

**METHADONE
TREATMENT
INDEX
(MTI)**

METHADONE TREATMENT INDEX (MTI)

At the beginning of your review session emphasise to your client/patient and their significant other (when present) that the purpose of this routine review is to “check in” with them about how treatment is progressing and if it is in line with their treatment goals and expectations for opioid substitution treatment.

- That the questionnaire covers recent drug use and aspects of health and functioning
- That it is used as a basis for discussion, and also over time as a way of looking back over progress (many people have “ups and downs”).
- That information provided by the client is confidential and will **not** be used in a negative or punitive way, but as a guide for ongoing treatment and to identify if further help in any area is needed.

1. Review date:

2. Client name:.....Health No.....

3. Significant other (if present):.....

4. Current relationship status of client:

5. Number of dependent children cared for by client:

6. Ages:.....

7. Total number of admissions to an opioid substitution treatment programme including current admission:

8. Length of time on current programme:

9. Currently receiving treatment from Specialist Service/Clinic or from GP:

10. Over the past four weeks dosage of opioid substitution medication has been:

- Increasing
- Remaining stable
- Decreasing

11. Other current prescribed medications (for medical/mental health problems)?

12. Other services/agencies the client and his/her significant other/family (including children) are currently involved with or receiving help from:

10. Date of next review:

SECTION 1 – DEGREE OF DRUG USE INDEX (DDI)

These questions are about your recent drug use. Again please note this information is confidential and is one part of our overall review today.

INJECTING DRUG USE

1. Have you injected any drugs in the last 4 weeks? Yes No
2. How frequently (on average)?

0	1	2	3	4	5
Nil Use	Once per week or less	More than once a week	Daily	2-3 times daily	4 or more times daily
X5 = SUBTOTAL					

If you have injected what specific drugs did you use and how often? (tick columns)*

	Nil Use	Once per week	More than once a week	Daily	2-3 times daily	4 or more times daily
i) Opioids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Stimulants (e.g. amphetamines, cocaine, Ritalin) - specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Sedatives (eg benzodiazepines)- specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Other – specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** Not scored – only for information/discussion**

NON-INJECTING DRUG USE

Cannabis

1. Have you used cannabis in the last 4 weeks? Yes No
2. How frequently (on average)?

0	1	2	3	4	5
Nil Use	Once per week or less	More than once a week	Daily	2-3 times daily	4 or more times daily
SUBTOTAL					

Alcohol (standard drinks per week)

1. How much alcohol per week did you drink on average in the last 4 weeks?

	0	1	2	3	4	5
Female	Nil	1-14	15-21	22-28	29-35	36+
Male	Nil	1-21	22-28	29-35	36-42	43+
SUBTOTAL						

STANDARD DRINK GUIDELINES

1 Standard Drink	= 1 small can of beer	(12 oz)		
	= 1 small glass of wine	(4 oz)		
	= 1 nip of spirits	(1 oz)		
Beer	1 bottle of beer	(750 ml)	= 2.5	SD
	1 jug of beer	(1000 ml)	= 3	SD
Wine	1 bottle of wine	(750ml)	= 6.5	SD
Spirits	1 standard bottle of spirits	(750ml)	= 26	SD
	1 large bottle spirits	(1125 ml)	= 40	SD

Tranquilisers/Sedatives/Hypnotics

1. Have you used any tranquilisers/sedatives/hypnotics in the last 4 weeks (eg Valium, Halcion, Mogadon, Rivotril, Serepax etc)? Yes No

(If yes circle:) Prescribed Non-prescribed Both

2. How frequently on average? (NB just score non-prescribed use on scale).

0	1	2	3	4	5
Nil Use	Once per week or less	More than once a week	Daily	2-3 times daily	4 or more times daily
SUBTOTAL					

Other non-injecting drug use

1. Have you used any other drugs (non-injected) (exclude any medications prescribed for psychiatric/medical disorder) in the last 4 weeks (other than tranquilizers/sedatives/hypnotics, cannabis and alcohol)?

