April 7, 2016

Dear DCS Caseworker:

We write in support of our patient, leaves and, who at present is receiving Medication-Assisted Treatment (MAT) for opioid addiction, more commonly known as methadone treatment. The state has been a part of the methadone treatment program through Midtown Community Mental Health Adult Addiction Services since

Our understanding is that the may be feeling some pressure to stop her treatment in order to help her chances for reunification with her children. While we do not not know the details of her CHINS case, we are extremely troubled by this development. We would like to educate you on benefits of MAT for heroin addiction and dispel some of the myths associated with this form of treatment. We hope this information will help you make a more informed decision, in line with medical and clinical best practices.

Methadone maintenance, a type of opioid replacement therapy, remains the best-researched form of treatment for heroin addiction. As an individual weens herself off of heroin, the methadone works to prevent or reverse withdrawal symptoms, and to reduce a person's desire to use more of the drug. Because methadone involves the use of a controlled substance, a person receiving this type of treatment must be monitored carefully by a physician well-versed in the illness of addiction. Additionally, it is essential that the medical provider tailor the treatment program to the individual, taking into account a wide variety of factors that could affect the patient's results.

One common misconception is that a patient receiving replacement therapy should be able to taper off and then completely suspend using methadone after several weeks or months. Unfortunately, research indicates that the average person returns to normal brain functioning after 24 months of treatment. In fact, a large number of individuals may require treatment for longer periods of time, or even indefinitely. The effect of ending methadone treatment prematurely could result in a relapse for the patient.

The positive effects of MAT are far-reaching and not only impact individuals, but entire communities as well. Cities with readily available MAT options have experienced decreases in crime, the transmission of HIV, and overall mortality rates.

Therefore, we have serious concerns for well-being if she is required to terminate or significantly modify the treatment she is receiving for her addiction in order to maintain a relationship with her children. The treatment and therapy she receives have been specifically formulated for her, and any interruptions or modifications could threaten her success in completing the program and increase the risk for relapse.

Consequently, we encourage those evaluating case to view her receipt of and continued adherence to the prescribed MAT program as a positive step both for her and her children. As her medical provider and her care coordinator, either of us is willing and available to provide additional information, as requested.

Sincerely,

Dr.

Care Coordinator