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Acknowledgements

This report is a summary of a comprehensive qualitative review of BC's methadone maintenance treatment program from the perspective of a wide variety of stakeholders directly or indirectly involved in the program. It identifies factors related to access, retention, quality, effectiveness and inequalities. It was made possible through the generous involvement of more than 300 people who gave of their time and expertise to guide the process and provide the material.

Introduction

This report summarizes the findings of a qualitative systems review of methadone maintenance treatment (MMT) in British Columbia, which was commissioned by the British Columbia Ministry of Healthy Living and Sport in 2008. The aims of this review were threefold:

1. To examine MMT systems and identify factors related to treatment access, retention, quality, effectiveness and inequalities in BC
2.

In addition to the qualitative systems review discussed in this report, a quantitative analysis of the BC PharmaNet

- MMT services in BC need to be welcoming and accessible, and a range of –low thresholdll services that successfully attract and retain marginalized people with complex health care needs is required
- The professionals providing MMT services need to be supported with access to specialized advice (e.g., pain management)
- Responses to relapse and the use of other illegal drugs need to be therapeutic and non-punitive in order to maximize the effectiveness of the program

Professional Roles and Models

The system of methadone-related services in BC, as in many other jurisdictions and countries, is multifaceted and reaches into many other health, social welfare and criminal justice systems. There is involvement of public, private, non-profit and –hybridll providers and funders, and varying degrees of integration with services offered by the statutory health authorities through, for example, primary care or mental health and addictions services.

A variety of professional groups play important roles in the delivery of the MMT system in BC, including physicians, pharmacists, nurses, counsellors, case managers and administrative supports. Physicians, the only professional group in Canada permitted to prescribe methadone for maintenance, require a special exemption under the Controlled Drugs and F 0<0059004C00470048>5.996<005bianoleelth701Lrof996(.75_1 11.0 Tf 1_1)-4

Medical office assistants play an important role in many MMT services, as they have a large impact on clients‘

Private clinic settings are attractive to MMT physicians for a number of reasons. Some viewed MMT as an important service and had an interest in this work, but feared that MMT clients would be disruptive in their regular office settings, or that other patients would be put off attending their practice if they also served methadone clients. Some had partners in their practices who objected to adding methadone prescribing to existing health services. Many physicians were prepared to prescribe in a separate clinic setting, with the accompanying systems

dispensing and drug costs), health authorities (e.g., counselling services), the Ministry of Health Services contract with CPSBC,

current compensation mechanism for methadone dispensing leaves clients vulnerable to exploitation by unscrupulous pharmacists.

Several participants noted that the current funding system does not easily allow for the integration of service provision. Different components of the system are funded independently, and some components are funded using different formulas depending on the client and the funder. This fragmentation, according to participants, contributes to the lack of accountability and consistency in the system. Some go so far as to suggest there is no –systemll for MMT in BC.

Some commentators were particularly concerned that an evidence-based treatment, with clear societal cost-benefit analyses, was being provided to people on very low incomes on a pay-for-service basis. Others were clearly

The College of Physicians and Surgeons of BC (CPSBC) has responsibility for the training and licensing of physicians and some administrative aspects of the MMT program (under contract to Pharmaceutical Services Division, Ministry of Health Services). The CPSBC makes recommendations to the Federal Minister of Health on behalf of physicians in BC who want a federal exemption to prescribe methadone for either pain or opioid dependency. In order to receive authorization to prescribe methadone for maintenance, a physician must complete a one-day workshop and two half-days of preceptorship. CPSBC also audits clinical practices of its members who are authorized MMT prescribers, maintains a register of patients receiving methadone for the treatment of opioid dependency, chairs an Advisory Committee on Opioid Dependency, and publishes an annual report on aspects of the program that the College oversees. The CPSBC does not monitor counselling or other support services included in MMT or any other aspect related to clinic functioning or financing. The fact that these fall outside the College's mandate, suggested to a number of participants that leadership of the MMT system needs to be broader than CPSBC. Participants who are members of the CPSBC had mixed opinions about its role in MMT in BC. Some reported a collegial and fair organization that does its best to balance the various interests of patients,

counselling services and prescribing physicians.ll According to some, health authorities had not created the links

reported being unable to avail themselves of employment opportunities—for example, work in northern BC, or work away from home for periods of time due to their inability to get carries for more than a few days.[1]

Stigma and discrimination was a frequently recurring theme and is discussed in more detail below.

Conclusions

The benefits of optimized methadone treatment include increases in quality, safety and stability in people's lives. Howe.004preoblemat-2.998tiemore(a)3.9954.998( )-12.59 orty 3.995(. Mo)aortll,pfe4.998bleploy.0-2.998tie pes aid.998(995(tife)3

the systemic problems with ensuring consistent linkage between MMT and HIV treatment in light of these problematic practices.

Conclusions

Alleged problems in the practice of some pharmacists and physicians has resulted in many clients and providers across the Lower Mainland reporting a loss of faith in the Methadone Maintenance Program. The people taking methadone in the Downtown Eastside that attended the focus groups and interviews believed that the services they received were being held to a –lesser standard of carell than health services targeted at other groups of patients or clients.

- Clear practice guidelines need to be defined for all professionals involved in MMT, and these need to be widely available to clients and the public as well as providers
- Clear conflict of interest guidelines need to be defined with appropriate mechanisms for disclosure
- An effective, efficient and transparent complaint resolution mechanism needs to be put in place

Access to MMT

Many participants felt that access to MMT in BC is overall much better than it was in the 1990s. This is reflected in

Correctional facilities can be a very difficult place for people on MMT. It is widely acknowledged that illegal drugs are available within the prison system, and so the proximity and accessibility of heroin may be a difficult temptation to resist. Methadone may be used as a currency in corrections settings, being diverted and traded. Methadone patients may be pressured or bullied by other inmates to divert their methadone, yet may be punished by prison staff if they are discovered doing so.

Problems also exist when an incarcerated person on MMT is released back into the community. There may be a lack of continuity of care between the corrections system and the wider community, with a lack of prescribing physicians being among the most problematic. There are still many rural and remote communities, including First Nations reserve communities, where geographic distance makes access to comprehensive health services, including MMT care, an ongoing challenge.

transition off methadone and other opioids. Physicians and clients agreed that client-centred care called for more flexible and individualized options for opioid dependence treatment.

with the tiered model recommended in the National Treatment Strategy and supported by the federally funded Drug Treatment Funding Program.

The importance of an individualized approach to MMT was a theme participants returned to again and again through the review. Stakeholders want a reorientation of the system towards a relationship of care. This relates to

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