

METHADONE TREATMENT OF HEROIN ADDICTS IN THE HOUSES OF DETENTION AT HAARLEM, HOLLAND

P. A. ROORDA (*)

Detoxification of heroin addicts in prison is rather easy. From the medical point of view it does not really matter what medicine is prescribed. Methadone, tranquilizers, propoxyphene and clonidine have advantages and disadvantages. The most important factors for proper management of the detoxification process are « no panic » and a quiet, patient and understanding attitude in all persons who come into contact with the detoxifying addict.

But detoxification as such has little value for the addict when he is not or not yet motivated to start fighting his addiction. It is evident that no addiction can be conquered if the addict does not realise that he himself is responsible, that he cannot passively be treated for his addiction. He has to do it himself. An addict can be compared to an athlete who has to run a difficult race. His coach can do a lot for him, like telling him how to run, taking away difficulties and so, but the athlete has to do the heavy work, not the coach. If the athlete is not « motivated » the coach is powerless. If the athlete is really motivated he can sometimes even win the race without a coach.

An athlete who is told constantly by everyone around that he is no good, that he has failed in everything so far, that it is anyhow impossible to win, and so on, must be a remarkable athlete if he nevertheless wins.

(*) Head of the Medical Department of the Haarlem Houses of Detention. Advisor on Addictions to the Ministry of Justice.

That is the position of an addict who want to stop being an addict. He is surrounded by selffulfilling prophecies proving that he must be a real superman if he wants to start fighting his addiction against these odds.

Addicts do not know how to cope with responsibility.

Addicts can not make difficult choices. So if they want to learn a different lifestyle, they have to learn to choose and to realise the consequences of the choices they make. They have to learn to choose now and not tomorrow and they have to learn that they and they alone are responsible for their choice.

Life in prison does not give abundant opportunity to teach a person matters like these.

In the outside world an addict can chose for a treatment program as it is — take it or leave it. When he enters a treatment program his daily choice is staying or leaving. In prison an option between staying or leaving does not exist. So we have to find another subject for chosing, namely detoxification yes or no. This way gets methadone a totally different function from being just a medicine for abstension symptoms.

Gradually we developed a method of working with addicts in which their own choice and their own responsibility are put in the centre of our doings.

When a new addict comes in, I point out to him that *he* is an addict and not I and that in the long run he *himself* will decide what is going to happen to him and not I. I decidedly reject the well known argument: « You are a doctor, so you know what is best for me ». I ask him what he wants for now and the future. If he wants to conquer his addiction detoxification of his own free will can be the first step. If he does not want to fight or if he thinks to be not yet fit for fighting, he can get methadone, which means that for the time being he chooses for continuing his junkie lifestyle, with all the consequences.

If he chooses for detoxification he chooses for something he can be rightly proud of when it is finished. To be praised enhances his self-esteem, for most heroin users a very uncommon and exciting sensation.

To make this method credible I had to include the option for a maintenance dose. Frequent talks are taking place between doctor or nursing staff and the addict about the conse-

quences of his choice and whether modifications of the original choice should be made. If detoxification by means of methadone is chosen, the moment to start, the initial dose and how quickly or slowly the dose will be diminished, is defined in close cooperation with the addict.

There are however some rules without exception in methadone administration: The doctor has the final say in deciding methadone doses. Methadone is issued in solution and has to be taken under strict control. When methadone detoxification is finished, it will not be allowed to start taking methadone again. Detoxification also means stopping sleeping pills and/or tranquilizers.

During 1979 we saw 241 heroin addicts in the Harleam houses of detention. That is about 25% of the prison population. 23 Were released before any treatment program could have been finished. For the remaining 218 people the options for detoxification were:

Detoxified without medicine . . .	51 = 23,5 %
Detoxified on rapidly decreasing doses of propoxyphene . . .	59 = 27,2
Detoxified on methadone . . .	96 = 45,2
Methadone maintenance dose . .	10 = 4,6
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TOTAL . . .	218 100

These figures show that given free choice, most addicted prisoners in a house of detention choose for detoxification. The 10 persons who chose formaintenance dose and kept to that choice to the end, were convinced long-time heroin users, who definitely wanted to continue their junkie lifestyle. They were all well known recidivists. On maintenance dose they proved to be much more on speaking terms with others, than during preceding stays in prison when compulsive detoxification was still the only available treatment.

The decision whether or not to continue a maintenance dose depends among other on the expected lengths of stay in prison. The average sentence of an addicted prisoner is about 3-5 months. The longer the sentence, the more reasons can be found for detoxification after all. We have no expe-

rience with a maintenance dose in sentences exceeding six months.

Among the people who took the option for detoxification, a majority chose to do so on methadone. The others did not want medicine or the medical staff did not consider methadone or, in lesser cases propoxyphene, to be indicated.

Those who chose for methadone detoxification took very different lengths of time to finish the process.

