Heroin substitution by methadone — implications for traffic safety.

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In 1991, at least 2,026 people in the Federal Republic of Germany died from the abuse of illegal drugs. In the same year, at least 11,000 people began using hard drugs. Attempts to change this trend using traditional approaches to the fight against drugs on the one hand and stricter legislation — the deterrence through sanctions approach — on the other can be regarded of having failed. This is one reason why heroin substitution by methadone is receiving increasing support in political circles as an escape route from the alley of illegal drug abuse.

Without wishing to (or being in a position to) enter into a discussion of the prospects and problems of methadone treatment at this point, experts involved in the medical and psychological diagnosis of driving suitability face a number of questions.

Can or must substitution by methadone be described as a continuation of the addictive abuse of opiates? The report "Illness and Motor Traffic" (BMV 1985) constitutes a basis for the medical assessment of susceptible drivers. If one considers definitions of addiction, then a person taking heroin substitutes must be described as unsuitable to drive motor vehicles, since methadone is also an opiate and the addict cannot be said to have overcome his addictive behaviour. Thus a drug-free interval of at least one year following therapy cannot be proven. Klaus (o.J.), who works at a centre for medical and psychological diagnosis, argues along this line.

Deviations from these basic principles are possible in certain cases. Following Bschor's line of argument (o.V. 1991) we propose that methadone should be considered a medicine. Methadone does not cure the illness in this case, but it does contribute to the well-being of the patient in a way, which is comparable to the administration of insulin to sufferers of diabetes. The issues of the addict's guilt with regard to his/her addiction, atonement in the form of the renouncement of his/her previous behaviour or the satisfaction of experts ideologically biased in favour of abstinence are not relevant within this context.

De Ridder (1992) draws the conclusion from available international studies that the administration of methadone under controlled conditions is clearly superior to drug free therapies. However research results are contradictory. Another line of opinion suggests that the methadone programme only represents a chance for a selected section of the population (Keup 1990).
However the jurisdiction of the Federal High Court in 1991 has resulted in changes in the previous medical practice of restricting the treatment of heroin addicts with methadone to a few exceptional cases in deference to the Narcotics Act. According to this new jurisdiction the substitution of heroin by methadone administered after consideration of the individual's problems and in accordance with a treatment plan, can lead to a cure of the heroin addiction in cases where abstinence is the long-term aim.

In the meantime methadone programmes are being established in more and more Federal states with the help of public funding. This official recognition has resulted in the call for the acquisition or re-acquisition of a driver's licence in the context of resocialisation efforts. A car is a guarantee of mobility and often the prerequisite for a job. At this point the public authorities become aware of a previous drug addiction: the question of driving suitability has to be addressed.

If the answer to the question of whether a person taking substitutes can safely drive a vehicle is not determined by reference to a generalisation - opiate consumption is the same as addiction - then a careful medical and psychological assessment of the individual case is necessary, as suggested by Hobl (1990) and Gerhard-Choi (1990). The following points must be considered specifically in the assessment:

- Effects of methadone treatment on (driving) performance.

The state of research is unsatisfactory. Investigations in data banks available to us provided almost no conclusive evidence. The product information provided with L-Polamidon Hoechst draws attention to the possibility of a change in the ability to react even when the product is used according to instructions. Thus the ability to participate actively in road traffic or to operate machines may be impaired.

On the other hand Gerhard et al. (1989) ascertained in an empirically sound study that the long term administration of methadone as a medicine had no negative effect on concentration, attentiveness and the ability to react (see also Gerhard-Choi 1990).

The following lecture by Berghaus et al. "Complementary empirical studies on the driver fitness of methadone substitution patients" will hopefully provide further evidence.

- Conditions of admission and framework of the methadone programme (initial treatment, monitoring of supplementary consumption, psychological and social care, crisis management).

The decisive factors in our opinion are the structure and conditions of the respective methadone programme and the behaviour of the individual participant. The assessors must be informed with regard to the particular programme.
The issue of ensuring the monitoring of supplementary consumption of other drugs or medication is of paramount importance within the programme. A regular control of supplementary consumption without prior warning must be guaranteed and authenticated. Participants on a methadone programme require regular psychological and social counselling, above all in the initial stages. They should have easy access to professional help in the case of a threatened relapse.

- Individual motivation with regard to participation and compliance.

Personal suitability is a relevant factor in predicting the probability of a relapse. The assessors must therefore be equipped with specific knowledge of the psychological and social dynamic of heroin addiction. A positive assessment will certainly only be possible when a stabilisation of new behavioural patterns and life style can be expected. Participation in the methadone programme should be well underway in order to ensure optimal adjustment to methadone. The regular consumption of methadone under medical supervision must be ensured as well as the participation in therapeutic support programmes.

Social reintegration must have begun.

The prerequisites for a positive assessment of suitability must be defined in consistent assessment criteria.

We suggest that in the case of a positive assessment a driving licence should be issued pending the fulfillment of certain conditions. The participants must be informed on the consequences of failing to fulfill the conditions. This procedure offers the possibility of utilizing the positive aspects of issuing a driver’s licence with respect to reintegration into the community and thus serves the long-term goal of encouraging abstinence. In addition the strict conditions ensure fulfillment of the demand of the general public for safety on the road.

Further research is just as necessary as the systematic evaluation of the experiences of drivers taking methadone. The fact that all aspects of public safety are ultimately affected accounts for the broad significance of this issue.

References:


