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American Society of Addiction Medicine releases expert opinion on improving Methadone patient safety

CHEVY CHASE, MD, JANUARY 22, 2014 – Overdose and death among patients treated with the addiction medication methadone can be reduced through careful management by providers and education of patients and their families during early phases of treatment, according to an expert panel of the American Society of Addiction Medicine (ASAM).

Methadone is the most widely studied medication for the treatment of addiction, and is considered safe and effective when dispensed and consumed properly. However, research and clinical experience have found elevated rates of overdose and death in patients being treated by methadone during the induction and stabilization phases of treatment.

The federal Substance Abuse and Mental Health Services Administration (SAMHSA) invited ASAM to convene an expert panel to develop a consensus statement on how to address these risks. The final draft of the consensus statement by the ASAM Methadone Action Group, comprised of physicians and clinical researchers with extensive experience in administering and researching the medication was published in the November/December 2013 issue of the Journal of Addiction Medicine.

“The use of methadone to treat addiction has saved countless lives in the last 50 years, but it also has an increased risk of toxicity and adverse events for the patient during the medication’s induction and stabilization phases,” said Dr. Louis Baxter, ASAM Immediate Past-President and chair of the expert panel. “The protocols designed by the ASAM expert panel could dramatically decrease these negative outcomes if all clinicians prescribing methadone would follow them.”

Since methadone has been in use for addiction treatment since the early 1960s, the medication has been through many years of clinical trials and experience and has been shown to have a favorable safety profile when used as indicated. Overdoses and fatalities associated with methadone usually occur through accumulated toxicity caused by overly aggressive induction and through patients who combined their prescribed methadone with other opioids, sedatives or alcohol. Methadone-related deaths more often occur during the first two weeks of treatment because providers overestimate the patient’s tolerance to methadone or because other drugs also are being used.

The ASAM expert panel recommended robust patient and family education regarding proper use and dangers associated with methadone beginning at intake into methadone treatment. And, patients should be warned that achieving a stable dose may take weeks, during which time symptoms of withdrawal can still occur. The expert panel also issued clear guidelines on calculating the initial methadone dose for addiction patients, monitoring the patients’ response, adjusting dosage and intervening at the first sign of toxicity.
“Universal use of these guidelines can improve the safety of a medication that’s very effective in treating opioid addiction, especially when combined with behavioral therapy,” said Dr. Stuart Gitlow, ASAM President. “This also could help reduce the negative image of this medication among the public, policy makers and the medical community.”

ASAM’s Safe Methadone Induction and Stabilization Report can be accessed here, on our website www.asam.org.

The American Society of Addiction Medicine is a national medical specialty society of over 3,000 physicians and associated professionals. Its mission is to increase access to and improve the quality of addiction treatment, to educate physicians, and other health care providers and the public, to support research and prevention, to promote the appropriate role of the physician in the care of patients with addictive disorders, and to establish Addiction Medicine as a specialty recognized by professional organizations, governments, physicians, purchasers and consumers of health care services and the general public. ASAM was founded in 1954, and has had a seat in the American Medical Association House of Delegates since 1988.

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