



The CCB Science 2 Service Distance Learning Program[®]

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Methadone and the Anti-Medication Bias in Addiction Treatment

William L. White, MA and Brian F. Coon, MA, CADC

Pre-Test

1. In the United States between 1919 and 1924, White recounts that 44 communities operated _____ maintenance clinics.
 - a. methadone
 - b. morphine
 - c. buprenorphine
 - d. dilaudid
2. Blockade dosages of methadone last _____ hours.
 - a. 10-15
 - b. 12-20
 - c. 15-25
 - d. 24-36
3. Reviews by nearly every major health policy body conclude that orally administered methadone can be provided for a prolonged period at stable dosages with a high degree of long term safety and without significant effects on _____ functioning.
 - a. psychomotor
 - b. cognitive
 - c. emotional
 - d. both a and b
4. MMT reduces or eliminates illicit drug use by _____.
 - a. minimizing narcotic craving
 - b. creating immediate withdrawal if other opiates are introduced
 - c. blocking euphoric effects of other narcotics
 - d. a and c only
5. White and Coon identify _____ as their greatest concern with MMT.
 - a. utility of long term opiate maintenance
 - b. federal, state and municipal regulation
 - c. lack of a vibrant culture of recovery around methadone
 - d. community and treater biases
6. The authors define poor _____ as the failure to imbed methadone within a comprehensive menu of habilitation and recovery support services.
 - a. clinical technology
 - b. MMT clinic administration
 - c. recovery community "buy in" to MMT
 - d. all of the above



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7. Among those in the recovery community, MMT patients are often _____.
a. viewed as not being abstinent
b. denied the status of being in recovery by their peers
c. denied the legitimacy of being a person in recovery
d. all of the above
8. Many methadone patients view their lack of craving as a sign of _____.
a. the beginning of the recovery process
b. treatment effectiveness
c. no longer needing treatment
d. all of the above