

METHADONE

“There is a principle which is a bar against all information, which is proof against all arguments and which cannot fail to keep a man in everlasting ignorance; that principle is contempt prior to investigation”.

Attributed by Alcoholics Anonymous to **Herbert Spenser 1820-1903**

MEDICATION ASSISTED TREATMENT

***Methadone Treatment
and
Drug Court***

2012

METHADONE

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METHADONE

**STATE OPIOID TREATMENT
AUTHORITY**

METHADONE

TITLE 450

Chapter 70

Standards and Criteria

for

**Opioid Substitution Treatment
Programs**

Effective July 1, 2009

DEFINITIONS

- **Natural narcotics (derived from opium poppy)**
 - **Opium**
 - **Morphine**
 - **Codeine**
 - **Thebaine**

DEFINITIONS

- **Semisynthetic narcotics (made by altering opium)**
 - **Heroin**
 - **Dilaudid (Hydromorphone)**

DEFINITIONS

- **Synthetic narcotics** (mimic actions of opium)
 - **OxyContin (oxycodone)**
 - **Vicodin (hydrocodone)**
 - **Methadone**
 - **Fentanyl**

DEFINITIONS

OPIATE originally referred to natural narcotics.

OPIOID originally referred to synthetic narcotics.

OPIOID now refers to both natural, semi-synthetic and synthetic narcotics.

Overview

Opioid use and the associated disorders were introduced to the United States through a unique confluence of events.

Advances in medicine

The War Between the States

The patent medicine industry

Medical Advances

OPIUM

Laudanum

45% alcohol

45.6 grains of opium per ounce

First compounded by Paracelsus
in the 1700s.

Used extensively through the
1800s.

Main use was for pain but,
treated a variety of disorders.



Opium

**Considered by the
medical profession to
be safe and effective
as a pain killer**

Opium

**Donum Dei
Pretiosissimum**

“The most precious gift of God”

From an Alchemy text

Morphine

First isolated in 1803

- ~ Named after the Greek god Morpheus**
- ~ Very powerful pain killer**
- ~ Initially seen as non-addictive and even used briefly to cure opium and alcohol dependence**

Syringe

- **1844 Hollow pointed needle**
 - Francis Rynd Irish physician
- **1853 First practical syringe**
 - Alexander Wood Scottish physician
 - Charles Pravaz French physician
- **First used to inject morphine intravenously**

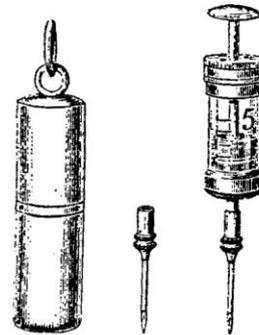
Early syringes



ARTICLE 2787.

A NOVEL SUBCUTANEOUS SYRINGE.

MESSRS. JOSEPH WOOD & CO., of York, are making an extremely neat and useful novelty in the shape of a watch-chain charm containing a subcutaneous syringe. The annexed diagram is of the actual size of the instrument. The syringe is graduated to



5 minims, and fits with its two needles into a neat gilt case, with double swivel ring to permit its being attached to the watch-chain. When in this position, it is ready for any emergency, and is not likely to be forgotten. Its moderate price should prove a recommendation.



HEROIN

- **First synthesized in 1874 by English chemist Alder Wright. The potential uses and benefits were not realized.**
- **Again introduced in 1897 by German chemist Felix Hoffman. The potential is recognized and the drug is marketed aggressively. The company is Bayer Pharmaceutical.**

HEROIN

Bayer Pharmaceutical produced two “wonder drugs” from formulas identified earlier by others who had not recognized the potential benefits of the drugs.

Heroin



Am. J. Ph.] 7 [December, 1901

BAYER Pharmaceutical Products
HEROIN—HYDROCHLORIDE
is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-48 to 1-24 gr.), it is

The Cheapest Specific for the Relief of Coughs
(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO
FARBENFABRIKEN OF ELBERFELD COMPANY
SELLING AGENTS
P. O. Box 2100 40 Stone Street, NEW YORK

Aspirin



HEROIN

Initially marketed as a non-addictive substitute for opium, codeine and morphine.

NOSTRUM REMEDIUM

Nostrum Remedium means “Our Remedy”

Any home remedy or medicine marketed or available. These usually were not effective. This term first used in the seventeenth century.

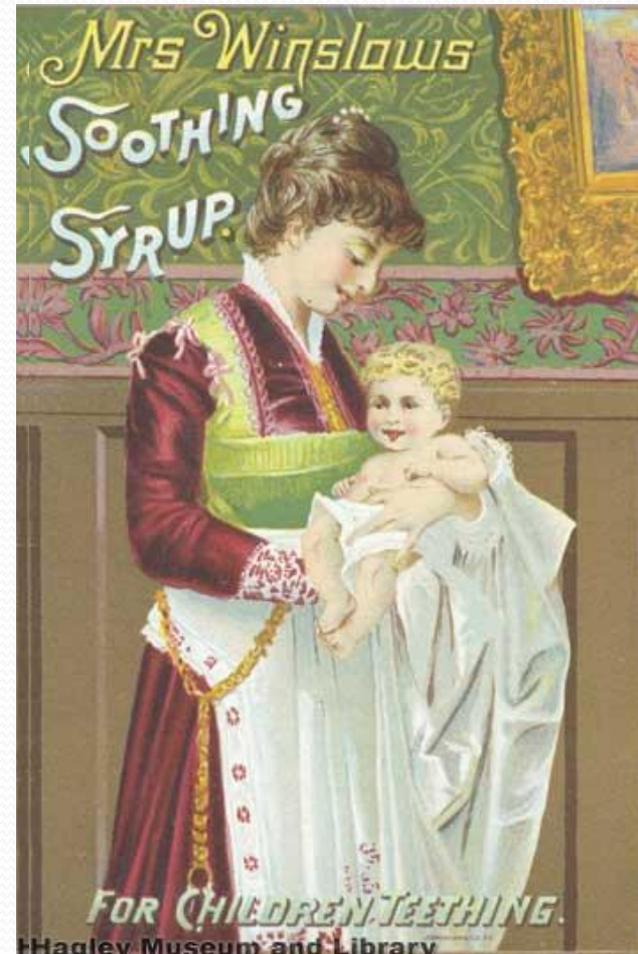
Patent Medicines

*“All
the marvels
Of
modern science”*

Morphine

The syrup contained one grain of morphine per ounce.

