Methadone treatment in Victoria

User information booklet

VICTORIA State Government | Health and Human Services

Accessibility

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Contents

Introduction

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

Methadone is not a cure for opioid dependence or addiction. However, going on methadone can take the pressure off maintaining the drug use that is causing you problems. It can give you time to think, work and sort things out without worrying about whether you can sustain the supply of drug.

Methadone has been used to treat opioid 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 programs:

- maintenance (or long term) program – this is the most common type of program, lasting months or years, and the goal is to reduce the harm associated with drug use and improve overall quality of life
- withdrawal (or short term) program – this type of program usually lasts days or weeks and the methadone is used to ease the discomfort of withdrawing from opioids.

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 prescriber.

Confidentiality

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

You have a right to access this information. Further information about the Department of Health and Human Services, the *Health Records Act 2001* and other privacy legislation, can be viewed at the department's website at www.health.vic.gov.au/privstat.htm.

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Freedom of Information Team
Department of Health and 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 prevent an urge to use the opioid causing you problems and avoid compulsive use.
- It stabilises you so that you no longer spend your time seeking and using the drug.
- It can cost much less than supporting problematic drug use.
- It helps you lead a healthier lifestyle.
- If you are injecting, it reduces the risk of HIV-AIDS and 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 for those using illicit opioids.

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 an intoxicating effect from your methadone dose.
- There are side effects (see Side effects of methadone p. 6).
- Methadone is an opioid, so you are still dependent on this opioid 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. 27). Others prefer residential programs or detoxification. You can find out more about alternatives to methadone treatment by talking to your doctor, nurse, counsellor, pharmacist or by ringing DirectLine (see Contacts p. 28).

Methadone: the drug

Methadone is an opioid and therefore can be substituted for the opioids causing you problems. However, methadone is different 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 swallowed in a liquid form.

The law

Methadone is legally available on a prescription, provided the prescriber has first obtained a permit from the Victorian Department of Health and Human Services.

Cost

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

Withdrawal

Methadone is as addictive as other opioids 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 managing your opioid dependence, but you will still be dependent 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, but this can be managed to avoid too much discomfort (see Coming off methadone p. 19).

Dosage

Methadone is prescribed in different doses, according to individual needs. Some people require high doses (above 80 mg) while others do well on lower doses (below 40 mg). Evidence shows that most people need 60 mg or more of methadone each day to achieve their goal of managing problems with their opioid dependence and misuse.

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, drug craving.
- **Symptoms of too high a dose of methadone** are drowsiness, nodding off, nausea and vomiting, shallow breathing, pinpoint pupils, lowered blood pressure, dizziness, poor appetite. For more details, see Methadone overdose warning p. 22.

These symptoms can be corrected by getting the dose adjusted – so tell your prescriber 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, as happens with all opioids. Drink plenty of water and eat more fruit, vegetables, wholemeal and bran products. Get plenty of exercise.
- **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 prescriber or pharmacist if you experience them.

Other potential problems include:

- **Tooth decay** – methadone, like all opioids, reduces production of saliva. Saliva contains antibacterial agents that 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 Toxicity or overdose warning p. 25).

Several things can go wrong if you continue to use drugs that your prescriber doesn't know about (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 after starting treatment, 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 other opioids, you are just creating a larger overall opioid habit, so that your methadone won't control your craving or compulsive use 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).

The effects of mixing certain sedating substances and drugs with methadone combines their sedating effects and can be dangerous, leading to overdose. This is 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 feel cravings before your next dose.

Sedatives

Combined with methadone, benzodiazepines (commonly prescribed tranquillisers and sleeping pills, such as Serepax, diazepam, Mogadon, Normison, alprazolam, Ativan, Hypnodorm and the anti-epileptic drug Rivotril) can cause drowsiness and, in some cases, unconsciousness and overdose. They should not be taken while you are on methadone without your treating prescriber's approval.

Opioids

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.

Heroin

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

Physeptone tablets

- Methadone itself may be used as a strong painkiller 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 painkiller. 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' and 'Digesic'.

Phenytoin

This is a prescribed anticonvulsant commonly used for epilepsy and is marketed under the name 'Dilantin'. Phenytoin will diminish the effect of methadone and may cause an urge to use other opioids. Talk it over with your prescriber.

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

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

Driving

Methadone increases the effects of alcohol and can cause drowsiness.

Methadone may affect your ability to drive motor vehicles, operate machinery or 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. You should avoid driving or operating heavy machinery during these times.

