

FEBRUARY 28, 2005

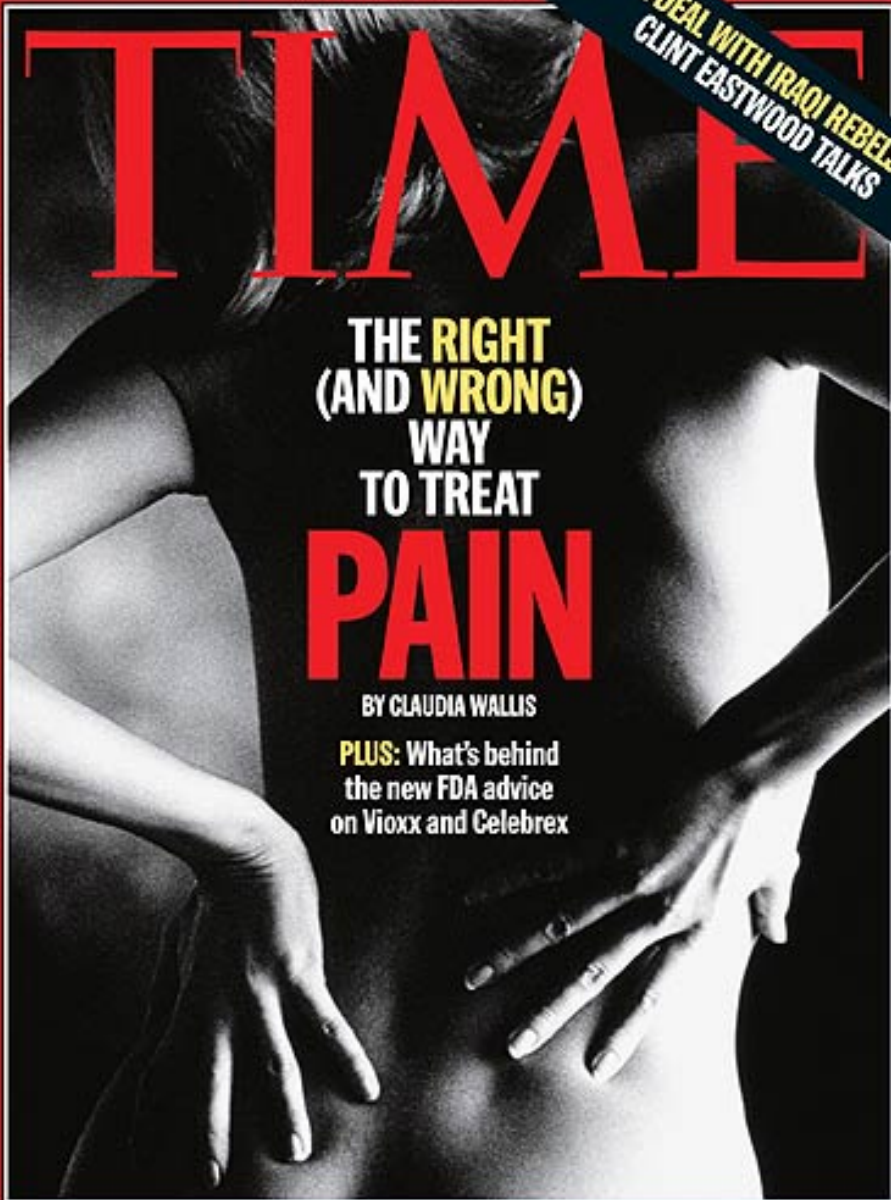
# TIME

A DEAL WITH IRAQI REBELS?  
CLINT EASTWOOD TALKS

THE RIGHT  
(AND WRONG)  
WAY  
TO TREAT  
**PAIN**

BY CLAUDIA WALLIS

**PLUS:** What's behind  
the new FDA advice  
on Vioxx and Celebrex



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# **Methadone for Pain Politics and Potential**

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# Disclosure: Conflicts of Interest

## Speakers Bureau, Consulting:

- ▼ Bayer
- ▼ Glaxo-Smith-Kline
- ▼ Janssen-Ortho
- ▼ Merck-Frosst
- ▼ Pfizer
- ▼ Purdue Pharma

# Methadone – History and Politics

- ✓ **Synthetic opioid agonist**
- ✓ **Discovered by German chemists during WW2 who were searching for an analgesic substitute for morphine, which was in short supply**
- ✓ **Initial trade name “Dolophine”**
- ✓ **Initial testing – intolerable S/E (dosing?)**

# **Methadone – History and Politics**

- ✓ **1950 – used in U.S. for opioid withdrawal**
- ✓ **1960s – epidemic of heroin abuse in NYC**
- ✓ **Dole & Nyswander discovered the ability of meth to decrease opioid craving & W/D given once daily – unable to D/C methadone**
- ✓ **1971 – 25,000 U.S. patients enrolled in MMT**
- ✓ **1973 – strict U.S. regulations for MMT**
- ✓ **1976 – APA sued right to dispense methadone for pain**

