

**A Protocol for the Establishment of
Methadone Community Advisory Committees**

2005

**Report of the Waterloo Region – Wellington-Dufferin
Addictions Services Group**

A Protocol for the Establishment of Methadone Community Advisory Committees

This information package is intended to assist providers of methadone maintenance treatment (MMT) and other human service stakeholders in developing community advisory committees. The establishment of a methadone community advisory committee will

- assist in addressing community issues and concerns;
- improve program planning;
- ensure appropriate linkages to other required services and supports, and
- assist in educating community stakeholders and the general public regarding MMT.

The package contains information regarding

- key issues and concerns being raised in the field regarding MMT;
- the approach taken by WR stakeholders and the Ontario Addiction Treatment Centre's Kitchener clinic to address local concerns;
- the potential roles of a community advisory committee;
- recommended committee membership, and
- a sample CAC Terms of Reference.

The report was developed by the Methadone Community Advisory Committee Protocol Development Working Group, and is supported by the Waterloo Region – Wellington-Dufferin Addictions Services Group and the Waterloo Region Methadone Advisory Committee. Dr. Nathan Frank, Medical Director at the Ontario Addictions Treatment Centre's Kitchener and Guelph clinics has been instrumental to the success of the WR Methadone Advisory Committee.

Recommendation:

The Addictions Services Group of Waterloo Region and the Methadone Advisory Committee Protocol Development Working Group recommend:

The Establishment of Methadone Community Advisory Committees in communities that provide MMT.

The Methadone Community Advisory Committee is a practical vehicle for addressing issues and concerns raised in the professional community, general public and media that contribute to the ongoing stigmatization of methadone clients and methadone services. Many of the concerns and issues can be addressed with the appropriate forum for discussion, clarification and resolution. The establishment of Methadone Community Advisory Committees can assist MMT physicians in addressing issues raised by human service providers, the public, and persons engaged in methadone treatment.

This report was developed by the Methadone Advisory Committee Protocol Development Working Group:

Dr. Nathan Frank, OATC
Alex Smart, John Howard Society and Chair, Waterloo Region Methadone Advisory Committee
Lesley DeYoung, Withdrawal Management Centre, Waterloo Region
Heather Kerr, Stonehenge Therapeutic Community
Cheryl Batty, Waterloo Region – Wellington Dufferin District Health Council
Elizabeth Hull, Ministry of Health and Long Term Care

This report is supported by:

Waterloo Region - Wellington – Dufferin Addictions Services Group

Gord Beckenhauer, Chair
Lesley DeYoung, Withdrawal Management Centre
Pam Gardiner, House of Friendship
Heather Kerr, Stonehenge Therapeutic Community
Major Ian McAllister, Salvation Army, Hope Acres
Coba Moolenburgh, St. Mary's Counselling
Beth Powell, Centre for Addictions and Mental Health
Mary Wilhelm, Community Alcohol and Drug Services
Grant Hollett, Waterloo Region – Wellington-Dufferin District Health Council
Cheryl Batty, Waterloo Region – Wellington-Dufferin District Health Council
Elizabeth Hull, Ministry of Health and Long Term Care

Waterloo Region Methadone Advisory Committee

Alex Smart, Chair
Pat Allan
Lesley DeYoung
Dr. Nathan Frank
Rosemary MacKenzie
Marg McGee
Larry Ortleib
Leah Siminoski

A Protocol for the Establishment of Methadone Community Advisory Committees

1. Background:

Methadone maintenance as a treatment option for opiate dependence has expanded across Ontario, especially in recent years. For example, the Ontario Addiction Treatment Centres began providing methadone maintenance treatment in 1995, and as of January 2005, operated 20 clinics across the province. In addition, the numbers of people accessing services for opiate addiction is greater than expected.

Methadone, a long acting opioid or narcotic medication, is used both for pain management and as a treatment for managing opioid dependence. Methadone therapy for opioid dependence can be delivered through methadone maintenance clinics, private physicians who have obtained an exemption from the College of Physicians and Surgeons, and through some agencies/institutions who offer Ministry of Health and Long-Term Care funded programs.

