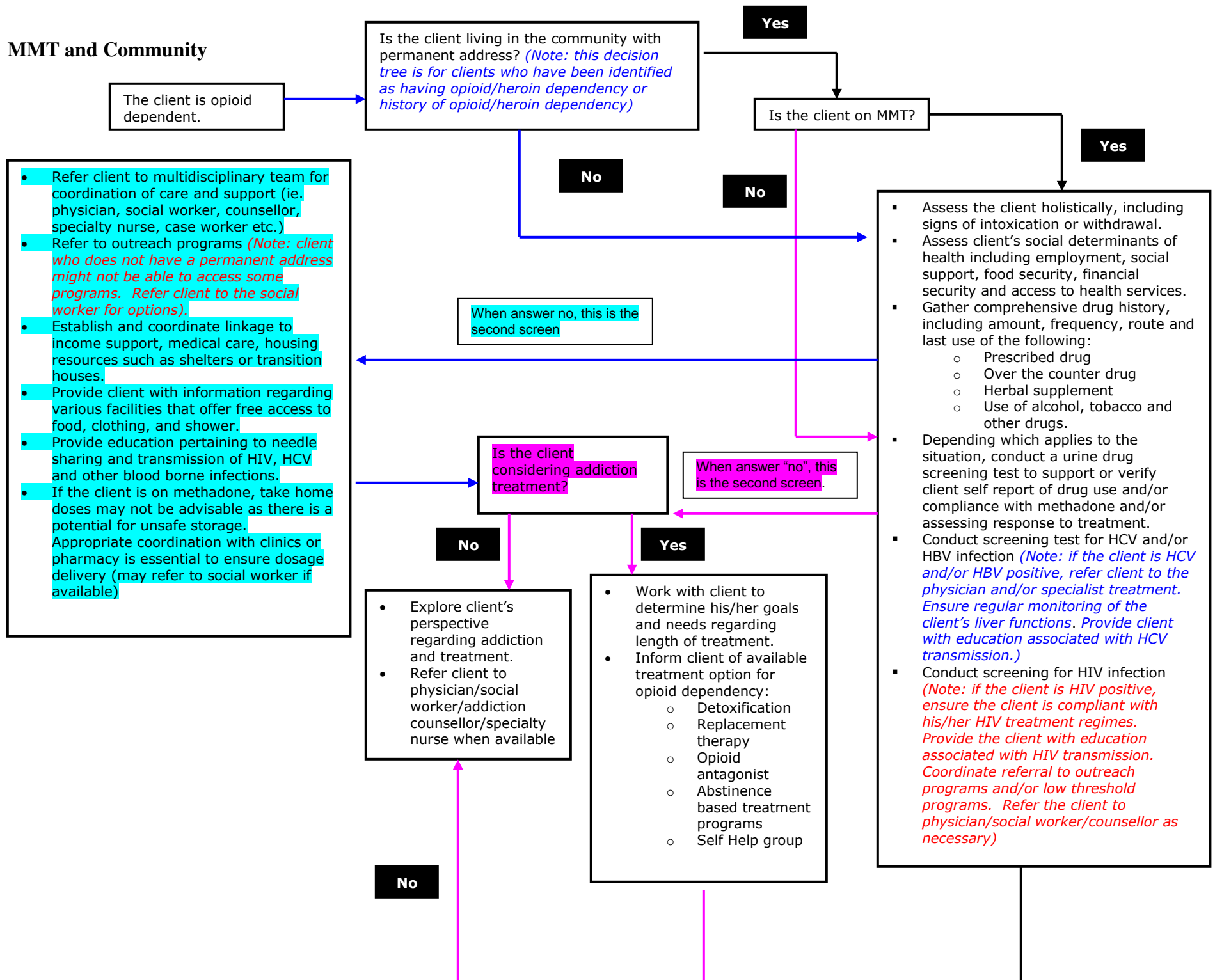


MMT and Community



The client is opioid dependent.

Is the client living in the community with permanent address? *(Note: this decision tree is for clients who have been identified as having opioid/heroin dependency or history of opioid/heroin dependency)*

Yes

Is the client on MMT?

