

Methadone maintenance was more effective for treatment retention for opioid dependence than psychosocially enriched detoxification

Sorey KE, Delucchi KL, Akersson C, et al. Methadone maintenance vs 120-day psychosocially enriched detoxification for treatment of opioid dependence: A randomized controlled trial. *JAMA* 2005 Mar 23; 293: 1103-10.

QUESTION: In adults with opioid dependence, do standard methadone maintenance (MM) and methadone assisted detoxification plus intensive psychosocial services lead to similar outcomes?

Design

Randomized (allocation concealed^a), unblinded,^a controlled trial with 12 months follow up.

Setting

A Veterans Affairs medical centre in San Francisco, California, United States.

Patients

179 non-veteran adults who were ≥18 years of age (mean age 39 y, 59% men); had a diagnosis of opioid dependence according to the Diagnostic and Statistical Manual of Mental Disorders, Revised, Third Edition; and tested positive for opioid use and negative for methadone use. Exclusion criteria were contraindications to methadone treatment, psychiatric medical conditions that interfered with treatment, pregnancy, lactation, concurrent substance abuse treatment, no signs of opioid withdrawal on 3 occasions, methadone treatment in the previous week, participation in a follow up phase of a previous methadone detoxification research protocol, or inability to participate for 12 months. Follow up was 76% at 6 months and 75% at 12 months.

Intervention

Adults were allocated to MM (n = 91) for 14 months or to 120 days of methadone assisted maintenance and 60 days of methadone assisted detoxification with intensive psychosocial services and 8 months of abstinence (M180) (n = 88). The initial methadone dose was 20 mg/day, which was increased to 80 mg/day within the first 3 treatment weeks. The maximum dose was 160 mg/day, which was reached by day 48.

Main outcome measures

The main outcome was treatment retention. The following outcomes were also assessed but had <80% follow up: opioid and cocaine use (assessed by self report and urine screening tests); HIV risk behaviors (Risk of AIDS behavior scale score); and function in employment, drug use, alcohol use, legal, family, and psychiatric problem areas (Addiction Severity Index).

Main results

Analysis was by intention to treat. Patients in the MM group remained in treatment longer than patients in the M180 group (median 439 d; 95% CI 413 to 461 v 174 d; CI 161 to 181; p < 0.0001). More patients were discharged from treatment for non-compliance in the M180 group than in the MM group (table).

Conclusion

In adults with opioid dependence, treatment retention was greater for methadone maintenance than for methadone assisted detoxification plus intensive psychosocial services.

^aSee glossary.

Information provided by author.

Methadone maintenance (MM) = methadone assisted detoxification and psychosocial services (M180) for opioid dependence.

| Outcome at 1 year | MM | M180 | P _{MM} (95% CI) | P _{M180} |
|-------------------------------|-----|------|--------------------------|-------------------|
| Treatment retention | 74% | 58% | 0.004 (0 to 27) | 0.16 (0 to 26) |
| Abstinent defined in glossary | 78% | 51% | 0.001 | |

COMMENTARY

In this study by Sorey et al, MM is compared with a detoxification plus longer involving an identical methadone dose followed by detoxification and abstinence (M180). MM resulted in better treatment retention than did M180 and lowered HIV risk and legal status scores, which is no doubt a reflection of increased illicit drug use in M180. Treatment retention in the M180 group was adversely affected by receipt of an intensive psychosocial intervention and rapid opiate detoxification in a context where most patients did not want to detoxify.

M180 had about 20% to 30% more abstinence than did MM during the first 4 months (even though the medication used during this period was identical in both groups), presumably because of the more stringent abstinence requirements (0.25 v 0 to 4 hours per week). The detoxification phase in M180 was 60 days and involved a weekly 10 mg methadone reduction from an average starting dose of 80 mg methadone, which is likely to have generated prolonged mild to moderate opiate withdrawal symptoms. Only 50% of patients in this group reported wanting to stop illicit opiate use in addition to their methadone, and no doubt even fewer would have wanted complete opioid detoxification.

Failure to attend treatment sessions resulted in discharge, but continued use of heroin or other illicit drugs did not. Indeed, 60% to 70% of participants continued to use illicit opiates (even when on maximal methadone treatment) in both groups, which increased to about 70% after methadone discontinuation in the M180 group. Some 60% to 70% of patients also continued to use cocaine during the study. These high rates suggest that the psychosocial intervention was insufficiently targeted at this clinically important goal.

For clinicians, this study shows the importance of targeting illicit drug use with a psychosocial intervention, the dangers of compulsory intensive psychosocial treatments, and the necessity that those who undergo therapeutic detoxification must really want to do so and are prepared to tolerate the level of suffering required.

