

## “METHADONIA”

### **A film whose success will be measured one destroyed life at a time**

What follows is probably more than most people will want or need to know about the film Methadonia. The essence of the concerns can be readily summarized, however.

**All subjects were recruited in a drug-free program that offers no methadone treatment to anyone. Assuming those depicted actually had experience with methadone, it's generally unclear whether it was before, during or after the various segments were recorded. There is no explanation why the subjects were enrolled in two addiction treatment programs simultaneously, whether referral of treatment resistant patients was from the methadone to the drug-free program or vice versa, and who paid for the duplicative services. None of these critical questions is posed – let alone answered.**

While one might not be able to tell a book by its cover, the message of this film is conveyed unequivocally by its title. The “urban dictionary” (courtesy of google.com) defines it as follows: “Methadonia – A fictitious place inhabited by an abundance of meth freaks from all around the world.” Whatever the “official” definition, however, the strongly pejorative image evoked by this title is inescapable. With respect to both the medication and, more importantly, the patients, stigma, prejudice, hostility and fear will be further heightened by the label “methadonia” even if one never sees the film.

Methadonia contains no facts and no research or empirical findings regarding the nature of opiate addiction or its treatment with methadone or any other modality. There is not a hint of familiarity with or reliance on the many hundreds of published reports from throughout the world of methadone's efficacy in absolute terms, or in comparison to addiction left untreated or managed by other techniques. Accordingly, most viewers of this unwaveringly one-sided presentation, focused exclusively on individuals who purportedly had responded poorly to methadone treatment, would probably be surprised to learn of the favorable conclusions regarding effectiveness that have been publicized for over four decades by a variety of US Government agencies, the World Health Organization and the United Nations, and by governments, clinicians and academicians in such disparate countries as Canada, Switzerland, Spain, Croatia, Iran, China, Australia, etc.

For example, the US National Institute on Drug Abuse noted more than 20 years ago, "To argue that methadone maintenance is not at least as effective as other available modalities for treatment of this population is to ignore the results of the best designed research studies and the consensus of a varied group of experts in the drug/mental health field."<sup>1</sup> The same agency stated in 1997: "Methadone significantly lowers illicit opiate use and related illness and death, reduces crime, enhances social responsibility . . . "<sup>2</sup>, and in 2004 confirmed that "Methadone continues to be a safe and effective treatment for addiction to

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<sup>1</sup> US Dept. of Health and Human Services: Public. No. (ADM)83-1281, 1983

<sup>2</sup> NIDA Notes: [http://www.drugabuse.gov/NIDA\\_Notes/NNVol12/NIPanel.html](http://www.drugabuse.gov/NIDA_Notes/NNVol12/NIPanel.html)

heroin.”<sup>3</sup> In 1999, the American Medical Association Council on Scientific Affairs concluded that methadone maintenance “reduce[s] illicit drug use and injecting drug use, and the harmful medical and social side effects of that use. . . .”<sup>4</sup> And internationally, the World Health Organization and United Nations agencies responsible for HIV-AIDS and drug control confirmed just last year, in a widely publicized position paper, that methadone maintenance is both safe and effective.<sup>5</sup>

While ignoring assessments such as these, the film seems fixated on just one objective: to buttress a strongly negative bias against methadone treatment. Ironically, the subjects portrayed – enrolled simultaneously in both drug-free and maintenance programs – illustrate the challenge inherent in treating addiction, regardless of approach. The tragedy is that the focus is exclusively on the treatment-resistant, rather than the great many others who are helped to radically alter their lives. There is, however, one exception – “Steve” – but his success while receiving methadone maintenance is so inconsistent with the film’s negative message that it is glossed over, giving the production a decidedly schizophrenic tone.

