

# Fact Sheet

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## 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]

### **What is opioid addiction?**

Opioid addiction can develop after using opioids regularly over a long period of time. For example, this can occur after being prescribed pain medication following an injury, illness, or surgery. For many people, stopping the use of painkillers is achievable, especially if their pain has gone away. Others may struggle with physical and/or emotional pain and are less able to stop taking opioids, leading to an increase in use and dependence on the drug. When a person becomes dependent they develop both a physical and psychological dependence and will experience withdrawal, which can be severe and even life threatening if the drug use is reduced or stopped abruptly. This becomes a complex health issue that can be assisted with the support of Methadone Maintenance Treatment.

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

Methadone is a long acting medication that is taken orally (in the form of a drink) once a day. It is a substitution program that replaces the physical need for opioids with a safer alternative. Methadone does not cause intoxication but rather prevents withdrawal symptoms and reduces cravings for drugs, which is a major cause of relapse.[2]

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

Individuals enter MMT by contacting a methadone provider directly, or by 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]

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## **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, 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]

## **Aren't people on methadone still addicted to opioids?**

It is helpful to make a distinction between dependence and addiction. For example, a person with diabetes may be dependent on insulin to manage their health condition but they are not addicted to this medication. Addiction is often accompanied by negative consequences such as an increased tolerance and need for more of the drug to achieve the same effects, impacts on relationships with friends and family, financial and employment difficulties, etc. While receiving methadone treatment a person is dependent on the medication in the sense that they require it to feel well, but it is a treatment that supports a person to take control over the impacts of addiction in their lives.

## **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]

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## **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. Physicians who are licensed to prescribe methadone must complete specific training, undergo regular assessments, and follow the guidelines established by the College of Physicians and Surgeons of Ontario.

## **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 only.

## **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 if I have concerns about MMT services in my community?**

Everyone involved – physicians, pharmacists, patients and community members – has a role to play to ensure the successful integration of treatment services into the community. 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:

- a) *Issue:* Patients waiting outside of the service for their medication or medical appointments.  
*Possible solution:* Service operators provides more seating in their waiting room.
- b) *Issue:* Litter accumulating around the service.  
*Possible solution:* The service provides more garbage receptacles and empty regularly.
- c) *Issue:* Patients locking their bikes on neighbouring fencing on residential streets  
*Possible solution:* Service operators install public bike racks near the facility.

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## Are you looking for methadone services or other addiction treatment programs?

### Methadone Registry

College of Physicians and Surgeons of Ontario

416-967-2600 ext. 661

The Methadone Registry keeps a list of all doctors authorized to prescribe methadone in Ontario.

Call to find a doctor offering treatment in your area.

### ConnexOntario

1-800-565-8603

ConnexOntario's drug and alcohol registry of treatment provides information about treatment for drug and alcohol problems. Call their 24-hour toll-free number to find the number of the assessment referral centre in your community.

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