Carries

A THERAPEUTIC APPROACH
Objectives

- 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

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

- 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?

- 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 Carries: Why?

- “...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?

- 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?

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

- 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.
• 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

- 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.
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.
4) If carries granted under exceptional circumstances, the risks must be evaluated and the rationale documented.
Methadone Carries: Why Modify?

- **DECREASE** to ensure the safety of the patient & / or others.

- **INCREASE** to enhance therapeutic utility.
Methadone Carries: Case 1 A

- 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

- 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

- 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.
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.
• Same patient, has 3 children aged 4, 6 & 8.
Same patient, now attending upgrading.
Methadone Carries: Case 3 A

- 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.
• 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

• 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

- 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

- 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.
Thank you