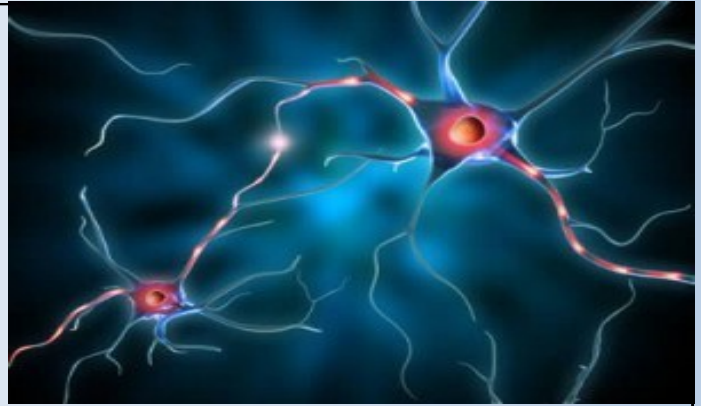
Exactly where has the stigma that is forced onto methadone maintenance treatment (MMT) come from? Well, some of it is from people who have had interesting experiences with certain facilities. Some of it is from angered clients who have been rapidly detoxed from a program because they continued to rebel against the rules of that particular facility.

Some of it is from people who continue to get high, or “look drowsy”, and the person’s explanation to others is that it’s the methadone, and they leave out the fact that they are mixing “benzos” along with their methadone which is a known deadly combination. And some of the stigma starts with an angered client who explains to their family, friends, and associates how their treatment facility is keeping them from progressing, and then the family, friends, and associates believes their story and share it with others while adding some of their own words, and then they share it with others after adding some more words, and so on. Majority of stigma that is directed towards methadone is based on inaccurate, misleading, and fabricated information.

All professions that are, or will be, dealing with those struggling with addiction at some point during their career need to be educated with accurate information about effective medications that are being used and leave the fabricated stigmas behind. Studies have shown that the stigma of addiction has costs many individuals their lives. Even though the stigma of addiction is a serious manner there is another issue that needs to be addressed just as much and that is the stigma of methadone. The stigma that is attached to the most effective medication to treat opiate addiction for over the past fifty years, and those who chose methadone as part of their treatment, needs to be addressed. This stigma is costing just as many lives as the stigma toward addiction alone because of all the different direction that it is coming from. One would think that if a person is taking a legal medication that is prescribed by a licensed physician in order to stop living in the nightmare of a destructive disease called addiction that people would support them and not cast stigmas. For a person who has been trapped in the dark distorted cold world of addiction to finally make that life changing decision to enter treatment takes a lot of courage, and positive support that is anchored in truth is needed not stigma. Keep in mind that majority, if not all, the stigma that is currently circulating is existing because of the ignorance of those who chose to remain uneducated about the most effective medication known to treat opiate addiction for over the past fifty years. Physicians and therapist alike must be educated in the field of addiction and the medications that are making a positive impact while dismissing all stigmas and relying on nothing but proven scientific research by the most notable organizations in the world. There are organizations such as N.I.D.A (National Institute of Drug Abuse), S.A.M.H.S.A (Substance Abuse and Mental Health Services Administration, N.I.H (National Institute of Health), W.H.O (World Health Organization) that have committed study after study on the effectiveness of methadone as a medication for treating opiate addiction and each study verifies the study prior, and that is that methadone is an effective medication for treating opiate addiction with positive results across the board; return to education/vocational institutions, less criminal activities, lower STD/HIV/AIDs rates, etc. Based on real research and studies the only thing that a “trained therapist” or “licenses physician” could say is that methadone is an effective form of treatment for opiate addiction and if they say something that contradicts that truth ask that they show you proof. The professionals in the medical field need to read the studies that the above mentioned organizations have published over the past ten years, or so. Stigma is from unreliable sources that have no medical or scientific founda-



tion to stand on which is why those in the positions to help/assist a person in choosing a type of treatment should not give false information knowing that it could result in that person making a life changing or ending decision. Neuroscientists such as Drs. Alan L. Leshner and Nora Volkow have shown through brain imaging that there are in fact chemical alterations made to the brain which is caused by drug abuse. In a growing number of cases medication such as methadone is extremely effective with helping an addicted person live a normal life.



Another paid position that casts stigma through ignorance is Addiction Counselors and even treatment facilities themselves. “You shouldn’t be on this shit (methadone)”, or “this will fuck your health up in the long run if you don’t get off of it as soon as possible”, “You just traded one drug in for another”, “People who are on methadone aren’t clean at all they are all still getting high”, “Taking a drug to get off of a drug ain’t being clean are you crazy”, or “There is still hope for those on methadone”, those are comments that I’ve heard personally being told to different peers, or trusted peers telling me what was said to them on different occasions. Any addiction counselor that has this type of negative outlook should either educate themselves or chose another career. Many counselors stop evolving soon after they receive their degrees an addiction professor once told me. In the field of addiction a counselor/therapist should never stop evolving because new information is constantly being revealed by scientist/neuroscientist. New effective ways to treat addiction or address behaviors/attitudes are being revealed just as the new chemicals/drugs that people are becoming addicted too. A well informed therapist is an effective therapist in most cases. The results of research on methadone are literally at every person’s finger tips. The imaginary term of “drug free treatment” is just that, imaginary for many. When most addicted persons come into treatment they are sometime prescribed one of the following, if not all at once; sleeping, pain, or psych medication, etc. are they really in “drug free treatment”? Of course not! Many treatment centers have what they call a “drug free program” and a few of them also have sub-divisions that treat addiction with medication such as methadone. Some of these “drug free programs” have “sober club houses” by which any client that is taking methadone as prescribed is not welcome, why? Same company receiving money from the same insurance companies addressing the same mental disorder so why the different treatment amongst their clients, why the discrimination? Methadone is the correct answer just in case you were wondering. A few of my peers that are prescribed methadone, myself included, are invited to go and participate in meetings that are held by B.H.S.I (Behavior Health Special Initiative) or even C.B.H (Community Behavior Health), which are the state’s insurance companies that pay for all of the addiction treatment services that majority of addicted individuals can’t afford, but we cannot go to a “sober club house”. That still remains a puzzle to me and I can’t seem to understand that one.

