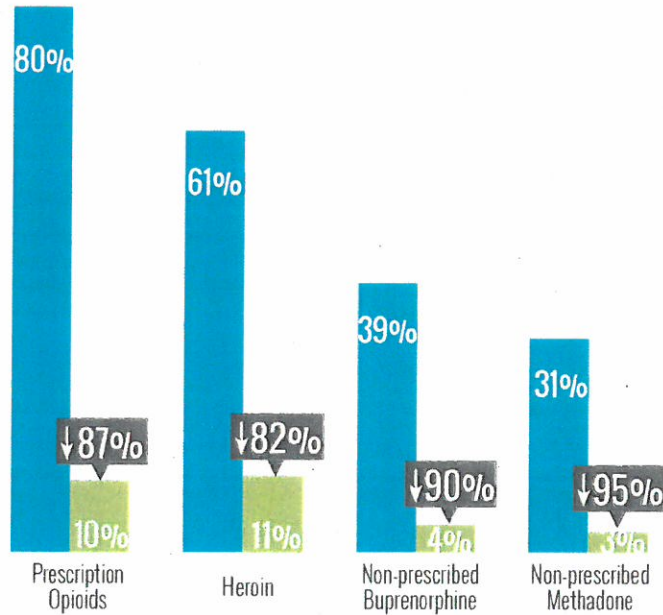


KENTUCKIANS SEEKING TREATMENT FOR PRESCRIPTION OPIOID ABUSE HAVE POSITIVE OUTCOMES WITH OPIATE TREATMENT PROGRAMS

Clients in Kentucky benefit from OTPs (opiate treatment programs) in multiple ways: reductions in their substance use, reductions in mental health problems, reduction in the number of individuals who had trouble meeting basic living needs, increases in recovery supports and improvements in quality of life. Below are results of treatment outcomes for 223 men and women who participated in OTP from January 2013 through December 2013 and then completed a follow-up interview about 6 months later.

Intake Follow-up

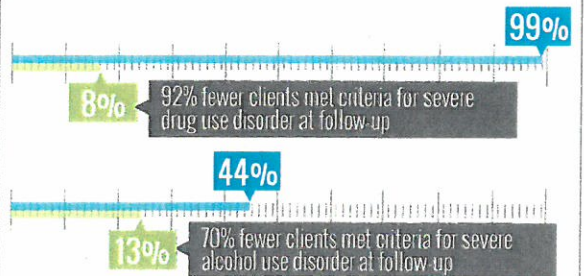
Illegal Drug Use



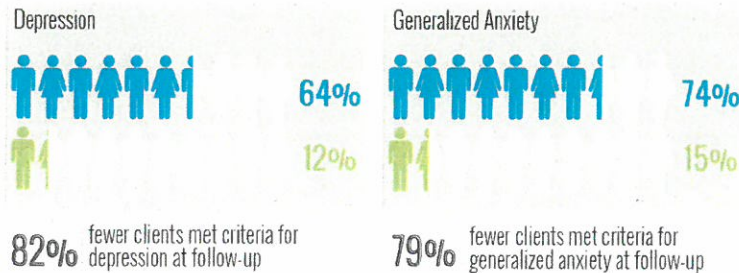
Alcohol Use



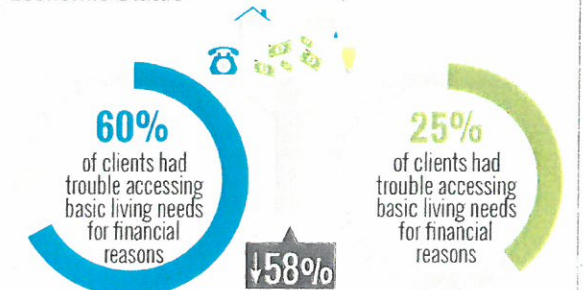
Substance Use Severity



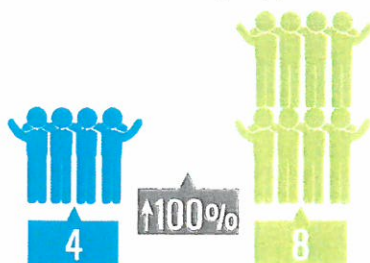
Mental Health



Economic Status



Number of People Client Could Count on for Recovery Support



Quality of Life

Ratings were from 1= Worst imaginable to 5= Good and bad parts were about equal to 10= Best imaginable.



