

MEMORANDUM

SAY NO TO METHADONE PROGRAMS IN THE RUSSIAN FEDERATION

(Use of methadone cannot be considered treatment)

Increasingly, foreign emissaries have been lobbying for the introduction of substitute (methadone) therapy for treating patients addicted to heroin.

Substitution therapy has been around for more than a century, and started with the attempt to treat morphine addiction with cocaine, a medicine then considered to have no side effects. In 1898, the German scientist-researcher Desser synthesized a new chemical substance – acetyl morphine chloride of heroin — from morphine. Heroin prevailed over morphine in its analgesic effect, and it began being used to treat morphine addicts. It was soon discovered that heroin use led to addiction even more rapidly than morphine. Therefore, attempts to use heroin as a medicine were abandoned, as were other forms of substitution therapy.

Methadone was synthesized in Germany during World War II, and starting in the 1960s, it was used as a substitute treatment in patients with heroin addiction.

In January-March 1961 in New York, the Single Convention on Narcotic Drugs was accepted. This treaty, by analyzing the protocols and agreements used previously (beginning with those adopted by the League of Nations), found that drug use for any purpose but the medical was unacceptable, as was illegal drug circulation and the flawed system of “narcotic allowance.” A motion to ban methadone, as well as heroin, for use as a component of medical treatment was suggested. However, defenders of methadone asserted that there was not enough information collected about its use, and that there was some data that methadone could be effective against such dangerous types of addiction as heroin addiction. They insisted on its inclusion in Schedule 1 (Strict Control), and they did not support its prohibition.

8 years later, a report of the Commission on Narcotic Drugs was announced at the 23rd session of the United Nations, under the auspices of the World Health Organization. Based on the results of scientific research, the report emphasized the dangers of substitution treatment and expressed doubts about the wisdom of treating addiction by substituting one drug for another. However, in spite of harboring negative attitudes and reservations about giving methadone to patients with heroin addiction, many countries continued substitute methadone therapy use in the treatment of patients with heroin addiction.

The UN Commission on Narcotic Drugs has more than once discussed the question of methadone use. On these occasions, it had been asserted that methadone use could not be regarded as a treatment for heroin addiction, because this was just the substitution of one drug for another. At the same time, proponents of methadone use emphasized that methadone was supposed to treat only the most severe forms of heroin addiction. Controlling the provision of

methadone to drug addicts (as opposed to heroin) enables the normalization of its intake, and then allows for a slow decrease of dose until the patient is able to give it up completely.

By the end of the 1970s, practical experience had demonstrated that methadone use as substitution therapy for heroin addicts led to the speedy creation of a new group of addicts, now suffering from methadone addiction. From multi-year field reports and multiple scientific studies, the CND started receiving extensive data about the severe complications of methadone use. It was shown that, while symptoms of heroin withdrawal lasted from five to seven days, methadone withdrawal continued for as long as forty. Characteristic features of methadone addiction, not observed in heroin addiction, included body mass increase, development of edema in arms and legs, cardiomyopathy, hepatitis, cirrhosis of the liver, breathing problems, sleep apnea, insomnia, and nightmares.

As noted by American scientists Kpeinbor and Baden, a serious problem among methadone users, especially young drug addicts, was accidental overdose resulting in lethal comas. During a conference held in Washington, it was pointed out that the number of lethal cases due to methadone use exceeded the number of those due to heroin.

At a seminar held in Helsinki, sponsored by the United Nations, examples were given of a case where, in the first two weeks after starting a methadone substitution program in Lithuania (run under the initiative of the social movement "Drug addicts and their parents for methadone"), two drug addicts died due to methadone overdose.

At the 66th session of INCB Nations in May 1999, while discussing the Swiss "experiment" of giving drug substances to drug addicts, O. Schreder, the INCB member from Germany, said that in several German regions they had begun to look more cautiously at the Swiss "experiment," because serious complications had often been noted and mortality due to methadone use had nearly doubled. In its May 4, 1999 issue, the newspaper "Frankfurter Allgemeine Zeitung" cautioned that those that use methadone should do so more carefully, and suggested that increased controls over methadone use were necessary, because 100 patients suffering from drug addiction died from methadone in Germany in 1997, and in 1998 that number was already 240.

