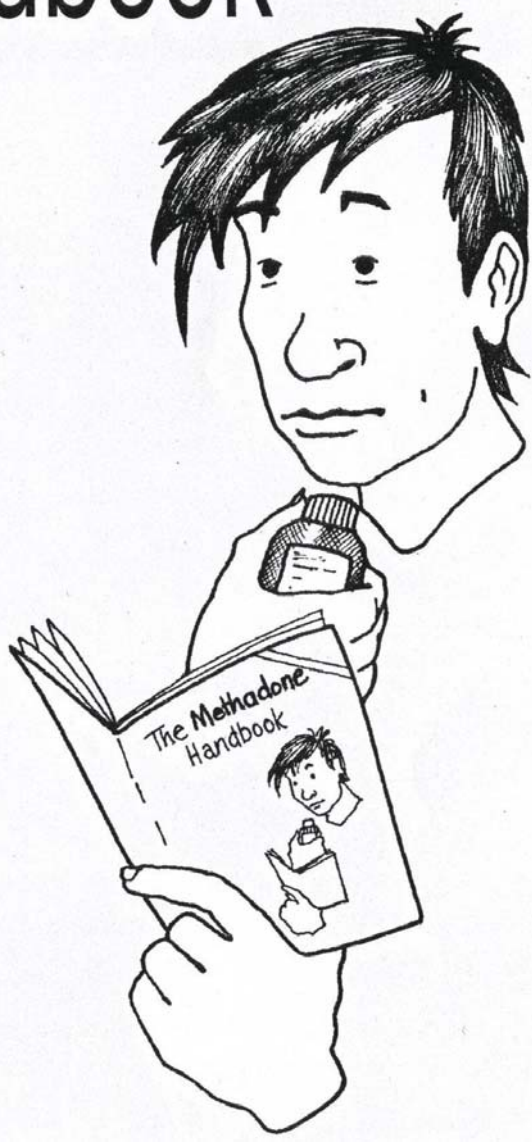


Special Edition for Ireland

# The **Methadone** Handbook



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**Special Edition for Ireland**

By Andrew Preston  
and  
Sile O'Connor

**This special edition of The Methadone Handbook is available through the support  
of an educational grant from Martindale Pharmaceuticals.**

# The Methadone Handbook

## Special Edition for Ireland

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With special thanks to: Mike Butler, Community Welfare Officer, Aisling Clinic; Dr. Eamon Keenan, Consultant Psychiatrist; Jon Nolan; Grett O'Connor; Brogan Whittle, HIV Counsellor and the gang at Fortune house for reviewing the first draft.

With thanks also to: **Alan Fisher at Martindale Pharmaceuticals and Debbie Preston and Todd, Sam and Rachel.**

Published by: Andrew Preston

Original design and layout: Simon Lane

Illustrations: Maxine Latham

Proofreading: Julia Terry

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ISBN 0-9520600-7 8

The Methadone Handbook. Special Edition for Ireland.

UK- 1st edition: May 1992

2nd edition: July 1993

3rd edition: July 1996

4th edition: November 1997

Special edition for Ireland: June 1998

Printed in the UK by Island Press Ltd.

Distributed by ISDD - (00 44) 171 928 1211

The Methadone Handbook will be updated and revised in the future. If there are any comments or suggestions you would like to make please send them to:

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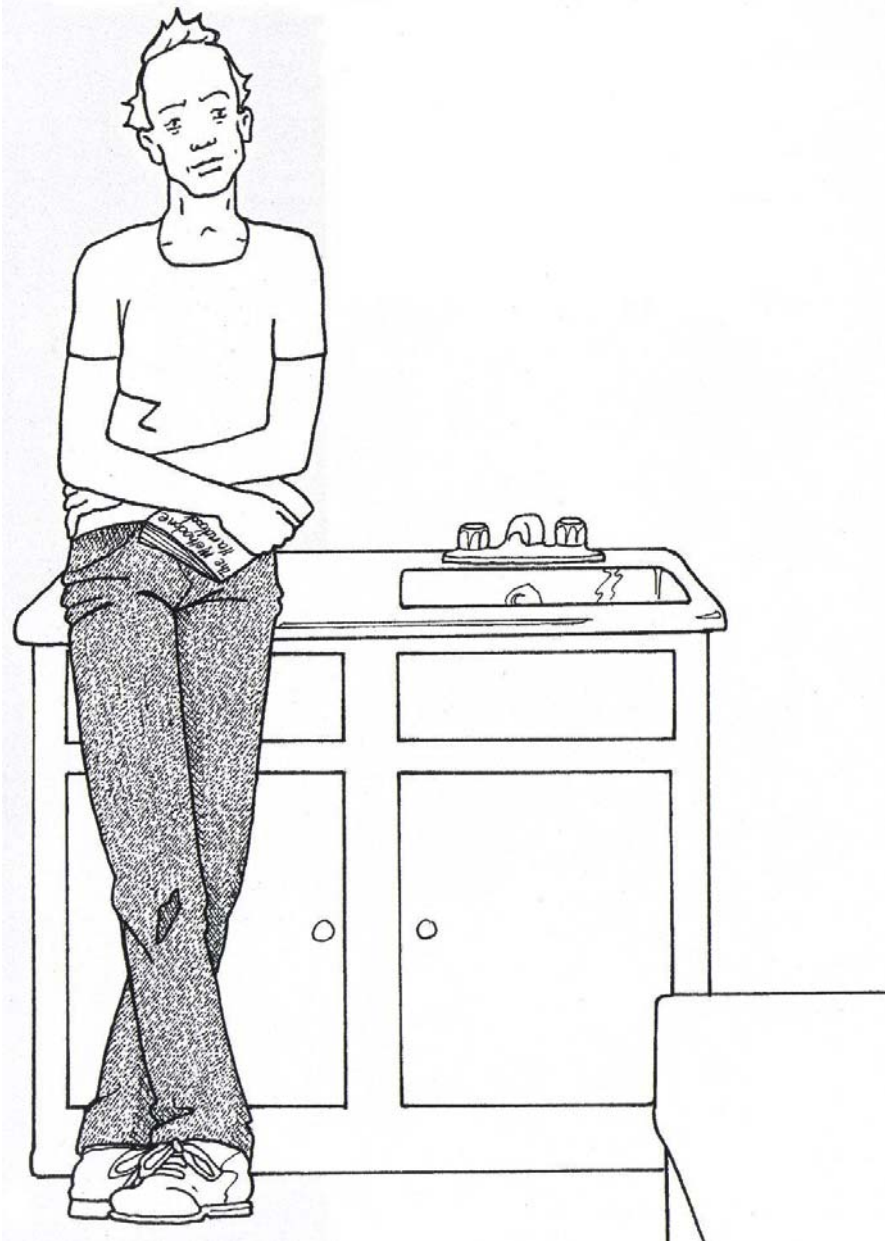
## Contents



**Introduction** This handbook contains information that might be useful if you've got, or are thinking about, a methadone prescription. It is written for people with long-term scripts and for people who are using methadone to detox.

If you don't want to read it cover to cover you can use it to look things up.

**However, everyone is different and a booklet is no substitute for talking to someone who works for a drug service. So, if you can't find the information you need, want to know more about something or have any questions or worries, you should be able to talk them over with your doctor or drug worker.**



Pure methadone, when it is first made in the factory, is a white powder. To make it easier for people to take, the powder can be mixed into a medicine.

Until 1996 the only form of methadone medicine available in Ireland was Physeptone linctus.

This is a very sweet medicine which is not very concentrated. It is mixed like this so that it can be used as a treatment for severe coughs - with the syrup helping to soothe the sore throat coughing can cause.

In the past, doctors in Ireland who wanted to treat people who had heroin problems had to use Physeptone linctus because methadone mixture was not available.

