| To:         | Mayor and Members
             | Board of Health                  |
|------------|--------------------------------|---------------------------------|
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| Date:      | April 12, 2007                  |                                 |
| Re:        | Methadone Clinics BOH07017 (City Wide) |                                 |

**Council Direction:**

This report is submitted in response to a request made at the Board of Health’s March 26, 2007 meeting, for staff to explain the current regulatory framework for Methadone Clinics, and potential options for local regulation.

**Information:**

**What is Methadone?**

This report describes methadone and methadone maintenance therapy (MMT), and where this service is provided in Hamilton. Methadone is a synthetic opioid with a long duration of action, is taken as a liquid by mouth, and has fewer side effects than many opiates. The longer duration of action largely eliminates the euphoria associated with most other opiates, whether illicit or prescribed. Methadone is used in the medically supervised treatment of opiate dependency e.g. heroin, morphine, & other opiates, including prescription drugs such as Tylenol #3™ (acetaminophen and codeine) and Percocet™ (acetaminophen and oxycodone).

Because methadone is a narcotic, it is covered by federal regulations that apply to controlled substances. Any physician in Ontario who wishes to prescribe methadone must apply for a specific exemption under Section 56 of the federal Controlled Drugs and Substances Act to do so. In addition, the College of Physicians and Surgeons of Ontario (CPSO – the licensing authority for physicians in Ontario) requires that all physicians who prescribe methadone for treating opiate dependency complete additional training offered by the Centre for Addiction and Mental Health (CAMH) or other equivalent.
What is Methadone Maintenance Treatment?

Methadone Maintenance Treatment (MMT) was developed in recognition of the need to provide people who inject drugs with an alternative that reduces the risks of bloodborne infection (e.g. hepatitis B, hepatitis C, human immunodeficiency virus (HIV)) and also reduces the impact of personal and property crime as means to raise the funds needed to sustain illicit opiate use.

A review of the scientific evidence supporting MMT that appears in the CPSO MMT guidelines notes that methadone reduces risks of death among opiate users, (both by reducing risks of HIV infection and death from other causes), decreases overall drug use (both opiates and other substances, including cocaine), and reduces crime.

MMT is not merely the provision of methadone to patients. The CPSO expects that all persons commencing MMT have a urine drug screen (UDS) to confirm that they are taking opiates and are not already receiving methadone. All persons receiving MMT start with the requirement that they visit the designated pharmacy each day to receive a daily dose. This may also involve a daily or weekly physician visit. Daily pharmacy visits enable observation of the person actually taking the methadone. Methadone is typically mixed with Tang™ to increase the volume of liquid to be consumed and reduce risks of diversion.

Once a person receiving methadone has reached a stable dose and had repeatedly negative UDS, some will be offered the choice of daily pharmacy visits or ‘carries’ – typically once-a-week dispensing of the doses to cover a week that the client can take home and keep at home.

In addition, the CPSO is very clear that access to counselling is an integral part of MMT. This counselling is typically structured around ensuring basic needs are managed (shelter, food), assistance with managing stress through non-drug means and in some cases, support for employment-seeking or managing MMT in the workplace for clients who are already employed.

In Hamilton, the Alcohol, Drug & Gambling Services (ADGS) unit of PHS provides such counselling services and case management services for clients receiving MMT. ADGS receives 100% MOHLTC funding (1.0 FTE) to provide counselling and case management services to clients referred from methadone clinics and also directs counselling clients who may benefit from MMT to clinics that can provide MMT.

The CPSO guidelines are available on the web at http://www.cpso.on.ca/Publications/MethadoneGuideNov05.pdf

Where is MMT Available in Hamilton?

Currently, three clinics provide MMT in Hamilton. These are located on John Street, Main Street East, and King Street West. In addition, a part-time physician at the Urban Core Community Health Centre has a small number of MMT clients. ADGS staff see
clients at the John Street location to facilitate client contact and accept referrals from all four providers.

In addition to MMT, methadone is playing a larger role in the management of chronic musculoskeletal and cancer-related pain. An unknown number of physicians in Hamilton prescribe methadone for these purposes to their patients. Although methadone may be used to manage pain (i.e. distinct from managing opiate dependency), any physician prescribing methadone for pain must still request and be granted the relevant federal exemption under Section 56 of the Controlled Drugs and Substances Act.

Options for Action

Given the evidence of the health and crime-reducing benefits of MMT, all efforts to encourage opiate-dependent people to enrol in MMT would appear to be warranted. This is not merely a public health action, but requires a community-wide acceptance of the scientific evidence and application of harm reduction principles. For example, in some communities, suspending police surveillance of MMT clinics may increase access and thus, contribute to reducing drug use.

Complaints regarding the professional practice of individual physicians or pharmacists, (typically arising from clients themselves or from direct observation of practice), are investigated by the relevant health professional licensing authorities: the CPSO and Ontario College of Pharmacists, respectively.

In April, 2006, the Ontario government established the Ontario Methadone Maintenance Treatment Practices Task Force (http://www.methadonetaskforce.com/index.asp) whose objectives include “the development and implementation of effective community engagement processes for the establishment or relocation of clinics or practices’. No report has as yet been issued by the Task Force.

Some Board of Health members have expressed a desire to regulate or otherwise direct the location and/or operations of providers of methadone. Given that methadone is a federally regulated controlled substance, that physicians who prescribe this must apply for a specific federal exemption and, in the case of MMT, provide evidence of additional training to the CPSO, and that the provision of MMT is a medical act not unlike any other doctor-patient encounter, the scope for municipal action with regard to methadone, beyond supporting and encouraging those who may benefit from drug treatment to access ADGS and other treatment services, currently appears limited.

Council could contemplate an effort to use zoning or by-laws to dictate the location or spectrum of services offered by physicians in the community. However this would not apply to existing land uses, meaning that existing clinics would remain as non-conforming sites. In addition, the imposition of licensing or zoning restrictions for physicians could create a perception of Hamilton as an unattractive place to locate physicians’ practices and thus, contribute further to the challenges of recruiting and retaining physicians in Hamilton.

If the Board of Health should wish further exploration of zoning and licensing as a means to regulate the location or nature of services offered by physicians, this could be
referred to the General Manager of Planning & Economic Development. However it
would be recommended that this await the final report of the Ontario Methadone
Maintenance Treatment Practices Task Force, which should be available in the next few
months.

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