



Information for Professionals

What is AADAC's Opioid Dependency Program?

AADAC's Opioid Dependency Program (ODP) provides methadone maintenance treatment to people who are dependent on opioids. Opioids are a class of drug including morphine, heroin, codeine, and other narcotic painkillers. When taken as prescribed, methadone suppresses cravings for opioids without euphoric effects. It also provides relief from physical withdrawal symptoms. It can be taken safely long term. It is well researched and proven as an effective treatment for opioid dependence.

AADAC has been providing methadone maintenance treatment since 1971. AADAC runs ODP clinics in Edmonton and Calgary.

What are the benefits of methadone treatment?

Clients stabilized on methadone are able to live functional and productive lives. They experience no symptoms of withdrawal, cravings or drowsiness. Many studies over time have shown that methadone treatment has a number of direct benefits to both clients and communities:

- abstained or reduced use of intravenous drugs and other drugs
- reduced risk of overdose and death
- decreased risk of contracting or transmitting HIV, hepatitis B or C, other infections or sexually transmitted diseases
- reduced criminal involvement
- increased employment
- improved family stability
- improved pregnancy outcomes
- improved overall health

Is methadone treatment appropriate for all drug users?

No. Methadone is a treatment option for people who are dependent on opioid drugs only. It is not an appropriate treatment for other types of drug use, and it is not appropriate for people who use opioids but are not dependent.

Not all people dependent on opioids will choose methadone maintenance as their treatment choice. For example, some may choose to be tapered off or to go through detoxification. However, research supports the effectiveness of methadone maintenance treatment for opioid dependence.

What do the critics say?

This synthetic narcotic has been used to treat opioid dependency for more than 30 years. Despite its long and successful history, methadone remains a controversial method of treatment for some. Critics question whether this treatment merely substitutes one addiction for another. Fully understanding the complex, biomedical nature of addiction helps to explain why this medication is not only justified, but also warranted, for many of those dependent on opioids.

Other concerns have related to a worry about methadone being diverted and sold illegally on the street or being used by someone other than the client. The ODP program has clear protocols in place to address these safety concerns. Clients consume all or most of their daily methadone doses while observed by an ODP nurse or a community pharmacist. Clients can have limited carry-home doses only once their home situation is stable, their urine tests are clean, and they are successfully following through with program requirements.

The guidelines for admission are simple: a client's opioid dependency is long-term and other forms of treatment have been unsuccessful.

Once clients are stabilized on the program, they can begin to receive their daily medication at a community pharmacy.

How do I refer a client to ODP?

Clients are usually seen at their local AADAC office for screening and referral to ODP. Contact the AADAC office in your community or call the ODP clinic nearest you for information. Pregnant women have priority access and should be referred directly to the program.

How are clients admitted to the program?

Once a client is referred to ODP, the client is interviewed by a nurse or counsellor and is seen by an ODP physician. A comprehensive medical and social history is completed and the program is explained to the client. A urine test is done to confirm which drugs the applicant is taking.

The guidelines for admission are simple: a client's opioid dependency is long-term and other forms of treatment have been unsuccessful.

Once the full ODP assessment is complete and it is determined that methadone maintenance is appropriate, the client can be started on methadone.

Who pays for the methadone?

Clients are responsible for the cost of their medication, including the dispensing fee charged by the pharmacy. This cost can be covered by insurance plans such as Blue Cross, by programs such as Income Support or First Nations Inuit Health Branch (if the client is eligible), or by paying cash.

How long do clients remain in treatment?

Generally, the longer clients spend in treatment, the greater their chance of success. While clients may voluntarily withdraw from methadone at any time during their treatment, they are encouraged to stay in the program for at least one year before considering this. A tapering regime is set up if a client decides to withdraw. This process is tailored to meet individual needs and normally will be done over a long period of time (six months to a year). We provide support to the client throughout this process.

Clients are encouraged to stay on the program for as long as they are getting a benefit from it. Some clients choose to be maintained indefinitely on methadone.

Mandatory withdrawal (gradually withdrawing someone who has been asked to leave the program) will be considered by ODP staff in the following situations:

- a client becomes violent or threatening
- a client has not stabilized after a long period of time (over a year) and is not getting a benefit from the program
- a client's continued drug use places him or her at an unacceptable risk for overdose
- a client is giving away or selling methadone to others

What is the role of the pharmacist?