Patent medicines such as this resulted in the deaths of many infants resulting from the effects of morphine.



Morphine

**Mrs.
Winslow's
Soothing
Syrup**



Morphine

Pettit's Eye Salve



Patent Medicines



Opium

Dalbys Carminative Daffy's Elixer
Turlingtons Balsam of life



Medicine Show circa 1890



Medicine Show



HEROIN

BAYER
PHARMACEUTICAL
PRODUCTS.

ASPIRIN
The substitute for the salicylates

EUROPHEN
The efficient sedative

HEROIN
The sedative for coughs

LYCETOL
The uric acid solvent

ARISTOL
The antispasmodic and circulator

PROTARGOL
The anti-gonorrheal

PIPERAZINE
The antispasmodic

QUINALGEN
The anti-malarial

GUALACOL CARB
The anti-rheumatic

HEROIN-HYDROCHL.
The sedative for coughs

FERRO-SOMATOSE
The iron-glass extract

SULFONAL
The reliable hypnotic

SOMATOSE
The anti-asthmatic solvent

PHENACETIN
The safest analgesic

HEMICRANIN
The specific for headache

IODOTHYRINE
The thyroid extract for the thyroid gland

SYCOSE
The sedative for ear aches

TRIONAL
The safest hypnotic

SALOPHEN
The antirheumatic and antineuralgic

Send for samples and Literature to

FARBENFABRIKEN OF ELBERFELD CO.

40 STONE STREET, NEW YORK.

Yale Alumni Magazine, January, 1972

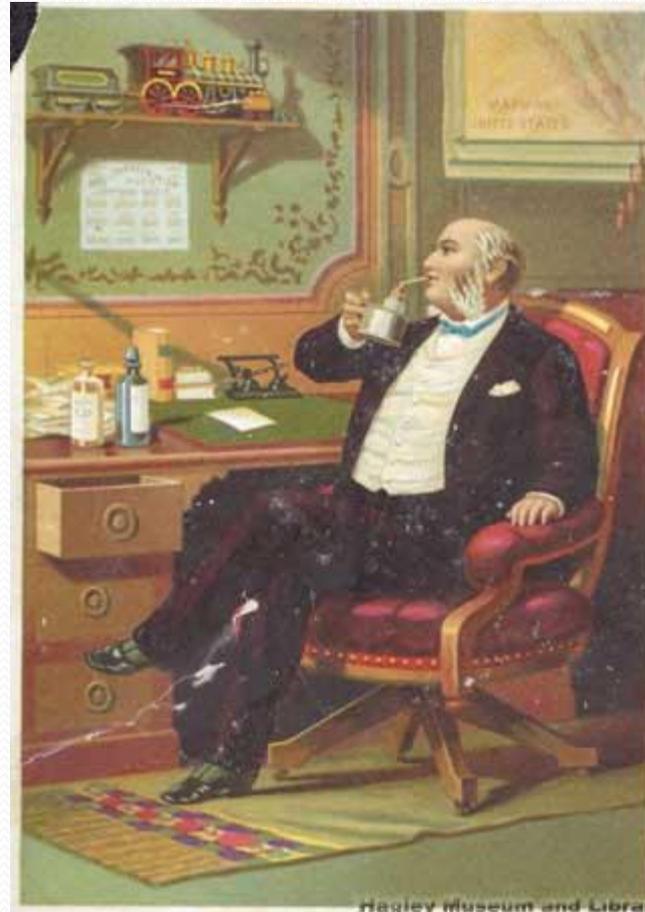
Bayer Advertisement 10

Patent Medicine

Labeled as “Compound Oxygen”

Circa 1880

This “remedy” was very likely no more than air inhaled through a complicated looking device.



Hagley Museum and Library

Tobacco Smoke Enema

1750 to 1810



The War Between the States

**The Battle
of Waterloo
June 18, 1815**



British “Brown Bess” musket



Musket Balls



War Between the States

Mississippi rifle .54
cal



Minnie Balls

Developed
between 1826 and
1848



**The Battle of
Mine Creek**

Thomas



Casualty Rates

Union

- 2,500,000 to 2,750,000 men
- Total losses 360,222
 - Disease 250,152
 - Battle 110,070
 - 10% artillery
 - 90% small arms

Total wounded

280,000 to 308,000

Confederacy

- 750,000 to 1,250,000 men
- Total deaths 258,000
 - Disease 164,000
 - Battle 94,000
 - 10% artillery
 - 90% small arms

Total wounded

112,500 to 187,500

MEDICINE

Three of four surgical procedures were amputations

Amputations



Amputations



Amputation knife



Amputation saw



RECONSTRUCTIVE SURGERY

While the medical procedure had been in existence for some time, the War Between the States offered multiple opportunities for surgeons to work to practice reconstruction from battlefield injuries.

Soldiers Disease

**Addiction to opium and morphine among veterans
was common**

400,000 to 500,000 by the end of the war

This was approximately 12% of all veterans

STIGMA

STIGMA

Opium Dens

19th Century San Francisco

1850 to 1878



STIGMA



The Yellow Peril soon became a familiar threat.

“JUNKIE”

- **A major change in public perception occurs in the early twentieth century as large numbers of poor, newly arrived European immigrants begin to use opioids.**
- **Opioid dependence begins to be associated with slums and crime and class and ethnic bias.**
- **After WWII the demographics in these areas change to various minority groups. Opioid dependence becomes further associated with ethnic and now racial bias also.**

LAWS

THE LAW

Early laws

- Prior to 1890 opioid laws were state by state
- 1890 Congress levies a tax on opium and morphine
- **1906 Pure Food and Drug Act**
- 1909 Smoking Opium Exclusion Act
- **1914 Harrison Act**

THE LAW

Later Laws

- 1922 Narcotic Drug Import and Export Act
- 1924 Heroin Act
- 1927 Bureau of Prohibition
- 1932 Uniform State Narcotic Act
- 1938 Food, Drug and Cosmetic Act
- 1951 Boggs Act
- 1956 Narcotic Control Act

THE LAW

Recent Laws

- 1970 Controlled Substance Act
- 1973 Drug Enforcement Agency
- **1973 Methadone Control Act**
- 1986 Anti-Drug Abuse Act of 1986
- 1988 Anti-Drug Abuse Act of 1988
- 2000 Drug Addiction Treatment Act of 2000
- 2002 Buprenorphine Rescheduled
- 2004 HIPAA Privacy Rule

1906 Pure Food and Drug Act

- **First national attempt to regulate patent medicines**
- **Patent formulas with opium or morphine had to be labeled as such**

1914 Harrison Act

- **The Harrison Act was initially developed and supported by:**
 - **the American Medical Association**
 - **the American Bar Association**

Original intent – to regulate opioid drug dispensing.

