Opioid Substitution Treatment Program
Patients as Partners
Patient Day Workshop Report

March 3, 2014
Richmond, B.C.
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Executive Summary

This report provides a synopsis of the Opioid Substitution Treatment Patient Day Workshop, held in Richmond on March 3, 2014. The workshop aimed to determine an engagement mechanism that will support improvements to the patient and provider experience, improve population health, and have health care services delivered at an affordable cost per capita. By connecting with patients and providers, we can better understand the strengths of B.C.’s health care system, as well as what needs to be changed.

The workshop didn’t focus on solving a specific service delivery problem, but rather on identifying shared values, what is currently working well, and what could be improved. The purpose was to work together to establish a patient-centric engagement mechanism, which effectively addresses the issues and challenges patients face over time and through meaningful dialogue.

The workshop included fourteen patient partners with lived experience, including family and outreach workers who shared their expertise and experience. Fifteen practitioners and administrators also participated in the workshop, including: medical practitioners; Ministry of Health program managers and administrators; and representatives from the College of Registered Nurses, College of Pharmacists, College of Physicians and Surgeons, and health authorities. A graphic recorder captured highlights of the conversations, dialogues and points of consensus.

Patients provided positive and negative examples of their experience with the health care system. Hearing their experiences helped the group to identify and refine four core values:

1. Genuine dignity and respect.
2. Follow through with integrity.
3. Quality and skills.
4. Integrated community (patients as partners).

These values provide a solid foundation for future engagement processes. Additional recommendations included:

- Creating an education and awareness program to assist the public, carers, children and other relatives of patients to better understand the Opioid Substitution Treatment program and the patient journey; and
- Developing a combination of in-person and online engagement processes (e.g., webinars and regular structured feedback).
The Opioid Substitution Treatment Patient Day Workshop was successful in meeting its objectives. The success of the workshop can be credited, in part, to the following actions. First, two patients were members of the planning team, actively participating in the planning stages leading up to the workshop. They provided unique perspectives of the opportunities and risks, and helped to proactively communicate with other patients. Second, by working with health authorities and on-the-ground staff, the engagement team was able to recruit patients and health care providers from across the province and from a range of specialties. This ensured a balanced view, with no one group dominating the agenda or discourse, and resulted in a shared ownership of the recommendations.

Play-Doh creative representation inspired by a patient workshop participant.
Patients as Partners Context

Patient-centred care aims to improve population health outcomes, improve the patient and health provider experience of care, and reduce health care costs (Triple Aim approach). This involves connecting with patients and providers to better understand the strengths in the health care system, as well as what needs to be changed. Patient-centered care, a strategic priority in Setting Priorities for the B.C. Health System (2014), builds on the work of the Ministry of Health's Patients as Partners strategy.

The principle central to the work of Patients as Partners is, “nothing about me without me.” This principle embodies the belief that patients are partners in their own health care — in system change discussions or speaking with their health care providers. Patients as Partners is a recognized strategy of the B.C. Ministry of Health, in both policy and philosophy, as first outlined in the 2007 Primary Health Care Charter. The Patients as Partners agenda includes the patient voice, choice and representation at the following three levels:

1. **Individual Health Care**: The patient is actively involved in his/her own health through self-management and has an engaged role in health care decision making. The health care system is patient centred — responsive, respectful and collaborative.

2. **Bringing in Community**: Patients, families, communities and strategic partners are engaged in regional health programs and local governance.

3. **System Redesign**: Patients, families, community organizations and strategic partners are involved in the design, delivery and evaluation of health care programs and services at a strategic and/or system level.

