

» DOES YOUR DRUG PLAN COVER METHADONE? PROBABLY...

Thanks to urban myth and popular culture, just the word “methadone” can provoke a negative reaction in some people. But methadone treatment is more common than you might think, and since methadone is more than likely covered by your benefits plan and used by some of your plan members, it’s a good idea to know the basics. First things first: taking methadone doesn’t mean a person is addicted to illegal drugs – many people dependent on prescription drugs also find methadone treatment helpful.

WHAT IS METHADONE?

Methadone is a long-acting synthetic opioid (a family of drugs used to relieve pain) often used to treat dependence to other opioids such as oxycodone (OxyContin®), morphine, codeine, and heroin. It replaces the drug the person is dependent on and works by blocking the effects of those drugs – the “high” – and easing withdrawal symptoms. This reduces the cravings for those opioids and helps people stabilize their lives – allowing them to socialize, go to work or school, and care for their families.¹

HOW DOES METHADONE MAINTENANCE TREATMENT WORK?

Methadone treatment programs are considered an effective treatment for opioid addiction and therefore are very common worldwide.

Methadone is taken orally once every day; it’s inexpensive and is very safe when taken as prescribed. However, it’s a very potent drug and can be harmful if not used properly – even a little too much can be fatal – especially to children. This is why methadone is highly monitored and controlled.

Methadone must be prescribed by a doctor and dispensed by a pharmacist. Patients go to the pharmacy each day to drink their methadone – since methadone tastes bitter, it’s usually dissolved in juice. As their treatment progresses, some patients may be allowed to take home some doses. These are called “carries.”²

Methadone maintenance programs are generally long term – some people are on methadone successfully for 20 years, others go on to taper down and eventually quit taking the

Methadone and provincial plans

Traditionally methadone was available only as a compound. But now a commercially prepared product has become available: Methadose®. This product, either a cherry-flavoured solution or an unflavoured, sugar-free solution, negates the necessity of a pharmacist compounding (or “mixing”) a methadone solution.

Recently some provinces – Ontario, Manitoba, Alberta, British Columbia, Prince Edward Island, Yukon, and Newfoundland and Labrador – have changed their provincial drug plans to cover only Methadose. It is expected that the remaining provinces will likely implement similar legislation in the coming months.

As methadone has a high potential for overdose, the commercial preparation ensures consistent dosing and reliable quality control.

drug. Generally people take methadone as long as they and their physician feel it's working for them.

Treatment programs can be provided through family doctors and community pharmacies or at specialized clinics, which you'll find in many communities across Canada. Generally programs provide patients with a stable daily dose of methadone plus a number of support services such as counselling and medical treatment. Many will also provide crisis intervention and help with social problems, such as food, housing, or legal issues; methadone treatment is most successful when combined with other support.³

WHO USES METHADONE?

Opioids are powerful drugs and very addictive. It's not just people addicted to illegal street drugs, like heroin, who enter methadone treatment – prescription drug addiction is becoming more and more common in Canada.



The International Narcotics Control Board reports that Canadians' use of prescription opioids increased by 203 per cent between 2000 and 2010... From 2004 to 2009 in Ontario, admissions to treatment programs for prescription opioids doubled. In 2005–2006, 10.6 per cent of individuals seeking addiction treatment in Ontario did so for prescription opioids; by 2010–2011, this percentage had increased to 18.6 per cent.”⁴

Most people become inadvertently dependent when they've been prescribed opioid pain medication because of an injury or surgery. Once the injury has healed, they find it impossible to stop taking the drugs.

In addition to treatment for opioid dependence, methadone is also used in palliative care, usually when other pain medications are ineffective or not well tolerated by the patient.

THE STIGMA

Unfortunately, methadone treatment and methadone clinics carry a stigma that's not easy to shake. The word “addict” scares some people, and the outdated association of methadone with street drugs can make people uncomfortable. Often when a clinic is proposed, an outcry arises in the neighbourhood – the old NIMBY syndrome. But these days, it's entirely likely that someone entering a methadone treatment program is recovering from an injury and unwittingly became addicted to prescription painkillers. That person could be your friend, neighbour, or colleague.