"I was always afraid of being judged, but when I went there they don't judge you, and accept you with open arms."

- KORTOS client quote



Institute for Research, Education
& Training in Addictions

Navigation Menu

- [Who We Are»](#)
- [What We Do»](#)
- [Who Are You?»](#)
- [Library»](#)
- [Online Training](#)
- [Blog](#)
- [myIRETA](#)

- [Who We Are »Who We Are »](#)
- [What We Do »What We Do »](#)
- [Who Are You? »Who Are You? »](#)
- [Library »Library »](#)
- [Online TrainingOnline Training](#)
- [BlogBlog](#)
- [myIRETAmYIRETA](#)



Thu13

Study finds methadone clinics don't increase crime in Baltimore neighborhoods

Posted by [iretablog](#) on Feb 13, 2014 in [Addiction in the News](#), [Research Updates](#)



in front of the methadone clinic 1. Photo: [D.C. Atty](#)

Methadone is a federally-regulated medication that, by law, is dispensed only by licensed treatment settings when used to treat opioid addiction. It has been studied exhaustively and many of its benefits are undisputed in the research literature. The [Centers for Disease Prevention and Control reports](#) that the benefits of methadone maintenance therapy include:

- reduced or stopped use of injection drugs;
- reduced risk of overdose and of acquiring or transmitting diseases such as HIV, hepatitis B or C, bacterial infections, endocarditis, soft tissue infections, thrombophlebitis, tuberculosis, and STDs;
- reduced mortality – the median death rate of opiate-dependent individuals in MMT is 30 percent of the rate of those not in MMT;

- possible reduction in sexual risk behaviors, although evidence on this point is conflicting;
- reduced criminal activity;
- improved family stability and employment potential; and
- improved pregnancy outcomes.

Many studies also show that methadone maintenance is a cost effective treatment.

So the benefits to society at large seem pretty significant. But ask most of the public where they'd like to house a methadone clinic, and you'll hear "Not in my backyard."

That's because methadone clinics (known in the field as Opioid Treatment Programs or OTPs) are widely-regarded as crime magnets.

The logic goes like this: if you build a methadone clinic in an area, it will attract "the addicts" and "junkies"; "the addicts" and "junkies" are the ones who commit crimes; murder, rape, and theft will increase, and the neighborhood will then go to pot.

News articles feed this narrative, from reporting on neighborhoods protesting methadone clinics to sensationalizing crime in areas where OTPs are located.



Methadone clinic protest sign Photo: [RJ vandalog](#)

Negative attitudes about heroin, in particular, have a long history in our country. Captions like [this](#), that announce to readers “See if you can pick out the stabby drug addicts!” continue to dehumanize people who use heroin, including—unfortunately—those who seek treatment for it.

Perhaps the last decade’s massive growth of recreational prescription opioid use—people who are essentially abusing the same drug as heroin users and, as such, may benefit equally from methadone treatment—will help ease our vague, but powerful fear of OTPs. Or maybe the recent death of Philip Seymour Hoffman, which has provoked a string of online articles by people openly discussing [family](#) and [friends](#) who have used heroin, will dampen long-held prejudices against clinics designed to treat heroin addiction.

In many cases, methadone treatment becomes connected with the conditions surrounding the drug addiction it actually treats. Methadone is equated with heroin—and drugs in general. ([This spirited online debate](#) over the placement of an OTP in Portsmouth, Virginia, shows how “methadone clinic” and “meth lab” are often conflated—and in this case, the local ABC affiliate contributed to the confusion.)

Emmett Velten, a longtime methadone advocate, [points to the catch-22 that has contributed to the persistent stigma of methadone treatment](#):

“The emotionality surrounding methadone largely causes the lack of information about it. What causes the emotionality? Prejudice!”