1914 Harrison Act

- **Regulatory authority was given to the Treasury Department**
- **The law was then interpreted in 1917 that physicians could not prescribe opioid drugs to addicts as “addiction was not a medical condition”.**

1914 Harrison Act

Opioids are legal for physicians to prescribe for medical reasons “in the course of his professional practice only”.

The first Federal law to criminalize the non-medical use of drugs.

The legal violation was tax evasion.

Harrison Act

- **Physicians maintaining an addict with a “customary” dose are found not to be practicing medicine in good faith.**
- **Over 25,000 physicians are arrested and many prosecuted between 1919 and 1935.**

Methadone Control Act

- 1973
- Established Federally funded methadone programs (Opioid Treatment Programs) (clinics)
- Regulated licensing for dispensing methadone

A BRIEF HISTORY OF TREATMENT

TREATMENT

- **Between 1919 and 1924 forty-four communities establish Morphine Maintenance Clinics.**
- **All are closed by 1924 under threat of Federal indictment.**
- **Treatment for Opioid dependence all but ceases to exist.**

TREATMENT

1910 to 1930

- Homes for Inebriates close.
- Inebriate Asylums close.
- Addiction Cure Institutes close.
- Journal of Inebriety stops publishing.

TREATMENT

1935

- **Bill W. and Dr. Bob meet.**
- **Narcotics Farms Lexington Kentucky and Fort Worth Texas**
- **U.S. Public Health Prison Hospital, Lexington Kentucky.**
- **Shadel Sanatorium introduces aversive conditioning.**

TREATMENT

1935 to 1949

- **Advances in treatment and recovery for the alcohol dependent.**
- **1947 Addicts Anonymous (aka The Narco Group).**
- **1948 Chemical Dependency the “Minnesota Model”.**
- **1948/1949 Narcotics Anonymous.**

TREATMENT

- **1950 Oral methadone used in US Public Health Service Hospitals for Opioid Abstinence Syndrome.**
- **1958 Synanon.**
- **1960s Civil commitment of addicts.**
- **1961 ABA & AMA report Drug Addiction: Crime or Disease?**

WORLD WAR II

- 1939 through 1945 the numbers of those who are opioid dependent reduce dramatically.
- At the end of the war, as restrictions ease and illicit drugs again become more available, many of those who have been abstinent (some for years) again return to addictive use of opioids.

METHADONE



METHADONE

METHADONE

1937 Hoechst 10820 or Polamidon – analgesic

Brief attempt to use in place of morphine by Germany during WWII (1942) as Amidon. The trials were rapidly abandoned.

1947 introduced in the U.S. for pain management as Methadone and Dolophine.

METHADONE

1964 Drs. Dole and Nyswander introduce methadone blockade therapy.

1971 in excess of 25,000 patients enrolled in methadone maintenance programs (OTPs).

1973 strict federal rules enacted to regulate methadone treatment.

METHADONE

In reaction to the establishment of methadone clinics in the 1970's Therapeutic Communities reassert claims of success rates ranging from

50% to 95%

METHADONE

In the 1970's Therapeutic Communities claim success rates of
50% to 95%

However

“I know damn well if they go out of Synanon they are dead. A person with this fatal disease will have to live here all his life”.

Charles Dederich founder of Synanon

METHADONE



FOLLOW THE MONEY!!

METHADONE

Gold Standard



METHADONE

Methadone, used in medication assisted treatment is the **most researched, most validated** and **most effective** model available for the treatment of opioid dependency.

METHADONE

Blocks the euphoric and sedating effects of opioid drugs

Relieves the craving for opioid drugs (a major cause of relapse)

Relieves symptoms associated with withdrawal from opioid drugs

Does not itself cause euphoria or sedation with appropriate dosing

Is excreted slowly, so it can be taken once daily

METHADONE

METHADONE TREATMENT IS SUCCESSFUL

- **REDUCES**
 - **Death rates**
 - **Drug use**
 - **Criminal activity**
 - **HIV, HCV etc.**
- **INCREASES**
 - **Self-efficacy**
 - **Employment**
 - **Social stability**
 - **Improved parenting**
 - **Improved family relationships**
 - **Retention in treatment**

SCOPE OF THE PROBLEM

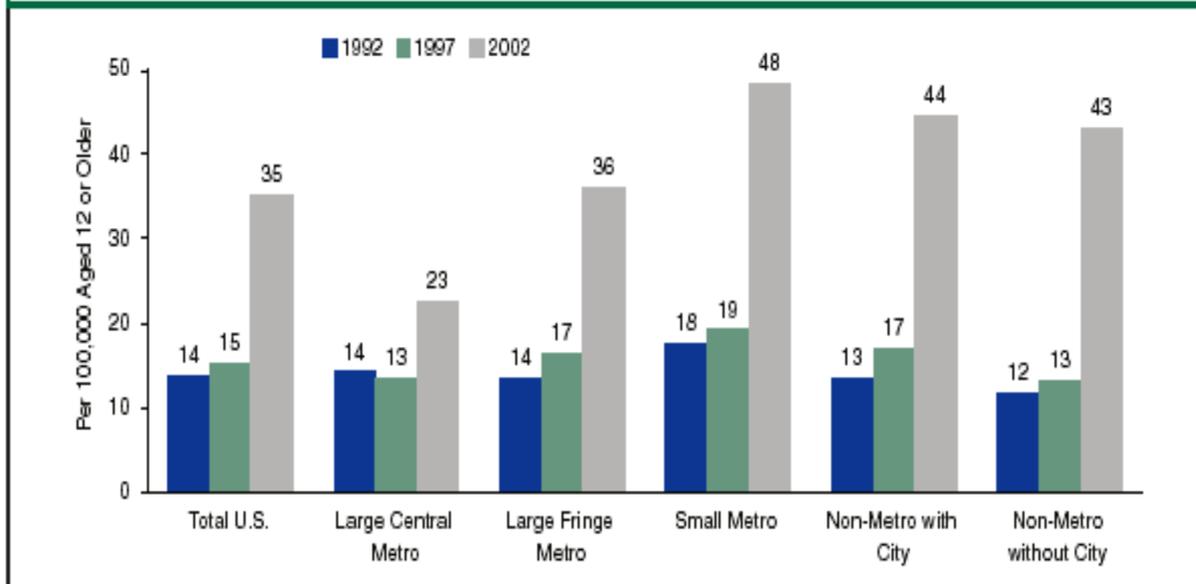
METHADONE

Spikes in stimulant use are typically followed by spikes in opioid use.

