Interim Methadone Maintenance or Interim Maintenance (IM)

TARGET AUDIENCE
This program is for adults who are opioid-dependent and are on a waiting list to receive comprehensive methadone treatment.

SUMMARY
Interim Methadone Maintenance or Interim Maintenance (IM) is a community-based program that is designed to help participants manage their opiate cravings, prevent opiate withdrawal symptoms, and facilitate entry into a methadone treatment program.

EVIDENCE
In a randomized controlled trial, significantly more participants in IM were enrolled in comprehensive treatment and had fewer heroin-positive drug tests at 4- and 10-month follow-ups compared to a waiting-list control group. In addition, participants in the IM group reported less heroin use, less money spent on drugs, and fewer days of illegal activity. In a second randomized controlled trial, there were no significant differences in treatment retention rates at 12 months between participants in IM, standard methadone, or methadone treatment in which counselors had reduced caseloads. Positive urine tests declined significantly from baseline for all three groups; however, there were no significant differences among groups at 12 months.

COMPONENTS
IM is designed to assist participant entry into methadone treatment programs (MTPs) and to help participants reduce heroin use and criminal behavior. The program involves two components.

- Daily, individualized methadone dose administered to participants by a nurse.
- Emergency counseling.

U.S. Federal regulations permit MTPs to give IM to adults who are looking for treatment, but, when program capacity is limited, MTPs can give treatment to individuals who are not able to gain admission to a program within 14 days. Regulations specify several guidelines.

- Public or nonprofit MTPs, only, can provide IM;
- Counseling is provided to patients receiving IM only during times of emergency or crisis (e.g., temporary loss of housing, relationship problems, serious medical problems); and
- Patients must complete drug testing.

IM programs include physical exams and deliver HIV prevention education.

PREVIOUS USE
Methadone treatment was initiated, without counseling, in Chicago, Illinois, in 1969 to 1970. Additional previous use information was not located.
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**TRAINING**

A nurse implements daily shots, and a counselor delivers services on an emergency basis, but no training is offered to implement this program.

**CONSIDERATIONS**

Considerations for implementing this program include hiring a nurse to administer daily methadone doses, finding a counselor who is available for emergency counseling, and scheduling limited drug testing for participants.

The Clearinghouse can help address these considerations. Please call 1-877-382-9185 or email Clearinghouse@psu.edu

**IMPLEMENTATION**

If you are interested in implementing IM, the Clearinghouse is interested in helping you!

Please call 1-877-382-9185 or email Clearinghouse@psu.edu

**TIME**

Methadone doses are given daily, and this takes a few minutes. Emergency counseling is offered for up to 120 days.

**COST**

Implementation cost information was not located. Please contact the developer for information on program costs.

**EVALUATION PLAN**

To move the IM program to the Effective category on the Clearinghouse Continuum of Evidence, at least one external evaluation must be conducted that demonstrates sustained, positive outcomes. This study must be conducted independently of the program developer.

The Clearinghouse can help you develop an evaluation plan to ensure the program components are meeting your goals.

Please call 1-877-382-9185 or email Clearinghouse@psu.edu

**CONTACT**

Contact the Clearinghouse with any questions regarding this program.

Phone: 1-877-382-9185  Email: Clearinghouse@psu.edu

You may also contact Robert P. Schwartz, M.D., by mail 1040 Park Avenue, Suite 103, Baltimore, MD 21201, phone 1-410-837-3977 EXT 276, or email rschwartz@friendsresearch.org

**SOURCE**

www.nrepp.samhsa.gov/ProgramProfile.aspx?id=1230

www.militaryfamilies.psu.edu