

Methadone fails 97% of drug addicts

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A KEY government drugs policy has been exposed as a shocking failure after it emerged that giving methadone to heroin addicts has a 97% failure rate.

In a damning indictment of the Scottish Executive's 'softly softly' approach to managing the heroin problem, research found that three years after receiving methadone only 3% of addicts remained totally drug-free.

The same study, by Scotland's leading drugs expert, found that there was a 29% success rate among addicts who went 'cold turkey' in a rehabilitation centre.

The research also spelled out the wider social benefits of coming off drugs. Those free of addiction were seven times less likely to commit crime than addicts and were far more likely to be in work or education.

Methadone has been used since the 1980s in Scotland as a controlled and supposedly safe heroin substitute.

But the programme, which costs around 12m a year, has proved increasingly controversial. The number of addicts receiving methadone quadrupled in a decade and there have been tragedies involving children overdosing on the drug.

The new figures - which show methadone use is only marginally better than doing nothing at all - are a severe embarrassment for ministers and last night triggered demands for a tougher drugs policy. Executive sources last night admitted that they were frustrated by the lack of progress and would review current practice.

The report was compiled by Neil McKeganey, Professor of Drug Misuse Research at the University of Glasgow, and one of the most authoritative figures on drugs in Scotland. His survey is the first major assessment of the Executive's methadone programme.

McKeganey told Scotland on Sunday: "The remarkable figure is that if we weren't giving them anything at all, after three years some people would have come off anyway. Around 1% or 2% would have stopped, just because they had had enough.

"You have to ask yourself: the methadone programme is estimated to cost around 12m a year.

"If all you are doing is getting 3% of people off drugs after three years - you may say that it is a cheaper programme than residential rehabilitation - but is it justified when it gets so few people off?"

He added: "When you compare people on methadone with addicts who have abstained from drugs, their lives are in a better state, they are more likely to be in employment; they are doing a lot better."

¹ <http://www.scotsman.com/news/scottish-news/top-stories/methadone-fails-97-of-drug-addicts-1-1416415>

McKeganey's report was based on interviews with 695 drug users who began treatment for their addiction in 2001. The majority were given methadone-based care, while a small percentage were placed in residential rehabilitation.

The authors then interviewed them 33 months afterwards to find out whether, over a 90-day period, they had come off drugs.

For those on the most common form of treatment - methadone maintenance - only 3.4% were clear. For those who had been in residential rehabilitation or gone 'cold turkey', often for up to nine months and without any methadone, the figure was 29.4%.

The research also proved the clear social benefits of getting addicts off drugs. Of those who were 'clean', some 59% were in employment or taking an education course, as opposed to only 29% of those who were still on drugs.

A total of 79% of those who were drug-free said they felt better, as opposed to 47% of drug users.

The biggest difference, however, was on crime. Only 13% of those who were drug-free admitted to committing any crime. The figure for those who were on drugs was a staggering 91%.

McKeganey concluded: "In Scotland at the present time, approaching 20,000 drug users are thought to be receiving methadone. By comparison, there are relatively few residential rehabilitation services - indeed on the basis of information provided by the Scottish Executive, only 2% of drug users initiating drug abuse treatment in Scotland are provided with residential rehabilitation. There may well be a case for ensuring greater access to residential rehabilitation services within Scotland than is currently the case."

A spokesman for Jack McConnell said he backed McKeganey. "The First Minister respects the work of Neil McKeganey. He is in no doubt that these issues are among the most pressing in Scotland and he is as frustrated as the public about people being in long-term programmes rather than becoming drug-free."

Annabel Goldie, leader of the Scottish Tories, who has been campaigning for more rehab centres, seized on the findings. "This study underpins everything we have been saying in recent years. Methadone, which was meant to be a bridge, is no such thing, as these findings sharply and disturbingly reveal.

"Clearly, the way forward if we are serious about reducing drug addiction in Scotland and helping to keep more people off drugs, is to expand rehabilitation facilities."

She added: "Taking addicts off drugs is not just good for them, it is good for their families and the whole of society as drug misuse fuels so much of the crime in this country."

However, there was a backlash from official drug agencies last night.

David Liddell, the director of the Scottish Drugs Forum, which is backed by the Scottish Executive, said: "It is depressing to see the debate being manipulated so that drugs treatment becomes a question of either abstinence and residential rehabilitation versus methadone and community-based services.

"There is a need for more rehabilitation services. But what is needed is a wider range of services which best meet people's needs when and where they are most likely to benefit from it."

McKeganey's report will be published in full next month.

Hard habit to break

METHADONE was first produced in the late 1930s by German scientists looking for a painkiller that would be easier to use than morphine.

It began being used to treat addiction in the late 1940s.

Although chemically unlike morphine or heroin, it also acts on the opioid receptors in the brain and thus produces many of the same effects as these drugs. It also lasts in the body for a relatively long time, up to 26 hours, making it useful in efforts to keep addicts off harder drugs.

In Scotland, prescriptions for methadone have risen from 98,131 in 1994 to 411,339 in 2005. The annual cost to the Scottish NHS of methadone is about 12m. Addicts are given their methadone to drink at a clinic or chemist and must consume it there and then. However some addiction experts believe that making patients drink their dose in full view of the general public stigmatises those who are trying to wean themselves from drugs.

In addition, methadone can have destructive side effects on unborn children.

A recent Scottish Executive study of clinicians' attitudes to methadone found many believed the drug was a long-term treatment rather than a short-term step towards "going clean" and that some addicts could expect to be years on methadone.