

PATIENT INFORMATION BOOKLET ON **Methadone**

MAINTENANCE THERAPY



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Adapted from the Methadone Handbook written by Andrew Preston and Mark Doerty for Australian Drug Foundation 1998.

Illustrations from the Indonesian and Myanmar translations.

For more information also see:

<http://www.Methadone.org>

<http://www.opiateaddictionrx.info>

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INTRODUCTION

This hand book contains useful information for people who are on a Methadone programme or who are thinking of joining one. It is written primarily for people on long term Methadone maintenance therapy.

However, everyone is different and a booklet is no substitute for talking to an expert. If you can't find the information you need, if you want to know more about something or have any questions or worries, you should talk them over with your counsellor, doctor or dispenser.

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1. INTRODUCTION

WHAT METHADONE IS AND WHAT IT DOES?

Methadone is a long-acting, synthetic drug that was first developed to provide long lasting analgesia in the battle-field during the World War II. It was first used in the maintenance treatment of drug addiction in the United States in the mid 1960s. It is an opioid “agonist” drug which means that it acts in a way that is similar to morphine and other narcotic medications, but for much longer.

In 1964, Drs Marie Nyswander and Vincent Dole in New York were searching for drugs to help heroin users; they found it helped their patients stop using heroin and that tolerance did not seem to develop to it – Methadone maintenance was born.

Everyone is different. You may experience no effects from Methadone or only a few of the effects listed below. You may experience them mildly or strongly.

The action of Methadone on the brain can cause:

- Drowsiness or sleep
- A 'high' or mood change that is much less intense but longer lasting than heroin.
- Controlling or levelling of emotions
- Nausea or rarely vomiting. If you do vomit regularly after taking Methadone it may be related to a medical problem, constipation or pregnancy – get your doctor to check it out.
- Slow or shallow breathing (which is very dangerous in overdose).
- Reduced cough reflex.
- Reduction in physical pain.

Its action on nerves that control involuntary functions causes:

- Small pupils
- Constipation
- Dryness of the mouth, eyes or nose



AIMS OF METHADONE TREATMENT

Methadone is a powerful drug which gradually replaces the feeling of craving for heroin. This slowly happens over days to weeks. Getting off Methadone involves slowly reducing the dose over many months so it can be slow to get off Methadone.

Although there are disadvantages to being in treatment – such as having to attend the dispensary daily and not being able to travel easily – Methadone can provide a useful stage in getting used to life without the impact of heroin before becoming completely drug free. Being in stable treatment programme can be the foundation on which people build a way of life away from drugs and get their problems under control.

Prescribed Methadone has the advantages of being:

- Regular and Long acting
- Inexpensive
- Legal
- Taken by mouth
- Accompanied by counselling, medical / dental / psychological care and other forms of help.
- Able to reduce the risk of heroin overdose

This means that, on balance, for people who aren't able to stop taking heroin, Methadone is a much safer drug to be on and which allows their addiction to slowly recover.

If you are thinking about starting treatment, it might be useful to list the advantages and disadvantages of switching from heroin to Methadone and talking them through with your counsellor or doctor.

BENEFITS OF METHADONE

Very many studies have shown that prescribed Methadone can help people who are dependent on heroin to:

- Stop taking heroin (or greatly reduce the amount they take)
- Stop injecting heroin (or inject less often and with less risk)
- Improve their physical health and nutrition
- Stop committing crime to get money to buy heroin
- Have more stable relationships and get on better with their families
- Have more stable employment and get on better with their studies

This means that while on a Methadone program you can have a chance to get things like debt, housing, work and relationships sorted out. You will then have fewer pressures to confront and less risk of using when you finally do come off opiates.

Methadone maintenance is only for opiate dependence and is not used for people with alcohol, nicotine, benzodiazepine or amphetamine dependence.

Methadone is not 'more addictive' than heroin. Both are full agonist opioids and although the physical withdrawals from Methadone may last longer than those from heroin, they are not as severe.



Disadvantages of Methadone

- You are committed to attend daily for your dose.
- Travel or holidays can be difficult and need to be arranged well in advance.
- There may be health side effects.
- You are still dependent on a drug until your program is completed and you remain drug-free.

Methadone is a strong drug and can be dangerous if used incorrectly. It is possible to overdose from too much Methadone.

MYTHS ABOUT METHADONE

Myth: Taking Methadone damages your body and is worse for your body than heroin.

Fact: People have been taking Methadone for more than 30 years, and there has been no evidence that long-term use causes any physical damage.

Some people do suffer some side effects from Methadone, such as constipation, increased sweating, and dry mouth. Other effects, such as menstrual irregularity and decreased sexual desire, are seen in a smaller number of patients and these usually go away over time.

Methadone is not worse for your body than heroin. Methadone is safer than street heroin because it is legally prescribed, not injected and of predictable potency and quality.

Methadone does not “get into the bones” or in any other way cause harm to the skeletal system or bone marrow. Some patients report having aches in their joints, but the discomfort is usually mild and may be eased by adjusting the dose or increasing fitness.

The liver metabolizes (breaks down and processes) Methadone, but Methadone does not “harm” the liver. People with hepatitis or with liver disease can usually take Methadone safely.

Methadone does not damage the immune system. For example, studies have found that HIV positive patients taking Methadone are healthier and live longer than those positive drug users who are not on Methadone.

