

BARE BONES METHADONE MAINTENANCE THERAPY: EVALUATING THE SAFETY OF LOW DOSE METHADONE WITHOUT CLINIC APPOINTMENT OR DRUG SCREEN REQUIREMENTS

Habaz I¹, Materniak S², Webster D^{1,2}

¹Dalhousie University, ²Centre for Research, Education and Clinical Care of At-Risk Populations (RECAP)

Background: Ongoing engagement of people with opioid use disorder (OUD) in opiate agonist therapy (OAT) is challenging and retention rates in OAT programs are usually low. Traditionally OAT programs require frequent clinic visits and urine drug screening (UDS) to be maintained in the program. Some individuals have difficulty engaging with these requirements. For these individuals, there may be a gap in care, and the Bare Bones Methadone (BBM) program may fill this gap by offering low daily witnessed doses of methadone without clinic visit requirements. This is an evaluation of the safety of the program.

Description of model of care/intervention: All records at a community-based harm reduction clinic were reviewed for individuals who had time on BBM. Individuals who were on 40mg of methadone or less, had no more than 1 UDS during any 6-month period, and no more than 1 OAT-related clinic visit in any three-month period were included in this review. Records were then reviewed for demographic information, emergency room encounters, admissions and ongoing substance use.

Effectiveness: Between April 2014 and August 2019, 54 patients had at least one period meeting the BBM definition with a median 17 months on the BBM program. Median age was 28.5 years and 38.9% were female. Injection drug use was noted in 40.7% and 75.9% reported poly-substance use. The majority (51.8%) had unknown HCV statuses. Transportation, employment and childcare were cited in 29.6% as their rationale for using the BBM program. Four (7.4%) had emergency room visits for overdose and 3 (5.6%) for complications of SUD. SUD-related admissions occurred in 4 (7.4%) patients. No deaths occurred. In all, 85.2% moved between BBM to full care. In August 2019, 83.3% remained active clinic patients with 53.3% still on the BBM program.

Conclusion and next steps: BBM appears to be a safe strategy to continuously engage OAT patients who may otherwise not receive treatment.

Disclosure of Interest: Nothing to disclose.