

MAY 2025

TADISO TIMES

BREAKING NEWS!

Memorial Day: Clinic ONLY

Tadiso will observe Memorial Day on Monday, May 26. ONLY the clinic will be open 5:30 a.m. - 2 p.m. and working patients can get medicated at 5 a.m.

Bidwell Commencement Ceremony

Billing Manager, Frieda Harris, presenting a graduation gift to extern, Marlaina Powers at the Bidwell commencement ceremony held at the Rodef Shalom Congregation in Shadyside.

Attention Patients

It's important that we have the correct contact number in our system. Please contact your counselor and provide them with the correct phone number.

Morale is Up

The Morale Committee is dedicated to employee engagement. This month, the team put together flower kits for employees, and served nachos to celebrate Cinco De Mayo.

Wellness Pop-Up

Happy Women's Health Month! The Wellness department hosted a Women's Health pop-up to engage and educate patients.



@TADISOINC

A LETTER FROM DR. LATRONICA

Hello Friends!

As you may recall, when I first started at Taidso I explained that my three pillars of care are:

- 1.) Starting people on medication as quickly as possible
- 2.) Increasing doses to a therapeutic level as quickly and safely as possible
- 3.) Increase retention, thus decreasing morbidity and mortality

I appreciate everyone's efforts and adjustments up to this point. We are already hearing great things from patients and staff. Minimizing holds, turning dose changes and semi-annual dose reviews into administrative forms and splitting the intake process into three days has led to increased satisfaction and shorter wait times.

Aligning with the three pillars above, we plan to make some changes to dose resumptions (i.e. dosing changes after missed days) and take-home revocations.

For some background, various OTPs use different algorithms for what dose of methadone patients get after missing a certain amount of days. Many use the World Health Organization guidelines, which suggest decreasing a person's dose by 50% after four missed days, then "starting over" at 30mg. after five days.

These guidelines were written in 2008, well before fentanyl was the most prevalent opioid in the supply, and even at the time the evidence used to construct these guidelines was weak

In terms of take-home privileges, these tend to be regulated more by the states than the federal government. At most OTP's, any aberration generally leads to a complete revocation of take-home privileges. In some cases, such as when patients do not return all their bottles, we are compelled by guidelines and law to minimize "diversion." In other cases, an inconsistent/"positive" urine drug screen may suggest clinical instability which may be a reason a practitioner would consider a renewed necessity for daily, supervised dosing.

However, between a close reading of the regulations and changes to SAMHSA and DEA guidelines since COVID started in 2020, we actually have more "wiggle room" than what some folks generally understand. All available research suggests that when take-home doses were vastly expanded during COVID, even when given to "unstable" patients, overdoses did not increase but retention did. This was huge news, and basically flew in the face of sixty years of OTP policy.

So, what does this all actually mean for Taidso? It means we can make some safe, evidence-based policy changes.

A LETTER FROM **DR. LATRONICA**

A.) Dose Resumptions

It's important to note that SAMHSA guidelines now permit up to 50mg. of methadone to be dispensed to a patient on day one of treatment without any justification needed. With documented clinical justification, there is technically not a limit at all.

Secondly, we have to remember pharmacology: fentanyl is about 100x as potent as morphine (so 50% as potent as actual heroin). Methadone is only about 3x as potent as morphine. So if people miss days and are using fentanyl, an opioid that is far more potent than methadone, having them come back and giving them a smaller dose of a less potent opioid is probably not the best idea.

So, we will plan to use a two-path "cascade" model, which will decrease people's doses based on their most recent dose and number of days missed. We also must account for people who are actively using when they miss doses versus those who are not using at all, because they will have significant differences in tolerance.

This is just an example for now, but I want everyone to understand both the scientific background as well as what the practical outcome might look like. But remember, nothing is changing right now and these are not final guidelines.

For people without daily fentanyl use (people with decreased tolerance):

Any Dose

Miss 1-4 days (any dose): no dose change

Miss 8+ days: restart at 40mg.

Low Dose (<60mg.) High Dose (>60mg.)

Miss 5-7 days: no adjustment

Miss 5 days: decrease by 20%

Miss 6-7 days: decrease by 50%

For people with daily fentanyl use (people who still have significant tolerance):

Any Dose

Miss 1-4 days (any dose): no dose change

Low Dose (<60mg.) High Dose (>60mg.)

Miss 5+ days: no adjustment

Miss 5+ days: decrease by 5mg. for each missed day; do not decrease past 50mg.

**Seeking opioid use disorder treatment?
Call 1-833-TADISO-3.**

A LETTER FROM **DR. LATRONICA**

Take Home Revocations

Patients losing take home privileges can be extremely de-stabilizing and is a leading cause of people leaving OTPs. As written, patients with take-home privileges should not have an active substance use disorder. But not every inconsistent/"positive" UDS is indicative of a substance use disorder (this is true for any UDS ordered in any office or hospital). So, for people who have 13 or 27 day take homes especially, Medical will begin evaluating patients who have an inconsistent UDS on a case by case basis.

Because this requires some clinical judgment, it may seem like this paradigm could be implemented unequally or randomly, but that won't be the case. Fewer people overall will have take home privileges revoked, but it's impossible to predict who that would be given the wide variability of circumstances.

In cases like this, medical will likely want to hear from counselors or RSS as you folks often get insight that we just wouldn't, but just like dose changes, holding doses for patients who may seem under the influence, and basically every decision related to the methadone itself, it is ultimately a Medical Department call.

Just like our changes thus far, we will need solidarity from the entire staff for these initiatives to be successful. To this point, it has been wonderful to see that solidarity in action, and since we are all united in our mission for patient-centered care, I have no doubt this will continue. Thanks again for reading, and always feel free to reach out with questions, comments, or ideas. My door is pretty much always physically open unless I'm in a meeting.

-Jim

Mental Health Awareness Month

Mental health is just as important as physical health. The Wellness Department practices a well-rounded approach to wellness, focusing heavily on mental health. Counseling, recovery support and medical treatment are among the lifechanging resources Tadisio offers.