Myth: The lower the dose of Methadone, the better.

Fact: Low doses will reduce withdrawal symptoms, but higher doses are needed to block the craving and the effect of heroin. Most patients will need between 60 and 120 milligrams (mg) of Methadone a day to stop using heroin. A few patients, however, will feel well with less than 30 mg, while others may need hundreds of mg a day in order to feel comfortable. Ideally, patients should reach a dose in collaboration with their physician and without outside limits.

Myth: Methadone causes drowsiness and sedation.

Fact: All people sometimes feel drowsy or tired. Patients on a stabilized dose of Methadone will usually not feel any more drowsy or sedated than is normal.

ALTERNATIVES TO METHADONE

Detoxification

Withdrawal programs help people who are heroin dependent to stop heroin in the short term in stabilising a drug user's life. They are provided through services which may help you to detoxify at home or in a community centre for days to weeks. Detoxification is not usually successful as a definitive treatment. Detoxification is the first step and need to be combined with other treatment components in a long comprehensive treatment plan.

Counselling

Counsellors assist and support people to make the other life changes necessary to become drug-free. This is usually more successful when combined with another treatment such as Methadone.

Self-help groups

These groups provide support and guidance from people who themselves have recovered from drug problems and are most useful when combined with other options.

Residential Rehabilitation Services

There are a number of long-term residential treatment and therapeutic community options. These assist people with severe and long standing lifestyle dysfunction to recover from heroin dependence. The length of these programs varies between 6 weeks and 2 to 3 years and they are usually combined with intensive counselling or other treatments.

Naltrexone

This medication blocks the effects of opiates including heroin, so that if heroin is used whilst taking naltrexone every day, there is no opiate effect. Most studies of naltrexone have not found good long term results but it can be prescribed through some private doctors in Vietnam and may be useful for a small number of people if combined with counselling and intense family support.

THINGS METHADONE DOES NOT DO

Because it is a long acting drug, Methadone does not give the same sense of a 'hit' as heroin; most people can take it once a day without experiencing serious withdrawal symptoms.

In people on a stable dose, Methadone WON'T effect:

- Co-ordination
- Speech
- Touch
- Vision
- Hearing

And Methadone DOESN'T damage your:

- Bones
- Liver
- Brain
- Heart
- Kidneys
- Reproductive system
- Immune system

Methadone does not damage any part of the body it travels through.

The liver breaks down (metabolises) the Methadone into a form which can pass harmlessly through the kidneys into the urine.

It is true to say that Methadone, even if taken for many years, causes no direct physical damage and is usually much healthier than being dependent on illicit opiates.

There are many problems experienced by people who are opiate dependent (whether they are on Methadone or not) – decreased sex drive, constipation, depression, sweating and tooth decay. (There is more about these later on page 20-22).



2. WHAT IS INVOLVED IN BEING ON A METHADONE PROGRAMME

STARTING UP (REFERRAL AND THE ASSESSMENT)

You can find out more about how you can get onto a Methadone program by talking to your doctor, local service for drug users or the staff at your local commune health station. Your doctor will usually complete a referral form and provide advice on the appropriate place and time for you to attend the Methadone service for an assessment.

At the Methadone service, you will be given an assessment interview by the counsellor and the doctor as well as a physical examination to determine

suitability for Methadone treatment. This will include blood and urine tests.

Your case will be considered by the selection team and it may take some days before official permission is given to prescribe Methadone for you.

THE ROUTINE

(Dosing, frequency of attendance and schedule of reviews)

From the first assessment visit until starting Methadone, there will be a series of support, information and counselling sessions individually, as a family and in patient group. The initial assessments are used to determine the suitability of a person for Methadone, any special risks of Methadone, additional psychosocial needs and the actual starting dose.

After the selection process has been completed, there will be a final counselling session before the first of the daily doses of Methadone. After the first three days or so of treatment, your doctor will need to adjust your dose, and during the first few weeks, you will need to see your doctor often to provide feedback on how you are feeling. Your counsellor will tell you what to expect over this high risk period - what is normal and what is not.

Once stabilised on a Methadone dose, the programme is a regular routine of daily attendance for Methadone dosing and monthly doctor / counsellor visits.

For many people, becoming opiate-free is a long 'journey' and as long as Methadone is helping to reduce the risks of illicit drug use, it can be taken safely for many years.



WHEN WILL IT START TO WORK

(What to expect during the first few days / first few weeks of treatment)

Methadone lasts for more than 24hrs in your system so that with daily dosing there is an additive effect of each dose. This means that you won't get the full benefit of your dose during the first few days of treatment. It usually takes three to five days for the tissue 'reservoirs' to fill up and for each dose of Methadone to take full effect.

As you can see from the graph above, there is much more Methadone in your system three days into treatment than you have on day one or two. People often feel that they haven't been given enough Methadone to 'hold'

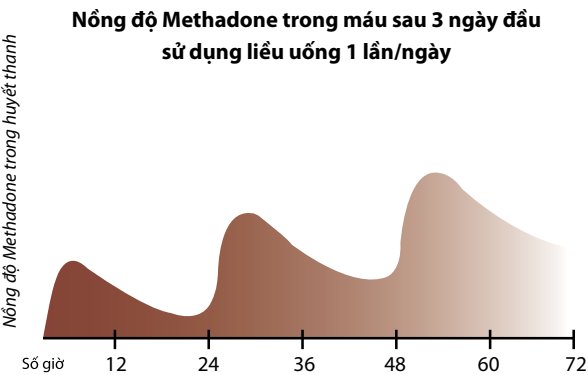
them in the early days of treatment. If this happens to you, don't drop out of the program; keep taking the Methadone and talk to doctor.