If you drive, you may be at risk of having your licence cancelled if your driving is impaired. *The Road Safety Act 1986* (s. 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 that 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.

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), nurse practitoner (NP) or from a specialist treatment service.

Victoria's methadone 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 prescriber, a counsellor and a dosing service.

- Your prescriber (GP or NP) is generally responsible for your treatment and prescribes your methadone.
- Your counsellor, who is sometimes also your prescriber, is available for you to talk over your problems, goals and anything else that is important to you.
- Your dosing point (in many situations this is a local community pharmacy) makes up your exact dose and gives it to you every day. They are often willing to discuss any problems with you.

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

Starting up

1. You need to make contact with a treatment service or GP or NP providing a methadone prescribing service. DirectLine is a 24-hour telephone counselling and referral service that can put you in contact with a prescriber who will assess you. You will probably also have to approach a local pharmacy that is authorised to provide supervised dosing. Again, DirectLine can help and their number is included in the Contacts section at the end of this booklet (p. 28).

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

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

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

3. Your prescriber 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, for your safety, your prescriber may have to wait for the results of blood tests before starting you on methadone.

4. Starting dose: your prescriber 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 Side effects of methadone p.6 and Toxicity or overdose warning p.25), the starting dose is always low for safety reasons.

5. Methadone, the drug: 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.

Methadone doesn't reach its full effect for several hours after it has been taken, so be patient, control the urge to use other drugs to manage symptoms of withdrawal or control the urge to use other opioids until methadone reaches its full effect. This may be 3-8 hours after you have taken it.

The dose usually has to be adjusted in the first few weeks of treatment so that you don't have an urge to revert back to the opioid you were using and put yourself at risk of overdose or return to problematic use.

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 prescriber's job is to find the right dose for you – a dose that holds you for 24 hours and reduces the urge to use the problem opioid you were using. Getting the dose right depends on you regularly telling your prescriber 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 prescriber regularly.

For the sake of your safety, in the first week you should see your prescriber 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 prescriber. They should tell you what 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 prescriber doesn't know about (and this includes alcohol), especially early on in your program. It is important that you avoid using other drugs and be truthful about your use of other drugs. See Interactions with other drugs p. 7.

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 prescriber 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 prescriber to arrange one or ring DirectLine on 1800 888 236 for a referral.

Pregnancy

Using opioids, whether prescription opioids, over-the-counter codeine drugs like Nurofen Plus or 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 have an urge to use, 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 opioid 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 (this is called Neonatal abstinence syndrome) and many 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 that are so harmful to your baby don't happen while you are on a regular daily dose
- your lifestyle becomes more regular, which for many women means better health, better nutrition and less stress
- for heroin users it is good to know that 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. Overall, methadone causes fewer problems during pregnancy than problematic non-medical use of pharmaceutical opioids or heroin.

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

Withdrawing completely from problematic use of pharmaceutical opioids or 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 and 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 use of other opioids.

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 misuse still going on around you.

For help, contact the Royal Women's Hospital Women's Alcohol and Drug Service Unit (WADS) on (03) 8345 3931.

HIV-AIDS and hepatitis

The 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 in those who are injecting heroin or prescription opioids.

Going on methadone allows people to more easily avoid sharing needles and, therefore, improves your chances of avoiding these infections. 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 prescriber can arrange 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 or other injecting drug users.

If you are hepatitis 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 in general. All these factors probably help to lessen hepatitis C–related illness.

A new generation of hepatitis C treatments are now available. Your prescriber may offer these treatments to you or you could ask your prescriber if these treatments would be suitable for you.

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. Take-away doses are generally not available in the first three months you are in treatment, and even after that your prescriber needs to carry out a thorough assessment of your suitability for take-away doses. Access to take-away doses is not a right and can only be authorised if you meet certain criteria designed to ensure your safety and the safety of others.

You can go on holidays or travel, but both you and your prescriber 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. Your prescriber can advise you of the requirements for interstate travel. Overseas travel may not always be possible to many countries, and needs a lot of planning. The Pharmacotherapy, Advocacy, Mediation and Support Service (PAMS) may be able to assist clients travelling overseas (see Contacts p.28).

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 very 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.

When used inappropriately, methadone may cause serious harm or even death. The Victorian Coroner's Office identified that from 2010 to 2013 there were 147 Victorian deaths involving a methadone take-away dose (in 89 of these deaths people took their own take-away dose and in 58 deaths the person took someone else's take-away dose). The concern is about safety with take-away doses, it's about YOU taking responsibility for the take-away doses prescribed to YOU, to protect the safety of yourself and others.

