MPACT: METHADONE PATIENT ACCESS TO COLLABORATIVE TREATMENT

Authors:

Meyerson BE,¹ Russell DM,^{2,3} Mahoney M,^{3,4} Linde-Krieger L,¹ Carter G,^{1,4} Brady BR,^{1,5} and Members of the Drug Policy Research and Advocacy Board.

¹Harm Reduction Research Lab, Family and Community Medicine, University of Arizona College of Medicine, ²Justice Studies, Arizona State University, ³Drug Policy Research and Advocacy Board (DPRAB), ⁴Southwest Recovery Alliance, Phoenix Arizona, ⁴Indiana University School of Nursing, ⁵University of Arizona Comprehensive Pain and Addiction Center

Background:

U.S. methadone maintenance treatment (MMT) is delivered only by government-certified opioid treatment programs (OTP). Despite methadone's efficacy, MMT retention rates range widely (30-84%). We think this is due to U.S. OTP culture and practice because unlike other healthcare environments, U.S. OTPs "feel like bus stations and not medical environments." Patients also report being tied to clinics by "liquid handcuffs" due to daily supervised dosing requirements. OTP practice was not appreciably changed by U.S. federal regulatory flexibility during COVID. Grassroots design and testing of OTP practice change interventions could improve patient outcomes.

Description of model of care/intervention:

MPACT is a patient-centered, trauma-informed MMT protocol to increase MMT retention, reduce in-MMT overdose, and alleviate patient PTSS. MPACT intervenes at the staff level to change OTP culture and practice through 1) accredited trauma-informed psychoeducation, 2) trauma treatment navigation, 3) clinic trauma-informed care self-assessment and 4) reflective supervisory structures for medical providers and counselors/case managers. MPACT is based on the theory that MMT practice and culture will not change until OTP staff are educated and able to self-reflect on patient-centered and trauma-informed care which includes addressing their own trauma.

Effectiveness:

MPACT will be designed by people on methadone and methadone providers in a 2-year process. Year 1 is a six phase process to de/reconstruct MMT approaches to build MPACT guided by Lippitt's Change Theory. Year 2 is a 4-month MPACT pilot study in 2 OTPs (rural and urban) to assess MPACT feasibility and acceptability, preliminary impact on MMT practice change and culture, preliminary impact on MMT patient retention, in-MMT overdose, and PTSS. A multi-state MPACT trial will follow pilot testing.

Conclusion and next steps:

At this writing, separate patient and provider planning groups are in the process of de/reconstructing MMT to build MPACT. We will report the finalized model at the conference.

Disclosure of Interest Statement: See example below:

Authors have nothing to disclose.