Methadone Clinics — pros and cons

The Methadone Patient’s Advisory Group identifies methadone clinics as a topic of considerable importance. Many clients described both negative and positive experiences.

- There are some great things to say about methadone clinics:
  - In major centres they are easy to find compared to the challenge of locating a lone doctor with a methadone license.
  - They have the staff and resources to serve many clients.
  - Clinic doctors specialize in prescribing methadone and are often the first to have the most up-to-date information.
  - Clinic clients will find doctors who understand the challenges facing clients living in poverty. Clients can work with them towards successful treatment.
  - The atmosphere is not judgmental. People are there for methadone-related reasons. They can meet and form supportive friendships.

However, there are some common concerns. Access can be an issue:

- There are only a few clinics which are accessible in reserves.
- There may be no doctor licensed to prescribe methadone for opioid dependence. This is especially true for those living on Reserves.
- Hours of operation may fail to meet client needs. Only some clinics open weekends and 9-5 business hours are common. Poor clients and those living in the most chaotic conditions need more flexibility in scheduling.
- Some clients feel that they are required to see their doctor too often during the initiation and stabilization period or following a failed urine screen.

There are also concerns about the stress that can arise around clinic visits:

- Many rural areas don’t have methadone clinics. There is limited access to First Nation clients. As

**Patient Advisory Group**

The Patient Advisory Group of the College’s Methadone Program is seeking new members to join and would welcome young participants.

**Cheryl White** is co-founder of the Toronto Drug User’s Union; a member of the International Network of People Who Use Drugs; a co-founder of the International Network of Women Who Use Drugs; and co-chair and email gatekeeper of this group.

Contact Cheryl at: methadoneinfo@cpsso.on.ca
... The Patient Advisory Group meets quarterly and has members from across the province.

The group:

- Provides input about the experience of patients in the Methadone Maintenance Treatment (MMT) system
- Acts as a resource for the CPSO Methadone Program/Committee
- Promotes awareness and understanding of opioid addiction and methadone treatment issues in Ontario, and
- Works on activities or issues as may be requested by the CPSO from time to time.

If you are interested in membership or if you have ideas or suggestions for future articles, email Sheila at sbhatnagar@cpspo.on.ca

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- and a cutback in carry privileges. This means extra spending on transportation and many lost hours.
- Some doctors are too eager to reduce doses and also slow to increase doses in general especially during initiation and stabilization. Many clients feel forced, at great risk, back to the illegal market
- Choosing their methadone doctor as their GP leads to complications for some. In particular, issues of pain management can drive a wedge between doctor and patient. Cases where methadone doctors increase the dose to control pain don’t work because those already on higher doses acclimate too quickly and their doses can become too high to function properly without helping their pain symptoms at all. People should consider having separate doctors: one for methadone treatment and another for everything else including mental health and pain management issues in particular.

Many people coming to clinics are particularly vulnerable and feel insecure. What is meant to be business-like, professional behaviour on the part of clinic staff can be perceived of as condescending and insensitive. Many clients are horrified when they learn that they have to do urine screens on camera. Others feel no sense of privacy or confidentiality when speaking with staff in a crowded reception area.

Many clients express a deep sense of injustice and lack of empowerment within the current methadone system. Its reliance on rewards and punishments constitute a punitive approach: one which does not work for them and undermines their trust and confidence.

Treatment models based on punishments and rewards may not be the most effective. Many physicians around the world share this view. An Internet search using search terms such as “doctors supporting human rights model for methadone programs” will unearth many articles focused on the different views of methadone treatment.

An important strategy for continued improvement in the experiences of clients includes asking them what they would like to see in a program. Some studies of this approach are underway. When the results are available, tell your doctor and others working in the clinic so that they can review them and consider ways they can further promote human rights, personal dignity in their practice.