Pharmaceutical amphetamines	1960s
Methamphetamine (crank)	1970s
Powder cocaine	1980s
Crack cocaine	1990s
Methamphetamine (meth)	2000s

MEDICATION ASSISTED TREATMENT

Figure 1. Treatment Admissions Involving Narcotic Painkillers per 100,000 Persons Aged 12 or Older, by Urbanization: 1992, 1997, and 2002



Source: 2002 SAMHSA Treatment Episode Data Set (TEDS).

METHADONE

National Survey of Substance Abuse Treatment Services (N-SSATS): 2009 Data on Substance Abuse Treatment Facilities

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Office of Applied Studies

<http://wwwdasis.samhsa.gov/ognssats2k9web.pdf>

METHADONE

2005 – 2009

Medication Assisted Treatment

Percentage of all consumers in treatment receiving
Medication Assisted Treatment

26%

METHADONE

2005 – 2009

Medication Assisted Treatment

Percentage of all opioid dependent consumers
receiving buprenorphine

between 0.3 and 2%

METHADONE

2005 – 2009

Medication Assisted Treatment

Percentage of all opioid dependent consumers
receiving methadone treatment

increased from 22% to 24%

METHADONE

There are currently over 3700 patients in Oklahoma Opioid Treatment Programs.

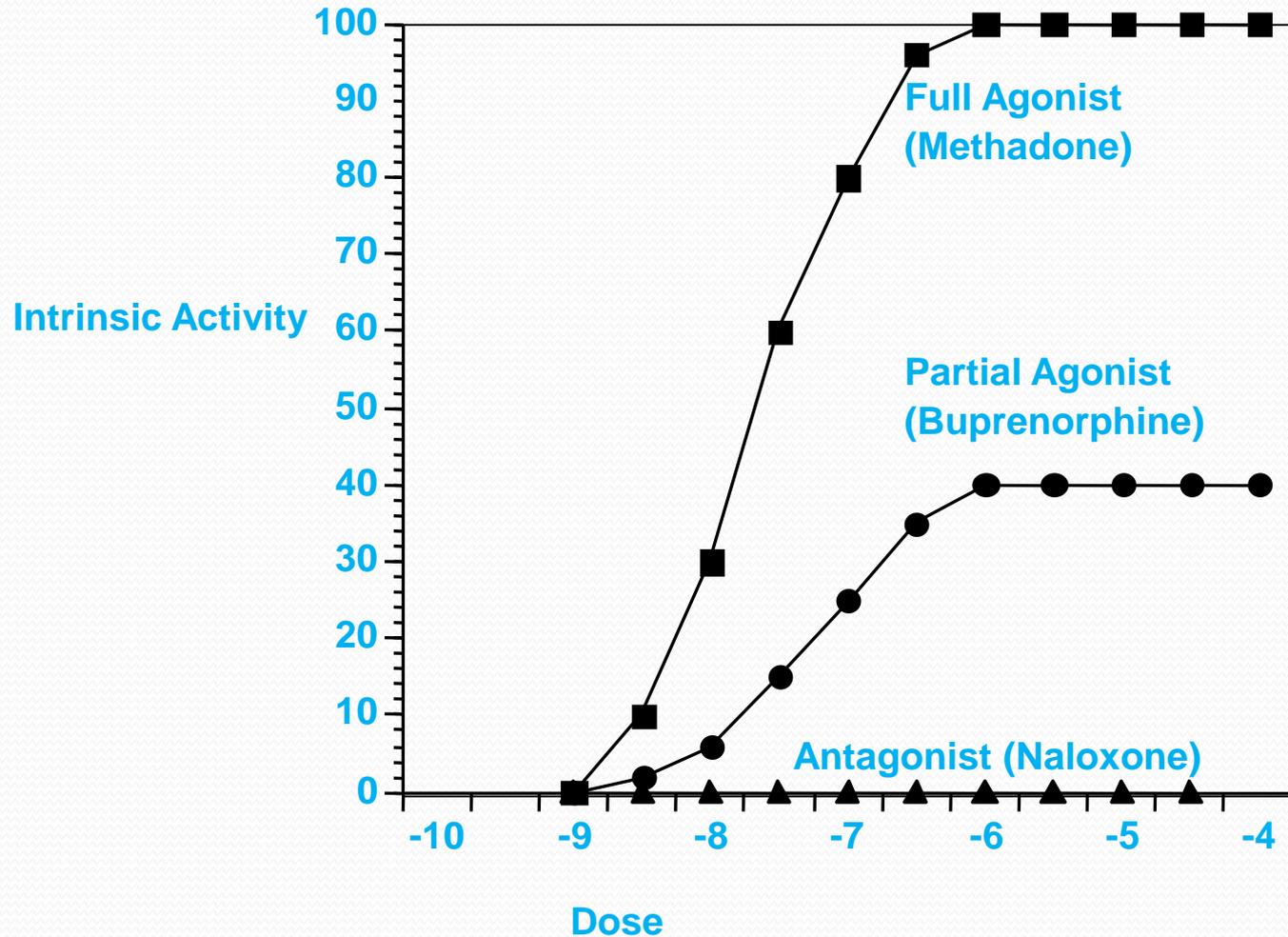
Research indicates that for every patient accessing treatment in a self-pay system, there are two in need of but, are unable to afford medication assisted treatment.