It may take up to three weeks or more to feel comfortable on Methadone as your body adjusts to the regular daily doses.

Your counsellor and doctor will work with you to find the right doses, which will enable you to withdraw from heroin with the least difficulty and discomfort and to achieve satisfactory control of craving.

When you start on Methadone, you may develop symptoms indicating that you are withdrawing from heroin or that you are having too much Methadone and it is important to clarify this in discussion with the doctor or counsellor

It is important to try NOT to use heroin or other drugs (including alcohol) during this period, as this may cause you to overdose or place your safety at risk. It is understood that discontinuation of heroin use is the eventual goal of treatment.



BECOMING STABLE ON METHADONE

(Why does my dose keep being increased and when will I know I am 'stable'?)

Methadone is much more effective at helping people to stop using heroin when it is taken at around the same time every day. Provided you do take it every day, there will only be relatively small variations over the day in the blood levels of Methadone. If doses are missed, it may leave you feeling rough some of the time because your tissue 'reservoirs' of Methadone are partially empty and take at three or more days to fill up again.

Gradually increasing doses to replace heroin will eventually lead to a sense of normalcy and lack of focus on heroin.

Methadone is not responsible for every new feeling you have and it won't be affected by most medications or changes in your life conditions. If your Methadone dosage doesn't feel right, it probably isn't right. You are the expert and your input is required when it comes to how much Methadone is enough. Talk to your doctor about how you're feeling.

Although Methadone cannot give you the highs of heroin, it can provide stability and control – most effectively if you take enough every day.

HOW LONG WILL I BE ON METHADONE?

The longer you stay on Methadone treatment, the better the overall outcome. Indefinite treatment means life-long extension of good health, reducing the risk of HIV and from imprisonment.

However, life can seem tedious and restricting for people who have been on Methadone for a long time. Many patients and their families wonder if they would have stopped opiates sooner if they had never started Methadone, but there is no evidence that it increases the time people spend dependent on opiates. There is increasing evidence that the brain changes of heroin

dependence slowly resolve while taking Methadone.

Treatment may go on longer than first hoped because people find it vary to stop using heroin altogether, recovering all of life's components takes longer and reducing Methadone is slower than expected - not because Methadone is more addictive' or 'harder to get off' than heroin. Continuing to use heroin alone involves significantly more risk than being on Methadone.

3. MANAGING SIDE EFFECTS OF METHADONE

COMMON SIDE EFFECTS

Not everyone gets side effects from Methadone, but it is not unusual for one or more of the following effects to be experienced. In the long term, Methadone does not appear to produce any significant health problems and side effects generally resolve once you are off it.

Constipation is one of the effects of opiates to which people rarely develop tolerance, and chronic constipation can cause significant problems until the Methadone programme is completed.



As Methadone will be taken over a long period, it can help if you include a lot of fruit and vegetables, fluids (non-alcoholic) and fibre in your diet every day.

If constipation is a problem talk it over with your doctor – although some types of laxatives can be very helpful, those which work on the bowel muscles can make things worse in the long term.

Dental problems. Like all opiates, Methadone reduces the production of saliva which is one of the body's natural defences against tooth decay. A reliable dentist and regular dental care will make a big difference to the risk of tooth decay.

It would also help if you:

- Reduce or cut out the sugary foods in your diet
- Clean your teeth after eating morning and evening
- Use dental floss
- Chew sugar-free gum

Methadone is not as bad for your teeth as soft drinks, sweet juice drinks, eating sweets or continuing to use heroin and neglecting your teeth. Most studies show that the dental health of opiate users on Methadone improves with the treatment, compared to those not on Methadone programs.

Increased sweating is a troublesome side effect of Methadone with no easy treatment. It can be made worse by exertion, emotion and some medications (antidepressants) and over time with slowly reducing doses it may resolve to some extent. Treatment can be symptomatic with topical antiperspirant lotions or your doctor may be able to prescribe some medication to help. It may be possible to assess the hormone status of women with severe symptoms.

