

# Methadone treatment in Victoria

User information booklet



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Rural and Regional Health and Aged Care Services

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## Introduction

*Methadone treatment is a way of dealing with many of the problems you may be experiencing from your use of heroin (or other opioids such as morphine, pethidine or codeine). You should discuss the drugs you use with your doctor.*

It is not a cure for heroin addiction. But going on methadone takes the pressure off maintaining a habit, giving you time to think, to work, to sort things out without worrying about where your next hit is coming from, and to help you cut your connections to the drug scene.

Methadone has been used to treat heroin addiction for about 30 years, although the way methadone is used has changed a lot in that time. This booklet is about how methadone treatment works today.

There are two types of methadone program. The commonest type is a *maintenance (or long term) program*, lasting months or years. The goal is to reduce the harm associated with drug use, and to improve overall quality of life. Methadone treatment can also take the form of a *withdrawal (or short term) program*, lasting days or weeks, where methadone is used to ease the discomfort of withdrawing off heroin.

Most people find they do better on a maintenance program, rather than a withdrawal program. The program for you will depend on your particular needs and situation, and this should be discussed with your doctor.

## Confidentiality

The confidentiality of information you provide to your doctor and which is recorded on government forms is protected by laws. The information may be communicated to a medical practitioner in order to coordinate your treatment and to ensure safe prescribing, to a pharmacist if you are eligible for dispensing support, or otherwise when the law requires it.

You have a right to gain access to this information. Further information about the Department, the *Health Records Act 2001* and other privacy legislation, can be viewed at the Department's web site (<http://www.dhs.vic.gov.au/privacy/>). Access to DHS records can be requested by lodging a Freedom of Information request with the Freedom of Information Unit, Department of Human Services, GPO Box 4057, Melbourne 3001.

## Benefits of methadone treatment

There are major benefits to be gained by going on methadone, but there are also some issues that you need to consider carefully. Both are listed below.

### Benefits of methadone treatment

- When you are on the right dose, methadone treatment will hold you and stop you from hanging out.
- It stabilises you so that you no longer spend your life looking for heroin.
- It costs much less than supporting a heroin habit.
- It helps you lead a healthier lifestyle.
- It reduces the risk of HIV-AIDS, hepatitis B and C as you won't need to inject.
- It enables you to handle the initial withdrawal with less discomfort.
- It removes the need for doing crime.

### Issues to consider

- You are committed to attending daily for your dose.
- Travel or holidays can be difficult and must be organised well in advance.
- You don't get a high from your methadone dose.
- There are side effects (see *Side effects* p. 4).
- You are still addicted to opioids while on methadone.
- Methadone is a strong drug and can be dangerous if used incorrectly.

Methadone is not for everybody. Some people may be better suited to treatment with other drugs (See *Other drug treatments* p. 23). Others prefer residential programs or detoxification. You can find out more about alternatives to methadone treatment by talking to your doctor, counsellor, pharmacist or by ringing DirectLine (see the Contacts section at the end of this booklet).

## Methadone: the drug

*Methadone is an opioid and therefore can substitute for heroin. However, methadone is unlike heroin in the following ways:*

- ***Duration***

Methadone is a longer acting drug than most other opioids. One dose of methadone lasts for about 24 hours, allowing for a dose once a day. The effects of methadone are felt within about one hour of a dose, however, the peak effects of the drug are felt 3–8 hours after the dose.

- ***Consumption***

Methadone is drunk in cordial or fruit juice.

- ***The Law***

Methadone is legally available on a doctor's prescription, provided the doctor has first obtained a permit from the Victorian Department of Human Services.

- ***Cost***

Community pharmacies and specialist methadone services will charge you a dispensing fee either by dose or by the week.

Methadone is as addictive as heroin and when you come off methadone, you will experience withdrawal symptoms—although a lot will depend on how you come off methadone. By going on to methadone, you may be breaking your heroin habit, but you will still be addicted to opioids until you are off methadone and drug free. Because methadone is such a long acting drug, the withdrawal symptoms last longer than for heroin withdrawal (see p. 16 *Coming off methadone*).