Yes

No

No

When answer no, this is the second screen

Is the client considering addiction treatment?

When answer "no", this is the second screen.

No

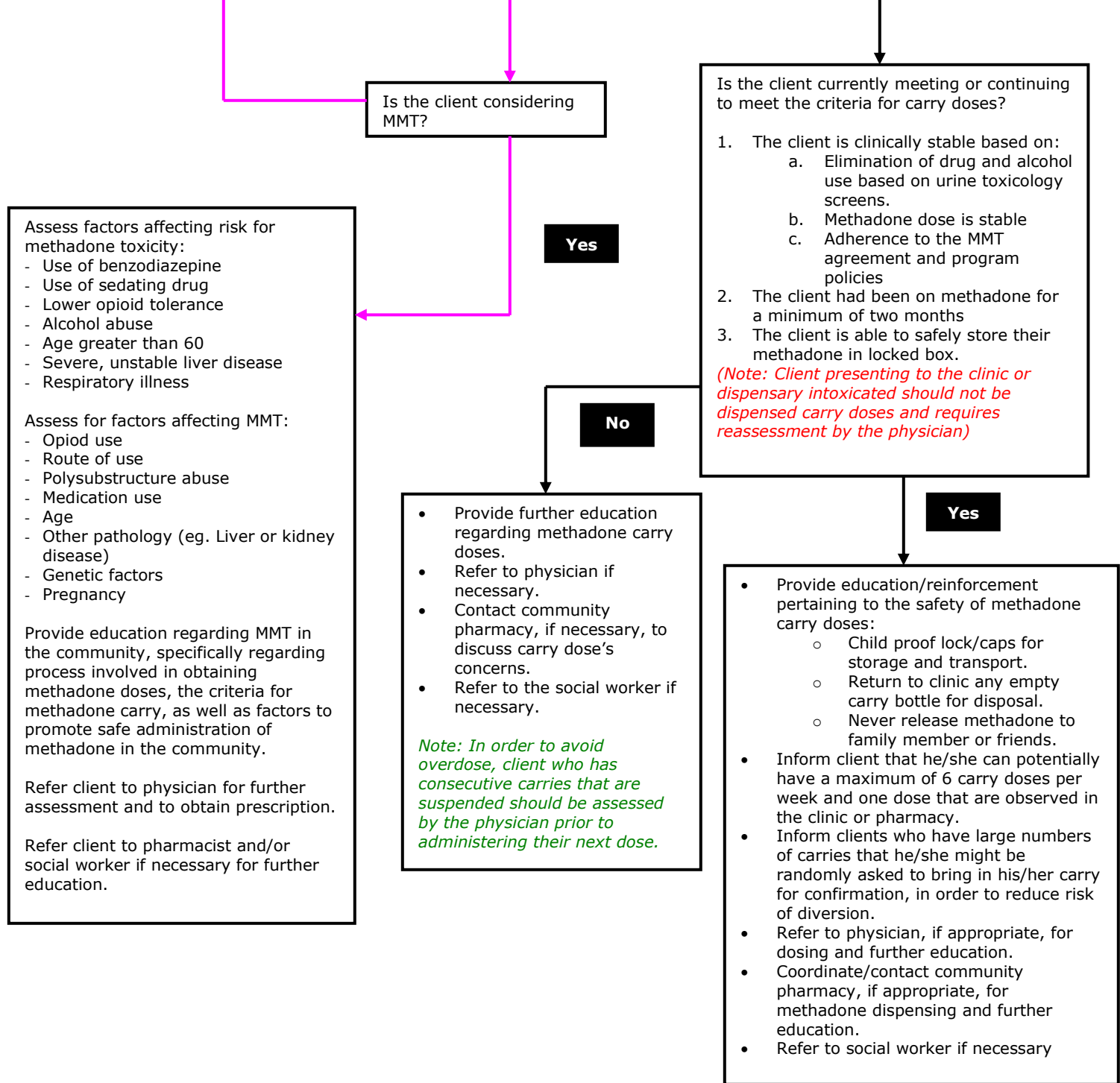
Yes

- Explore client's perspective regarding addiction and treatment.
- Refer client to physician/social worker/addiction counsellor/specialty nurse when available

