

## PROLONGED DAM-TAKE-HOME IN TIMES OF COVID-19: HARM REDUCTION OR INCREASE?

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**Background:** The maximum allowed take-home prescription of diacetylmorphine (DAM) for heroin assisted treatment in Switzerland was extended in the context of the Corona pandemic by the government from two to six days. Our institution implemented the extended delivery for all patients assessed as stable by the therapists.

### Methods:

To assess the consequences of prolonged take-home prescription, 134 DAM patients were studied in a retrospective medical record analysis by comparing the year before with the year after the change in delivery practice. Potential predictive factors examined were gender, age, use of DAM i.v., and prescription of stimulants, benzodiazepines, antidepressants, or neuroleptics. As consequences of extended delivery, the respective number of additional DAM dispensing events, emergency hospitalizations, antibiotic therapies, and number of jail stays were compared.

### Results:

Prolonged take-home prescription was not associated with significant changes in DAM dosing ( $p = 0.418$ ), emergency hospitalizations ( $p = 0.267$ ), antibiotic therapies ( $p = 0.202$ ), or jail stays ( $p = 0.181$ ). The mean number of additional DAM dispensing events increased from 0.33 to 0.98 ( $p = 0.005$ ) over the years.

In 106 (79.1%) of 134 patients, prolonged take home was maintained throughout the year.

Multiple regression analysis showed that i.v. use of DAM (OR = 2.98 CI-95: 1.23 – 7.23) and benzodiazepine prescription (OR = 2.74, CI-95: 1.11 – 6.75) were associated with reduction of take-home prescription. Age, gender, dosage of DAM, other prescribed medications had no effects. Mean number of additional DAM dispensing events was 0.56 in the group with maintained take-home vs. 2.57 in the group with reduced prescription ( $p = 0.005$ ).

### Conclusion:

Most patients - especially those without i.v. use or benzodiazepines - used their 6-day supply of oral DAM without negative effects on therapeutic and somatic stability. Our study does not provide any evidence against maintaining the extended delivery practice beyond the pandemic.

### Disclosure of Interest Statement:

The authors declare no conflict of interest.