Benefits of the expansion of methadone maintenance treatment (MMT) for opioid dependence include improved access to services (services are provided closer to home) and the availability of treatment delivered within a harm reduction context, an alternative to the abstinence-based model of methadone treatment. However, human service providers, justice service providers and the general public alike have also raised concerns regarding the rapid growth of MMT programs. The Ontario Federation of Mental Health and Addictions Programs has released a policy paper entitled Methadone Maintenance Treatment Concerns in Ontario. The paper summarizes concerns in the field, primarily related to the development of new larger clinics serving greater numbers of people within their home communities. Notwithstanding the variability among communities and among methadone maintenance providers/clinics, these issues include

- Lack of case management, especially for people with more complex needs;
- Lack of a comprehensive assessment for people prior to entering the treatment program;
- Lack of treatment for concurrent psychiatric and addiction disorders;
- High doses of methadone dispensed; Many health care providers are not willing to serve people with high methadone doses because of safety concerns;
- Low levels of monitoring for methadone diversion;
- Methadone prescribed for people without prior opiate addiction;
- Methadone dispensed to those under the influence of alcohol and other substances;
- Drug trafficking on the premises of the clinics, and

- Lack of linkage or physician follow-up when clients are admitted to withdrawal management or other programs.

In addition to issues being raised in the professional community, general public and even media perceptions contribute to the ongoing stigmatization of people engaged in methadone treatment and methadone services. Many of the concerns and issues being raised can be addressed with the appropriate forum for discussion, clarification and resolution. The establishment of Methadone Community Advisory Committees can assist communities in addressing issues raised by human service providers, the public, and people engaged in methadone treatment.

2. Experiences with Methadone Community Advisory Committees in Waterloo Region and Wellington County:

Stakeholders in Waterloo Region have been working together for a number of years to establish expanded methadone treatment options for opioid dependent people in Waterloo Region. Groups were formed to conduct needs assessments and provide advice on treatment models being piloted in the Waterloo-Wellington district. In 2000, a harm-reduction based MMT clinic opened in Kitchener, and the stakeholders' role shifted and evolved, resulting in the current Waterloo Region Methadone Advisory Committee, a community advisory committee that exists to provide advice and support to the MMT providers in Waterloo Region¹.

The Ontario Addiction Treatment Centre is the main provider of MMT in Waterloo Region and Wellington County, and the advisory committee works closely with the Kitchener clinic's medical director to advise on a number of issues related to the safe provision of MMT services within the community. The work of the committee is summarized in a paper entitled "Ontario Addiction Treatment Centre (Methadone Clinic) and Methadone Advisory Committee Issues", 2003. The paper documents the history of methadone provision locally, describes community involvement to date, provides an account of some of the issues and concerns raised by the advisory committee and describes the outcomes resulting from addressing each issue.

Some of the issues that have arisen and have been addressed are

- Clarification of advisory role and commitment of clinic staff and advisory committee members to the process;
- Perception that people are being prescribed methadone without a pre-existing opiate addiction;
- Concerns regarding on-site needle-exchange;
- Increase in numbers of people requiring withdrawal management services who use methadone and alcohol;

¹ Although efforts have been made to include all MMT providers across the continuum of MMT, current membership on the advisory committee does not include private practitioners in Kitchener-Waterloo providing abstinence-based MMT.

- Drug trafficking occurring in and outside the Clinic's entrance;
- Lack of confidentiality/clinic atmosphere;
- Lack of counseling treatment/follow-up;
- Need to address after-hours medical issues that arise for clients; especially those without family doctor's;
- Safety issues related to transportation and storage of methadone carries;
- Concern of potential for methadone diversion by clinic staff;
- Security of clinic staff and other users of the building, and
- Need for an abstinence clinic for stable, successful (level 6) patients.

In addition to identifying and addressing clinic issues, the committee also plays a role in

- program development and evaluation;
- networking with related resources;
- communication;
- advocacy, and
- education.

For example, in recent years, the committee has hosted two educational symposiums directed toward the human service community. On an ongoing basis, the committee helps to identify and address service gaps, promotes intersectoral collaboration and helps to ensure service access for people who require methadone maintenance therapy.

Membership in the Advisory Committee has evolved as the committee has defined its role. Current membership on the advisory committee includes representatives of

- public health;
- withdrawal management;
- probation and parole;
- the John Howard Society;
- a level six patient of the methadone clinic, and
- Centre for Mental Health and Addictions.

The clinic medical director also attends all meetings.

