The Experience in Two Rural and Two Urban Methadone Clinics

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Disclosure Information

Broadening Perspectives to Narrow the Treatment Gap

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Learning Objectives

- Describe changes that can/have been made to increase access to methadone through take-home bottles and common team reactions.

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Toxicology Screens Became Evidence Based

Removed cannabis from on-going screens and focused on the substances that were higher risk:

- Fentanyl
- Alcohol
- Benzodiazepines
- Opioids
- Cocaine

Focused on frequency of use and evidence of decreasing use using GC/MS screens with decreasing amounts of fentanyl

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"Daily Dosing Is Not Normal"

Some people need daily dosing. Here are examples:

- Patient asks for daily dosing because they like the structure
- Patient struggles with alcohol or benzodiazepines use disorder
- Patient is on an unstable dose and needs frequent evaluations to get stable
- Patient has demonstrated an inability to manage take home bottles safely

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Professional Code of Ethics NASW

- Promote well-being of clients as well as the greater community safety
- Respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals.
- Social workers must take action against oppression, racism, discrimination, and inequities, and acknowledge personal privilege.

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Professional code of Ethics Public Health

- Professionalism and Trust
- Health Justice and Equity
- Human Rights and Civil Liberties

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What Does The Research Say?

- Increased take-home access during COVID associated with…
  - ↓ deaths for Black and Hispanic men;
  - no association for Black or Hispanic women or White men or women. (Harris, 2023)
- Increased take-home access during COVID associated NOT with…
  - overdoses
  - Methadone negative toxicology
  - ED visits significantly decreased. (Amram, 2021)
- Diversion is uncommon and may be to address systemic difficulty associated with travel, or helping others who may be unable/unsure about accessing care. (Figgat, 2021)

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What Does The Research Say?

A continuous focus on diversion as a central rationale for restricting take-home dosing may increase stigma and further marginalize people who are prescribed methadone for OUD treatment. Instead, our results suggest the need to examine the benefits of receiving take-home doses on treatment, recovery, and general well-being of persons receiving methadone.

Figgat, 2021

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Our Clinics' Reactions: Anger

Feeling clients are 'getting away with bad behaviors'

- Our focus is changing behavior and we have more than operant conditioning's punishment for interventions. Meeting basic needs can also change behaviors (Maslow's hierarchy of needs).

Fear something bad will happen on our watch

- Re-examining what is our responsibility, documenting our reasons for determining take-homes, using call-backs, ensuring take-home orientation and safety education prior to bottles.

Slippery slope and sense of loss of control

- Was it appropriate to exert the amount of control the field is used to, especially considering professional values of self-determination, interdependence and solidarity, health justice and equity?

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Our Clinics' Reactions: Relief

Less conflict at the dosing windows and with clinicians and counselors

- We need to ensure we are not putting people in situations to fail to avoid frustration up front.

Allows for more honesty and assessment with clinicians and nurses

- Building on that honesty to create return to use prevention plans that are relevant and meaningful to clients

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Our Clinics' Reactions: Confusion

How do nurses know if a positive screen means reduced take-homes or not?

- Limiting take-homes until they meet with a clinician, allowing nurses to utilize their judgement, allow for time to consider, no pressure for automatic responses

Won't clients be confused and frustrated if they hear that someone else had a positive screen and didn't have to return to daily dosing, but they did?

- Treatment is individualized. We don't say that all people with depression need X treatments of the same therapy.

How can I make them do the right thing?

- Cultural humility, harm reduction, and individualized care all start from recognizing patients have more understanding of their lives and rights to determine their goals and values. Patients' goals may not be staff's goals. Try asking, "How can I make it easier for the patient to be safer?"

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Patient Quotes

I would not be here if I wasn't able to get take-homes. I couldn't afford to not work or be late to a work site every day. It[take-home methadone] works I haven't used in months, I'm a business owner and if I hadn't had take-homes I wouldn't be here at all… People aren't selling it, like they thought we would at my last clinic. When my kid died and I went off the deep end, I went on the streets to buy what I had to buy and there wasn't liquid methadone. Why bother when they make it easy enough to be a patient? You can get in and get your own medication and not have worry about it or pay.