And of course, if you build it, they *will* come. As you might expect, it is primarily people with opioid addictions who are interested in the services that an OTP offers. But will the clients commit crimes in its vicinity? Or somehow attract criminal behavior?

Here’s where science can address ideas based in emotionality and prejudice

The January issue of [NIDA Notes](#), an e-publication of National Institute on Drug Abuse, reports on a well-designed study that suggests OTPs do not bring crime.

The study, led by Dr. Susan Boyd and researchers from the University of Maryland School of Medicine in Baltimore found that “crime rates in the immediate vicinities of that city’s [methadone treatment centers] were level with the rates in the surrounding neighborhoods.”

Not only that, but they found that *crime rates in the vicinities of OTPs were lower than that of convenience stores with the same demographic characteristics*. Researchers attributed the “high volume of foot traffic around these stores” as a contributing factor in crime opportunity.

To obtain and analyze information, the researchers used global positioning data and Baltimore City Police Department records from 1999–2001 to track the distribution of homicides, rapes, robberies, aggravated assaults, burglaries, larceny thefts, motor vehicle thefts, and arson within a 100-meter radius of 15 out of the 16 Baltimore OTPs.

Analyses of the plots showed that crime frequency did not increase with proximity to OTPs; crimes were “no more frequent within 25 meters” of the OTPs “than they were 75 to 100 meters away.”

“There’s no evidence from our study of increased reports of crime around the methadone clinics,” Boyd concludes.

Boyd and her colleagues are now working to analyze data on actual arrests around the 15 OTP sites to determine whether drug sales and possession increase in the vicinity of OTPs.

Resources

[Methadone Research Guide \(NIDA\)](#)

[MAT with Methadone or Buprenorphine: Assessing the Evidence for Effectiveness \(AT Forum\)](#)

[Commentary: Countering the Myths about Methadone \(Join Together\)](#)

[Is Maintenance the Best Therapy for Opiate Addiction? \(Substance Matters\)](#)

Recovery-Oriented Methadone Maintenance (William White)

Share this:

 Facebook 12
  Pinterest
  LinkedIn
  Reddit
  Twitter 34

Related

Infographic: Benzodiazepine Use and Medication-Assisted Treatment
 April 10, 2014
 In "Evidence-Based and Best Practices"

We know a lot about treating pregnant opioid users and we're still losing ground
 January 7, 2014
 In "Addiction in the New: "

Separate Medication from Level of Care
 March 4, 2015
 In "Evidence-Based and Best Practices"

Filed in: [methadone](#), [methadone and crime](#), [Susan Lloyd](#)

- [Learn About Substance Use](#)
- [Addiction and Recovery Basics](#)
- [Stay Connected](#)
- [Easy Read Resources](#)

- [Training and Tools for Practitioners](#)
- [Addiction Professionals](#)
- [Health and Human Service Professionals](#)
- [Other Professionals](#)

- [Consulting for Programs & Systems](#)
- [Criminal Justice System](#)
- [Treatment Providers](#)
- [Payers](#)

- [Who We Are](#)
- [Annual Reports & Financials](#)
- [People](#)
- [Media Room](#)
- [Careers](#)
- [Contact](#)

- [What We Do](#)
- [Training](#)
- [Curriculum/Product Development](#)
- [Applied Research](#)

Addiction Treatment Forum reports on substance abuse news of interest to opioid treatment programs and patients in medication-assisted treatment.

Follow Us



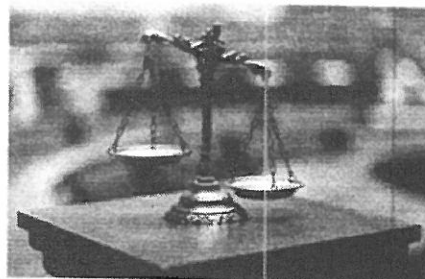
Search this website ...

