

Best Practices in Methadone Treatment

Over the past several years a few members of Pennsylvania's General Assembly have received reports stating concerns about the commonwealth's methadone treatment system. These legislators have responded by developing legislation that, while well-intentioned, has the potential to preempt treatment decisions more appropriately left to treatment professionals and their patients. While the Pennsylvania Community Providers Association (PCPA) is not supportive of current legislative efforts, members do recognize the need to ensure that methadone treatment is conducted in safe manner that assures quality and responsible stewardship of public funds. This paper summarizes actions that should occur to assure safe, quality methadone services in Pennsylvania. PCPA stands ready to assist.

In 2001, the Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (CSAT/SAMHSA) instituted an accreditation requirement to address problems of "heterogeneous quality" among methadone programs. However, some problems persist and variations in quality of care continue to be the subject of discussion and concern among state legislators, Medicaid HealthChoices managed care organizations (MCOs), and other stakeholders. Updating and, in some areas, strengthening state regulations can be one component of a solution. Another should be funders, such as Single County Authorities (SCAs) and MCOs, setting minimum quality expectations and rewarding programs that exceed minimum standards. Addressing these problems requires a multi-faceted approach. A good example

of success is Southwest Behavioral Health Management, Inc. which recently developed and is implementing quality standards in the counties it serves.

This paper seeks, in part, to provide an overview of what needs to be done to improve the quality of methadone treatment. As such, it is focused on best practices, not minimum standards. Many of the best practices suggested are steps that all programs can and should take now and do not require additional resources, such as appropriately addressing issues of benzodiazepine and other drug use and abuse. Other best practices are recognized as helpful to patients, but either require a funding level not currently available to all programs or are inhibited by inappropriate regulatory barriers. Examples of these are

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onsite mental health or physical health services. PCPA feels that the following practices would, if implemented, substantially improve the quality of methadone treatment in the state.

The benefits of methadone as a component of a comprehensive treatment program for opioid addiction have been validated by thousands of clinical studies (over

6,000) and confirmed by numerous authorities in the addiction treatment field over the last 40 years. The National Institute of Drug Abuse of the National Institutes of Health, the World Health Organization, and SAMHSA, among many others, strongly support methadone treatment. Methadone treatment is a medical service prescribed by physicians. As a medical service, methadone treatment provides a range of physician services directly administered by physicians as well as other prescribed services such as medication administration, individual/family/group counseling, HIV risk reduction, and other important health services.

Long-term addiction to heroin or other opiates results in prolonged and oftentimes permanent changes in the brain's biochemistry. It is that physical change in brain chemistry

that results in cravings and depression that can extend for years and often result in repeated dangerous relapses. Thus, extended methadone treatment is sometimes needed.

The following actions/best practice standards should be implemented wherever possible.

- ▶ Support should be given to the further implementation of methadone standards to improve the overall quality of methadone treatment statewide, such as those developed by Southwest Behavioral Health Management, Inc.
- ▶ Methadone providers should not just provide methadone. They should be comprehensive drug and alcohol treatment providers that include abstinence from all alcohol and drug abuse as the primary goal. It is equally important that a strong recovery model be used throughout the entire program.
- ▶ Benzodiazepines, when combined with methadone, can be a deadly combination. Patients in treatment should be cautioned of these dangers and discouraged from their usage. Program physicians should encourage prescribing physicians to use alternative medication whenever possible. Program physicians should require such treatment to be under a psychiatrist.
- ▶ New patients and patients that relapse need to receive more than the regulatory minimum counseling. The amount

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and type they receive should be clinically based on individual needs.

- ▶ New patients and patients that relapse should also receive random weekly drug screens.
- ▶ As part of a commitment to the community, Opioid Treatment Programs (OTP) must monitor and address security, drug sales, loitering, and/or noise in and around the facility.
- ▶ Public safety is critical and a strong diversion control program must be in place that includes careful consideration of granting take-home doses. For example, evidence of diversion or drug abuse is not consistent with take-home privileges.
- ▶ As many services as possible should be provided onsite such as mental health treatment, case management, vaccinations, and physical health screenings.
- ▶ People should be allowed to voluntarily leave methadone treatment on a schedule that does not cause withdrawal symptoms and correlates to their medication level and clinical needs.
- ▶ Careful admission criteria should be in place to assure that people are not inappropriately admitted to methadone treatment. It is imperative that the provider has credible evidence of completed and failed alternative treatment, addiction for at least one year, and that the patient be over the age of 18.
- ▶ Programs can benefit if they become familiar with how plasma methadone level measurement can help avoid either under- or over-medicating patients and utilize this test appropriately.
- ▶ Provision of child care for patients while they receive treatment services allows

for more candid discussion in counseling sessions.

- ▶ It is valuable for programs to make arrangements to have patients dosed in prison when such patients are incarcerated. Patients can be maintained during short periods or humanely tapered in the case of longer periods of incarceration.
- ▶ Dosage changes should be based solely on medical criteria and never to force compliance with expectations or administrative requirements.
- ▶ “Methadone Anonymous” or other recovery support interactions between patients within OTPs are important in long-term recovery maintenance.

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In addition to the above best practices it is imperative that work be done in the following arenas.

- ▶ Major confusion exists between the methadone provided in a drug and alcohol clinic with the pill form of methadone provided in pain clinics and by private physicians treating people for pain. The flood of methadone on the street is principally from prescriptions for pill form methadone written by pain clinic doctors and filled at pharmacies, not the prescribed and monitored liquid form from methadone clinics. This has

been documented by numerous studies including a 2009 Government Accountability Office study and a 2003 Center for Substance Abuse Treatment study. More must be done to educate pain management physicians regarding the use of methadone and monitoring physician prescribing practices with methadone in response to the increase of diversion pill form methadone.

- ▶ Regulations regarding Narcotic Treatment Facilities must be updated. The current regulations are outdated and updated regulations could do more to assure quality care for citizens of the commonwealth.
- ▶ More must be done to share the excellent outcome data that exists regarding the success of methadone treatment and more should be done to promote the cost savings that the services provide to the commonwealth.
- ▶ HealthChoices behavioral health MCOs should implement payment structures or alternative payment systems to assure best practices. Without financial support some best practice services cannot be provided.
- ▶ The Medical Assistance Transportation Program is a crucial service for many patients. However, it is critical that all efforts be made to assure its proper use and limit any potential abuse.
- ▶ Given the health needs of patients served by methadone programs, regulations should be changed to allow billing for physical health services provided.

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Through advocacy, education, and support, the Pennsylvania Community Providers Association represents its members and promotes excellence in the provision of community health and human services. PCPA advances member commitment to improving the quality of life and community well-being for all Pennsylvanians, especially those who are at risk of or face the challenges of mental illnesses, substance use disorders, addictions, intellectual, and/or developmental disabilities. The association represents over 225 community-based organizations that offer and support mental health, intellectual and developmental disabilities, and substance use disorder services. Member agencies cover all 67 counties in the commonwealth and serve an estimated one million Pennsylvanians each year. PCPA represents over 100 licensed drug and alcohol treatment providers and 11 methadone providers which all support the delivery of high quality best practice outcomes-based services.