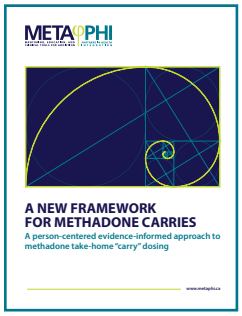
A NEW APPROACH TO METHADONE CARRIES



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INTRODUCTION

Previous guidelines about how to prescribe methadone in Ontario focused on trying to make sure that methadone didn't cause harm to anyone, both people prescribed methadone and people in the community. Take-home doses of methadone (or *carries*) were also used to motivate and reward people for stopping drugs. People would get carries by meeting the expectations of the treatment program and leaving urine samples that showed abstinence from substance use. While these rules were intended to keep people safe, they also made it harder for people to keep taking methadone.

WHY ARE WE WRITING THIS NOW?

- People are continuing to die from drug poisonings and overdoses, so it's important to make treatment as easy to access as possible.
- During the COVID-19 pandemic, prescribers started giving people more carries to reduce their risk of being exposed to COVID and make sure they could keep taking their methadone if they had to isolate. Research showed that people who received more carries didn't have more overdoses and were less likely to stop treatment.
- Ontario's old methadone guidelines were withdrawn in 2021, so there's a need for new guidance to help with decision-making about prescribing methadone.

WHO ARE WE?

- 6 people: 3 with clinical expertise of methadone (2 doctors and 1 pharmacist) and 3 with lived and living expertise of methadone.
- We spent a long time talking about what research has shown about methadone carries, our personal and clinical experiences of methadone, what we know about the risks of having carries, and what we know about the risks of not having carries.

HERE IS WHAT WE KNOW:

- Deaths related to opioids in Ontario are now mostly from fentanyl and related drugs.
- People taking methadone are less likely to die of overdose.
- Rules that make methadone difficult to access (including the requirement for daily pharmacy visits for long periods of time) are one reason people leave treatment or choose not to start it.
- Methadone is a strong opioid that can be dangerous even for people who are used to other opioids.
- It's easy to mistake methadone for juice, which makes it dangerous to just keep in the fridge if you live with other people, especially children, who might take it accidentally.

WHAT'S OUR GOAL?

Our goal is to give health care providers a way to make decisions about methadone carries that focuses on when carries would be both safe and helpful.

There are times when it is not safe for a person to have any carries. As people get a bit more stable, it might be safe for them to have up to 3 weekly carries even if they're using some drugs. 4 to 6 carries per week would be safe for people who are quite stable. People who have been stable for a long time may be able to safely get 7 to 27 carries at a time. These decisions depend on a person's situation: how they can keep their methadone safe, how they're using substances, what their goals are, and what they have going on in their life. This means that an open and trusting relationship between the health care provider and the person taking methadone is very important.

HOW DECISIONS ABOUT CARRIES ARE MADE

Care providers need to consider all the questions below when making decisions about carries.

1. **CAN THE CARRIES BE KEPT SAFE?**
   Carries need to be kept safe. It's important that the person receiving carries has a regular place to stay, either their own home or with family or friends, to reduce the chances that the carries will get lost or stolen. People also need to have a lock box (or a container that can be locked) to store their carries.

2. **HOW LONG HAS THE PERSON BEEN TAKING METHADONE?**
   People don't usually get carries during the first month of treatment. When someone first starts methadone, going to the pharmacy every day gives the pharmacist a chance to see how the person is reacting to dose increases. The first month of treatment is also a time for the prescriber and the person taking methadone to build their relationship and to talk about the risks of methadone. Carries can be started after about 4 weeks if the person is stabilizing and meeting the other criteria. 3 months is the usual minimum before 4 to 6 carries would be considered. One year is the usual minimum before someone would get more than 6 carries. After a year of receiving 13 carries, it might be safe for someone to get carries for a whole month.

3. HOW IS THE PERSON MANAGING THEIR RESPONSIBILITIES (I.E., STABILITY)?

Stability is a difficult thing to measure and isn't the same for everybody. Stability can look like:

- Having a safe place to live
- Making regular progress on goals
- Managing daily life (e.g., work, school, family care, volunteering, appointments)
- Being involved with a supportive community

Stability can also include things about a person's health and well-being, like their mental health status or how consistently they're taking their medications. Stability doesn't necessarily mean abstinence! Some people can manage their responsibilities well while using substances, and starting to use substances in a less risky way can be a sign of increasing stability.

As people are building their stability, they may receive up to 3 carries. 4 to 6 carries are appropriate for people living in consistently stable situations, and 7 or more carries are appropriate for people who have been stable over 1 to 2 years.

4. DOES THE PERSON TAKE MOST OF THEIR OBSERVED DOSES?

Missing methadone doses, especially for 3 or more days in a row, can cause loss of tolerance. People can receive up to 3 carries as long as they usually don't miss more than 2 doses per week. To be eligible for more than 3 carries, people should rarely miss doses.