Many substance abuse treatment facilities are allowing a great opportunity to arise within their facilities called P.A.C (Peer Advocate/Action Committee). One of the purposes of this type of committee is to educate themselves, their peers, and the public about the brain disease/mental disorder known as Addiction. To effectively accomplish such a task one must be educated with accurate information regarding addiction and the effectiveness of certain medications such as methadone. They should not share with the public their personal opinions about methadone if they cannot support it with any studies by organizations such as the National Institute of Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute of Health, World Health Organization. If they cannot deliver accurate information regarding addiction and the effective forms of treatment that are available then maybe they should be educated before attempting to educate others. Sharing personal opinions about methadone that are based on inaccurate information will only further the negative effects of stigma which could result in greater brain damage due to prolonged abuse or even death of someone who would have had a chance to make a life-changing decision if they were given accurate information.



Peer support groups such as 12 step meetings, N.A and A.A, have introduced a great number of addicted persons to a recovering lifestyle in which many members have obtained and maintained sobriety. They are very clear on where they stand on the issue of methadone being prescribed by a license physician to



treat opiate addiction and that is deaf, dumb, and blind. Their comment is literally “we have no comment on outside issues”. You and I may agree that this is not an “outside issue” but they believe it is. They think that by not having a comment is the safest position but many times not making any statement at all is just as damaging. When I contacted the world service office of N.A in 2010 they respond with an email of their new publication entitled “In Times of Illness”. The literature was clear with regards to medications but did not explain why those who are prescribed methadone by a physician,

like those other medications, are not allowed to hold any positions within the meetings themselves such as chair, treasury, or even share from the floor but they do allow those taking methadone as part of their treatment to clean up, make coffee, and/or set up chairs, just don't raise your hand to talk? It is suggested that addicts get involved in meetings which will help them to stay clean. They go to meetings as suggested and are told that they are not clean because they are taking methadone and they cannot speak in the meetings is just a smack in the face. This is a behavior that should not even exist within the rooms of recovery meetings because it is not based on any facts whatsoever. Imagine how people with brain chemistry related illnesses such as major depression, schizophrenia, bipolar disorder, etc. would be if instead of evidence based medical treatment they were told to go to meetings. These particular peer support meetings are asking the world not to judge them because they were addicts and some of them that are now in recovery are judging those who are prescribed methadone as part of their treatment as if they were getting high, which is simply not the case. The majority of individuals are stuck in the “old way” of thinking when it comes to methadone. That “old way” of thinking is clearly having a negative impact on those positive people who are prescribed methadone for their brain disease and who want to be a part of any NA/AA meeting that won't judge them simply because of the medication that they are taking. The information that people have about methadone is distorted and majority of it is not based on factual scientific or medical information. Their information is based on what someone told them that their experience has been. Bill Wilson (founder of AA) asked Dr. Dole (One of the founders of methadone maintenance) if he could develop “an analogue of methadone” for the many alcoholics who were not able to stop drinking with AA alone. Bill Wilson was impressed and understood the importance of methadone in helping those with a “chemical deficiency” as a result of opiate abuse. Bill Wilson was determined to find alternative ways to help alcoholics over-come their cravings knowing that a high percentage of AA members kept relapsing. Bill Wilson also tried LSD, niacin (vitamin B3), and other chemicals as well in his attempts to find solutions that would help addicted people knowing that AA was not the magic bullet. Bill Wilson had an open mind but many of his followers today do not which seems to defeat the whole “one addict helping another” concept.

Why should you wait for someone else to do it? Positive change begins with each one of us and if we really want to change things we will all do our part and this includes you. Our part includes educating ourselves with updated information regarding the effectiveness of methadone when treating opiate addiction along with psychotherapy. Our part includes teaching others the truth about methadone and not peoples rumors or tales in its place. Our part is to fully explain the effective methods used to treat opiate addiction based on actual research and studies. Our part is to free people from the horrible “grip” of addiction through truth.

The P.A.C (Peer Action Committee) at Net-Steps is doing their part in educating those who want to know about the truth of methadone. We share factual information and answer questions in our attempt to stomp out stigma once and for all. Methadone is an effective medication that has a high success rate when used with psychotherapy to treat opiate addiction. It has a higher success rate than “drug free treatment”. There is not a “one size fit all” type of treatment for the disease of addiction but all forms of treatment need to be respected equally.