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Methadone Treatment For Opioid Dependence

Ayman Fareed

Methadone Treatment For Opioid Dependence:

The Treatment of Opioid Dependence Eric C. Strain,Maxine L. Stitzer,2005-12-13 The successor to Strain and Stitzer's Methadone Treatment for Opioid Dependence Johns Hopkins 1999 this expanded and updated volume reflects new developments in treatment protocols Methadone is still the most widely used medication for the treatment of opioid dependence and the authors provide an extensive section on methadone treatment Three chapters cover the pharmacology and clinical use of buprenorphine as well as the latest research on Naltrexone Clonidine and Lofexidine The volume also includes chapters on pain and prescription opioids as well as medication free treatment and medically supervised alternatives to opioid substitute treatments including withdrawal The Treatment of Opioid Dependence will be a valuable resource for methadone counselors psychiatrists psychologists social workers mental health nurses and addiction counselors as well as physicians interested in office based buprenorphine treatment

Methadone Treatment for Opioid Dependence Eric C. Strain,Maxine L. Stitzer,1999 Throughout the world hundreds of thousands of people are addicted to opiates The human economic and societal costs of this addiction are staggering more than one quarter of prison inmates are incarcerated for drug offenses and there has been a dramatic

Methadone Maintenance in the Management of Opioid Dependence

A. E. Arif,Joseph Westermeyer,1990-06-26 The result of the combined effort of over 30 experts working in 19 different countries the book presents a comprehensive survey of the development policy and procedures of methadone maintenance in countries with experience in this treatment In addition to presenting a general overview of methadone's role in treating opioid addiction the volume also focuses on specific questions of current interest particularly the critical issue of methadone maintenance in the prevention of AIDS

Pharmacotherapies for the Treatment of Opioid Dependence Richard P. Mattick,Robert Ali,Nicholas Lintzeris,2009-03-25 The most comprehensive text of its kind this book addresses both the management of opioid withdrawal and opioid maintenance therapy and combines up to date reviews of the scientific literature with evidence based clinical guidelines for all of the relevant pharmacotherapies A unique work

Pharmacotherapies for the Treatment of Opioid Dependence

Federal Regulation of Methadone Treatment Institute of Medicine,Committee on Federal Regulation of Methadone Treatment,1995-02-18 For nearly three decades methadone hydrochloride has been the primary means of treating opiate addiction Today about 115 000 people receive such treatment and thousands more have benefited from it in the past Even though methadone's effectiveness has been well established its use remains controversial a fact reflected by the extensive regulation of its manufacturing labeling distribution and use The Food and Drug

Administration regulates the safety and effectiveness of methadone as it does for all drugs and the Drug Enforcement Administration regulates it as a controlled substance However methadone is also subjected to a unique additional tier of regulation that prescribes how and under what circumstances it may be used to treat opiate addiction Federal Regulation of Methadone Treatment examines current Department of Health and Human Services standards for narcotic addiction

treatment and the regulation of methadone treatment programs pursuant to those standards The book includes an evaluation of the effect of federal regulations on the provision of methadone treatment services and an exploration of options for modifying the regulations to allow optimal clinical practice The volume also includes an assessment of alternatives to the existing regulations

Medications for Opioid Use Disorder Save Lives National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Health Sciences Policy, Committee on Medication-Assisted Treatment for Opioid Use Disorder, 2019-06-16 The opioid crisis in the United States has come about because of excessive use of these drugs for both legal and illicit purposes and unprecedented levels of consequent opioid use disorder OUD More than 2 million people in the United States are estimated to have OUD which is caused by prolonged use of prescription opioids heroin or other illicit opioids OUD is a life threatening condition associated with a 20 fold greater risk of early death due to overdose infectious diseases trauma and suicide Mortality related to OUD continues to escalate as this public health crisis gathers momentum across the country with opioid overdoses killing more than 47 000 people in 2017 in the United States Efforts to date have made no real headway in stemming this crisis in large part because tools that already exist like evidence based medications are not being deployed to maximum impact To support the dissemination of accurate patient focused information about treatments for addiction and to help provide scientific solutions to the current opioid crisis this report studies the evidence base on medication assisted treatment MAT for OUD It examines available evidence on the range of parameters and circumstances in which MAT can be effectively delivered and identifies additional research needed