Patients as Partners work is guided by a Provincial Patients as Partners Committee, with membership from: government, health authorities, health care organizations, health care providers, not-for-profit agencies, universities, and patients/families/caregivers in the community. Involving patients, families, caregivers and communities in the care, redesign and quality improvement of B.C.’s health care system is currently supported by over 30 organizations provincewide. Approximately 40,000 patients have been involved in Patients as Partners activities via multiple partner organizations.
Patients as Partners provides a structured relationship between patients and health care providers – allowing them to work together to look at ways to improve B.C.’s health care system. The Opioid Substitution Treatment Patient Day Workshop was a great example of how patients can influence the structures of patient engagement within the health care system in a positive and constructive way. The workshop didn’t focus on solving a specific service delivery problem, but rather on identifying shared values, what is currently working well and what could be improved. The focus was creating an engagement process that meets the needs of system managers, practitioners and patients. By establishing a patient-centric engagement mechanism, the issues and challenges patients face can be addressed more effectively over time and through meaningful dialogue.

Opioid Substitution Treatment Context

Methadone maintenance treatment is a form of opioid substitution treatment, which is recognized as among the most effective means of addressing opioid use disorder, and of preventing and reducing transmission of blood-borne pathogens through shared injection drug use equipment. It has been clinically demonstrated to reduce the use of illegal opioids, injection-related health risks, mortality and drug-related criminal activity. Due to these positive public health and safety outcomes, B.C. has increased the reach of opioid substitution treatment, from fewer than 3,000 patients in 1996, to over 15,000 in 2013.

The objective of treatment is to help improve patient health outcomes, and reduce individual and social harms. Recent reviews of B.C.’s opioid substitution treatment system indicate that, although the program is achieving many of its objectives, there remain areas for improvements.¹ The areas consistently identified as offering opportunities for improvement include:

- access to the Methadone Maintenance Treatment program (program reach);
- quality of methadone prescribing;
- dispensing practices;
- psychosocial support to program participants;
- creating safe environments for participants;
- integration of the program’s system;
- collaboration within the system; and
- patient-centred care.

Appendix A includes a background paper on opioid substitution treatment, prepared and presented by a participant at the workshop. The following key themes were identified:

1. Although methadone maintenance treatment is making a significant positive contribution towards the care and treatment of people with opioid use disorder in B.C., there is a need to have a co-ordinated continuum of treatment service delivery.
2. Consistent funding for psychosocial supports and case management, particularly in the rural and remote areas in B.C., is required.
3. Stigma of drug use and substance use disorders remains prevalent at every level of substance use disorder treatment.

*The Healthy Minds, Healthy People - A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*, identifies a commitment to the following action (p.33):

"Enhance and improve B.C.’s opioid substitution therapy system (including medical, pharmaceutical and psychosocial support components)."

It is important to acknowledge there has been previous work in B.C. to identify barriers encountered by people receiving opioid substitution treatment and provide recommendations for improving the access and quality of services. Psychosocial supports are one component of evidence-based opioid substitution treatment, which has been identified as needing significant improvement. Currently, the range, quality and availability of psychosocial supports for people receiving treatment are variable and little is known about the level of availability and quality of these supports. While psychosocial supports have been established as an evidence-based component of treatment for people with opioid use disorder, consistent access to these supports has been identified as a gap in British Columbia.

**Planning Process for the Opioid Substitution Treatment Patient Day Workshop**

A previous opioid substitution treatment workshop (2013) focussed on identifying and discussing opportunities for program improvements. Several patients from across B.C. attended the 2013 workshop and contributed valuable information that enriched the quality of discussions. As a result, a more significant role for patients with lived experience was identified for this year’s workshop.

The main role of the Patients as Partners engagement team was to ensure the patients' voice, choice, and representation guided the planning process for workshop. This included meaningful participation by patient partners with lived experience in planning and facilitating the 2014 patient workshop. A workshop planning team was formed to do this.
Engagement within this health service domain can be extremely sensitive and complex. To manage this complexity, a small planning team was established that included decision makers, project and engagement staff and consumer representatives involved at the planning level. Three patients were on the planning group and two were actively involved in the workshop. Patients were not simply a sounding board for ideas, but were full participants who substantially influenced the directions and activities of the other planning group members and the day itself.

**Engagement Objectives**

The engagement objectives were developed by the planning team. The objectives were used to help develop the format (e.g., engagement techniques) and questions that were used during the workshop.