The Wellington County Experience

Methadone services in the city of Guelph and Wellington County were, until recently, limited to a comprehensive outpatient methadone program, offered by Stonehenge Therapeutic Community. Within the continuum of methadone treatment options, the Program was based on a methadone therapy model that included case management and counselling, and provided relatively intensive services to a limited number of clients (approximately 20). The Guelph Wellington Methadone Program was developed in 1998 and was originally operated as a

joint venture between Stonehenge Therapeutic Community and Homewood Health Centre. In 2002, Homewood withdrew from the venture and Stonehenge received one time funding to hire a methadone coordinator for the Program. Although client outcomes were positive, the one time funding for the Coordinator position was not renewed by the MOHLTC and the program closed in Fall 2003.

In September, 2003, the Ontario Addiction Treatment Centres opened a clinic in Guelph, and began providing services to a larger number of people. People receiving services at the Stonehenge program were transferred to the clinic for their methadone treatment. Currently, OATC is the sole provider of methadone services in Wellington County.

The Stonehenge methadone program did include an advisory committee. Its terms of reference stated the committees purpose as "to provide a forum where (methadone service delivery) issues, priorities and planning can be reviewed and refined to ensure a systems perspective". More specifically, the Methadone Advisory Committee purpose was to:

- support the agencies and staff involved in program implementation;
- provide advice regarding the direction of further development of the program;
- promote harm reduction and the methadone treatment program in the community as ways to improve the health of the community and individuals, and
- provide feedback regarding the operation of the program and whether the program is meeting its goals.

Membership on the advisory committee included representation from

- Public Health
- The Community Mental Health Clinic,
- Homewood Community Alcohol and Drug Services,
- Family and Children's Services,
- the local AIDs Committee,
- the Centre for Addiction and Mental Health and
- the District Health Council.

In the last four months of the Guelph-Wellington Methadone Maintenance Program at Stonehenge, Guelph Police Services also sat on the Advisory Committee.

3. Role of a Methadone Community Advisory Committee

The Health Canada paper "Best Practices – Methadone Maintenance Treatment", 2002 recommends the establishment of Methadone Community

Advisory Committees. The report emphasizes the importance of community involvement in program design and implementation, noting that an advisory committee can provide assistance in the development of integrated, comprehensive services. These committees can play a number of valuable roles such as:

- identifying needs for program delivery (current and future);
- facilitating consultation, information sharing and communication with the general public regarding the need for the program, the goals of the program, how it works, and its potential benefits;
- addressing the public's concerns and fears;
- providing opportunities for community members to learn about and support the program;
- liaising with the media;
- advocating with policy makers and funding bodies for better services for clients/patients, including provision of services recommended within best practice guidelines that are not currently funded e.g., counseling and case management
- recruiting of practitioners;
- creating opportunities for community partners to discuss issues and resolve problems;
- fostering broad-based approaches to treatment delivery, including developing working referral networks, and enhancing coordination and facilitation;
- developing inter-agency protocols, agreements and service contracts;
- fund raising;
- providing training for community partners;
- seeking employment opportunities and other resources for people engaged in methadone treatment, and
- serving as a community feedback mechanism.

The importance of the committee role in advocacy and community education is key to assisting in dispelling myths, both in the general public and among addiction and human service providers who come into contact with people engaged in methadone treatment.

Appendix A provides a sample Terms of Reference for an Advisory Committee.

4. Methadone Community Advisory Committee Membership

Input from people engaged in treatment is a key component of program development and implementation. Programs need to value, seek out, encourage and support consumer involvement. Consumers solicited for representation on the Advisory Committee should be stable and successful, and interested in providing a voice to issues from the perspective of people engaged in methadone

treatment. Because addiction and recovery issues differ for men and women, it is recommended that representatives of both genders sit on the committee.

Ideal membership on a Methadone Community Advisory Committee would include representation from all local methadone programs, including any provided by organizations, clinics, and individual physicians. This representation would ensure that the collective efforts of the community are best utilized. However, there are some challenges in securing representation from all prescribing providers on the committee, including such things as differing treatment philosophies and scheduling of meetings to meet needs of various providers. Often a physician in private practice who is not able to meet with the committee on a regular basis will be interested in receiving communication regarding the committee's activities through distribution of the committee's agendas and minutes.

Those who could become involved on Methadone Community Advisory Committees include:

- MMT Physicians
- People who are engaged in methadone treatment;
- specific community players, including representation from addictions services, public health, the local AIDS committee, pharmacists, police, primary care providers such as Community Health Centres, social service agencies, probation and parole, legal/justice assistance providers such as John Howard/Elizabeth Fry Societies, local counseling agencies, shelters, service groups, educational facilities, municipalities, businesses etc., and
- members of the community at large.