In-Depth Perspectives on Opioid Dependence and Methadone Therapy Gerald Smith, 2024-11-11 Editorial Reviews In Depth Perspectives on Opioid Dependence and Methadone Therapy An Essential Resource for Healthcare Providers Students and Policymakers Author Gerald T Smith M Sc Clinical Researcher and Healthcare Policy Expert In Depth Perspectives on Opioid Dependence and Methadone Therapy provides a rigorous multi faceted exploration of opioid dependence methadone therapy and their intersections with public health policy healthcare delivery and societal attitudes The authors Gerald T Smith M Sc an experienced clinical researcher and Dr Arthur R McKay M D a specialist in addiction medicine bring unique insights and vast expertise to this critical topic aiming to create a comprehensive resource that serves as both an educational tool and a catalyst for policy change With opioid dependence impacting millions globally this book goes beyond traditional medical perspectives exploring the condition's complex roots and social impact It seeks to address not only the biology of addiction but also the policy and societal misconceptions that often hinder effective treatment By presenting well researched perspectives on methadone therapy as a treatment for opioid addiction the book provides healthcare providers students and policymakers with actionable insights and solutions for improved patient outcomes and informed public health strategies Key Highlights 1 Comprehensive Insights on Opioid Dependence This book addresses opioid dependence as a chronic medical condition It delves into the multifaceted nature of addiction including its neurobiological psychological and social dimensions

Through real world examples readers gain an understanding of how opioid dependence evolves its impact on individuals and communities and the broader implications for public health 2 Evidence Based Approaches to Methadone Therapy Rooted in clinical evidence and supported by detailed case studies the book highlights the effectiveness of methadone therapy as a core treatment strategy It explains methadone s pharmacological mechanisms safety profiles and benefits for opioid dependent individuals Readers are guided through the practical aspects of administering methadone therapy from patient selection and dosing protocols to strategies for monitoring and managing side effects This section serves as a hands on reference for clinicians seeking to optimize methadone therapy outcomes 3 Historical Context and Evolution of Addiction Treatment Policy A thorough historical review traces the evolution of opioid treatment and methadone therapy contextualizing how societal perceptions and policy changes have influenced addiction treatment The authors explore how early societal responses to addiction were often punitive focusing on criminalization rather than health As perspectives shifted toward a public health approach methadone therapy emerged as a viable solution supported by research but often hindered by persistent biases This historical lens helps policymakers understand the root of many current obstacles in addiction treatment 4 Policy Recommendations for Public Health Officials and Advocates Audience and Purpose In Depth Perspectives on Opioid Dependence and Methadone Therapy is an indispensable resource for healthcare providers addiction specialists medical students public health officials and policymakers With a goal of demystifying opioid dependence and advocating for science based treatment approaches this book serves as both an educational tool and a call to action It equips readers with the knowledge and insights necessary to confront opioid dependence reduce stigma and champion effective compassionate care

Medication-assisted Treatment for Opioid Addiction in Opioid Treatment Programs ,2005 Handbook of Methadone Prescribing and Buprenorphine Therapy Ricardo A. Cruciani,Helena Knotkova,2014-07-08 Methadone and buprenorphine are the only two opioids that are indicated for the management of both pain and opioid related drug addiction Both present unique challenges to the general practitioner and pain specialist requiring a separate analysis from the rest of the drugs in the same family Handbook of Methadone Prescribing and Buprenorphine Therapy is an invaluable guide to the safe use of these opioids Authored by clinical and academic leaders from a variety of settings and backgrounds this book includes chapters on pharmacology adverse effects safe rotation from other opioids cardiac toxicity prescribing pharmacokinetics equianalgesic dose and replacement therapy This comprehensive text provides clinicians researchers policy makers and academicians a resource for all the relevant points in methadone prescribing and buprenorphine therapy *Treatment Improvement Protocol (TIP) 63: Medications for Opioid Use Disorder* Substance Abuse Mental Health Services Administration/SAMHSA (U.S.),2018-06-05 This Treatment Improvement Protocol TIP reviews the use of the three Food and Drug Administration FDA approved medications used to treat opioid use disorder OUD methadone naltrexone and buprenorphine and provides guidance for healthcare professionals and addiction treatment providers on appropriate

prescribing practices for these medications and effective strategies for supporting the patients utilizing medication for the treatment of OUD The goal of treatment for opioid addiction or OUD is remission of the disorder leading to lasting recovery Recovery is a process of change through which individuals improve their health and wellness live self directed lives and strive to reach their full potential This TIP also educates patients families and the general public about how OUD medications work and the benefits they offer Related products Medication Assisted Treatment of Opioid Use Disorder Pocket Guide A Shared Burden The Military and Civilian Consequences of Army Pain Management Since 2001 Click our Alcoholism Smoking Substance Abuse collection to find more resources on this topic [Treating Opioid Addiction](#) John F. Kelly,Sarah E. Wakeman,2019-07-15 This book addresses opioids and opioid use disorders from epidemiological clinical and public health perspectives It covers detailed information on the nature of opioids their effects on the human body and brain prevention and treatment of opioid addiction Unlike other texts the first section of this volume builds a strong historical neurobiological and phenomenological foundation for a deep understanding of the topic and the patient The second section addresses the most challenging issues clinicians face including pharmacological and psychosocial treatments harm reduction approaches alternative approaches to pain management for the non specialist and prescribing guidelines Treating Opioid Addiction is a valuable resource for psychiatrists psychologists addiction medicine physicians primary care physicians drug addiction counselors students trainees scholars and public health officials interested in the effects and impact of opioids in the clinical and epidemiological context