The objectives for the workshop were to:

1. Confirm the range of issues that patients are currently dealing with as program participants.
2. Develop a series of measures that can be used to determine success in quality improvement efforts.
3. Identify what is currently working well in terms of opioid substitution treatment patient engagement.
4. Conceptualize a provincewide, made in B.C., patient/practitioner engagement process and/or structure.
5. Establish a consensus on the criteria that should be used to design (representation, sponsors, frequency on engagement, level of engagement, etc.) the engagement process and/or structure.
6. Develop a list of potential names for further patient/practitioner engagement process and/or structure.

Based on the engagement objectives, a variety of techniques were selected. It is important to note that techniques are the engagement processes used to bring patients, practitioners and administrators together for a dialogue focused on meeting the objectives. Four engagement techniques were used, each building on the other. The techniques included: paired interviewing, World Café, card storming and a vision board. The patient day engagement was captured using a graphic recorder. The techniques and outcomes of each technique are described in the next section of this report.

During the planning group meetings, specific information about engaging the substance use community was provided to ensure the engagement team had a clear understanding of the issues within the patient community. For example, patient members of the planning group explained that patients understand their treatment and their healing differently. Some patients have a goal of getting off methadone, whereas for others, methadone may be a life-long maintenance therapy and that is an appropriate way to consider them being well. Thus, patients helped the engagement team to understand that wellness does not necessarily equate to being off methadone. Wellness is unique to each patient and, therefore, truly “patient-centred.”
An advisory committee, consisting of patients and representatives from the engagement team, Ministry of Health, and the University of Victoria, identified and prioritized potential invitee groups and attendees for the patient workshop. Their goal was to have equal numbers of patients and practitioners to ensure the recommendations would be developed from a balanced viewpoint. Most of the colleges and professional organizations responded quickly and positively, as there was a known contact person with whom to engage. Engaging other potential participants was more challenging, as identifying the appropriate point person was less clear. In the future, more time would be required to reach the various stakeholders via assistance from local health authorities.

**Patient Day Workshop Summary**

The patient day workshop brought together opioid substitution treatment patients and practitioners within the methadone maintenance treatment program, in order to design an engagement mechanism between patients in the program and the broader health care system. The day reinforced the understanding of the importance of listening to the voices of individuals with lived experiences – patients, families and practitioners – and that these voices are included in further dialogue focused on the continued improvement of program delivery.

**Patient Partners**

Opioid substitution treatment participants were selected from across the province through the Patient as Partners Patients’ Voices Network and through recruitment strategies, which included outreach to each of the health authorities and local clinics. The workshop included 14 patient partners with lived experience, including patient carers (family and outreach workers) who actively participated by sharing their expertise and experience. The nine female and five male patients are at different stages in their treatment, and come from all five regional health authority areas. Some of them have been part of the opioid substitution treatment program for decades, whereas others have been part of the program for only a few years.

There was consensus on patient feedback that patient partners felt comfortable throughout the day and the engagement was respectful and inclusive. Additional feedback identified logistical changes that could be made for future workshops (e.g., temperature of the room, quantity of food, timing of breaks). Generally, the overall engagement design was successful from the patient participant perspective.
Practitioner and/or Administrator Partners

There were 15 practitioners and/or administrators at the workshop, including: medical practitioners; program managers and administrators from the Ministry of Health; College of Registered Nurses; College of Pharmacists; College of Physicians and Surgeons; and health authority representatives. A graphic recorder also attended and created a visual representation, which captured highlights of the conversations, dialogues and points of consensus (see Appendices B and C).

Engagement Techniques and Results

At the beginning of the workshop, all attendees were asked to share their ‘hopes for the day’ and/or ‘hopes for the methadone maintenance treatment program.’ Responses included: move towards transparency; move beyond maintenance; understand what works for rural areas; patient-centered programs; learn about our roles; learn from each other; succeed in our objectives; to be heard; and options for pain.

The following four engagement techniques and outcomes are listed and described in order of occurrence.

