

Advancing Recovery Focus Group Summary

March 2007

Number of participants 81

Group composition: 9 groups total
2 women's groups
2 men's groups
5 mixed gender

Group settings: 3 residential treatment programs
5 outpatient treatment programs
1 community-based support group

Groups were conducted in these locations:

Bangor, Newport, Caribou, Limestone, Augusta, Sidney, Waterville, Brunswick

These 4 provider partners involved in the AR grant hosted focus groups:

AMHC, ARC/ MidCoast Hospital, Maine General, Acadia Hospital

Focus group procedure:

The 5 questions listed below were delivered as a handout and participants were asked to take a few minutes to complete them before discussion group began.

1) Is this your first treatment experience?

Yes	25	No	47	N/A	9
	35%		65%		

* the N/A indicates the one group that was a community-based support group

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

Buprenorphine (Suboxone/ Subutex)	25	31%
Methadone	8	10%
Naltrexone	2	2%
Campral	5	6%
Other (please specify) Trazadone, Paxil (3) Antabuse, Clonidine(3), Chantix, Lexipro, Prozac, Wellbutrin, Zoloft, Cymbalta, Librium, Percocet, Ativan	10	12%
No medications	41	51%

More than 1 med. noted	11	14%
1st x treatment, 1 med. noted	10	12%
Multiple x treatment, 1 med. noted	19	23%

* Roughly half of all participants have taken medications to support recovery; many people lacked information about medications and asked questions about their use.

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

Yes 58	No 9	Unsure 14
72%	11%	17%

* While these participants expressed an overall support for the use of medications to begin recovery (@ 72%), significant concerns were raised about 1) the need for structured expectations & monitoring 2) that they should be used only for a short time frame. A number of people specified that Methadone should never be used for recovery. A number of others (@ 17%) stated a lack of experience or information regarding medication use to assist recovery.

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

Campral	16	20%
Naltrexone	15	19%
Methadone	17	21%
Buprenorphine (Suboxone / Subutex)	42	52%

* Naltrexone and Campral were the medications that participants lacked the most information about. Once information was presented, a number stated they would like to learn more about their use. Some of the most consistent comments made in every group concerned the use of Methadone. Participants expressed that from their own experiences, most people abuse this medication and receive no consequences for this. Respondents stated that providers are not monitoring the use of this medication adequately and that Methadone users are typically not committed to recovery.

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

Yes 21	No 53	Unsure 7
26%	65%	9%

Discussion Questions

- 1) If you don't believe that these medications can be helpful for people beginning a successful recovery lifestyle, why not?

Methadone: No one expressed positive views about the use of this medication although 21% noted that it could be helpful in the 5 question survey completed individually. Numerous people referenced their experience of abusing this on the streets or when engaged in treatment, admitting that there were no consequences for this, even when drug screens reflected illicit drug use. Participants noted concerns with 1) high dosages 2) lack of support to taper down or off Methadone 3) addictive nature of this drug 4) long term use of this medication was considered a barrier to recovery. Strong beliefs were consistently expressed that Methadone providers are not monitoring prescription use and if they are, don't intervene when other drugs are misused when taking Methadone. Overall, participants do not see this is the best medication option to assist recovery.

However, slightly fewer participants indicated that Campral or Naltrexone could be a helpful adjunct to treatment. This seemed to be related to the lack of experience with, or information about, these drugs. There was interest to learn more about them, but also concerns that they might not be necessary for many people since their perception was that a smaller percentage of alcoholics are physically dependent on alcohol and would not have cravings. Respondents hope to learn more about these medications from their treatment providers.

Suboxone: Participants were more positive about use of this medication, and 52% stated belief that it may be helpful to support recovery. People who hadn't used it noted they have heard good things about this medication and most who are using it are having positive experiences so far. A number who had negative experiences with it in the past stated that it continued to fuel their addictive behaviors and thoughts, and taught them that medications are not beneficial for them overall. Many respondents remarked about Suboxone's sale on the streets and the ways that they and others have abused this drug. Concerns were noted about the lack of information about 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 that want it cannot afford it.

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

Most participants were clearly not in favor of long-term use. Most expressed agreement with short term use with intensive support and monitoring and consequences when medications are being abused or used with illicit drugs. A number of respondents thought it would be acceptable, especially for people with repeat relapse patterns, but only with close monitoring and clear guidelines, accompanied by ongoing counseling.

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

Aside from some positive experiences taking or witnessing success with Suboxone, there was a marked lack of positive experience that influenced participants' beliefs about medications. Most talked about their personal experiences as what influenced them in developing beliefs and few expressed reliance on input from doctors or professionals. 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. But, in general, these individuals rely on direct experiences with medications and with others using them to gain information that drives their beliefs.

