ROYAL PHARMACEUTICAL SOCIETY Scotland

Methadone: A Briefing Paper from the Royal Pharmaceutical Society

Summary

The Royal Pharmaceutical Society supports the use of methadone as an effective maintenance and detoxification therapy for people wishing to recover and overcome their addiction to heroin and similar opiate drugs. Pharmacists dispensing methadone to drug misusers, often in difficult circumstances, are providing an essential service which reduces the individual and community harms caused by illegal drugs and dampens the wider negative social consequences

Treatment with methadone is not a cure for addiction but as an oral treatment it reduces the harm associated with the use of illegal drugs and can help to stabilise drug misusers and promote recovery.

What is methadone?

Methadone is a synthetic opioid that can be used as a painkiller but more commonly as a replacement therapy for opioid addiction. It is not a cure for addiction but it is a safer alternative to the use of heroin and other illicit opioids. Injecting drugs causes personal risk and harm to the user in many ways including blood borne viruses, abscesses and dental deterioration. There are also social risks with the presence of needles and injectable equipment in circulation. Methadone reduces the number of hospital admissions and deaths associated with heroin use, especially when dispensed under supervision[i]. Reflecting the near-global use of methadone for treating addiction, methadone is now listed by the World Health Organisation in its Model List of Essential Medicines[ii]. The UK Guidelines on Clinical Management also endorses the use of methadone as a replacement therapy for drugs such as heroin[iii].

Nonetheless, the concept of using methadone as a maintenance treatment over long periods of time is politically controversial and is frequently the subject of negative media attention. Furthermore, in recent years the limits of methadone alone in aiding full recovery has become increasingly recognised. The RPS supports a holistic approach that balances maintenance doses of medicines such as methadone, or newer therapies such as buprenorphine, with other interventions to help drug users recover. This approach is supported by the UK Guidelines on Clinical Management, which states that “For opioid, polydrug and alcohol misusers, psychosocial interventions may be provided in combination with a pharmacological intervention. There is evidence (Amato et al., 2004) that the effectiveness of methadone maintenance is enhanced by the provision of psychosocial interventions.”[iv]

The different administrations across the UK are all now looking at different ways in which to integrate health and social care. The RPS believes that this is an opportunity to develop the wider support necessary to augment replacement therapies such as methadone and move drug misusers on to full recovery. We would welcome and support research and dialogue in this area.

The RPS position on methadone is shared by the UK Government, the Scottish Government and the overwhelming number of health professionals involved in treating drug users. The RPS is now working in partnership with the Scottish Government to encourage better use of pharmacists’ skills to help

patients using methadone to live a drug free life. Independent pharmacist prescribers can now prescribe controlled drugs and with appropriate training in substance misuse, and in collaboration with community addiction teams and GPs, can use their frequent contact with methadone clients and specialist knowledge to improve pharmaceutical care and aid recovery.

The Cost of Methadone

The full impact of addiction is difficult to quantify both for the user and society at large; the waste of a life, with opportunities missed and families neglected. However we can look at the cost in terms of the impact of crime, policing costs, the capacity of the courts and prison service, the pressure on social services, the costs of welfare and the use of NHS resources. Research from the Scottish Government in 2009 estimated the health, social and criminal costs of an average problem drug addict not in treatment to be over £35,000 a year, rising to over £60,000 per year when economic costs were included[v]. This resulted in a total estimated annual cost to the Scottish economy of £3.5bn for all costs associated with problematic and recreational drug misuse[vi].