Methadone administration during:

3 - 9 days	13	=	13,3%
11 - 21 days	58	=	59,2%
23 - 34 days	15	=	15,3%
37 - 76 days	12	=	12,2%
	98		100
TOTAL	98		100

We found it important not to rush people into making the choice for detoxification. After entering prison they have a lot to worry about and need time to stabilise. It is interesting to see that 27,5% of this group chose for detoxification only after a long time of hesitation. Many wanted to detoxify but did not dare to. Some definitely did not want to detoxify in the first weeks of detention. Gradually they could be brought to see that trying would do no harm. In this way they had the opportunity to conquer their fear. Afterwards they could be led to accomplish an achievement which at first they thought to be far beyond their limits.

Sometimes detoxification even became a status symbol for detained addicts.

Working in this way has the additional advantage of being a pleasant way of building up a good relationship with addicted prisoners.

Important thought it may be, detoxification is only the first step in conquering an addiction. Detoxification in prison is still a long way off from the ultimate goal.

After detoxification the addict will have to choose how to continue. The motivation for further treatment is to be stimulated. We try to do this by informing the addicts as well as possible on existing possibilities for treatment and

by bringing them into contact with treatment agencies. These agencies have opportunities to recruit clients in the penitentiary institutions.

We hope that a detoxification process, that may be perceived by the addicts as an achievement-to-be-proud-of, may help in stimulating the motivation for further treatment afterwards.

Regrettably we have as yet no opportunity to learn the results of our way of treating addicts. Whenever it fails — as is often the case — we see the addict come back to prison sooner or later. Whenever it is successful, we never see the patient again, although the reverse of course is not true. There is no way of knowing if we make any contribution in solving addicts' problems. But it works during detention.

And it certainly solves a lot of our own problems.

RIASSUNTO

La disintossicazione nelle carceri può essere attuata con o senza i farmaci. La disintossicazione obbligatoria non ha nessun valore ai fini della prognosi della tossicomania. I tossicomani sono responsabili del loro futuro. Il trattamento della tossicomania è impossibile. Il terapeuta può essere paragonato alla vettura di un atleta. La cura della tossicomania dipende dalla libera scelta del tossicomane di voler combattere la sua dipendenza.

Il tossicomane deve imparare a scegliere con la piena consapevolezza delle conseguenze di tale scelta. In carcere la libera scelta è raramente possibile. Negli istituti di detenzione di Harlem si è sviluppato un metodo che utilizza la disintossicazione allo scopo di insegnare ai tossicomani a scegliere. La maggior parte dei tossicomani scelgono, quando ne hanno la possibilità, di sottoporsi alla cura disintossicante durante la loro permanenza in carcere.

Solamente il 4,6 % dei tossicomani, su un totale di 218 tossicomani, continuano a scegliere la dose di mantenimento fino al momento della scarcerazione.

Bisognerebbe fare in modo che la disintossicazione diventasse una conquista della quale essere fieri, e ciò potrebbe influenzare positivamente un'eventuale scelta a favore del trattamento.

RESUME

Le sevrage en prison peut être réalisée avec ou sans médicaments. Le sevrage obligatoire n'a aucune valeur pour le pronostic de la toxicomanie. Les toxicomanes sont responsables de leur futur.

Le traitement de la toxicomanie est impossible. Le thérapeute est l'équivalent de l'entraîneur pour un athlète. La cure dépend du libre choix du toxicomane de vouloir combattre sa dépendance. Le toxicomane doit apprendre à choisir en étant pleinement conscient des conséquences. En prison, le libre choix est rarement possible. Dans les instituts de détention de Haarlem s'est développée une méthode qui utilise la désintoxication dans le but d'enseigner à choisir aux toxicomanes. La plupart des toxicomanes, donné la possibilité, choisit le sevrage durant la détention. Seulement 4,6 % des toxicomanes, sur un total de 218, continuent à opter pour une dose de maintien jusqu'au moment de leur libération.

Faire en sorte que le sevrage devienne une conquête dont on peut être fier pourra influencer de façon positive le choix en faveur d'un traitement.

SUMMARY

Detoxification in prison can be done with or without medicine. Compulsive detoxification has no value for the prognosis of the addiction. Addicts are responsible for their own future. Treatment of addiction is impossible.

The therapist can be compared to the coach of an athlete.

The cure of an addiction depends on the free choice of the addict to fight his addiction. The addict has to learn to choose with full realisation of the consequences of his choice. In prison free choice is seldom possible. A method has been developed in the Haarlem houses of detention to use detoxification for the process of learning to choose.

When given free choice a large majority of heroin addicts chooses for detoxification during a prison sentence. Only 4,6 % out of 218 addicts persisted in choosing for a maintenance dose until release from prison.

Turning detoxification into an achievement-to-be-proud-of may favourably influence the future choice for treatment.