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

* Each treatment-based group referenced that specific modality of treatment as being crucial to success. In addition, some primary themes were:

- 1) long term treatment – residential & outpatient
- 2) intensive treatment options such as residential & IOP
- 3) adequate family support– family treatment and treatment focused on youth
- 4) childcare to enable parent to get to treatment & meetings
- 5) 12 step programs are very important plus tools & sponsors
- 6) positive recovery role models are needed to inspire hope that recovery is possible
- 7) detox is crucial for many
- 8) Higher Power / spirituality
- 9) transitional support back into community & life skills

* When talking about this area, participants reflected on what is needed as well as the many lacks in Maine. Many respondents stated an inability to get what they needed to be successful in their recovery due to waiting lists, short term treatment that was ineffective, lack of insurance or money to cover services. Roughly 2/3 of participants have received other treatment services in the past; and for many, these were multiple. Some noted that they were not ready for success previously while others stated they did not get the level of support that was needed.

5) If you don't think we have enough treatment or recovery support in Maine – what do you think is missing and that is needed?

* although this question was asked later in the sequence, it was moved here for reporting purposes because responses follow the key supports people spoke about as being central to recovery success. Respondents have found so many of these key supports to be lacking in Maine, and there was general agreement that all treatment opportunities must be longer in nature. In addition, treatment access was another common problem listed across the board due to a variety of problems cited.

- 1) help for families: treatment, childcare & support for children / more residential programs that can treat parents & children
 - 2) peer parenting support for recovering parents
 - 3) adolescent treatment & support needs to be made available
 - 4) long-term residential programs, like halfway houses, $\frac{3}{4}$ houses, transitional housing
 - 5) residential rehabilitation programs
 - 6) detox programs, plus longer detoxification times
 - 7) more NA meetings
 - 8) more physicians who can prescribe Suboxone
 - 9) doctors must be better educated about addiction
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6) Have there been any barriers in the way of your starting treatment?

* these were mentioned in every group:

- 1) long waiting lists & lack of access
- 2) lack of adequate childcare
- 3) lack of insurance or finances
- 4) my self – attitude, beliefs, denial, shame, fear
- 5) unavailability of whatever service was needed at the time: detox, case management, basic information regarding who to call & how to access help, residential treatment, help for families

* negative attitudes of others, stigma & discrimination were also noted as barriers as was the lack of understanding about addiction among medical doctors

7) Have you found that your counselors supported your decision to use medications to assist recovery?

* In about half of the 8 treatment based groups (4), feedback to this question was primarily affirmative. In 3 groups, feedback was negative or mixed and 1 group had no experience using medications. No one in the community based group had experience using medications either.

8) What do you want other people to know about using medications in recovery?

○ other recovering addicts with no experience using medications?

* For the most part, participants wanted other peers to know that medications can be helpful when used appropriately by the person for a short time frame and when monitored carefully by the provider. However, it must be noted that the vast majority of comments reflected that neither happen in most cases to this point. They also noted that medications can benefit some and aren't for everybody.

○ general public

* More research and education is needed, especially about the long-term effects of medication use. Positive role models who exemplify recovery success would help attitudes change within general community as well as among recovering people. Since this model doesn't exist in general, nor with regard to medication use, establishing opportunities for this will be challenging due to stigma. Participants want others to understand that addiction is an illness, not a personal or moral failure, and that anybody can be affected.

9) 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. The only consistent comment made was that 1:1 peer mentorship from someone successfully using medications in recovery would benefit those in early recovery who are taking medications too. Participants talked much more about their experience witnessing medication abuse and others who aren't committed to their recovery. When asked if it would be helpful to hear from people who have been successful in recovery while using medications, there was consensus that this would make a real difference in their knowledge base. It should be noted again that these respondents value most what they learn from peers as well as through their own experiences, making this type of learning experience more significant for them. I presented some information about the types of peer support models with which I am familiar and asked what would be of interest to participants. Feedback varied based on individual needs, and peer support models of interest were as noted:

- 1) community-based peer support groups other than 12 Step meetings
 - 2) peer parenting support groups to learn about ways to balance recovery, parenting & life skills
 - 3) peer recovery centers
 - 4) 1:1 peer mentors, particularly who can serve as bridge into community from treatment
 - 5) spiritual support through groups, churches & 12 step programs
 - 6) hotline phone services for individuals & family members
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10) What information or experiences might change your mind about the use of medication in addiction treatment and recovery, either way?

- 1) witnessing positive results in the lives of others
 - 2) if prescribers & programs were more accountable in providing services
 - 3) if more information becomes available, citing either problems with medications being used or conclusive benefits and safety of medication use
 - 4) if medications became more affordable
 - 5) if more people who are taking them use them appropriately and get counseling and recovery support while on them
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11) If you have been in treatment for alcohol or drug related problems, please tell us which services you used and which have helped you.

- 1) 12 Step Programs
 - 2) IOP
 - 3) residential treatment – different lengths of time
 - 4) detox
 - 5) Suboxone*, Campral & Naltrexone with counseling
 - 6) outpatient counseling: group & individual
 - 7) vocational rehabilitation
 - 8) case management
 - 9) prison
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Completed by,

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