It has been repeatedly noted that most patients in a methadone substitution program continue to systematically or periodically use heroin. As the American scientist Dops observed, "methadone treatment substitutes one drug for another, but does not promote giving up drugs entirely."

In the article "The Problem of Drug Addiction in the Netherlands," published by Erasmus University (Rotterdam, the Netherlands), Dr M. Cochman contradicts the commonly held opinion among specialists and officials that methadone programs in the Netherlands have been successful. The author declares, "...methadone maintenance programs were introduced into practice in 1972, without significant success. The programs were based on the illusion that drug addicts would be motivated to pursue further treatment if they had contacts with specialists. However, the population of drug addicts continued to grow, as did street crimes. That is why Dutch drug policy has changed, and since 1978 methadone has been used more as a method to decrease crime, rather than as a method of drug addiction treatment. This, as well, proved to be an illusion."

In many countries, numerous cases have come to light, showing that methadone programs enrolled occasional drug users who were not addicts, who subsequently became addicted to methadone. This fact is confirmed in two reports from England, which warned against the danger of turning occasional drug users into patients with methadone addiction. INCB reports have

repeatedly emphasized that an increase in methadone addiction was observed in all countries with methadone programs.

That is how methadone, like other narcotic substances, became a source of a new kind of severe drug addiction and entered illegal circulation.

In connection with these developments, Switzerland, the Netherlands, Belgium and Australia have recently begun offering other types of drugs to treat patients with heroin addiction; specifically, heroin. At the CND session in 1994, a Switzerland representative declared officially that the government of his country was planning a new experiment – give heroin to patients with heroin addiction. In explaining the decision, the Swiss representative noted that the government thought it was necessary to switch to heroin, because methadone use did not produce the expected results. Shortly thereafter, the Australian government announced their shift from methadone to a “heroin prescription.” The Embassy of Australia in the Russian Federation, in its letter number 18 dated 15 August 1995, supported its government’s position, noting in part that “The practice of giving methadone decreases in effectiveness. Because methadone does not give the sought-after euphoric high, drug addicts give it up.”

Despite the fact that those declarations met with sharp criticism, and became the subject of a separate discussion by the International Narcotics Control Board, the CND was confronted with an increasing tendency to return to the so-called “drug allowance” – a controlled system for giving drugs to drug addicts, including methadone or heroin.

At the same time, even when the Single Convention on Narcotic Drugs was prepared in 1961, it had been demonstrated (through studies of its use) that the practice of “narcotic allowance” was ineffective and even harmful in the treatment of drug addicts. It was emphasized then that the use of a system of “narcotic allowance” practically stops the search for new effective methods of drug addiction treatment, because giving drugs to drug addicts is much easier than socializing them into a life without drugs. In connection with this sentiment, in resolution 2 of the UN Diplomatic Conference on the adoption of the 1961 Single Drug Convention, the system of “narcotic allowance” was discussed, as the result of a compromise, in the following terms: “The conference ... declares, that one of the most effective methods of treatment of drug addicts is treatment in a health institution, in an atmosphere free of drugs.” Use of methadone was allowed only as an exceptional and temporary measure for treating severe cases of heroin addiction.

However, it is clear that there continues to be a concerted search for new arguments to defend the severely compromised tactic of methadone use. This is explained, as we already noted, by the fact that it is much easier to give methadone, than to put together a complete treatment course for patients.

Producers of this rather expensive narcotic substance play an important role in advancing these arguments, because they are trying to prevent the shutting down of methadone programs and, consequently, of methadone production.

In the USSR, after the scientific discussion of foreign data about the effectiveness of methadone programs and consideration of the pharmacological effects of methadone on humans, methadone (phenadone) was excluded from the list of approved medicines and its use was prohibited (order of Ministry of Health of the USSR, 15 April 1977, #336). In the orders of the Ministry of Health of the USSR, the system of “narcotic allowance” was censured. The order from the Ministry of Health of Russia dated 14 August 1995 #239, titled “About additional measures for the control of narcotic drugs, dangerous substances and poisons,” in answer to the attempt to return to “narcotic allowance” and introduce methadone into medical practice, commanded: “To reassert

the already-established order that prohibits use of drugs for therapeutic purposes in drug addiction treatment, including giving of narcotic substances (“narcotic allowance”) to drug addicts in any form (giving prescriptions, giving through hospitals, outpatient departments and others)”.

