Special Focus: MMT In Crisis

NAMA Advocate

AATOD Edition, SPRING, 2006

National Alliance of Methadone Advocates -- Your Link to Information & Patients' Rights

FIRST THINGS FIRST — A Word from NAMA's President JOYCELYN WOODS

NAMA president **Joycelyn Woods** is the recipient of the **2002 Richard Lane Methadone Advocacy Award** from the then American Methadone Treatment Association, now AATOD. Ms. Woods holds a graduate degree in neuropsychology. She has worked as a laboratory scientist at Rockefeller University and is widely recognized as one of the foremost patient advocates in the United States.

CERTIFIED METHADONE ADVOCATE TRAINING IN FOURTH ITERATION AT AATOD IN ATLANTA

NEWS FROM THE CMA COMMITTEE!

The 2006 Certified Methadone Advocate Training event in Atlanta, Georgia occurs on April 22nd. The level of diversity and number of pre-registered attendees, as of the publication date of this edtion of *THE ADVOCATE*, give NAMA reason to celebrate! Advocacy training participants have traveled across international borders and North American boundaries, virtually from around the World and across the United States, with final attendance figures expected to approach nearly 200!

There are several new pieces to the training this year, including the Mothers On Methadone (MOM) program and the Patient Dignity Project. And, for the first time, a piece will be presented by a State Methadone Authority (SMA).

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METHADONE UNDER ATTACK W O R L D W I D E

From Multiple NIMBY Fights Coast to Coast in the US, to Scotland's Movement to "Free the Underclass from this Trading of One Addiction for Another," MMT is Under Attack Throughout the Western World

The status of MMT Worldwide is precarious at best, especially when viewed from a patient's perspective. First there is the UN and their insistance on using terminoligy that does nothing but reinforce stigmas thought long disputed by the science surrounding this life-saving treatment. "Substitution therapy," the descriptor used by the UN in all mentions of MMT, plays directly into the again oft-heard tort that this treatment' is no more than "trading (read: substituting) one addiction for another." One need only look to Scotland's present legislator driven movement to "free the underclass" from these "liquid handcuffs," as if this treatment is some doctor-led consipiracy.

Then there is America's peculiar penchant for sensationalism whenever it is announced that a new MMT clinic is announced. Zoning Boards are then deluged with demands for new interpretations of of age-old zoning ordnances to declare MMT not "medical facilities" in the traditional sense to circumvent the law's requirements for approval. Or local legislators, playing on ***(continued on page 4)***

--HBO's METHADONIA--

Sham Negroponte Documentary Puts MMT in Crisis

"...this film will destroy lives, figuratively and literally. What a needless, senseless, shameful tragedy! Robert Newman, M.D.

The recent airing on Home Box Office of the latest documentary by cinematographer Michael Negroponte, titled *Methadonia*, has caused deep concern among MMT advocacy, provider organizations and patients. Unbalanced and a study in nothing more than poly-drug abuse, *Methadonia's* shortcomings begin with it's titling, which leads the viewer to think that what we have here is a snapshot of typical methadone treatment and patients. Nothing could be further from the truth. And it is this deception that lies at the root of critics' problems with the film. The uneducated, after exposure to Negroponte's failed effort, will go forth and become tomorrow's opposition to friends and family exploring methadone as a treatment for opiate addiciton--the ONLY treatment in use with such broad success rates and decades of proven efficacy and safety. Opposition to the establishment of critically needed clinics--already strong and fueled by *NIMBY* prejudice and stigma--will gain new impetus with *Methadonia's* airing. Cries of *"is this what you want in your neighborhood?"* will abound. All fueled anew by Negroponte's deception.

Negroponte deserves scorn here. Scorn for being a shoddy researcher of his subject matter. Because his shortcuts will result in lives lost by many newly deterred from choosing this NIH declared "gold standard" for opiate addiciton treatment. Scorn because of what is being assumed are "typical" patient images he projects--while never showing a real clinic environment or the arcane normalcy that is the typical methadone patient. Truth and balance evidently do not make for interesting filmaking. ***(continued on page 2)***

FIRST THINGS FIRST — A Word from NAMA's President

(continued from page 1)

Another special guest will grace us with her youth and her energy as she shares her vision of advocacy for children of medicated assisted parents.

We have also added an evening Roundtable to occur at 8:00 p.m., Saturday, the 22nd in the Greenbriar room at the AATOD conference hotel to facilitate further discussion and provide additional time for networking and building plans of action for the future.

Stigma on many fronts continues to make the lives of patients who choose medication assisted recovery their route to a normal life much more difficult than should be the case. CMA Training arms patients, family and clinic staff with the knowledge needed to fend off the uneducated attacks that manifest on many fronts in communities around the globe.

The CMA Training Committee wishes to thank all those whose energies and support continue to make this training the "gold standard" for medicated assisted treatment advocacy in the United States and around the globe.

Together, we can make a difference. Together, we can change the world!

The Spring Survey question on our website will help NAMA collect some basic information about MMT in Your Area.

Help NAMA Help Patients and Participate in the Monthly NAMA Surveys.

Sham Negroponte *Methadonia* Documentary Puts MMT in Crisis

*(continued from page 1)*Truth and balance evidently do not make for interesting filmaking.

And Negroponte still doesn't "get it" as his comments at an internet methadone forum indicate. Typical, it seems, for one who has done such shoddy research. His words can be viewed at www.methadonesupport.org/forum.html where he takes brief refuge in asserting NAMA had been contacted during the film's creation but refused participation. That lie was quickly put to rest. No such contact was ever made.

