

Re-positioning methadone maintenance treatment (MMT) within the context of criminalization

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The Sociological Imagination

- ▶ C.W. Mills, 1959
 - ▶ Critique of a-structural theories (that remove people from their context)
 - ▶ Abstract empiricism
 - ▶ Leads to 'blaming the victim'



Background

- ▶ Reduces rates of overdose; transmission of blood-borne viruses like HIV and HCV; increases stability and quality of life
 - ▶ ‘The Gold Standard’
- ▶ Low rates of use and retention
 - ▶ Only 10-15% receive medication for opioid use disorder(MOUD)





MMT-as-treatment- for-addiction

1. People engage with MMT to treat addiction
2. When people on MMT demonstrate improvement, it is a result of treating their addiction



Peoples' reasons for engaging with MMT are intrinsically linked to the criminalization of opioids

Formal pressure from Criminal Justice

- ▶ “Basically, I felt that I was being chained. At the time, beginning with the courts, [they] had made me get on the program, to do their protocol ... I had to get on it [MMT] or else go to jail ... Between that with parole the courts and all that, all that combined in one. So I was forced on it. I really didn't really like it at the time, didn't understand it anyway.”

-Foster

Avoiding / reducing the harms of criminalized drug use

“The criminalization and all that goes along with it. Absolutely. That was the main reason [I got on MMT]. Because, you know, you get very, very sick and very ill and that's why I feel like I did a lot of stuff that people don't usually do to get the drugs, you know what I mean? Because of the effects of not having it.”

-Angela

Not about wanting to stop using drugs

- ▶ “I didn’t want abstinence from all illicit drugs by any means. I definitely wanted to stop the lifestyle that I was going to go back down.”

-Barry

- ▶ “I got on Methadone so that I wouldn’t feel sick. It was strictly so that I wouldn’t feel sick. So, I was like, “You know what? I’m never gonna get sick again.”

Steve

Fentanyl, overdose, and an increasingly unstable supply

“I think it was because the Fentanyl was coming out and I had to do something in terms of like OD’ing. You don’t know what’s in it [opioids bought from the illicit market], and then, and I wanted to get fentanyl tested but who’s -- I’m not -- who’s going to go over through all that to get, for a bag of dope? I’m not going to start testing it and doing all of that. Now, it becomes a project. But that’s the beauty of methadone.”

-Sandra

Rejecting medical narratives

- ▶ “I was not sick and I didn’t need to recover... I think it’s [heroin] the healthiest drug you can possibly take. The drawbacks are the cost and the system you have to go through to get it. It’s all the imposed stigma that creates the detrimental aspects.”

-Pauline



The improvements that people on MMT experience are linked to its legality

Freedom from the illicit market

“I didn’t have to worry about getting sick or nothing. I could just go to the methadone clinic, drink [my dose of methadone] everyday, and not have to worry about withdrawal or nothing like that....It worked out great for me. At the time [before getting on MMT] I didn’t have no place to stay. Once I got on the methadone program everything started to fall into place”

-Sofia

Freedom from the illicit market pt. 2

- ▶ “I can just do this [take methadone] and I won’t have to worry about anything... The illegality and the cost, and then dealing with knuckleheads in the street that try to rip you off. It was just easier and it was stable too.”

-Tom



MMT as a treatment for criminalization

- ▶ Many PWUD engage with MMT not to treat addiction, but to protect themselves from harms produced structurally by drug policy
- ▶ When people on MMT demonstrate improvement, it is largely a result of access to safe, regulated opioids outside of criminalization

Effects on clinic policy and practice

- ▶ Focused on individual behavioral modification, not reducing harms produced structurally
 - ▶ Top-down
 - ▶ Punitive
 - ▶ Expansive
 - ▶ Policies that often increase risk-involved behavior and harm



Effects on discourse

- ▶ Obscures the role of drug policy (criminalization and the War on Drugs) in the harms PWUD experience
 - ▶ Protects the WOD
 - ▶ Encourages behavioral modification as solution to drug problems
- ▶ Devalues attempts at policy reform
 - ▶ Legalization and regulation
 - ▶ harm reduction and safe supply

Challenging “addiction” as an explanatory model

- ▶ What would it mean if we acknowledged that MMT improved outcomes by providing people with access to opioids outside of the context of criminalization?
 - ▶ Drug policy, not drugs themselves is given credence as a force of harm in symptoms typically classified as “addiction”
 - ▶ MMT as evidence that providing safe, consistent, regulated drugs to people who are dependent on them leads to positive outcomes.
 - ▶ Evidence for the value of legalization, regulation, and safe supply

Take-aways

People who use opioids often engage with MMT to reduce or eliminate harms produced structurally, primarily by criminalization and the War on Drugs, rather than to recover from “addiction”

Addiction narratives describing MMT as treatment inevitably lead to **behavioral modification rather than harm reduction** in Opioid Treatment Programs

Individuated accounts of MMT's efficacy also **provide implicit support to the War on Drugs.**

We need to be more critical of “addiction” as a theory and explanatory framework for understand the harm PWUD experience.

Thank You