

Sample Probation-Parole Letter

Re: Forced disruption of methadone maintenance treatment (MMT) by involuntary or forced withdrawal

Dear P.O.,

On numerous occasions in the past I have had patients who were receiving methadone maintenance treatment for chronic opioid addiction who were also on probation or parole. In some cases continued treatment is incorporated into the terms of probation or parole to ensure continued methadone treatment, supervision, and appropriate reporting to ensure compliance. Experienced officers are often well aware of the advantages to MMT in terms of elimination of crime, drug use, and lowered rates of recidivism.

At other times the officer may not be familiar with the considerable body of knowledge, scientific and clinical research that establish MMT as an extremely safe and highly effective treatment for chronic opioid addiction. Addiction has been clearly demonstrated to be a chronic, progressive, relapsing and often (if untreated) fatal disease. MMT is a medical treatment using an effective pharmacological agent (medication) to correct, stabilize, and normalize the disease process — but not to “cure” the disease. MMT has been shown to be safe and effective in terms of dramatic reduction in death rates, stopping illicit drug use, elimination of criminal activity, and reduction in spread of hepatitis B and C as well as HIV disease. Social function, mental and physical health, and employment are enhanced.

The involuntary discontinuation or *forced withdrawal* from MMT is associated with a greater than 90% relapse rate to illicit opioid drug use. Relapse carries added risks of overdose, HIV infection, hepatitis, return to criminal activities, as well as the violation of specific terms of probation or parole.

The choice of MMT as a treatment modality is a medical decision made in consultation with the patient. Any decision to withdrawal from methadone is also a medical decision made with considerable caution based on the patient’s strong wishes to withdraw as well as progress in treatment and the degree of stability in such domains as employment, social stability, etc.

At times MMT patients who are doing well in treatment and not otherwise in any violation of terms and conditions of probation or parole, are subject to efforts to force discontinuation of treatment for their addiction with threats to revoke and send them to residential lock-up treatment or prison. These efforts appear to be based on bias and prejudice toward those suffering from the disease and MMT as a modality of treatment fostered by a lack of knowledge relating to addictive disease and the various treatment modalities, including MMT.

Being in MMT does not constitute a basis for relaxation of any standards in relation to specific terms and conditions of probation/parole. Those in violation and facing revocation will be afforded medically supervised withdrawal. This may be done as an outpatient or while in custody. My chief concern is in the cases where the patient is doing well in treatment and the only problem is in seeking medical treatment for the addiction (being on methadone) and the objection is made based on the fact that a medication is used in treatment, which is an opioid agonist itself.

I view these efforts with considerable alarm over the exertion of very questionable authority to deny an individual with an addictive disease the right to continue the most effective, safe and legitimate treatment available. This may be seen as a violation of civil rights and provisions of the Americans with Disabilities Act and comes dangerously close to the practice of medicine without

a license. The disruption of treatment while causing pain and suffering, carries very real risks and potential harm and very significant losses, far beyond the relapse to illicit drug use with impact on the individual, his family, and the community at large.

Medically supervised withdrawal (MSW) from methadone maintenance is a *medical* procedure that cannot be mandated in disregard for the health and safety of the individual or the community. On grounds of medical judgment I refuse to perform this procedure in the absence of sound indications that would support a reasonable chance of a successful outcome.

By Federal law, patients have the right to a MSW on request. This procedure is allowed when evidence suggests that the patient strongly desires the procedure and understands the risks.

When the patient's request for MSW is a result of coercion and a response to external pressures and/or threats — the procedure is done only against medical advice (AMA) with full documentation of the circumstances. The patient signs a form acknowledging the AMA conditions, that there is pressure to stop MMT, and that the patient is aware of the risks and consequences of this procedure.

A preliminary consultation with legal counsel concerning this matter reveals that the proposed restriction imposed on a MMT patient by your office violates his constitutional rights under U.S. Section 1983 and the Americans with Disabilities Act, among others. It is our intention to pursue the patient's rights regarding these violations to the full extent of the law. The patient will have assistance and guidance in filing a lawsuit seeking relief in the form of actual and punitive damages.

If the patient is allowed to continue appropriate treatment for his chronic opioid addiction our program will cooperate fully with your office to ensure compliance and his/her participation in treatment to facilitate the process of recovery and becoming a productive and law-abiding citizen.

The individual patient (your client), the patient's family, and society in general will benefit greatly where an atmosphere of cooperation exists between criminal-justice and treatment, as we pursue our common goals.

Sincerely,

J. Thomas Payte, M.D.

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Tom Payte]**