

Carries

A Therapeutic Approach

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Diversion

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- Compassionate: to assist partner or friend in opiate withdrawal.
- Secondary gain: for money, drugs (stimulants or tobacco), sex, food, shelter etc.
- Because it's there: stabilization dose may be more than the required maintenance dose.

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Objectives

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- Understand the various origins for diverted methadone or buprenorphine / naloxone.
- Consider the pros and cons of carries.
- Review the provincial standards and guidelines.
- Place the management of carries in a therapeutic context.
- Discuss case examples.

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Carries: Why Not?

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- Safety of Self: Is one with demonstrated compulsive, uncontrolled & negative drug use able to manage a drug responsibly?
- Safety of Others: Diversion may be fatal.
- Therapeutic utility: Do they support functional recovery?

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Street Availability

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- Pharmacy closure carries: automatic.
- Physician prescribed carries: provincial standards and guidelines.
- Chronic pain or palliative care: physician discretion.

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Carries: Why?

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- Decrease external control or structure to:
 - remove an impediment to change
 - induce further constructive change
 - reward recovery progress and the development of internal control.

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Stability Required 7

- An assessment based on clinical data, urine drug screens and consideration of the patient's social, psychological and other circumstances.
- Some people may never achieve adequate stability.
- Carry privileges require evidence of functional progress.

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Cancelling Carries 10

- Confirmed diversion.
- Tampered UDS.
- Relapsed (by report, observed intoxication or UDS.)
- Unstable housing, and unable to safely store.
- Mentally unstable.
- Released from incarceration.

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CPSS Standards for Carries 8

- Stable dose. Not in the initiation or stabilization phase, and not until adequate clinical and social stability has been achieved.
- 3 months of negative UDS.
- Able to manage dosing, store safely, not divert and have no evidence of continued problematic drug use.
- Incremental increase, from 1 – 2 / week, up to 6.
- Clearly defined witness days and carry intervals.

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CPSS Guidelines for Carries 11

- 1) “A cautious and conservative approach” recommended for resumption of lost carry privileges. Consider the circumstances as well as the patient's clinical and social situation.
- 2) Special consideration may be given with 2 months of negative UDS for documented employment, education, childcare or physical disability.

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CPSS Standards for Carries 9

- Documented decision to provide carries.
- Securely transported and stored. Empty bottles to be returned.
- Privileges cancelled if inappropriate use, loss or theft, until adequate clinical and social stability is re-established.
- Replacement doses are witnessed daily.
- Reduce if patient not taking the full dose.

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CPSS Guidelines for Carries 12

- 3) No carries for those on potentially harmful drugs such as benzodiazepines, opioids or CNS depressants.
- 4) If carries granted under exceptional circumstances, the risks must be evaluated and the rationale documented.

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Carries: Why Modify?

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- DECREASE to ensure the safety of the patient & / or others.
- INCREASE to enhance therapeutic utility.

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Carries: Case 1 C

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- Same patient. Week 14. Continues to do well.
- Tracks healed .
- UDS negative, except for THC.
- On Income Support, has stable housing and reconnected with non-using friends.
- Actively exploring upgrading and vocational training at SIIT and Poytechnic.

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Carries: Case 1 A

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- 22 y.o. male, 3rd visit, 4th week.
- Seems to be progressing.
- Tracks healing.
- Claims urine will be clear.
- Requests carries, as others have them.

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Carries: Case 2 A

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- 24 y.o. female, 3 months on methadone.
- Urines positive for THC & methadone.
- Tracks faded, steady improvement in appearance & engagement.
- Attending appointments regularly.
- Requests carries due to cold weather, inconvenience & desire to avoid other methadone clientele.

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Carries: Case 1 B

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- Same patient, week 6.
- Tracks clearing.
- Urines positive for THC & methadone only.
- Requests carries to attend a grandmother's funeral.

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Methadone Carries: Case 2 B

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- Same patient, has 3 children aged 4, 6 & 8 in her care.

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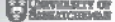
Methadone Carries: Case 2 C

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- Same patient, now attending upgrading.

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Carries: Case 4 A

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- 30 y.o. male, one year on methadone.
- Intermittent methylphenidate use.
- On Social Assistance medical disability for lumbar pain, but works occasionally as a bouncer.
- Desires 1:6 carries so he can baby & house sit for sister-in-law out of town.
- Has an employment letter from her.

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Carries: Case 3 A

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- 20 y.o. female, 6 months & generally progressing.
- Tempestuous domestic relationship.
- Assumed care of 15 year old sister.
- Occasional prior methylphenidate & cocaine use.
- Desires to return to high school.
- Requests carries.

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Carries: Case 4 B

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- Same patient, 18 months on methadone.
- No further evidence of stimulant abuse.
- Conflict with pharmacy; cashed Social Assistance cheque at pharmacy & immediately claimed it was stolen. Replacement issued, original cancelled.
- Now owes pharmacy \$500.
- Opportunity to work as a cook, but claims he needs carries. Pharmacy reluctant to issue.

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Carries: Case 3 B

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- Same patient.
- Established proof of school attendance and continued, sustained stimulant free urines.
- Boyfriend in jail, new one on the scene.
- Reportedly struggling with attendance & academics.
- Used cocaine.

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Carries: Case 5

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- 29 y.o. male carpenter, 2 months on program.
- Methamphetamine user.
- Employed, but work winding down.
- Desires to follow-up on potential job in Calgary.
- Requests carries.

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THANK YOU

**YOUR CASES, QUESTIONS OR
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