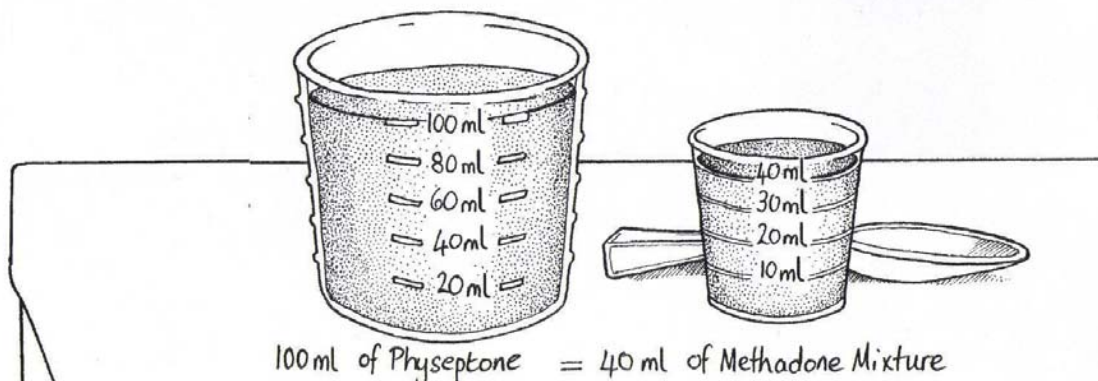
In 1997 The Health Board decided that it would reorganise methadone treatment In Ireland (see p7). This meant phasing out physeptone linctus and transferring everyone to methadone mixture. The change happened in the clinics first and then in GP surgeries.

Methadone  
mixture  
1mg/1ml  
and  
Physeptone

**methadone mixture is much stronger than Physeptone linctus.**

**Physeptone linctus has only 2mg methadone per 5mls of syrup**

**methadone mixture has 5mg methadone per 5mls of syrup**



Isn't methadone worse than heroin? A lot of people say that methadone is harder to give up than heroin.

**But methadone detoxes are usually planned and involve a serious intention of staying drug-free for a long time - which is quite different from going without heroin for a few days and taking 'pills' and/or alcohol to make it easier.**

**Heroin is very difficult to get off, too. Methadone is not 'much more addictive' than heroin:** on one hand the withdrawals from methadone can last a bit longer, but on the other it doesn't give a high like that of heroin, so people tend not to crave it as much as they crave for heroin.

**Whichever way you look at it there isn't much in it.**

Methadone is a very powerful drug which is hard to get off, but so is heroin.

Prescribed methadone can provide a useful stage for getting used to life without the buzz before becoming drug-free and can be the basis on which people start to build a life away from heroin use.

**Prescribed methadone mixture also has the advantages of being:**

- **Regular**
- **Long acting**
- **Free**
- **Legal**
- **Non-injectable**
- **Accompanied by counselling and other forms of help.**

**Which means that for people who can't stop taking heroin, methadone is usually a much better drug to take.**



**Also, many studies have shown that when heroin addicts are prescribed methadone they can:**

- **Stop using heroin (or greatly reduce the amount they use)**
- **Stop injecting (or inject less often and with less risk)**
- **Stop committing crimes**
- **Have more stable relationships.**

Which means that while on a methadone script you have a chance to get things like debts, housing and relationships sorted out, so that you will have fewer pressures to use when you do come off.

For many people, becoming opiate-free is a long way off and as long as methadone is helping avoid the risks of illicit drug use, it can be prescribed safely for many years.





## The history of methadone treatment

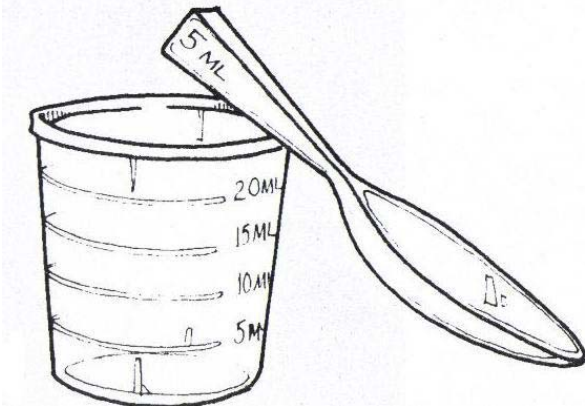
Methadone is a synthetic drug. It was first invented in Germany during the Second World War by scientists who, having discovered pethidine some years earlier, were developing other similar compounds.