Appendix B provides a membership category table for use in determining committee membership.

A primary role of an advisory committee is to create effective linkages between other community resources and the MMT program(s). The Health Canada Best Practices report recommends establishing relationships and communications mechanisms with a range of agencies and in the community that may not be represented on the advisory committee, including:

- social services (welfare, housing, transportation, child care, training); child, youth and family services (child welfare, child care, youth services, parenting supports);
- legal/justice assistance (victims' services, police, parole, probation, legal assistance, Crown Attorneys, corrections, offenders support groups such as Elizabeth Fry, John Howard Society, etc.);
- educational programs (literacy, academic upgrading);

- employment programs (vocational skills/training, employment services and programs, employee assistance programs);
- other community resources such as needle exchanges, shelters, food banks, spiritual organizations, ethnocultural organizations, friendship centres, recreational services, community advisory groups;

In addition, essential linkages that can be enhanced by effective relationship building are with primary care service providers such as community health centers and family health teams.

5.0 Recommendation

The Addictions Services Group of Waterloo Region and the Methadone Advisory Committee Protocol Development Working Group recommend:

The Establishment of Methadone Community Advisory Committees in communities that provide MMT.

The Methadone Community Advisory Committee is a practical vehicle for addressing issues and concerns raised in the professional community, general public and media that contribute to the ongoing stigmatization of people engaged in methadone treatment and methadone services. Many of the concerns and issues can be addressed with the appropriate forum for discussion, clarification and resolution. The establishment of Methadone Community Advisory Committees can assist MMT physicians in addressing issues raised by human service providers, the public, and people engaged in treatment.

Appendix A:

Sample Terms of Reference for a

Methadone Community Advisory Committee

Purpose: The Methadone Community Advisory Committee exists to provide advice and support to local prescribers of methadone for opiate dependent clients.

Objectives:

1. assisting and advising the Methadone program(s) with public education and advocacy regarding the viability of MMT as a treatment option for opioid dependence;
2. assisting with program evaluation, policy and program development;
3. contributing to service delivery by providing methadone providers with a network of relevant resources;
4. identifying service needs and gaps for people engaged in methadone treatment;
5. enhancing the capacity of the community to provide services to people engaged in methadone treatment;
6. acting as a vehicle for communication for the methadone program, the CAC, and the community;
7. promoting intersectoral collaboration among providers who serve people who are engaged in methadone treatment, and
8. ensuring access to services for people requiring methadone services.

Membership:

- MMT Physicians
- People who are engaged in methadone treatment;
- specific community players, including representation from addictions services, public health, the local AIDS committee, pharmacists, police, primary care providers such as Community Health Centres, social service agencies, probation and parole, legal/justice assistance providers such as John Howard/Elizabeth Fry Societies, local counseling agencies, shelters, service groups, educational facilities, municipalities, businesses etc.
- members of the community at large;

Meeting Frequency:

The Methadone Community Advisory Committee meetings should be scheduled at the convenience of the participating physicians. Physicians who participate on Methadone Community Advisory Committees recommend bi-monthly meetings.

Appendix B

Membership Category Table

Representation	Current Status (invited, confirmed, member by correspondence, declined)
MMT Physicians	
People who are engaged in Methadone Treatment	
Addictions Treatment Service Providers (including withdrawal management and outpatient counseling)	
Public Health	
Police	
Probation and Parole	
Legal/Justice Assistance Providers (John Howard, Elizabeth Fry, etc.)	
Primary Care Service Providers (e.g., Community Health Centres)	
AIDS Committee	
Others	

References

Methadone Maintenance Treatment Concerns in Ontario. Heather Kerr, Federation of Mental Health and Addictions, 2004

Best Practices in Methadone Maintenance Treatment. Health Canada, 2002

Ontario Addiction Treatment Centre (Methadone Clinic) and Methadone Advisory Committee Issues. Lesley De Young, Member, Methadone CAC of Waterloo Region, 2003

Methadone Pilot Project Waterloo Region, Backgrounder. Methadone Pilot Project Advisory Committee of Waterloo Region, 2002

Waterloo Region, Guelph-Wellington Methadone Program Logic Model. Methadone Pilot Project Advisory Committee, 2002

Methadone Maintenance Guidelines. The College of Physicians and Surgeons, 2001

Methadone Maintenance Treatment: A Community Planning Guide. Centre for Addiction and Mental Health, 2000