



METHADONE MONTHLY

Fourth Edition

March 2006



HAVE A HAPPY ST. PATRICK'S DAY March 17TH

We have been looking at different ways to improve our services for our clients. We will be asking for your input to help us. **We will be holding FOCUS GROUPS on Tuesday March 14th at 7:30 and Saturday March 26th at 7:30.** We will also have a questionnaire for all of you to fill out if you can't make the group. Your input is VERY important to us so please try to attend one of the FOCUS GROUPS or fill out the questionnaire. **There is a short questionnaire attached.**

Welcome

We would like to take this time to introduce to you Suzette Van Vark.

Suzette is a new counselor in our Methadone Program.

Suzette has been counseling for 12 years and holds a Masters degree in Professional Mental Health Counseling. She also is a Licensed Mental Health Counselor, Licensed Master Social Worker and is an Advanced Certified Alcohol and Drug Counselor.

Over the last twelve years, Suzette has worked with adults, adolescents and children.

Her counseling experiences have been in substance abuse, mental health dual diagnosis, couples, and family.



CHANGES

We know there have been a lot of changes the past couple of months causing confusion and questions.

We would like to apologize for any inconvenience this may have caused.

We are in the process of hiring another counselor. Since Sue is continuing to work toward becoming certified, Suzette will be doing most of the Treatment Plan Reviews at this time.

Sue will continue to be available to talk to you, answer questions, put in requests, help with Treatment Plans when needed etc.



UCS has installed a new phone system. Everyone now has their own phone numbers instead of extensions. Please keep the following numbers handy.

Donna	280-4902
Suzette	280-4906
Sue	280-4900
Kim	280-4915

If you desire to be on the Methadone Program you need to do a treatment plan review with a counselor on a regular basis. We will work with you to arrange a convenient time to do the review; however **you will NOT receive your doses**, if it is not completed by the date it is due.

Congratulations

Jennifer has accepted a new position with another Agency.

Lupe has taken a new position within the Agency.
Lupe is now working with the In-Jail Treatment Program.

GOOD LUCK to BOTH!

QUESTIONS AND ANSWERS

I want to get off methadone. What is the best way to do it?

If you really **must** withdraw from methadone, it is best to do so very slowly. You should not withdraw from more than 10% of your dose per week at doses over 100 mg. That is, if you are on 150 mg, you could probably safely lower your dose to 135 mg. Once you get down to doses under 100 mg, you probably won't want to drop more than 2 mg per week until you get down to 50 mg. Then I would say you should drop only 1 mg per week or 2 mg every other week. Of course, not everyone is the same, and some people can drop more quickly. Others might not be able to drop this fast.

And by all means, if you put yourself on a schedule but find that you don't feel well, stop dropping and stabilize until you feel better. You may even want to go up a few milligrams until your body adjusts. Don't decide that you want to be completely off methadone by the next season coming up because your body might not listen to you. It might tell you that you shouldn't be completely off until next year--or the year after.

Before you even attempt to withdraw, ask yourself why you want to do so. If it is because your counselor or your parents or your significant other wants you to, forget it. You won't be successful. You must be the one who wants it, and you need to have all your affairs in order. That means you need to be working or doing something that you like to do, your finances should be in order, and you shouldn't have any issues you haven't dealt with. If you are ill or under stress, you absolutely do not want to try to withdraw at this time.

I've gained a lot of weight on methadone; I sweat a lot, and I get constipated. Is this common?

Many people gain weight when they quit using drugs. There is nothing to suggest that methadone "causes" the weight gain. It is more likely the change in behavior when you quit using. Let's face it--using opiates is usually a full-time job. We have to find the money, then we run around trying to get the drugs. We don't eat right, and we would rather use our money for drugs than food. Once we get on methadone, we have a lot of time on our hands that we didn't have before. For some people, one of the side effects of methadone is profuse sweating. I have had patients tell me that the kind of methadone they take reduces sweating (i.e., wafer vs. cherry liquid methadone), and others have said that lowering their dose a little has helped. Constipation is another side effect. However, it usually goes away with time.

How long are patients usually on methadone?

Another area where methadone is misunderstood is the length of time a patient should be on it. It's just like insulin for the diabetic. Insulin controls diabetes--while the patient is taking it. Blood pressure medication controls hypertension--while the patient is taking it. Methadone controls the disease of opiate addiction--while the patient is taking it. Even the most well-adjusted, committed person should think long and seriously about withdrawing from this medication (80-90% relapse to daily opiate use within two years--most relapse much sooner). The odds are against us when we quit taking it.

Odus: What percentage of your patients were eventually able to live completely free of all drugs, including methadone?

Dr. Dole: You see, even you are prejudiced to a degree, you want to know how many people get off methadone altogether when the question should have been, "How many patients were able to achieve a normal life consistent with their own abilities, strengths and so forth." The answer to that question is, "quite a large percentage were able to go on with their lives with some people reaching very high social and employment positions." There is such a misunderstanding about methadone as a maintenance medication. I was in treatment for the first six years not understanding its pharmacology or the way it should be used. I would try to withdraw from the medication every time a counselor would bring it up, "You're doing so well. It's about time you 'get off this stuff.'" Of course I was doing well. My addiction was being controlled, but it no longer was when I starting getting "off this stuff." As Dr. Dole mentioned in his interview for **Methadone Today**, for the most part those in the clinic system "put up with" methadone as an interim treatment. The whole point to the clinic system is counseling, and counseling is supposed to prepare the patient for abstinence. Granted, the majority of methadone patients have dual diagnoses. Counseling will help that. However, part of the problem is physical, and no amount of counseling is going to change that. When I started reading everything I could get my hands on about methadone and finally understood that I am not a weak person or a moral degenerate, I decided that I will probably be on this medication for the rest of my life. I no longer feel bad about it. Why should I? I don't get high off methadone; I get normal.

This information was taken from METHADONE TODAY
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