



## **Methadone Maintenance Treatment Program**

### **Answers to Frequently Asked Questions**

#### **Why is the College involved in the MMT program?**

The methadone maintenance treatment (MMT) program of the College of Physicians and Surgeons of Ontario (the “College”) was initiated in 1996 after Health Canada devolved responsibility of the administration of a methadone program for the treatment of opioid dependence to the provinces.

The College administers Ontario’s MMT program on behalf of the Ministry of Health and Long-Term Care (the “Ministry”).

The fundamental goal of the MMT program is to improve the quality and accessibility of methadone treatment in Ontario.

Methadone has long been considered an effective treatment for opioid dependence and our experience has shown that patients on methadone have an excellent chance to lead normal and productive lives.

Patient care and access to treatment have been greatly improved since 1996 when the College became involved in administering the methadone program in Ontario. The development of MMT standards and guidelines, and the College’s peer assessment of physicians who provide methadone treatment for opioid dependence have contributed to these improvements.

Studies have also shown that patients are more likely to die if not receiving MMT than if they were maintained on treatment. In addition to decreasing mortality rates, the use of MMT has many other benefits, including:

- reduced illicit drug use;
- improved health status as a result of access to treatment;
- decreased transmission of HIV, Hepatitis C and B;
- decreased illegal activity;
- increased employment; and
- decreased cost to society.

## **What role does the College play in administering the program?**

The College is under contract to the Ministry to recruit and retain physicians who prescribe methadone to improve patients' access to treatment; to assess physicians who prescribe methadone for the treatment of addiction; and to maintain both a physician and a patient database. The College respects the privacy of patients and maintains the confidentiality of the limited patient-related information we receive from treating physicians. Patient information is collected only with the patient's consent, and we take steps to ensure it is stored in a secure, separate database, with limited access to it only by appropriate staff.

Under the direction of the College's Methadone Committee, [Methadone Maintenance Treatment Program Standards and Clinical Guidelines](#) were developed for use by the medical profession in the treatment of opioid dependency. The College also administers the application and assessment processes of physicians and recommends to Health Canada the names of physicians for consideration of an exemption to prescribe methadone. Health Canada makes the final decision on whether to issue a physician an exemption to prescribe methadone. The MMT program also offers support and information to patients and physicians.

## **There seem to be a lot of rules related to issuing methadone for addiction problems. Are all these rules necessary?**

There are relatively few rules, which were developed to protect patients and the public. The MMT Standards and Guidelines tell physicians what to do to achieve the best outcomes for patients. Methadone is a dangerous drug because of the significant potential for fatal overdose in patients who have not previously taken the drug. It is also highly susceptible to diversion. Dispensing the medication in orange juice helps to prevent diversion and injection.

Individuals may freely choose whether to begin methadone treatment. However, once patients decide to enter a methadone program (based on a diagnosis of opioid dependency) they must meet the following requirements:

- Sign a treatment agreement that establishes their physician's rules that must be followed to remain in the program;
- Submit to random urine screening;
- Attend the doctor's office, as required;
- Consume methadone under direct observation by a pharmacist, as required;
- If receiving take home doses (also known as "carries"), store them in a locked box.

Physicians develop their own MMT program requirements, and while they must be consistent with the MMT Standards and Guidelines, some program differences do occur. Patients need to understand the type of program they are entering when they sign on. If one particular program

does not work for them, patients are free to seek out another methadone provider. As well, patients may be discharged from a program if they breach their treatment agreement or the program rules.

### **Why does the College collect patient-related information?**

The College collects this information to maintain a centralized patient and physician registry, as mandated by our agreement with the Ministry.

Patients are not permitted to receive a prescription for methadone from more than one provider at a time. For this reason, prior to initiating treatment, the MMT physician registers the patient for treatment with the College to ensure that the patient is not receiving treatment elsewhere. The College collects basic information about each MMT patient (specifically, each patient's name, city of residence, gender; date of birth; OHIP number, treating physician; and episodes in treatment).

### **Does the College use information from the patient and physician registry in other ways?**

Yes, when MMT physicians are periodically assessed by the College, they are given a list of their patients which is compiled from the registry and they are asked to confirm whether it accurately reflects the names of patients in active treatment. Given that the assessment will include a review of a random sampling of their patients' charts, physicians undergoing an assessment will also seek the consent of a number of their patients from which the random chart sample is selected. The purpose of the assessment is to ensure that MMT physicians are practising to the requisite standards and that any recommendation made to Health Canada to allow the physician the privilege of continuing to prescribe methadone is based on a sound process.

Aggregate data from the registry (with any information that would identify individual patients removed) is also used for:

- Statistical purposes to track trends in treatment across the province over time and to report out to stakeholders, such as the Ministry of Health, and others.
- Research purposes that contributes to the literature on MMT and allows for program changes and improvements.

### **Does the College disclose information about patients?**

The College does not disclose any information about any particular patient in administering the MMT program, without the patient's express consent.

In order to prevent double-doctoring and risk to the community, the College uses the patient registry to confirm that the patient is eligible for the program, in the following ways:

- MMT clinics send the College a Patient Treatment Form when starting or stopping a patient in treatment, which contains the patient's written consent. The College updates its patient registry.
- If a patient is registered with a methadone program and attempts to start on a new program, when the College receives the treatment initiation form from the second MMT clinic, we simply notify the clinic that the patient is ineligible.
- Patients are only considered ineligible if the database indicates that they are in active treatment with another prescriber.
- The College will disclose to the new clinic patient treatment information only with the patient's express consent. Specifically, we disclose information when the patient has contacted us directly and provided his or her consent or, alternatively, when the new clinic sends us a signed consent form from the patient giving us permission to disclose previous treatment information to the new clinic.

### **Why are the rules different for patients who receive methadone for pain than for addiction?**

It is generally recognized in the literature and acknowledged by patients that early in the treatment of opioid dependence there is a clear need for external support and monitoring to help patients in their recovery.

This is why attendance at a pharmacy and urine drug screening, along with frequent office visits are important. Patients also acknowledge that being in a program with well-defined checks and balances helps them in their recovery.

The College acknowledges that all opioids need to be monitored and tracked. We welcome steps by both the provincial and federal governments to increase surveillance of these drugs (including methadone for pain) and their impact in the community.

### **How many patients in Ontario receive methadone for addiction?**

As of July 2012, approximately 360 physicians in Ontario were prescribing methadone to approximately 38,025 patients for the treatment of opioid dependence.

### **Is methadone safe and how long do people need to take it for?**

Methadone carries significant risk, and improper use can be fatal. Patients are monitored very closely in the initial stages of treatment when the correct dose is being determined that will give the desired effect (block opiate cravings without causing an overdose).

Most deaths caused by methadone overdose occur in the first week to 10 days of treatment. For a person unaccustomed to taking opioids who may have purchased methadone on the street, even one small dose can be fatal.

With proper attention to the correct dose and monitoring of the effects of the drug, methadone can be administered safely to patients who need it. For some, the use of methadone may be a bridge to drug-free living, while for others treatment can be for a life time.

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