Methadone is prescribed in different doses, according to individual needs. Some people require high doses (above 80 mg), whereas others do well on lower doses (below 40 mg). In general, most people feel more in control by knowing what dose they are on. However, some people find it better not to know, especially when their dose is reduced. Talk to your doctor about whether you want to know what your dose is, and the advantages and disadvantages of this. Remember, your agreement is needed for the general timing and planned rate of withdrawal from methadone.

## Side effects of methadone

*Many people on methadone will experience some unwanted symptoms during their treatment period.* These are generally caused by either the dose of methadone being too low, too high, or due to other side effects of the drug.

- Symptoms of the methadone dose being too low are those of opioid withdrawal: runny nose, abdominal cramps, nausea, vomiting, diarrhoea, back and joint ache, sweating, irritable moods.
- The symptoms of too high a dose of methadone are drowsiness, nodding off, nausea and vomiting, shallow breathing, pinpoint pupils, lowered blood pressure, dizziness. For more details, see p. 19 *Overdose*.

These symptoms can be corrected by getting the dose adjusted—so tell your doctor or pharmacist right away if you are experiencing them.

Methadone can also have side effects that may be unrelated to the dose. Not everyone gets side effects from methadone, but it is common for people to experience one or more of the following:

- **Sweating** is often increased, especially at night.
- **Constipation** is quite common. Drink plenty of water and eat more fruit, vegetables, wholemeal and bran products.
- **Aching muscles and joints** may be experienced, even when the dose of methadone is adequate. Some people report rheumatism-type aches and pains at various times.
- **Lowered sex drive** is experienced with the use of any opioid, including methadone and heroin. However, this may settle down.
- **Skin rashes and itching** are experienced by some people, but usually settle down.
- **Sedation** (for example, drowsiness, especially soon after a dose). This usually settles down within a week or so, but the dose may need to be adjusted.
- **Fluid retention** causing swelling or ‘puffiness’ of the hands or feet.

- **Loss of appetite, nausea and vomiting** may occur, but these symptoms usually settle quickly.
- **Abdominal pain (cramps)** may occur, but usually settle quickly. Some of these symptoms are easily mistaken as withdrawal symptoms or as other medical conditions, so you should talk to your doctor or pharmacist if you experience them. Other potential problems include:
- **Tooth decay** Methadone, like all opioids, reduces production of saliva. Saliva contains antibacterial agents which help prevent deterioration of teeth and gums. Poor or irregular diet and inadequate dental care also contribute to tooth decay. Regular brushing and chewing sugar-free gum can prevent tooth decay.
- **Changes to periods (menstruation)** Many women have irregular periods when they use heroin or other opioids. For some women, their menstrual cycle returns to normal during methadone treatment, whereas others continue to have irregular periods while on methadone. When starting a methadone program, it is important to think about contraception, as you may start having periods again, and be at risk of getting pregnant.

In the long term, methadone does not appear to produce any significant health problems. Side effects should all go away once you are off methadone.

## Interactions with other drugs

*It is hazardous to mix methadone with other drugs without medical supervision. Unconsciousness and death can result.*

*Everyone differs in their tolerance and reaction to drugs. People know what their tolerance usually is, but it can be difficult to judge when using different drugs at the same time. The effects of using several drugs while on methadone can be dangerously unpredictable. (See Overdose warning p. 19).*

Several things can go wrong if you continue to use drugs that your doctor doesn't know about (and this includes alcohol), especially early on in your program.

- Methadone, in some ways, works differently to most other drugs, so remember the following points:
  - You may not feel the effects of methadone until 6 to 10 hours after your dose. Don't use other drugs a few hours after your dose because you assume that the methadone isn't working. The methadone may start to take effect and you could end up overdosing.
  - Methadone builds up in your system over the first few days, so don't use other drugs assuming that the methadone will have the same effect today as it had yesterday.
  - If you continue to use heroin, you are just creating a larger overall opioid habit, so that your methadone won't hold you on its own.
- Methadone is an opioid, and like other opioids, it can be dangerous if you have too much, or if you mix it with other drugs (such as alcohol, sleeping pills or tranquilisers—for example, Valium, Xanax, Serepax).