Steve is first shown barely able to stand or talk, with his eyes rolling back in his head. He is almost obtunded, obviously under the heavy influence of something – but what? Notwithstanding the clear inference that this typifies “methadonia,” there is no way to know whether and to what extent prescribed methadone may have contributed to this agonizing caricature of the stereotypical “addict.” The unfortunate limitations of the

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<sup>3</sup> Substance Abuse and Mental Health Services Administration, News release, 6 Feb. 2004

<sup>4</sup>AMA Council on Scientific Affairs. 1999 Annual Meeting of AMA. Report 12, A-99, p. 19

<sup>5</sup> WHO, UNODC and UNAIDS: [http://www.who.int/substance\\_abuse/](http://www.who.int/substance_abuse/)

treatment he received, reflecting the nature of the illness of addiction, apply no more to methadone maintenance than they do to the drug-free counseling he was provided. At any rate, in a subsequent segment Steve is shown “reborn.” It is difficult to imagine a more positive portrayal of a “recovering addict” - clean, alert, articulate, with great pride in his clothing and his physical appearance, charming, God-loving, and referring to the days “when I was still an addict . . . “ And then, in a contradiction so stark that on initial viewing it seems to have been misunderstood, the narrator mentions in passing that this reborn, reformed, model of an “ex-addict” is “still on high doses of methadone!”

Before the viewer can digest this extraordinary and unexplained transformation Steve is shown once again, undergoing what appears to be sheer hell attributed to the process of detoxification from methadone. But why does he seem hell-bent on continuing to pursue a course that leads to the pitiful lament, “I’d rather be dead!”? After all, he had experienced – on a high dose of methadone - a dramatically documented, seemingly miraculous, “rebirth.”

These are questions that Steve does not address and the narrator does not pose. Instead, methadone is damned because its therapeutic efficacy does not persist when the medication is withdrawn! As for the healthcare providers who, viewers are told, recommended strongly against termination of treatment, they are denounced as motivated by a venal desire to hang on to every paying customer. The severity of the withdrawal symptoms that Steve experiences are said to reflect an intent to punish patients for leaving treatment, and to serve as a warning to others not to do the same. In Steve’s

words, “They drop you too fast” – a bitter complaint that comes just moments after he stated with satisfaction that he demanded withdrawal be accomplished “quickly.” (In the very final moments of the film Steve is again shown in seemingly excellent physical and mental health, but there’s no clue given as to whether he has been detoxified or is, as during his prior successful transformation, being prescribed methadone.)

**THE BOTTOM LINE: The film will cost lives**

Opiate addiction (like alcoholism) is a chronic, notoriously relapsing condition - one that today remains incurable but that, thankfully, is treatable with methadone and a variety of other regimens. Some treatments rely on medication of various kinds and others are committed to abstinence both as a process and as a goal. None will be effective with all patients; each has something to offer and must be supported. And as is true of the treatment of all chronic medical conditions, each will result in a broad spectrum of outcomes, from the most extraordinary therapeutic success to abject failure.

It is a terrible disservice to focus a film entirely on one small and undefined group of individuals who presumably are receiving methadone treatment and imply that their experience is typical. It is a slap in the face of those who desperately seek and accept care, and to those who provide it. Consider a film that deals with the treatment of epilepsy, and whose only subjects are individuals who are treatment-resistant. Such a film, if made in the same manner as *Methadonia*, would show in painful detail the occurrence of seizures, the biting of tongues, the total loss of control over speech, gait, communication and – often – bladder function (what a dramatic photo opportunity that would be!). The

Methadonia-wannabe whose topic is epilepsy would go on to film patients complaining that their lives are constrained by the “handcuffs” their prescribed medication represents, and their frustrated dreams of “getting off it.” It would blame the need for indefinite medical care on doctors whose alleged motivation is to retain patients and the fees they generate. Consider applying such criticisms to the medications and healthcare providers involved in the management not only of epilepsy, but of hypertension, cardiac disease, diabetes, obesity, depression, Parkinson’s disease, arthritis, etc.

Those who see this film will be left with reinforced stereotypes of addiction treatment – specifically, treatment with methadone - and its patients and providers. Treatment services now in existence will be jeopardized. Patients will be further stigmatized and their housing, employment, family stability and health care placed at even greater risk than heretofore. Those who abhor the notion of treating opiate dependence in their “backyard” will find added ammunition for their cause, thus presenting ever more formidable barriers to establishment of new programs (an estimated 80-85% of Americans addicted to opiates have no access to care today).

The real bottom line, therefore, is that this film will destroy lives, figuratively and literally. What a needless, senseless, shameful tragedy!