If someone regularly misses doses, the prescriber should help them find a solution (for example, if someone has trouble getting their dose on Sundays because their pharmacy closes early, a Sunday carry dose or a different pharmacy might solve the problem).

5. WHAT ARE THE PERSON'S RECENT SUBSTANCE USE PATTERNS?

We think that the impact of a person's substance use on their health, safety, stability, and ability to keep their carries safe is more important than just focusing on what substances the person is using or how they're using. For example, carries are not safe for someone who is having blackouts or frequent overdoses. Being intoxicated or sedated at an appointment is a sign of substance use that is not well managed. People can be eligible for up to 3 carries if they use drugs in lower-risk ways and haven't had any blackouts, memory loss, or overdoses in the past month. To receive 4 to 6 carries, people should not have had any blackouts, memory loss, or overdoses in the past 3 months. To receive more than 6 carries at a time, people should not be using unregulated substances, and should only be using regulated substances (like alcohol or cannabis) in lower-risk ways.

6. WHAT DO THE PERSON'S URINE DRUG TESTS SHOW?

Urine drug testing is a regular part of methadone care. The urine results should match what the person is prescribed and says they are taking. People receiving more than 6 carries should have urine tests that consistently show no unregulated or unprescribed substances.

WHAT ELSE MATTERS?

When making decisions about carries, care providers should think about things like how far someone lives from their pharmacy, the person's work or school schedule, other responsibilities the person has, holidays, emergencies, and so on. Care providers should have some flexibility about carries and work with each person's unique situation. Giving someone occasional carries in special situations might go a long way in making sure someone can live their life and remain in treatment.

HOW DOES ALL OF THIS GET FIGURED OUT?

The purpose of these questions is to give a prescriber and a person taking methadone a place to start and a shared understanding when making decisions about carries. Carries make a big difference in a person's life, and it's very important that people understand when, why, and how their carries will be increased or decreased. This highlights how important it is for care providers and people taking methadone to have clear and open conversations.

Carries can be added every 2 to 4 weeks up to 6 carries if the person is regularly meeting all the criteria they have discussed with their provider. People may start receiving up to 13 carries after they have been taking methadone for at least a year, have had 6 carries for at least 6 months, and are very stable. Some providers will consider monthly carries after a year of 13 carries, but this isn't very common yet. Carries might be reduced if a person's situation changes in a way that makes carries riskier (for example, if they have an overdose, or if they don't have a safe place to keep their carries anymore). It might be good for someone experiencing this type of change to see their care provider more often for support.

Discussions about carries should happen when both the care provider and the person taking methadone have enough time and are able to concentrate on the conversation. This might not happen in the first few appointments, especially if the person taking methadone is feeling sick from withdrawal. The talk should go into detail about when and why carries will be added or reduced, the risks of carries, the dangers of sharing methadone or of taking more than prescribed, and how to keep carries safe. The care provider should make sure the details of the conversation are noted down in the person's chart; some providers create a "carry agreement" that they can share and review with the person taking methadone.

SUMMARY

CRITERIA	NO CARRIES	UP TO 3 CARRIES PER WEEK	4–6 CARRIES PER WEEK	7+ CARRIES AT A TIME
Can the carries be kept safe?	No regular or safe place to stay Can't keep carries safe from others	Regular and safe place to stay Can keep carries safe from others Locked box		
How long has the person been taking methadone?	Less than 4 weeks	4 weeks or more	12 weeks or more	7–13: 1 year, with at least 6 months of 6 carries 14–27: 2 years, with at least 1 year of 13 carries
How is the person managing their responsibilities (i.e., stability)?	Unstable or stability unknown	Developing stability	Consistent stability	
Does the person take most of their observed doses?	Frequent missed doses	Missing 2 doses per week at most	Missed doses rare	
What are the person's recent substance use patterns?	Higher-risk use that is affecting immediate safety or health Intoxicated or sedated at appointments Regular, ongoing overdoses or blackouts/ memory loss	Lower-risk use that is not impacting immediate safety or health In line with goals Not intoxicated or sedated at appointments No overdoses or blackouts/memory loss in the last month	Lower-risk use that is not impacting immediate safety or health In line with goals Not intoxicated or sedated at appointments No overdoses or blackouts/memory loss in the last 3 months	No use of unregulated or unprescribed substances, only low-risk use of regulated or prescribed substances
What do the person's urine drug tests show?	Doesn't show methadone or shows possible tampering	Shows methadone Shows substances person reports taking Doesn't show other substances	Shows methadone Shows substances person reports taking Usually doesn't show any unregulated or unprescribed substances	Shows methadone Consistently doesn't show any unregulated or unprescribed substances