

## Methadone Maintenance Treatment Services

### **What is methadone and Methadone Maintenance Treatment?**

Methadone is a medication belonging to the opioid family of drugs. It is a “synthetic” opioid that was developed during World War II to treat pain.[1] Today it is most commonly used to treat addiction to other opioids such as heroin and oxycodone (e.g. OxyContin), but is still used to treat chronic pain and pain associated with terminal illness. Methadone Maintenance Treatment (MMT) for drug dependency was developed in the 1960's. It is a form of treatment, not a “cure.” MMT provides medical and social supports to help people stabilize and improve their lives.[2]

### **How does methadone work?**

Methadone is a long acting medication that is taken orally (in the form of a drink) once a day. Methadone does not cause intoxication but rather prevents withdrawal symptoms, which can be severe and even life threatening. It also reduces cravings for drugs, which is a major cause of relapse.[2]

### **How does Methadone Maintenance Treatment work?**

Individuals enter MMT by self-referral or referral from a community health or social service provider. Patients receive a comprehensive assessment to determine if MMT is best suited for them. Once in treatment, patients maintain regular contact, often weekly, with their physician and other treatment staff such as counsellors and case managers, and are usually required to provide urine samples. Many patients go to a pharmacy daily to receive their medication under supervision by a pharmacist. Others receive their medication at a clinic under supervision by a nurse. Some patients who have reached a level of stability may be required to attend a pharmacy less often for their observed dose. The remaining week's doses are taken home in the form of "carries" and stored in a locked box. The length of time a person is in treatment varies, however, research finds longer treatment results in better health outcomes and prevents relapse. This is why methadone is referred to as a *maintenance* treatment.[2]

Health Canada has developed best practice guidelines for MMT.[3] These guidelines, in addition to the *Program Standards and Clinical Guidelines for MMT* established by the College of Physicians & Surgeons of Ontario (CPSO), guide the delivery of methadone services in Ontario.[4]

### **Is methadone treatment effective?**

MMT is the most effective treatment available for opioid dependency.[2] It has significant benefits for the individual receiving treatment as well as for the wider community. MMT reduces overdose deaths, the transmission of HIV, hepatitis B and C, and other public health risks associated with drug use.[3] It also improves physical and mental health, social functioning, employment rates, and outcomes for pregnant women who are dependent on opioid drugs.[2] MMT also reduces the use of opioids and other illegal substances as well as illegal activity and crime.[3]

MMT is also cost-effective. For every dollar spent on MMT, there are savings to the community of \$4 to \$13.[5] The social cost of one untreated person dependent on opioid drugs, which is attributed to crime victimization,

# Fact Sheet

law enforcement, productivity loss, and health care costs, is estimated at \$45,000/year.[6] This amount drops to \$6,000/year for someone in treatment.[5]

## **How many methadone prescribers and patients are there in Toronto?**

As of January 2013, there were 87 physicians providing MMT to 5,186 patients for the treatment of opioid dependency.[7]

## **How are methadone services delivered in Toronto?**

MMT services in Toronto are delivered in a variety of ways, including the following:

*Private community practice* with physicians working individually or in a group practice;

*Family physicians* working in hospital-based clinics, family health teams, or community health centres; and,

*Comprehensive treatment services* that offer methadone along with other addiction treatment services.

## **What role do pharmacies play?**

There are numerous pharmacies that dispense methadone across Toronto. A pharmacist can only dispense methadone with a valid prescription from a physician. Occasionally, a pharmacy is co-located with a methadone treatment service. Pharmacies play a key role in ensuring the safety and effectiveness of MMT, which includes ongoing collaboration and communication with methadone prescribing physicians. They are required to adhere to the Ontario College of Pharmacists *Methadone Treatment and Dispensing Policy*, and ensure staff receive and continue ongoing training, which requires updating every five years.[8]

## **Can any physician prescribe methadone?**

In Ontario, physicians must apply for an exemption to prescribe methadone. This exemption is required under the federal *Controlled Drugs and Substances Act (CDSA)* as methadone is a controlled substance in Canada.

## **The steps for applying for an exemption are as follows:**

The physician makes an application to the College of Physicians & Surgeons of Ontario (CPSO), which reviews the request and ensures the physician is in good standing. *The location of the clinic is not assessed, reviewed or considered as part of the review criteria.*

The applying physician shadows a practicing physician for two days at a clinic, and completes a course on methadone prescribing from the Centre for Addiction & Mental Health.

Upon completion of step 2, and barring any concerns under step 1, the CPSO makes a recommendation to Health Canada to allow an exemption under the *CDSA* to enable the physician to prescribe methadone.

Health Canada then makes a determination. If an exemption is issued, the CPSO assesses the physician within first year of the exemption with a follow up every three years.

Physicians must agree to regular assessments of their practice by the CPSO.

## **What role does the City of Toronto play?**

In Ontario, physicians have the right to operate a health service subject to local land use planning controls. The municipal role relates to zoning and planning policy.