The effects of mixing certain drugs with methadone are described below.

## Alcohol

- Drinking large amounts of alcohol over a short period can make you drowsy and affect your ability to drive. Alcohol adds to the effect of methadone and increases the risk of overdose, especially when also mixed with sedatives.
- Drinking significant amounts of alcohol over one or several days and weeks can also shorten the duration of methadone's effect, causing you to hang out before your next dose.

## Sedatives

Combined with methadone, the following sedatives can cause drowsiness and in some cases, unconsciousness, and overdose. They should not be taken while you are on methadone without your treating doctor's approval.

- **Benzodiazepines**

These are commonly prescribed tranquillisers and sleeping pills, such as *Serepax*, *Valium*, *Mogadon*, *Normison*, *Xanax*, *Ativan*, *Hypnodorm*, etc. Also the anti-epileptic drug *Rivotril*.

- **Barbiturates**

These are prescribed sedatives marketed under names like *Amytal*, *Neur-Amyl*, etc.

## Opioids

- **Heroin**

Heroin and methadone are both opioids and when used together can dangerously increase risk of overdose. This is specially true if you use in the first few days of starting a methadone program.

- **Morphine, Pethidine, Oxycodone, Codeine**

These are opioids, like heroin and methadone. Using these while on methadone is dangerous, because they increase the risk of overdose.

- **Physeptone Tablets**

Methadone itself may be used as a strong pain-killer and is marketed under the name Physeptone. These should not be taken while you are on a methadone program.

## Dextropropoxyphene

This is a prescribed analgesic or pain killer. In large doses or when taken with other central nervous system depressants such as alcohol, sedatives and opioids (including methadone), it can cause drowsiness, unconsciousness, breathing difficulties and overdose. It is marketed under the names *Doloxene*, *Digesic*, *Paradex* and *Capadex*.

## Phenytoin

This is a prescribed anti-convulsant commonly used for epilepsy and is marketed under the name of *Dilantin*. Phenytoin will diminish the effect of methadone and may cause you to hang out. Talk it over with your doctor.

HIV-AIDS and Hep C treatments may also cause some interactions and should be discussed with your doctor.

*In general, if you are taking any drugs, don't hesitate to discuss any interactions these may have with methadone with your doctor and pharmacist. If you're going to see another doctor, dentist or pharmacist, or are going to hospital, tell them that you are on methadone.*

## Driving

*Methadone increases the effects of alcohol and can cause drowsiness.* Methadone may therefore affect your ability to drive motor vehicles, operate machinery or to play sport. This is particularly important in the first few weeks of treatment until you are stabilised on a dose, or at times when your dose is being changed. It is best to avoid driving or operating heavy machinery during these times.

The *Road Safety Act 1986* (Section 49, amended 1990) allows courts to cancel the driving licence and fine (or jail) people who drive while under the influence of alcohol or any drug 'to such an extent as to be incapable of having proper control of the motor vehicle'.

Police are now able to order compulsory blood tests, particularly if you're driving a car which is involved in an accident, and these tests can cover a range of drugs including opioids (and methadone). Refusing a breath test or blood test is an offence in itself.

Car insurance policies often make specific mention of accidents while under the influence of alcohol or drugs. Accident claims may be refused if the company believes your driving was affected at the time of the accident. This should not be a problem if you are on a stable dose of methadone. If the car you are driving is insured, read the insurance policy carefully.

## The Victorian methadone system

### Your treatment team

Methadone treatment can be delivered by a general practitioner (GP) or from a specialist treatment service. The system is based on supervised dosing, usually at a community pharmacy, where the pharmacist will not only provide your dose, but must be satisfied that you have taken it correctly. Note that community pharmacies and treatment centres will charge you a fee that covers both the dosing service and all of the administration and record keeping required by law.

