

RWJ Advancing Recovery Survey & Focus Group Results March 2007

Total number of participants 209
(81 through focus groups & 128 through general survey)

1) Have you taken any of these medications to assist with your addiction treatment and recovery?

	<u>focus groups</u>		<u>general survey</u>	
Buprenorphine (Suboxone/ Subutex)	25	31%	21	33%
Methadone	8	10%	33	52%
Naltrexone	2	2%	8	13%
Campral	5	6%	5	8%
Other	10	12%	10	16%
No medications	41	51%	64	50%

Within both respondent groups, about half have used medications to support recovery and about one third indicated use of Suboxone. Only one of the treatment-based focus groups was conducted in a setting that prescribes Methadone, which may account for the wide gap reflected in the numbers here. Feedback will be sought more specifically from participants in Methadone treatment programs through future focus groups.

2) Do you believe that these medications can be helpful for people beginning a successful recovery lifestyle?

<u>focus groups</u>	Yes 58	No 9	Unsure 14
	72%	11%	17%
<u>general survey</u>	Yes 88	No 36	skipped question 4
	69%	28%	3%

If not, why?

Generally, there was significant agreement (@ 70% combined) that medications can be a helpful adjunct to the start of recovery. But along with this, many supportive respondents were very clear about the need for medication use to be short term (3 months to 1 year) and closely monitored to help treatment participants to use them responsibly to facilitate recovery efforts.

Numerous comments were made in this section about Methadone and both participant groups expressed strong concerns about its use. Many participants noted that Methadone prescribers are not providing adequate treatment and that there is no close monitoring of treatment consumers' recovery status. By their reports, Methadone users frequently misuse their

medications and there is no follow up or consequences for this behavior or for drug screens that reflect use of other drugs with Methadone. Prescribed dosages are too high and treatment participants are not supported when they want to taper down or off this medication. Respondents noted their own abuse of this drug on the streets or while in treatment and the highly addictive nature of this drug, especially in combination with other drugs. The majority of feedback reflected that, when Methadone can be helpful for someone, it must be used short-term, with very close monitoring and with clear expectations that it be used appropriately to support recovery efforts. Those that abuse it should be dropped from treatment programs.

The other primary concern reflected was that medications are just a substitution of one drug for another and that this does not address addictive behaviors or other concerns. Respondents noted their personal experiences with medications or with people in their lives who use them, stating that counseling and other supports are not made available in conjunction with medications to help people make necessary life changes that support recovery.

3) What medications do you think might be helpful as part of addiction treatment?

	focus groups		general survey	
Campral	16	20%	20	22%
Naltrexone	15	19%	36	40%
Methadone	17	21%	47	52%
Buprenorphine (Suboxone / Subutex)	42	52%	64	70%

Please see comments in previous section pertaining to Methadone. With regard to Suboxone, participants were more consistently positive about the use of this medication and many who haven't used it mentioned that they are hearing good things about others' experiences. A number of respondents talked about its availability on the streets and their and others' misuse of this drug. Frequent concerns were noted about the lack of information with regard to long-term side effects. One primary problem with Suboxone is access: not enough doctors are available and they are not always local when they have openings. Add to this that the medication is not affordable for those who are ineligible for insurance or MaineCare. Some who want it cannot afford it.

However, fewer participants indicated that Campral or Naltrexone could be a helpful adjunct to treatment which related most to the lack of experience with, or information about, these drugs. There was expressed interest to learn more about them.

4) What are your thoughts about long-term medication use for recovery maintenance?

Most respondents were clearly not in favor of long-term medication use, and the ones who approved of it thought it might help people with repeat relapse patterns. The majority of feedback stated the need for counseling to accompany medication use as well as other recovery supports like 12 Step participation. A number of people talked about recovery as the life

changing process that is necessary to get well and that medications are not an adequate intervention in themselves.

5) Do you think that the current treatment system in Maine provides people with what will best support recovery needs?

