

# Methadone

Travel overseas may be difficult for people on methadone treatment. Special arrangements should be made to conform with regulations of the Commonwealth Department of Human Services and Health and the Australian Customs Service. Certain conditions will be applied, depending on the client's situation. It is extremely important that these are adhered to, as possession of methadone is a serious offense in some countries. The methadone provider should be able to assist with travel arrangements.

## Methadone overdose can be fatal

Like heroin, methadone is a powerful drug. If a person accidentally uses more than their prescribed dose it is vital that they alert medical and/or clinical staff and then follow any advice given to them.

The main risk of methadone overdose is of stopping breathing. Feelings of extreme tiredness, leading to a loss of consciousness and coma occurs (where the person cannot be roused), often with a sudden collapse. Oral methadone can be slow acting and an overdose may not occur till 3 to 24 hours after taking the dose.

If they are breathing and have a pulse, lie them on their side and call an ambulance immediately - DIAL 000.

If breathing stops and a pulse can be felt, DIAL 000 and commence mouth to mouth resuscitation (if a pulse is evident do not attempt CPR).

If no pulse or breathing is evident call an ambulance and commence CPR. DIAL 000 immediately.

The use of other drugs with methadone can cause fatal overdose. Other depressants such as alcohol, benzodiazepines (valium, serexapax, etc), other narcotics and cannabis interact with methadone causing drowsiness, unconsciousness, failure to breathe and ultimately death.

Some drugs reduce the effectiveness of methadone or change its effects. On the other hand, methadone can change the effectiveness of other drugs, or produce unexpected side effects.

It is very important for people to let their doctor, dentist or pharmacist know that they are taking methadone, so that nothing is prescribed which could affect the treatment, and so that other medical procedures are safe.

Methadone (4,4-diphenyl-6 dimethylamino-3-hepatone) is a synthetic substance produced in a laboratory. It is a depressant drug that slows brain or central nervous system activity. It belongs to the same chemical family of drugs as heroin - the opioids or narcotic analgesics.

Methadone was first used as a treatment for heroin dependence in 1964 and was subsequently introduced into Australia for the same purpose in 1969.

National guidelines for methadone treatment were first endorsed in 1985 by the Ministerial Council on Drug Strategy. In 1993 the Commonwealth, State and Territory Governments developed a National Methadone Policy which has assisted in establishing a common set of principles for providing methadone treatment in Australia.

Methadone is used to help stabilise opioid-dependent people, enabling them to break the routines and habits associated with their heroin use, become abstinent, or reduce their opioid use. Research studies have shown that methadone improves the health of most opioid-dependent people who choose to enter treatment.

Methadone is legal and is a pure drug. It is longer lasting than other opioids such as morphine and heroin, with a single dose usually effective for 24 hours or longer - this enables it to be used less frequently than other opioids. Methadone is taken orally, making it cleaner and safer than injecting street drugs. Methadone is cheap and can be dispensed in hospitals, clinics or community pharmacies.

Slow withdrawal from methadone may be accomplished safely and with minimal discomfort when the situation is appropriate for the individual

Without the pressures associated with illegal drug use, people are likely to manage their lives more effectively. The longer patients remain in treatment the less likely they are to use illicit opiates, the fewer crimes they commit, the more likely they are to be employed, the less likely they are to be receiving government assistance and the less likely they are to suffer from serious medical conditions.

## Dosage

Methadone in a treatment program is generally provided as a syrup which is swallowed. In methadone maintenance programs, an oral methadone syrup preparation is substituted for the user's usual heroin or other opioid.

Clients are given a dose of methadone every day. The size of the dose is prescribed by a doctor and determined according to the characteristics of each individual person. It is worked out so

that the amount of methadone given to the user will stop them going into withdrawal for 24 hours, but will not get them 'stoned'. Normal activities and functions can generally be maintained.