*Your treatment team includes a doctor, a counsellor and a dosing service.*

- Your doctor is generally responsible for your treatment and prescribes your methadone.
- Your counsellor, who is sometimes also your doctor, is available for you to talk over your problems, goals and anything else that is important to you.
- Your dosing point (in many programs is a local community pharmacist) makes up your dose and gives it to you every day. They are often prepared to discuss any problems with you.

In general, specialist methadone services only accept clients referred from GPs.

### Starting up

First, you need to make contact with a treatment service or general practitioner (GP) providing a methadone prescribing service. DirectLine is a 24-hour telephone counselling and referral service which can put you in contact with a doctor who will assess you. You will probably also have to approach a local pharmacy which is authorised to provide supervised dosing. Again, DirectLine can help: their number is included in the *Contacts* section at the end of this booklet.

*On your first visit, your doctor will assess you by examining you, getting your history, taking urine and blood samples and filling out government forms.*

It is important to be as straightforward as you can about drugs you've been using, how often, how much and how you are feeling. Everybody is different, so your doctor needs to know about your situation and your body in order to better judge your particular needs. If you are not sure about going onto methadone, ask about other treatment options.

*Usually, it takes a few days before you can get your first dose of methadone.*

Your doctor has to get an official permit to prescribe methadone for you, and send a prescription and photo to the pharmacy, before you can get your first dose. A courier service can speed this up, but it costs more. In some cases, your doctor may have to wait for the results of blood tests before starting you on methadone.

Your doctor will start you on a dose of methadone, based on what you have been using and your general physical health. Because methadone can be dangerous if given in too high a dose (see p. 4 *Side effects of methadone*, p. 19 *Overdose warning*), the starting dose is always low for safety reasons.

*Methadone is a long acting drug, and it takes a few days before it builds up in your system.* The first one or two doses usually don't have their full effect—it often takes several days before the dose you start on reaches a stable level in your body and starts to work fully.

The dose usually has to be adjusted in the first few weeks of treatment so that you are not hanging out and so that you aren't being overdosed. *It may take up to several weeks to feel comfortable on methadone.* This starting up period is crucial, as your body gets used to being on methadone. Your doctor's job is to find the right dose for you—a dose which holds you for 24 hours and reduces the urge to use heroin. Getting the dose right depends on you regularly telling your doctor how you are feeling and whether you have been using other drugs (or alcohol and pills).

During this time, symptoms may develop which may be caused by:

- Not enough methadone (opioid withdrawal).
  - Too much methadone.
  - Effects of other drugs.
- or
- Unrelated health problems.

*During the starting up phase of treatment you should see your doctor regularly.* In the first week you should see your doctor several times, and frequently during the first few weeks, telling them how you are going. If you don't feel comfortable on your dose, or are worried about things, raise these issues with your doctor. They should tell you what in particular to look for over this period—what's normal and what's not.

Several things can go wrong if you continue to use drugs that your doctor doesn't know about (and this includes alcohol), especially early on in your program. It is important that you avoid using other drugs. See the section on *Interactions with other drugs*.

## The routine

Methadone treatment commits you to a routine of daily attendance at a pharmacy or treatment service to have your dose.

You should be seeing your doctor regularly, and they may arrange urine tests. This testing shows up any opioids you may have been taking, including methadone, as well as other drugs.

You can also see your counsellor regularly, although this is optional in many services.

*If your normal treatment service has no counsellor, you can ask your doctor to arrange one or ring DirectLine on 1800 888 236 for a referral.*

## Pregnancy

Using heroin while pregnant often causes harm to both you as a pregnant mother and to your child. Poor nutrition and poor health, heavy smoking and not turning up for antenatal checkups can also create problems in your pregnancy.

When you hang out, so does your baby. Sudden periods of withdrawal that often occur when trying to maintain a heroin habit can harm your baby and may cause poor growth, miscarriage or premature labour.

