MATOD- Take Away Doses

Victorian Opioid Management ECHO
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UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

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Of course this will all be obsolete soon with the arrival of long-acting depot buprenorphine….

definition

In general Takeaways = unsupervised dosing

Takeaways = Doses provided by the dosing point for later consumption

Unsupervised dosing = doses not taken under the supervision of a responsible adult

Underlying principle of treatment of opioid dependence with methadone/buprenorphine is daily supervised dosing

Toxic drug
Dangerous behaviours
Polysubstance use/intoxication
Positive influence of a reliable, predictable, other adult (the pharmacist)

What do we need to consider

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Stability? - watch this space

Appropriateness?

How many?

Safety

Review- monitoring

What to do when things change?

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Daily supervised dosing is not always possible- work commitments, geography, physical disability, hours of opening etc.

Benefits from allowing patient autonomy, improve reintegration into normal activities

Should reduce cost- dispensing fees and travel costs

Reward positive behaviours (regular attendance, cessation of other substance use)

Principle = Contingency management

Reduce stigma associated with attending dosing points

Decrease contact with other drug users ie. at dosing point

What is the evidence?

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Limited evidence base for takeaway dosing

Policy needs to strike a balance between patients rights to autonomy vs practitioners duty of care, public safety- diversion, child safety etc.

Where can we find guidance?

Drugs and Poisons DHHS
National Guidelines (2014)
other jurisdictions?

Safety factors

Procedures for approval of takeaway doses

Dilution and formulation of takeaway doses of methadone??

- **decreases chance of whole dose of methadone being ingested by a child**
- **must not be stored in a refrigerator**

Suboxone film vs tablet form of buprenorphine

Assessing stability

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Remains the prescribers responsibility

Requires consultation with pharmacist, regular review of the patient and assessment of their substance use and ongoing medication use, medical and social circumstances, reasons for takeaways, safety of others (children).

Prescriber should ascertain whether patient has children in their care (esp. if <5yo)

Must include knowledge of jurisdictional requirements

Criteria suggestive of LOWer risk

Regular attendance at appointments

Urine samples provided for screening when requested

No/infrequent use of opioids

No use of bzds, or prescribed use is at a low level and stable

Alcohol use is not at a hazardous level

No use of illicit stimulants

No evidence of recent (i.e within last 3 months) intoxicated presentations/overdoses

No missed doses

Patterns of provision of takeaway doses

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Takeaways approved for one day at a time

Routine partial supervision – up to 6 takeaway doses per week with the number of consecutive days of takeaways subject to jurisdictional regulations (for methadone this is a maximum of 4 doses in Victoria)

Unsupervised dosing- minimally supervised dosing- medication supervised less than once/week. Restricted to treatment with buprenorphine-naloxone

Prescribers should re-assess stability at least every 3 months and document the assessment clearly in the patient's notes

Some specific thoughts/considerations

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Take-aways may be appropriate once there is evidence that the patient is likely to adhere to the prescribed dosing regimen, is not continuing to use illicit drugs or other CNS depressants in a manner that is likely to contribute to combined drug toxicity, and is unlikely to on-sell their doses, or place others at risk of accidental poisoning

Levels of supervision- high-medium-low-very low

Progression can occur to medium after 3 months of stability and low after 6 months

Progression should not be automatic

Reasonable need for take-away doses should be present- travel, work, difficulties in accessing pharmacy

What does this mean for us in Victoria?

Refer to guidelines!

Specifically **Methadone- max of 4 TA doses/week**

Suboxone- up to 2 TA doses after 2 weeks of stability. After 2 months of demonstrated stability allows for up to 5 TA doses/week. After 6 months of continued stability may have up to 6 TA doses/week

Addiction medicine specialists may approve MSD (special permit required)

Travel

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Matter of professional judgement by prescriber

International travel:

Check https://indro-online.de/en/methadone-worldwide-travel-guide/

Provide patient with a letter- dose, quantity, personal use, contact details of prescriber and pharmacy and attach copy of prescription

Advise re storage of doses NOT IN CHECKED BAGGAGE

Methadone in tablet form- matter of judgement by prescriber and pharmacist

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References:

National Guidelines for Medication-Assisted Treatment of Opioid Dependence 2014

https://www2.health.vic.gov.au/public-health/drugs-and-poisons/pharmacotherapy

file:///C:/Users/lloydjm/Downloads/Pharmacotherapy%20policy%20-%20opioid%20dependence%20(2).pdf

any
questions?