INFORMATION

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WHAT IS METHADONE

Methadone belongs to the same group of drugs as codeine, morphine and heroin. These drugs are called narcotic analgesics or opiates and are all strong painkillers.

In Australia, as in most other western countries, methadone is legal only within a treatment program. The methadone program helps improve the health and lifestyle of people dependent on heroin and other opiates.

WHAT IS METHADONE TREATMENT

Methadone treatment helps people break the routines and habits associated with opiate dependency. It is available in all states and territories in Australia (except Northern Territory).

Methadone in a treatment program is given out as a syrup, to be swallowed. It has a much longer life in the body than heroin. A single dose is effective on average for 24 hours, compared to heroin which can last for as little as a couple of hours.

Clients in methadone treatment are given a dose of methadone every day. The methadone is prescribed by a doctor. The size of the dose is determined according to the characteristics of each individual client. It is worked out so that the amount of methadone circulating in the bloodstream is enough to stop clients going into withdrawal.

THE ADVANTAGES OF METHADONE TREATMENT

Research has shown that methadone treatment improves the health of opioid dependent people in a number of ways.

- People are less likely to use heroin which may be contaminated with other substances.
- Methadone is taken orally, which makes it cleaner and safer than injecting heroin. This reduces the risks of using shared or dirty injecting equipment and becoming infected with hepatitis B or C or HIV.
- The routine involved in methadone treatment encourages people to lead a balanced and stable lifestyle - improved diet and better sleep.
- It makes people less stressed and anxious as they do not have to worry about when they will next 'score'.



Methadone treatment also improves the client's **lifestyle**.

- Methadone lasts longer in the body than heroin so it only has to be taken once a day.
- Criminal activities to obtain illegal drugs are reduced.
- Relationships and care for a person's family become more manageable.
- A person is more likely to hold down a job.
- It's cheaper. Methadone is free in public treatment programs while private methadone treatment programs require payment. However, these are relatively cheaper compared to the cost of illicit drug use. Whether public or private, the same policy rules apply to methadone treatment.



Take-away doses of methadone are also available which help clients return to a more stable lifestyle. To be eligible, clients must meet the criteria as outlined by the Health Department as well as those of the methadone prescriber. Some of these include family commitments, illness and travelling long distances.

WHO USES METHADONE TREATMENT?

Methadone treatment is a voluntary program and is just one of the treatment options available to opioid dependent people. Other options include detoxification in a hospital or centre, rehabilitation in a residential centre, individual or family counselling and self-help groups.

A person can only become a client of methadone treatment after being assessed by a doctor who is an approved methadone prescriber. Generally the person should be over 18 years of age and be dependent on opiates. The assessment takes into account other characteristics such as their alcohol or other drug use and their psychological health.

Inmates or persons in detention, and people with serious medical conditions such as hepatitis B or C, or who are HIV positive, can also apply for methadone treatment. Pregnant women, and those with HIV/AIDS or hepatitis B, and their partners, are prioritised for methadone treatment.

Call ADIS or MACS (see back page) for the nearest methadone prescriber.

HOW IT WORKS

Clients are informed that as part of the program they will:

- receive daily doses of methadone taken orally at the methadone clinic or community pharmacy
- receive on-going counselling and other support services
- occasionally be asked for urine samples to check on the use of other drugs.

Clients usually begin the program at a dose which they feel comfortable. The dose is then carefully adjusted to meet the needs of each individual. It may take several days or a couple of weeks for the person to be stabilised on methadone. During this period the person is monitored. The dose is increased, where necessary, slowly.

When a client wishes to come off methadone, in consultation with their prescribing doctor, their dose is gradually reduced, usually over a period of three to twelve months, or sometimes longer. It depends on the size of the regular dose and the individual concerned.

Withdrawal in treatment is very slow because:

- it minimises the physical effects of withdrawing
- clients adapt to a methadone-free lifestyle more easily
- it minimises the chance of relapse.

During this time assistance and support from the prescribing doctor and other health workers is provided.

EFFECTS

The effects of methadone are essentially the same effects as heroin. Clients starting methadone treatment will not notice anything different. The following short term effects may be experienced when methadone is taken by people who are not dependent on opiates.

- relief of pain (analgesia)
- feeling of well being (euphoria)
- nausea and vomiting
- shallow breathing
- the pupils of the eyes become smaller
- below normal drop in body temperature
- slow blood pulse, low blood pressure
- heart palpitations

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- problems with sexual functioning
- poor blood circulation

Methadone may also affect the client's ability to drive a car or operate heavy machinery, particularly during the first few weeks of treatment until a client is stabilised on a dose.

Long term effects

Methadone, taken in pure form and regular doses as part of a treatment program, may produce the following long term effects:

- increased sweating (clients should drink at least two litres of water per day to avoid dehydration)
- constipation
- some men have reported impotence and delayed ejaculation
- some women have reported a loss of sexual desire and disrupted menstrual cycles
- some women have reported normal menstruation after experiencing irregularities on heroin and other opiates.



Most of these effects disappear with time, dose adjustment, dietary changes and general improvement in lifestyle.

