What do we mean when we say, "Let's solve a social problem?" On the face of it, the answer is rather obvious: Make the problem go away, cure the ill, enrich the poor, cleanse the environment.

Methadone: Best Hope for Now

In reality, we are hampered by limited know-how, lack of resources, and a lack of consensus, both of what we want and how to proceed. Thus, sadly but inevitably, we must limit ourselves to incomplete solutions. These, one must hope, in accumulation, over time, will lead to more encompassing and fundamental cures. But if the perspective is that each human life saved or enriched is worth a day's work, keeping in mind that tomorrow we must do more, then each reform is quite welcome.

Dr. Amitai Etzioni is professor of Sociology and director of the Center for Policy Research, Columbia University, New York, 10027.
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Methadone is a good example of useful, incomplete, social problem-solving by means of what can be thought of as "technology." It is a treatment in which a technological approach replaces the "human touch." Methadone is not necessarily a good treatment, but nevertheless, for the time being, it is the best available.

First of all, and most important, methadone "works." Various punitive-custodial programs, half a dozen education-informational ones, and some rehabilitation-psychotherapeutic drives have all had very little positive effect on heroin addiction.

How well does methadone work? While practically all heroin addicts released from prisons return to the street to shoot and push heroin, while an overwhelming majority seem immune to psychotherapy and while most shrug off educational efforts, roughly 80 percent of those who have voluntarily joined major methadone maintenance programs stay with them.

Like all other incomplete solutions, methadone has hyperenthusiastic advocates. It has been occasionally claimed that methadone "blocks" heroin; that a person who is on methadone and shoots heroin will gain no euphoric effect, no "high." Actually, one percent of participants in the methadone programs studied are reported to use heroin regularly, and a larger number try it occasionally. Nevertheless, methadone's success in getting people off heroin in these programs is very high.

Some have argued that this success is futile because methadone is itself an addictive drug. But there is no evidence of serious side effects from taking methadone (in prescribed dosages) over long periods of time.

As to crime reduction, while 91 percent of those involved in the programs referred to had been jailed prior to their participation in the methadone maintenance programs, and practically all had been involved in criminal activities more or less continuously,
The participants now see records. A report of the District of Co-otics treatment indicates that as the number in methadone intake of drug-related costs proportionally.

es are persuasive. A person in a lifevant subculture and no money to expensive habit. A program requires frequent intake for the int for funds and a stable psychic condition. Ices seem to have a zing effect, especially higher dosages are not impair work, social functioning.

f 990 methadone-employed or attending from 27 percent at the methadone percent after one year after two years in the third year. Instead unparalleled by any social effort.

The longer, more stable "high" that methadone is reported to provide seems to be caused, in part, by the different way it is administered. It is ingested, while heroin is injected. Both are rather similar products, but they are not identical. Part of the difference might well be attributed to the fact that heroin is an organic substance while methadone is synthetic. Second, methadone programs can bring former heroin addicts in touch with people anxious to help them to overcome their condition, such as doctors and social workers. Heroin addicts deal with pushers anxious to feed their habit.

All these many virtues of methadone do not make it more than an incomplete, and hopefully transitional, solution. It is itself addictive, and withdrawal from methadone seems to be about as difficult as withdrawal from heroin. It does not follow, though, that we should forget about the use of drugs to curb drugs. Let us develop a better drug, one which would allow weaning. Indeed, such efforts are presently under way; nonaddic-
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Many of the startling good results cited above were achieved when methadone was made available under carefully controlled conditions. Recently, as it became more widely disbursed, the amount of abuses reported have been increasing. There is now a black market in methadone; moreover, there has been a significant number of fatalities as a result of overdose—in most cases because of abuse of methadone on the street. But similar problems appear whenever a program shifts from selective to mass use.

What is required in the case of methadone is: (a) For the time being, provide it to all confirmed heroin addicts who wish to use it, other than pregnant women (babies born addicted are reported to go through a severe withdrawal crisis); (b) keep tight control of supplies and dispensation systems to curb a black market which may make it available to nonaddicts; (c) combine the methadone maintenance with other services, from employment counseling to psychotherapy; (d) above all, search for better solutions.

How one views methadone is a question of perspective, what one compares it to. To other methods available? It is vastly superior. In terms of human suffering that is alleviated—both for addicts and victims of crime—it is more than welcome. As an ultimate solution to the problem of heroin addiction, however, or as compared to methods we may have one day, even within the next five years, it is far, very far, indeed, from being perfect, ideal, or even acceptable.

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Methadone is a synthetic opiate drug similar to heroin and it is rapidly becoming the treatment of choice for heroin addiction. Ironically, it may also soon challenge heroin as the number one “drug problem.” Methadone is currently being dispensed to 85,000 addicts in 450 programs throughout the United States.

The Cure Becomes a New Problem

Henry L. Lennard, Arnold Bernstein, Leon J. Epstein and Mitchell S. Rosenthal

With each passing day these programs are being encouraged and expanded, and more and more persons are becoming dependent upon methadone and upon those who furnish it. Indeed, methadone has already achieved the status of a black market drug sought by addicts and sold by pushers. The number of methadone overdose deaths has been rising rapidly, approaching those caused by heroin, in certain major cities.

NURSING DIGEST