

Carries



A THERAPEUTIC APPROACH

Objectives

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- **Understand the various origins for diverted methadone, outside pharmacy DOT.**
- **Consider the pros and cons of carries.**
- **Review the provincial guidelines.**
- **Place the management of carries in a therapeutic context.**
- **Discuss case examples.**

Street Availability of Methadone

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

Methadone 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.**

Methadone 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:** Is there evidence of functional recovery?

Methadone Carriers: Why?

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- **“...a therapeutic tool to assist patients in re-establishing their lives constructively.” (Sask. Methadone Guidelines, 2007)**
- **Typically applies to child care, work or education.**
- **May apply to physical disability and access.**

Methadone 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.**

Methadone Carries: Why?

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- **Provide access to convenient community based pharmacies which may be closed on weekends or statutory holidays.**

CPSS Guidelines: Methadone Carries

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- “Adequate stability must be achieved, ... based upon a combination of clinical data, urine toxicology, and a thoughtful consideration of social, psychological and other circumstances...”
- “Carry privileges require evidence of functional progress.”

CPSS Standards for Carries

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

CPSS Standards for Carries

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

CPSS Standards for Carries

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- **Cancel carries if:**
- **Confirmed diversion.**
- **Tampered UDS.**
- **Relapsed (by report, observed intoxication or UDS.)**
- **Unstable housing, and unable to safely store.**
- **Mentally unstable: actively suicidal, cognitively impaired, psychotic or at significant risk.**
- **Recently released from incarceration.**

CPSS Guidelines for Carries

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- 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.
- 3) No carries for those on potentially harmful drugs such as benzodiazepines, opioids or CNS depressants.

CPSS Guidelines for Carries

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- **4) If carries granted under exceptional circumstances, the risks must be evaluated and the rationale documented.**

Methadone Carriers: Why Modify?

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

Methadone 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.

Methadone 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.

Methadone 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.

Methadone Carries: Case 2 A

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

Methadone Carries: Case 2 B

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- **Same patient, has 3 children aged 4, 6 & 8.**

Methadone Carries: Case 2 C

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- **Same patient, now attending upgrading.**

Methadone 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 Ritalin & Cocaine use.
- Desires to return to high school.
- Requests carries.

Methadone Carries: Case 3 B

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- **Same patient.**
- **Extended carries with lock box, 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.**

Methadone Carries: Case 4 A

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- 30 y.o. male, one year on methadone.
- Intermittent Ritalin 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 on reserve.

Methadone Carries: Case 4 B

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- Same patient, 18 months on methadone.
- No further evidence of Ritalin 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.

Methadone Carries: Case 5

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

Your Cases, Questions or Issues.

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THANK YOU