



Methadone Maintenance Treatment Program

Fact Sheet

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 for 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.

From 1996 when the College became involved in administering the methadone program in Ontario, methadone-related deaths have dropped. The Chief Coroner for Ontario has attributed the decline in deaths to the work of the College in developing methadone maintenance guidelines, and the College’s peer assessment of physicians who provide methadone treatment for opioid dependence.

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 maintain both a physician and a patient database; and to assess physicians who prescribe methadone for the treatment of addiction. In addition,

we make every effort to promote access to treatment for patients, and prevent double-doctoring.

The College is committed to ensuring that the limited patient information we receive from the treating physician, with the patient's consent, is held in a separate database, in a secure area, with limited staff access.

Under the direction of the College's Methadone Committee, which was created in 1999, the program developed [Methadone Maintenance Treatment Guidelines](#) 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, but they were developed to protect patients and the public. The MMT 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 illegal diversion. Dispensing the medication in orange juice helps to prevent diversion and injection.

Entering into a methadone program is an individual's choice. However, once patients decide to enter a methadone program (based on a diagnosis of opioid dependency) they must meet the following requirements:

- Sign an individual treatment agreement that establishes the rules to be followed 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 known as "carries," store them in a locked box.

Physicians develop their own MMT program requirements, and while they must all be consistent with the MMT 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.

What does the College do with information it collects from patients?

The College collects only the most basic information from MMT patients. This includes their name, city of residence, gender; date of birth OHIP number, treating physician; and episodes in treatment.

The College uses this information for the following purposes:

- To maintain a centralized patient and physician registry, as mandated by the Agreement with the Ministry.
- To assess physicians for the one-year and three-year exemptions. This information is a prerequisite of Health Canada in allowing the physician the privilege of continuing to prescribe methadone.

Does the College disclose information about patients?

The College does not disclose any patient information 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 way:

- 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 rules different for patients who receive methadone for pain and methadone 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 December 2009, approximately 280 physicians in Ontario were prescribing methadone to approximately 25,848 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 the opioid naive person 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 is for a life time, while for others, it may be a bridge to abstinence.

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