Criticism came immediately after the film's premier showing at New york City's Kennedy Center, attended by prominent medical professionals in the MMT community. Most prominent among them was Dr. Robert Newman. Dr. Newman is President Emeritus of Continuum Health Partners, Inc., a corporation which controls Beth Israel Medical Center, St. Luke's-Roosevelt Hospital Center, The Long Island College Hospital and The New York Eye and Ear Infirmary. Dr. Newman served as President and Chief Executive Officer of Continuum from its founding in 1997 until December, 2000. Previously, he was President and Chief Executive Officer of the Beth Israel Health Care System for almost 20 years. Dr. Newman is Professor of Epidemiology and Population Health and Professor of Psychiatry at the Albert Einstein College of Medicine of Yeshiva University, and an adjunct faculty member of Rockefeller University. In January 2001, he was named the first Director of Beth Israel's newly established The Baron Edmond de Rothschild Chemical Dependency Institute.

Newman states, "the strongly pejorative image evoked by this title is inescapable. With respect to both the medication and, more importantly, the patients, stigma, prejudice, hostility and fear will be further heightened by the label "*methadonia,*" even if one never sees the film. *Methadonia* contains no facts and no research or empirical findings regarding the nature of opiate addiction or its treatment with methadone or any other modality. There is not a hint of familiarity with or reliance on the many hundreds of published reports from throughout the world of methadone's efficacy in absolute terms, or in comparison to addiction left untreated or managed by other techniques. Accordingly, most viewers of this unwaveringly one-sided presentation, focused exclusively on individuals who purportedly had responded poorly to methadone treatment, would probably be surprised to learn of the favorable conclusions regarding effectiveness that have been publicized for over four decades by a variety of US Government agencies, the World Health Organization and the United Nations, and by governments, clinicians and academicians in such disparate countries as Canada, Switzerland, Spain, Croatia, Iran, China, Australia, etc."

"...the film seems fixated on just one objective:to buttress a strongly negative bias against methadone treatment. Ironically, the subjects portrayed – enrolled simultaneously in both drug-free and maintenance programs –illustrate the challenge inherent in treating addiction, regardless of approach. The tragedy is that the focus is exclusively on the treatment-resistant, rather than the great many others who are helped to radically alter their lives."

"...methadone is damned (in *Methadonia*) because its therapeutic efficacy does not persist when the medication is withdrawn! As for the healthcare providers who, viewers are told, recommended strongly against termination of treatment, they are denounced as motivated by a venal desire to hang on to every paying customer. The severity of the withdrawal symptoms that "Steve" experiences are said to reflect an intent to punish patients for leaving treatment, and to serve as a warning to others not to do the same. In Steve's words, 'They drop you too fast' – a bitter complaint that comes just moments after he stated with satisfaction that he demanded withdrawal be accomplished 'quickly.'"

Newman continues, "It is a terrible disservice to focus a film entirely on one small and undefined group of individuals who presumably are receiving methadone treatment and imply that their experience is typical. It is a slap in the face of those who desperately seek and accept care, and to those who provide it. Consider a film that deals with the treatment of epilepsy, and whose only subjects are individuals who are treatment-resistant. Such a film, if made in the same manner as *Methadonia*, would show in painful detail the occurrence of seizures, the biting of tongues, the total loss of control over speech, gait, communication and – often – bladder function (what a dramatic photo opportunity that would be).

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One for the FILES by J.R. Neuberger

Notes From The Editor & Publisher

In addition to his duties as **Advocate** Editor and Publisher, **Joe Neuberger** is Director of NAMA's Delaware Chapter. His day job is as assistant to attorneys Thomas and Stephen Neuberger at *The Neuberger Firm*, a civil rights law firm located in Wilmington, Delaware

Why Does It Seem Every Month Brings a New Crisis?

Is There No Screening to Ensure Providers Know What They're Doing?

The answer to my rhetorical question is "obviously not" if the comments reported in a recent article on a new California Aegis clinic opening be typical. Now this is an operation that claims ownership of over twenty clinics in California, so their effect on the lives of patients is considerable. And one can only ask, *can the care given by these people be competent* when comments like "...methadone clinics are often seedy and run by bottom-line scoundrels," and "There are a lot of bad elements that come into this field, especially ex-addicts..." come from the mouth of Aegis' president and ceo, Udi Barkai? The contempt and prejudice, for not only his professional collegues, but also his patients that such rantings exhibit scares this observer. Combine these comments with those of one of his lock-step managers, a John Morton. at their recently opened Merced, California clinic that methadone "...is better used as a bridge between addiciton and a sober life. It's not meant to be a lifelong treatment." Morton also proudly declares that this Merced Aegis "...facility will impose stricter standards than state law requires. In addition to mandatory monthly urinalysis tests for illicit drugs, patients also will be subject to random testing."

