

Prescribing Methadone

- What You Need To Know -

Managing opioid dependent patients can be both personally and professionally challenging. To assist our members, the College has developed standards and guidelines for Methadone Maintenance Treatment, including recommended treatment and follow up methods.

To help physicians understand the complexities of this issue, Dr. Bill Campbell and the CPSA Guidelines Development Committee have provided a brief outline of how addiction can be medically managed including the skills and expertise required by those with an interest.

Addiction & Chronic Disease

Addiction is a disease of mixed aetiology and like any chronic relapsing medical condition, management will include:

- Assessment of symptoms and consequences of the illness and diagnosis;
- Determining the appropriate treatment modality for the severity of illness;
- Continued monitoring of compliance with medication and lifestyle modifications;
- Discontinuation of therapy if it is shown to produce more harm than good, or the severity of the disease is found to be such that a lower degree of therapy is indicated; and
- Continued assessment and continuing physician education.

Because of the inherent nature of addiction, the balance between patient engagement and treatment can be difficult, particularly, in the area of harm reduction.

Opioid Addiction and Knowledge

To assess and treat opioid addicts successfully, diverse treatment options must be considered. Some of these options include:

- Various pharmacotherapies, of which methadone is but one;
- The ability to address social needs; and
- The ability to integrate the patient into group psychotherapies or community support groups (Alcoholics Anonymous, Narcotics Anonymous, etc.).

The physician who treats addictions requires a broad education about the multifaceted nature of addictive disorders, as well as intensive experiential training when interacting with and attempting to treat an addict. Boundaries must be firmly set and maintained. Addiction treatment most often is not a single treatment modality as addicts present with problems in many different domains of their lives.

After patient assessment, the competent physician will be able to determine appropriate treatment plans that are dependent on multiple criteria. The physician will also be able to assess the patient medically and emotionally and have available a medical network that provides

To review the Standards & Guidelines document, go to www.cpsa.ab.ca and look under College Programs/Methadone Program.

fast access to respond to the presenting symptoms. These may vary from blood borne infection issues, to emotional instability and suicidal ideation, as well as dealing with the specific problems associated with certain populations such as Aboriginals, women, and children.

As with other diseases of the brain, the physician attempting to treat the dysfunctional mind must have the ability to empathize with the patient over a period of time while also having the ability to assess the patient objectively. This entails the necessity of physicians spending more time with the patient than that usually required when treating a physical problem.

Scientific knowledge of addiction is advancing and can now provide more insight, better patient sensitivity, and improved outcomes in comparison with traditional behavioural approaches to addiction treatment. This group of patients, while recognized as difficult, is entitled to quality medical care as are any group of patients with a disease. Often exposure to the medical team at a Methadone Maintenance Treatment Program (MMTP)

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may be the entry point into medical treatment for these patients - allowing them to receive care that they would not otherwise encounter.

Opioid Dependency and Training

The College of Physicians and Surgeons of Alberta has developed *Standards and Guidelines for Methadone Maintenance Treatment in Alberta* based on a staged-care model. Differing levels of education, knowledge and competence are required in order to safely prescribe methadone to appropriate opioid-dependent individuals. A physician initiating methadone is expected to do so as part of a multidisciplinary team, or MMTP. Consequently, this physician must be highly knowledgeable and experienced in all aspects of Methadone Maintenance Treatment (MMT). The physician who later

assumes care of the stable MMT patient will not necessarily require the same degree of knowledge and experience in order to provide safe and effective treatment to a patient whose behaviour is stabilized.

MMT is a well-documented, statistically significant treatment for opioid addiction that is known to improve patient function in all life domains. When prescribed safely as suggested by the College Standards and Guidelines, MMT can improve the lives of opioid addicts and decrease the harms associated with opioid addiction in the patient and society.

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Physician Education Sessions Offered

The College of Physicians & Surgeons of Alberta is offering education sessions for physicians interested in providing Methadone Maintenance Treatment. These are scheduled for January 28, 2006 in Edmonton and February 6, 2006 in Calgary. Registration information will soon be available at http://www.cpsa.ab.ca/collegeprograms/methadone_program.asp.

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