

## "Methadonia: America Undercover"

AAAP Membership Committee Chairman Laurence M. Westreich, MD, attended the September 24<sup>th</sup> premiere of "Methadonia," an 88 minute documentary film directed by Michel Negroponte. The film was shown at the New York Film Festival and documents several months in the lives of some patients in an outpatient group for addicts in a New York City treatment center.

Produced by HBO's Sheila Nevins, the film is also scheduled to air on HBO on October 6, 2005. (For perspective, some recent HBO credits include "A Real Sex Xtra: Pornucopia - Going Down in the Valley," and "Cathouse: the Series.")

AAAP thinks Dr. Westreich's review of "Methadonia" may be helpful to its members who will undoubtedly receive inquiries from patients, patients' families, and the local media about the use of methadone in the treatment of opioid addiction. His review follows:

### Synopsis:

The film follows the painful lives of several addicts in a group run by "Millie," a tough talking and effective group leader who is herself in recovery, and who stopped taking Methadone many years ago. The film succeeds in humanizing the characters, who are very sympathetic despite their continuing relapses and lies to the group and themselves. By simply letting them speak to the camera, and following them around to their apartments, several diners, and the streets of New York, Negroponte demonstrates for the viewer the powerful and destructive grasp that drugs (and in some cases concomitant mental illness) have on the characters.

On the subject of methadone, however, the film is a mess. Several of the addicts are treated with methadone, and the clear perspective of the group itself is that methadone is "liquid handcuffs," a phrase used several times, which exerts as much or more coercion on the user than does heroin.

This is not the only perspective in the film. The group leader, Millie, and a few of the members do note that the real problem is the combination of other drugs, most commonly benzodiazepines, with methadone to create the "nod." Millie specifically says that she knows that methadone, when used properly and without the addition of illicit drugs, can be lifesaving and entirely appropriate. The speakers in the film debunk a few myths about methadone, for example, explaining that methadone does not collect in the bones, and that although developed by Germany as a wartime anesthetic, dolophine was not named after Adolf Hitler, but after the Latin word for pain, "dolor."

Despite giving the lie to these myths, the film promulgates many more mistaken ideas. One of the addicts, a well spoken individual who at the age of about 50 has been involved with opiates since the age of 23, opines that methadone is okay, but only in lower dosages. Dosages above 80 milligrams, he believes, must be the result of addicts attempting to "game the system" in order to get high. He could probably not be expected to know about the technicalities of tolerance or rapid metabolizers, but he sounds and appears so knowledgeable that the uninformed viewer would likely take what he has to say at face value.

Another of the addicts, Steve, follows, demonstrates the nod and then goes through several attempts at detoxification before succeeding. The (off-screen) clinicians who are reluctant to taper him down are dismissed as self-serving and punitive towards Steve. The clinicians – according to one of the group members - are tapering Steve in the way they are in order to cause him pain, and want him to return to methadone. In fact, the film ends after Steve has successfully tapered off methadone and reunites with his family after five years of no contact. The clear implication is that Steve has beaten methadone, and can now be accepted by his family, or perhaps feel "sober" enough to contact them.

The film continually conflates addiction and physical dependence, and misconstrues the task of recovery. That is, the goal of recovery is seen as being “off all substances” as opposed to having a return to physical and emotional health, healthy relationships, and work or school.

Review:

In fairness to this film, it merely presents the viewpoints of the individual addicts interviewed. However, the addicts interviewed represent the most impaired category of methadone patients, with low socioeconomic status, cross-addiction, and many dual diagnoses. Therefore, the film would give the naïve viewer an unreasonably negative viewpoint about methadone. If we were to make a movie titled “Actors,” and then interview only Tom Cruise and John Travolta, the audience could form an opinion of all actors based on only those two.

In the Question and Answer portion after the presentation, Director Michel Negroponte was told that his film was “grossly inaccurate” in its presentation of the facts on methadone. After first saying that he did not pretend to be a methadone historian, Negroponte snapped back that he did not want to get involved in methadone politics, had only made a movie about addiction, and that he had only filmed what addicts said. But this was a disingenuous response: the movie is *titled* “Methadonia,” and stakes out a clearly anti-methadone position. Also during the Q& A, Negroponte asserted that one reason clinics do not want to taper patients off methadone is that the clinics are owned by doctors, are profit making, and the doctors do not want to lose profits. The points in the movie where the clinical utility of methadone is supported are superficial and would not be believed by the average viewer, given the mountain of “evidence” in the film for methadone’s bad effects.

Recommended Action:

AAAP and other addiction treatment advocates should respond to the movie as follows:

1. Carefully identify what is good and accurate about the movie: the addicts are respectfully treated, and the sadness and involuntariness of their daily lives come through.
2. Agree with the director’s own admission that he has not made a balanced, well-researched film, nor had he intended to.
3. Clearly state the facts about methadone: HIV Prevention, return to healthy relationships and work, etc.
4. Point out that the movie depicts the sad outcomes of a tiny minority of methadone patients, who are in the worst prognostic category.
5. Consider mentioning that the methadone treatment system is broken, and that methadone itself is unfairly blamed.

*AAAP hopes that this review is helpful to its members in responding to questions or concerns about methadone treatment. The Academy thanks Dr. Westreich for taking his own time to examine this film, draft a fair review, and make recommendations to our members for response.*