Continuing heroin use during pregnancy causes:

- **Premature labour:** *25 per cent of babies are born so early that they need intensive care in hospital.*
- **Growth retardation:** *20 per cent of babies are underweight.*
- **Withdrawal syndrome:** *90 per cent of babies suffer withdrawal and 50 per cent need special care, usually in a hospital. They also need medication.*

Withdrawal in these babies usually begins within 72 hours of birth, but can start up to two weeks after birth. The symptoms may last for up to six months but are most severe in the first four weeks. Babies get restless and irritable, cry, suffer tremors, develop problems with sucking and swallowing and can suffer diarrhoea and dehydration.

*Methadone maintenance is often the best chance of a normal pregnancy and a healthy baby.*

This is because:

- The unexpected periods of withdrawal which are so harmful to your baby don't happen while you are on a daily dose.
- Your lifestyle becomes more regular, which for many women means better health, better nutrition, and less stress.
- Methadone hasn't been cut with anything.

Mothers on methadone maintenance are stabilised on a dose during pregnancy and this continues after the birth. Babies born to mothers maintained on methadone during pregnancy also commonly have withdrawal symptoms which often need to be treated in hospital. But overall methadone causes fewer problems during pregnancy than heroin.

*Frequent checkups with your doctor or nurse during your pregnancy can help you to take care of both yourself and your baby.*

Withdrawing completely from heroin during pregnancy carries a risk of premature labour or foetal distress. It is important that you try to avoid withdrawing from methadone during the pregnancy, but delay withdrawal until at least three months after your baby is born. You should stay on whatever dose of methadone keeps you comfortable and reduces your heroin use.

*Breastfeeding of newborn babies is encouraged, as very little methadone is passed through the breast milk.* The long term effect on children of methadone maintained mothers appears to be unnoticeable, as most studies show that the mental and physical performance of such children is within the normal range.

*If you are pregnant you will be given priority for methadone treatment if you are assessed as suitable.* Also, if your partner is using heroin, consider going on the methadone program together as it's harder to stop if there is heroin use still going on around you.

For help, contact the Royal Women's Hospital Women's Alcohol and Drug Service Unit on (03) 9344 3631 or (03) 9344 2000.

## **HIV-AIDS and hepatitis**

*HIV virus (which causes AIDS) and the Hepatitis B and C viruses (which cause liver diseases) are often passed from person to person through sharing needles and other injecting equipment.*

Going on methadone allows you to more easily avoid sharing needles, and therefore improves your chances of avoiding these infections. Sharing needles is one way of passing on the HIV-AIDS or hepatitis viruses, but these viruses can also be passed on by unprotected sex. Like everyone else, you also need to practise 'safe sex' to reduce the risk of getting HIV-AIDS or Hepatitis. This includes always using condoms.

HIV-AIDS testing and hepatitis B and C testing are not a precondition of methadone treatment. Testing is voluntary—your doctor can arrange for this, along with appropriate counselling. If you decide not to be tested, this won't affect whether you get on to methadone or not.

If you are opioid dependent and HIV positive, you will be eligible for priority access to a methadone program if this is the best form of treatment for you. Recent evidence suggests that methadone treatment can lead to improved immune response and generally better health for HIV positive heroin users.

If you are hep C positive, methadone will also improve your health. You are likely to be using fewer street drugs, have a better diet, have more rest and be less stressed out in general. All these factors probably help to lessen hep C related illness.

## **Holidays, travel and take-aways**

Early on in your program you have to attend your dosing point every day for your dose of methadone. With time, it may be possible to arrange for take-away doses—being able to take a dose of methadone home with you in advance. They are generally not available in the first two months you are in treatment, and even after that your doctor needs to carry out a thorough assessment of your suitability for take-away doses. Access to take-away doses is not a right and they can only be authorised if you meet certain criteria.

You can go on holidays or travel, but both you and your doctor need to work out the details in advance, sometimes weeks ahead. It may be possible for your pick-up location to be transferred to a pharmacy close to where you will be staying. This needs two to three weeks notice within Victoria.

For interstate visits at least three weeks notice will be needed, with no guarantee of success. Overseas travel may not always be possible to many countries, and needs a lot of planning.

If you have to go to hospital for an operation or treatment over more than one day, your doctor will be able to organise for you to get your dose in hospital.