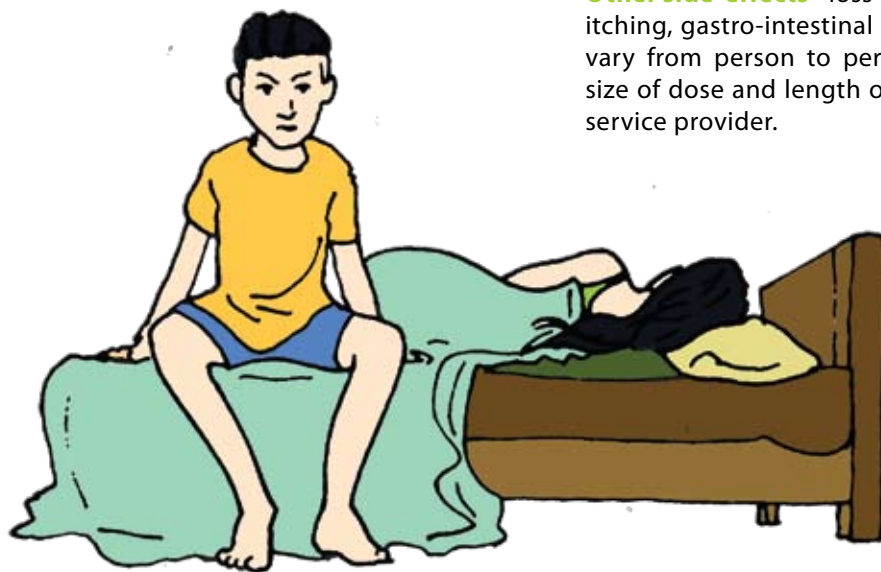
UNCOMMON SIDE EFFECTS

Decreased libido - like all opiates, Methadone can inhibit or remove the desire to have sex. In men, they can affect the ability to have an erection. These effects vary from person to person and the loss of desire to have sex can happen in relationships for a number of other reasons. However, loss of libido can be one of the most difficult side effects of Methadone to live with. If it is a problem for you it may be helpful to talk things through with your counsellor. If loss of sexual desire or sexual function is a persistent problem on Methadone, your doctor may be able to perform some blood tests to clarify the situation.

Aching muscles and joints - people may experience this even when their Methadone dose is adequate and some people report intermittent large joint discomfort during the duration of their Methadone treatment.

Menstrual irregularity - many women have irregular periods when they use heroin and for some their menstrual cycle returns to normal during Methadone treatment. In either case there is a possibility of becoming pregnant while on Methadone when the cycle has not returned to normal.

Other side-effects - loss of appetite, skin rashes and itching, gastro-intestinal pain, nausea and vomiting vary from person to person and according to the size of dose and length of treatment. Speak to your service provider.



4. CONFIDENTIALITY

The information you provide to your Methadone service provider and which is recorded in your case notes, on government forms or computer databases, is confidential. Information about you may be shared between the health workers involved in your treatment. For example, your prescribing doctor, case manager and pharmacist may share information about you to create an effective treatment plan or dose.

Information stored on computer databases may also be accessed by different departments within a hospital or district health service when they are treating you. **Your permission is required** before any information that may identify you may be released to a person or

agency not involved in your treatment. This includes your family and friends as well as organisations such as the police and social services.

Under rare circumstances, the police may enter a Methadone dispensary and check the drug register. There are also a few exceptional situations where staff are legally obliged to report information to other agencies including:

- Evidence of serious neglect or abuse of children
- A summons or subpoena issued by a court that requests information
- When your own or another person's safety is at serious risk.

5. OTHER MEDICAL CONDITIONS AND METHADONE

DO ALL MY DOCTORS NEED TO KNOW I HAVE ANY OTHER MEDICAL CONDITIONS AND AM TAKING METHADONE?

The ideal situation is to make sure all your doctors know that you are taking Methadone and share your full medical profile. Methadone patients are sometimes reluctant to tell their other doctors that they are taking Methadone as they are afraid that these doctors, or other health-care providers, will discriminate against them.

Find a primary-care provider whom you can trust. If you choose not to tell them, however, keep these important things in mind:

- If you are having surgery for which you may be put to sleep, the anaesthetist might use a type of medication that will cause abrupt Methadone withdrawal.
- Be sure you know which medications interact with Methadone (see page 27, 28), even if your doctors know that you are taking Methadone.
- It is not legal for your Methadone provider to communicate with your primary care doctor or anyone else without your written permission.

Ideally, open communication among all the doctors who are treating you will assist you to obtain the best possible health care.

WHAT HAPPENS IF I HAVE TO GO INTO HOSPITAL?

If you are admitted to hospital or require treatment in an emergency department at any time, you should explain to hospital staff about your Methadone treatment.

Being tolerant to opiates can cause problems if you need to be prescribed strong pain killers at any time.

- Patients on Methadone not only require continuation of their Methadone in hospital, but because of tolerance to opiates.
- Usually require higher doses of opiate analgesia than might be expected.

- If you have problems obtaining adequate pain relief (especially in hospital) ask the doctor treating the pain in hospital to talk to the doctor treating you with Methadone.

Because the Methadone programme is new in Viet Nam, some special arrangements will be required between services to ensure that patients are able to continue their Methadone treatment when hospitalised. Families or Methadone clinic staff may be able to facilitate this.

HIV-AIDS

Many patients enrolled on Methadone programs all over the world are infected with HIV. HIV is a virus that destroys cells in the immune system which usually protect the body from infections and diseases. HIV can be avoided by never sharing needles and by engaging in safe sex (using condoms). You will be offered the chance to have an HIV test at the Methadone clinic but this is not compulsory. Results will be kept confidential.

There is no evidence that Methadone is harmful to people who have HIV - in fact there is good evidence from all over the world that being on Methadone

slows the progression of HIV disease and keeps you healthier. On Methadone you will almost certainly be more healthy and stable, find it easier to access HIV care and treatment services and to have better adherence to HIV therapy.

There are some ARV drugs that interact with Methadone (see following section) – it is important that your HIV doctor knows that you are on Methadone and that your Methadone doctor knows that you have HIV and are on HIV therapy.