- If you have a take-away dose, store it in a secure or locked cupboard at all times for safety reasons. The only time a take-away dose should be removed from the secure or locked cupboard is immediately before you take the dose.
- Do not leave take-away doses where someone else can see or access them (for example, not in the fridge, in a bag, on a shelf or bench-top).
- Take-away doses must **not** be stored in the fridge. They don't need to be stored in the fridge and should not be stored there because of the risk of someone else taking it or a child mistaking it for a drink.
- It is extremely important to keep take-away doses out of reach of children. 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 revert to non-medical use of pharmaceutical opioids or heroin again. Coming off methadone too soon can undo months or years of achievements. Talk to your prescriber 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 prescriber. 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 prescriber 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, but these can be largely controlled if the withdrawal is carefully managed.

Symptoms are the same as when coming off any opioid, including pharmaceutical opioids or heroin. These include:

- 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. The faster your body has to make this change, the more severe the symptoms and the more discomfort you go through.

If you do come off methadone and are not using any opioids and are abstinent, there is an increased risk of opioid overdose and death if you do return to misuse of any opioid, unless recommencement is carefully managed.

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 seeing your prescriber and/or counsellor if you want to. Some people find it helpful to see their prescriber or counsellor during the post-withdrawal period; others find joining a self-help group provides valuable support.

Discontinued treatment

You must turn up for your dose each day, keep appointments with your prescriber 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
- diversion, for example, selling your dose or giving it away or sharing it with others
- missing doses (if you miss four doses in a row, you will not receive further methadone without reassessment by your treating prescriber)
- missing appointments with your prescriber 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 prescriber or treatment team. If this doesn't work contact PAMS. This is a service located at Harm Reduction Victoria for people on a pharmacotherapy program such as methadone, buprenorphine or naltrexone. PAMS provides confidential assistance for people experiencing problems with their program and can help mediate between service providers and clients.

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

If you have a significant complaint, you can contact the Health Services Commissioner on 1300 582 113.

Methadone overdose warning

The risk of methadone overdose is highest when you first start treatment and you and your prescriber have not yet found the right dose to control withdrawal symptoms or doses are too high. There is also a risk of people self-treating symptoms with other sedating drugs or continuing to misuse or mix their methadone with other opioids or just continuing to misuse drugs and/or alcohol.

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

Opioid 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 prescription opioids or heroin if they use 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.

Respiratory failure causes slow, shallow breathing and may also include a collapse of the airway in the throat that obstructs breathing. Either way, it prevents enough oxygen reaching the lungs to supply the body and the brain.

Drugs that slow down the nervous system (such as alcohol, sedatives and tranquillisers, some antidepressants, opioids and other painkillers) 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
- cannot be roused
- 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 serious mistake in this situation to leave someone to 'sleep it off'. In many overdose deaths, witnesses describing leaving someone with shallow breathing or gurgling or unusually loud snoring to 'sleep it off' only to find them dead several hours later.

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 (cannot be roused, making snoring or gurgling noises), call an ambulance immediately and apply mouth-to-mouth (cardiopulmonary) resuscitation (courses are available from the St John Ambulance Brigade).

Naloxone

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

Naloxone acts as an antidote to opioid overdose caused by heroin, morphine, methadone and/or prescription opioid medications. It is also known by the brand name Narcan®. It has no potential for abuse.

Naloxone reverses life-threatening depression of the central nervous system that causes coma and decreased breathing because it attaches more strongly to the opioid receptors than many opioids.

Use of naloxone may help reduce the risk of death or prevent some of the medical complications and conditions in non-fatal overdose, such as brain damage due to lack of oxygen or pneumonia. Providing rescue breathing and giving naloxone to a person in an opioid-caused overdose coma whose breathing is too slow and shallow may prevent these complications.

Naloxone only works if a person has opioids in their system.

Naloxone forces the opioids off the receptors for a **short time (around 30 to 90 minutes)**, enabling a reversal of coma and return to normal breathing. However, because methadone acts on the body for a much longer period, even if the person recovers from their coma after injection of naloxone, they should be taken to hospital immediately because it is highly likely that they will lapse back into a coma and be at risk of overdose death or supressed breathing causing brain damage.

People starting or continuing with methadone treatment may be at an increased risk of overdose in the first few days of treatment if the dose is too high, or if they mix it with other drugs that depress the nervous system such as alcohol or benzodiazepines. They may benefit from having naloxone available for use if they do overdose.

