Studying methadone's appropriateness: enough already!

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Over the course of the past four decades there have been more published reports on the experience with methadone in the treatment of opioid addiction than on any other medication in the pharmacopoeia. Notwithstanding the size of this body of literature, and the medical, social, political and economic diversity of the settings from which it emanates, the findings have been extraordinarily consistent. They can be summarized as follows: Methadone treatment attracts and retains a significant proportion of individuals voluntarily seeking help for narcotic dependence; it is associated with substantial diminution of the serious and often fatal consequences of illicit opiate use; and no group or subgroup of patients has been identified for whom methadone is contraindicated and/or ineffective. Furthermore, as is true of every medical intervention, the role of methadone can not be determined in a vacuum, but must be considered in comparison to other available and acceptable therapeutic options. And yet, no such comparisons are made in this report, perhaps reflecting the fact that for most addicts and those who treat them there are no alternatives! In light of these realities, it is difficult to understand the need for and the goal of this project.

The method employed to carry out the study is as difficult to understand as its objectives. Appropriateness of medical care and the various components of that care are determined on the basis of reports by credible clinicians and investigators in peer-reviewed professional publications. "Voting" is simply not the way to identify best practices. In addressing issues such as dosage, for example, it seems bizarre to rely on "ratings" – especially by individuals who represent different disciplines and whose selection was motivated in part by the quest for "diversity of opinion." While it may well be that the panelists were all "experts" (no support for this designation is given), the nature of their expertise is not clear, and it is perhaps revealing that not a single one is author or co-author of any reference listed in the bibliography.

As for the conclusions, they range from the self-evident to the incomprehensible. Illustrations of the former include the items to be included in the "initial assessment of candidates for MMT" – e.g., a drug-use history! At the other extreme, there are references to a "post-cure" phase of treatment, despite the fact that there is not a single article in the worldwide literature that supports the thesis that addiction is "curable," or that one would be able to recognize cure even if it were to be achieved (the same limitations have been accepted almost universally for over a half-century in the field of alcohol dependence).

It is surprising to see as a cardinal recommendation the "development of nationally accepted practice guidelines … [that] should be disseminated to all concerned, promoted, used and rigorously evaluated for compliance and outcome." The expert panel studied methadone maintenance guidelines from no less than 17 different countries; is it really necessary to begin all over again, as the recommendation clearly implies? And whether one promulgates new guidelines, or adopts or adapts existing ones, "rigorous evaluation for compliance" is a frightening prospect, and the antithesis of how medicine is practiced – particularly with respect to a condition as complex and multi-faceted, and with as much individual variation from patient to patient, as is the case with opiate addiction.

Finally, those who – with very good reason! – look to Switzerland for enlightened, compassionate, pragmatic policies to address the calamity of intravenous drug use will be disappointed in the strikingly conservative orientation this nationally selected body of experts seems to embrace. The Appendix indicates that 6 of the 11 panelists believe it is "extremely inappropriate" to permit one week or more of

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"take-home" methadone, apparently without regard to length of time in treatment or criteria of medical and social stability. Seven believe "forensic [as opposed to 'motivational'] use of urine toxicology to identify unauthorized substance use" is "extremely appropriate" during initiation of treatment, and four continue to view it as "extremely appropriate" even during stable maintenance. And with regard to maintenance with heroin, "the panel results indicate that 'failure of MMT' is an appropriate indication for heroin substitution;" logically, legal availability of heroin provided in a medically-supervised setting would seem to have the greatest relevance, and offer the greatest hopes for reducing morbidity and mortality, in addicts who reject methadone because it produces little if any euphoria on its own and, through the development of a high degree of tolerance to all opiates, precludes getting high with heroin as well.

In sum, one must wonder about the "appropriateness" of this project, and the utility of its findings, conclusions and recommendations.

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