

# RECOVERY-ORIENTED METHADONE MAINTENANCE

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## Foreword

During its long history, Methadone Maintenance has struggled with a reputation that conjures images of seedy Methadone clinics in rundown neighborhoods, inhabited by drug users who are merely substituting one drug for another. The emphasis seemed to be on “maintenance” rather than “treatment.”

Meanwhile, the substance abuse treatment field began to evolve, recognizing that substance use disorders are diseases that respond to treatment that can lead to recovery. The focus shifted to defining exactly what was needed to support recovery, and the idea of a more holistic approach began to take shape.

This recovery-oriented systems approach acknowledges the importance of a person-centered, community-involved recovery process—ideas that had not previously been associated with Methadone Maintenance. The question is why not?

*Recovery-oriented Methadone Maintenance* answers that question by presenting a dynamic and convincing picture of how recovery-oriented systems can be applied to Methadone Maintenance, bringing it into the recovery process. In doing so, the stigma that has surrounded Methadone Maintenance for much of its life is replaced by the recognition that Methadone has a legitimate place within the recovery-oriented system.

When brought into the recovery process, the benefits of Methadone Maintenance are enhanced through linkages with other communities, resources, and systems. Methadone becomes part of the client’s recovery, rather than being perceived as a crutch. Through the integration of the recovery-oriented approach the Methadone Maintenance client becomes empowered to affect his or her recovery. The provider begins to treat the entire person, not just the addiction. The result is better and more accurate treatment management and reduced misuse and abuse.

The challenge becomes communicating this new approach to the Methadone Maintenance community. *Recovery-oriented Methadone Maintenance* meets that challenge, establishing an appropriate place for Methadone Maintenance within the recovery community. It is a volume that should be absorbed by medication-assisted treatment providers, whether or not they are currently involved in Methadone Maintenance, as well as all treatment providers. It is time to overcome the stigma associated with Methadone and focus on recovery. It is time to recognize that each person’s path to recovery is different and that Methadone Maintenance can and does have a legitimate place on that path for many.

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## Preface

Sit down and be prepared to feel the earth move beneath you. For nearly half a century, methadone has been used successfully—but never without controversy—as a medication in the treatment of opioid addiction. This latest recovery monograph by William L. White and Lisa Mojer-Torres reviews the history and cultural context of methadone maintenance (MM) treatment in the United States, with an emphasis on the evolution of practices that directly influence long-term recovery outcomes. These pages offer a distinct understanding of medication-assisted recovery in general, and methadone-assisted recovery in particular. On page 7, the authors write:

*Recapturing and extending methadone maintenance as a person-centered, recovery-focused treatment of opioid addiction—what we here refer to as recovery-oriented methadone maintenance (ROMM)—will require a realignment of addiction- and recovery-related concepts, a realignment of core clinical and recovery support practices, and a realignment of the context in which treatment occurs (e.g., policies, regulatory guidelines, funding mechanisms, community recovery support resources).*

Too much to ask, one might say? Actually, not at all. It's just the beginning. In this new recovery-focused understanding, methadone maintenance is saved from being an end in itself and is instead portrayed as a medication that, when wrapped in an array of professional and peer-based support services, will offer many individuals their best opportunity for long-term recovery. Because it is recovery-focused and measured by more than drug stabilization, Recovery Oriented Methadone Maintenance (ROMM) becomes simultaneously an enhancement to medication maintenance alone, a defense against medication as personal pacification or social control, and a safeguard against non-rehabilitative approaches that perversely profit from the dependence of others. ROMM protects pharmacotherapy with an array of technically skilled, recovery-thinking professional and peer-based recovery supports; opportunities for family and community involvement (often absent today); and measures and accountabilities. Together, these reach into the quality and wellness of the individual's life and tie the gained recovery capital of the individual to the gained recovery capital of the community.