- Work with client to determine his/her goals and needs regarding length of treatment.
- Inform client of available treatment option for opioid dependency:
 - Detoxification
 - Replacement therapy
 - Opioid antagonist
 - Abstinence based treatment programs
 - Self Help group

- Assess the client holistically, including signs of intoxication or withdrawal.
- Assess client's social determinants of health including employment, social support, food security, financial security and access to health services.
- Gather comprehensive drug history, including amount, frequency, route and last use of the following:
 - Prescribed drug
 - Over the counter drug
 - Herbal supplement
 - Use of alcohol, tobacco and other drugs.
- Depending which applies to the situation, conduct a urine drug screening test to support or verify client self report of drug use and/or compliance with methadone and/or assessing response to treatment.
- Conduct screening test for HCV and/or HBV infection *(Note: if the client is HCV and/or HBV positive, refer client to the physician and/or specialist treatment. Ensure regular monitoring of the client's liver functions. Provide client with education associated with HCV transmission.)*
- Conduct screening for HIV infection *(Note: if the client is HIV positive, ensure the client is compliant with his/her HIV treatment regimes. Provide the client with education associated with HIV transmission. Coordinate referral to outreach programs and/or low threshold programs. Refer the client to physician/social worker/counsellor as necessary)*

No



Is the client considering MMT?

Yes

Assess factors affecting risk for methadone toxicity:

- Use of benzodiazepine
- Use of sedating drug
- Lower opioid tolerance
- Alcohol abuse
- Age greater than 60
- Severe, unstable liver disease
- Respiratory illness

Assess for factors affecting MMT:

- Opioid use
- Route of use
- Polysubstructure abuse
- Medication use
- Age
- Other pathology (eg. Liver or kidney disease)
- Genetic factors
- Pregnancy

Provide education regarding MMT in the community, specifically regarding process involved in obtaining methadone carry, as well as factors to promote safe administration of methadone in the community.

Refer client to physician for further assessment and to obtain prescription.

Refer client to pharmacist and/or social worker if necessary for further education.

No

- Provide further education regarding methadone carry doses.
- Refer to physician if necessary.
- Contact community pharmacy, if necessary, to discuss carry dose's concerns.
- Refer to the social worker if necessary.

Note: In order to avoid overdose, client who has consecutive carries that are suspended should be assessed by the physician prior to administering their next dose.

Is the client currently meeting or continuing to meet the criteria for carry doses?

1. The client is clinically stable based on:
 - a. Elimination of drug and alcohol use based on urine toxicology screens.
 - b. Methadone dose is stable
 - c. Adherence to the MMT agreement and program policies
2. The client had been on methadone for a minimum of two months
3. The client is able to safely store their methadone in locked box.

Note: Client presenting to the clinic or dispensary intoxicated should not be dispensed carry doses and requires reassessment by the physician

Yes

- Provide education/reinforcement pertaining to the safety of methadone carry doses:
 - o Child proof lock/caps for storage and transport.
 - o Return to clinic any empty carry bottle for disposal.
 - o Never release methadone to family member or friends.
- Inform client that he/she can potentially have a maximum of 6 carry doses per week and one dose that are observed in the clinic or pharmacy.
- Inform clients who have large numbers of carries that he/she might be randomly asked to bring in his/her carry for confirmation, in order to reduce risk of diversion.
- Refer to physician, if appropriate, for dosing and further education.
- Coordinate/contact community pharmacy, if appropriate, for methadone dispensing and further education.
- Refer to social worker if necessary

References

Health Canada: Office of Canada's Drug Strategy (2002). *Best Practices: Methadone Maintenance Treatment*. Retrieved from www.cds-sca.com.

Registered Nurses' Association of Ontario (2009). *Supporting Client on Methadone Maintenance Treatment (MMT)*. Toronto, ON: Registered Nurses' Association of Ontario.