



Liquid doses of methadone are administered to people addicted to heroin and painkillers at a private clinic in Georgia.

AP / KEVIN D. LILES

EDITORIAL

The ignored antidote

BY THE EDITORIAL BOARD

Medication is the most effective therapy for opioid addicts, but can't overcome its stigma

Imagine there were a cancer drug covered by insurance that cut the rate of fatalities by twice as much as any other form of treatment, but most doctors were not allowed to prescribe it, most patients were not fully informed of its effectiveness and the medical establishment did not make it a standard treatment.

Imagine that many professionals responsible for treating the cancer, as well as friends and families of those with the disease, had a bias against the drug.

Now imagine that the preferred alternative treatment for that deadly cancer were a regimen of prayer, fellowship, behavior modification and group therapy.

This sounds like an insane way to treat an illness for which a drug regimen works far better. But that's exactly what is happening with opioid addiction, which we call a deadly disease but too often treat like a sinful behavior.

Opioid addiction is believed to have killed about 50,000 people in the United States in 2017. It has become the leading cause of death for people younger than 50 in the nation, and on Long Island it is estimated to have taken at least 600 lives last year. And while recent national and local numbers show that the epidemic finally may have begun to recede a bit, opioid addiction will be among our most significant problems for many years.

Study after study has shown that the most effective treatment for opioid addiction is medication-assisted treatment, which consists of two different protocols. In one, addicts are treated with methadone or buprenorphine, which imitate certain aspects of opioids like heroin or fentanyl long enough to prevent the feelings of withdrawal and cravings. In the other, they are treated with naloxone, which makes users incapable of getting high from opioids by blocking their effects.

However, the most common treatment for opioid addiction is rooted in the 12-step programs developed to treat alcoholism, which involve meetings, the sponsorship and guidance of recovered addicts, the acceptance of a "higher power" and a moral code of conduct. This model was developed in the 1930s specifically to treat alcohol addiction. But the pain of withdrawals from quitting drinking, which can be severe, are negligible in their length and severity compared with the suffering when quitting opioids. Opioid addicts trying to stop are often deeply depressed and seriously ill. Such 12-step programs can be very helpful to those opioid addicts who are open to them in their overall recovery. But used alone, they are ineffective compared with medication, and

for many, the programs do not work at all.

A study released last week looked at outcomes for more than 17,000 Massachusetts adults who survived overdoses between 2012 and 2014. It found that the 11 percent of patients who received methadone treatment had 59 percent lower mortality over the following year than those who had no medication. The 17 percent given buprenorphine had a 38 percent lower mortality rate.

This wasn't a new finding, yet experts estimate that less than 30 percent of opioid addicts in the United States who have overdosed or tried to quit received medication-assisted treatment. In comparison, 80 percent of opioid addicts in Switzerland and 70 percent of them in France get drug therapy, and overdose deaths have plummeted.

New York State, local governments, advocates and health care organizations on Long Island are fighting to address the availability of maintenance drugs and their acceptance, but more must be done, more quickly.

What's needed are:

- Data collection by the state to contrast the outcomes for addicts who use medication in their therapy in treat-

ment facilities and those who do not.

- A vigorous awareness campaign to help addicts, health professionals, addiction counselors and families understand that proper treatment is not more drug abuse. It is not getting high because, in general, the drugs involved are not strong enough to get addicts high. Proper treatment is recovery. It is a medical regimen to combat a chronic disease, and it saves lives. It even saves lives among addicts who relapse, because the treatment helps prevent overdoses from heroin or fentanyl.

- Immediate medication-assisted treatment for overdose patients in emergency rooms and those addicts who are arrested, and assurance that they are set to continue treatment seamlessly when they leave the hospital or jail.

- Repeal of the restriction that requires that doctors get waivers to prescribe drugs used to combat opioid addiction.

- Wide, around-the-clock availability of the drugs at emergency rooms and walk-in clinics, so patients can get help immediately when they are ready. Addicts who can't quickly get treatment when they decide to seek help often get high, and die, before they get that help.

The federal government, the state, health care organizations and deep-seated stigmas tend to change very slowly, but what's needed now is the urgency and pace of change you'd expect from a nation at war. Because the casualties continue to pile up.