



Introduction

- Opioid substitution therapy:
 - Methadone and buprenorphine are prescribed (Neale et al., 2019);
 - Effective for opioid dependence treatment (Johnson & Richert, 2019).



(n.a., n.d.)





Introduction

• Switch from directly supervised consumption to take-home prescriptions due to COVID-19 (Public Health England, 2020).

(Gantly, D., 2012)

Aim

To evaluate the impact of the change in how methadone was dispensed during the first COVID-19 wave on methadone-related mortality in England





(n.a., n.d.)

Methods



The National Programme on Substance Abuse Deaths (NPSAD)

• NPSAD receives reports from over 87% of English coronial jurisdictions (n=71/82) for deaths related to psychoactive drug use (Yoganathan et al., 2021).

- Coronial inquest files include the in-life prescribing details of decedents.
- Ethics are not required as all individuals are deceased.

Case Identification

Retrospective analysis: Cases reported to NPSAD before 23rd of April 2021;

- (Ackerman, MC., 2014)
- Interrupted time-series between 23rd March and 22nd June for years 2016-2020 (3 month period);
- Prescribed methadone
 - Missing data 8% (n=46/550)

Methods



Data analysis

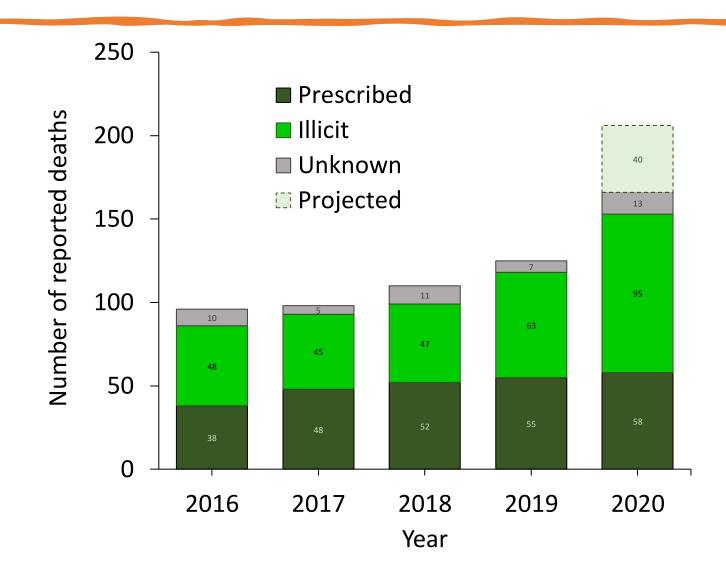
- IBM® SPSS™ Statistics for Windows version 25 and Microsoft Excel 365.
- Projection of 2020:
 - Date of death → conclusion of the coroner = 7-10 months;
 - Before the 23rd of April 2021 85% of 2020 cases reported according to previous reporting statistics.



(Frakt, A., 2015)

Results





Conclusion



Switch to take-home methadone prescriptions:

- Mortality rates in individuals prescribed methadone were not affected;
- Take-home methadone might, as a result of diversion, be causing overdose deaths in the out-of-treatment population.



(n.a., 2018)

Conclusion



Switch to take-home methadone prescriptions:

• This presents a dilemma: Should the safety of people not in treatment be protected by imposing the restrictions that directly supervised consumption places on those in treatment?





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THANK YOU FOR YOUR ATTENTION!

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