Take-away doses are dangerous to others. Don't give your dose to others and don't consume doses of unknown strength. If you have a take-away dose, keep it secure.

- If you have a take-away dose, it is extremely important to keep it out of reach of children.
- Store it in a safe place where they cannot get to it. If placing it in the refrigerator, lock it in a cash tin or something similar.
- Children may be attracted to the methadone thinking it is cordial. Methadone take away doses must always be diluted to 200 millilitres.
- *Children have died from drinking their parent's methadone.*

## Coming off methadone

*After a while, people start thinking about coming off methadone. There is no set time to do this.* Generally speaking, there isn't much point coming off methadone if you are likely to use heroin again. Coming off methadone too soon can undo months or years of achievements. Talk to your doctor or counsellor about when to come off methadone and what's involved.

*The best way to come off methadone is to slowly reduce your dose over months, according to the dose you are starting from.* By slowly dropping your dose, you allow your body to gradually get used to having less methadone in your system. This requires some planning, and regular visits to your doctor. If you find that you are not coping with the drop in dose, pull up or slow down the rate of reductions for a while and let your body have a rest. This way, most people find that they can get off methadone and avoid getting back into using heroin.

Some people find that transferring from methadone to buprenorphine and then coming off buprenorphine is more comfortable than coming off methadone. The transfer can't be done from high doses of methadone, so you will need to discuss this option with your doctor and be prepared to work through what might be a long process to be successful.

While you are on methadone you are still addicted to opioids, so you can expect to go through withdrawal symptoms when you come off methadone.

Symptoms are the same as when coming off heroin or other opioids:

- Runny nose, yawning, watery eyes
- Nausea, loss of appetite, sometimes vomiting
- Diarrhoea
- Abdominal pain (cramps)
- Muscle tension resulting in headache, back pain and leg cramps
- Joint aches
- Sweating
- Disturbed sleep
- Irritable mood
- Cravings for opioids
- Lack of energy.

Withdrawal symptoms are caused by your body trying to get used to not having enough of the drug in your system anymore. The faster your body has to make this change, the more severe the symptoms and the more discomfort you go through.

*Suddenly stopping methadone results in major withdrawal symptoms, especially if you are on a dose above 20–30 mg. It is recommended that you do not try to suddenly jump off a methadone program, as the discomfort drives most people who try this back into using heroin. Too fast a reduction will also result in more severe withdrawal symptoms, and many people find this more difficult to cope with than withdrawal from heroin.*

Completing your methadone reduction means you no longer have to pick up a dose, but you can still keep on seeing your doctor and/or counsellor if you want to. Some people find that it's helpful during the post-withdrawal period to keep on seeing their doctor and/or counsellor, and many find joining a self-help group provides valuable support.

## Discontinued treatment

You must turn up for your dose each day, keep appointments with your doctor and counsellor, and keep to the rules set between you and your treatment team. Any of the following may result in discontinuation of your treatment:

- *Violence or threats to other clients or staff.*
- *Drug dealing around the program.*
- *Diversion—for example, selling your dose or giving it to others.*
- *Missing doses (If you miss three doses in a row, you will not receive further methadone without reassessment by your treating doctor).*
- *Missing doctor's appointments repeatedly.*
- *Not paying your methadone dosing fees.*

## Difficulties and complaints

If you are having difficulty with any aspect of your treatment, you should talk it over with your doctor or treatment team. If this doesn't work contact PAMS (Pharmacotherapies Advocacy and Mediation Support Service). This is a local service located at VIVAIDS (the Victorian Drugs Users' Organisation) for people on a pharmacotherapy program such as methadone, buprenorphine or naltrexone. It provides confidential assistance for people experiencing problems with their program and can help mediate problems that arise between service providers and clients.

You can also contact DirectLine on 1800 888 236. DirectLine will be able to talk the problem through with you and, if appropriate, help you to arrange to transfer your treatment to another doctor, pharmacist or counsellor.

If you have a significant complaint, you can contact the Health Services Commissioner on (03) 8601 5222 or 1800 136 066.

