

# Medication-assisted treatment for opioid dependence

## Information for the public

While getting off drugs may be the ultimate goal of treatment for illicit opioid dependence, for many people, this goal is out of reach when they seek help. Medication-assisted treatment for opioid dependence is practical and effective for many people trying to cease illicit opioid use (heroin, morphine, codeine). Medication-assisted treatment can improve health, reduce deaths, decrease criminal activity and improve social and living skills. People in treatment receive a prescribed dose of a legal opioid that is managed by a medical practitioner and taken orally.

### Benefits of treatment include:

- > reducing or stopping illicit opioid and other drug use
- > improving health and well-being
- > increased involvement in regular social life
- > reducing the spread of blood-borne diseases associated with injecting drug use.
- > reducing the risk of death by overdose associated with opioid use
- > reducing crime associated with illicit opioid use.

### Availability of treatment

In South Australia, medication-assisted treatment is available from public drug and alcohol specialist services, private general practitioners and the South Australian Prison Health Service. For information on how to access these services, contact the Alcohol and Drug Information Service (ADIS) on 1300 13 1340.

### Drugs used for treatment

#### Methadone

Methadone is a synthetic (man-made) opioid that, at the right dose, can suppress withdrawal symptoms and opioid craving for at least 24 hours. It doesn't cause 'highs' because as it is taken orally, it is absorbed slowly by the body. It is available on the Pharmaceutical Benefits Scheme (PBS).

#### Buprenorphine (Subutex®)

Buprenorphine is similar to methadone and is also a synthetic opioid. It is put under the tongue and absorbed through the lining of the mouth. Buprenorphine binds very strongly to opioid receptors and stops other opioids from working. It also has some morphine-like action itself. It is available on the PBS.

#### Buprenorphine/naloxone (Suboxone®)

This preparation is a mix of buprenorphine and naloxone, works just like buprenorphine alone (Subutex®) and is also put under the tongue. The naloxone in Suboxone reduces the pleasurable effect of injected buprenorphine and is less likely to be abused. It is available on the PBS.

#### Naltrexone

Naltrexone is a drug that blocks the effects of opioids and, over time, opioid craving. It is used to prevent relapse and maintain abstinence. Naltrexone for opioid dependence is available as a tablet and is not covered under the PBS.

### Taking the medication

Methadone is given as a syrup while buprenorphine and buprenorphine/naloxone are absorbed from inside the mouth. Unless the patient qualifies for take-home doses, the pharmacist must watch the medication being taken. The pharmacist charges a fee for this service. Because Naltrexone is taken as a tablet, supervision by a health professional is not needed.

## Treatment effects

Methadone and buprenorphine produce opioid effects such as analgesia (pain relief), sedation (a relaxed, often sleepy state), respiratory depression (slowed breathing rate - less likely with buprenorphine), and a variety of cardiovascular (heart and circulation), gastro-intestinal (stomach and intestines) and endocrine (chemical reactions) effects.

Side-effects may include:

- > constipation
- > sweating
- > dry mouth
- > decreased sex drive
- > fluid retention (build up of fluid in the body)
- > disturbed sleep.

Naltrexone blocks the effect of additional opioids and eliminates tolerance to opioids produced by previous use of opioids. Side-effects are short-lasting and mild, and include:

- > nausea
- > disturbed sleep
- > headache
- > anxiety
- > low energy
- > muscle aches.

## Safety issues

Early in methadone or buprenorphine treatment and when there is a dose adjustment, driving or operating machinery can be dangerous. During this time it is advisable that patients use other transport or have someone drive them. Using other drugs (eg: benzodiazepines, additional opioids, alcohol) while receiving treatment can increase the risk of drug overdose.

Using illicit opioids after stopping naltrexone treatment can cause fatal overdose because opioid tolerance is lowered.

Keep medications locked away safely. If taken by people who are not used to taking opioids (especially children, but also adults), methadone, Subutex and Suboxone can be fatal. Some people in treatment are allowed unsupervised doses. These must be kept locked away, to reduce the risk of accidental intake by children or adults. Check out the Methadone: Not for kids brochure on the SA Health website – [www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au).

## Use in pregnancy

Methadone and Buprenorphine alone (Subutex) are both used for treatment of illicit opioid dependence in pregnancy. Both medications have been shown to improve pregnancy outcomes for women with heroin dependence. A risk with either medication is neonatal withdrawal syndrome after birth, but this can be safely managed.

Naltrexone may not be safe for use during pregnancy so pregnant women wishing to stay on naltrexone need to be made aware of all the risks before they decide to use this treatment.

During pregnancy there is a higher risk of returning to illicit opioid use, without the support of medication-assisted treatment.

## Withdrawal from medication-assisted treatment

Withdrawal from medication-assisted treatment needs to be gradual to avoid significant withdrawal symptoms. Buprenorphine withdrawal symptoms are generally milder than those of methadone and there can be benefits in transferring from methadone to buprenorphine during the withdrawal phase. Stopping naltrexone does not cause withdrawal symptoms, but restarting use of illicit opioids is very dangerous because tolerance to opioids will be reduced and there is a high risk of overdose.

People who develop a plan with their prescribing medical practitioner for slowly reducing their methadone or buprenorphine over a period of several months, have the best outcomes.

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## For more information

Alcohol and Drug Information Service (ADIS)  
Phone: 1300 13 1340  
Confidential telephone counselling and information available between 8.30am and 10pm every day.

Drug and Alcohol Services South Australia  
75 Magill Road, Stepney SA 5069  
[www.sahealth.sa.gov.au/dassa](http://www.sahealth.sa.gov.au/dassa)

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