HEPATITIS

The hepatitis virus lives in the blood and other cells and can damage the liver. Hepatitis is a medical term that means 'inflamed liver' and all hepatitis viruses can cause damage to the liver.

Many members of the hepatitis family have been identified and are named with the letters of the alphabet. The two main types that, along with HIV, are transmitted by injecting equipment are hepatitis B and C. In some areas more than 90% of injecting drug users has hepatitis C probably because even smaller amounts of blood can transmit infection. Both hepatitis B and C can be carried and passed on for years without the person being aware that they have the virus.

There is a vaccination that can stop you catching hepatitis B and in the future medical treatment for hepatitis C may become available in Viet Nam.

If you have hepatitis, alcohol can accelerate the liver damage. Your doctor at the Methadone service will perform regular blood tests of liver function to monitor this while you are in Methadone treatment.



TUBERCULOSIS (TB)

TB is associated with injecting drug use, particularly in the context of malnutrition, overcrowding, incarceration, homelessness and of immune suppression related to HIV infection.

Doctors in a Methadone service need to maintain a high degree of suspicion to identify TB at the earliest opportunity so as to facilitate its treatment, reduce the risk of transmission and perhaps facilitate entry into HIV treatment. TB needs to be actively excluded in the initial assessment of new Methadone patients and in regular reviews of physical health.

There are frequent opportunities for transmission of active pulmonary TB for Methadone patients in waiting rooms and while waiting for the daily Methadone dose. This is particularly important in the context of IDU in Viet Nam with many HIV positive patients on Methadone. You may be asked to wear a mask in the clinic if you have a cough for more than 2 weeks.

The treatment of TB is also very important in its tendency to interact with Methadone treatment. Rifampicin in particular, increases the Methadone dose required to achieve or maintain stability, and will require monitoring of the Methadone when starting and stopping TB treatment.

DRUG INTERACTIONS AND METHADONE

Methadone is a strong drug and can interact with medicines from your doctor as well as over the counter drugs, street drugs and alcohol. It is very important that you tell your Methadone doctor if you take other medications and that you tell your other doctors (e.g the TB clinic or the emergency department) that you are on Methadone.

Drug interactions with Methadone are usually not life threatening – mostly because they usually either speed up or slow down the way your body manages Methadone - can make your usual Methadone dose either too much (sleepy) or too little (withdrawal). If any of your doctors need to prescribe medications that interact with Methadone – your Methadone dose may require adjustment.

This section lists the medicines which definitely interact with Methadone. If you are on any of these medications or a doctor wants to prescribe any of these medications for you, the Methadone dose will need to be reviewed.



A: Medicines that reduce the effect of Methadone and may cause withdrawal:

- Anti-epileptic drugs - carbamazepine (Tegretol), phenytoin (Dilantin) and occasionally sodium valproate (Epilim)
- Anti-retroviral drugs – nevirapine and efavirenz
- Anti-TB drugs – rifampicin
- Cocaine

B: Medicines that increase the effect of Methadone:

- Anti-depressant drugs – amitriptyline and fluvoxamine
- Drugs to treat gastric acidity - cimetidine
- Anti-fungal drug - ketoconazole

C: Medicines that block the effect of Methadone in the brain and can cause withdrawal

- Naltrexone
- Buprenorphine

D: Drugs that interact with Methadone to cause excessive sedation and may make you stop breathing and die (especially when first starting Methadone):

- Alcohol (see section on taking Methadone safely)
- Benzodiazepines (diazepam, alprazolam, lorazepam)

E: Other drug interactions:

- Methadone can increase the dose of AZT in the blood



6. WOMEN AND METHADONE

CONTRACEPTION

When women are using heroin regularly, their periods may stop or become very irregular. When they first start taking Methadone and using less heroin, the periods may start again and the chance of becoming pregnant increases. However while on Methadone the periods may remain irregular or stopped altogether but the possibility of becoming pregnant at anytime remains.

For the health of a new pregnancy, it is best to wait until the use of illicit drugs has stopped entirely before trying to become pregnant. If pregnancy is not yet wanted, you are advised to use contraception.

All contraceptives available in Viet Nam are safe to use while on Methadone - including condoms, the IUD and oral contraceptive pills or injections. If necessary, the doctor or counsellor can advise on the best place to go for advice on family planning and contraception.

To avoid contracting sexually transmitted infections including HIV/AIDS, it is safest to always use condoms when having sex even if you use other contraception. Condoms are readily available and free at the Methadone clinic.

IS IT SAFE TO TAKE METHADONE WHEN PREGNANT?

If you think you may be pregnant, you should not worry that Methadone will harm your baby. Methadone maintenance therapy, is safer for you than withdrawing on your own or continuing to use heroin. MMT gives you a chance to look after yourself and your pregnancy.

- Methadone is not harmful to any stage of a developing baby and does not cause any deformities or disease - Methadone in pregnancy has been well studied and found to be very safe.
- You should not try to detoxify from heroin or reduce the dose of Methadone while you are pregnant – this can make a baby stop growing properly, become very distressed, miscarry or you go into premature labour.
- If you are on Methadone and you become pregnant you should tell your doctor as the dose may need to be increased.
- Many things in your body change when you are pregnant and your dose of Methadone may need to be increased - the way your body handles Methadone changes when you are pregnant



WILL METHADONE AFFECT MY NEWBORN BABY?