## Methadone toxicity (overdose warning)

*The risk of methadone overdose increases if you mix methadone with other drugs or alcohol.*

Opioid toxicity (also known as overdose) can occur not only from having more opioids (drugs from the opium poppy or synthetic drugs with a similar action) in your system than your body can handle, but also from the effects of taking different drugs at the same time. Just as people can experience toxicity from heroin if they have too much, or mix it with other drugs, the same thing can happen with methadone. The effects of different opioids add together in terms of the risk of serious toxicity. *The main risk of opioid overdose is respiratory failure.*

Drugs that slow down the nervous system (such as alcohol, sedatives and tranquillisers, some antidepressants, opioids and other pain killers) can all combine their effects when taken with methadone and add to the risk of overdose, causing drowsiness, coma, respiratory failure, and ultimately, death.

The risk of serious toxicity may also increase when you have liver or kidney disease, such as hepatitis, because drugs are cleared from your blood at a slower rate than normal.

The effects of too high a dose of methadone and toxicity include:

- Slow or slurred speech
- Slowed movements
- Unsteady walking
- Poor balance, dizziness, drowsiness and nodding off
- Nausea and vomiting.

During sleep severe toxicity can develop where a person has:

- Shallow breathing
- Becomes semiconscious or unconscious
- Is unrousable
- Makes snoring or gurgling noises
- Has pinpoint pupils.

This is a serious medical emergency, and you should tell your family and friends about this so they can recognise serious toxicity if it happens, and call an ambulance immediately. It is a mistake in this situation to leave someone to ‘sleep it off’.

Oral methadone can be slow to reach its full effect, usually 3 to 8 hours after the dose, sometimes after the person has gone to bed and is asleep. This contrasts with the rapid onset of effect experienced with other opioids, particularly when they are injected.

***If a drug user or methadone patient becomes unconscious (unrousable, making snoring or gurgling noises), call an ambulance immediately and apply mouth-to-mouth (cardiopulmonary) resuscitation. Courses on this are available from the St John Ambulance Brigade.***

The effects of methadone or heroin overdose can usually be reversed with a simple injection of naloxone (Narcan), so it is important to call an ambulance or get them to a hospital immediately. Doctor, nurses and ambulance officers need to know what drugs the overdosed person has taken (including methadone).

## Toxicity or overdose warning

There is a danger of toxicity (overdose) and death if other drugs which decrease or sedate brain activity are taken in unsupervised quantities with methadone.

A number of people have died while on methadone because of the combined toxicity of methadone and other drugs. The drugs to avoid are:

- Alcohol
- Tranquillisers (Rohypnol, Serepax, Valium, Mogadon, Normison, Euhypnos and others)
- Barbiturates
- Analgesics such as Digesic or Doloxene
- Heroin
- Mixtures of any of these.

Your doctor may prescribe some sedating drugs to relieve unpleasant symptoms, but it is important that you take them only in the quantities specified. Higher doses and uncontrolled combinations of drugs and alcohol with methadone cause several deaths each year in Victoria.

***Mixing drugs and alcohol with methadone is dangerous.***

## Methadone toxicity or overdose: symptoms

Toxicity (overdose) usually involves methadone and other drugs such as alcohol, prescription tranquilliser tablets and sleeping pills.

***The risk of overdose is highest in the first week of methadone treatment.***

If you experience the overdose symptoms described here, don't take another dose of methadone until you have discussed it with your doctor.

Symptoms vary from person to person, and may include one or more of the following.

### **Stage one: talk to a doctor or pharmacist without delay**

- Slurred speech
- Unsteady walking and poor balance
- Drowsiness
- Pin-point pupils
- Slowed movement, slow eating
- Stupor ('out of it', confused)

### **Stage two: this is a serious emergency: call an ambulance immediately and NEVER leave the person to "sleep it off"**

- Unrousable state (can't be woken, snoring, gurgling or spluttering when breathing, floppy limbs and neck)
- Slowed or shallow breathing with blue lips and fingers

## Other drug treatments

A number of new drugs to treat addiction to heroin and other opioids have become available in the last five years. No single drug suits every person. There are different benefits and disadvantages to each. They also have different side-effect profiles that may be important for some people.