WITHDRAWAL

Abrupt discontinuation of methadone treatment can lead to withdrawal symptoms. Usually they begin one to three days after the last dose. They can include uneasiness, yawning, tears, diarrhoea, abdominal cramps, goosebumps, a runny nose, difficulty in sleeping, joint pains and a craving for the drug. They reach a peak on the sixth day and may last up to a few weeks after that. Feeling lazy and a lack of appetite can last a while longer.

OVERDOSE AND MIXING DRUGS

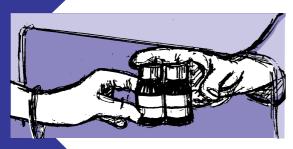
Like heroin and other opiates, methadone is a powerful drug. Clients must maintain their prescribed doses for legal and health reasons. If a client accidentally takes or is given more than their prescribed dose, they must let the medical or clinical staff know and follow any advice given them. Overdosing can be fatal.

Giving methadone to a person not on a methadone program is very dangerous. Even small amounts of methadone taken by someone not used to opiates can lead to an overdose. Take-away doses of methadone should always be stored in child-proof medicine cabinets or a locked cupboard in a high position.

Injecting methadone is a serious health risk. It increases the risk of overdosing and can lead to blood clotting, collapsed veins and other medical complications.

The use of other drugs with methadone, such as alcohol or minor tranquillisers (benzodiazepines) can also lead to an overdose. It is very important for clients to let their doctor or dentist know they are taking methadone, so that they don't prescribe anything which could affect treatment.

Clients are advised to carry a card or note certifying that they are in methadone treatment. Prescribing doctors or clinics can provide these. Then, if the client is involved in an accident or any legal hassles, people have the correct information about them, and their health and safety can be protected.



TRAVELLING

If clients are travelling to another town or another state for a short period of time they may apply for take-away doses. They may also ask their doctor to arrange a temporary trans-

fer to a methadone treatment program in the place they are visiting. A short period of time usually means up to one month. At least three weeks notice to their doctors is required so arrangements can be made.

Clients travelling interstate for longer than a month, or moving away permanently will need to be re-assessed for admission to a methadone treatment program near their new home. Their prescribing doctor or clinic will know how to go about this.

Clients who wish to travel overseas should speak to their doctor. Special arrangements will need to be made so clients can either receive doses in another country or safely bring in their prescribed methadone.

PREGNANCY

Pregnant women who are dependent on opiates are encouraged to enter a methadone program - it is the treatment of choice. They also get a priority assessment even if the program is full. Pregnant women in methadone treatment are likely to have fewer complications during their pregnancy and childbirth than pregnant women who are using other opiates. Starting methadone treatment early in the pregnancy is recommended.

Like all opiates, methadone crosses the placenta to the unborn child. Many of the babies born to methadone dependent mothers go through withdrawal at birth. Their symptoms vary in length and strength. These can be successfully treated while the baby is still in hospital.

Research is continuing on the long term effects of methadone on the child during pregnancy. At this stage there is no indication that the effects are serious.

BREASTFEEDING

Health authorities encourage breastfeeding for women in methadone treatment. Women need to wean their babies slowly and avoid using alcohol and other drugs while breastfeeding.

No immediate ill effects have been noticed in the breastfed children of methadone treatment clients. Long term follow-up studies show that methadone exposure has little effect on early development and that the benefits outweigh any possible health risks.

METHADONE AND THE LAW

Under the Commonwealth Customs Act 1901 the importation of methadone is illegal and carries penalties of up to \$100,000 and/or life imprisonment.

In NSW, methadone is classified as a prohibited drug. Under the NSW Drug Misuse and Trafficking Act 1985 the unauthorised possession, trade or manufacture of methadone carries heavy penalties which vary according to the amount of the drug involved. They range from a \$5,000 fine and/or 2 years in prison to a \$500,000 fine and/or imprisonment for life.

A doctor can only lawfully prescribe methadone after getting the authority of the Director-General of Health. Unauthorised prescription also carries heavy penalties. Injecting methadone, taking more than one dose at a time, or giving methadone to somebody else is illegal.

The laws governing the possession, use and prescription of methadone vary from state to state. Clients planning to travel interstate should find out what the laws are in the states which they are planning to visit, and what health services are available.

MORE INFORMATION

In NSW, **ADIS** (Alcohol and Drug Information Service). They provide a 24 hour, 7 days confidential service which includes advice, information and referral to local agencies.

Ph: (02) 331 2111; country areas free call 1800 42 2599

AIDS/HIV Information Line

Ph: (02) 332 4000; country areas free call 1800 45 1600

MACS - Methadone Advice and Complaints Service

A confidential and anonymous telephone service which operates Monday to Friday from 9:30 am to 5 pm (except public holidays). This service provides information, advice, referral and a forum for people seeking assistance with methadone policy and access to treatment.

Ph: 1800 64 2428 (free call)



IN EMERGENCIES CONTACT YOUR DOCTOR OR LOCAL HOSPITAL OR CALL FOR AN AMBULANCE.



Published by CEIDA, the Centre for Education and Information on Drugs and Alcohol.

