

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

Habaz I<sup>1</sup>, Materniak S,<sup>1,2</sup> Webster D<sup>1,2</sup>

<sup>1</sup> Horizon Health Network, Saint John, NB, Canada <sup>2</sup> Centre for Research, Education and Clinical Care of At-Risk Populations (RECAP), Saint John, NB, Canada

Bare Bones Methadone appears to be a safe strategy to engage patients who may otherwise not receive opiate agonist therapy.

## BACKGROUND

Ongoing engagement of individuals with opioid use disorder (OUD) in opiate agonist therapy (OAT) can be challenging and retention rates in OAT programs are often low.<sup>1</sup> Traditionally OAT programs require frequent clinic visits and urine drug screening (UDS) to be maintained in the program. Some individuals have difficulty fulfilling these requirements. For these individuals, there may be a gap in care without the opportunity to engage with a healthcare team and receive beneficial medical therapy.<sup>2</sup> Bare bones methadone (BBM) may fill this gap by offering low daily witnessed doses of methadone (to a maximum of 40mg daily) without UDS or visit requirements. This study is an evaluation of the safety of BBM offered through a community-based harm reduction clinic.

## METHODS

All records from 2014 to 2018 regarding current and former patients on OAT at the Centre for Research, Education and Clinical Care of At-Risk Populations (RECAP) in Saint John, New Brunswick were reviewed to determine if they met the criteria for BBM participation. Criteria included: 1) prescribed 40mg daily of methadone or less, 2) provided no more than one UDS over any six month period, and 3) had no more than one clinic visit related to OAT over any three month period. Records were then reviewed for demographic information, emergency room (ER) encounters, admissions, and ongoing substance use. Length of time on BBM was calculated from the last visit date prior to disengaging from expanded care to the date the patient either re-engaged in expanded care, discontinued care, or August 30, 2019 if the patient remained on BBM at that time.

## RESULTS

Overall, 54 patients were included in the evaluation (Table 1). Among individuals on BBM in this study, 59.3% (n=32) of patients had no specific reason documented as to why BBM was utilized rather than expanded care. Among the 22 patients who had a documented reason, 45.5% (n=10) cited transportation issues for attending appointments, 45.5% (n=10) indicated that childcare and/or employment interfered with being in expanded care, and 31.8% (n=7) cited mental health issues. As seen in Table 2, half of all patients (n=27) had no ER visits for any reason while on BBM. Among the other half (n=27), a total of 81 ER visits were recorded while on BBM. Hospitalization related to substance use was observed in 4 patients (7.4%) with a total of 5 hospital admissions. There were no deaths. Baseline HCV status was known for 23 individuals (42.6%). Of these 23 individuals, 15 were negative (65.2%) and 8 were positive (34.8%) at the start of the study. Upon completion of this study, all 8 HCV-positive individuals remained untreated and of the 15 known HCV-negative individuals, one individual tested positive subsequently, 10 remained negative and 4 had no further testing. There were no baseline or new HIV infections identified throughout the duration of the study. Ongoing substance use while on BBM was known in 52.8% (n=28) of patients, 11.3% (n=6) had no ongoing substance use, and 35.9% (n=19) had no information available to determine if substance use was ongoing.

**Table 1: Patient characteristics**

Biologic sex	N	%
Females	21	38.9
Males	33	61.1
<b>Prescription drug coverage</b>		
Social assistance	31	57.4
Private	6	11.1
None	17	32.5
<b>Has a primary care provider</b>		
Yes	34	62.9
No	20	37.1
<b>Injection drug use history</b>		
Yes	22	40.7
No	32	59.3
<b>Polysubstance use</b>		
Yes	41	75.9
No	13	24.1

**Table 2: ER visits, hospitalizations and rates per BBM days**

	# of patients	# of visits/ admissions	/ per 1,000 BBM days
<b>ER visits</b>			
Overall	27	81	2.44
Trauma-related	7	10	0.3
Overdose	4	6	0.18
Mental Health	5	10	0.3
Complications due to OUD	3	6	0.18
<b>Hospitalizations</b>			
Overall	4	7	0.21
OUD related	4	5	0.15
Non-OUD related	1	2	0.06

## DISCUSSION

The goal of this study was to investigate the safety of BBM. It should be noted that the study has limitations, including small size, no control group, no randomization and no other studies in the literature to compare. Nonetheless, in total we reported 12 ER visits due to OUD (4 overdoses and 8 complications related to OUD) and only 3 hospitalizations due to OUD. This translated into a rate of 0.36 ER visits for every 1,000 days on BBM. There were no deaths in the study and no identified adverse events which had a direct link to BBM. Although causal claims cannot be made regarding the safety of BBM with respect to blood borne pathogens at this time, it is reasonable to conclude that BBM does not appear to pose a risk to the participants, while providing opportunities to reduce OUD related harms, including HCV and associated infectious diseases. More rigorous investigations, however, are needed to fully understand the efficacy and safety of BBM.

## References

- Christie TK, Murugesan A, Manzer D, O'Shaughnessey MV, Webster D. Evaluation of a low-threshold/high-tolerance methadone maintenance treatment clinic in Saint John, New Brunswick, Canada: one year retention rate and illicit drug use. *J Addict.* 2013;2013:753409.
- Bruneau J, Ahamad K, Goyer MÈ, Poulin G, Selby P, Fischer B, Wild TC, Wood E; CIHR Canadian Research Initiative in Substance Misuse. Management of opioid use disorders: a national clinical practice guideline. *CMAJ.* 2018 Mar 5;190(9):E247-E257.