Sources:

¹“What is MMT,” CAMH Knowledge Exchange, retrieved February 17, 2015, http://knowledge.camh.net/policy_health/substance_use/mmt_community_guide/Pages/what_is_mmt.aspx

²“Methadone Maintenance Therapy: Information for Clients,” CAMH Knowledge Exchange, retrieved February 17, 2015, knowledge.camh.net/amhspecialists/resources_families/Pages/methadone_therapy.aspx

³“Best Practices: Methadone Maintenance Treatment,” Health Canada, retrieved February 12, 2015, <http://www.hc-sc.gc.ca/hc-ps/pubs/adp-apd/methadone-bp-mp/index-eng.php>

⁴“First Do No Harm: Responding to Canada's Prescription Drug Crisis,” Canadian Centre for Substance Abuse, retrieved March 2, 2015, www.ccsa.ca/Resource%20Library/Canada-Strategy-Prescription-Drug-Misuse-Summary-en.pdf

GSC's
rules on
methadone

TO PROTECT YOUR PLAN MEMBERS AND YOUR PLAN, WE HAVE SOME RULES IN PLACE AROUND METHADONE REIMBURSEMENT:

- Maximum seven-day supply
- Maximum 365 doses per year based on first claim paid
- Compounded methadone isn't eligible in Ontario, Manitoba, Alberta, BC, Yukon, PEI, and Newfoundland and Labrador
- Methadose cannot be submitted as a compound (diluting it with juice is not considered compounding)
- No narcotics can be dispensed for a patient on methadone (exceptions can be made with appropriate documentation)

BEHIND ^{THE} COUNTER

DISPENSING METHADONE

In each issue of *Follow the Script*, we interview a member of our pharmacy team about a current topic. In this issue, GSC pharmacist **Christopher Leung** tells us about his experience dispensing methadone in a community pharmacy.

FtS: Welcome to *Follow the Script*, Chris. Dispensing methadone isn't something most pharmacists do, how did you get into it?

Chris: Several years ago, when methadone treatment was starting to become widespread, I began working in a community pharmacy in Windsor that happened to dispense methadone. I saw how the treatment made a huge difference in the lives of the patients in the program, so I decided to get my certification to dispense it.

FtS: What did you have to do to become certified to dispense methadone?

Chris: First I completed a course provided by the Centre for Addiction and Mental Health (CAMH). Then I had to notify the Ontario College of Pharmacists that the pharmacy I was working at dispenses methadone and that I was properly trained. And the training is not just for pharmacists, physicians who want to prescribe methadone have to take a similar training program and apply for an exemption from Health Canada under the Controlled Drugs and Substances Act.

FtS: What did the training include?

Chris: You learn to prepare the methadone – it has to be precisely compounded since even a small variation in dosage can make a big difference to a patient. But a big thing was just learning to interact with patients who are taking methadone. You have to get to know the patients and recognize whether they should be taking it on a given day. For example, if you think they've had alcohol, they can't take methadone. You also have to make sure they actually swallow it. Some people have interesting diversion techniques, like pretending to swallow but then spitting it out into a concealed container and selling it on the street.

FtS: Does that happen a lot?

Chris: No, that's at most ten per cent of patients. The vast majority of people in methadone maintenance really want to get better and are committed to the program. And I'd say 70 per cent of patients in a methadone maintenance program are successful.

FtS: How does a methadone maintenance program work?

Chris: It's pretty simple. At the beginning of their program, the patient comes in every day for the methadone – they take it at the pharmacy or clinic then come again the next day. But there's also an element of trust: if things are going well after six months of daily visits, the patient earns a "carry" – that's one dose they can take home for the next day. After four more weeks, they can earn another "carry." This goes on until the patient has earned a whole week's worth of "carries." However, if there is concern about the patient's behaviour, they can lose the privilege and start back at square one. It's a type of behaviour modification – they're rewarded for their good behaviour.

FtS: We've heard there's a growing problem with addiction to prescription drugs; is that true?

Chris: Yes, prescription drug addiction is common. In my estimation, many of these methadone patients were just looking for a high – they started from zero in their system – taking nothing – and at that point it was easy to get high. But, as they get used to the drug, it takes more and more narcotic to get the high; and then eventually they're trying to get drugs any way they can. We used to see people addicted to OxyContin® because it was easy to get high from it. The new form, OxyNeo®, isn't as easy to break down to use, so people are switching to drugs like codeine. In my practice, we're also seeing more heroin users now that OxyContin is off the market. When one drug is gone, another one always pops up.

FtS: Tell us about the people you see getting methadone. Do you find there's still a stigma?

Chris: Yes, there's stigma – clinics can have difficulty finding a location because people think it will attract "drug addicts." But you can't pick out who's an illegal drug user or who's a methadone user. Addiction covers a huge range of people. In my experience, it spans every age group from as young as 16 all the way up to seniors, and, societally, it can be anyone from high school students to doctors. But most patients I see are just like you and me – they're good people who need help with a problem.