A flexible approach to dosage levels exists today in which the doctor prescribes the dose according to the client's needs rather than fixed program rules determining the maximum dose level. The initial daily dose is 20 to 40 mg, usually taken as a single dose. It can take from several days to some weeks for the new client to be stabilised on methadone. During this time the dose is gradually increased as tolerance develops and as the person's symptoms and signs are carefully monitored until a maintenance dose level is achieved. The client is then usually maintained on a single daily oral dose at this level, without further increases unless other circumstances change.

Some people do well on daily doses as low as 20 to 30 mg, but most are maintained in the 50 to 120 mg range. Research suggests that clients receiving daily doses greater than 60 mg are more likely to remain in treatment and to reduce or eliminate their use of illicit drugs.

## The effects of methadone

Depending on the amount taken, the person's experience, the size of the dose and the frequency with which it is taken, the effects and how long it will last differs for each person. It is not unusual to experience one or more of the following: sweating, constipation, lowered sex drive, aching muscles and joints, itchy skin. Other effects like suppression of appetite, stomach pain, nausea and vomiting can occur and can usually be reduced by adjusting the dose.

The following side effects should not generally occur and should be reported to a doctor: sedation, relief of pain, insensitivity to pain, lightheadedness or dizziness, narrowing of the pupils of the eyes, impaired night vision, shallow breathing.

Methadone, taken in pure form and regular doses as part of a treatment program, generally has no severe long-term effects on health.

Methadone can make some people put on weight, probably due to fluid retention and changes in diet. For men, methadone can lead to delayed ejaculation, particularly in higher doses. Some women report reduced libido or disrupted menstrual cycles, while some find their cycles return to normal after irregularities while using heroin and other opiates. Tooth decay may be a problem. Regular cleaning of teeth, rinsing, and chewing sugar-free gum can help counteract this problem.

## Withdrawal from methadone

When a person wishes to come off methadone, their dose is gradually reduced, in consultation with their prescribing doctor, over 3-12 months or longer, depending on the size of their regular dosage and the individual concerned. During withdrawal, clients receive assistance and support from their prescribing doctor and other health workers.

Sudden discontinuation of methadone treatment causes withdrawal symptoms and is not usually recommended. Such symptoms vary and usually begin one to three days after the last dose. They can include uneasiness, yawning, tears, diarrhoea, abdominal cramps, goosebumps, a runny nose and a craving for the drug. They reach a peak on the sixth day and last up to one week after that. A feeling of lethargy and anorexia can last for a while longer.

Pregnant women who are regular users of heroin and illicit opioids can also receive methadone treatment. Pregnant women who receive methadone treatment are likely to have fewer complications during their pregnancy and childbirth than pregnant women who continue to use illicit opioids. Starting methadone treatment early in the pregnancy reduces the likelihood of complications occurring.

Like all opioids, methadone crosses the placenta to the unborn child. Babies born to methadone-dependent mothers may go through withdrawal at birth, although with lower doses this is rare. If it occurs it can be successfully treated while the baby is still in hospital.

Methadone passes to a baby in very small quantities through the mother's breast milk. Women may breastfeed safely while on the methadone program if on a low to moderate dose.

No immediate ill effects have been noticed in the breastfed children of methadone treatment clients. Little is known about the long-term effects on a baby who has had regular doses of methadone in the early stages of development.

## Methadone and the law

In Australia, methadone can only be used legally for specific medical purposes approved by the relevant State or Territory health authority.

Each State and Territory in Australia has different laws about drugs. Under the Commonwealth Customs Act, 1901 the importation of methadone is illegal and carries penalties of up to \$100,000 and/or life imprisonment. There are no restrictions on the amount of methadone that an individual can have in their possession, provided that it is legally prescribed to them by a suitably authorised medical practitioner.

The laws about the possession, use and prescription of methadone vary from State to State. Those planning to travel interstate should find out what the laws are in the States they are planning to visit, and what health services are available.

Special arrangements need to be made by people on the methadone program who wish to travel. People travelling to another town or State for a short period of time may request temporary transfer to a pharmacy or program in the place they are visiting. If a client is moving for a longer period, or permanently, he or she will need to make arrangements through their current treatment program to be admitted to a methadone program near their new home.