Babies born to a mother on Methadone are usually as healthy as other babies and much healthier than babies born to mothers taking heroin. There are no long term harmful effects to children from mothers taking Methadone.

Approximately one in five babies born to mothers on Methadone undergoes withdrawal after birth. This usually happens in the first few days but may last for four weeks, with babies suffering irritability and difficulty feeding and sleeping. Babies experiencing withdrawal may also suffer from low-grade fever, vomiting, diarrhoea, tremors or very rarely a seizure. Babies suffering from withdrawal should be watched carefully in hospital.

Babies can be weaned off Methadone safely with no harmful effects and sometimes the hospital doctor will give your baby some medicine to help the symptoms of withdrawal. You should let your baby rest as much as possible and avoid bright lights that can irritate the baby.

Never give Methadone to a baby or child as even a small dose of Methadone may kill them!



BREASTFEEDING AND METHADONE

Breastfeeding has many benefits for your baby and you can breastfeed while you are on Methadone. Though some Methadone may pass through the breast milk to the baby, the amount is very, very small and will not harm your baby. If you are HIV positive, you should discuss this with your doctor and you may be recommended to bottle-feed your baby.

7. SAFETY AND METHADONE

CHILDREN

Methadone is a very strong drug and even a small amount can kill a child. If it ever happens that you should have an amount of Methadone in your home it is very important that it is stored securely away from the reach of children.

Even if you are worried that your new born baby is withdrawing from Methadone, you should never give them any of your own Methadone dose. If a child accidentally takes some Methadone (even a small amount) you must call an ambulance or take them to the hospital immediately.



DRIVING AND OPERATING MACHINERY

Methadone can cause drowsiness. If you are affected, do not drive or operate machinery. Because this drowsiness is most likely to happen during the stabilisation period or when the dose is increased, it is not advisable to drive until you are stable on a steady dose.

Once you're stable on a Methadone dose and not using other drugs, your driving, reactions and thinking shouldn't be affected.

Remember that alcohol and Methadone increase the effect of the other so even if you have not drunk much alcohol, you might still not be safe to drive.

CONDOMS, NEEDLES AND SYRINGES

Condoms, if used properly, are a good way to have sex safely or make love in a safe way. Although not 100% safe, condoms can prevent most STIs, HIV and unwanted babies.

INSTRUCTION ON CONDOM USE:

- ***Check if you have the right condom – is it big enough, an approved brand and not yet expired?***
- ***Open the package carefully.***
- ***Squeeze out the condom and check which way it unrolls.***
- ***Pinch (squeeze) the semen reservoir at the tip of the condom, so that there is no air left.***
- ***Put the condom on top of the penis and unroll it carefully to the base of the penis.***

- ***After sex, withdraw the penis carefully immediately after ejaculating.***
- ***Dispose the condom by putting it in a bin.***
- ***Wash hands.***

Many people prefer to use condoms in combination with a lubricant as the chance of tearing or slipping off is reduced. Often, a water-based lubricant is already packaged on the condom. When condoms are used for anal sex, additional water-based lubricant is often required.

The HIV epidemic has stressed the importance of using clean injecting equipment for drug users. **The best option therefore is to “always use a new needle and syringe for each injection.”** This 'best HIV prevention

option' is not always realistic in some settings: prisons, rehabilitations centres or late at night. In those circumstances, the next best or 'better than nothing' option should be applied.

'Better than nothing' needle/syringe cleaning: the "2 by 2 by 2" method.

Injectors should be advised that all syringes that they think may be re-used should be rinsed immediately after each use and then cleaned again before any subsequent use:

1. **Draw cold water** (sterile or bottled water is best) into the syringe and then flush it out down the sink or into a drain. Do this twice.
2. **Draw bleach** into the syringe and shake it for a few minutes (more than 30 seconds). Flush it out down the sink or into a drain. Do this twice.
3. **Repeat step 1** using a fresh batch of cold water and flush it out down the sink or into a drain, twice or more times to remove all traces of bleach.

STAYING SAFE (ALCOHOL, OTHER RECREATIONAL DRUGS)

As Methadone and alcohol each boost the effect of the other, if you overdo either you are likely to **overdose**. They can both make you sleepy and can make you vomit. You don't have to take a lethal dose to end up choking to death on your vomit while you are very sedated.

If you find that Methadone doesn't seem to be enough for you, talk to your doctor or counsellor about it rather than drinking more alcohol. The effects of alcohol are not altogether different from opiates and sometimes when people feel like they need more drugs, they use alcohol.

Dependent or dangerous levels of drinking can slowly creep up and do your body a lot more harm than opiates.

METHADONE OVERDOSE (TOXIC EFFECT DUE TO EXCESSIVE DOSE)

Being stable on Methadone treatment reduces the risk of heroin overdose. However some of the things that increase the risk of an overdose are:

- Mixing Methadone with alcohol or sleeping tablets
- The Methadone team giving big starting doses
- Taking Methadone with a serious liver or lung problem

Around the world, many Methadone overdose deaths are of people taking Methadone stolen or diverted from dispensaries. People who are not tolerant to Methadone can easily overdose on it and it is important for patients to remember that:

- As little as 10mg can kill a small child
- Less than 40mg can kill a non-tolerant adult

This is one reason why take-away doses are very restricted and not possible on the program.

