by Myrrh

METHADONE PATIENTS' MANIFESTO

The following consensus statement was developed by participants at an historic organizing meeting of methadone consumers that took place in conjunction with the Harm Reduction Coalition's First National Harm Reduction Conference. Reprinted from *Harm Reduction Communication*, Harm Reduction Coalition, Winter 1996.

Methadone is one of the best harm reduction tools there is for narcotic addiction, and the delivery system and the people who are in methadone treatment need to work together to make it a positive experience. Heroin addiction is a medical condition. Methadone treatment must cease operating on a negative reinforcement model of behavior control but rather be considered a legitimate medical treatment that is delivered with dignity and respect.

Methadone is not a substitute; rather, it is a replacement therapy for a deranged opiate receptor-ligand system. Methadone is not addictive. The conditions for a drug to be classified as addictive are behavioral as developed by the American Medical Association.

Recipients of methadone treatment shall be called "patients." It is denigrating for a methadone patient to be called a "client." We are patients just like everyone else who goes to a doctor. And since methadone is health care, terms like "termination" need to be omitted from the vocabulary used to talk about the methadone delivery system.

Demands

- In no instance shall a patient's dose be used as a punitive tool to make a person comply with administrative policies (e.g., a missed appointment or payment, inability to give a urine).
- No patient shall be denied methadone because of inability to pay. Treatment shall be affordable to all.
- Methadone doses shall be medically determined for the individual patient without maximum cap. Patients have the right to be aware of and informed about their dose. No blind dosing shall occur unless requested by the patient. A dose shall not be raised or lowered without the patient's consent. In the event that the medical director of the clinic determines that an adjustment in dose is necessary, it must be in consultation with the patient as the patient has the right to know the medical reasons why they may need a dose adjustment. However, the final decision to increase or decrease dose shall rest with the patient.
- Methadone shall not be used as a behavioral tool (e.g., "go take a urine/see your counselor and then get medicated").
- Federal, state, and local regulations and clinic policy must be available for patients to view at all times.
- In compliance with federal guidelines, clinic policy regarding cause for discharge shall be posted for all patients to view.
- Hours for medication shall be scheduled for the convenience of the patients, not the staff.
- State and/or local authorities shall ensure that all patients receive due process prior to discharge.
- No patient shall be subjected to supervised urines. However, this coalition does support unsupervised random urines in accordance with federal guidelines.
- In accordance with federal guidelines, no significant treatment decisions shall be based solely on one urine report. No patient may be discharged for displaying symptoms of their disease, for example, heroin use and/or ongoing positive urines.
- As there is no treatment for cocaine use, no patient shall be discharged for positive cocaine urines.
- As the use of marijuana causes far less harm than discharging a heroin addict to the streets; and as urine toxicology testing for marijuana is so costly; no program shall test for marijuana use as clinic policy nor shall patients be discharged for marijuana use.
- Patients and staff shall designate an ombudsman to help resolve grievances. Programs should empower patients to establish pro-active initiatives such as advisory boards, patient advocates, committees, groups, etc.
- All staff shall receive sensitivity training and training in using a harm reduction approach.
- Methadone programs must have at least one methadone patient on clinical staff.
- Patients should be able to access a counselor of their choice who shall serve primarily as a case manager to help patients access community services, as needed.

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Update

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Alvin Calloway
ding Project Coordinator

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- Methadone programs shall have a designated vocational rehabilitation counselor with appropriate credentials and education.
- Primary care physicians should be able to prescribe methadone for addiction. At the very least, physicians should be able to prescribe methadone to any addict who has HIV/AIDS, hepatitis-C, or other infectious disease.
- Iatrogenic patients should not be forced into methadone programs for narcotic addiction. Instead, should they need methadone for chronic pain, they shall be treated by their physician.
- All methadone programs shall make provisions for patients who may have missed clinic.
- Programs shall replace lost or spilled medication on an individual basis.
- When courtesy dosing, patients shall not be coerced into double payment — at both the home clinic and the visiting clinic.
- All states shall make methadone available to their residents who require treatment for narcotic addiction.
- Narcotics Anonymous (NA) and other 12-step programs shall consider methadone a legitimate, prescribed medication. Methadone patients shall be able to participate in all areas of NA. Methadone is recovery and shall be considered drug-free.
- Methadone treatment programs may not force patients to stop taking medication prescribed for mental health conditions.
- The Drug Enforcement Agency and the Food and Drug Administration shall not be involved in regulating the clinical aspects of methadone treatment except for basic regulatory policies as they are applied to all other medical treatments.

Criminal Justice Issues

- Incarcerated narcotic addicts and methadone patients shall be given methadone for withdrawal and/or maintenance in a compassionate and medically appropriate manner while incarcerated. No jailhouse detox!
- Probation and parole authorities shall consider methadone a legitimate medical treatment, and no methadone patient shall be considered in violation of probation or parole based on their participation in methadone treatment.
- Drug treatment modalities should not be specified as a condition of parole or probation.