Success in a Canadian Methadone Maintenance Treatment Program

B. Faulkner, D.Vollick and M. Judson Addictive Disorders and Their Treatment, 2010 vol. 9 no.2

Purpose of Research Project

- To assess value of methadone replacement therapy in London
- 2. Is global research on methadone treatment applicable to London, Ontario?
- To counter local negative attitudes to methadone replacement therapy

Previous Research

- Conclusions:
- 1. Reduction in withdrawal symptoms.
- 2. Reduced cravings
- 3. Prevents euphoria
- 4. Safe in regulated programmes
- Most research pertains to heroin treatment.

Traditional Outcome Measures

- 1. Reduced heroin use
- 2. Retention in program

Current Situations

- 1. Prescription opioids more readily available
- 2. Promotion of no ceiling for opioid dosage
- 3. Exact dosage known
- 4. No contaminants
- 5. Tablets readily recognised

Question

• Is methadone replacement therapy as effective in the management of prescription opioid addiction as it is for heroin addiction?

London Statistics

- 1. 1000 patients attending Clinic 528 (2006)
- 2. 80,000 opiate addicts in Canada
- 3. Oxycodone preparations are the opioids of choice reported by patients at the clinic

Program Philosophy

- Reduced use of addictive substances, particularly opioids
- Reduction of social, medical and psychological risks associated with drug use.
- 3. Treatment of disease of addiction

Program Expectations

- Twice weekly clinic attendance for assessment by physician and provision of urine sample
- 2. 24 consecutive uninterrupted negative samples required to be considered stable
- Patient must demonstrate responsible attitude and meet characteristics of stabilisation

This Study

 Patients were classified as being stabilised or non-stabilised

Characteristics of Stabilisation

- Abstinence from inappropriate use of all addictive substances for three months
- 2. A reduction of harm to self and society
- Improvements in health, psychological and physical
- 4. Improvement in daily functioning

Procedure

- 84 stabilised patients
- 76 nonstabilised patients
- All volunteered to participate in study
- All told the purpose of the study and informed consent obtained
- All patients completed 20 minute questionnaire

Materials

- Addiction Severity Index not used on account of reduced attention spans of participants
- Questionnaire developed to compare patients' psychological, social and behavioural functioning before and after entering this methadone program

Materials (2)

- Fifteen questions probed general demographics
 - eg. Reasons for initial use, presence of mental disorders
- 24 questions probed self reported changes in emotional and behavioural functioning
 - eg. Criminality, depression, employment

Participants

- Average age 37.6 years
- Average age of initiation on methadone 34.3 years
- Average length of time on program 43.2 months
- Age of first using excessively 22.5 years
- 51% first became addicted to prescription opioids
- 63% first offered initial drug of addiction by friend

Participants (2)

- 26.9 % introduced to opioid by physician
- 43.5% used initially to manage emotional pain
- 41.9% first used to manage physical pain
- 55% had never received treatment prior to this program

Participants (3)

 42.5% had previously been diagnosed with mental disorder

- 39.4% had been abused as children or adolescents
- 71.9% were not attending counselling outside of the methadone program

Variables Studied

• Unstabilised and stabilised patients were compared pre-treatment and post-treatment

Variables Studied (2)

- Diffidence
- Hopelessness
- Anger/aggression
- Depression
- Anxiety
- Fear

- Happiness/enthusiasm
- Coping/decision-making skills
- Healthfulness
- Achievement satisfaction
- Self-maintenance
- Infection

Variables Studied (3)

- Heroin use
- Injection of drugs
- Other opioid use
- Alcohol use
- Marijuana use
- Cocaine use

- Time with other users
- Overdose frequency
- Lack of responsibility
- Stability of intimate Relationships
- Employment
- Criminality

Results

 Stabilised group were typically older, started methadone later in life and had been in the program significantly longer than unstabilised

Results (2)

- On all but 2 of the 24 variables (91.6%) all participants showed significant differences between pre scores and post scores in the expected direction
- The two exceptions (no difference) were employment and intimate relationship stability
- These findings suggests that regardless of group inclusion, all participants benefitted from becoming involved in this Methadone Maintenance Treatment Program

Results (3)

• Although all patients showed significant improvement of 22 variables, stabilised patients showed significantly more positive differences between pre-treatment and post-treatment scores than did non stabilised patients

Overall Effectiveness

- All participants regardless of how long they had been in the program experienced positive changes in 22 diverse indices of functioning
- Decrease in anxiety, anger and frequency of injecting drugs was greater in stabilised group and a function of the length of time in the program
- Magnitude of decreases in opioid and alcohol use, frequency of overdose and criminality was contingent on number of months in the program.

Overall Effectiveness (2)

- Decreases in non-heroin opioid use, marijuana and cocaine use, reduction of time spent with drug using associates were all significantly greater in stabilised group
- Stabilised patients showed greater increase in taking responsibilities for their actions

Missing Data

- Despite twenty minutes required for completion of questionnaire, many responses were omitted
- Some questions were ambiguous and no experimenter was present for clarification
- Accordingly those partial responses were excluded

Limitations

- More successful individuals may be inclined to answer a questionnaire about success more favourably
- Restrictive Likert scale may inflate pre-post change

Conclusions

 Stabilised and non stabilised groups regardless of length of time on program, benefitted to some degree

 The magnitude of benefit was greater for those in the stabilised group and was a function of the length of time in the program

Conclusion

- This study demonstrates the overall effectiveness of Clinic 528, London, Ontario
- Patients attending the program all reported experiencing positive changes in their emotional life and a decrease in their addictive related behaviours

Acknowledgements

 Ms. Terri Richardson, Dr. Peter Hoaken, Dr. David Dozois, Dr. Tony Vernon, Ms. Pamela Seeds, Mr. Ian Holloway