

## "Recovery"

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many psychological issues that could have left sexual problems in their wake, such as previous sexual abuse or long-lasting anxiety and guilt from a drug-addicted lifestyle.

There are many ways that MMT clinic staff can help – from changing medications to special counseling. Unfortunately, when it comes to sexual matters, many patients are embarrassed to mention their concerns and suffer in silence. It is important to overcome this discomfort or shyness and ask for the help that is available.

### Buprenorphine Soon Available

On November 13th, 2005 almost all OATC physicians attended a full day training course designed to improve their understanding of this important new medication for the management of opioid dependency. This treatment option will soon become available to you sometime in 2006. Speak to your doctor for more information.

## Tid Bits...

### THOUGHT OF THE DAY HELP...

"Life can often be challenging and we can all use the help of our friends, family, co-workers and even strangers. Asking for help is not a sign of weakness - it is the act of trusting the people who are there to support and love you."

### Is methadone bad for the heart?

Used appropriately as part of an MMT program, methadone does not appear to cause any heart problems, even at quite high doses.

To some extent, all opioids, including methadone, have an influence on heart function. Some of these effects are helpful. For example, persons having heart attacks are often given morphine. Other effects, which have been demonstrated mostly in animals or test tube experiments, are less certain to be helpful or harmful.

However, methadone has not been found to be harmful to heart health in actual patients.

A panel of MMT medical directors, collectively representing 117 years of experience in treating more than 29,000 persons with methadone, noted that they had not seen a single heart problem that they would directly attribute to methadone. Similarly, a small study of patients receiving very high doses of methadone – from 500 to 1,400 milligrams per day – did not find any methadone-related heart problems.

This is not to say that MMT patients do not experience heart problems just like other persons. However, the health risks, heart-related and otherwise, for opioid-addicted individuals not in treatment are great and death rates are high. The MMT program, of which methadone is a central part, provides a total healthcare environment potentially contributing to better heart health.

### Do I have to get off of methadone to be treated for hepatitis C?

Absolutely not. Unfortunately, MMT patients are sometimes told they must first withdraw from methadone or drastically reduce their dose to be treated for hepatitis or, if it's needed, to receive a liver transplant operation.

There is no scientific evidence that methadone interferes in any way with treatment for hepatitis C (or for hepatitis B) or with liver transplantation. In fact, there have been clinical studies showing that MMT patients, remaining on methadone, do just as well as any other patients if properly treated.

Also, there have been two U.S. federal guidelines on hepatitis C treatment that have supported the continued use of methadone in MMT patients during therapy for hepatitis.

### Can MMT patients participate in 12-Step programs?

Through many decades, 12-Step programs following the basic principles of Alcoholics Anonymous (AA) have helped millions of persons in recovery from addiction. Yet, at one time, the notion of someone on methadone maintenance attending 12-Step meetings was unthinkable. There are perhaps as many myths and misunderstandings surrounding 12-Step programs with MMT.

The continuing use of methadone was unacceptable among many AA members, because the person was considered as continuing to take an addictive drug.

For the same reason, some Narcotics Anonymous (NA) groups shunned persons on methadone. They did not understand, or care to acknowledge, the use of methadone as a legitimately prescribed medication and they failed to observe the unwritten tradition that, "No AA (or NA) member should play doctor." Some old-time AA/NA members discourage the use of any medications for mental problems, including antidepressants or other drugs acting on brain chemistry. Part of the problem might have come from an insistence by MMT patients on openly acknowledging their taking methadone, even though discussions of one's medical treatments have no place at AA or NA meetings.

Today, many AA and NA meetings are more hospitable to MMT patients, especially if they do not make a big issue of their taking methadone. In 1991, special groups were started for MMT patients, called "Methadone Anonymous" (MA), and these have spread around the US to some extent, with MMT clinics often providing meeting space. MA was founded on the belief that methadone is a therapeutic tool of recovery that may or may not be discontinued in time, dependent on the needs of the individual.

Persons in recovery who regularly participate in 12-Step meetings of any sort enjoy many benefits, including building a network of sober friends and ongoing personal development.

## How You Can Contribute

If you have something of interest to share, a particular story, poem or story of achievement that you would like to submit, please submit it preferably by email to Rhonda Daiter at [letstalk@toxpro.ca](mailto:letstalk@toxpro.ca) or leave a printed letter addressed to Rhonda Daiter at any of the clinics.