Yes No

2. How frequently (on average)?

0	1	2	3	4	5
Nil Use	Once per week or less	More than once a week	Daily	2-3 times daily	4 or more times daily
X1 = SUBTOTAL					

If you have used any other drugs what did you use and how often? (tick columns)*

	Nil use	Once per week	More than once a week	Daily	2-3 times daily	4 or more times daily
i) Stimulants (eg Ritalin, amphetamines, ecstasy – specify						
ii) Inhalants – specify						
iii) Other – specify						
* NB Above not scored (only for information to aid discussion)						

Nicotine

1. How many cigarettes did you smoke on average per day in the last 4 weeks?

NB: 50gms tobacco = 100 retail cigarettes.

0	1	2	3	4	5
None	5 or less	6-10	11-15	16-20	More than 20

SECTION 1 : TOTAL SCORE = _____/50

SECTION 2 – SOCIAL AND BEHAVIOURAL FUNCTIONING INDEX (SBFI)

A: Social Functioning B: Injecting and Sexual Practices C: Crime

These questions are about your social situation over the last four weeks, the way you use drugs, your sexual contacts and any illegal activity you may have been involved in.

SOCIAL FUNCTIONING

1. How many different places have you stayed at (lived in) in the last four weeks?

One	0
Two	1
Three.....	2
Four	3
Five or more.....	4

2. How much of the last four weeks have you been employed? (Employment should be defined broadly - including full-time parenting, full-time or regular part-time legal, paid work, full-time student or full-time or regular unpaid work such as volunteer work etc)

None of the time	4
Some of the time	3
Half of the time.....	2
Most of the time.....	1
All of the time.....	0

3. How many of the people you mix with have injected drugs at least once in the last four weeks (including your partner and acquaintances/friends receiving methadone treatment – or other substitution treatment)?

None	0
Less than half	1
About a half.....	2
More than half	3
All of them	4

4. How often in the last four weeks have you had conflict, ie significant hassles, with the people you live with or are close to (including your partner and children ? who)?

Very often	4
Often	3
Sometimes	2
Rarely.....	1
Never	0

5. When you are having problems (think back over the last four weeks) are you happy with the support you get from others (e.g. from friends, partner, family others ? who)?

Very satisfied.....	0
Satisfied.....	1
Reasonably ok	2
Not satisfied	3
Very unsatisfied	4

INJECTING AND SEXUAL PRACTICES

Injecting

1. During the last four weeks, how often have you shared injecting equipment (needles, syringes, filters, spoons, tourniquets, "dregs" and water? (circle or add to list any other equipment that can be shared directly or indirectly)
- No times 0
 - One time..... 1
 - Two times 2
 - 3-5 times 3
 - 6-10 times 4
 - More than 10 times 5

If a client has not injected in the last four weeks, score zero for the Injecting Section, and go on to the Sexual Behaviour section.

2. During the last four weeks with how many different people have you shared injecting equipment (including your sexual partner)?
- No one..... 0
 - One person 1
 - Two persons 2
 - 3-5 persons 3
 - 6-10 persons 4
 - More than 10 persons 5

NB: If your client has shared equipment you may wish to complete the rest of the Injecting Risk Questionnaire attached (ie for health education).

Sexual Behaviour

1. How many people, including your regular partner (if one) clients and casual partners, would you have had sex with in the last four weeks?
- None 0
 - One person 1
 - Two people..... 2
 - 3-5 people..... 3
 - 6-10 people..... 4
 - More than 10 people..... 5

If no sex in the last four weeks score zero for Sexual Behaviour section and go to Crime section.

2. How often have you used condoms in the last four weeks when having sex (including with your regular partner, any casual partners or clients)?

NB: Score 1 if in a stable relationship and absolutely confident no risk, i.e. agreed to have a monogamous relationship; used condoms every time and had no other sexual partners.

- No paid sex/no penetrative sex 0
- Every time 1
- Often 2
- Sometimes 3
- Rarely 4
- Never 5

INJECTING & SEXUAL PRACTICES SUBTOTAL = _____

CRIME

This section relates to any illegal activity that you may have been involved in during the last four weeks (not the number of times you have been caught).

