NUGGETTE 2

What happens when you loosen the reins in a methadone programme – streamline intake, let the patients decide whether they want counselling, give them a greater say over doses, cut down on urine tests, allow more take-home doses, no longer treat continued illegal drug use as a disciplinary issue, and accept goals short of abstinence from illegal drugs? The first thing is that you can treat more patients, the reason why from 1995 this package was introduced at a clinic in Toronto. The caseload doubled and (aided by more local transfer options for longer term patients) the waiting list was eliminated ❶. The other effect was to create space for groups beyond those prioritised due to special needs. By the end of the expansion, on average patients were less socially marginalised, but these differences were not huge. More noticeable was that people addicted to opioids other than heroin, and who either never had or no longer injected, now accessed treatment, though in other ways (duration of addiction, other illegal drug problems) the caseload had changed little. Retention in methadone treatment and its impact on illegal drug use also altered little ❷. This stability held even when like-for-like (eg, injecting heroin users) patients were compared. Allowing patients to set their own pace in reducing illegal drug use did not mean more used 'on top', on average they attended as many therapy sessions as when these were mandatory, and generally there were no signs that relaxing the regime had attracted less motivated patients. Another effect was that confrontations over continued illegal drug use could give way to more productive interactions. The story is not a universal one, but elements have commonly been reported elsewhere as clinics whittle away at unnecessary regulation.

LINKS Nuggets 7.5 1.4

❶ Brands B. *et al*. "Changing patient characteristics with increased methadone maintenance availability." *Drug and Alc. Dependence*: 2002, 66, p. 11–20. DS

❷ Brands B. *et al*. "Impact of methadone program philosophy changes on early treatment outcomes." *J. Addictive Diseases*: 2003, 22(3), p. 19–38. DS