



Response from the B.C. Government

RE: Methadone Maintenance Treatment in British Columbia, 1996-2008: Analysis and Recommendations

The Ministry of Healthy Living and Sport (MHLS) thanks the Centre for Addictions Research of BC (CARBC), University of Victoria, and its partner organization, the Centre for Health Evaluation and Outcome Sciences (CHEOS), University of British Columbia, for their work in reviewing B.C.'s methadone maintenance treatment (MMT) program and preparing the report, *Methadone Maintenance Treatment in British Columbia, 1996-2008: Analysis and Recommendations*. This report was commissioned by MHLS to assist in its goal of improved health and wellness for all British Columbians.

The CARBC report's analysis and recommendations are welcome, as the Province has a commitment to providing evidence-based health services. The World Health Organization and UNAIDS have identified well-functioning opioid substitution programs as essential for engaging vulnerable injection drug users in efforts to reduce and prevent the spread of HIV/AIDS. The Province's methadone program is a key pathway to care for BC's \$48 million Seek and Treat to Prevent HIV project, which is piloting the HIV treatment as a prevention concept in two real world settings -- Prince George and Vancouver's Downtown Eastside. The four-year pilot is reaching and offering comprehensive care to individuals not previously engaged in HIV treatment, and tracking outcomes at both the individual and population level, across treatment, prevention and cost-effectiveness domains.

People with opioid addictions who receive optimal MMT are retained in treatment longer, are less likely to transmit blood-borne pathogens, and are less likely to use illegal drugs and engage in criminal activity. This benefits both individuals and society by improving health and public safety.

The MHLS is working with other ministries, including Health Services (MoHS) and Housing and Social Development (MHSD), to study and learn from the CARBC report's findings and recommendations.

Even while the review was underway between 2008 and 2010, government, health authorities and other key health system partners have taken some important steps towards improving MMT in BC. Examples of such initiatives include:

- Improving the health of vulnerable, opioid-dependent British Columbians by including MMT as a key strategy for reducing risky patterns of substance use in the model core public health program, *Prevention of Harms Associated with Substance Use*;
- Improving the care that vulnerable British Columbians receive through improved knowledge and practices of health care professionals involved in MMT, by making it an area of focus for knowledge exchange activities undertaken as part of BC's Drug Treatment Funding Program (funded by Health Canada). For example, the MoHS will work with relevant partners to develop a specialized training module on methadone maintenance as part of the Core Addictions Practice Training to ensure that adequate training is available for direct and contracted substance use and mental health staff as well as affiliated agencies to increase their capacity to serve people receiving methadone maintenance treatment;
- Improving the care that vulnerable British Columbians receive from their MMT physicians, with a revised edition of the College of Physicians and Surgeons of BC's *Methadone Maintenance Handbook*, which incorporates a strong population health focus and reflects recent evidence on best practices for MMT;
- Improving the care that vulnerable British Columbians receive from their methadone-dispensing pharmacists, with updated policies and guidelines on MMT from the College of Pharmacists of BC;
- Reducing the costs to British Columbians of one aspect of the MMT program, through a Frequency of Dispensing policy implemented by Pharmacare in 2009. Under the policy, PharmaCare limits the number of fees it pays to pharmacies that dispense medication, including methadone, to patients on a daily basis to three dispensing fees per patient per day. This policy has made it less lucrative for pharmacies to fill prescriptions for methadone patients who may also be using multiple prescription drugs for other conditions;
- Improving the care that vulnerable British Columbians receive from their MMT physicians and reducing one associated cost, through the introduction of point-of-care urine screening. This policy allows physicians to more easily monitor the illegal drug use of their patients and to do so at a lower cost than traditional laboratory-based urine screening;
- Improving access to evidence-based treatments to vulnerable British Columbians living in isolated rural parts of the province, by authorizing billing for MMT care via tele-health; and
- Developing a model to ensure the health and safety of individuals in mental health and addiction assisted living residences, including where residents receive methadone maintenance treatment, through the planned registration of those residences by the Office of the Assisted Living Registrar and the setting of provincial health and safety standards.

In addition:

- The MoHS is leading a strategic initiative on the integration of primary and community health care which includes mental health and substance use services, pharmaceutical services and home and community care to better meet the needs of people living with chronic illnesses, substance use and/or mental health issues. This initiative is a collaborative effort of the health authorities, the BC Medical Association, community organizations, patients and the ministry to provide effective and efficient integrated care in the community to avoid inappropriate use of emergency and acute care services. Opportunities to better support people receiving or requiring methadone maintenance treatment will be explored through this initiative.
- The MHSD will participate in conversations with the MoHS and MHLS focused on ensuring that our mutual clients have access to appropriate supports for addictions treatment; and
- The MoHS will take the lead for consideration of a coordinated approach to MMT delivery in BC. Within the priorities established and resources available, the approach will explore means to address gaps related to responsibility and accountability across components of the system.

The MHLS thanks CARBC for its work on the MMT review and looks forward to working with other government ministries, health authorities, and other health system partners to ensure MMT is part of a comprehensive array of evidence-based mental health and substance use services, supported by effective alignment and integration with primary health care and community care services.



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September 1, 2010

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