Fall Edition 2005

The Newsletter of  
The Ontario Addiction  
Treatment Centres

# "Recovery"



Ontario Addiction  
Treatment Centres  
— New Horizons —

### CLINIC LOCATIONS

#### Barrie Clinic

Tel: 705-730-0286

#### Belleville Clinic

Tel: 613-969-7862

#### Brampton Clinic

Tel: 905-450-6679

#### Cambridge Clinic

Tel: 1-519-624-6311

#### Cornwall Clinic

Tel: 613-932-9777

#### Guelph Clinic

Tel: 519-822-6100

#### Hamilton Clinic

Tel: 905-528-9889

#### Kingston Clinic

Tel: 613-549-6060

#### Kitchener Clinic

Tel: 519-746-1919

#### Lindsay Clinic

Tel: 705-324-5553

#### Mississauga Clinic

Tel: 905-279-4848

#### Newmarket Clinic

Tel: 905-868-9966

#### Niagara Falls Clinic

905-356-0666

#### North York Clinic

Tel: 416-736-6279

#### OATC Peterborough Clinic

Tel: 705-748-0995

#### Ottawa Clinic

Tel: 613-233-1114

#### Owen Sound Clinic

Tel: 1-519-371-0007

#### Sault Ste. Marie Clinic

Tel: 705-759-8080

#### Sudbury Clinic

Tel: 705-673-1116

#### Thunder Bay Clinic

Tel: 807-622-2900

#### Thunder Bay Clinic, North

Tel: 807-768-2910

#### Vanier Clinic

Tel: 613-749-9666

#### Woodbridge Clinic

Tel: 905-264-1143

## Why are you testing my Urine?

As you may all know, part of the methadone program within the Ontario Addiction Treatment Centers is to leave twice weekly supervised urine samples in order to be able to judge each patient's progress in their recovery. We all realize that leaving such samples is not always that easy. At times, it may even seem humiliating to have someone watch as you pass that sample. While we hope to one day move towards testing saliva (which would only require you to open your mouth to take a small swab from inside your cheek), this reality is still not here.

So, in the meantime, you are asked to leave twice weekly samples if you are on Level 0 through to 5 (i.e. have zero or up to five carries per week), and then once a week or randomly, should you be on Level 6. Twice weekly samples is the only way to absolutely establish the truth to any claim that no drugs have been consumed since most drugs will still be present in the urine for up to 48 to 72 hours. As much as we would like to just 'take our patients word that they are not using', experience has painfully taught us all that this can often lead to dangerous or life threatening consequences.

Within the Ontario Addiction Treatment Centers, we test everyone for the presence of methadone in

the urine to ensure that it hasn't been diverted (i.e. sold or given to someone else) into the community. This is done by looking for the level of the metabolite of methadone or EDDP (meaning, methadone that has actually been consumed and passed through your liver) as opposed to methadone cleverly added to the urine bottle at the time the sample is given. A low level, compared to previous levels that are consistently normal, implies that your full dose of methadone may not have been consumed. This is why we ask for the sample before you drink your methadone dose for that day as it will then properly reflect the prior day's dose. In order for this to be accurate, we also test for how dilute or concentrated your urine sample is (we measure "creatinine"), since this will alter the absolute amounts of drug found in your sample. So if you try to dilute your sample by drinking lots of fluid before you provide your sample (called "water loading"), this can easily be determined. We can also tell if you have "substituted" your sample with water, since the "creatinine" level would be outside the level of what could be physically possible for your body to produce. In conjunction with this, we also look at the acid / base balance of your urine sample since this also tells us if

you might have taken something to tamper with your sample (like vinegar). We can also even "finger print" the sample you provide by looking at the pattern of electrolytes (sodium, potassium, and chloride) and comparing the results to other patient's samples to make sure that no two people bring in the same sample (often called "sharing a bladder").

In addition to the above, we test every urine sample for cocaine levels, other opiates (like morphine, heroin and codeine), alcohol, and benzodiazepines (drugs like Valium or clonazepam). We also randomly test urines for metabolites of amphetamine, methamphetamine, barbiturates etc.

Taken together, this rather rigorous testing ensures that only those individuals who are truly free of illicit drugs are given the privilege of carries or take-home doses. We want you all to know that we are very sensitive to the challenges that this process brings and we have tried over the years to maintain as much of your dignity as possible. That said, we strongly feel that testing in this fashion is essential to reduce the harm to all our patients and those in the community. Should you ever feel improperly treated or unjustly held to a standard that you think unreasonable, please talk to one of the doctors at your clinics at your next appointment.

