

Psychotherapy Guidebook

A photograph of a natural rock archway, known as Nature's Window, set against a backdrop of a mountain range under a clear sky. The rock is a warm, reddish-brown color, and the scene is lit with soft, golden light, suggesting sunrise or sunset. The archway frames the distant mountains.

METHADONE MAINTENANCE

Arthur Maglin

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Methadone Maintenance

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DEFINITION

Methadone Maintenance is a system of therapy utilized in the treatment of opiate-dependent persons. Almost always, the addiction being treated is to heroin, but the therapy is applicable to persons addicted to such other opiates as morphine, opium, and Demerol.

The opiate-dependent person is given daily doses of methadone, a dependency-forming synthetic opiate, which can eliminate narcotic craving, block opiate euphoria, and allow the patient to function normally. Since a transition to a new and satisfying style of life is the general goal of Methadone Maintenance therapy, an essential and mandated feature of this form of treatment is counseling services.

Since methadone has no direct effect on the potential abuse of other drugs, such as cocaine, barbiturates, amphetamines, and minor tranquilizers, regular monitoring of patients' patterns of drug intake is accomplished by means of clinical observation and analysis of urine samples. Attempts are usually made to screen out polydrug abusers before admission into a

Methadone Maintenance program. Counseling techniques are used to prevent new nonopiate addictions from developing once a patient is enrolled in treatment.

HISTORY

The failure of drug-free counseling programs and therapeutic communities to attract and successfully rehabilitate the majority of heroin-dependent people has led to a continuing search for a chemical agent that could serve as an adjunct to counseling in helping people to break away from the heroin addict life-style. Methadone, developed into a system of maintenance therapy by Vincent Dole and Marie Nyswander during the 1960s, has so far been the most successful of these chemical rehabilitative aids. Others still being researched include Darvon-N, LAAM, naltrexone, and cyclazocine.

The original Dole-Nyswander theory specified that opiate addiction produces a permanent change in body chemistry, which creates a nonreversible need for an opiate. Since clinical trials showed that methadone taken once a day allows an opiate addict to function normally, while heroin taken several times a day does not, Methadone Maintenance became a viable form of drug replacement therapy. However, opiate-dependent persons, according to Dole and Nyswander's original hypothesis, might have to be

maintained on methadone for life.

This theory is no longer universally adhered to. Most experts now believe that it is possible for many opiate-addicted people to return to a drug-free state after one or more years of Methadone Maintenance therapy, if they have been aided through counseling in constructing a satisfying new life-style. Usually, this means that the patient has improved family relationships, established new friendships, and become involved in some form of structured full-time activity, such as work, school, or child care. Increasingly, Methadone Maintenance programs contain drug-free aftercare components.

In recent years Methadone Maintenance programs have had to cope with the increasing prevalence of combined addictions. Since methadone taken in combination with heavy or steady doses of such drugs as sedatives, minor tranquilizers, or alcohol can medically endanger the patient, attempts — often not successful — to treat the nonopiate addiction by means of various individual, family, and group counseling techniques have become an important feature of the methadone treatment modality.

Methadone programs fall into two general types: public and private. The public programs are funded almost entirely by governmental sources. They tend to have larger and more qualified staffs than the private programs in which the patients pay for their treatment and which are run on a profit basis.

Private programs receive some governmental funding via the Medicaid program. Much of the controversy, though by no means all of it, that has surrounded Methadone Maintenance programs has centered on the practices of many of the private clinics.

TECHNIQUE

Methadone is given to voluntary patients in uniform daily dosages of 20 to 100 mg. Urine samples are collected and analyzed once a week. A counselor is assigned to the patient and a treatment plan is developed that takes into account the rehabilitation goals to be achieved.

These goals may typically include, in the beginning, helping a patient to negotiate the welfare system in order to establish a legal source of income and perhaps to obtain rent for an apartment. Later goals may include obtaining a high school equivalency diploma, obtaining job training, and seeking employment. Throughout, the counselor attempts to aid the patient in finding new means of coping with problems other than turning to drugs. The counselor will advise against detoxification from Methadone Maintenance before the patient has established a reasonably comfortable pattern of re socialization and will support detoxification after such a pattern has been accomplished.

With some patients, insight-oriented techniques will be utilized. In

other cases, supportive and directive techniques will be seen as more appropriate. Group therapy and family therapy are also frequently employed.

APPLICATIONS

Methadone Maintenance is an effective form of therapy with strictly limited applicability. Methadone Maintenance is of no use to persons addicted to substances other than opiates. It is useful only as an aid to improving the functioning of many opiate-addicted persons. Other treatment modalities, such as drug-free therapeutic communities, are more applicable to others.

Out of the tens of thousands of patients for whom Methadone Maintenance has been successful as an aid to improved functioning, it can for many also be a step toward total abstinence from drugs, a goal that most addicts see themselves as working toward.