Paired Interview

A paired interview took place where practitioners interviewed patients to understand a time when they felt the health care system was responsive to their needs. The purpose of the interview was to help identify the values associated with a responsive health care system. This activity was the first step toward developing shared values and establishing design criteria for the engagement process.

World Café

A World Café was used as a means to gather input on issue areas related to the opioid substitution treatment patient experience. Six conversations (each with a different topic) took place at separate tables. The topics had been previously developed by the planning team and tested with key stakeholders. After thirty minutes attendees, moved to another table. Attendees could choose three of the six topic areas.
These topics were:

1. Integration of patients voices in program management and governance structures.
2. Greater access to opioid substitution treatment, especially in rural areas and in First Nations.
3. Fees charged to some patients for their treatment.
4. Clear processes and decisions related to prescribing, carries and dispensing.
5. Improved psychosocial supports for program participants.
6. Creating a safe and seamless system for opioid substitution treatment participants and health care providers.

At each table, facilitators asked the group four guiding questions:

1. What do we need to know?
2. How can the system improve?
3. How will we know if the system is improving?
4. Is the improvement measurable?

Ideas and/or improvements were not discounted if there was no measure. The conversations were recorded by a scribe and each new group was briefed about the previous group’s discussion. After the small group discussions, participants were invited to share insights and results from their conversations with the larger group. Appendix B includes a graphic recording of this session and the questions with short summaries are outlined below.

Specific issues that were identified during the World Café included:

- programming inconsistencies (e.g., the clinical fees for methadone vary from patient to patient and region to region);
- limited access/opportunity to psychosocial care (e.g. most patients said they had never been offered access to these kinds of support services); and,
- limited or restricted time to access treatment (e.g. many patients stated that having to accommodate the hours and locations at which they access their medication is a huge impediment to a “normal” life, holding down steady work, or being an active and supportive member in a family and community).

It was recognized that measurement is critical to identifying where quality improvements can be made to ensure patient centred care is being achieved. Potential suggestions for measures of success include: a consistent fee structure across the province, improvements to access to psychosocial care and accessibility to treatment.
Card-Storming

Following the paired interview, participants wrote the values/descriptions associated with a responsive health care system on sticky notes. The sticky notes were then grouped and headings were assigned. These headings were identified as the shared common values of the group (see Figure 1).

Figure 1: Card Storming Groupings

Participants’ Shared Patient Experience Values

The vision setting session focused on patient experience values. Four patient experience values were explicitly identified and are described below.

1. Genuine Dignity and Respect
   The need for genuine dignity and respect was identified as essential values, which need to be actualized throughout the health care system, and are considered the cornerstone of relationships with practitioners.

2. Follow-Through with Integrity
   Participants were unanimous in their desire for integrity as an essential value – meaning that their practitioner follows through with communications/actions, eliminating empty promises.

3. Quality and Skills
   Patients want a health care team with the skills, abilities and specific expertise in dealing with opioid substitution treatment patients.
4. Integrated Community (patients as partners)

Patients value community and recognize that it takes an integrated team of opioid substitution treatment-aware family and friends, former patients, psychosocial support providers and alternative therapists to truly support a patient on their journey towards wellness.

Vision Board

The vision boards developed out of small groups of workshop participants working together to produce their vision for patient engagement processes specific to opioid substitution treatment patients. A collective vision for future engagement sessions was developed using the following suggested criteria listed below:

- Aligns with the four core values; and,
- Includes measured outcomes and results.

Engagements need to engage all patients, regardless of geographic, socio-demographic or treatment factors. The participants were asked to consider the following questions to determine measures of success: How do we define success for the engagement process? How will we know we are making positive changes in terms of health outcomes?