Now, I don't mean to upset the applecart, as far as these gentlemens' grasp on reality is concerned. But, Mr. Barkai, there's a program in Baltimore called Man Alive which was founded by addicts and is one of the best programs in the United States as determined by it's patients, not it's own self-serving rhetoric. And Mr. Morton, where on God's Good Earth is the science to substantiate your first outrageous notion. One piece of research that would convince us that MMT, that's Methadone *MAINTENENCE* Treatment for those acronym-challenged among us, is most successful "as a bridge between addiction and a sober life." Sir, this is a medical treatment for a medcal condition. It's called endorphin replacement, and you really need to search for new employment before some good attorney robs your poor insurance provider due to the incompetance that can only follow from such uneducated public rantings. When the media comes-a-calling and this is the pillar of treatment philosophy that Mr. Morton pulls from his repetoire, it's indicitive that he knows nothing about the treatment that he administers. Let alone how this adds to the stigma patients fight daily. As a matter of fact, it's as bad as the trash that Michael Negroponte has foisted upon HBO and its paying subscribers with his *Methadonia* abomination. As Dr. Bob Newman states in our lead story this issue, "What a needless, senseless, shameful tragedy!" I'd add, "When providers know not of what they treat. Lives is the price paid by some when providers manifest such outward contempt for their charges. And when such attitudes originate at the top of the corporate organization, what can that mean for the attitudes of front-line counselors and supervisory administrators? Reports from NorCal NAMA tell of the continuing difficulty in getting advocacy representation at any of Aegis' many clinics. And when advocacy is thwarted, years of experience tells us that patient rights are being trampled upon and care will be substandard. And Mr. Morton's "one size fits all" brand of treatment, as illustrated by his programs' blanket urine screen policies, illustrates that the new federal regulations mandating individualized care has fallen on deaf ears at Aegis clinics. Their "we will impose stricter standards than state law requires" attitude and policies illustrate that this organization is more concerned with the control they can assert over patients lives than with best treatment practices. Public comments such as those espoused by these two "medical professionals" points up the need for closer federal scutiny of Aegis operations in California. The rights and lives of patiens no doubt hang in the balance. We just hope and pray the people at CSAT read the newspapers too.

Methadonia Illustrates What a Lack of Patient Education Begets

NAMA (CMA) *Certified Methadone Advocate Training* is the Answer

If there is one thing that *Methadonia* illustrates, it is that patients are not eduated about methadone treatment. When MMT started no one knew opiate addiction was a brain disease. But now we know. And we also know that it is a medical condition. But many staff are ignorant of the FACTS surrounding this treatment. And one of the reasons that programs an not educating patients is because there are so few on staff that have this knowledge themselves. The comments to the left are good illustration of that.

Enter NAMA -- to educate program staff -- so staff can adequately inform patients with, not wives' tales and stigma, but the science behind this effective treatment. *NAMA CMA Training* is the answer. It's inexpensive and it's effective. **Contact NAMA today to schedule CMA Training for your facility.**

Support Responsible Methadone Advocacy!
JOIN NAMA TODAY!

REMINDER TO MEMBERS: **ANNUAL Dues** Can Be Paid on the Website at **www.Methadone.org** using PayPal!

NAMA Dues Keep NAMA Going--Annual Membership Fees Are Now Due!

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www.Methadone.org

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"Together We Can Make a Difference."

NAMA's Rhode Island MOM Program Gets a Boost

Over 100 participants attended the ***Methadone Trends and Treatment: Pregnancy and the Newborn Seminar*** sponsored by Kent Hospital and the Mothers On Methadone Program in Warwick, Rhode Island on December 6, 2005. Conference attendees represented many different disciplines including; physicians, nurses, substance abuse counselors, social workers and MMT program directors and medical directors. Responses were overwhelmingly positive with attendees expressing praise following the seminar via e mails, phone calls and written seminar evaluations.

The seminar planning committee carefully selected speakers and topics that would attract the many different disciplines that attended. Speakers/ Topics and presenters included: **Stigma, the Recovery Movement and the Collaboration Between Kent Hospital and NAMA,** Walter Ginter, CMA, Vice President, National Alliance of Methadone Advocates; **Methadone Maintenance Treatment,** J. Thomas Payte, MD, CMA, Corporate Medical Director, Colonial Management Group; and **Neonatal Abstinence Syndrome & the Mothers On Methadone Program,** Sharon Dembinski, MS, PNP, CMA, Kent Hospital / Women and Infants' Hospital, lead developer of the Mothers On Methadone (MOM) Program.

The Mothers On Methadone Program is designed to provide educational and support services specifically to mothers who are on methadone maintenance therapy during pregnancy for the treatment of opioid dependence and for mothers who are on narcotic medications for other long term medical conditions such as chronic pain. ***(continued on page 7)***

METHADONE UNDER ATTACK WORLDWIDE

(continued from pg. 2) the hysteria that can be created when the masses' penchant for discrimination and fear of the unknown is played upon. "**N**ot **I**n **M**y **B**ack **Y**ard" or NIMBY-driven opposition is occuring to proposed clinics from one end ot the United States to the other. These wholly unsubstantiated oppositions to MMT facilities are making the start-up costs and lead time of planned clinics increase for no good reason and do no more than increase suffering and deaths.

Or new legislative initiatives are being passed, making locations for proposed clinics nearly, and in some cases, impossible to find. The courts have spoken clearly that these facilities have a right to exist because citizens need them. And yet obstacles are created that do no more than increaase the costs in both money and lives.

And clinics themselves are not without fault, with their penchant for addresssing patients as "clients," incresing still the view that this is not needed medical treatment, but some sort of social engineering experiement that communities do not want in their own back yards.

And in these communitiy meetings opposing these new clinics are beginning to be heard and seen the damage from HBO's Methadonia. Citizens rising to their feet to espouse that they've "...seen it on HBO, the damage these clinics do to *those people*. They're walking zombies. I saw it with my own eyes." And EVERY overdose death is met with the same newspaper hysteria, even though it has been proven over and over that these deaths do NOT originate in MMT clinics, but in the pain management sphere of medicine. Yet each is an opportunity to deride methadone treatment for addiction.

