

**Operation PAR, Inc.**  
**Medication Assisted Patient Services (MAPS)**  
**Quick Fact Sheet for Child Welfare**

1. Methadone has no relation to Crystal Meth (aka Methamphetamine).
2. Methadone dosage is not a reliable indicator or measure of opioid addiction severity. **Dosage is not a measure of treatment progress.**
3. Pressuring a patient to taper off of methadone before they are ready will almost assuredly result in relapse.
4. Statistically, the longer a patient remains in methadone treatment, the less likely they will relapse after leaving.
5. At an appropriate dosage, methadone will not get someone "high" and will not cause impairment or sedation of any kind.

**IT IS NEITHER NORMAL NOR ACCEPTABLE FOR ANY MAPS PATIENT TO BE SEDATED OR IMPAIRED IN ANY WAY**  
(if you witness such behavior, please report it to us *immediately*)

6. Methadone only blocks craving for other opiates. It will not block other drugs like alcohol, benzodiazepines, cocaine, etc.
7. MAPS patients should NOT be drinking alcohol (any amount).
8. Prolonged use of methadone will not cause any damage to internal organs, bone/teeth decay, or reduced mental functioning.
9. Methadone does not trigger a rapid tolerance response like other fast acting opioids. Tolerance develops extremely slowly (if at all).
10. Methadone will reach its peak strength approximately 3-5 hours after dosing. Half-life is 24-36 hours for opioid tolerant individuals.
11. It takes 5-7 days for any increase or decrease in methadone dosage to be fully realized.
12. Methadone treatment is voluntary. We cannot force any patient to take more methadone than they want, including pregnant patients.
13. Methadone is recommended for pregnant women who are opioid dependent. Research has shown that it is safe for the unborn child.
14. Babies born to mothers taking methadone may experience Neonatal Abstinence Syndrome (NAS) after birth. It is easily treated.
15. There is no correlation between methadone dosage amount and the likelihood or severity of NAS.
16. Research has demonstrated there is no long-lasting developmental harm to the child from methadone.
17. Breastfeeding is encouraged, especially for babies experiencing NAS. The amount of methadone in the breast milk is negligible.

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## **REQUESTING RECORDS / CONTACT INFORMATION**

- Each MAPS clinic has a designated Child Welfare Point-of-Contact. This person is usually the Clinical Supervisor. The secondary (back-up) point of contact is the Program Director. All Child Welfare correspondence should go through the designated Point-of-Contact.
- **Preferred steps to follow when requesting patient records:**
  1. Scan and email a signed release of information along with the records request to both the Primary and Secondary Point-Of-Contact (see contact info below). Faxing the request and release to us is also acceptable, however email is preferred.
  2. Depending on your preference, we can either email or fax the requested records to you. Any emails we send to you including any patient identifying information will be encrypted. You will receive an email with instructions on how to access it.
  3. If the records request requires more information than what would normally be included in a client record summary we will forward your request to Operation PAR's medical records department (which will take longer to complete).
  4. If you do not receive a response back from us within 1 business day, *please call us*.

### **MAPS Pasco**

**Primary Point of Contact:**

Darlene Marshello  
Program Supervisor  
[dmarshello@operpar.org](mailto:dmarshello@operpar.org)  
Ph: 727-816-1200  
Fax: 727-816-1201

**Secondary Point of Contact:**

Tom Dunning  
Program Director  
[tdunning@operpar.org](mailto:tdunning@operpar.org)  
Ph: 727-816-1200  
Fax: 727-816-1201

- If you are unable to reach the primary/secondary point of contact and urgently require patient records before the next business day, please feel free to contact the Clinical Director, Mike Osborn, on his cell #: **727-773-6394** and email the release to [mosborn@operpar.org](mailto:mosborn@operpar.org).
- If you are unable to reach the Clinical Director, feel free to call the Vice President of MAPS, Jon Essenburg, on his cell #: **727-422-1053** and email the release to [jessenburg@operpar.org](mailto:jessenburg@operpar.org).
- If you do not have a release of information and wish to make a report of sedation/impairment on an individual you believe to be a current patient of ours, please do not hesitate to call. We may not be able to confirm/deny if they are a patient, but we will listen. If they are an active patient of ours, please know we will act on your report.

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### **What are some possible causes for a MAPS patient to be sedated or impaired?**

One or more of the following conditions would *likely* account for why one of our methadone patients is presenting as sedated or impaired:

- A. They took another psychoactive drug (which may or may not be legally prescribed to them) – most likely a Central Nervous System (CNS) depressant like alcohol or a benzodiazepine. It is also possible they may have supplemented their methadone dose with additional street-purchased methadone.
- B. Their dosage of methadone, prescribed by us, is simply too high (and we are not aware of it).
- C. They may have untreated (or inadequately treated) medical and/or mental health condition(s) whose symptoms may overlap or mimic symptoms typically caused by the abuse of a psychoactive drug.
- D. They may not have slept adequately the night before for a variety of, or combination of reasons, e.g. Up with a sick child, additional sedating meds, physical illness.