Some of the key features from the vision engagement activity graphically represented in Appendix C include:

- whole person approach to care
- need the involvement of patients, doctors and pharmacists
- B.C. experts by experience
- a structural framework for feedback (e.g., 1-800 number and surveys)
- involve all the different organizations
- education for the wider public (e.g., webinars, awareness campaign)
- create opportunities for knowledge exchange
- psychosocial rehabilitation everywhere

These key features provide a direction for broader consultation (see Appendix C).
Observations

Key learnings

Patient-centred care builds on the concept of: nothing about me without me. The patient day workshop allowed patients to share the experiences and challenges they have faced with the health care system. They provided heartfelt descriptions of their life goals and their desire to achieve personal goals that extend beyond being a patient in the opioid substitution treatment program. Patient partners voiced their desire for a health care system that is respectful, including treatment with the same level of care and services afforded to other patients. They want to be supported in their journey towards reaching their goals, whatever these goals may be. Hearing the patients’ lived experiences provided extraordinary value, and assisted all participants to identify new opportunities for change at both the practical and a strategic level.

The success of the patient day can be credited to the collaborative planning that preceded the workshop. The two active patients on the planning team provided a unique assessment of the engagement opportunities and risks, and helped to communicate with other patients. Secondly, by working with health authorities and on-the-ground staff, the engagement was able to identify and recruit patients from across the province and with unique experiences. This ensured that no one group was over-represented and able to dominate the agenda or discourse so that a balanced view and shared ownership of recommendations was achieved.

Based on feedback from participants, the variety of engagement techniques used worked to achieve the engagement objectives. Additionally, participants appreciated having the graphic recording evolve over the course of the workshop.

It was recognized that measurement is critical to identifying where quality improvements can be made to ensure patient centered care is being achieved. Potential suggestions for measures of success included: a consistent fee structure across the province; improvements to access for psychosocial care; and increase accessibility to treatment. These measures emerged from the following issues highlighted during the workshop:

- programming inconsistencies (e.g., clinical fees vary from patient to patient and region to region);
- limited access/opportunity of psychosocial care (e.g., most patients said they had never been offered access to these kinds of support services); and
- limited or restricted time to access treatment (e.g., many patients stated that having to accommodate the hours and locations at which they access their medication is a huge impediment to a “normal” life, holding down steady work, or being an active and supportive member in a family and community).

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Improvement opportunities

Participants suggested the patient day workshop evaluation form be distributed early in the workshop so they could provide feedback after every session.

Objectives Met

All of the engagement objectives set for the Opioid Substitution Treatment Patient Day Workshop were met. A summary of key results are presented below.

<table>
<thead>
<tr>
<th>Objective</th>
<th>Accomplishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirm the range of issues that patients are currently dealing with as program participants.</td>
<td>The range of issues was confirmed throughout the workshop (see Appendix A).</td>
</tr>
<tr>
<td>Develop a series of measures that can be used to determine success in quality improvement efforts.</td>
<td>Areas of success measures were determined and will need further development and broader consultation.</td>
</tr>
<tr>
<td>Identify what is currently working well in terms of opioid substitution treatment patient engagement.</td>
<td>Aspects of the opioid substitution treatment system that are currently working well were identified during the discussions, and are included in Appendix A.</td>
</tr>
<tr>
<td>Conceptualize a provincewide, made in B.C., patient/practitioner engagement process and/or structure.</td>
<td>Ideas and experiences formed the basis for the vision of an engagement process (see Appendix C).</td>
</tr>
<tr>
<td>Establish a consensus on the criteria, which should be used to design the engagement process and/or structure (e.g., representation, sponsors, frequency, level of engagement, etc.).</td>
<td>Criteria for the engagement process are based on the values (see Appendix C).</td>
</tr>
<tr>
<td>Develop a list of potential names for an on-going patient/practitioner engagement process and/or structure.</td>
<td>A number of participants were encouraged by this process and will likely consider further engagement.</td>
</tr>
</tbody>
</table>
Next steps

The Ministry of Health Patients as Partners program values the feedback from participants. Feedback from the day will be used for future opioid substitution treatment system planning and, more broadly, for the ministry’s patient-centred care approach.

Patients and health care providers gave examples of their experience with opioid substitution treatment health care services. The experiences helped the group to identify and refine four core values, which are the foundation for future engagement processes and provide a patient-centred focus for the treatment community. The values are: genuine dignity and respect; follow through with integrity; quality and skills; and integrated community (patients as partners).