Thus, there have been several periods in the history of substitution therapy when it has been under well-founded criticism:

- Methadone, just as heroin, was included in List I of the Single Convention on Narcotic Drugs of 1961.
- The UN Commission on Narcotic Drugs supported the position of countries, among them the Soviet Union, that labeled methadone treatment not a therapeutic program, but rather the substitution of one drug for another, with the same harmful medical and social consequences;
- Contemporary proponents of methadone have admitted that it has failed to justify expectations, and they (Switzerland, Australia) have suggested returning to heroin therapy, which can be interpreted as the collapse of the methadone agenda.

Currently, lobbyists for methadone producers and methadone programs attempt to try to represent methadone as a panacea required for the “rescue operation” from AIDS, rather than accentuate its use for treating drug addiction. They disseminate these ideas on the Internet; and there are voices that favor drug legalization and that call for the use of economic and political sanctions against those countries that resist the spread of methadone and the expansion of substitution treatment programs. At the same time, parenteral drug use is not the only, and nowadays, is not the primary method of HIV transmission. Only a small percentage of heroin addicts are HIV-positive; this is clearly not justification enough to provide all drug addicts with drugs.

Thus, the introduction of a “narcotic allowance” and a shift to substitution therapy in the Russian Federation is not a viable approach to the treatment of heroin addiction. Recently observed attempts to legalize methadone programs and introduce them into the drug treatment system are not based on therapeutic motives, but rather on economic ones. The cost of realizing these purely profit-minded schemes will be the lives and health of drug addicts.

The INCB reports of 1999 (paragraphs 450, 451, 452) and 2000 (paragraphs 443, 446, 460), expressed concern with tendencies, observed in several European countries, toward renewal of methadone and heroin “allowance” under the slogan of “harm reduction.” Almost a century’s worth of experience with substitution treatment has shown that using methadone in treating heroin addicts leads not to a decrease in the numbers of those who suffer or develop drug addiction, but rather to their steep increase, since it causes methadone addiction as well.

That is why it was rather surprising to see a joint statement, published in the spring of 2004, by WHO, UNODC, and UNAIDS, which went against the findings of nearly all previously acknowledged scientific studies and already-accepted UN decisions and conventions.

At the current time, the Government of the Russian Federation, in its order dated 30 June 1998 number 681, approved a definitive list of narcotic medicines and psychotropic substances. Methadone (phenadone) was included in List 1, which enumerates narcotic drugs whose circulation is prohibited on the territory of the Russian Federation. Because the Federal Law of the Russian Federation of 8 January 1997 #3-FZ “About Narcotic Drugs and Psychotropic

Substances” prohibits treatment of drug addiction with narcotic substances (article 31.6), methadone cannot be used on the territory of Russian Federation in health care practice.

We appeal to all health professionals of Russia to be properly informed, and to carefully evaluate the declarations of foreign and local representatives who lobby for methadone programs as an alternative treatment for heroin addiction. The introduction of a patient with drug addiction into a methadone program is not treatment. It only provides for the replacement of one drug with another. The resulting drug addiction (methadone addiction) is more severe than that caused by heroin, with severe social and medical complications for the patient and for society in general. Not only do methadone programs fail to effectively treat drug addiction, but they also do not solve the problem of the spread of HIV. The lobbying conducted on behalf of methadone programs is connected only with financial interests of methadone producers. The lives of sick patients are at stake.

An effective solution to the problem of drug addiction lies in an intensive search for new methods and approaches that focus on allowing for the complete cessation of drugs use by patients with addiction, the implementation of such methods, and the socialization of those suffering from drug addiction into a new life style free from drugs -- not on the practice of substituting one drug for another.

V. N. Krasnov

Professor, Chair, Russian Society of Psychiatrists

N. N. Ivanets

Professor, Director, National Center on Addictions, Member-correspondent of the Russian Academy of Medical Sciences

T. B. Dmitrieva,

Professor, Deputy Chair of the Russian Society of Psychiatrists, Member of INCB, Academician of Russian Academy of Medical Sciences

A. S. Kononets, Deputy Director, Department of Corrections, Ministry of Justice of Russia

A. S. Tiganov, Professor, Director, Scientific Center on Psychiatric Health of the Russian Academy of Medical Sciences, Academician of the Russian Academy of Medical Sciences