

INFORMATION REPORT

TO: Mayor and Members Board of Health	WARD(S) AFFECTED: CITY WIDE
COMMITTEE DATE: October 24, 2011	
SUBJECT/REPORT NO: Methadone Clinics (BOH11036) (City Wide)	
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Council Direction:

This report is submitted to provide an update explaining the current regulatory framework for Methadone clinics, and current initiatives that are occurring in the area of opioid treatment and prevention.

Information:

This report describes methadone, methadone maintenance therapy (MMT), where this service is provided in Hamilton, and the regulation of methadone.

What is Methadone?

Methadone is a synthetic opioid with a long duration of action, is taken as a liquid by mouth, and has fewer side effects than many opiates. The longer duration of action largely eliminates the euphoria associated with most other opiates, whether illicit or prescribed. Methadone is used in the medically supervised treatment of opiate dependency e.g. heroin, morphine, and other opiates, including prescription drugs such as Tylenol #3TM (acetaminophen and codeine) and PercocetTM (acetaminophen and oxycodone).

What is Methadone Maintenance Treatment?

Methadone Maintenance Treatment (MMT) was developed in recognition of the need to provide people who inject drugs, and are dependent on opioids, with an alternative. MMT is meant to be a comprehensive treatment program that involves prescribing of methadone, provision of counselling, case management and other psychosocial services.

A review of the scientific evidence supporting MMT that appears in the College of Physicians and Surgeons of Ontario (CPSO) MMT guidelines notes that methadone reduces risk of death among opiate users, (both by reducing risks of HIV infection and death from other causes), reduces the risks of bloodborne infection (e.g. hepatitis B, hepatitis C, human immunodeficiency virus (HIV)), increases retention in treatment, decreases overall drug use (both opiates and other substances, including cocaine), and reduces crime.

There are procedures outlined to access and remain involved with methadone treatment. The CPSO expects that all persons commencing MMT have a urine drug screen (UDS) to confirm that they are taking opiates and are not already receiving methadone. All persons receiving MMT start with the requirement that they visit the designated pharmacy each day to receive a daily dose. This may also involve a daily or weekly physician visit. Daily pharmacy visits enable observation of the person actually taking the methadone. Methadone is typically mixed with Tang™ to increase the volume of liquid to be consumed and reduce risks of diversion.

Once a person receiving methadone has reached a stable dose and had repeatedly negative UDS, some will be offered the choice of daily pharmacy visits or 'carries' – typically once-a-week dispensing of the doses to cover a week that the client can take home and keep at home.

In addition, the CPSO is very clear that access to counselling is an integral part of MMT. This counselling is typically structured around ensuring basic needs are managed (shelter, food), assistance with managing stress through non-drug means and in some cases, support for employment seeking or managing MMT in the workplace for clients who are already employed.

In Hamilton, the Alcohol, Drug & Gambling Services (ADGS) program of PHS provides such counselling services and case management services for clients receiving MMT. ADGS receives 100% MOHLTC funding (1.0 FTE) to provide counselling and case management services to clients referred from methadone clinics and also directs counselling clients who may benefit from MMT to clinics that can provide MMT.

Where is MMT Available in Hamilton?

Currently, five private clinics provide MMT in Hamilton. These are independent clinics which operate separate from each other and are not formally linked to the City of Hamilton. These clinics are located on John Street, Queenston Road., King Street West, and two clinics on Main Street East. In addition, there is a sixth clinic that is scheduled to open in Hamilton on Barton Street, however, at the time of this report, had not opened. ADGS accepts referrals from all five providers.

In addition to MMT, methadone is playing a larger role in the management of chronic musculoskeletal and cancer-related pain. An unknown number of physicians in Hamilton prescribe methadone for these purposes to their patients. Although methadone may be used to manage pain (i.e. distinct from managing opiate dependency), any physician prescribing methadone for pain must still follow the federal regulations as outlined below.

