Summary of a supervised methadone study in Staffordshire and Shropshire

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Drug-related death publications

This series of publications emanates from the Government Action Plan to Prevent Drug-Related Deaths, a response to the Advisory Council on the Misuse of Drugs’ report on drug-related deaths.

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The National Treatment Agency for Substance Misuse

The National Treatment Agency for Substance Misuse (NTA) is a special health authority within the NHS, established by Government in 2001, to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

Treatment can reduce the harm caused by drug misuse to individuals’ well-being, to public health and to community safety. The Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment.

The overall purpose of the NTA is to:

- Double the number of people in effective, well-managed treatment between 1998 and 2008
- Increase the percentage of those successfully completing or appropriately continuing treatment year-on-year.

Reader information

Document purpose
To describe the findings of a study into the dispensing, prescribing and supervised consumption of methadone

Title
Summary of a Supervised Methadone Study in Staffordshire and Shropshire

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Target audience
Primarily providers and commissioners of drug treatment services in England.

Circulation list
 Managers and commissioners of treatment services
 Co-ordinators and chairs of local partnerships (e.g. drug action teams and crime and disorder reduction partnerships)
 Service user and carer groups
 Commissioners of pharmaceutical enhanced services local pharmaceutical committees
 Regional government department leads on drugs
 Central government department leads on drugs.

Description
This document summarises the full report of a study into the practice of supervised consumption of methadone exploring the beliefs and attitudes of professionals involved and service users

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Gateway/ROCR approval
The NTA is a self-regulating agency in relation to the Department of Health Gateway

Disclaimer
This publication is not a journal publication and does not constitute National Treatment Agency or Department of Health guidance or recommendations. The views expressed by this study are not necessarily those of the Department of Health or the NTA, but are based on externally refereed research.
Introduction
This document is a summary of the NTA publication Supervised Methadone in Staffordshire and Shropshire: A Study of Factors Associated with Key Outcome Variables (NTA, 2007).

Aims
The research had the following aims:
• To describe the development and current status of methadone prescribing, dispensing and supervised consumption
• To examine the views, levels of involvement, and the nature and extent of current practice among general practitioners, specialist prescribers and community pharmacists
• To assess users’ views and experiences of supervised methadone consumption schemes
• To determine the effects of introducing supervised methadone schemes on drug-related mortality
• To identify the factors in supervised methadone schemes that affect the risks of methadone-related death in the community
• To develop a proposal for an integrated model for quality improvement and monitoring of methadone prescribing and dispensing for subsequent piloting.

Background
This research explores the effectiveness of supervised methadone systems. The use of a mixed quantitative and qualitative approach allowed the project to explore the experiences and beliefs of users, pharmacists, prescribers, commissioners and policymakers. The project compares four different areas in Staffordshire and Shropshire that have introduced supervised methadone schemes and also investigates drug-related mortality in the context of them.

Methods
A complementary qualitative and quantitative study of supervised methadone schemes was carried out in four drug action team areas. The study included the following methodologies:
• Epidemiological studies
• Service review and evaluation
• Structured questionnaires
• Narratives
• Semi-structured interviews
• Structured case vignettes
• Focus groups
• Quantitative and qualitative analysis.

The sample
A sample group consisting of 350 service users, 131 GPs, 20 specialist prescribers and 106 pharmacists was assessed using a questionnaire.

Findings
Pharmacists and prescribers
The study revealed a gap between the contract specifications for supervised methadone schemes and the reality of implementation. Around one-third of pharmacists did not have written contracts and a similar proportion reported no physical provision in the pharmacy for patients’ privacy. Pharmacists, specialist prescribers and general practitioners also acknowledged the need for specific training with regard to supervised methadone.

Methadone
All respondent groups believed supervised methadone reduced the amount of illicit methadone. There was no consensus on the
effectiveness of supervised methadone in reducing drug-related deaths other than those directly related to methadone. The majority of users saw supervised methadone in a positive way. Around two-thirds of respondents understood the need for supervised methadone, with a similar proportion expressing the view that everyone should be on a supervised prescription at first.

**Drug-related deaths**

Data from Staffordshire and Shropshire showed that, in the three years since introduction of supervised methadone, there have been no methadone-related deaths in the treatment population, compared to four in the three years prior to supervised methadone and ten in the three years prior to that.

The National Programme on Substance Abuse Deaths (np-SAD) database was used to provide data on deaths for the North Staffordshire and Shropshire areas. The available data for 1999 to 2003 did not show any fall in drug-related deaths following the introduction of supervised methadone. Analysis of the deaths due to drug toxicity in patients known to treatment services in Staffordshire and Shropshire showed that the majority were males (93 per cent) and that the mean age of the group at death was 27.6 years. Deaths related to methadone were more likely to occur at weekends (42.8 per cent) compared with death from other drugs (22.7 per cent).

**Principal factors affecting users’ views of the scheme**

- Lack of confidentiality
- Lack of privacy for consumption
- Inflexibility of consumption times
- Inability to consume the methadone in split doses or at variable times
- Conflicts with regular work or education
- Conflicts between DTTO attendance and pharmacy attendance
- Impact on individuals’ self image.

**Conclusions**

The findings of this study are subject to the limitations imposed by the methodology and the reliability of the data, particularly with regard to the national drug-related death figures.

The concept of supervised methadone schemes has been met with a positive response from the majority of users, pharmacists, prescribers and policymakers. There was a variability of consistency in the practical implementation of the schemes and issues of privacy, confidentiality and flexibility were a shared concern among all the respondents.

There is support for the concept of an extended treatment team including primary care, secondary care and pharmacists. There was an agreement from the focus groups that a better liaison between the pharmacist and the rest of the treatment team would improve the supervised methadone scheme. The pharmacist respondents also emphasised an expanded role of pharmacists as part of an integrated team that would utilise the important skills of the pharmacist to a greater degree than at present.

Methadone deaths appear to have been reduced in the treatment population following the introduction of supervised methadone schemes.

**Implications for further research**

Further research needs to focus on a pilot of a service using a wider team with a multi-professional steering group including users and carers. The development of a cross-professional audit tool based on the key findings of the current study, as an aid to quality improvement and monitoring of supervised methadone schemes and the development of alternative non-pharmacy based models for supervised consumption, is recommended.