# Operation PAR, Inc.

## Medication Assisted Patient Services (MAPS)

### Quick Fact Sheet for Child Welfare

#### **What does Operation PAR's Medication Assisted Patient Services (MAPS) program do?**

MAPS provides quality non-residential opioid maintenance therapy to eligible persons who suffer from the effects of opioid dependence. The MAPS program falls into a category of substance abuse treatment commonly referred to as Medication Assisted Treatment (MAT).

#### **What is Medication Assisted Treatment (MAT)?**

MAT is Treatment for addiction that includes the use of medication along with counseling and other support.

Treatment that includes medication is often the best choice for opioid addiction. If a person is addicted, medication allows him or her to regain a normal state of mind, free of drug-induced highs and lows. It frees the person from thinking all the time about the drug. It can reduce problems of withdrawal and craving. These changes can give the person the chance to focus on the lifestyle changes that lead back to healthy living.

Taking medication for opioid addiction is like taking medication to control heart disease or diabetes. It is NOT the same as substituting one addictive drug for another. Used properly, the medication does NOT create a new addiction. It helps people manage their addiction so that the benefits of recovery can be maintained.

#### **What are Opioids and why do people take them?**

Opioids are drugs that slow down the actions of the body, such as breathing and heartbeat. Opioids also affect the brain to increase pleasant feelings. They get their name from opium, a drug made from the poppy plant.

*Some people take opioids for medical reasons.* Doctors prescribe opioid medication to treat pain and sometimes for other health problems such as severe coughing. The medication comes in a pill, a liquid, or a wafer. It also comes in a patch worn on the skin. Examples of prescribed opioid medications include:

Codeine (an ingredient in some cough syrups and in one Tylenol® product), Hydrocodone (Vicodin®, Lortab®, or Lorcet®), Oxycodone (Percocet®, OxyContin®, or Percodan®), Hydromorphone (Dilaudid®), Morphine (MSContin®, MSIR®, Avinza®, or Kadian®), Propoxyphene (Darvocet® or Darvon®), Fentanyl (Duragesic®), Buprenorphine (Suboxone®, Subutex®), and Methadone.

*People sometimes misuse opioids.* Opioid medications are sometimes misused to self-medicate or to get a good feeling, called a "rush" or "high." People misuse medications by taking their own prescriptions improperly, stealing medications, going to multiple doctors to get extra, or buying them from drug dealers. Sometimes to get high they drink a large amount of liquid medicine or crush a lot of pills to ingest, snort, or inject. And some people seek a high from heroin, an illegal opioid that can be smoked, snorted, or injected.

#### **Is it normal or expected for MAPS patients to be sedated or impaired at any point throughout the day?**

NO! It is neither normal nor acceptable for any MAPS patient to be sedated or impaired in any way, at any point throughout the day, regardless of what may be causing it. If you witness such behavior with someone you believe to be one of our patients, we urge you to contact us ASAP. The more details you can provide us, the better: date, time, location, observed symptoms, etc.

#### **How do you determine the appropriate methadone dosage?**

The best dose of any medicine is the amount that will produce an effective response for the desired period of time, while also allowing for a margin of safety. Methadone is no different and it is important that our patients receive sufficient doses. The primary goal when determining the appropriate methadone dosage is stability. We consider a "stable dose" of methadone to be one that alleviates all symptoms of opioid withdrawal without producing any sedation or impairment (cognitive or otherwise) from one dose to the next.

#### **What accounts for the seemingly extreme variance in dosage amounts from patient to patient?**

There is no single methadone dose that is best for everyone. The "right" dose can vary from one person to another, with some needing many times more than others each day. People naturally differ in how they respond to methadone. Some digest and breakdown the drug – called metabolism – much more quickly and completely. Others may need a higher dose because their prior abuse of opioids was more severe and they need extra methadone to achieve stable functioning. Some persons have physical ailments or are taking other medicines that make methadone less effective, so more is needed to overcome this.

#### **Does a higher dose create more dependence?**

Some people worry that higher doses will make them "more addicted" and less able to eventually withdraw from methadone. According to research, the opposite is true. Persons taking adequate doses are more successful in Methadone Maintenance Treatment (MMT) and better able to eventually achieve opioid abstinence, if they desire, than those receiving too little methadone. However, the benefits of MMT continue only while a person remains in treatment. No matter what the methadone dose, relapse to opioid abuse is common in people who leave treatment or withdraw from methadone on their own.