Regulation of Methadone and Provincial Initiatives

Because methadone is a narcotic, it is covered by Federal regulations that apply to controlled substances. Any physician in Ontario who wishes to prescribe methadone must apply for a specific exemption under Section 56 of the Federal *Controlled Drugs and Substances Act*, to do so. In addition, the College of Physicians and Surgeons of Ontario (CPSO – the licensing authority for physicians in Ontario) requires that all physicians who prescribe methadone for treating opiate dependency complete additional training offered by the Centre for Addiction and Mental Health (CAMH) or other equivalent.

There are also guidelines that provide direction for the effective use of methadone in the treatment of opiate addiction. CPSO has developed and recently updated Program Standards and Clinical Guidelines for MMT. These guidelines are available at: http://www.cpso.on.ca/uploadedFiles/policies/guidelines/methadone/Meth_Guidelines_Oct07.pdf. There have also been recent guidelines released in 2010, the Canadian Guidelines for Safe and Effective Use of Opioids for Chronic Non-Cancer Pain, to help provide direction for the prescribing of opioids as there was a growing concern re addiction to prescription opioids. These guidelines are available at <http://nationalpaincentre.mcmaster.ca/opioid/>

Although pharmacists are not required to seek special permission to dispense methadone, the Ontario College of Pharmacists has developed a set of policy guidelines that pharmacists are expected to adhere to.

Guidelines have also been developed by the Centre for Addiction and Mental Health (CAMH) to provide direction to service providers working with individuals receiving methadone or deciding to open a new clinic:

- MMT: A Pharmacists Guide to Treatment
- MMT: A Counsellor's Guide to Treatment
- MMT: A Community Planning Guide.

Complaints regarding the professional practice of individual physicians or pharmacists, (typically arising from clients themselves or from direct observation of practice), are investigated by the relevant health professional licensing authorities: the CPSO and Ontario College of Pharmacists, respectively.

Previously, Council has explored options for addressing nuisance/behavioural issues associated with methadone clinics and these issues continue to be addressed through existing by-laws as referenced in the May 17, 2011 report to council (PED11096). In the report it was noted that neither municipal law enforcement staff nor Hamilton Police Services could provide a link between increased crime or behavioural issues and methadone clinic locations.

At a provincial level, the issue of methadone and the growing concern re opioid misuse had been identified and in 2006, an external task force was established by the Ministry of Health and Long Term Care to provide feedback on how to improve methadone services in Ontario. In 2007, the Report of the Methadone Maintenance Treatment Practices Task Force was released: http://www.health.gov.on.ca/english/public/pub/ministry_reports/methadone_taskforce/methadone_taskforce.pdf. From this report, a two million dollar investment in supports to MMT was announced. CAMH assumed a significant role, in conjunction with the College of Physicians and Surgeon, the Ontario Pharmacists Association and the Registered Nurses Association of Ontario. The Opiate Project has focused on training, community engagement to promote co-ordinated models of case management and awareness raising of methadone as a treatment option. Recent funding has allowed for the continuation of this project with a focus on training and community engagement. Within community engagement, prevention activities have been identified that will target youth and parents.

Moving Forward

Given the evidence of the health and crime-reducing benefits of MMT, all efforts to encourage opiate-dependent people to enrol in MMT would appear to be warranted. This is not merely a public health action, but requires a community-wide acceptance of the scientific evidence and application of harm reduction principles. For example, in some communities, suspending police surveillance of MMT clinics may increase access and thus, contribute to reducing drug use.

PHS will continue to be aware of initiatives that are happening at the provincial level and will update the Board of Health as appropriate. Alcohol, Drug & Gambling Services (ADGS) will continue to provide counselling services to individuals receiving methadone, as well as, keep informed of issues related to methadone provision in Hamilton.

ADGS will also participate in both provincial and local planning initiatives as appropriate. ADGS is a member of the Hamilton Addiction and Mental Health Collaborative which is a local community network that provides information about service and planning issues to work toward co-ordination of services in Hamilton.