METHADONE & BUPRENORPHINE

Methadone and Buprenorphine

- **Agonist** – Bind to a specific receptor and mimic the reaction of another substance
 - **METHADONE**
- **Partial Agonist** – Bind to a specific receptor with partial efficacy relative to a full agonist
 - **BUPRENORPHINE**
- **Antagonist** – acts against and blocks the action of another substance
 - **NALTREXONE - NALOXONE**

Intrinsic Activity: Full Agonist (Methadone), Partial Agonist (Buprenorphine), Antagonist (Naloxone)



Methadone and Buprenorphine

- Numerous studies over many years show methadone (less research for buprenorphine)
 - Keeps patients in treatment
 - Reduces illicit opioid use
 - Reduces mortality
- Methadone has an advantage in efficacy
- Buprenorphine has a significant safety advantage but requires more skill and experience for induction

Methadone and Buprenorphine

**Low dose
dependency**

Buprenorphine superior to Methadone

8-16 mg buprenorphine & 20-40 mg methadone

**Moderate dose
dependency**

Buprenorphine and Methadone equitable

16-32 mg buprenorphine & 40-60 (100?) mg methadone

**High dose
Dependency**

Methadone superior to Buprenorphine

32 mg ceiling effect buprenorphine

Methadone continues to increase in effectiveness at higher doses (60+)

Rolley et al, 2003

Fischer et al, 1998

METHADONE

Average blocking dose >60mg for methadone

The dosing range for buprenorphine is 2 to 32 mg.

METHADONE AND BUPRENORPHINE

**Average daily dose of methadone in Oklahoma for
OTP patients is 100 mg**

Dosage range is from 20 mg to 240 mg

September 2010

METHADONE AND BUPRENORPHINE

Treating opioid dependence using methadone through an Opioid Treatment program has been found to be superior to treating opioid dependence using buprenorphine through a physician in private practice.

Barrau et al 2001

METHADONE AND BUPRENORPHINE

Buprenorphine

**appears superior to methadone
in titration and withdrawal.**

METHADONE AND BUPRENORPHINE

Methadone

- **appears to be superior to buprenorphine in addressing cravings associated with significant levels of addiction requiring medical maintenance.**

METHADONE AND BUPRENORPHINE

Buprenorphine should not be considered as a substitute for methadone but, rather one more option in the treatment menu.

MEDICATION ASSISTED TREATMENT

**ACME Automatic Accurate
Diagnostic Machine**





FOLLOW THE MONEY!!

METHADONE

There are currently fourteen OTPs in Oklahoma:

Six in Oklahoma City (including a VA program)