Put it all together, and it is a patient's nightmare, and should also be perceived as such by providers, with their huge financial investments in clinic facilities. This treatment is under Worldwide attack on too many fronts. And it is past time for providers and regulators to respond with a concerted effort to get the truth out about this 40+ year-old treatment.

Some of what is going on:

The repeated use of the term "substitution therapy" by diverse United Nations agencies and other affiliated organizations as UNAIDS, the Joint United Nations Programme on HIV/AIDS; UNODC, the UN Office for Drug Control and Crime Prevention; and WHO, the World Health Organization; when speaking of methadone and buprenorphine treatments is doing much more harm than good, especially in the United States and Russia where there is a constant battle against those who view these treatments as "doing nothing more than substituting one drug for another." ***Methadone is endorphin replacement therapy***, *i.e. Methadone corrects the many times permanent endorphin imbalance that is the result of prolonged opiate exposure. It is this* ***endorphin imbalance*** *that drives the compulsion to seek opiates.* ***It is NOT trading one drug for another, but is a medical treatment for a medical condition***. Continued use of the term "substitution therapies" is only increasing the stigma and making a difficult battle much more so. All involved with this treatment must attempt to correct this improper use of language. It will make all of our jobs that much easier and save more lives than will be the case if this error and improper use of language continues.

Clinic staff and counselor usage of the term "client" when referring to methadone patients needs to stop. It is incorrect. Lawyers have clients, but medical doctors have patients. This widespread misuse of language is possibly the biggest driving force in the stigma that surrounds this treatment. And is latched onto by the NIMBY crowd as "proof" that MMT is not medical treatment but legalized drug dealing. It contributes to the nonchalant attitude too many have towards administrative detox--methadone treatment's Grim Reaper. It makes access to needed patients' rights protections more problematic and it is an obstacle to patients' receiving widespread health insurance coverage for this necessary medical expense. Add it all up, and it simply costs the lives of many we could be saving. It is wrong linguistically, and drives so many negative effects, that it is also wrong morally. It needs to stop NOW. Methadone is a controlled and prescribed medicine, needing the orders of a medical doctor and is dispensed by nursing staff in medical environments. These are patients, NOT clients.

And how strange that these first two "attacks" on methadone treatment come largely from those who purport to be "friends" of MMT. But when all is realistically analyzed, the reality is that these are false friends, indeed.

So the problems MMT is experiencing from within are formidable, while those it is experiencing from without are greater than at any other time inits long, successful history.

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NAMA Calls for Government *Regulator* Response to "*Methadonia*"

Even though it is unusual for government agencies to review or issue statements regarding films or movies, the National Alliance of Methadone Advocates (NAMA) believes that in this instance it is called for.

First, the Substance Abuse and Mental Health Services Administration (SAMHSA), National Institute on Drug Abuse (NIDA) and Center for Substance Abuse (CSAT) developed what is called the PRISM Awards to honor endeavors from the entertainment industry that are educational and objective, and in particular do not sensationalize drug use or addiction. The film *Methadonia* was not educational and in fact is misleading in the way that it portrays the methadone patients shown as typical. Certainly no efforts were made to state that the patients depicted in the film were **not** typical and suffered from many problems that a medication can not address. Thus SAMHSA, NIDA and CSAT are involved in promoting educational and factual films.

The second reason is the impact that this film will have on patients and prospective patients. The prejudice directed towards methadone can not be compared to any other medical treatment or procedure, and methadone patients have borne the brunt of this stigma. Many patients do not tell their family, friends and certainly their employers for fear of being ostracized. And their fears are real because they experience misunderstandings and prejudice on a daily basis. The concern is that methadone patients will be pressured by family and friends to withdraw from treatment when they know that the results will probably be disastrous, as *Methadonia* predicts. The other concern is that prospective patients will decide not to enter methadone treatment after viewing the movie because of the negative image of patients depicted.

Government agencies are the most credible voice to issue the statement that the patients in the film were not typical.. NAMA is concerned that without some statement about *Methadonia* that patients will be coerced to leave methadone treatment from well meaning family and friends because they are not like the patients in the film. Many communities do not have a methadone program and this film promotes all the misinformation that abounds about methadone treatment. Thus, a statement would help to diffuse the fears of communities so that patients and prospective patients will have access to this life-saving treatment.

What Can You Do?

It appears that SAMHSA, NIDA and CSAT do not feel that it is their responsibility to respond to the negative image of *Methadonia*. NAMA believes that it IS important for these agencies to step up with the other professional and advocacy organizations and issue a statement regarding the misinformation that the film promotes. These governmental regulatory and research agencies need to hear from patients how this film makes them feel and their fears about it. You can write to the administrator of SAMHSA, sending copies of your letters to NIDA and CSAT, at:

Mr. Charles Curie, Administrator
SAMHSA
1 CHOKE CHERRY
Rockville MD 20850
Phone; 240-276-2000 Fax: 240-276-2010
charles.curie@samhsa.hhs.gov

Send copies of your letter or message to:

Dr. Nora Volkow, Director
National Institute on Drug Abuse
6001 Executive Boulevard
Bethesda, MD 20892-9589
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A Final Note: How Can You Show Your Dissatisfaction Towards HBO?

The best way is to do what any consumer would do who does not like a service – **CANCEL IT!** Realize that both HBO and Time Warner are big corporations and that even if every patient in the US, their families and every treatment professional canceled their HBO it would probably not hurt HBO financially. But that is not the point! HBO has received several PRISM Awards and they do not want their image tarnished. So if you cancel HBO, for most effectiveness you will need to contact them with your reasons for doing so.