# Fact Sheet

## **Is there crime associated with methadone services?**

As noted above, one of the outcomes of MMT is a reduction in illegal activity and crime. Research has found no significant geographic relationship between methadone treatment centres and crime. A recent U.S. study found higher rates of crime around convenience stores than methadone treatment services.[9]

## **What about property values?**

There is no research that looks at the correlation between MMT services and property values. However, research on neighbourhood impacts of addiction and mental health supportive housing programs, has found no evidence that these programs have a negative impact on property values.[10] In a Toronto study on supportive housing, which includes services for people with addictions, property values actually increased during the period of study along with a reduction in crime.[11]

## **What can I do to address any community concerns about MMT services?**

Everyone involved – physicians, pharmacists, patients and community members - have a role to play to ensure the successful integration of treatment services into the community. The Centre for Addiction & Mental Health has a community guide that outlines a recommended community engagement process when establishing new methadone services.[2]

In Toronto, there have been occasions when community members have raised concerns about methadone services in their neighbourhood. In many cases, issues can be remedied with practical solutions. The starting point is to speak directly with the operating physician and/or pharmacist to look for resolutions. Examples of solutions to community issues include:

- *Issue:* Patients waiting outside of the service for their medication or medical appointments.
- *Possible solution:* Ask the service to provide more seating in their waiting room.
- *Issue:* Litter accumulating around the service.
- *Possible solution:* Provide more garbage receptacles and empty regularly.
- *Issue:* Patients locking their bikes on neighbouring fencing on residential streets
- *Possible solution:* Install public bike racks near the facility.

Another issue concerns patients congregating outside after their appointments. An important benefit for people in methadone treatment is the peer support provided by others in the program. This type of support helps reduce social isolation and improves health and social outcomes. In that regard, encouraging methadone prescribers to provide space for peer support or to refer people to other local services where this can happen, is a possible solution.

## **Can anyone else help resolve issues?**

If there is a complaint about a physician prescribing methadone, the CPSO may investigate. The CPSO does not regulate nor does it have the authority to approve or withdraw/revoke an exemption under the Controlled Drugs & Substances Act; only Health Canada can do this. If there are findings of misconduct (not taking appropriate measures related to prescribing methadone), the CPSO may recommend to Health Canada to "withdraw the exemption." However, the decision to withdraw an exemption rests with Health Canada. Issues with pharmacists who are dispensing methadone prescribed by a physician should be taken to the Ontario College of Pharmacists.

# Fact Sheet

## Contact Information

College of Physicians & Surgeons of Ontario: (416) 967-2661

Ontario College of Pharmacists: (416) 962-4861

Health Canada, Methadone Program: (613) 946-5139

## Resources

CPSO Methadone Maintenance Treatment Program Standards and Clinical Guidelines

<http://www.cpso.on.ca/uploadedFiles/members/MMT-Guidelines.pdf>

Health Canada Best Practice Guidelines

<http://hc-sc.gc.ca/hc-ps/pubs/adp-apd/methadone-bp-mp/rationale-justification-eng.php>

CAMH: Methadone Maintenance Treatment: A Community Planning Guide

[http://knowledgex.camh.net/policy\\_health/substance\\_use/mmt\\_community\\_guide/Documents/mmt\\_community\\_guide.pdf](http://knowledgex.camh.net/policy_health/substance_use/mmt_community_guide/Documents/mmt_community_guide.pdf)

## References

1. Centre for Addiction & Mental Health. *Do You Know...Methadone*.  
[http://www.camh.ca/en/hospital/health\\_information/a\\_z\\_mental\\_health\\_and\\_addiction\\_information/methadone/Pages/methadone\\_dyk.aspx](http://www.camh.ca/en/hospital/health_information/a_z_mental_health_and_addiction_information/methadone/Pages/methadone_dyk.aspx)
2. Centre for Addiction & Mental Health. (2009). *Methadone Maintenance Treatment: A Community Planning Guide*.
3. Health Canada: Office of Canada's Drug Strategy (2002). *Best Practices: Methadone Maintenance Treatment*.
4. <http://hc-sc.gc.ca/hc-ps/pubs/adp-apd/methadone-bp-mp/rationale-justification-eng.php>
5. College of Physicians and Surgeons of Ontario (2011) *Methadone Maintenance Treatment Program Standards and Clinical Guidelines*. <http://www.cpso.on.ca/uploadedFiles/members/MMT-Guidelines.pdf>
6. Health Canada: Office of Canada's Drug Strategy. (2002). *Methadone Maintenance Treatment*.
7. [http://www.hc-sc.gc.ca/hl-vs/alt\\_formats/hecs-sesc/pdf/pubs/adp-apd/methadone-treatment-traitement/methadone-treatment-traitement\\_e.pdf](http://www.hc-sc.gc.ca/hl-vs/alt_formats/hecs-sesc/pdf/pubs/adp-apd/methadone-treatment-traitement/methadone-treatment-traitement_e.pdf).
8. Popova, S., Rehm, J., & Fischer, B. (2006). An overview of illegal opioid use and health services utilization in Canada. *Public Health*, 120(4), 320-328.
9. College of Physicians and Surgeons of Ontario. Communication with staff, January 2013.
10. Ontario College of Pharmacists (2010). *Methadone Maintenance Treatment and Dispensing Policy*, <http://www.ocpinfo.com/Client/ocp/OCPHome.nsf/web/Methadone+Maintenance+Treatment+and+Dispensing+Policy>
11. Boyd, S.J., Fang, L.J., Medoff, D.R., Dixon, L.B., Gorelick, D.A. (2012) Use of a 'microecological technique' to study crime incidents around methadone maintenance treatment centers. *Addiction*, 107, 1632-1638.
12. Government of British Columbia. (2000). *Impact of Non-Market Housing on Property Values*.  
[http://www.housing.gov.bc.ca/pub/htmldocs/pub\\_Jan00PropVal.htm](http://www.housing.gov.bc.ca/pub/htmldocs/pub_Jan00PropVal.htm)  
De Wolff, A. (2008). *We are Neighbours: The Impact of Supportive Housing on Community, Social, Economic and Attitude Changes*. Wellesley Institute: Toronto.