

Reflections on Opioid Treatment Services & MMT

Dr D G Chaplow

10 things we know about addiction

Sellman D (2010) 'The 10 most important things known about addiction' *Addiction*, 105: 6-13

- **Addiction is fundamentally about compulsive behaviour**
- **Compulsive drug seeking is initiated outside of consciousness**
- **Addiction is about 50% heritable and complexity abounds**
- **Most people with addictions who present for help have other psychiatric problems as well**
- **Addiction is a chronic relapsing disorder in the majority of people who present for help**
- **Different psychotherapies appear to produce similar treatment outcomes**
- **'come back when you are motivated' is no longer an acceptable therapeutic response**
- **The more individualised and broad-based the treatment a person with addiction receives, the better the outcome**
- **Epiphanies are hard to manufacture**
- **Change takes time**

Challenges 1: Philosophic

- **Patient knows best vs. prescriptive approach**
- **Abstinence vs. harm-minimisation**
- **Unified approach vs. individualised approach**
- **In-/toleration of protocol violations**

Challenges 2: Pain Clinics/OTS

- **Demographics**
- **Known deaths**
- **What to do**

Challenges 3: Others

- **Dispensing**
- **'Take-aways' and diversion**
- **Funding**
- **Co-morbid addictions**
- **Interim prescribing**

Summary and Conclusions

- **OTS services remain valuable and necessary**
- **MMT methodology is best utilised when medical stabilisation operates hand-in-hand with psychosocial servicing**
- **Primary services, NGOs, and families need to work in conjunction with the specialist services. The assessment/treatment continuum needs to be comprehensive and inclusive and be made clear from the outset of the first assessment**
- **Services need to be open to scrutiny. This is best done by regular reviews of difficult-to-manage clients by invited senior clinicians**
- **DHBs and the MoH in conjunction with the Addiction Centre need to continue to champion the cause of OST/MMT in monitoring and advocating for clients who use the system**
- **Methadone prescribing by the MMT programmes and by the pain clinics need close collaboration**

Discussion