When first invented it was given the name Polamidon, but it wasn't brought into commercial production at all during the war.

After the war, the factory where methadone was invented fell under American control and it was they who began the first clinical trials in 1947. The American pharmaceutical company Eli-Lilly first coined the name Dolophine - not in honour of Adolf (as has been thought) but probably as a combination of the Latin word *dolor* (pain) and the French *fin* (end).

At first doctors thought methadone would be a revolutionary new painkiller, but by the early 1950s it was hardly being used at all. In 1964 Drs Marie Nyswander and Vincet Dole were looking for drugs to help New York's heroin users when they read about methadone in the medical literature. They found it helped their patients stop using heroin and that tolerance was slow to develop - and methadone maintenance treatment was born.

Methadone treatment has become much more available around the world since the discovery of HIV, the virus that can cause AIDS. This is because heroin users who are on methadone tend to be more stable and are less likely to do things (such as sharing injecting equipment) that expose them to the HIV virus.



In 1996 the Department of Health decided that it would consider reorganising methadone treatment in Ireland to make services more like those in other countries which have well organised and effective methadone prescribing programmes.

## Methadone treatment in Ireland

They set up a pilot study in Dublin to offer methadone treatment in a more organised way. This study was very successful and, during 1998 methadone prescribing was changed to create a system that was safer and more likely to help people with opiate problems.

In most countries where methadone is prescribed to treat opiate dependence people are prescribed methadone mixture 1mg/1ml. So one important part of the reorganisation was the phasing out of Physeptone linctus prescribing and the transfer of people to methadone mixture (see p3).

Another important change was setting up systems to stop people getting more than one methadone prescription. This was done by introducing individual treatment cards and setting up a confidential central treatment list (see p20).

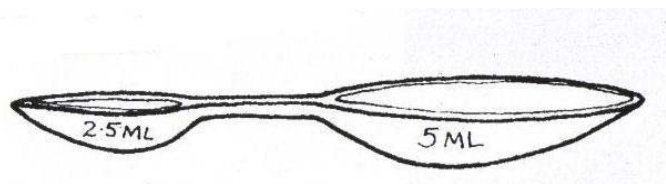
### The new system means that:

- **Only certain doctors, who have been specially trained, are accredited by the health board to prescribe methadone**
- **Everyone on a script has their name on a confidential central list (see p20)**
- **Everyone getting methadone has an individual methadone treatment card with their name and photo on it (see p20)**
- **The only methadone available is methadone mixture 1mg/1ml.**

### Getting into treatment

To get onto a methadone treatment programme you have to contact your GP. If s/he isn't accredited to prescribe methadone, s/he'll refer you to a local specialist drug service. You'll be assessed and, if it's appropriate, you'll be placed on a detox or maintenance programme.

Once you have been stabilized on methadone you may be referred back to a trained GP who will continue the methadone treatment. Prescriptions issued by GPs are dispensed at community pharmacies.



## Starting a Script



**It is important to remember that you can't get a heroin-like buzz from methadone - taking more will only increase the risk of overdosing.** This is because although they are both opiates, there are some differences between methadone and heroin. The effects of methadone are less intense and come on more slowly. Some people find the change takes some getting used to, others don't find it a problem at all.

**The ideal dose at the start of a script is one that:**

- **Stops you suffering from bad withdrawals**
- **Doesn't give you a bigger habit**
- **Is enough to get you adjusted to taking methadone instead of other drugs.**

It is also possible that you will be prescribed too much methadone. This can make you feel like you are withdrawing (because it can make you sweat) and/or it can slow down your reactions. If this happens to you talk to your doctor or drug worker.

There are a few rare effects that can occur in the first few days of a script, such as swelling of the ankles and feet, painful and swollen joints and a skin rash. These go within a few days.