But even if you do not wish to cancel, you can write to HBO regarding your feelings about *Methadonia.* Do so at:

Home Box Office
1100 Avenue of the Americas
New York, New York 10036

Why Methadone Treatment?? BECAUSE IT WORKS!!

L A N G U A G E
at the ROOT OF STIGMA

NAMA NorCal Chapter leader and NAMA Board member **Roxanne Baker** has originated and led a campaign against the improper use of language in addiciton treatment that goes back nearly a decade. That continued hard work as NAMA's "Language Police" is paying off, as now government agencies involved in addiction research and treatment are finally realizing the importance that language plays in the continuing stigma born by MMT and other addiction treament modalities. Here are some examples from a new campaign recently observed **Words to Avoid...**

Abuse
Instead use: Misuse, harmful use, inappropriate use, hazardous use, problem use, risky use, substance use disorder

Abuser, Addict, Alcoholic
Instead use: Person with alcohol/drug disease, person with a substance use disorder, person experiencing an alcohol/drug problem, patient

Clean, Dirty (when referring to drug test results)
Instead use: Negative, positive

Drug Problem
Instead use: problems caused by alcohol/drugs, alcohol and drug related problems

Habit or Drug Habit
Instead use: substance use disorder, alcohol and drug disorder, alcohol and drug disease

Substance Abuse, Substance Abuser
Instead use: substance use disorder, substance misuse, alcohol and drug misuse, harmful use of substances, alcohol and drug disorder, alcohol and drug disease, risky use of substances

Substance Abuse Treatment
Instead use: Treatment for alcohol and drug disease, treatment for alcohol and drug disorders, treatment for substance use disorders, addiction treatment

User
Instead use: person who uses alcohol/drugs. If referring to misuse: person engaged in risky use of substances, and NAMA's favorite -- **PATIENT**.

DON'T be a part of the stigma problem... WATCH the LANGUAGE that YOU use!!

Methadonia Sham Documentary *(con't from pg. 2)*

This Methadonia-wannabe whose topic is epilepsy would go on to film patients complaining that their lives are constrained by the "handcuffs" their prescribed medication represents, and their frustrated dreams of 'getting off it.' It would blame the need for indefinite medical care on doctors whose alleged motivation is to retain patients for the fees they generate. Consider applying such criticisms to the medications and healthcare providers involved in the management not only of epilepsy, but of hypertension, cardiac disease, diabetes, obesity, depression, Parkinson's disease, arthritis, etc. Those who see this film will be left with reinforced stereotypes of addiction treatment – specifically, treatment with methadone - and its patients and providers. Treatment services now in existence will be jeopardized. Patients will be further stigmatized and their housing, employment, family stability and health care placed at even greater risk than heretofore. Those who abhor the notion of treating opiate dependence in their 'backyard' will find added ammunition for their cause, thus presenting ever more formidable barriers to establishment of new programs (an estimated 80-85% of Americans addicted to opiates have no access to care today)."

Newman concludes, "The real bottom line, therefore, is that this film will destroy lives, figuratively and literally. What a needless, senseless, shameful tragedy!"

And prominent methadone researcher, Dr. Herman Joseph stated, "There is misrepresentation in the film It was photographed in a group therapy program that is located in lower Manhattan. This program treats poly-drug abuse. **It is not a methadone clinic.** At least one person in the film is a user of pills and is not a methadone patient. There was a great deal of mental instability among the participants and some were on medications other than methadone - but these people blamed methadone for mostly every problem they had in life and the aim was to get off of methadone. The title, also, is very stigmatizing."

And from the medical director of a methadone treatment program in NYC, "Well, I did see the show last night and I must say that it was worse than I expected, and I expected that it would be pretty bad. If I saw that show and I didn't know anything about opiate addiction and its treatment, I would have walked away from that 'documentary' with a horrible impression of methadone. They did not depict **any** of the positive aspects of medication-assisted recovery; they didn't even show any people who were actually IN recovery (like, not using illicit drugs, hello). The group sessions that they showed were a joke- like the loud mouth counselor who talked only about herself and wouldn't even allow any of the people to speak without interrupting and arguing with them. Everyone in the group was high, nodding, and didn't seem to be working any kind of program toward recovery. I don't know where these folks were getting their methadone, but I can tell you that the guy who was showing his take-home bottles (the one who was giving a tutorial on getting high from using benzos on top of your methadone dose) would never qualify for take home doses at any federally qualified opioid treatment program. The New York Center for Addiction Treatment Services, the treatment program featured in the film, is **NOT a methadone program**. It is a chemical dependency services program offering outpatient recovery groups to persons abusing drugs or alcohol."

The reaction among patients has been more stress and fear about stigma, always only just below the surface, fears much heightened since the film's debut. Outside pressures from the uneducated are increasing. From the patient's perspective, no good has resulted by *Methadonia's* showing. Only a difficult situation being made more so due to this film's airing.

The consensus: This film wasn't about methadone at all, and yet, from its title to its biased, confusing content, the enemies of methadone treatment will have new "ammunition" in their uneducated campaigns against MMT.

Especially disappointing in all of this has been the lack of federal response to provide the balance so lacking in Negraponte's film. CSAT, the federal oversight agency responsible for methadone treatment in the United States and the originator of much of the research on the subject, has the objective standing to fullfill this role. But no response, though heavily solicited from many fronts, was forthcoming. This, in retrospect, is nearly as irresponsible as the film itself, and should, even at this late date, be corrected. *THAT* would be responsible oversight.

