

MEDICINE

Methadon Habit-Forming

► **WARNING** that the new pain-relieving drug, methadon, may cause addiction was given physicians by Drs. Harris Isbell and Victor H. Vogel, of the U. S. Public Health Service Hospital, Lexington, Ky.

The doctors pointed out the falsity of the idea that methadon does not produce the pleasant feelings that come from morphine as taken by the addict and that a person does not become physically dependent upon the drug.

Studies carried out at the hospital under the auspices of the Drug Addiction Committee of the National Research Council show that methadon is a dangerous addicting drug, the physicians report in the *AMERICAN JOURNAL OF PSYCHIATRY* (June).

In fact, addicts prefer this drug to morphine, heroin or dilaudid.

To test the drug's effects, 15 former morphine addicts who volunteered were given four daily doses of methadon. The dosage was increased as tolerance developed from an initial five to 10 milligrams per dose to as high as 100 milligrams per dose in the three cases who stayed on the drug longest.

When they got only five milligrams per shot, none of the addictive drug effects

were noticeable, and the men complained about the drug. But when the dosage was increased to 10 to 15 milligrams per shot, the men began to express satisfaction with the effects although these did not become noticeable until after the third or fourth dose. Then the men's behavior became strikingly similar to that during addiction to morphine.

They stopped nearly all productive activity and spent most of their time in bed in a dreamy half-asleep state which they call being "on the nod," or "coasting." They neglected their persons and their quarters.

Shots of 20-30 milligrams of methadon produced particularly striking effects, the report states.

"The addicts would writhe in joy, and comment as follows: 'O boy! That's a fine shot of dope. Can we get it outside? Who makes it? Will it be put under the Harrison Law?'"

The methadon can be taken away from the patients without the severe withdrawal symptoms that follow when addicts are taken off morphine. It is used routinely in the hospital to wean morphine addicts from that drug. First, patients are switched to methadon, and then later the methadon

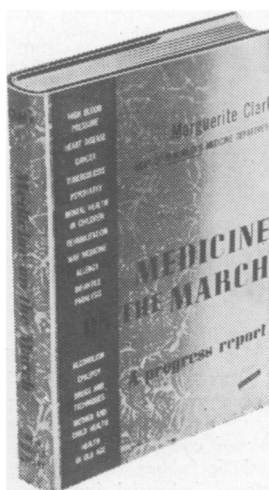
is taken away. It is the most satisfactory method of withdrawal yet found, the report states. But, it is pointed out, although the physical dependence on the drug is not so evident as with morphine, the emotional or mental leaning on the drug remains to be dealt with. Loss of emotional control occurs just as frequently following substitution and withdrawal of methadon as it does after withdrawal of morphine.

There is not much danger of addiction to methadon in the ordinary legitimate medical use of the drug, the report states. Signs of physical dependence on the drug were noticed in only two of 19 cases where it had been used for relief of pain in cancer for from 35 days to 180 days and even in these two cases, the symptoms were very mild. As long as the dosage of either morphine or methadon is held to the minimum required for pain relief, there is very little likelihood of addiction to either drug, the report concludes. The danger of "medical" addiction is "great only when physicians mistakenly believe that a drug is not addicting and are careless in its use."

Methadon is also known under the names of amidone, dolophine, and 10820.

Reinforcement of the warning by Drs. Isbell and Vogel is contained in an editorial in the *JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION* (June 11) which declares that the danger of addiction to methadon is almost as great as that for morphine.

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The author, head of *Newsweek's* Medical Department, is Secretary-Treasurer of the National Association of Science Writers, and one of the few women members. She is widely known for her ability to write accurate, trustworthy medical articles in non-technical language the layman can understand.

MEDICINE ON THE MARCH

A PROGRESS REPORT BY *by Marguerite Clark*

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