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**Policy Statement
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Bottle Recall

The intent of Bottle Recall initially was to be able to allow patients take home medication and to insure that methadone is not diverted to the streets. However, methadone programs have been giving patients take home medication for years without a serious methadone diversion problem. Furthermore numerous studies have demonstrated that methadone is not a favored street drug and only taken when drug users are not able to get into treatment for a variety of reasons. The Drug Enforcement Administration (DEA) lists thirty substances that are diverted to the illicit street market and methadone has always ranked among the bottom five substances on this list. Valium, Xanax, morphine and other narcotics are positioned at the top.

What Exactly Is Bottle Re-call?

The basic feature of Bottle Recall is that the patient is contacted at random and is given a period of time to bring in all the bottles that were given to them the last time they visited the clinic. The patient then brings in to the clinic both their full and empty bottles, which are counted to confirm that the correct numbers of full and empty bottles are present. And full bottles may be further tested for the correct amount of methadone. The patient is given new methadone to replace the medication that was not ingested and now has to return to the clinic at their scheduled time.

Bottle Recall and Program Policy

If diversion were not a problem then why would programs use this policy? There are two major reasons. Most professionals working in methadone treatment have not developed the expertise to be able to judge which patients are stable and responsible with their methadone and which are not. These professionals tend to see all patients as untrustworthy. And because of their inexperience it is highly probable these professionals will not be able to make decisions about which patients are responsible to handle take home medication. When they determine that a patient is eligible for a privilege and then that patient is not able to manage their medication this only confirms to them that all patients cannot be trusted. These professionals will become cynical over time believing all patients to be incapable of any responsible behavior.

The second factor driving such rigid policy is the inability of management staff to stand up to the DEA office. The implementation of regulations and guidelines controlling methadone are not specified giving regional DEA offices the power to make policy at the local level. Small methadone clinics do not have the capacity to stand up to their local DEA office and once a standard has been set it is difficult to change it. Thus, apprehensive clinic administrators are not able to withstand an aggressive local DEA office and are often forced to accept what is dictated to them. Unfortunately it is not only the patients that are harmed by heavy handed implementation of the regulations but the entire methadone treatment system has been damaged by policy that is not founded on sound medical guidelines.

Guidelines have been established for physicians to use in deciding who is responsible for take home medication. These guidelines have been in use for over thirty years with no serious problems and consequently there is absolutely no justification for a program to use Bottle Recall.

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Is Bottle Recall a Diversion Control Plan?

The new regulations require that programs develop a *diversion control plan*. However, the Center for Substance Abuse Treatment (CSAT) has emphasized that Bottle Recall should not be considered diversion control. Therefore the only consequence that Bottle Recall has on patients is to make their lives so impossible that they decide not to ask for extended take home medication. This thwarts the entire spirit of the new regulations and guidelines that were intended to give long-term stable patients a normal life. A significant minority of these patients become frustrated and leave treatment. Studies have demonstrated that between 70-90% will relapse to drug use within two years of withdrawing placing these patients in jeopardy for death by overdose or violence, infection, prison and other serious risks and problems. Therefore, programs with rigid policy are responsible for the lives of these patients who probably would have remained safe and in treatment as well as contributing to a reduction in the standard of living for the entire community and overtime to the break down of our society.

When can Bottle Recall be a Useful Therapeutic Tool

Bottle Recall has a purpose in treatment when it is used to help patients. For instance when a patient has just entered treatment and lives a long distance from the program and does not fulfill the time criteria Bottle Recall can be a useful tool to begin to give that patient early take home medication. The Medical Maintenance Program in New York also uses Bottle Recall. During the first three months the patient is told that they “may” be contacted to come in and have their medication counted. This is done only once and with about one-third of the patients. Such examples are therapeutic uses of using Bottle Recall.

NAMA’s Experience with Bottle Recall

A number of programs have begun to use a Bottle Recall policy during the past decade. The policy creates a situation that is not conducive to a therapeutic and trusting environment. As expected patients begin to perceive staff as overly callous and unsympathetic. In these situations quality treatment is replaced for a program of rules with staff that begins to view patients as scammers and untrustworthy because patients will begin to develop behavior patterns to protect their hard earned privileges. It is forgotten that patients entered treatment voluntarily and that they are seeking help to live a normal life.

Furthermore NAMA knows of numerous instances where Bottle Recall becomes a means to control patients. Patients who travel for business and are called must return to the clinic within specified time period no matter the expense. This can mean a costly airline ticket or even loss of their job. NAMA knows of instances where patients were not able to return because they were out of town. Upon their return and finding out about the recall they contacted their clinic to find that all their take home privileges had been revoked for lengthy periods of time. In fact some patients were told that they must start all over to get the privileges they once had

Guidelines for Bottle Recall

1. Bottle Recall can quickly become an abusive policy and should never be used for an entire clinic.
2. CSAT does not consider Bottle Recall a Diversion Control Strategy.
3. Bottle Recall Policies create a clinic atmosphere that is anti-therapeutic and anti-methadone.
4. There has been no need for Bottle Recall for the past thirty years and there should be no need for it now when professionals use their expertise learned through experience.
5. Bottle Recall should only be used in special circumstances.
6. Bottle Recall hinders the free movement of patients who are American citizens and protected by the Constitution.

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