Two highlights or ideas to build on the success of this workshop:

1. Education and awareness programs to assist the general public, carers, children, and other relatives of patients better understand the opioid substitution treatment program and the patient journey.

2. A combination of in-person and online/remote engagement processes.

Patients need to have a voice in developing a future engagement process.
Appendix A: Opioid Substitution Treatment

Backgrounder

Opioid substitution therapy is making a significant contribution towards the care and treatment of people with opioid use disorders in British Columbia. The long-standing methadone maintenance therapy program has demonstrated positive outcomes, and new ideas promise to make the services even better for more people wishing to change their relationship with opioids.

Recent reviews of methadone maintenance therapy in Canada have involved interviews with patients, physicians and service providers, offering insight into what is going well and areas needing more work.

What we like

According to the study by the Centre for Addictions Research of B.C., some methadone clients describe their prescribing physicians as kind, compassionate, open-minded and non-judgmental. They say their dispensing pharmacists treat them with care and respect. Some clients credit the Methadone Maintenance Treatment program with helping them to:

- avoid overdose and spread of HIV,
- build confidence,
- feel normal and valued (like any other member of society),
- reduce criminal activity,
- reconnect with family and friends,
- find and begin work,
- reduce harm from injection drug use or involvement in the sex trade, and
- reduce anxiety linked to opioid withdrawal.

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The review is widely seen as one of the most thorough evaluations of the B.C. methadone system as it draws on extensive interviews with patients, physicians, and providers.

An assessment of the content of existing federal, provincial and territorial system reviews of methadone maintenance treatment and opioid dependence treatment in response to concerns about how to address the rising demand for opioid dependence treatment across Canada.
Many opioid substitution treatment professionals are equally positive, believing the program:

- contributes to the betterment of society,
- saves lives and reduces preventable harms (overdoses, spread of HIV and hepatitis C),
- helps clients turn their lives around,
- provides access to better health care,
- breaks the cycle of substance use disorders, and
- is on par with other programs in Canada and elsewhere.

**What we don’t like**

Some opioid substitution treatment clients say parts of the current system are ineffective and add hardship to their lives. They say professionals and others dismiss or downplay their efforts to change their life situation, making them feel ashamed, discouraged and hopeless.

Clients point to:

- Uneven access to health and social supports – some clients in some areas do not get the psychological and social help needed to be successful and some are not given a chance to participate in decisions about their well-being.
- Chronic pain – physicians who see clients as drug seekers may not adequately assess, investigate or treat their pain.
- Control and punishment – restrictive carry policies deny some clients physical access to caring family members and friends; daily trips to the pharmacist prevent some clients from working or participating in other activities that could normalize their lives; and trouble finding pharmacies that dispense methadone in some areas restricts some clients’ movement and opportunity for life improvement.
What we can do

Since the core challenges to client success are fragmentation and lack of integration of opioid substitution treatment with other mainstream health and social care supports, the Centre for Addiction Research of B.C. report recommended the following:

1. **Form a committee aimed at improving the methadone maintenance treatment system**

   Membership in the Methadone Maintenance Committee should include representation from all agencies, regulatory bodies and stakeholder groups, including clients, families and advocates.

2. **Develop an evaluation system**

   The committee should identify key quality indicators to monitor system performance, coordination and outcomes, and use this information to make recommendations to government and other lead agencies. A consistent, transparent funding system for all elements of treatment (prescribing, dispensing, drug costs, travel costs, psychosocial supports and case management) is necessary.

*Client dislikes regarding methadone maintenance treatment include lack of psychosocial supports and information, poor pain management, the physical effects of methadone, controlling and punitive practices, and constraints on their daily lives imposed by the rules and practices of methadone treatment. Clients also commonly report experiences of stigma and discrimination.*

“The provision of psychosocial supports is uneven, and no guidelines exist for provision of this service. The provision of methadone treatment without health and social supports is seen as an ineffective service. Further, clients report they do not receive the information they need for informed decision-making about methadone and their treatment.

