TAKE-HOME MEDICATION GUIDE

SAMHSA CRITERIA	EXPLANATION	ADDITIONAL CONSIDERATIONS
Absence of active substance use disorders, other physical or behavioral health conditions that increase the risk of patient harm as it relates to the potential for overdose, or the ability to function safely	**Active substance use or SUD should not automatically mean a person cannot receive take-home medication** ● Clinical judgement on ability to use methadone safely ● Assess mental health conditions affecting ability to safeguard or self-administer methadone ● Focus on how SUD creates added potential for harm for overdose risk to self or others	● The type of substance ○ **Cannabis**: Should not be considered. Toxicology guidance states that providers should not routinely test for cannabis ○ **Sedatives/alcohol**: Risks of combining benzodiazepines / alcohol with methadone should be weighed against the risk of opioid overdose if not in methadone treatment ● Take-homes allow for retention in treatment which reduces risk associated with illicit opioid use (including fentanyl) ● Severity of SUD and imminent likelihood of harm
Regularity of attendance for supervised medication administration	**Attendance requirements should be consistent with the therapeutic plan, patient abilities, and treatment goals** ● Assess therapeutic value of the number of visits, impact on ability to function in personal domains, value to create added support for client benefit ● Keeping patients engaged in treatment regardless of attendance keeps the door open if/when they choose an increased level of engagement	● Every day a person receives methadone they are at decreased risk of death ● Missed appointments may be indicative of factors other than poor response to treatment ○ Obstacles to care ○ Opportunity for therapeutic discussion about causes ○ Take-homes may be more beneficial in this case ● Supervised medication administration via telemedicine
Absence of **serious** behavioral problems that **endanger** the patient, the public, or others	**Behaviors with lower risk to self and others that pose some disruption are not the intention of this** ● Behaviors that cause disruption to others in clinic can be handled administratively ○ Medicate outside the premises or at a time interfering less with others ○ Offer more take-homes to limit disruption in clinic	● Can clinical and administrative strategies attenuate risk (e.g., change in pickup schedule) ● Distinguish how mental health may contribute to behaviors rather than be indicative of poor response to SUD treatment
Absence of **known recent** diversion activity	**Focus on actual substantive evidence of diversion** ● Evidence should be objective ● Evidence should be specific to the person	● If there is evidence, engage in conversation with the patient to understand the reason for diversion (economic, benefits to social network, stocking for emergencies) ● The reason may have different therapeutic implications
Whether take-home medication can be transported and stored safely	**Assess for security of transportation and storage** ● Develop plan to secure methadone take-home doses, considering a patient's unique circumstances ● Storing in tamper & child resistant bottles is required	● Potentially at-risk situations or populations: unhoused status, community safety, adults who are opioid naïve or not opioid tolerant, children, animals/pets

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Any other criteria that the medical director or medical provider considers relevant to the patient's safety and the public's health	**Opportunity for prescribers to have greater clinical discretion in take-home medication decisions**	• Available social supports (family members, friends, significant others, other community supports) • Cognitive ability to self-manage methadone • Co-occurring medical and mental health conditions • Other behavioral issues

THERAPEUTIC BENEFITS

Take-Home Medication Can Promote Continued Treatment Engagement, Support Recovery, & Reduce Barriers to Care

- **Reduced risk of patient losing access to medication**. **NOT** getting take-homes could potentially lead to:
  - Missed doses
  - Treatment disengagement leading to increased substance use or overdose
  - Hesitancy to enter or remain in treatment
- **Improved treatment satisfaction by increasing**:
  - Quality of life (e.g., reduced time and financial cost from travel)
  - Achievement of treatment goals (e.g., employment, education, interpersonal relationships)
- **Reduced health risks** for patients with chronic or co-occurring issues or aging, including:
  - Mobility issues
  - Exposure to transmissible infections
- **Improved patient-provider relationships and therapeutic alliance** because:
  - Patients value feeling trusted with increased personal responsibility
  - Patients feel they can be more honest with clinic staff with decreased fear that take-homes will be revoked
- **Decreased exposure to triggering situations** at or nearby clinic

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Time in Treatment

- First 14 days of treatment, up to 7 days of take-home medication
- Between days 15 to 30 of treatment, up to 14 days of take-home medication
- After 30 days of treatment, up to 28 days of take-home medication