Opioid Maintenance Therapy and Monitoring
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In a country where it seems as though being on a prescribed medication is the norm, monitoring programs face many challenges. In fact, according to the Mayo Clinic (2013), a new study finds that nearly 70 percent of Americans are on at least one prescription drug and more than half take two. While this study found that antibiotics make up 17% of this statistic, antidepressants and painkilling opioids were not far behind. While for many of us who have experience working in the field of addiction, identifying the inappropriate usage of the dangerously addictive benzodiazepines can be a relatively clear task; assessing those on opioid maintenance medications, such as Methadone or Buprenorphine, can be a bit more puzzling.

After working as the head therapist at an agency treating those meeting diagnostic criteria for 304.00, Opioid Use Disorder, Severe, and whom all of which were on some form of maintenance medication, I have accumulated quite a bit of information regarding maintenance therapies. I learned very quickly that putting any biases I had regarding this form of treatment aside was critical to being able to help my clients. The truth was, I initially had only biases regarding opiate maintenance therapies as I knew little about this specialized field. I had to turn toward the literature which demonstrated that “methadone maintenance therapy (MMT) has been the standard of care for more than 30 years” (Amato et al., 2005) and, while there were certainly people who didn’t get better receiving pharmacologic therapy for opioid addiction, there were also many that did.

Studies vary quite significantly regarding success rates for those engaged in MMT, demonstrating relapse rates as low as 25% and as high as 97% with little to no research in existence specific to legal professionals. Catalino et al. found that “the success rate is much better in people who are professionals than in individuals with a poor education level and low job prospects”, offering increased hope for the law students, lawyers, and judges that we may see on maintenance therapies due to their advanced degrees and access to more career options.

Personally, I have monitored (and am presently monitoring) individuals on some form of opioid maintenance. The American Psychiatric Association (2006) identifies opioid substitution with methadone or buprenorphine as “effective for managing opiate dependence and withdrawal”. The APA also recommends comprehensive treatment with pharmacological agents including psychosocial therapies. As any form of medication management to treat Mental Health or Substance Use Disorders can be part of the solution, its effectiveness can only be enhanced by additional forms of support including individual and/or group therapy, attendance and participation in 12-step programs, treatment with an MD or DO addictionist, randomized drug and alcohol screening, the utilization of Peer Monitors, and other forms of treatment. This is where Monitoring Programs, specifically Lawyers’ Assistance Programs (LAPs), can be of significant benefit. LAPs can offer our clients the support they need while also holding them accountable for their recoveries.

When ensuring that participants of the Michigan Lawyers and Judges Assistance Program (LJAP) receiving pharmacologic therapy for opioid addiction are appropriately tested for all psychoactive...
substances (confirming that they are positive for both the maintenance medication and the metabolite of this medication), are engaged in some form of counseling, are participating in a 12-step support group, and are receiving the comprehensive level of care necessary to facilitate change and enhance recovery, their prognoses improve. As clinicians, seeking consultation with other professionals in the field and continuing to receive education regarding maintenance therapies is a vital piece of this process as we strive to aid in the recovery of our impaired legal professionals and protection of the public.
References
