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Citation: White, W. (2014). Building Local Support for Medication-assisted recovery: An Interview with Cheryl Blankenship Kupras. Posted at **www.williamwhitepapers.com**

Building Local Support for Medication-assisted Recovery: An Interview with Cheryl Blankenship Kupras

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Introduction

Negotiating access to recovery support for people in medication-assisted recovery is fraught with challenges and risks as well as many opportunities, and both areas can be magnified within rural areas where such recovery support resources may be limited. In February of 2014, I interviewed Cheryl Blankenship Kupras about how she had approached such challenges and opportunities as an addiction professional. Please join us in this discussion.

Context

***Bill White*:** Cheryl, could you share a little background in terms of your professional work and how you came to be involved in recovery advocacy activities?

***Cheryl Blankenship Kupras*:** Absolutely. I am a Clinical Social Worker by training. I started my professional career working for a very rural alcohol and drug agency in California in a very small California county and then came to work for a much larger county's Public Hospital. When opioid addiction was diagnosed, the hospital started some patients on methadone in the hospital and then linked them to our county-owned and operated methadone clinics. After eight years at the hospital, I was recruited to work at one of our addiction medicine clinics, and, while there, got involved in advocacy efforts around medication-assisted recovery. I started reading more and more and, as a social worker, empowering people is really what I'm charged to do. Being a social worker in that environment did everything I loved about social work as far as therapy, as far as advocacy, and as far as policy.

***Bill White*:** Could you provide an overview of your community and the treatment and recovery resources that are available there?

***Cheryl Blankenship Kupras*:** Yes. I live in the Silicon Valley of California. We have one of the largest public health systems in the

state. We have a world class public hospital with many world-renowned medical units. Our county Department of Alcohol and Drug Services offers a full continuum of care of treatment services. The division I now work in monitors everybody that comes in and out of it and helps them get to the level of care they need. We have social model detoxification, methadone maintenance, Buprenorphine, residential treatment, a perinatal substance use program, transitional housing units (including ones for women with children and men with children) and outpatient programs for adults and youth that collectively serve about seven thousand people a year.

***Bill White*:** And what's the range of recovery mutual aid groups or other recovery support institutions there locally?

***Cheryl Blankenship Kupras*:** You name it, we have it. A very robust Twelve-Step community. We have a small peer recovery support group at one of our Methadone Clinics called MARS (Medication Assisted Recovery Support), a large circle of Celebrate Recovery within our faith communities, Smart Recovery, 3 Principles Groups, Recovery Café San Jose and a lot of other alternatives.

***Bill White*:** And is there a local recovery advocacy organization?

***Cheryl Blankenship Kupras*:** We have Voices United, which is an affiliate of the National Council on Alcoholism and Drug Dependency. That's probably the largest of our advocacy & prevention organizations.

Challenges of Medication and Recovery Support

***Bill White*:** Now, when you first began working with patients around medication issues and medication support, what were the challenges they faced when they went out into the community and tried to participate in recovery mutual aid networks?

***Cheryl Blankenship Kupras*:** It was hard for them--a double-edged sword. In recovery, we encourage people to get honest, but a lot of folks found that when they told people about their medication, they were shunned or judged. By the same token, if they didn't tell people, they didn't feel like they were being completely honest. Some of the people I counseled were refused sponsorship unless they were tapering off methadone and others given all manner of medical advice by persons with no medical training.

***Bill White*:** I've received many emails of people in medication-assisted treatment being denied the right to speak in meetings or participate in service roles or even being aggressively encouraged to taper and end their medication.

***Cheryl Blankenship Kupras*:** Yes, I've had patients who have had all of those experiences, even after long-standing sobriety with medication.

***Bill White*:** Now, has there been any interest at all in your community in creating alternative support groups for people in medication-assisted recovery?

***Cheryl Blankenship Kupras*:** Yes, we have had a Methadone Anonymous and medication-assisted support groups going back probably ten years. We started out with one of my patients that was involved in the Twelve-Step community who said, "You know, I need something more and it would be nice if we had something that was medication specific." We were able to get him a free room at our county hospital to have a meeting that really took off for a while. There was not a lot of participation after he left--he was one of those people who tapered off of methadone and eventually relapsed and returned. While he was gone, another patient who was living at one of our local Alano Clubs, was able to get approval to have a Methadone Anonymous meeting there. It really helped legitimize the MA meeting given its location at the Alano Club. It went very well for a while and, at one point, they even had a second meeting at another

location. Unfortunately, that Alano Club closed, and they never really re-established the meeting at the alternate site. It didn't have the same sense of community when they moved and then that particular patient transitioned in to buprenorphine and moved out of state. Currently, we, they don't have any Methadone Anonymous meetings.

***Bill White*:** Did that contribute to your early interest in approaching and working with some of the other recovery support groups?