*Buprenorphine* has advantages for some people, including those who want to withdraw from opioid use.

*Naltrexone* requires the person to withdraw from opioids such as heroin, then blocks the effect of these drugs if taken. Use of this drug is based on complete abstinence from opioid drug use. There may be more risk of overdose if it is stopped.

Transferring between methadone and these other drugs can be complicated, and requires particular care to prevent adverse effects. You can change to or from methadone and these drugs, but this must be carefully managed by your doctor.

You should discuss your options and suitability for different medical treatments with your doctor and pharmacist. You can review your choice at any time during treatment, particularly if problems arise with the drug you are receiving.

## Contacts

Some further sources of information and advice are:

### DirectLine

**Phone: 1800 888 236**

A 24-hour service providing information, counselling and referral on all drug-related concerns including contacts with doctors, pharmacies and counsellors who provide methadone services, and locations of needle and syringe exchange sites.

### AIDSLine

Telephone counselling, information and referrals on HIV-AIDS, STDs and sexual health.

Hours Monday–Friday 9am–10pm  
Saturday/Sunday 9am–11am and 6pm–8pm

#### Phone numbers

**Counselling: (03) 9347 6099**

**Country callers: 1800 133 392**

**TTY for Deaf callers: 1800 032 665**

**Administration line: (03) 9347 6133**

**Fax: (03) 9347 6299**

Email: [aidsline@vicnet.net.au](mailto:aidsline@vicnet.net.au)

### Poisons Information

**Phone: 13 11 26**

**Emergency: 000**

A 24-hour service providing information on the effects of drugs, with first aid advice in case of poisoning.

## **SHARC (Self Help Addiction Resource Centre Inc.)**

**140 Grange Road  
Glenhuntly 3163  
Phone: (03) 9572 1151  
Fax: (03) 9572 3498**

SHARC is a resource centre and a network of self-help groups. It will put you in touch with a local self help-group.

## **Narcotics Anonymous**

**GPO Box 2470V  
Melbourne 3000  
Phone: (03) 9525 2833**

Narcotics Anonymous is a fellowship of men and women who are helping each other to stay drug-free. NA provides over 40 weekly self help meetings throughout the Melbourne metropolitan area. The number is a staffed 24-hour help line.

## **Royal Women's Hospital**

**Women's Alcohol and Drug Service  
264 Cardigan Street  
Carlton 3053  
Phone: (03) 9344 3631  
(03) 9344 2000**

The unit provides counselling, specialist advice and care to pregnant, chemically dependent women.

## VIVAIDS

**128 Peel Street  
North Melbourne 8006**

**Tel: (03) 9329 1500**

**Fax: (03) 9329 1501**

Email: [vivaids@vivaids.org.au](mailto:vivaids@vivaids.org.au)

The service provides a wide range of information on drugs. It also provides peer support, peer education, referrals, needle exchange and advocacy to drug users, while promoting harm reduction to users and the community.

## PAMS—Pharmacotherapy Advocacy and Mediation Support Service

**Phone: 1800 443 844 or 9329 1500**

PAMS is a service that is available to pharmacotherapy patients, prescribers or pharmacists to help resolve problems with accessing or delivery of pharmacotherapy. PAMS will assist in mediating outcomes to these problems, and service providers are encouraged to attempt mediation before deciding to withdraw service provision to particular patients of the system.

10 am–6 pm M–F. After hours message service provided.

## DrugInfo

**Phone: 13 15 70**

Community information service of the Australian Drug Foundation. Provides information about drugs for users, or students studying drugs and preparing projects, and referral for counselling.

## YSASline

**Phone (metropolitan): (03) 9418 1020**

**Toll free (country areas): 1800 014 446**

The service provides 24-hour access to information, telephone counselling, and referral to Youth Substance Abuse Service (YSAS) outreach teams. The service is open to young people, their families, health and welfare workers, police and ambulance officers. Users call YSASline to contact an outreach team. The team can access the YSAS residential service.



Department of  
Human Services