Three in Tulsa

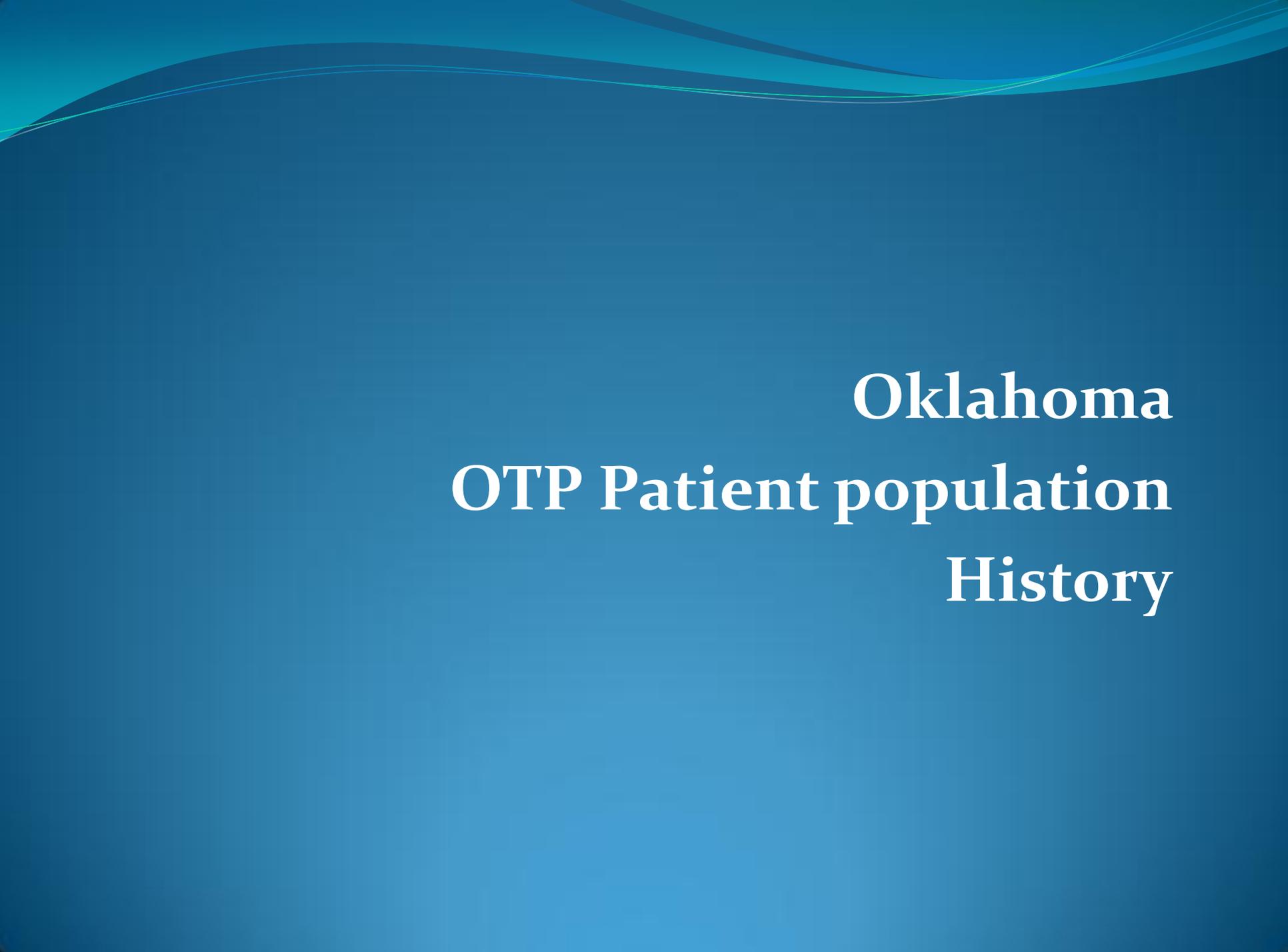
One in Ardmore

One in Bartlesville

One in Miami

One in Roland

One in Mead

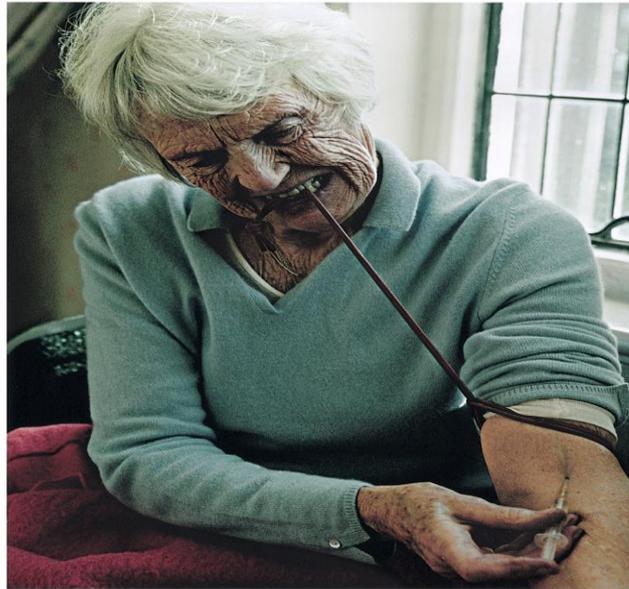


Oklahoma OTP Patient population History

METHADONE

The initial problem of opioid dependence in Oklahoma involved mostly (IV) injection users of heroin

METHADONE



THERE'S NO SUCH THING AS AN OLD JUNKIE
TAKE BACK YOUR FUTURE. CALL 01284 701 702

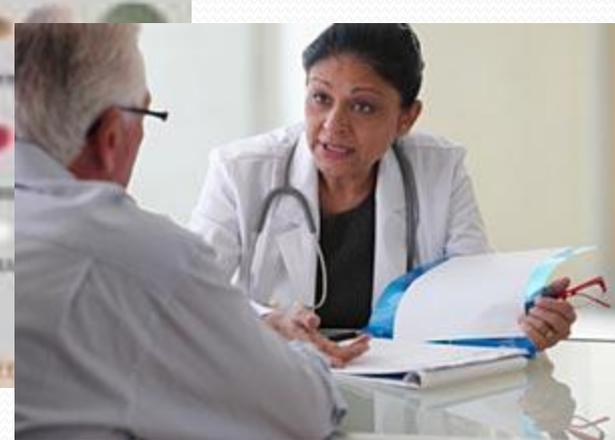
FOCUS 12
Rehab Centre



METHADONE

The recent problem of opioid dependence in Oklahoma overwhelmingly involves prescription drugs over heroin

METHADONE



METHADONE

The patient population is changing once again as heroin is now becoming easier to obtain than pharmaceuticals

METHADONE



METHADONE MAINTENANCE

METHADONE



METHADONE MAINTENANCE

“Because Drug Addiction is typically a chronic disorder characterized by occasional relapses, a short-term, one-time treatment is usually not sufficient. For many, treatment is a long-term process that involves multiple interventions and regular monitoring.”

METHADONE MAINTENANCE

Relapse rates for drug addiction similar to other chronic diseases

Disorder	Percentage of patients relapsing
Diabetes	30 to 50%
Drug Addiction	40 to 60%
Hypertension	50 to 70%
Asthma	50 to 70%

METHADONE MAINTENANCE

When factors such as lack of resources, lack of self-efficacy, availability of resource, type of drug, severity and longevity of addiction:

~ relapse rates for drug addiction can be much higher.

METHADONE MAINTENANCE

- **Narcotic Treatment Farms 1929. Later renamed U.S. Public Health Service Narcotics Hospitals 1936.**
 - **Length of time in treatment - 6 months to 10 years**
 - Lexington Kentucky
 - Fort Worth Texas
- **Follow up studies**
 - **Followed 1881 patients progress for 1 to 4.5 years**
 - **Relapse rate of 93%**
 - Duvall 1962
 - **Followed 453 patients progress for .5 to 6 years**
 - **Relapse rate of 97%**
 - Hunt and Odoroff 1962

METHADONE MAINTNANCE

- **RIVERSIDE HOSPITAL 1952**
 - Adolescent treatment facility
 - Bronx New York
- **Follow up study 1956**
 - **86% relapse rate for 1955 admissions**

METHADONE MAINTNANCE

- **CIVIL COMMITMENTS**
 - California 1960s
- **Follow up study**
 - **83% relapse rate**

METHADONE MAINTENANCE

Doctors Nyswander and Dole found those with significant opioid dependence average a **75% long term success rate** with methadone maintenance treatment (including titration and withdrawal).

- Dole and Nyswander 1964

METHADONE MAINTENANCE

Multiple studies show Opioid Treatment Programs have an average success rate of **65% to 75%** with opioid dependent patients when success is measured as lifetime recovery.

CALIFORNIA SOCIETY OF ADDICTION MEDICINE

METHADONE MAINTENANCE

Opioid dependent consumers average a **5% to 10%** success rate, when success is measured by lifetime recovery using abstinence based treatments.

CALIFORNIA SOCIETY OF ADDICTION MEDICINE

METHADONE TREATMENT

IS SUCCESSFUL

- **REDUCES**
 - Death rates
 - Drug use
 - Criminal activity
 - HIV, HCV etc.
- **INCREASES**
 - Self-efficacy
 - Employment
 - Social stability
 - Improved parenting
 - Improved family relationships
 - Retention in treatment

METHADONE

Methadone is the **most researched, most validated** and **most effective** model available for the treatment of opioid dependency.

METHADONE

Methadone treatment is also the most highly stigmatized model of addiction treatment.



METHADONE

“Methadone is increasing the addiction rate among young people. I predict that within five years there will be millions of people on methadone and no reduction in crime. Methadone will turn out to be a tremendous national embarrassment”.

Dr. Mitchell Rosenthal

METHADONE

“Methadone is increasing the addiction rate among young people. I predict that within five years there will be millions of people on methadone and no reduction in crime. Methadone will turn out to be a tremendous national embarrassment”.

**Dr. Mitchell Rosenthal
Medical Director Phoenix House
Time magazine December 11, 1972**



FOLLOW THE MONEY!!

METHADONE

STIGMA

MYTH - Methadone was invented by the Nazis, and used to numb German soldiers to the horrors of war.

TRUTH – Methadone only briefly considered for pain during WWII and trials were rapidly abandoned.

METHADONE

STIGMA

MYTH – Methadone was named after Adolph Hitler.