## HEPATITIS C.

Get Informed. Get Tested. Get Treated.



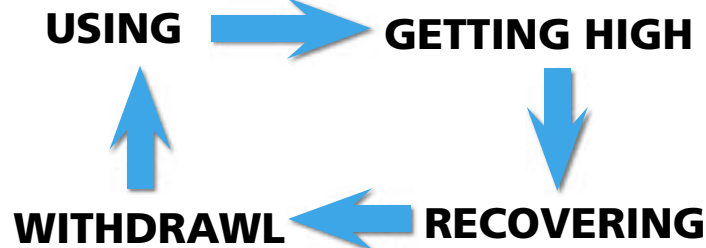
# The Methadone Tool – Using it **CORRECTLY**

By: Dr. George Kolbe

I frequently hear the following statement from new patients about to embark on methadone treatment: "Doc, I only want to be on methadone for a few months then wean off and I should be fine".

Patients are usually surprised to learn that the methadone tool does not work this way and does not have magical properties that transform an opiate dependant patient to a sober patient in a matter of months.

The methadone tool works this way: At the correct, stable dose, there is no "high", no sedation and most importantly no withdrawal symptoms. At the correct dose, these



properties will be present for at least 24hrs. This removes the patient from the following vicious cycle shown above.

When patients are trapped in this cycle, they are completely focused on the next step in the cycle to the detriment of all other aspects of their lives. This results in the inability to work meaningfully, the breakdown of relationships with families

and friends and frequently criminal or risky behavior to support the cycle.

The methadone tool takes patients out of this cycle and therefore allows them to embark on recovery (usually with the assistance of counseling). Patients feel "normal" and are able to hold down gainful employment, repair their relationships with friends and family, make new,

non-using friends and move to accommodation away from drug using areas.

Take just one of these recovery actions, namely, making new, non-using friends as an example. It takes significant time to achieve this and other goals – often several years.

Without making these significant lifestyle changes there is a very high rate of relapse. I therefore like to emphasize to new patients that the correct use of the methadone tool is to allow them a sober, stable window to effect the necessary changes described above in order to form the necessary safety net and support systems to prevent relapse.

## Four Seasons of a Tree

*Don't judge a life by one difficult season.*

*There was a man who had four sons. He wanted his sons to learn to not judge things too quickly. So he sent them each on a quest, in turn, to go and look at a pear tree that was a great distance away.*

*The first son went in the winter, the second in the spring, the third in summer, and the youngest son in the fall.*

*When they had all gone and come back, he called them together to describe what they had seen.*

*The first son said that the tree was ugly, bent, and twisted. The second son said no - it was covered with green buds and full of promise.*

*The third son disagreed, he said it was laden with blossoms that smelled so sweet and looked so beautiful, it was the most graceful thing he had ever seen.*

*The last son disagreed with all of them; he said it was ripe and drooping with fruit, full of life and fulfillment.*

*The man then explained to his sons that they were all right, because they had each seen but one season in the tree's life.*

*He told them that you cannot judge a tree, or a person, by only one season, and that the essence of who they are - and the pleasure, joy, and love that come from that life - can only be measured at the end, when all the seasons are up.*

*If you give up when it's winter, you will miss the promise of your spring, the beauty of your summer, and fulfillment of your fall. Don't let the pain of one season destroy the joy of all the rest.*

*The greater the obstacle, the more glory in overcoming it. ~ Moliere ~*



## FAQ's on MMT

### Why does methadone make me put on weight?

There is actually nothing about methadone or the way it affects the body that would make a person put on weight. However, this is a very old complaint of patients in MMT programs. A survey in 1984 reported that about 1 in 10 patients had gained weight, although 1 in 20 persons lost weight while on methadone. So, the situation is entirely opposite in different folks, which supports the view that methadone itself is not the cause.

One common explanation for the weight gain is water retention but, in most cases, it is found that the patient is taking other medications that cause water retention or there is another reason. Many medications, such as some (but not all) antidepressants, cause weight gain as a side effect. Furthermore, many persons in MMT are simply taking better care of themselves and eating much better than they did while leading a life of substance addiction. A more healthy diet (talk to a dietitian) and some regular exercise could go a long way in helping control weight problems.