There is a much bigger difference if you are stopping injecting to go onto oral methadone. The cravings to inject can take a lot of overcoming; if you are finding it difficult your doctor or drug worker should be able to help you.

If you don't stop injecting once you've got a methadone prescription, make sure you have access to new, sterile works and remember that it will probably jeopardise your place on the methadone prescribing programme.

Although methadone doesn't always feel like a powerful drug, it is, and using heroin, alcohol or other sedatives (such as Rohypnol, Valium and sleeping pills) in addition to methadone, can all result in overdose.

Methadone is unusual in that it binds to cells in the liver, lungs and fat before moving back into the bloodstream to have an effect on you. This process is harmless and doesn't damage the cells at all.

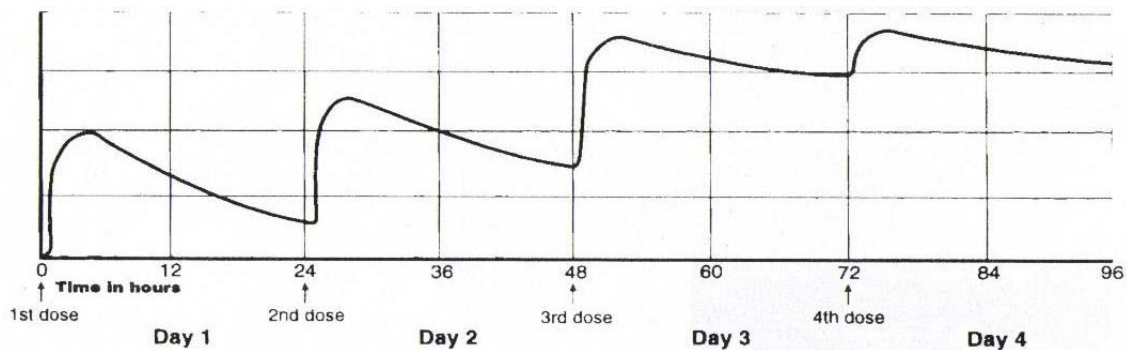
The first few days

This means that you won't get the full benefit of your dose during the first few days of treatment. It takes 4 days for these 'tissue reservoirs' to fill up and for the methadone to take full effect.

As you can see from the graph below you have less methadone in your system at the peak on day 1 than you do before you even take it on day 4.

This, coupled with the fact that methadone does feel different to heroin, is probably why people often feel that they haven't got enough methadone to hold them in the early days of treatment.

**This graph shows the relative blood levels of methadone over the first four days of treatment.**



~~Methadone~~ Methadone takes around 30 minutes to start being absorbed and 4 hours to reach peak blood level.

**Methadone is much more effective at helping people to stop using heroin when it is taken every day.** As you can see from the graph, provided you take it every day, once the 'reservoirs' are full there are only relatively small changes in the blood levels of methadone. Having 'heroin days' and 'methadone days' results in the tissue reservoirs of methadone emptying; as they take 3 days to fill up again your body never knows whether it's coming or going and you'll feel rough much more often.

Stability is the key

Although there are highs methadone can't give you, it can give you stability and control -but only if you take it every day.

**Tolerance** Tolerance is the way the body adapts in order to cope with the regular presence of some drugs. Once a tolerance has developed it takes bigger doses to achieve the same effect. The tolerance you have built up to other opiates is transferred to the methadone when you start the prescription.



If the drug is withdrawn, tolerance will quickly drop back to original levels **so it is easy to overdose after a break.**

One of the reasons why methadone is prescribed is that tolerance to methadone usually builds up very slowly. The body builds up tolerance to most of the effects individually and at different rates. So your tolerance to one effect, such as feeling sedated, may have built up while you were taking heroin to the extent that you don't feel sedated at all when you start the methadone. But another effect, such as a dry mouth, may still be with you after a long time on a script. The effects people rarely develop a tolerance to are:

- **Constipation**
- **Sweating**
- **Itching**
- **Small pupils.**

So if you will be taking methadone over a long period of time it will be really helpful, if you can, to include lots of fruit and vegetables and alcohol-free drinks in your diet. If constipation is a problem, talk it over with your doctor – especially if you are thinking about using laxatives as these can actually make things worse in the long term.