METHADONE UNDER ATTACK WORLDWIDE

(continued from pg. 4) Some examples: At a recent national drug conference in Great Britain the presentation by that country's National Treatment Agency (NTA) after spending the last 5 years promoting the widespread prescribing of this medicaiton, was now attempting to persuade those in attendance that methadone maintenance is nothting more than "underclass management," and emphasis needs to be placed now on patients being navigated towards 12 step programs, NA and abstinence. This government organization actually seems to be swinging dramatically from maintanance to abstinance as the path to a better future. Debates at this forum had opposers demonising methadone and proclaiming that all methadone "users" have HepC (thinking there is a causal connection to be found), abuse thier children and various other highly charged, un-evidenced based opinions. The NTA rep who later spike in the same vein supported this view.

Thankfully, advocate collegues from across the Pond stepped in with evidence-based retort ensuring that people were in no doubt that long term methadone prescribing works, is the best tool in our arsenal, and does NOT condemn people to a life of misery, petty crime, no future and limited options, as had been put forth by this concerted opposition with NTA collusion. Some feel the British government is beginning to worry about the costs of maintaining all of those on methadone for long periods of time given the increased life expectancies this effective treatment evidences.

But politicians in the Scottish Isles have taken the banner up, and a huge public debate is now raging there with methadone being portrayed as some dastardly plot to keep the economically deprived, this "underclass," under the thumb of some imagined force. Driven by stigma and inuendo, it is a real and genuine threat to the peace of mind of patients across the Isles.

In Tazmania a courageous Alcohol and Drug Services State clinical director named Dr. David Jackson publicly quit his post in disgust recently because the government had effectively closed its methadone programs to new patients since early last year. "Young Tasmanians are injecting pharmaceutical morphine at a level which is more dangerous than heroin. But rather than offer them life-saving methadone, these young addicts are being left to die."

Dr. Jackson continued "It is outrageous that people fighting addictions, which are long-term medical conditions, are being turned away from treatment." "The Department of Health and Human Services has lost sight of its patients because of layers and layers of management for management's sake that characterize this service." "It's not just the numbers and layers, it's that they subscribe to a certain type of management where the patient is the least of thier worries..."

And across the United States the NIMBY rage continues, given new impetus by the "facts" given it by HBO's MMT-related documentary *Methadonia*, whose damage is analyzed in other parts of this issue of NAMA's *THE ADVOCATE*. The uneducated continue to gather in opposition to any expansion of this life-saving treatment and an internet search reveals news articles coming in almost daily describing these discriminations in communities from the North, South, East and West. They play on fear and stigma and they look to shut this treatment down, regardless of the cost in lives lost.

Lastly, there still remains over half dozen states in these United States where methadone treatment is outlawed--*where an efficacious medical treatment is outlawed*. Where are the federal regulators in this?? Would inaction ensue if it were the most effective treatment for diabetes that was outlawed? The answer is obvious. But addicts are a marginalized population, and there is no better proof of that than in the federal inaction over this issue. Lives and families are disrupted and ruined due to the necessity of patients driving hundreds of miles daily to access this treatment. Lives made unproductive because of the time demands such a situation imposes. And many who can not or will not make such a sacrifice die, with children left motherless and fatherless due to the shameful federal inaction that has made this situation static for over a decade.

Methadone treatment is indeed under attack Worldwide.

Katrina Illustrates Pressing Need REQUIRED by the Federal Regulations Governing Methadone Treatment:

EMERGENCY PREPAREDNESS: Does YOUR MMT Clinic Have a Plan?

NAMA Asks:
"How Can Plans Unknown to Patients Be Effective??"

Because in Reality
"A Plan Unknown to Patients IS NO PLAN AT ALL!!"

MOM Program Gets Boost

(continued from pg. 4)

The goals of the program are to provide a nurturing environment for mothers on methadone and their newborns and eliminate the myths and stigma sometimes associated with methadone therapy and the treatment of chronic pain. The program strives to meet those goals by assuring that staff as well as patients are provided with accurate, updated and standardized information on opioid dependence and it's effects on pregnancy and the newborn.

For information please contact:
Sharon Dembinski, MS, PNP, CMA
Mothers On Methadone Program
Kent Hospital Special Care Nursery
Warwick, Rhode Island
(401) 736-4561
nenama_mom@yahoo.com

*NOTE:*The NAMA Board of Directors would like to commend Sharon for formulating and bringing to fruition this important program for methadone maintained mothers and their newborn infants. Without her tireless efforts the ***MOM Program*** would not exist.

RI NAMA Advocate Wins Jefferson Award

The Jefferson Awards are prestigious national honors that recognize individuals throughout the United States who perform great public service, largely without recognition. NBC 10 , the Rhode Island NBC affiliate station,has participated in the Jefferson Awards category "Greatest Public Service Benefiting a Local Community" for nearly 30 years, and this year has honored one of our own, Rhode Island NAMA advocate **James Gillen**. And he deserves it! ***"Thank You Jimmy"*** for all that you do on behalf of patients. And Congratulations!!!!

Methadone and Pregnancy Info & Support Forum Debuts

Indefatigueable New England NAMA advocate **Sharon Dembinsk,** *RN, MS, PNP, CMA*, originator of the Kent Hospital MOM Program featured on page 4, is the moderator of a new info and support online forum about pregnancy and methadone at. **www.MethadoneSupport.org/Pregnancy.html**

Thousands of page views in its short existence illustrates the void now being filled by good, science-based information, sorely lacking until now. Thanks Sharon!!