### Is methadone harmful for MMT patients with HIV/AIDS?

Research in MMT patients has demonstrated that methadone does not make HIV or AIDS worse, nor does methadone interfere with treatment for this viral infection. However, there has been some confusion regarding this.

Laboratory experiments reported in 2002 from the University of Pennsylvania found that the HIV virus was able to more easily infect certain cells when methadone was added to the mix in a test tube. Also, when methadone was added to cells in which the HIV infection was inactive,

the virus began to grow again. These cells, however, were not from MMT patients, so nothing can be said here about HIV in such patients. Other research had found that steady doses of methadone actually inhibit viral activity.

Studies in human subjects – MMT patients – have shown that methadone is not harmful and, in fact, may boost recovery from HIV. In one investigation, patients with HIV in MMT were compared with HIV-infected former injection drug users (IDUs) not in MMT and individuals still injecting illicit drugs. In the methadone-maintained patients the progression of HIV disease was three times less than in the IDUs and also less than in the opioid-free former IDUs not in MMT. Importantly, over time, 10 persistent IDUs died of heroin overdoses and 2 drug-free former IDUs relapsed and died – there were no such deaths in MMT patients.

Although methadone does not appear to be damaging in persons with HIV or interfere with anti-HIV therapy, two conclusions should be noted: 1. continued use of injection drugs makes HIV worse; 2. MMT patients must receive adequate doses of methadone. In fact, one small study of MMT patients being treated for HIV found that their response to drug therapy was excellent; however, they needed about a 50% increase in methadone dose (on average) due to an interaction of the anti-HIV medications with methadone.

### Could methadone be causing my sexual problems?

Some surveys have found that as many as 9 out of 10 men and women entering MMT programs have sexual difficulties of one sort or another. But such problems are not caused by methadone, and, in almost all cases, these persons can be helped to experience intimate

## Barak's Lets Talk CORNER Jessica's Story

Jessica was a young little bear who lived among other bears. One day on her way to somewhere, she got a cut. Jessica was afraid to tell her parents and friends about the cut and how she got it, so she tried her best to hide it. Next to her village was the dark forest. Her family and friends always warned Jessica not to go there, as other bears were hiding there for various reasons. But Jessica found it increasingly difficult to hide the cut, to the point when she decided to venture into the woods.

When she entered the woods, Jessica was approached by another bear. Jessica could see that the other bear, whose name was Hugo, also had a cut. It was the way he talked and looked at her. Hugo was wearing a colorful and flashy band-aid over the cut, so the cut was less noticeable. Hugo told her the he would give her a similar colorful band-aid, but warned her that it is expensive. Without thinking twice, she agreed to buy it. Jessica felt really good for a while. The band-aid covered the cut and she no longer had to worry about hiding. But soon she realized that the band-aid came with a cost, which was much more than just money: Because the cut was covered, it could not heal, it became worse and turned to a wound, which only made her want to hide it even more. She now was even more afraid to tell her parents, family and friends about the cut and so it became a vicious circle. In addition, she more frequently visited the dark forest to get flashier band-aids to help her hide the increasingly expanding wound and was not happy about not being honest with her family. She did, however, meet some other bears working in a medical centre who told her they could help her get rid of the band aid and heal the wound. But Jessica did not know them well and was afraid. After all, taking a band aid off is painful, and exposing the wound to the light of day takes courage.

But after a few years, Jessica realized that she will never heal if she does not get help and speak to someone. She found the courage to walk into the medical centre (which looks very much like your OATC clinic...) where she met other bears who were healing, understood her, and encouraged Jessica in her recovery. Jessica also knew that healing takes time, motivation and sticking to her goals. But Jessica felt much better now about herself and for the first time, told her family about the wound.

Jessica knows she is on the road toward recovery. If you feel like you need to speak to someone about your recovery, ask your clinic staff for an appointment for individual or group psychotherapy. I would like to help.

Thank you.

**Barak Raz, M.A.**  
Psychotherapist  
OATC

relationships with a partner and enjoy sex.

There are many causes of sexual and reproductive problems in MMT patients. Past use of illicit drugs and alcohol could have upset hormonal balance in the body,

which often returns to normal over time. Some prescribed medications, such as certain antidepressants, may cause impotence (trouble getting an erection) or lack of orgasm as a side effect. Then, there are page 4.

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