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S2S 2053 Recovery Oriented Methadone Maintenance
White and Mojer-Torres
Northeast ATTC/Great Lakes ATTC/DBHMRS, 2009

Module 1 Pre Test

1. ROMM provides an alternative to acute care (heroin detoxification) and __________ care (long term medication as a form of social pacification)
a. preventative
b. post acute
c. palliative
d. none of the above

2. Recurrence of symptoms can occur even with medication adherence, most often when larger aspects of the patient's __________ health are disrupted.
a. biological/psychological
b. social
c. spiritual
d. all of the above

3. Intractable (hard to treat) addicts, most with _________, were maintained on morphine or opium by their physicians, or, more commonly were subjected to ineffective and potentially lethal withdrawal schemes.
a. psychiatric disorders
b. chronic medical problems
c. criminal histories
d. all of the above

4. __________ nearly died as an organization in 1959 and did not generate a viable service structure or sizeable membership until after methadone maintenance was pioneered.
a. Alcoholics Anonymous
b. Narcotics Anonymous
c. Al-Anon
d. Addicts Anonymous

5. In 1964, Dr. Vincent Dole, Dr. Mary Jeanne Kreek and __________ led a research project at Rockefeller Institute to develop a medical treatment for heroin addiction.
a. Dr. Marie Nyswander
b. Dr. Ian Cameron
c. Dr. Richard Goldberg
d. Dr. Theodore Krinsky

6. The involvement of the other staff in the MM pilot project shifted the goal of MM from palliation to an active and highly individualized process of __________.
a. harm reduction
b. recovery management
c. dosing and administration
d. socialization and community reintegration

7. According to the authors, recovery orientation in the evolution of MM was limited by two aspects: MM treatment was aimed specifically at remission/reduction/ cessation of heroin use without a focus on a larger construct of ____________ ,and that primary emphasis was placed upon the importance of pharmacological stabilization.
a. recovery from addiction
b. 12 step supports
c. wraparound services
d. community integration

8. In 1967, there was a __________ waiting list for admission into New York MM clinics.
a. 6 month
b. one year
c. 18 month
d. two year

9. In 1971, two members of Congress returned from a visit to Vietnam and reported that "__________ of GIs were addicted to heroin."
a. 5-10%
b. 10-15%
c. 15-20%
d. 20-25%

10. The most significant factor that brought MM back into favor in national policy was __________.
a. ever increasing drug related crime rates
b. MM's documented reduction of HIV transmission rates
c. new leadership in the "drug czar's" office
d. none of the above

11. In 1988, __________ of MM patients received suboptimal doses (less than 60 mg) daily.
a. 62%
b. 74%
c. 88%
d. 91%

12. A 2009 analysis of MM programs in the U.S. found that __________ of all patients pay out of pocket for their own treatment, at an average cost of $4176 per year.

a. 20%
b. 25%
c. 50%
d. 66%