Note: *Sharon, the mother of two and adoptive mother of three toddlers, just returned from a "tour of duty" in Hurricane Katrina raveged New Orleans as part of a medical team offering assistance to that community. Our hats are off to you, Shar. You make us all VERY proud!*

Mass NAMA Active On Multiple Fronts

Multiple Massachusetts NAMA members were on hand when collegue **Paul Bowman**, CMA, a member of the Massachusetts Dept of Public Heath Consumer Advisory Board, gave a presentation on methadone treatment to this board. Many members stated they never knew about the science behind methadone treatment and had thought MMTmade patients "high." Hopefully these efforts will begin to educate the the recovery community about methadone treatment, and begin to change these wives' tale and stigma-driven attitudes. In attendance and participating by helping to take questions about MAT treatment after the presentation were **Dana, Moulton**, CMA and **Sharon Dembinski**, *RN, MS, PNP, CMA.*

(continued on next page)

NAMA–On The Road

This new Chapter of NAMA is for MMT patients who travel for a living or just want to travel.

The best possible way to provide methadone to those who travel for a living, ie: musicians, comedians, business persons, etc. is for them to be on Physician Prescribed Treatment. There is still a long way to go before this method of MMT is widely accepted and legal in all fifty states. At this time there are federal and state regulations concerning Physician Prescribed MMT, and much more work needs to be done in this area, especially for those who travel to earn their living.

One of the goals of this chapter is to propose for research another model in addition to the Medical Maintenance model specific to those whose jobs require travel. Right now it is extremely difficult to be a part of the few Physician Prescribed Treatment programs, though not impossible. First and foremost, a patient must be educated about methadone, including the legalities regarding treatment and the Federal and State Regulations. Since the regulations vary from state to state, this makes MMT and travel a difficult task, but again, not completely impossible.

NAMA~OTR hopes to help with this situation through personal advocacy, education, and by trying to get regulations changed or amended to include provisions for those for whom travel is an essential part of their jobs and lives..

NAMA~OTR will assist patients in obtaining the best possible information regarding federal and state regulations, travelling both domestically and internationally with methadone; guest dosing info and scheduling guest doses; and international policies concerning methadone dosing and the legalities of bringing medication into, or out of a particular country.

The URL is: **www.angelfire.com/nj/ice1/nama.html** and you can contact **NAMA-On The Road c/o Lisa Dombayci 288A Pine Valley Road St. Cloud, FL 34769**, or email: **Road2Recovery@earthlink.net** or call 407-957-1626

The NAMA OTR chapter Director, Lisa A Dombayci, is also the director of **M.O.R.R.**, the Musicians Opiate Recovery Resource at: **www.angelfire.com/nj/ice1/MORR.html**

From Canada NAMA

If you are a patient in Canada, know a patient in Canada, or are involved with treatment systems in Canada, please contact NAMA advocate **Rebecca Brooks**, CMA at **LondonHRC@yahoo.ca**.

2006 will be a groundbreaking year for advocacy introduction in the London, Ontario area and for networking with all methadone patients in Canada.

Rebecca is also NAMA's CMA Coordinator responsible for putting together the 2006 training.

Virginia NAMA Co-Director Attends Drug Policy Alliance Convention in Calif.

Virginia NAMA co-director **Hoss Kitts**, CMA, returned recently from the Drug Policy Alliance (DPA) convention in S. California. He reports back that it was the largest DPA convention ever, with a broad represenation of all segments with an interest in a common sense drug policy for the U.S.

Of particular interest was the increasingly vocal presense of the group Law Enforcement Against Prohibition (LEAP), a coalition of current and former law enforcement personnel from all levels of government who were promoting their intention to visit any community interested in getting the message out of this country's failed drug policies.

Hoss reports meeting up with NorCal NAMA's **Roxanne Baker** and local resident SoCal Nama's **Carylyn Miranda** for a bit of sightseeing between conference sessions.

A highlight for all was meeting in person the "Father of Needle Exchange," Amsterdam's August de Noor.

Long Indiana Battle for Expansion of Clinics

NAMA's MAG of Indiana's Carmen Pearman Tastes Victory After Years of Struggle

Seven years ago the Indiana Legislature passed a law intended to prevent the proliferation of methadone clinics in the state. The State's only MMT facilities already established in Lake and Marion Counties were frozen, and any new clinics outlawed in any other parts of the state. Patients have had lives ruined and lost due to the travel hardships imposed by this discriminatory legislation. Porter County, an Indiana jurisdiciton where MMT was outlawed, ranks third in the nation per capita for Heroin addiction.

The MAG of Indiana NAMA Chapter and their Director**, Carmen Pearman**, CMA have fought a never-ending battle to right this wrong--and their efforts are finally meeting with success with the introduction and release from Committee of Indiana House Bill 1023, which has now gone before the entire House and Senate and been passed and signed by the Governor. So the walls are crumbling and patients in Indiana owe a debt of gratitude to **Carmen Pearman** and others who have fought this long battle for justice and the right to effective treatment..

But the battle is not yet over. The uneducated are massing and the NIMBY-led meetings are being held and gathering steam in attempts to thwart any organizations looking to expand MMT treatment in Indiana. But NAMA is there and will continue this fight.