During the initial phase of treatment, clients are seen daily at the AADAC ODP clinic to monitor their condition and to adjust the dosage of their methadone as needed. Clients receive their daily dose of methadone at a community pharmacy on weekends and statutory holidays. Once clients are stabilized on an adequate dose of methadone, they can be transferred to a community pharmacy where they attend daily to consume their methadone.

Clients can be given short-term take-home doses (carries) once they have been on the program at least three months and have demonstrated their situation is stable (e.g., they are not using non-prescribed substances, their environment is safe).

The pharmacist is considered an integral member of the interdisciplinary health team providing methadone maintenance treatment. ODP staff and community pharmacists work closely together. The pharmacist's role is to consult as needed with ODP staff and clients, provide patient information, and monitor therapeutic medication. Pharmacists are encouraged to build positive, ongoing relationships with clients.

What about counselling?

Administering methadone is only one part of the Opioid Dependency Program. A client's motivation and the counselling process are important factors in the client's success.

The counsellor supports the client to work toward positive lifestyle change.

During the initial phase of treatment, ODP staff check in with clients during their attendance for their daily medication. Clients have ongoing access to the ODP counsellor and are encouraged to engage in our counselling services.

The counsellor supports the client to work toward positive lifestyle change, set goals for treatment planning, and make use of referrals to other services such as other addictions programming, employment counselling, life skills programs and continuing education.

Staff also see clients on urine sample collection days. These visits allow for ongoing discussion and support. As well, staff intervene when a crisis occurs or when urine tests are positive.

What is the role of the physician?

ODP physicians provide the initial medical evaluation of the client and manage adjustments to the methadone prescription until the client is stabilized. Once stabilized, clients return for regular medical appointments for as long as they are on the program to ensure they continue to be on the correct dose.

The client's family physician provides care for other health issues throughout this time. The ODP physicians consult with other physicians providing care as necessary.

What is the role of urine testing?

There is the potential for harmful drug interactions and risk of overdose when some other drugs are mixed with methadone. The use of other opioids, benzodiazepines and alcohol in combination with methadone presents the greatest risk. Random urine testing is used to monitor clients' progress as a tool to help keep them safe. Clients are not granted take-home doses of methadone if their urine test results are positive for the use of non-prescribed drugs.

OTHER INFORMATION

Should clients have the goal of abstinence from other drug use before being referred to ODP?

While some clients have abstinence from mood-altering substances as a goal, others are not at that point. Clients who continue to use other drugs while on the program are maintained as long as they are achieving benefit from being on methadone. ODP staff work with clients to assist them in reducing the harms associated with their drug use, and to support them in making positive life changes.

What is the proper dose of methadone?

During the initial phase of treatment, the client's dose of methadone is adjusted until the most effective level of methadone is determined. This level varies from one person to the next. The proper maintenance dose is one at which craving and physical withdrawal is averted for 24 to 36 hours, without causing sedation.

Can clients work while on methadone?

Yes. At the correct dose, methadone does not impair motor skills, mental capacity, or the ability to operate cars or machinery.

What are the risks associated with methadone?

The use of other drugs with methadone, especially other depressant drugs (such as other opioids, tranquilizers, sleeping pills or alcohol), increases the risk of a harmful drug reaction and could lead to an overdose. While methadone deaths are rare, they are almost always due to combining methadone with other drugs.

For people who are not accustomed to taking opioid drugs and have not developed a tolerance to them, a single dose of methadone can be lethal (50-100 mg). A fatal dose for a child may be as little as 10-20 mg.

How to reach us

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Methadone and pregnancy

Methadone treatment is strongly recommended for most pregnant women who are opioid dependent. It is the safest treatment option for both mother and baby. Methadone taken during pregnancy does not impair the child's developmental and cognitive functioning. Treatment can be started at any time during pregnancy.

Methadone and pain management

People who are receiving methadone treatment may also need (and should receive) appropriate treatment for chronic or acute pain. Given that some people may have developed tolerance to the analgesic effects of opioids, frequent reassessment is advised to ensure their pain is being managed effectively. ODP physicians are available for consultation with a client's family physician or other specialist when pain management is a concern.

Does methadone interfere with long-term health?

Studies have shown that the most significant health consequence of long-term methadone treatment is a marked improvement in general health. Concerns about effects on the immune system, kidneys, liver and heart have been laid to rest. The most common side effects, constipation and sweating, usually diminish in the first few weeks.



For more information, contact your local AADAC office,
call 1-866-33AADAC or visit our website at www.aadac.com