

PERSPECTIVES ON METHADONE FORMULATION CHANGE

Findings from 2014 Harm Reduction Client Survey

Methadone maintenance treatment is an evidence-based harm reduction intervention shown to decrease injection drug use, and thereby reduces the impact of blood-borne illnesses, such as HIV and hepatitis C, morbidity, and mortality among people who use drugs. Sometimes, drug dispensing and prescribing policy changes are necessary due to guideline shifts. However, some people experience difficulties with drug policy changes and may experience negative impacts from methadone prescribing or dispensing practice changes.

Why did we do the study?

CAUTION New Methadone 10x stronger



Think before you drink

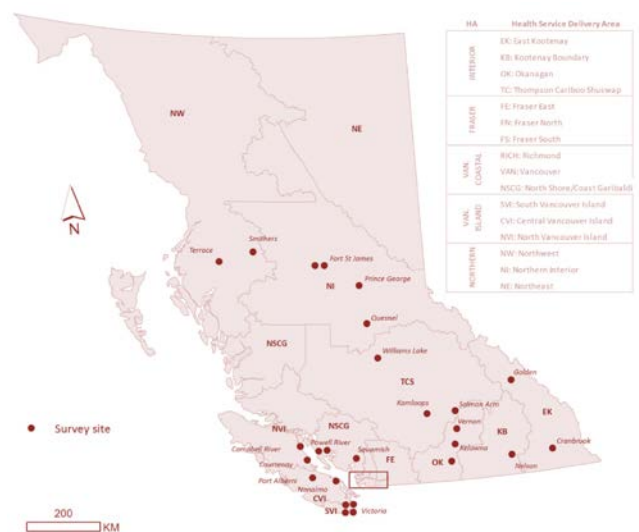
Poster developed by the
College of Pharmacists of BC
with BCAPOM

Between February 1st and 28th 2014, everyone registered in the BC methadone maintenance treatment program, (14,662 people in 2013) were switched from the previous (orange) *Tang*TM-flavoured 1mg/mL pharmacist prepared methadone to pre-prepared methadone 10mg/mL cherry-flavoured syrup (*Methadose*TM). The BC Ministry of Health's decision to change to *Methadose*TM was based on a number of factors including a longer shelf life (up to four years if unopened), no need to refrigerate, and consistent dosing. Training was provided to health care providers (prescribing physicians and pharmacists) and people on methadone gave input to informational posters. However, individuals and community advocacy groups expressed concerns regarding the lack of involvement and awareness of the change process.

This study aimed to describe what people thought and found as a consequence of the methadone formulation changes using a province-wide survey with people who transitioned to MethadoseTM.

How did we do the study?

Between July and August 2014, clients at 50 participating harm reduction sites across BC (see map) completed an anonymous survey describing their experiences accessing a variety of harm reduction services and their personal substance use behaviours. The Vancouver Area Network of Drug Users (VANDU) and BC Association of People on Methadone (BCAPOM) provided input regarding content and wording of the methadone-related questions in the survey. The survey had twelve questions about methadone, specifically around changes in dose, pain, taste, dope sickness, and the need to take more opioids. We also asked about age, gender, housing, geographic location, and how the participant heard about the *Methadose*TM changes (such as a methadone health care provider). Participants who had "carries" were asked how they stored and disposed of *Methadose* and if they split doses.

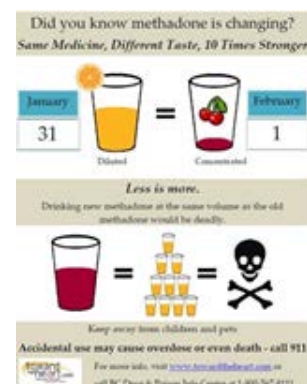


What did we find?

We had responses from 405 people across BC who had transitioned to Methadose™.

- **81%** found the Methadose™ formulation had a *worse taste*
- **Just over half** said the change in formulation *made them dope sick* (56%), experience *more pain* (54%), and *took additional opioids* (50%)
- **73%** heard about the change from their healthcare provider or pharmacist, while 27% heard it from other sources (i.e. friend, poster)

After adjusting for other factors, people who reported worse taste were **two and half times** more likely to increase their dose, **three times** more likely to report being dope sick, and nearly **five times** more likely to report experiencing worse pain. People who said they were more dope sick were **twice** as likely to report increasing their methadone dose, and nearly **nine times** as likely to have to take additional opioids. These findings reflect the responses of people attending harm reduction supply distribution sites and cannot be generalized to all people on methadone maintenance in BC.



Poster developed by the BCCDC harm Reduction program with peer input

What should practitioners and policy makers consider (based on the results of this study)?

This study shows unintentional adverse outcomes of the methadone formulation change in BC for a subset of the methadone patient population and highlights the importance of engaging all stakeholders when making policy changes. A flexible, collaborative approach to policy development could improve communication about the reasons, risks and consequences of changes in medication and identify the need for additional psychosocial support. Our study may have implications beyond opioid substitution therapy.

Policy Recommendations

Consider a more engaging and transparent approach when considering policy changes that affect vulnerable populations, including people with a history of substance misuse, incarceration and mental health illness, and homelessness.

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We would like to acknowledge the support this project received from:

Staff and clients at participating sites



For more information, visit towardtheheart.com or contact the BCCDC Harm Reduction Program at outreach@towardtheheart.com or 604-707-2400

