The lives of a significant number of New Zealanders are affected by opioid dependence. Once established, the long-term course of this disorder is frequently chronic and relapsing in nature, although at an individual level there is considerable variation in the type of “opioid career” pursued. Opioid dependence is associated with a broad range of health and psychosocial problems and opioid dependent persons constitute a high-risk group for acquiring and transmitting HIV and hepatitis B and C.

While controversial, methadone treatment has been clearly demonstrated to have a significant impact on reducing illegal opioid use, intravenous drug use and needle sharing, morbidity and mortality and criminal behaviour and on improving social functioning and health status. However, methadone treatment programmes (MTPs) have been shown to vary in effectiveness, with variation shown to be related to adequacy of methadone dose levels, retention rates and other programme variables.

The measurement of treatment outcome is concerned with the effect of clinical interventions on health status. The routine monitoring of clinical outcomes within mental health services, including MTPs, using standardized measures is considered likely to have an impact on improving treatment and in facilitating greater active involvement of patients in decisions about their treatment.

For routine use within MTPs, outcome measures need to be acceptable to patients and staff, brief, multi-dimensional, reflect the philosophy and goals of methadone treatment, simple to administer and score, meet adequate psychometric requirements and require minimal resources to implement.

An inter-rater reliability study of the Opiate Treatment Index (OTI) [Darke, Hall, Wodak, Heather & Ward 1992a] undertaken within a MTP setting, found little difference between the information given by patients to clinicians and that given to an independent research assistant. Furthermore, in this study patients were willing to divulge sensitive information to their clinician case-managers. However, piloting the OTI within a “real life” setting of a MTP identified the need for a brief, easy to administer and score, methadone treatment-specific outcome measure.

A three step process led first to the development of a prototype called the Methadone Treatment Clinical Review Questionnaire (MTP-CRQ), derived from the OTI and incorporating the SF-36 Health Survey [Medical Outcomes Trust 1994a]. Second, a pilot study of the MTP-CRQ within a MTP indicated good face validity and acceptability by patients and staff of the service. Third, modifications to the MTP-CRQ led to a first draft of the Methadone Treatment Index (MTI),
derived from the OTI and the 21-item version of the Hopkins Symptom Checklist (HSCL-21) [Green, Walkey, McCormick & Taylor 1998].

The MTI is a brief, multi-dimensional outcome measure, designed for routine clinical use to provide a “global” indication of the treatment progress of opioid dependent persons admitted to methadone treatment. Further research is required to evaluate the psychometric properties and the utility of the MTI and to further investigate the utility of the SF-36 as an adjunct to a methadone treatment-specific outcome measure.