

# [Methadone clinics and needle exchange programs essay sample](https://assignbuster.com/methadone-clinics-and-needle-exchange-programs-essay-sample/)

[](https://assignbuster.com/)[Health & Medicine](https://assignbuster.com/essay-subjects/health-n-medicine/), [Drugs](https://assignbuster.com/essay-subjects/health-n-medicine/drugs/)

There are many people in the world today that are drug addicts and cannot quit by themselves which is where the methadone clinics come into the picture. Methadone reduces the withdrawal symptoms therefore making it easier to quit drugs. Even though methadone is supposedly proven to be safe, it seems to have biases and stigmas associated with it because it is an opioid medication and many people can become addicted to it as well as have serious side effects.

For individuals who aren’t willing to quit using drugs, they offer needle exchange programs that reduce the risks of infections and diseases. Needle exchange programs are important in a society like today because a lot of people are practicing unsafe techniques when injecting themselves with drugs. Some individuals may share their needles and get diseases like HIV which can cause further problems and more possibilities of other individuals getting diseases. It can also be seen as the program approving of drug use. I believe both of these methods have positive and negative effects, which I will examine in this paper. Throughout this paper, I will analyze both methadone clinics and needle exchange programs, if they are effective methods, and explore if there should be more of these clinics established.

Methadone clinics are unlike any other clinics because they are supplying a drug in return for the drug users to abstain from taking the drugs they are on. Methadone is an opioid medication which is highly addictive especially to those who already have a substance abuse problem. I believe for the methadone maintenance program to work, the individual has to want to quit using drugs because the program is a voluntary program. The program is effective if they abstain from drug abuse while taking methadone because of the serious side effects when taken with other drugs. “ The most optimal treatment outcomes occur when individuals are retained in long-term treatment” (Registered Nurses Association of Ontario (RNAO), 2009, p. 21). The shows that methadone has a better chance at being effective when used long-term to ensure the individual is drug-free. Therefore, methadone clinics can be very effective if the individual is willing to try treatment and make an effort to reach treatment goals that were established with a nurse.

As for the needle exchange programs (NEPs) I believe these have many biases because of the fact that they are supplying the drug users with supplies to inject themselves with the drug. The point of the programs is to reduce the amount of people sharing or using unsanitary needles and syringes to inject themselves with drugs. Therefore it prevents and/or reduces the risks or getting HIV, and other blood borne diseases. “ Despite widespread evidence of the effectiveness of NEPs in reducing risk behaviours, such as needle sharing and thereby HIV and Hepatitis C transmission, NEPs have been plagued by controversy and faced obstacles that have limited widespread implementation” (Macneil & Pauly, 2011).

This shows how much stigmatism is associated with these needle exchange programs which prevents many drug users from using this type of harm reduction program. These programs are very effective for reducing blood borne diseases but the problem is getting more drug users to use these needle exchange clinics due to the stigma associated with substance use and the needle exchange programs. “ Where syringe possession is or may be illegal, numerous qualitative studies report that people who use drugs are reluctant to carry their own syringes due to fear of arrest for violating laws against syringe possession” (Canadian AIDS/HIV Legal Network, 2007, p. 16). This is accompanied by stigma because many people think the program is associated with the police, which refrains them from going to these clinics and getting clean needles and syringes and leads them to use contaminated supplies to inject themselves thus causing health problems.

Both methadone and needle exchange programs are, to me, still biased due to the fact that we are approving of drug use when it is illegal. On the other hand, it has benefits because sometimes people accidently become addicted to prescribed medications and can’t quit. The methadone clinics are great for that aspect. The other benefits are reducing costs of health care needed due to the reduction of blood borne diseases by using needle exchange programs. Overall, there are numerous benefits from these programs and I believe I would advocate for more of these programs and clinics established because individuals who are struggling with drug addictions are still people and need health care attention as well. Most of the time, the staff at the clinics are probably the only health care professionals they come into contact with. “ Medically supervised injection sites have health professionals on site to prevent harmful consequences such as overdose, and provide users with information about health, treatment, and rehabilitation programs” (Stamler & Yiu, 2012, p. 441). I think these programs are a good way for drug users to seek information about health promotion and health problems associated with drug addictions.

In conclusion, methadone clinics and needle exchange programs have many stigmas linked to them due to the biases that have been associated with these programs in the past. The programs are trying to create ways to encourage more drug users to use the programs available especially the needle exchange program for those who inject themselves with drugs and can’t quit. The programs and clinics are safer than not using them because of the fact that if they didn’t have these available to the public at free of charge then the drug users would most likely be using drugs in unsafe places like allies or using other people’s needles. This then increases the risks of diseases, therefore, increasing health care costs that could have been prevented. I believe if we didn’t have programs and clinics like these there would be an increase in blood borne diseases and infections along with decreased amount of drug users that get drug free or seek health care services. In summary, methadone clinics and needle exchange programs are effective ways to reduce risks of problems arising and should be encouraged to use due to the safer practices and environment.

References

Legal AIDS/HIV Legal Network. (2007). Sticking points: Barriers to access to needle and syringe programs in Canada. Retrieved from http://library. catie. ca/PDF/P44/24694e. pdf

Macneil, J., & Pauly, B. (2011). Needle exchange as a safe haven in an unsafe world. Drug & Alcohol Review, 30(1), 26-32. doi: 10. 1111/j. 1465-3362. 2010. 00188. x

Registered Nurses’ Association of Ontario. (2009). Clinical best practice guidelines: Supporting clients on the methadone maintenance program. Retrieved from http://rnao. ca/sites/rnao-ca/files/Supporting\_Clients\_on\_Methadone\_Maintenance\_Treatment. pdf Stamler, L. L., & Yiu, L. (2012). Community health nursing: A Canadian perspective. (3rd ed.). Toronto, ON: Pearson Canada Inc.