

# THE SACRAMENTO BEE

## **Medi-Cal Cuts Are Shortsighted: Methadone Treatment Pays Off**

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Gov. Arnold Schwarzenegger's budget proposes cutting Medi-Cal funding for methadone maintenance. The \$53 million that would ostensibly be saved would, in fact, cost Californians a lot more.

To begin, the state would lose more than \$60 million in federal support for methadone treatment programs as a result of the state not making the investments required to qualify for federal funds.

This budget cut would also generate enormous socio-economic costs. A National Institute on Drug Abuse (NIDA) study found, for example, that methadone treatment reduced participants' heroin use by 70 percent and their criminal activity by 57 percent, and increased their full-time employment by 24 percent. The annual cost of methadone therapy about \$5,000 per patient is a fraction of the cost of jailing a heroin abuser or of the lifetime health costs of treating the illnesses that are frequently caught by injecting drug users.

A 1995 Institute of Medicine report concluded that "methadone maintenance pays for itself on the day it is delivered, and post-treatment effects are an economic bonus." Another study estimated that every dollar spent on methadone maintenance treatment results in \$4 of economic benefit as a result of patients' reduced criminal behavior and increased health.

A 1997 National Institutes of Health report estimated the financial costs of untreated opiate addiction at \$20 billion per year. More treatment can significantly reduce these costs. Cutting funding for methadone is clearly bad public policy and a terrible economic decision.

Cutting funding for methadone ignores hundreds of scientific studies and 40 years of clinical experience. It has been proven to be safe and does not impair mental capability, motor function or employability. It is not toxic to the body or vital organs. Patients can drive vehicles and operate machinery safely while using the drug. What it can do is allow individuals to become free of heroin addiction. In fact, no other treatment modality is as effective in achieving this goal.

Unfortunately, only 20 percent of the 1 million-plus heroin and opiate addicts in the United States and California receive methadone maintenance treatment. These individuals risk premature death and often suffer from HIV, hepatitis, sexually transmitted disease (STDs), liver disease from alcohol abuse, and other physical and mental health problems.

Five thousand to 10,000 opiate addicts die of drug overdoses every year. Many are involved with the criminal justice system. Instead of cutting support of methadone treatment programs, the state should expand it.

The proposed budget cut betrays a common bias against narcotic replacement therapies. Many criticize methadone because it does not result in "drug-free" individuals. This is because chronic use of opiates can result in abnormalities of brain physiologic functioning that persist for years after detoxification and are associated with the extremely high relapse rate associated with other forms of treatment.

Opiate addiction is a biomedical condition, not a personal flaw or choice. In fact, methadone, combined with counseling and proper medical and psychiatric care, is often essential to enable addicted individuals to cease use of illegal opiates. Seeking to address it via incarceration, detoxification and drug-free modalities won't work.

As a matter of medicine, science, public health, compassion and fiscal policy, methadone treatment must be a medical option for all heroin-dependent persons in California who could benefit from such treatment. Policies and budgets that would restrict access to methadone treatment fly in the face of science and economic common sense.

As legislators consider proposed cuts to methadone treatment programs, they would do well to study the science of opiate addiction, the proven effectiveness of this critical treatment modality, and the demonstrated cost savings it provides to society.