“Many clients experienced inadequate management of their chronic pain. Some clients were convinced that physicians perceived them as drug seeking, so would not properly assess, investigate or treat their pain.

“Clients expressing concerns about controlling and punitive practices specifically addressed restrictive carry policies as one example. A punitive or restrictive approach to treatment has the potential to compound people's substance use and addiction when they are prevented from visiting supportive environments, family, and friends, or taking part in activities such as traveling and work to improve their quality of life and facilitate recovery.

“In their feedback about problematic rules and practices, respondents primarily discussed the constraints imposed by the rules for carrying methadone. Many clients viewed the daily trips to the pharmacist as a major burden on their lives. Some spoke about the challenges they had encountered finding pharmacies that dispense methadone in areas where they lived or wanted to travel to, and that this had inhibited their ability to travel or move.”

*BC Methadone Maintenance Treatment Program: A Qualitative Systems Review – Summary Report*
3. **Expand services**

Methadone maintenance treatment services should be available and accessible in community and institutional settings across the province, including northern, rural and remote communities.

4. **Integrate with mainstream services**

Methadone maintenance treatment should be integrated into existing health and social services and be provided through inter-disciplinary and stepped-care models. A continuum of service delivery (low threshold, intensive and primary care) is needed to serve a diverse population struggling with opioid dependence.

5. **Focus on effective ways to attract and keep clients**

Methadone maintenance treatment should be free of user fees, and fiscal arrangements should provide best practice incentives in terms of access, client retention, quality of care, effectiveness and equity.

6. **Research new and better models for prescribing**

Models of prescribing used in other jurisdictions should be examined with respect to their impact on access, retention, quality, and effectiveness. A dialogue needs to be established with Health Canada regarding needed changes to present federal licensing arrangements.

7. **Treat clients and peers as partners**

Peer-led, advocacy and mutual aid groups must be resourced effectively to build capacity for clients and peers to become partners in care.

8. **Challenge mainstream resistance**

The benefits of methadone maintenance treatment should be celebrated more widely to proactively address the stigma and discrimination still faced by people taking methadone.

9. **Stay open to options**

Evidence-based alternatives to methadone maintenance treatment, such as buprenorphine, should be examined and made available where and when appropriate.

10. **Train staff to embrace a humble human approach**

Pre-service and multi-disciplinary in-service training should provide all health and social service professionals with an understanding of methadone maintenance treatment that reduces stigma and discrimination.
Excerpts from the national report

In most provinces, there are two parallel streams of methadone maintenance treatment provision – provincially funded clinics and fee-for-service treatment provided through individual or group practices. These two streams operate in isolation from one another. There are few, if any, relationships between the physicians in fee-for-service practices and the clinics connected to the provincial addiction system.

Increasingly, there are efforts in jurisdictions to bring these two systems together, through local or provincial co-ordination. Provinces vary significantly in their development of the components of a methadone system – whether they have guidelines and methadone maintenance treatment policies from medical regulatory bodies, a quality assurance system, service planning, or sources of data. Many provinces and First Nation communities in Canada are engaged in developing mental health and addiction strategies and/or strategies to address problematic prescription opioid use specifically. Treatment needs of those who have prescription opioid use disorders are being addressed as part of these processes.

Five main messages come from this scan:

1. A continuum of methadone maintenance treatment service delivery (low threshold, intensive and primary care) is needed to serve an increasingly diverse population struggling with opioid use disorder.
2. A co-ordinated methadone maintenance treatment system is needed to ensure that clients are matched with the appropriate intensity of treatment.
3. A consistent, transparent funding system for all elements of methadone maintenance treatment, including: prescribing, dispensing, drug costs, travel costs, and funding for psychosocial supports is necessary.
4. The lack of availability of buprenorphine is a lost opportunity to provide an alternative to methadone for patients.
5. The stigma of substance use is still very prevalent and affects every level of the substance use treatment system.