# Methadone Treatment in Dublin: In Need of Review

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"Methadone treatment has been shown to be an effective therapeutic intervention for patients attempting to give up heroin; patients with access to methadone treatment have a higher successful cessation rate than those without methadone[2]."

Methadone is a powerful synthetic analgesic drug, which is similar to morphine in its effects but less sedative. It is used as a substitute drug in the treatment of morphine and heroin addiction[1]. Methadone treatment has been shown to be an effective therapeutic intervention for patients attempting to give up heroin; patients with access to methadone treatment have a higher successful cessation rate than those without methadone[2].

Last summer I had a placement with Dublin GP, Dr Austin O'Carroll in three outreach homeless methadone clinics that he runs through the SafetyNet organisation. This placement gave me the opportunity to explore the effectiveness of methadone treatment in Dublin.

Addiction is a behavioural pattern of substance use, characterised by a compulsion to take the substance, primarily to experience its psychic effects[3]. During my time at the methadone clinics, I saw intravenous drug addicts who were desperate to get off heroin through a methadone programme in order to escape from the chaotic lifestyle that goes hand-in-hand with heroin use.

Upon looking into the issue a bit further, it became clear that the methadone treatment options in Ireland are not as effective as they could be, and that heroin abuse is costing society more than it should. As the following discussion will show, a few relatively minor changes in policy could significantly improve access to methadone treatment and simultaneously cut down on the costs attributed to heroin abuse in our society.

To commence a methadone programme, an addict must attend a specialist GP authorised to prescribe methadone. There is a cap on the number of patients that can be treated by level one and level two GPs. A level one GP can prescribe for up to 15 patients with methadone, while a level two GP can prescribe methadone up to 35 patients, or a maximum of 50 patients if they are in a partnership with two or more doctors in their practice.

In certain exceptional circumstances these numbers may be increased. Approval for this increase is obtained from the ICGP/HSE review group following an application from the GP or practice in question[4].

A drug user can also access a methadone programme at the Trinity Court facility on Pearse Street, Dublin. This National Drug Treatment Centre provides rapid assessment for potential methadone patients. No appointment is necessary and self-referral is usually sufficient. In order to be accepted onto the Trinity Court methadone programme, patients must first provide three 'dirty' urine specimens. The waiting list at the centre has recently decreased from several months to several weeks.

I contacted two methadone clinics, the first in the United Kingdom and the second in Switzerland to compare treatment waiting times. The Methadone Alliance in London said "significantly less than three weeks"[5], while the Swiss clinic said that "clients who ask for methadone treatment usually can get treatment within a day or two"[6].

From an economic perspective, Ireland's current methadone treatment strategies are questionable, in that the limited level of access to methadone might be impeding reduction of the number of active heroin abusers. Having more people on heroin amounts to increased policing/jurisdicial expenses, owing to the heightened incidence of crime which so often accompanies heroin trafficking.

The drug users I spoke to that wanted to start a methadone programme had an average habit of between one and two bags of heroin a day. A bag of heroin costs €20 on the street; therefore, one year supply of heroin (€40 × 365 days) could cost an addict €14,600. There are an estimated 20,790 heroin users in the Republic of Ireland[7]. Most will either sell heroin or steal to support their habit. This inevitably brings an addict into contact with the criminal justice

system: one night in Mountjoy Prison costs the State €193.19[8]. Therefore, keeping one prisoner detained for a year costs €70,514[8]. This does not take into account the many victims of crime, the huge traumatic psychological impact on the victim, and how much this costs our society.

One 500ml bottle of methadone costs the General Medical Services €12.70. The average addict uses 70-100ml of methadone a day. Therefore, to keep one person on a methadone programme for a year would cost the government €927.

For the purpose of this article, I spoke to several intravenous drugs users, most of whom had been in prison at some point in their lives. The majority of these addicts say that they would like to be on a methadone programme, however, the long waiting list prevents them from taking the necessary steps to do so.

## Conclusion

It would seem that easier access to methadone treatment would work to reduce criminal activity[2] and save funds, which could be used to employ more nurses for our overstretched health care system or solve the current pay issue with rostered 4th year student nurses. Keeping 1% (208) of the heroin-using community out of prison for one year could save the government €14,666,984.80 (208 × €70,514). Keeping 1% (208) of heroin users on methadone for one year would cost the government €192,836.80 (208 × €927), which is a potential saving of €14,474,148. A few minor changes in policy could significantly improve access to methadone treatment and simultaneously cut down on the cost attributed to heroin abuse in our society.

Most heroin users are from a disadvantaged background[2] the bigger solution might well be a change in our social model and a more inclusive society.

## Acknowledgements

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Photo courtesy Mr James Kirwan.

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## Case study

Previous to this placement, I assisted a client onto a methadone programme in one of the outreach methadone homeless clinics. At the time, the client had a chronic lower leg ulcer ongoing for three years and a heroin habit for seven years. Due to his chaotic lifestyle his compliance with wound care was extremely poor. By chance I encountered the client at the start of my placement. He said that since he started methadone, his life was less chaotic and his leg ulcer had improved hugely. Instead of spending his social welfare on heroin, he could afford to pay for hostel accommodation and nutritious food. He said: "I now feel stable and able to move forward with my life".