

# Starting methadone or buprenorphine

## Methadone or buprenorphine can help you deal with heroin or opioid use problems.

- They are not a cure for heroin or opioid dependence, but help manage your drug use.
- You can reduce or stop injecting and reduce the risk of getting HIV and hepatitis.

You will have better control over your drug use, so there will be more time for other areas of your life.

**Arrangements:** you need to have one prescriber (a medical practitioner or nurse practitioner) and one pharmacy for methadone or buprenorphine treatment. You need to:

- see your prescriber regularly during the first few weeks, once or twice a week, until your dose holds you and you feel comfortable
- visit your pharmacy every day to pick up your dose when starting treatment.

**DirectLine:** provides a 24-hour telephone counselling and referral service to help you locate a pharmacy or prescriber providing methadone and buprenorphine or other related services.

**DirectLine: 1800 888 236**

For more information about methadone or buprenorphine treatment, ask your prescriber or pharmacist for a user information booklet.

**Never leave a methadone patient to 'sleep it off'**  
**Call an ambulance immediately:**  
**Dial 000**

### Methadone:

- Your prescriber will start you on a low dose.
- Methadone is started low for safety.
- Your dose will then be increased slowly until you are comfortable.
- One dose is usually effective for 24 hours.

### Buprenorphine and buprenorphine/naloxone:

- Doses of buprenorphine may increase rapidly as there is a lower risk of overdose than methadone.
- You will need to wait until you get symptoms of withdrawal (such as goosebumps, sweats, shivering, aches, watery nose and eyes) before starting buprenorphine.
- If you start buprenorphine too soon after last using heroin or another opioid you may suffer unpleasant withdrawal symptoms.

**Caution:** methadone and buprenorphine are sedating drugs like heroin - **you can overdose on them.**

- Overdose risk is higher when you are also taking drugs like painkillers, anxiety medications (benzodiazepines), anti-depressants or some other drugs (check with your doctor).
- Do not take medications without your prescriber's or pharmacist's advice.
- Taking methadone or buprenorphine with alcohol increases sedating effects and risk of overdose.

**IMPORTANT: The risk of overdose is highest in the first 14 days of treatment.**

Use of other sedating drugs also adds to the risk.

Learn the symptoms of drug overdose and tell your friends to watch for them and help you if necessary.

Talk to your prescriber or pharmacist **straight away** if you have slurred speech, feel drowsy, can't stand up, or are 'out of it' and confused.

## Overdose warning

There is a danger of overdose and death if other drugs that depress or sedate brain activity are taken in unsupervised quantities with methadone or buprenorphine.

The drugs to avoid are:

- alcohol
- heroin
- painkillers – opioid painkillers (including codeine, dextropropoxyphene, fentanyl, hydromorphone, morphine, oxycodone, pethidine, tapentadol, tramadol)
- tranquillisers – benzodiazepines (including alprazolam, clonazepam, diazepam, flunitrazepam, nitrazepam, oxazepam, temazepam)
- combinations of any of these.

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

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

## Overdose symptoms

'Overdose' usually involves the use of other sedating drugs (tranquillisers, sleeping pills, alcohol or heroin).

***The risk of overdose is highest in the first two weeks of treatment.***

If you experience the overdose symptoms described here, don't take another dose 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 the prescriber or pharmacist without delay

- slurred speech
- unsteady walking and poor balance
- drowsiness
- slowed movement, slow eating
- stupor ('out of it', confused)
- nodding off for prolonged periods.

### Stage two: Coma – serious emergency

- cannot be roused, unresponsive, can't be woken
- snoring, gurgling or spluttering when breathing
- slow or shallow breathing, or not breathing
- floppy limbs and neck
- blue lips and fingers
- clammy skin, pale
- eyes rolling back.

### Naloxone injection for overdose prevention

Naloxone injection can reverse the effects of a methadone overdose – in an emergency, naloxone could save a person's life.

It is important to go to hospital after being given naloxone because it only acts for a short time, and methadone lasts for many hours. An ambulance should be called so that you can be observed safely in hospital.

Talk to your prescriber about naloxone for you. Keep naloxone in a place where friends or family can access it in case of an overdose.

For more information, including how to use naloxone and how to recognise and respond to an overdose, go to: <http://www.copeaustralia.com.au>

**Call an ambulance immediately and never leave the person to 'sleep it off'.  
Mouth-to-mouth resuscitation may be needed if the person is not breathing properly.**