Signs of a Methadone overdose can be:

- Unresponsiveness or drowsiness
- Heavy snoring, slow or no breathing
- Pin-point pupils
- Cold, bluish or clammy skin

If not treated an overdose can lead to brain injury, paralysis or death - so if you recognize the signs of overdose in the patient you must act immediately:

- Do not attempt to treat the patient if you are unsure what to do. However, if you have some medical or first aid training, you could do the following;
- Check **A**irway, **B**reathing and **C**irculation, put the person in the recovery position on their side or apply mouth to mouth respiration
- Loosen any tight clothing that might restrict breathing
- Keep the person comfortably warm
- Call an ambulance or take the patient to the nearest hospital with an emergency department and tell them that the patient is on Methadone (and will require naloxone and ventilation)
- If the person is 'nodding-off', gurgling or snoring deeply, try to wake them up

An injection of naloxone can completely reverse the effects of Methadone, provided the person can be seen by a doctor in time. Note that Methadone has a very long action and many repeat doses of naloxone may be needed.



8. TRANSFERRING TO ANOTHER METHADONE CLINIC

WHAT HAPPENS IF I HAVE TO GO TO LIVE SOMEWHERE ELSE?

Until the Methadone program has expanded to all areas of the country, if you are considering a move to another area of Viet Nam, you will have to discuss the viability of the plan well in advance with your doctor or counsellor. If you are planning to move permanently to another province, the Preventive Medicine Centre there may be able to provide the same Methadone program.

There will be problems in rural areas in the national Methadone program and you will need to discuss the advantages and disadvantages of such a move with your family, doctor or counsellor. Some people find it easier to come off Methadone and stay away from heroin when they move to a new area.

Setting-off without making proper plans and just arriving in the new area, even if they have a Methadone programme, is not appropriate. It may take some time before the Methadone can be started again, if at all – which could mean a lot of suffering in the meantime!

You will need to talk to your doctor or counsellor at least 2 months before you intend to move. If there is a Methadone prescribing service in the province to which you wish to move to live, your doctor will contact them to arrange a transfer for you, but you will may have to make a lot of the arrangements yourself.

PROCEDURES FOR TRAVELLING WITHIN VIET NAM OR OVERSEAS

If you are thinking of travelling away – even if it is only for a few days, you need to organise transfer of your dispensing as early as possible.

The more notice you give, the less chance there is that you will have to cancel your plans because you can't get your Methadone while you are away. If you plan to travel to another area of Viet Nam, you will have to discuss the viability of the plan well in advance with your doctor or counsellor.

If there is a Methadone prescribing service in the province or country to which you wish to travel, your doctor may contact them to arrange a transfer for you, but you will probably have to make a lot of the arrangements yourself.

It can be very stressful for Methadone patients to plan a trip. Rules vary from place to place throughout the world, and many of them are unclear. If you are travelling within Viet Nam, discuss with your counsellor whether you will be able to travel with your medication or obtain it when you arrive at your destination.



To be sure that your Methadone treatment is not interrupted, you will either need to get enough Methadone to cover you for the entire time you're away—or your counsellor will need to arrange for you to be dosed at a Methadone clinic located in the area where you will be staying.

Travelling with Methadone or on a Methadone program is likely to be difficult but not impossible. A small number of countries do not allow visitors to travel with Methadone or accept visitors onto their Methadone programs.

Again you will need to talk to your doctor or counsellor some weeks before you intend to travel. If there is a Methadone prescribing service in the country to which you wish to travel, your doctor may contact them to arrange a transfer for you.

An excellent place to find out more about Methadone programs overseas is at: <http://www.indro-online.de/Methadoneindex.htm>

If you are taking Methadone out of the country you will need a doctor's letter for customs and other authorities on the journey confirming that you are 'in possession of the drug for legitimate medical purposes', how many doses and the size of the dose. The letter should be in Vietnamese, English and the language of the country to which you are travelling if it is not English speaking.

COMING OFF THE METHADONE PROGRAM

Every part of you that is affected by the Methadone becomes used to functioning with the presence of the drug. If Methadone is stopped, the body takes time to adjust to not having it there.

It is possible to minimise the severity of the withdrawal symptoms by dropping the dose very slowly or less often. Ideally the dose should be reduced so slowly that no withdrawal symptoms at all are experienced. Talk to your counsellor about what is likely to work best for you.

If the dose of Methadone is being reduced too quickly, it is expected to produce withdrawal symptoms such as:

- Feeling restless, anxious or angry
- Emotionality and irritability
- Feeling cold with 'goose bumps' and perspiration
- Jerking arms and legs when trying to relax
- Disturbed sleep
- Diarrhoea, feeling sick or vomiting
- Running eyes or nose
- Pains in back, muscles, bones or joints
- Yawning or sneezing

Because Methadone is a very long acting opiate most people find that Methadone withdrawals are much longer lasting but less severe than heroin. People can still feel low, anxious, cold and have difficulty sleeping for months after reducing the dose or stopping Methadone altogether.

