

Appropriateness of methadone maintenance treatment – From individual practice to evidence-based medicine

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There is no doubt that Switzerland has a leading position in the treatment of drug dependent persons. The psychopharmacological treatment of opiate addicts with methadone was integrated early into the health care system and underlies quality controls since the 1980s, the results of which can be found among others in the “methadone reports” of 1984, 1989 and 1995. Although further clinical studies initially were not carried out and research results were mainly imported from the USA, university psychiatric departments especially in Basel and Zurich were involved in treatment and quality control from the start. A very pragmatic attitude in addiction treatment evolved, placing demand for addiction treatment above a governmental need for control. The consequence of this attitude has been the development of heroin-based treatment of opiate addicts in the mid-1990s. This development was supported financially and politically from the start by the Swiss Federal Office of Public Health. Methadone maintenance treatment (MMT) is not just an alternative to drug-free addiction treatment, but could develop into a standard treatment of opiate addicts.

The recently presented report on the results of an expert panel is part of a multi-component project launched by the Swiss Federal Office of Public Health, which aims at developing national guidelines for methadone maintenance treatment of opiate addicts. It uses the methodologically sound RAND procedure, characterised on the one hand by a high level of standardisation – all panel experts are incorporated to equal parts – and on the other hand leaving enough space for discussion, without necessitating consensus formation. The results show greatest agreement and extent of appropriateness among the experts for the areas of “initial assessment”, “appropriate settings for initiation” and “appropriate settings for methadone supportive therapy”. With

respect to initial diagnostics and treatment setting sufficient experience could be gathered in the last years, allowing MMT to be carried out by physicians in private practice or specialised clinics, depending on the individual problem constellation. It is not surprising that the expert opinions regarding “appropriateness of withdrawal from MMT” as well as “appropriateness of co-treatments” disagree more, or show more insecurity. This goes along with the fact that there are almost no systematic studies on treatment termination of MMT. Another aspect which has received little research attention is the role of parallel psychosocial interventions, especially their specific effect, considering the fact that the importance of psychosocial interventions for (long-term) treatment outcome of MMT is always dwelled upon. Here lies a vast research demand, where officials for drug policy in Switzerland and in other countries should not withhold their responsibilities. Nonetheless the results of the present report of the multi-component project legitimately raise expectations, that the project by the Swiss Federal Office of Public Health will lead to scientifically sound as well as practical, not over-regulated standards, that will contribute to an optimal quality of maintenance treatment.

Experiences with addiction treatment services in Germany show the difficulty of establishing pharmacologically based addiction treatment as a normal and recognised therapy. The principles of methadone maintenance treatment are still questioned by university psychiatric departments, and the effects are considered less valuable as those of classical abstinence orientated treatment (i. e., Heinrich 2002). As in Switzerland, methadone treatment in Germany was integrated into the regular health care by practising physicians. However, for a long time the very limited regulations for an indication to MMT as well as heavily regulated operating procedures

made integration into the regular health care system difficult. Only a few months ago a regulatory change was made due to pressure from the federal government, allowing opiate dependence alone (without co-morbidity) to be an indication for MMT and have treatment be financed by regular health insurance. Germany had already been rather late compared to other European countries with the introduction of pharmacologically based addiction treatment, considering the dimension of the so-called drug problem. MMT was able to develop through individual efforts of state governments (Bundesländer) using their health care and drug policy possibilities. The positive results of several (naturalistic) studies allowed MMT to establish itself as an accepted addiction treatment (Verthein et al. 1998). Despite the fact that in the narcotics law MMT is ranked behind abstinence-orientated treatment, this ranking does not correlate with the reality of addiction treatment, since abstinence-orientated in-patient and out-patient therapies are an option only to a limited range of opiate addicts. Although in Germany an estimated 40000 patients are being treated with methadone, each year less practising physicians are willing to offer these treatment services due to the strongly bureaucratic and highly regulated formalities tied to MMT. In 1995, long before the sou-

thern German states had sufficient experience with MMT, an expert commission established by the health ministry developed so-called methadone standards (Bühringer et al. 1995), which due to historical and health policy reasons were in part too theoretical and high threshold, while it did not consider sufficiently the experiences by prescribing physicians. Most physicians oriented themselves more according to the guidelines of the federal board of physicians (Bundesärztekammer), which were based on the initiative of state boards of physicians and included the experiences of physicians practising MMT.

On a federal level there has been a move towards the Swiss practical drug policy with the introduction of a harm reduction strategy as the fourth pillar of addiction treatment.

While there was no sign of reform in the federal drug policy until the late 1990s, now even a federal model project of heroin-assisted treatment has been initiated, the results of which can be expected at the end of 2004. In this respect it can be expected that German drug policy and addiction treatment services will profit from the Swiss development of professional guidelines for methadone maintenance treatment.

References

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