Dolophine from Adolph

TRUTH - Name created in 1947

Dolor (latin for pain)

METHADONE

STIGMA

MYTH – Methadone is synthetic heroin.

METHADONE

TRUTH - Blocks the euphoric and sedating effects of opioid drugs

Relieves the craving for opioid drugs (a major cause of relapse)

Relieves symptoms associated with withdrawal from opioid drugs

Does not itself cause euphoria or sedation with stable dosing

Is excreted slowly, so it can be taken once daily

METHADONE

STIGMA

MYTH – Methadone is only trading one addiction for another.

DSM-IV-TR SUBSTANCE DEPENDENCE CRITERIA

TRUTH

Addiction (termed *substance dependence* by the American Psychiatric Association) is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by three (or more) of

- the following, occurring any time in the same 12-month period:
 1. **Tolerance, as defined by either of the following:**
 - (a) A need for markedly increased amounts of the substance to achieve intoxication or the desired effect or
 - (b) Markedly diminished effect with continued use of the same amount of the substance.
 2. **Withdrawal, as manifested by either of the following:**
 - (a) The characteristic withdrawal syndrome for the substance or
 - (b) The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.
 3. **The substance is often taken in larger amounts or over a longer period than intended.**
 4. **There is a persistent desire or unsuccessful efforts to cut down or control substance use.**
 5. **A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.**
 6. **Important social, occupational, or recreational activities are given up or reduced because of substance use.**
 7. **The substance use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by the substance (for example, current cocaine use despite recognition of cocaine-induced depression or continued drinking despite recognition that an ulcer was made worse by alcohol consumption).**
- DSM-IV criteria for substance dependence include several specifiers, one of which outlines whether substance dependence is with physiologic dependence (evidence of tolerance or withdrawal) or without physiologic dependence (no evidence of tolerance or withdrawal). In addition, remission categories are classified into four subtypes: (1) full, (2) early partial, (3) sustained, and (4) sustained partial; on the basis of whether any of the criteria for abuse or dependence have been met and over what time frame. **The remission category can also be used for patients receiving agonist therapy (such as methadone maintenance) or for those living in a controlled, drug-free environment.**

DSM-IV Substance Abuse Criteria

TRUTH

DSM-IV Substance Abuse Criteria

- Substance abuse is defined as a maladaptive pattern of substance use leading to clinically significant impairment or distress as manifested by one (or more) of the following, occurring within a 12-month period:
- 1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home (such as repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; or neglect of children or household).
- 2. Recurrent substance use in situations in which it is physically hazardous (such as driving an automobile or operating a machine when impaired by substance use)
- 3. Recurrent substance-related legal problems (such as arrests for substance related disorderly conduct)
- 4. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (for example, arguments with spouse about consequences of intoxication and physical fights).
- Alternatively, the symptoms have never met the criteria for substance dependence for this class of substance.
- DSM-IV Substance Dependence Criteria

ASAM PPC-2R

**American Society of Addiction Medicine Patient
Placement Criteria, Second Edition revised**

**Opioid Maintenance Therapy (page 137)
length of service**

**“Duration of treatment varies with the severity of
the patient’s illness and his or her response to
treatment and desire to continue treatment.”**

METHADONE

STIGMA

MYTH – Methadone rots your teeth.

MYTH – Methadone gets in your bones.

TRUTH – The lifestyle of the addict creates health problems that become apparent only in recovery.

METHADONE

MYTH – Methadone patients just get the drug for resale on “the street”.

METHADONE

Truth - Oklahoma ranks seventh in methadone related deaths nationally

DEA 2009

Truth - Evidence indicates the majority of methadone diverted for illicit use is coming from pain management sources.

Oklahoma Bureau of Narcotics and Dangerous Drugs 2009

METHADONE

Methadone Appearances *



Strength: 5 mg
 Manufacturer / Distributor:
 Roxane Laboratories Inc



Strength: 10 mg
 Manufacturer / Distributor:
 Roxane Laboratories Inc



Strength: 5 mg
 Manufacturer / Distributor:
 Mallinckrodt Pharmaceuticals



Strength: 10 mg
 Manufacturer / Distributor:
 Mallinckrodt Pharmaceuticals



Strength: 40 mg dispersible
 Manufacturer / Distributor:
 Mallinckrodt Pharmaceuticals



Brand: Dolophine
 Strength: 5 mg
 Manufacturer / Distributor:
 Roxane Laboratories Inc



Brand: Dolophine
 Strength: 10 mg
 Manufacturer / Distributor:
 Roxane Laboratories Inc



Brand: Methadose
 Strength: 5 mg
 Manufacturer / Distributor:
 Mallinckrodt Pharmaceuticals



Brand: Methadose
 Strength: 10 mg
 Manufacturer / Distributor:
 Mallinckrodt Pharmaceuticals



Brand: Methadose
 Strength: 40 mg dispersible
 Manufacturer / Distributor:
 Mallinckrodt Pharmaceuticals



Brand: Diskets
 Strength: 40 mg dispersible
 Manufacturer / Distributor:
 Ceberit Pharmaceuticals Inc

* NOT TO SCALE OR A COMPLETE LIST. GENERIC UNLESS OTHERWISE NOTED.
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METHADONE

- Liquid methadone



METHADONE

STIGMA

MYTH – Methadone just doesn't work.

METHADONE

STIGMA

TRUTH – Methadone is the most effective treatment for opioid dependence available.

METHADONE

STIGMA

TRUTH – Methadone treatment is very successful.

The problem is successful methadone patients are “invisible”.

MEDICATION ASSISTED TREATMENT

**The plural of anecdote
is not
research**



METHADONE MAINTENANCE

**CORRELATION DOES NOT EQUAL
CAUSATION**

METHADONE

STIGMA

MYTH – Medication assisted treatment indicates weakness, lack of motivation or laziness.