[Home](#) [Newsletter](#) [News Updates](#) [Addiction Resources](#) [Rx Methadone & Safety](#) [Patient Brochures](#) [Events](#)
[Clinic Locator](#) [Related Websites](#)

Methadone Clinic Wins NIMBY Battle

November 28, 2011 by [ATForum](#)

A victory in Warren, Maine for CRC Health Group is a victory for methadone clinics seeking sites across the country. It also means that a community that was staunchly opposed to a methadone clinic will have the chance to see how an opioid treatment program (OTP) can operate as a good neighbor. After a yearlong battle, the town voted to settle a lawsuit filed by the Cupertino, California-based treatment program—and to grant permits and approvals for an OTP there.



The lawsuit also asked the town for \$320,000. In September, the town voted to settle the lawsuit for what ended up being only \$1—and for the right to operate a methadone clinic. The town's insurer paid the remainder of the \$320,000 to CRC.

Background

Ever since Turning Tide, a methadone clinic in nearby Rockland, was shut down by the Drug Enforcement Administration during the summer of 2010, that area of Maine has been without needed help for people with active addiction to opioids, now a serious epidemic in the state. CRC Health Group tried to open a program in Warren, which is near Rockland, but the town of Warren issued a moratorium on methadone clinics, to block CRC and any others from opening an OTP there.

This was a classic NIMBY (not in my backyard) response, one based on "emotions," explained Jerry Rhodes, Chief Operating Officer of CRC and past president of its recovery division, speaking to *AT Forum* in October. But CRC filed suit and won. The company sued based on the Americans with Disabilities Act, which bans discrimination based on disability; addiction is a disability.

Over the course of the past year, CRC officials explained to the town that most of the patients in the OTP would be addicted to prescription drugs and not using needles, and gave scientific presentations on how effective methadone is. The town dug in its heels all through late last year and early this year. CRC's lawyer wrote a letter to the town last winter warning that if the town did not reinstate the building permit previously given to its methadone program then, and repeal the moratorium, there would be "immense liability" to the town.

One Day of Mediation

"We had to file suit against the city, unfortunately," Mr. Rhodes said. The resolution came about through mediation. "They came to realize that we were right." The mediation process did not take a long time, but it was "fairly intense."

At the August 31 mediation, the town learned that it could be facing two years of costly time in court, and that it would probably lose its case.

In the case of Warren in particular, "it didn't seem as if they were well-advised, or had thought this out," Mr. Rhodes commented.

Emotions

The field needs to work harder to educate people about medication-assisted treatment, Mr. Rhodes said. "I've done this for a long time, and many people have an emotional, almost visceral, reaction. They don't have a good understanding of the basis of addiction. People clearly aren't aware of the gravity of the problems in their own community."

When people in Maine read the many news stories about the epidemic of prescription opioid abuse in the state, they are somehow not connecting this to the communities they live in. People also need to realize that installing a clinic that provides services for opioid abusers "can be a positive thing for the area," Mr. Rhodes explained. "Treatment programs reduce crime and help people improve their lives."

The coming days and weeks will be spent on integrating the clinic into the community, in preparation for the actual opening, said Mr. Rhodes. "I'm not expecting we'll see any overt negative reaction. Things tend to settle down, and they will realize we're not the problem they anticipated."

More NIMBY News

Meanwhile, in Berwyn, Illinois, the Buonauro Clinic is seeking to open a new facility (one already exists in Evanston). Just as in Warren, Maine, the permit was initially granted, and then rescinded after community protests; voters then voted to ban methadone clinics in certain areas. The owners sued the city, claiming it violated the ADA. The lawsuit is seeking \$1 million in damages and issuance of a business license.

The suit was filed in U.S. District Court in Chicago by clinic owners Elizabeth Buonauro and Sal R. Sotille.

Evidence was presented at trial in October, with more information to go to the judge over the course of the next couple of months, and a ruling is expected in January.

Categories: [2011](#), [Newsletter](#), [Opioid Treatment Programs \(OTPs\)](#)

Tags: [Methadone Treatment](#), [NIMBY](#), [Opioid Treatment Programs](#), [OTP patients](#)