Mass NAMA Active

(continued from preceeding page)

Also, **Paul Bowman**, CMA and **Maureen Neville**, CMA, after several years of planned and concerted effort, have finally gotten a commitment from the Mass. state methadone authority to meet with the group of Massachusetts NAMA advocates on a regular basis. There will be quarterly meetings between the department and MA NAMA to continue dialogue regarding important patient-related issues. This is a tremendous accomplishment and has the potential for having a real impact on methadone treatment in Massachusetts.

This "dynamic duo" has also met with Habit Management, Inc's. CEO and top management for the last 3 years and are credited with over a dozen policy changes. HMI is the largest MMT provider in the state.

Bowman has also become certified as a "first responder" for people with addiction issues from the state's emergency response center. Massachusetts NAMA, through **Bowman**, has requested that methadone patients be included in the states disaster planning units.

MA NAMA is also going to be meeting with Jan Kaufman who is president of the providers' association and represents AATOD in Massachusetts. Ms. Kaufman agreed to meet with **Dana Moulton**, CMA and **Paul Bowman**, CMA about clinics having a more uniform and fair approach to take home medication, and "fee-tox" policies in the state.

These are BIG accomplishments from an active NAMA chapter that also handles its share of monthly patient grievances in the state.

NAMA Regional Director Erica Lear Analyzes Distinction Between "Dependence" and "Addiction"

There is a significant difference between "addiction" and "dependence." People on medicaitons such as Prednisone, antidepressants, anxiety medications, numerous heart medications, diabetes medications, etc. are all dependent on these medications; that is, if they do not take it there are serious physical consequences. Howeever, when methadone dependence is mentioned, it is labeled as "addiction."

However, addiction is a disease which has numerous physical, emotioal and behavioural attributes; whereas dependence causes a physical set of symptoms when the medication is not administered. There is an appropriate method for tapering from methadone without severe physical symptoms. Just as any other medication which causes physical dependence, methadone must be reduced at a slow interval. It can, and has, been tapered down to nothing in many patients whose neurological functioning has recovered to a normal state. As shown in the *Mt. Sinai Jounal of Medicine*, Vol 67, Nos. 5 & 6, October and November, 2000, in an article onthe Neurobiology of Addictive Behaviors and Relationship to Methadone Maintenance, there are a significant number of recovering opiate addicts who have shown that "drugs of abuse in general, and specifically the short-acting opiates, such as heroin, may profoundly alter molecular and neurochemical indices, and thus physiologic functions. Also, research has shown that after chronic exposure to a short-acting opiate, these alterations may be persistent, or even permanent, and may contribute directly to the perpetuation of self-administeration of opiates, and even the return to opiate use after achieving a drug-free and medication-free state. "These people will require a permanent medication for normal function, just as a diabetic requires insulin."

The concept that methadone is just "liquid herion" is a myth which abstinence-based proponents have tried to use in an argument against the concept of medication-assisted recovery. Statistics have consistently shown that methadone treatment is the standard for successful opiate addiciton recovery. In terms of financial benefit, for every dollar spent on methadone treatment, $38 are saved in social and health costs. In terms of methadone's benefit to addicts, 77% stop using opiates while on methadone treatment and 63% stop using all illicit substances, even though methadone is designed to only prevent recurring relapse to opiates. These are statistics that cannot be ignored, as they show the benefit methadone has on the opiate addicted population; a population that has gtrwon exponentially over the last decade.

The question remains, however, of why is it that certain people, frequently clinic staff, will harass and/ or complain to a patient taking methadone, frequently forcing detox, when the medication is doing its designed function--keeping the patient from relapse to opiates? Would the same be said to patients who are taking medications for asthma or diabetes? If the medicaiton is doing its designed function and keeping the patient from having an asthma attack, or the patient's blood/sugar levels are normal, should (s)he discontinue the medication? The absurdity of this notion is profound. But because methadone is designed to prevent relapse to opiate addiciton and is in itself a medication which causes dependence, people automatically assume that it is just "trading one form of addiciton for another." Nothing could be further from the truth.

People Often Ask Us... "Why Should I Join NAMA?"

One reason is that when someone from NAMA talks to a politician or business leader, the first thing they ask us is how many people do we represent? So, if you really want things to change, JOIN NAMA! And not only that. Ask your Family and Friends to join also! NAMA isn't just for patients. It's for EVERYONE who agrees with the goals below...

I support the goals of the National Alliance of Methadone Advocates:

--To Eliminate Discrimination Towards Methadone Patients
--To Create a More Positive Image About Methadone Maintenance Treatment
--To Help Preserve Patients' Dignity and Their Rights
--To Make Treatment Available "On Demand" to Every Person Who Needs It
--To Empower Methadone Patients with a Powerful Public Voice

Isn't It Time YOU Joined NAMA? "Together We Can Make a Difference!"

nama

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www.Methadone.org.
www.NamaNews.com

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Membership Office,435 Second Avenue, New York, NY 10010

Membership Application

Name:_____
Address:_____
City: _____ **State:**_____**Zip:**_____
Country: _____
Home Phone: ( )_____
Work Phone: ( )_____
Alternate Phone:( )_____
Fax: ( )_____
Email:_____

If you have email may we send you bulletin alerts electronically. (This will get bulletin alerts to you quicker than usual mail) **Yes** _____ **No** _____

Types of Membership:

$_____**Individual Membership $**_____**Institutional Membership $100/yr**
$25/yr USA,
$35/yr for family,
$40/yr International

If you would like to make a donation in addition to your membership to subsidize those who cannot afford to pay, please add whatever amount you can afford. Your generosity is VERY much appreciated.