OPIOID TREATMENT PROGRAMS

METHADONE

TITLE 450

Chapter 70

Standards and Criteria

for

**Opioid Substitution Treatment
Programs**

Effective July 1, 2009

METHADONE

**CHAPTER 70
IS THE MOST
PRESCRIPTIVE CHAPTER
UTILIZED BY ODMHSAS**



METHADONE

ADMISSION

METHADONE

CLINICAL OPIATE WITHDRAWAL SCALE COWS

Elevated resting pulse rate

Increased sweating

Increased restlessness

Variation in pupil size

Bone & joint aches

Runny nose and/or tearing

Gastrointestinal distress

Tremors

Increased yawning

Anxiety and/or irritability

Presence of gooseflesh



METHADONE

TREATMENT

METHADONE

TYPES OF TREATMENT AVAILABLE

SHORT TERM WITHDRAWAL TREATMENT

LONG TERM WITHDRAWAL TREATMENT

MAINTENANCE TREATMENT

MEDICATION UNITS

LONG TERM CARE FACILITIES

METHADONE

PHASE ADVANCEMENT REQUIREMENTS

- ~ Regular attendance to all sessions & appointments**
- ~ Alcohol & drug free status**
- ~ Absence of significant behavioral problems**
- ~ Absence of recent criminal activity**
- ~ Employment**

METHADONE

Methadone treatment generally has three stages:

- **Induction**
- **Stabilization**
- **Maintenance**
 - **Includes titration and withdrawal**

METHADONE

Stages of opioid treatment

Induction – Stabilization – Maintenance – Withdrawal

Excessive dose

PEAK -----

STEADY STATE

TROUGH -----

Inadequate dose



METHADONE

PHASES OF TREATMENT

METHADONE

**There are
six treatment phases
for any opioid treatment program
operating in Oklahoma**

METHADONE

Requirements for treatment advancement include:

- ~ **Time in treatment**
- ~ **Number of counseling sessions**
- ~ **Type of counseling sessions**
- ~ **Number of urine drug screens**
- ~ **General life style stabilization**

METHADONE

PHASE I

Time in treatment

Minimum of 90 days

Number of counseling sessions

Minimum of 4 sessions per month

Type of counseling sessions

One session must be 1x1 or case management

General lifestyle stabilization

No identified life problems

METHADONE

PHASE II

Time in treatment

Minimum of 90 days

Number of counseling sessions

Minimum of 2 sessions per month for the first 90 days

Minimum of 1 1x1 session per month thereafter

Type of counseling sessions

One session must be 1x1 or case management for the first 90 days

General lifestyle stabilization

No identified life problems

METHADONE

PHASE III

Time in treatment

Minimum of 90 days

Number of counseling sessions

Minimum of 1 sessions per month

Type of counseling sessions

The session must be 1x1 or case management

General lifestyle stabilization

No identified life problems

METHADONE

PHASE IV

Time in treatment

Minimum of 90 days

Number of counseling sessions

Minimum of 1 session per month

Type of counseling sessions

The session must be 1x1 or case management

General lifestyle stabilization

Must be employed/student full time, retired or disabled

METHADONE

PHASE V

Time in treatment

Minimum of 90 days

Number of counseling sessions

Minimum of 1 session per month

Type of counseling sessions

The session must be 1x1 or case management

General lifestyle stabilization

Must be employed/student full time, retired or disabled

METHADONE

PHASE VI

Voluntary withdrawal

**All treatment is individualized for
this level of care**

METHADONE

“TAKE HOME” DOSING

Phase I **1 take home (Sunday) doses**

Phase II **2 take homes doses**

Phase III **4 take home doses**

Phase IV **1 week of take home doses**

Phase V **2 weeks of take home doses**

Phase VI **Set by physician**

METHADONE

DRUG TESTING

A minimum of 12 urine drug screens are required annually.

At least 1 urine drug screen must be done each quarter.

A urine drug screen indicating the presence of restricted drugs will increase the number and frequency of drug screens.

METHADONE

DRUG TESTING

Opioids

Methadone

Amphetamine

Cocaine

Benzodiazapine

Barbiturate

Marijuana

METHADONE

PRESCRIPTION DRUG MONITORING PROGRAM

Opioid Treatment Programs should check this program on patient admission, at each phase change and upon suspicion

METHADONE

- **STIGMA**
 - **Results in methadone patients not being able to access services**
 - **Isolates medication assisted treatment from general medicine**

METHADONE

- **STIGMA**
 - **Reduces the numbers who seek treatment and the time in treatment**
 - **Causes families to interfere with the consumers treatment program**

METHADONE

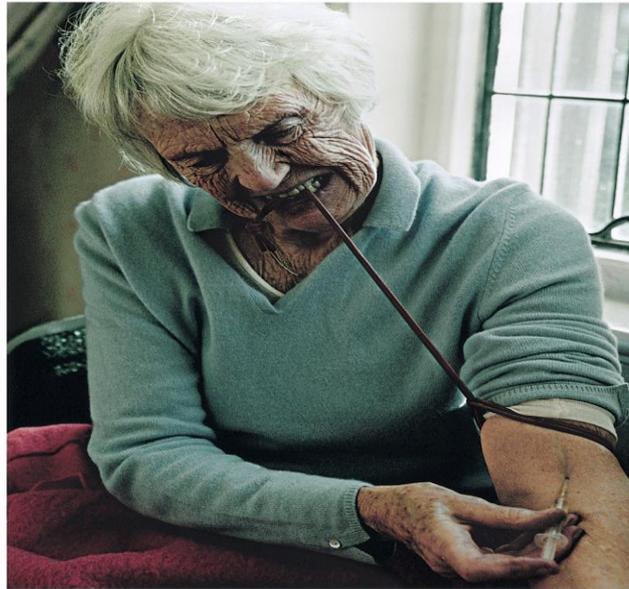
- **STIGMA**
 - **Interferes with research and stifles discussion**
 - **Reduce referrals to treatment**



METHADONE

STIGMA

STIGMA CAN KEEP ADDICTS HERE



THERE'S NO SUCH THING AS AN OLD JUNKIE
TAKE BACK YOUR FUTURE. CALL 01284 701 702

FOCUS 12
Rehab Centre



METHADONE

Ray Caesar

DUI and Specialty Services Administrator
Oklahoma Department of Mental Health
& Substance Abuse Services

405-522-3870

405-522-4470 *fax*

rcaesar@odmhsas.org

Resources

Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs A Treatment Improvement Protocol (TIP 43)

SAMHSA/CSAT

An Overview of Cochrane Systematic Reviews of Pharmacological and Psychosocial Treatment of Opioid Dependence

World Health Organization

Effective Medical Treatment of Opiate Addiction

National institute of Health

Know Your Rights, Rights for Individuals on Medication-Assisted Treatment

SAMHSA/CSAT