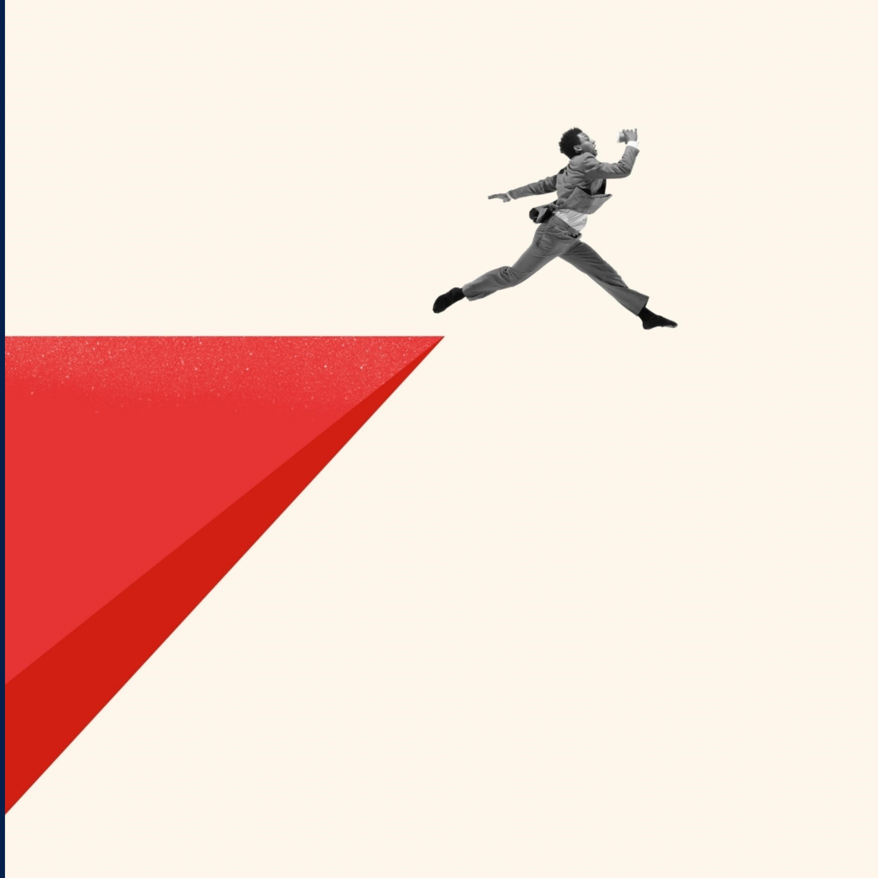
SAMHSA Harm Reduction Framework. Accessed: https://www.samhsa.gov/sites/default/files/harm-reduction-framework.pdf

Patient Quotes

It's not always black and white. I took a hit off somebody's bowl—I don't think pot is an issue for me-- and they had used it for other substances I guess, so here the screen says black and white, but I have been intentional about not using things.

I also think, if somebody's got some crack now and then, it's a different… it's got nothing to do with treatment here, really. If they're still using fentanyl constantly then I don't see the point, personally of take-homes. A slip I can see continuing with take-homes. I'm using the clinic to be with my kids and better my life and it's working, so it's the whole thing.

Final Takeaways/Summary



I believe if we direct clients to take ‘the next step’ in their recovery or lives without acknowledging that the next step requires more resources, AND we make it harder to stay on the rung they are on by continuing daily dosing despite costs for daily dosing outweighing the risk of take-homes, we are part of the reason patients fall off treatment.

Falling off treatment often means losing quality of life, if not their lives altogether. Changing our practices and protocols to improve outcomes for people on methadone is not always comfortable, but it is possible and a part of ethical care.

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