You should only consider reducing your Methadone dose when most things in your life are going very well with at least stable housing, a satisfying occupation and a supportive relationship. If any of these are insecure, the emotional disruption and depression of Methadone withdrawal are likely to cause further deterioration and risk return to heroin use.

Coming off opiates altogether and staying off is very difficult and a complex process. How and why you would want to withdraw from Methadone, how long you should take and what you should expect at the end are things well worth talking over, at length, with your counsellor, doctor and local peer Methadone support group.

During slow Methadone withdrawal most people find that it takes between 4 and 10 days to recover from the worst of the insomnia and emotional upheaval associated with the drop in dose, but it can take up to 2 weeks.

If you use heroin during withdrawal your chances of becoming heroin free after Methadone withdrawal are very small. If you want to reduce or get off Methadone, you should have stopped using heroin for at least six months before decreasing your Methadone dose. If you can't stop using heroin then it probably isn't the right time to be trying to reduce the Methadone, but instead perhaps be increasing it.

There are several things that you can do to help make the adjustment to the reduced dose easier:

- Keep things in life as stable and stress free as you can
- Plan to take it easy for some days after each dose decrease
- Look after yourself and drink plenty of alcohol free drinks
- Reduce the dose in small amounts and only every 2 to 4 weeks

Withdrawal off Methadone isn't just about withdrawals. You will probably be wondering what life will be like without Methadone. There will be changes – Methadone can tend to flatten out some of the highs and lows in life so that you will probably find that feelings are more intense than you've been used to.

People rarely end a Methadone programme and slow withdrawal as a completely different person – they are still the same underneath, without the disturbance caused by the heroin dependence. Great changes in life are possible, but they usually occur on Methadone rather than when stopping taking Methadone. Reduction and cessation of Methadone isn't the end of the process – staying off is at least as hard as getting off.

In summary, doctors advise that people very slowly taper off their dose of Methadone to zero and only when their life circumstances have stabilised and returned to 'normal'. Any deterioration in life circumstances during this reduction should be a signal to halt the reductions and remain on the same or a slightly higher dose for an extended period.

Unfortunately there are some situations where rapid Methadone reduction occurs; for example a Methadone patient may be sent to prison or a hospital where Methadone is not available. In these circumstances the rapid cessation of Methadone is unpleasant and painful, but not life threatening, though the symptoms as listed above may linger for 2 or 3 months.

In addition, the following may result in sudden discontinuation of 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.



9. THE ROLE OF THE FAMILY/CARE-GIVERS IN SUPPORTING METHADONE

Family, friends and peers can be a very important source of support to a person entering treatment and/or trying to remain in treatment and people will do better if they have good social supports (stable relationships, occupation and accommodation). Supporting a person may include giving emotional and/or practical support by:

- Becoming better informed about the chronic and relapsing nature of heroin dependence, and the benefits of treatment
- Listening to the person, and accepting and encouraging their chosen goal
- Attending appointments with the person if they want this (e.g. doctors and counsellors)

- Encouraging the person to develop their friendships and support networks and to get involved in positive, healthy activities
- Attending family or couple counselling, and knowing what to do in the event of an overdose (see page. 35)

Supporting a person who is recovering from a heroin problem is not an easy task. There will be times when the support person will experience frustration, tiredness and emotional upset. This is normal. It is important for the support person to have someone to talk to and provide support – perhaps a friend, a counsellor or the local doctor.

MMT requires the patient to attend the clinic daily to be dosed with their medication. This can at times be problematic with some patients becoming reluctant to travel to the clinic every day. However by missing out on daily doses, the patient may have poor results from the treatment program (being effectively on a lower dose) or by the treatment team becoming frustrated with the patient's poor motivation. Family and friends can readily support the patient's adherence to the program.

Because Methadone can also cause drowsiness when the dose is increased, it is important that the patient does not drive a car or ride a motorbike during the first two weeks of treatment. Providing support for the patient to travel to the clinic by alternative methods is highly advisable.

Family and friends can help patients remain in the program, especially in the early stages of the treatment when doses of Methadone are small. By accompanying the patient to the clinic every day, you can reduce boredom and let them know that you really care about their recovery.

SUPPORTING YOUR FRIEND OR FAMILY TO PREVENT RELAPSE

Relapse means going back to using heroin and addictive behaviour patterns. Some patients find it difficult to keep to the routine of attending the clinic everyday and the constant observation and checking by the medical team.

The following options can assist prevent this frustration and prevent relapse:

- Accompany the patient to and from the clinic as often as possible - especially during the first 3 months of the treatment
- Encourage and assist the patient to attend support group and counselling sessions.
- Try to understand if the patient becomes irritable, angry or restless, that this could be a sign of adjustment to life without heroin. It is important to talk to the patient about such behaviour, rather than ignoring them or becoming angry.



- Encourage the patient to stay away from people or places which may 'trigger' cravings for heroin. This particularly includes heroin-using friends or the places associated with using heroin.
- Assist the patient to find employment, voluntary activities or a hobby. Patients on daily Methadone may find themselves with a lot of time in their hands compared to the frenetic activity of their busy life on heroin (which was consumed 2 or more times a day plus requiring income generation).

Patients should attend for their dose each day, keep appointments with the doctor and counsellor, and keep to the program rules. There are situations where the patient's participation in the treatment may be reviewed and in rare circumstance termination considered.

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