In Australia, under the Pharmaceutical Benefits Scheme (PBS), Naloxone is available in a UCB minijet 400mcg/1Ml solution. Each prescription (containing five minijets) will cost a Health Care Card holder $6.20 (or $38.30 for a person without a health care card) (costs current in Jan 2016). A single-use minijet of Naloxone is now also available over the counter without a prescription as a pharmacist only medication. The minijet is ideal for intramuscular injections.

Your prescriber may offer to prescribe Naloxone for you or you could ask them to prescribe it for you.

You can find out more about how to use Naloxone by visiting:

www.copeaustralia.com.au

Toxicity or overdose warning

There is a danger of toxicity (overdose) and death if other drugs that 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, Xanax and others)
- barbiturates
- analgesics such as Digesic or Doloxene
- heroin
- mixtures of any of these or taking them in higher doses than recommended for medical purposes.

Your doctor or nurse 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

Overdose usually involves methadone combined with 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 prescriber.

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

Stage one: talk to a doctor, nurse or pharmacist without delay, or if you are unsure, dial 000 immediately

- Slurred speech
- Unsteady walking and poor balance
- Drowsiness
- Pinpoint 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'. Dial 000

- Cannot be roused (can't be woken, unusual loud snoring, gurgling or spluttering when breathing)
- Floppy limbs, body and neck
- Slowed or shallow breathing
- Blue lips and fingers

If you have naloxone available, administer it immediately. Remember this will only provide a temporary reversal of methadone overdose (30–90 minutes). Methadone lasts in the body for 24 hours or more after taking, so ensure that the person is transported to hospital as quickly as possible.

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 prescriber 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:

DirectLine

Phone: 1800 888 236
Website: www.directline.org.au

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.

Pharmacotherapy, Advocacy, Mediation and Support Service (PAMS)

Phone: 1800 443 844 or (03) 9329 1500
Website: www.hrvic.org.au/pharmacotherapy

PAMS is available to pharmacotherapy clients, prescribers or pharmacists to help resolve problems with accessing or delivery of pharmacotherapy. PAMS will assist in mediating outcomes. Service providers are encouraged to contact PAMS before deciding to withdraw service provision to particular clients.

DrugInfo

Phone: 1300 858 584
Website: www.druginfo.adf.org.au

Druginfo is a community information service of the Australian Drug Foundation. DrugInfo provides information about drugs to users and others and refers people for counselling.

Harm Reduction Victoria (HRV)

Address: 128 Peel Street,
North Melbourne 3051
Tel: (03) 9329 1500
Email: admin@hrvic.org.au
Website: www.hrvic.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.

Hepatitis Victoria

Infoline: 1800 703 003
Website: www.hepvic.org.au

Hepatitis Victoria is the peak not-for-profit community organisation working across the state for people affected by or at risk of viral hepatitis.

Living Positive Victoria

HIV and sexual health connect line: 1800 038 125
Website: www.livingpositivevictoria.org.au

Living Positive Victoria is a not for profit, community-based organisation representing all people living with HIV in Victoria and is committed to the advancement of human rights and wellbeing of all people living with HIV.

Narcotics Anonymous

Phone: (03) 9525 2833 (24-hour help line)
Website: www.navic.net.au

NA is a fellowship of men and women who are helping each other to stay drug-free. NA provides more than 40 weekly self-help meetings throughout the Melbourne metropolitan area.

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.

Royal Women's Hospital

Women's Alcohol and Drug Service (WADS)
Phone: (03) 8345 3931 or (03) 8345 2996

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

WADS is the only statewide drug and alcohol service providing specialist clinical services to pregnant women with complex substance use dependence.

Self Help Addiction Resource Centre Inc. (SHARC)

Address: 140 Grange Road, Glenhuntly 3163
Phone: (03) 9573 1700
SHARC Family Drug Help phone: 1300 660 068
Website: www.sharc.org.au

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

Victorian Aids Council (VAC)

Phone: (03) 9865 6700
Website: www.vac.org.au

VAC leads the fight against HIV/AIDS in Victoria by providing care and support for people living with HIV, health promotion, and advocacy. VAC advocate, with partner organisations, to improve health outcomes for sexually and gender diverse communities.

Youth Drug and Alcohol Advice Line (YoDAAline)

Phone: 1800 458 685
Email: advice@yodaa.org.au

This service provides 24-hour access to information, advice and referral related to youth drug and alcohol use. The service is open to young people, their families, health and welfare workers, schools and anyone concerned about a young person.