***Cheryl Blankenship Kupras*:** Yes, absolutely. I think that mutual aid is such an important part of recovery; everybody needs support in their life, whether they're recovering or not. But a lot of people in the recovery community either don't understand or have had a bad experience with methadone—many during the era of chronic under-dosing and weak ancillary services. I just want the medication to be a non-issue as far as recovery support went.

Working with Recovery Communities

***Bill White*:** When you first began to reach out to recovery communities, were you working with intergroups or hospitals and institutions committees, or just informally contacting people you knew? How did you approach the recovery community about this?

***Cheryl Blankenship Kupras*:** It was pretty informal. Our local Voices United Executive Director does a cable TV show once a month and I think I went on that once to talk about medication-assisted treatment. A lot of the initial work was just educating my own patients and helping them figure out how they could get what they needed within the existing recovery community. I organized a viewing of the documentary "The Anonymous People" and offered to help in ways that I could with local events--anything I could really do to help dispel the myths and stigma that negatively affect so many.

***Bill White*:** What kind of advice or suggestions do you offer patients in this regard?

***Cheryl Blankenship Kupras*:** I tell them that the first thing out of their mouth doesn't have to be, "Hi, I'm on methadone." You can talk about your addiction, your desire to stop using and your daily struggles and successes to achieve and sustain that. They'd know when the time is right to tell their family and maybe their sponsor or small circle of people within the Twelve-Step community. I just didn't want them to get labeled the first thing in the door in ways that shut off support to them. I don't want them to feel so judged that they refuse to go back as we both know that so much of the benefits of Twelve-Step Programs are the support aspects beyond the meeting level.

***Bill White*:** Were there very different attitudes towards medication from meeting to meeting?

***Cheryl Blankenship Kupras*:** Yes, and there still is a safe meeting for people to go to that is more medically focused in general with people with pain issues that have struggled with opiates, but it exists in a very affluent area of our county and is not accessible to a lot of my patients. I would like every meeting to be a medication-friendly meeting. It still varies from meeting to meeting and person to person.

***Bill White*:** Now, when you first began to meet with representatives of the recovery community to talk about this issue, did they have any helpful suggestions?

***Cheryl Blankenship Kupras*:** Yes. We really talked about things that a lot of the recovering community may not know about medication-assisted treatment. People kind of have the perception that you go there, you get your medication, and you leave without any kind of monitoring or other help. When I talked to people about the intensity of medical intervention that happens in the methadone clinics in our community, they were blown away. One said, "People need to know about this because there is the general perception that you go there, get your legalized drugs and leave," and that's not what happens at all for the vast majority of patients.

***Bill White*:** When you had these conversations, what ideas that emerged about possible approaches to educate recovery communities about medication?

***Cheryl Blankenship Kupras*:** We talked about doing a little project. It hasn't gotten very far yet but we talked about maybe doing an educational series to create a larger pool of methadone-informed sponsors just so that a lot of them would have a more informed approach for working with people on medication. I've had patients say, "My sponsor would like to read more." I'd give them all kinds of information to read about the science behind methadone maintenance and, for some people, that was enough. Some people just couldn't get it, no matter what information was provided. People who know absolutely nothing about methadone are easier to educate than people that have had a negative experience with it either personally or within their family. It's hard to persuade people who know they're right despite all the evidence to the contrary.

***Bill White*:** Were there were other kinds of strategies that came out of those early meetings?

***Cheryl Blankenship Kupras*:** Well, we talked about maybe how we could get to a larger forum. One of the recovery communities in our area has an event every September that bills itself as many paths, one destination, and that's kind of where I started. I said, "You say many paths, one destination but you never talk about medication-assisted treatment." That's how they became open to hearing about medications. They were also having some problems getting into our county jail to do hospitals and institutions meetings and we were able to help with that, which made our work more a two-way exchange.

Closing Reflections

***Bill White*:** As you look back on these experiences, do you have a sense that the work that you did with these recovery communities has made a difference in attitudes and receptiveness toward people in medication-assisted recovery?

***Cheryl Blankenship Kupras*:** I wish I could say that, but I don't think the change has been monumental. It's been more a one person at a time shift. We'll keep moving forward and, hopefully, the tide will turn. I just think about the diversity of patient population that we see addicted to opiates at our clinics these days compared to when I first started working in addiction medicine twelve years ago. The college athlete, the high school valedictorian, the soccer mom—these are not the people who come to mind when you say the word, "heroin addict." We still have a lot of work to do to humanize the disease of addiction and put the science and the personal faces on medication-assisted recovery.

***Bill White*:** Cheryl, what is the role of addiction professionals in achieving this vision?

***Cheryl Blankenship Kupras*:** I can't emphasize enough the value of addiction professionals, whether they're recovering or not, in helping build a treatment and recovery support system that's responsive to needs of the whole community. All clinicians also need to be advocates.

***Bill White*:** Cheryl, thank you for taking this time out of your schedule to discuss this aspect of your work.

Acknowledgement: Support for this interview series is provided by the Great Lakes Addiction Technology Transfer Center (ATTC) through a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT). The opinions expressed herein are the view of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA, or CSAT.