1. How often, on average, in the last four weeks would you have sold or supplied drugs to someone (i.e. the number of times you have been involved in drug dealing, not the number of times you have been caught).

No drug dealing 0
Less than once a week..... 1
Once a week..... 2
More than once a week 3
4-6 times a week 4
Daily..... 5

2. How often, on average, in the last four weeks have you been involved in any other criminal activity e.g. property crimes such as breaking and entering, shoplifting, robbery, stealing or receiving stolen goods; fraud (involving cheques, credit cards, prescriptions, social welfare etc); violence, including assault or using violence during a robbery, armed robbery etc?

No criminal activity..... 0
Less than once a week..... 1
Once a week..... 2
More than once a week 3
4-6 times a week 4
Daily..... 5

CRIME SUBTOTAL = _____

TOTAL SOCIAL & BEHAVIOURAL FUNCTIONING SCORE

SOCIAL FUNCTIONING

SUBTOTAL = _____

INJECTING & SEXUAL PRACTICES

SUBTOTAL = _____

CRIME

SUBTOTAL = _____

SECTION 2 – TOTAL = /50

SECTION 3 – GENERAL HEALTH INDEX (GHI)

These questions are about your general health, I am going to read out a list of health problems. Please rate each of them according to how distressing you have found them over the past 7 days, including today, on the following scale.

Score	0	1	2
1. Fatigue/energy loss	Not at all	A little	Quite a bit
2. Poor appetite	Not at all	A little	Quite a bit
3. Weight loss/underweight	Not at all	A little	Quite a bit
4. Trouble sleeping	Not at all	A little	Quite a bit
5. Fever	Not at all	A little	Quite a bit
6. Night sweats	Not at all	A little	Quite a bit
7. Swollen glands	Not at all	A little	Quite a bit
8. Bruising easily	Not at all	A little	Quite a bit
9. Teeth problems	Not at all	A little	Quite a bit
10. Eye/vision problems	Not at all	A little	Quite a bit
11. Ear/hearing problems	Not at all	A little	Quite a bit
12. Headaches	Not at all	A little	Quite a bit
13. Forgetting things	Not at all	A little	Quite a bit
14. Coughing up phlegm	Not at all	A little	Quite a bit
15. Joint pain/stiffness	Not at all	A little	Quite a bit
16. Muscle pain	Not at all	A little	Quite a bit
17. Constipation	Not at all	A little	Quite a bit
18. Shortness of breath	Not at all	A little	Quite a bit
Physical subtotal	/36		
1. Blaming yourself for things	Not at all	A little	Quite a bit
2. Feeling lonely	Not at all	A little	Quite a bit
3. Feeling down (blue)	Not at all	A little	Quite a bit
4. Your feelings being easily hurt	Not at all	A little	Quite a bit
5. Feeling others don't understand you or are unsympathetic	Not at all	A little	Quite a bit
6. Feeling that people are unfriendly or dislike you	Not at all	A little	Quite a bit
7. Feeling inferior to others	Not at all	A little	Quite a bit
Psychological subtotal	/14		

SECTION 3: TOTAL SCORE = _____ /50

MTI TOTAL SCORES

SECTION 1:

Degree of Drug Use Index (DDI) SCORE = ____/50

SECTION 2:

Social & Behavioural Functioning Index (SBFI) SCORE = ____/50

SECTION 3:

General Health Index (GHI) SCORE = ____/50

Sections 2 and 3 derived from:

1. Opiate Treatment Index (OTI)
Authors: Darke S, Ward J, Hall W, Heather N, Wodak A. National Drug and Alcohol Research Centre, University of New South Wales (1991)
2. Injecting Risk Questionnaire (IRQ)
Authors: Stimson GV, Jones S, Chalmers C, Sullivan D. Centre for Research on Drugs & Health Behaviour, Dept of Social Science & Medicine, Imperial College School of Medicine, University of London, UK (1998)
3. Three factor 21-Item Version of the Hopkins Symptom Checklist
Authors: Green DE, Walkey FH, McCormick IA, Taylor AJW. Victoria University of Wellington (1988)

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