# Methadone in Canada

- ✓ **MMT Introduced in B.C. Halliday 1963**
- ✓ **1972 Canada introduced restrictive regulations → MMT almost disappeared**
- ✓ **Growing evidence for the value of MMT as a harm reduction strategy + HIV → resurgence in interest in MMT**
- ✓ **Currently ~15-20,000 people enrolled in OAT in Canada – waiting lists persist**

# Opioid Agonist Treatment (OAT)

- ✓ 90+ % of opioid addicted people relapse in abstinence-based Tx programs
- ✓ Kreek – born different
- ✓ IDU – does great harm (HIV, Hep C, crime)
- ✓ OAT is a harm reduction strategy with proven benefits
- ✓ Once daily supervised doses prevent withdrawal and may partially block the effect of any injected opioid
- ✓ Typical doses 60-120mg

# Methadone in Canada

- ✓ **Health Canada, Office of Controlled Substances controls the manufacture and sale of methadone**
- ✓ **It is illegal to prescribe methadone – unless an MD has an exemption from Section 56 of the CDSA**
- ✓ **Methadone for addiction (OAT) policy controlled by provincially by BC, Sask, Ont, PQ – others follow federal guidelines**
- ✓ **Methadone for pain exemption - federally**



## Methadone Program

To obtain procedures for temporary exemption during hospital admission, to verify if a practitioner is exempted to prescribe methadone or for other inquiries please contact the Methadone Program directly at:

[exemption@hc-sc.gc.ca](mailto:exemption@hc-sc.gc.ca),

Telephone: (613) 946-5139

Toll free: 1-866-358-0453



## **Methadone Exemption Application**

**(For physicians practicing in the  
province of Ontario and applying for  
an exemption for analgesic purposes)**

Apply online or download a pdf application

[http://www.hc-sc.gc.ca/dhp-mps/pubs/precurs/meth\\_on\\_e.html](http://www.hc-sc.gc.ca/dhp-mps/pubs/precurs/meth_on_e.html)

**Mr. P.C.**  
**75 y.o. Severe PNeP Feet**

## Mr. PC Hx

- ✓ Severe weight-bearing foot pain on the soles of both feet x 15 yrs
- ✓ Gradually onset after a trivial injury
- ✓ Pain now 1-2/10 up to 10/10
- ✓ “Feels like walking on nails”
- ✓ Slow shuffling gait
- ✓ Remote history of alcohol abuse
- ✓ No other psychosocial stressors

## Mr. PC (P/E)

- ✓ Feet normal colour and temp
- ✓ Lower limb MSK and Neuro exam normal
- ✓ Tenderness on palpation generally over the soles with some ?allodynia
- ✓ Consults: Ortho(foot), Pod, Neuro – neg
- ✓ EMGs, xrays, bone scan, CT spine - neg

# Mr. PC (Previous Tx)

- ✓ Orthotics – somewhat helpful
- ✓ NSAIDs / COXIBs – NR + GI toxicity
- ✓ Topicals – NR
- ✓ Adjuvants – TCAs – not tolerated
  - GPN – modest relief 1800mg/d
- ✓ Opioids – T#3, Percocet, Tramacet
  - MS Contin, Oxycontin,
  - Hydromorph Contin, Duragesic
- ✓ Tried smoking THC – “stupid”

## Mr. PC (Current Tx)

- ✓ GPN – 1800mg / day (tried up to 3600mg without additional benefit)
- ✓ MS Contin – initially 600 mg/day  
- recently 3000 mg/day
- ✓ Modest relief at best, no S/E

# Mr. PC (Switch to Methadone)

- ✓ Screening ECG – NS ST changes  
normal QT interval
- ✓ Metadol – 10mg tid started x 7 days
- ✓ MSC reduced by 1000mg
- ✓ Metadol – 20mg tid x 7 days
- ✓ MSC reduced by 1000mg q 3 days

## Mr. P.C. (Current status)

- ✔ Very smooth switchover, mild W/D only
- ✔ 60mg meth/day pain relief = to 3000 MSC
- ✔ Metadol increased to 30mg tid (incremental dosing q 3 days)

# Methadone for Pain

- ✓ **Unique opioid - not a panacea**
- ✓ **Can also be abused**
- ✓ **Careful with titration**
- ✓ **Watch drug interactions**
- ✓ **Can develop tolerance**

Canada's Weekly Newsmagazine

# Maclean's

August 16, 1999

**SPECIAL REPORT**

What's **RIGHT**—and  
**WRONG**—with Canada

**BANKING**

Canada Trust Goes Gre

**COPING  
WITH**

# PAIN

