

Methadone clinic fills growing need Danbury site opens as heroin use increases

By Robert Miller THE NEWS-TIMES (Monday * November 28, 2005)

In 2005, for the first time, heroin tops the list of drugs addicting people in Connecticut — higher than alcohol, marijuana or cocaine.

"More people walked into state clinics seeking help for heroin addictions than for any other drug," said Peter Rockholz, deputy commissioner of the state Department of Mental Health and Addiction Services. "It's firmly entrenched."

Dealers are selling cheap, highly potent doses that hook people quickly, knowing users will come back for more.

"It's cheaper than a pack of cigarettes," said Richard Bilangi, executive director of Connecticut Counseling Centers Inc. "And you can buy it at 50 to 60 percent pure heroin. In the 1970s, most of the heroin you saw was 5 percent. Maybe 7, tops."

Connecticut Counseling Center's new methadone clinic on Beaver Brook Road in Danbury may prove a huge benefit to the city and region. It offers treatment to people throughout the Danbury area and into northwestern Connecticut.



Connecticut Counseling, in its 20th year of operation, runs methadone clinics in Waterbury and Norwalk. In 2004-05, it treated about 2,000 patients.

Its Danbury clinic, which opened in mid-October, has about 10,000 square feet of space in a renovated industrial building, with another 7,000 square feet available, should demand warrant.

Bilangi fully expects it will.

"We started with 85 patients, and we're up to 110," Bilangi said. "I project that in another 12 months, we'll be at 200 patients. After that, I don't know. But I expect it to go over 200."

The clinic is a greatly expanded version of the state-funded methadone clinic Danbury Hospital ran since 1990. The hospital announced in 2002 it was getting out of the methadone business.

The reason was simple, said Pat O'Connor, the hospital's senior vice president for operations. The hospital wasn't receiving enough money to successfully run the program.

State and federal agencies have discouraged hospital-based methadone clinics in favor of those based in the community.

"We were getting \$12 a patient visit," O'Connor said. "Community clinics get \$32."

As a result, the program ran annual deficits of \$400,000, which the hospital had to absorb in its budget. It also limited the number of patients the hospital could accept. At its peak, it had 125 patients, but those numbers declined.

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In June 2002, the state awarded a contract to Connecticut Counseling to take over the hospital's clinic and run it in the community. Delays pushed back the opening date 2½ years, far longer than anyone anticipated.

But now that it's up and running, Bilangi said he expects the client list to grow. Many Danbury-area patients receive methadone from Connecticut Counseling's facilities in Norwalk and Waterbury, Bilangi said. Now they can receive it closer to home.

Also, Connecticut Counseling has contacted the hospital's waiting list of patients and encouraged them to seek treatment.

A large, untapped pool of addicts who have yet to seek treatment also may join the rolls at Connecticut Counseling.

"This is really the only methadone clinic reaching up into northwest Connecticut — it's a huge piece of real estate," Bilangi said.

The clinic has two nurses, a program director, and three counselors and will add more staff as needed. It has private counseling offices, larger spaces for group sessions, and a doctor's office. Dr. Peter Rostenberg, a New Fairfield internist specializing in addiction medicine, will be the clinic's medical director, spending about five hours a week there.

"I'm always happy to see my patients getting the appropriate treatment," Rostenberg said.

For the past 40 years or so, methadone has been the best drug available for treating heroin and other opiate addictions.

"It's one of the most successful treatments we have," said Rockholz of the state department of addiction services.

Methadone works by affecting the same receptors in the brain as heroin. Although it is addictive in itself, it does not make patients high. It quickly reduces addicts' craving for heroin.

It's also taken orally — no needles, no spread of blood-borne disease.

"One dose lasts about 24 to 36 hours," Bilangi of Connecticut Counseling said. "With heroin, people start getting cravings every four hours or so."

Bilangi said heroin addicts are often the working poor, who spend their days looking to get money for a fix. When they run out of money, they often turn to petty crime to pay for drugs.

"It's a struggle," he said. "Because the craving for heroin grows — people stop getting high on the amount they started with and need more — it takes up more and more of their time and money."



The News-Times/ David W. Harple

The Connecticut Counseling clinic sits on Beaver Brook Road in Danbury.

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With methadone, patients come to the clinic in the morning and receive an oral dose of the drug, as well as counseling, if needed. They can then spend the rest of the day free of cravings. They can hold down a job, rebuild family relationships and have a life again.

"It costs pennies a day," Bilangi said. "It works."

Because of its success, many countries — Thailand, Burma, Iran, Iraq, Israel — are turning to methadone as a treatment option.

For years, Russia denied it had a drug-addiction problem, Bilangi said. But because of cheap heroin from Afghanistan, Russia now has about 2 million heroin addicts.

"Now they're turning to methadone for treatment," he said.

Through the 1980s, the heroin sold in the United States came from Afghanistan, through Italy, where it was processed for sale.

"Now most of it comes from Colombia," Bilangi said. "They can grow opium poppies there. They use the same distribution system they developed for cocaine, and they flooded the East Coast market with low-cost, high-quality heroin and took over the market."

Because today's product is purer — and stronger — teenagers are introduced to heroin by snorting it. Area suburban towns are suddenly finding nice kids from good families who are addicts.

"It takes a much shorter time to become a bona fide addict," Bilangi said.

In the U.S., people had been allowed to stay on methadone for only two years, in hopes they'd wean themselves off both heroin and the substitute opiate as well.

But science now shows people who have been long-term addicts have permanently altered their brain chemistry and need some sort of opiate all their lives.

Bilangi also said that when the HIV/AIDS epidemic hit, health professionals decided it was better to keep people on methadone than refuse them the drug and let them start sharing needles — and HIV infection — as heroin addicts again.

As a result, many people are long-term clients of methadone clinics. They may only need a treatment once or twice a month — unlike the daily dose required at the start of treatment — but it is available.

"It's the same as treating diabetes," Rockholz said. "You've got a chronic condition."

Bilangi said, PET brain scans are now showing, with greater clarity, the good effects of methadone.

"They've done scans of people who are addicts, who are on methadone, and non-addicts," he said. "The brain activities of people on methadone and non-addicts are much the same."