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NIH Panel Calls for Expanded Methadone Treatment for Heroin Addiction

By **Robert Mathias**, NIDA NOTES Staff Writer

An expert panel at a National Institutes of Health (NIH) Consensus Development Conference on Effective Treatment of Heroin Addiction has concluded that heroin addiction is a medical disorder that can be effectively treated with methadone treatment programs. The consensus panel strongly recommended expanding access to methadone by eliminating excessive Federal and State regulations and increasing funding for methadone treatment. The conference, which was cosponsored by NIDA, along with the NIH Office of Medical Applications of Research and Research on Women's Health, was held in Bethesda, Maryland, last November.

Methadone is the medication used most frequently to treat heroin addiction. Outpatient methadone treatment programs administer methadone to reduce patients' cravings for heroin and block its effects, thereby enabling patients to live productive lives. These programs also may provide counseling, develop vocational skills, and/or provide medical support services to rehabilitate patients. Some patients stay on methadone indefinitely, while others transition from methadone to abstinence.

NIH consensus conferences constitute a science forum where a panel of independent nongovernment experts reviews the scientific evidence and makes recommendations on an area of medicine. During the course of the conference on treating heroin addiction, the consensus panel, chaired by Dr. Lewis L. Judd of the University of California, San Diego School of Medicine, focused on determining the effectiveness of methadone treatment. After conducting a thorough review of the accumulated data and listening to expert testimony and public debate on the issues, the panel concluded unequivocally that addiction to opiate drugs such as heroin is a disease of the brain and a medical disorder that can be effectively treated. Methadone treatment significantly lowers illicit opiate drug use, reduces opiate-related deaths, reduces crime, and enhances social productivity, the panel concluded.

Despite methadone's effectiveness, less than 20 percent of the estimated 600,000 heroin addicts in the United States are being treated in methadone treatment programs, the panel noted. Many barriers limit the availability of methadone treatment.

These barriers include unnecessary laws administered by a number of Federal agencies and many State governments that burden treatment programs with excessive regulatory requirements and duplicative inspections. Some of these regulations restrict treatment programs' ability to tailor methadone doses to the needs of individual patients. Other regulations require physicians to obtain a special Federal registration to use methadone to treat patients, thus limiting the number of physicians who are available to treat heroin addiction. Wider use of methadone also is restricted by a shortage of physicians and other health care professionals who are trained to treat patients and inadequate funding to provide methadone treatment slots for all those who require them.

The Recommendations

The panel recommended a number of steps to improve access to methadone treatment for all people addicted to and other opiate drugs. The panel's recommendations include the following:

- eliminating unnecessary layers of Federal and State regulation for methadone and similar opiate treatment medications;
- instituting means other than regulation to improve the quality of methadone treatment, such as accreditation of methadone treatment programs;
- improving the training that physicians and other health care professionals receive in the diagnosis and treatment of patients with heroin addiction; and
- increasing funding for methadone treatment, including providing benefits for methadone treatment through public and private health insurance programs.

The panel also recommended that additional research be conducted on factors that lead to heroin use; changes in the brain that occur with repeated heroin use and result in addiction; the neurobiological processes of craving; and differences among individuals who are able to end opiate addiction and those who cannot. In addition, the panel called for a national study to assess the prevalence of heroin addiction in the United States and for rigorous studies to determine the financial costs of heroin addiction to society and the cost-effectiveness of methadone treatment.

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