<u>focus groups</u>	Yes	21	No	53	Unsure	7
		26%		65%		9%
<u>general survey</u>	Yes	51	No	75	skipped question	2
		40%		59%		2%

About 2/3 of respondents stated that Maine lacks needed recovery supports. In general, the majority of comments reflect that treatment time frames across the board are too short when you can get in. People cannot access the options we do have, according to many people, and in Maine options that are needed do not exist. Participants also reflected that they were unable to find the services they needed and could not even locate information about who or how to call someone, so access was an issue in this way too.

more of these are needed

- detox programs
- 28 day or longer residential rehabilitation programs
- more halfway houses, $\frac{3}{4}$ houses
- transitional housing options
- treatment programs for women with children or men with children – residential & outpatient
- more physicians who prescribe Suboxone
- information about medications, especially most current research
- adequate treatment in jails – alternative treatment to incarceration
- more NA meetings
- more 12 Step meetings & more progressive 12 Step culture
- prevention for kids
- help to find employment

these cannot be found

- treatment for adolescents – residential & outpatient
 - peer parenting support groups for parents in recovery
 - help for families & children
 - case management
 - aftercare
 - structured community peer support
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6) Have there been any barriers in the way of your starting treatment?

- a) the primary barrier was lack of access when services were needed; there are long waiting lists for most every service
- b) Maine lacks certain options entirely such as 28 day rehab., case management, structured

- peer support programs
 - c) problems with payment or insurance coverage
 - d) no information available as to where to run for help
 - e) single parents spoke about the lack of adequate childcare or help for families
 - f) many respondents cited their own fear, shame, denial as primary barriers
 - g) lack of support from people in their lives & family / friends who abuse drugs
 - h) stigma & discrimination
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7) Have you found that your counselors supported your decision to use medications to assist recovery?

This question was asked of the participants engaged in active treatment within 8 focus groups. Of these respondents, most noted that they had received the support they needed. For some, they first learned about the availability of medications through their counselor and others planned to talk further with counselors about specific medications. A number of people explained that their counselors were skeptical of their motives to try medications because they were perceived as being med-seeking. Other than Campral and Naltrexone, most participants were aware of the availability of Suboxone and Methadone due to exposure on the streets and sought providers who could help them access these. Some respondents noted that their counselors might have good reason to encourage abstinence based treatment and recovery but that they weren't sure yet.

It should be noted that survey questions asking about what influenced thinking and attitudes reflected that participants value their direct experience most – either their own or witnessing others. Of the participants engaged in treatment-based focus groups, 65% have been through prior treatment experiences.

8) What experiences OR people have influenced your beliefs and attitudes about use of these medications in recovery?

Overall, there was a marked lack of positive experience that influenced participants' beliefs about medications. Among the people who have taken medications, their reports were more often positive regarding their experiences. Most talked about their personal experiences as what influenced them in developing beliefs and few expressed reliance on input from doctors or professionals. Both groups also cited friends, family members and 12 Step support people as being most influential in helping them develop their views. However, what stands in contrast to this were the numerous comments about the wish for more scientific research about the effects of medications as well as credible available reports.

When asked about the factors that might change their views, in addition to research study results, respondents stated that they would like to witness recovery successes of those using medications to support their efforts. So many noted the predominant failures they have seen, on the part of people using medications and the providers who offer them, that medications do not seem like a helpful adjunct to treatment to 20% overall. But even among this group, some did state they would reconsider if participants were not permitted to abuse the treatment system by misusing medications and other drugs while in these programs. The other theme stressed was that treatment participants are expected to work on all of their recovery-related

issues while taking medications, not just substituting another drug.

9) What are the key supports that help you or others to be successful in recovery from alcohol and drug related problems?

- 12 Step programs, people, tools
- positive recovery role models
- family support
- treatment: primarily residential, intensive & long-term
- good childcare support
- God / Higher Power
- transitional support to help get back into community & life skills
- medications
- DSAT / Drug Court

Most talked about the need for concurrent multiple supports.

10) If you think about peer support, how can recovering people using medications best support those who are new to recovery?

Responses to this question were not specific to peers using medications, but applied to any type of peer support opportunities that could be made available. Participants noted that, besides 12 Step sponsors and peers, there are very few peer support options available in Maine. Great interest was expressed in knowing people who have maintained successful recovery long term as this would provide hope and help. These were some of the primary peer support models that were of interest:

- 1:1 peer mentors
 - peer mentors who could help bridge the gap between treatment & community
 - community based peer support groups other than 12 Step meetings
 - peer parenting support groups to learn how to balance recovery with parenting
 - spiritual support groups
 - hotline phone services for individuals & family members
 - groups that could support family members & significant others
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