Statistics from ISD Scotland report that the total cost of methadone oral solution prescriptions has seen an overall increase of 36% from £20,554,554 in 2006/07 to £28,031,231 in 2010/11. This is a larger increase than the increase in the number of prescriptions over the same period (a 9% rise from 488,504 prescriptions in 2006/07 to 533,733 in 2010/11). This rise in costs is largely due to more clients having daily doses supervised with a subsequent rise in supervision fees which have risen steadily across the 5-year period from £7,893,206 in 2006/07 to £13,683,877 in 2010/11. The gross ingredient cost of methadone oral solution increased from £7,206,365 in 2006/07 to £10,949,705 in 2008/09 before falling year on year to £8,685,660 in 2010/11, while the costs for methadone fees remained stable over the period.[vii]

What are the alternatives to current approaches to drug addiction?

The persistent media controversy surrounding methadone concentrates on the amount dispensed, the cost to the taxpayer and the lack of facilities to provide full recovery rather than just replacement therapies. One alternative to methadone would be to stop prescribing it. This would lead to an increase in illegal drug misuse, deaths in the drug misuser community and a sharp rise in the social, criminal and economic costs associated with addiction. A different approach, and one that is increasingly taking place in Scotland, would be to augment methadone prescribing with full rehabilitation and recovery services. Services in Scotland, particularly in Glasgow, have invested in residential and increasingly in community based rehab services. These aren't exact alternatives to methadone as methadone is often used as a detox drug in these settings, so it still has a role to play. Alternatives include Suboxone and Subutex and the Scottish Government strategy on combating drug addiction, 'The Road to Recovery', recommends extending treatment options. There are considerable extra costs associated with these drugs however. The RPS believes that Addictions Services should be offering a range of options as opposed to single elements and that should include substitute prescribing, rehabilitation detox, psychosocial support and relapse prevention.

How many people are taking methadone?

The Prescribing Information System (PIS) at ISD Scotland holds information derived from prescriptions dispensed in the community in Scotland[viii] and from that we can estimate that there are around 22,000 people receiving methadone for drug misuse in Scotland[ix].

Research suggests that the £28m annual spend on replacement therapies represents value for money for the taxpayer. After one year of treatment the annual social and criminal costs of the average problem drug misuser reduces from £35,000 to £15,000. After that first year the cost reduces even further to just £3,000 per year[x]. Without reducing the tragedy of drug addiction or overstating the benefits of replacement therapies, the public money spent on methadone greatly reduces the impact and cost of drug addiction.

Are pharmacists benefiting from methadone?

The money spent on replacement therapy is spread across the NHS and typically pays for the GP providing medical care, drug addiction specialists providing counselling and pharmacists for dispensing methadone. Whilst some methadone dispensing happens in a majority of pharmacies in Scotland, there are a small number, typically in areas of multiple-deprivation, where it forms a major part of the day's work. This means the pharmacist needs to change the pharmacy lay-out, sometimes providing a separate entry point for substance misusers, employ extra staff and ensure everyone involved in methadone dispensing has undertaken the appropriate additional training. Dispensing high-volumes of methadone is not a route to easy riches. It is labour intensive, can be challenging and also be detrimental to other aspects of the pharmacy business. It is normally undertaken by individual pharmacists with a deep commitment to helping some of the most unfortunate people in our country. The controversy is not that methadone is prescribed and dispensed to drug misusers; it is that drug addiction remains so prevalent in areas of multiple deprivations in one of the world's most wealthy nations.

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[i] BMJ, 2010;341:c4851
[ii] WHO List of Essential Medicines
[iii] UK Guidelines on Clinical Management, 2007, p
[iv] UK Guidelines on Clinical Management, 2007, p40
[v] Assessing the scale and impact of illicit drug markets in Scotland, Scottish Government, 2009
[vi] Assessing the scale and impact of illicit drug markets in Scotland, Scottish Government, 2009
[vii] Drug Misuse Statistics Scotland 2011, ISD Scotland, 2012, p15
[viii] Drug Misuse Statistics Scotland 2011, ISD Scotland, 2012
[ix] Review of Methadone in Drug Treatment, Scottish Executive Health Department, 2006, p2
[x] Assessing the scale and impact of illicit drug markets in Scotland, Scottish Government 2009