Most critical in this new understanding is the realization that being “in recovery” may or may not mean being on methadone. Indeed, some readers will contest or challenge this view, insisting that only by being “drug-free” and off methadone can one even begin to say, “I am in recovery.” The authors chart the historical sources of that view, but herein advance that being on properly monitored methadone is really no different from being on other medications (e.g., insulin for diabetics, antidepressants for depression, disulfiram for alcoholism, etc.) that support one's recovery from other chronic illnesses. In this view, the MM patient attains recovery when he or she engages in a process of recovery that:

- leads to stabilization on his or her optimal dose,
- helps the patient abstain from the use of alcohol and other intoxicating drugs, and
- produces evidence of improved global health and social functioning.

As the authors contend, it is time that MM patients who meet this three-part definition of recovery are welcomed into American communities of recovery. It is also time that recovery from opioid dependence was recognized as more than the removal of drug use from an otherwise unchanged life.

Perhaps the most important insights are related to the entwining of the social contexts and historical influences that the authors illuminate. White, a world leader in recovery-focused historical research and advocacy, and Mojer-Torres, an eminent lawyer and advocate for people involved in MM treatment, speak for the person and family first. In speaking of the quality of methadone

services and its cultural and professional status today, the authors open new frontiers by traversing across time to present-day criticisms of MM, and delineate what ROMM in particular can do to help us transcend those concerns. In this, providers are asked to “go the distance” by adding a recovery focus, staff in recovery (with or without MM), recovery representation on their boards of directors, program recovery philosophy, and recovery-focused and -measured care. Regulators are directly challenged to ameliorate the overwhelming barriers to achieving a more humane, sensitive, and potentially effective system of opioid dependence treatment. Even the traditional role of MM dispensed only via Opioid Treatment Programs (OTPs) is challenged by the advocacy of office-based care for those well into recovery but still in need of methadone-assisted physical stabilization. The monograph concludes with a paper describing recovery in the city of Philadelphia that offers priceless added understanding of ways of recognizing, addressing, and reducing stigma in this population. This one is a classic in and of itself.

Indeed, by now, if you are still in your chair, you have felt the earth move. William White and Lisa Mojer-Torres offer a new view, one which must be considered fully and which we as publishers believe will ultimately elevate and advance the quality of methadone treatment in the United States.

Read on, dear reader, travel this monograph with its sweeping review of the history of MM, reframed and elevated today within a recovery focus and framework. You will hear much in this work from these two long-term recovery advocates, from other experts and critics, and from other voices in recovery—with and without current methadone assistance—who share their personal experience and insight. The articles, each also available as a stand-alone for separate use and publication, will stir thought and discussion, but they will also suggest that we do much more in implementation, if we are to evolve and individuals and communities are to find ROMM. Many examples are provided, and clinicians, seasoned addiction experts, and methadone practitioners are asked to take the next step—instilling and sustaining a recovery focus in treatment—that will restore purpose and invigorate the desire to treat the person and the addiction in general, rather than just treating addiction with a particular drug or defining a person by a particular medication.

In the end, we believe we are all enhanced by this work: authoritative, experiential, novel, and yet sensible—very sensible. Recovery, defined for medication-assisted treatments and methadone maintenance in particular, re-asserts a clear purpose and measurable and accountable outcomes. These pages offer hope that we can connect professionally directed biopsychosocial intervention to the process of long-term, self-maintained recovery.

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*Publishers' Note: This latest monograph represents the seventh in a series of monographs by William White and co-authors, a series that explores the evolving understanding of addiction as a chronic illness best addressed through a focus on its recovery and on those seeking or in recovery. All have been published by the Great Lakes Addiction Technology Transfer Center (ATTC), the Northeast Addiction Technology Transfer Center, and the Philadelphia Department of Behavioral Health and Mental Retardation Services. The publishers wish to gratefully acknowledge the SAMHSA Center for Substance Abuse Treatment for the support that makes this work possible, and to acknowledge our respective ATTC parent organizations: the University of Illinois – Chicago (UIC) and the Institute for Research, Education and Training in the Addictions (IRETA). In these publications we seek, not to be clinically proscriptive, but to challenge through insight and experience, so as to build from these works an even greater world of possibility for improved care and more effective and fulfilling recovery. The monographs are available for free viewing or download at [www.williamwhitepapers.com](http://www.williamwhitepapers.com), [www.ireta.org](http://www.ireta.org), and [www.attcnetwork.org/greatlakes](http://www.attcnetwork.org/greatlakes).*