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Methadone News

supplement

Patient Forum

The Methadone Project: Part 2 of 3

The Methadone Project Findings

Community-based, methadone users' participatory research project of the COUNTERfit Harm Reduction Program¹ at South Riverdale Community Health Centre in Toronto

Author's Note: Whenever you see quotation marks, I'm quoting directly from the published findings of the study. Whenever you see no quotation marks or you see square brackets it means that I am adding something to the direct quotes, like a comment or a grammatical change to make the sentence easier to read.

In the last newsletter we looked at the importance of having clients take part in all levels of research that involve their lives – from conception to completion – and how that is what makes it participatory research. In particular, I wrote about a COUNTERfit project in which current or former drug using methadone clients were trained to interview peers about their experiences in clinics, doctor's offices, pharmacies and the criminal justice system. The details are [available here](#).

This time, I'd like to present the main findings of the study. Note the different experiences of male and female clients. These are indicators

of areas for future research. They can also be used to support progressive changes right now.

Study Findings:

A total of 47 people were interviewed: 16 women and 31 men. No breakdowns for age, income, ethnicity/race or other demographics were included.


Experiences with Doctors and Clinics:

- "Almost half reported negative treatment because they were drug users. Others reported intimidation – an experience that was more often reported by women. A significant few also experienced verbal abuse... half of the

interviewed reported none of the above."

- "Less than one third (1/3) of people received overdose (OD) prevention information from doctors. A small number... reported (having OD'd) from methadone and the frequency (rate) was higher for women."
- "Examining power relations between (clients) and their doctors, we found that decisions to increase dosage were largely driven by doctors, compared to decisions about decreases... which were more often determined by (clients). Some... indicated that their doctor had threatened to

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*Season's Greetings and
All the best in the
New Year*

lower their dose to discipline them.”

- “Missed doses due to doctor of-
fice hours were reported by more
than half of people we surveyed,
and were more often experienced
by women. Doses were generally
lowered by about 30ml if people
missed for 3 days in a row. Wom-
en’s doses were more sharply
lowered compared to those of
men.”
- “People used various drugs to
offset withdrawal following a
missed dose. ...Women appeared
to be more resourceful in access-
ing methadone substitutions com-
pared to men.”

Experiences with Pharmacies & Pharmacists:

- “Most people... lived within walk-
ing distance of their pharmacy
and got their drink within 10
minutes... . More than half... said
they felt respected at their phar-
macy. Others expressed feeling
'singled out' and discriminated
against. One third (1/3)... faced
restrictions... because of certain
hours [in early morning or late
evening] designated only for non-
methadone clients .”
- “Interruptions of service by (the)
pharmacist to assist non-
methadone clients were also
flagged as an issue of inequity.
Interruptions were more often ex-
perienced by women .”

Experiences with the Criminal Justice System:

- “More than one-third (1/3) of peo-
ple reported being stopped,
frisked or harassed by police
when entering or leaving their
methadone doctors... and men
appear to be disproportionately
targeted .”
- “In holding cells, very few people
received their drink and none of
the women surveyed received
their drink .”
- “In prison, more than half of men
waited 1 – 2 days to receive their
drink compared to women who
had to wait 3 – 4 days .”
- “About half of people received
their correct dose and half re-
ceived a lower dose .”
- “Women in prison were more than
twice as likely to receive lower
doses in comparison to their male
counterparts .”

Concluding Thoughts:

Well, it doesn't take a brain surgeon to see right off the bat that there are some serious problems, and some good practices, that methadone clients face within the current methadone distribution process.

The differences experienced by men and women are interesting and may reflect specific expressions of the continued discrimination against women and girls, especially drug

using females, that exist at all levels of society. These obvious forms of discrimination need to be stopped as quickly as possible wherever and whenever they pop up, and, throughout all levels of society.

I'd like to end by quoting once again from the study with reference to how the study group summed up their feelings once they were done collecting, examining and distributing their findings:

“Our research findings support stronger action to address inequities, discrimination and challenges faced by people on methadone. We invite YOU to get involved and share ways we take action on these issues.”

Contact COUNTERfit Harm Reduction Program for more information .

In the next issue of the “Patient’s Forum” I will explore future areas for community-based, participatory research around other issues related not only to methadone distribution in general, but the importance of focusing on other differences faced by more diverse clients groups.

Cheryl White is one of the co-founders of the new Toronto Drug Users’ Union; a member of the International Network of People Who Use Drugs; and co-founder of the International Network of Women Who use Drugs as well as the Co-Chair and email Gatekeeper of this group.

Levamisole Alert!

A large percentage of cocaine coming into North America continues to be cut with levamisole, a chemical compound used to treat intestinal worms in animals. Some people have severe reactions to this drug, while others do not. Levamisole causes inflammatory destruction of blood vessels and a severe and dangerous lowered white blood cell count and can result in a compromised immune system. If you are a cocaine user and exhibit any symptoms of rapidly developing infection including fevers, opportunistic infections, and/or skin necrosis contact a physician immediately.