[Interventions For Addiction](#) Ayman Fareed,2013-05-20 *Lowinson and Ruiz's*

Substance Abuse Pedro Ruiz,Eric C. Strain,2011 A comprehensive authoritative text on all aspects of substance abuse and addiction medicine Scientific topics such as the biology of various addictions and all dimensions of clinical treatment and management are addressed by a wide range of leading contributors Behavioral addictions are addressed also so the text is not solely devoted to specific substances and their misuse Provided by publisher

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Suboxone Versus Methadone for the Treatment of Opioid Dependence

,2013 Addiction to opioids causes major medical social and economic problems to both the individual and society Opioid dependence is defined as a strong desire to use the substance difficulty in controlling its use the presence of a physiological withdrawal state tolerance of the use of the drug neglect of alternative pleasures and interests and persistent use of the drug despite harm to oneself and others It is a complex disease involving physiological psychological genetic behavioral and environmental factors In Canada it is estimated that there were more than 80 000 regular illegal opioid users in 2003 The number of illegal drug related overdose deaths in Canada was 958 in 2002 Opioid dependence is related to the abuse of not only illegal opioid drugs e g heroin but also some of the most commonly prescription drugs such as codeine containing Tylenol hydromorphone oxycodone morphine and others Treatment of opioid dependence includes three approaches stabilization detoxification and maintenance Stabilization is usually achieved by opioid substitution treatments to ensure that the drug use becomes independent of mental state such as craving and mood and independent of circumstances such as finance and physical location The next stage is detoxification that is to withdraw from opioids The final step is maintenance to prevent relapse Detoxification refers to the process by which the effects of opioid drugs are eliminated in a safe and effective manner such that withdrawal symptoms are minimized Appropriate use of the detoxification agents plays a crucial role in increasing the successful detoxification rate while minimizing the side effects and withdrawal symptoms Methadone opioid receptor agonist or buprenorphine opioid receptor agonist and opioid receptor antagonist are recommended first line treatments in opioid detoxification Naloxone is an opioid antagonist without agonist properties In opioid dependent patients naloxone precipitates withdrawal Suboxone buprenorphine naloxone was approved by Health Canada in 2007 for substitution treatment in opioid drug dependence in adults It is a fixed combination of buprenorphine a partial opioid receptor agonist with naloxone an opioid antagonist in a 4 1 ratio The addition of naloxone to buprenorphine is expected to decrease the intravenous abuse of buprenorphine because when taken sublingually absorption of naloxone is minimal however it can rapidly precipitate opioid withdrawal when injected Suboxone is recommended for the treatment of opioid dependence for patients in whom methadone is contraindicated such as patients at high risk of or with QT prolongation or hypersensitivity to methadone The purpose of this review is to provide evidence on the comparative clinical effectiveness and cost effectiveness of use of Suboxone compared with methadone for the treatment of patients with opioid dependence Subgroups such as children and pregnant women may also have access to opioids thus the clinical benefits and risks of Suboxone for these patients will be examined as well when evidence is available New Oxford Textbook of Psychiatry John R. Geddes, Nancy C. Andreasen, Guy M. Goodwin, 2020 Over its two editions The New Oxford Textbook of Psychiatry has come to be regarded as one of the most popular and trusted standard psychiatry texts among psychiatrists and trainees Bringing together 146 chapters from the leading figures in the discipline it presents a comprehensive account of clinical psychiatry with reference

to its scientific basis and to the patient's perspective throughout. The New Oxford Textbook of Psychiatry Third Edition has been extensively restructured and streamlined to keep pace with the significant developments that have taken place in the fields of clinical psychiatry and neuroscience since publication of the second edition in 2009. The new edition has been updated throughout to include the most recent versions of the two main classification systems the DSM 5 and the ICD 11 used throughout the world for the diagnosis of mental disorders. In the years since publication of the first edition many new and exciting discoveries have occurred in the biological sciences which are having a major impact on how we study and practise psychiatry. In addition psychiatry has fostered closer ties with philosophy and these are leading to healthy discussions about how we should diagnose and treat mental illness. This new edition recognises these and other developments. Throughout accounts of clinical practice are linked to the underlying science and to the evidence for the efficacy of treatments. Physical and psychological treatments including psychodynamic approaches are covered in depth. The history of psychiatry, ethics, public health aspects and public attitudes to psychiatry and to patients are all given due attention.

Interventions For Addiction Adam J. Gordon, Margaret M. Krumm, 2013-05-20 **Matching Treatment to Patient Needs in Opioid Substitution Therapy** Janice Fay Kauffman, 1995

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