The main differences people notice between methadone and heroin are the lack of any sense of a hit and the fact that methadone is long acting (most people can take it once a day without experiencing serious withdrawal symptoms), but as they are both opiates the effects are broadly similar. Both have an effect on many areas of the mind and body. But everyone is different. **So when someone says 'methadone makes you sick/tired/itchy' etc, what they mean is that methadone has that effect on them - it may or may not have a similar effect on you.**

What does it do?

Methadone does not damage any part of the body as it passes through. The liver breaks down (metabolises) methadone - **for most people this is a harmless process, but in people who have livers that are very seriously damaged** (by illness such as hepatitis B or C or by alcohol) **the extra work for the liver can cause overdose or liver failure.** The danger is greatest at the start of a script, when the dose increases or if the condition of the liver deteriorates further. The liver breaks down methadone into a form which can pass harmlessly through your kidneys into your urine.

For a list of all the effects - see over the page...



**Effects** You may experience only a few, some, or all of the effects listed below. You may experience them mildly or strongly.

**There are some effects of methadone which are understood:**

**1. Its action on the brain can cause:**

- A high/mood change that is less intense but longer lasting than heroin
- Controlling/levelling of emotions
- Drowsiness/sleep
- Feeling or, rarely, being sick. **If you are sick after taking methadone it is more likely to be caused by a medical problem (or, if you drink, by alcohol) than by methadone - get your doctor to check it out**
- Slower, shallower breathing (which is dangerous in overdose - see p31)
- Reduced cough reflex
- Reduction of physical pain.

**2. Its action on the nerves that control many involuntary functions usually causes:**

- Small pupils
- Constipation

and can cause:

- Dryness of the eyes, nose and mouth
- Reduced blood pressure.



**3. Methadone may cause the release of histamine (which is normally only released in allergic reactions) by rupturing the cells that produce histamine. This is not an allergic reaction. It causes:**

- Sweating
- Itching
- Flushing of the skin
- Narrowing of the air passages in the lungs.

**Methadone has also been said to cause effects which are not understood and may or may not be caused by being on methadone:**

- Reduced or absent menstrual periods - **this is more likely to be caused by stress or poor diet than opiates: it is possible to get pregnant even if you are not having periods**
- Reduced sexual desire - **in men this may be due to reduced testosterone levels**
- Reduced energy
- A heavy feeling in your arms and legs
- Craving for sweet foods.

**But (unless it has made you drowsy) it won't affect:**

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





Long-term Methadone doesn't damage your:

effects

- Heart
- Liver (see p11 if you may have liver damage)
- Brain
- Bones
- Reproductive system
- Immune system.

**It is true to say that methadone, even if taken for years, causes no direct physical damage and is usually much healthier than being dependent on illicit opiates.** However, being constipated for long periods can cause problems in later life and...

Teeth

Methadone 1mg/1ml is not good for your teeth because it can restrict the production of saliva which is one of the body's natural defences against plaque. Because sugar causes the growth of plaque - the commonest cause of tooth decay - and is so bad for teeth most people get sugar-free methadone.

The Health Board will give you a list of dentists who will provide you with free dental care.

**Apart from finding a good dentist and regular dental care, it really helps to:**

- Cut sugary foods out of your diet
- Clean your teeth straight after you take it - every time as well as in the morning and at night
- Chew sugar-free gum
- Rinse your mouth with water after you've taken methadone
- Drink your methadone through a straw.

**But, in the end, methadone is no worse for your teeth than eating sweets or taking sugar in tea and coffee!** And research has shown that the teeth of opiate users on methadone scripts are no worse than those of opiate users not on a script.



**Many women who use opiates stop having periods, but there is no evidence to show that this is caused by the opiates in their system.** Methadone does not affect the levels of the hormones that control menstruation. It is much more likely that the periods have stopped because of stress, poor diet or weight loss. It is important to remember that **even if you are not having periods you can still get pregnant,**

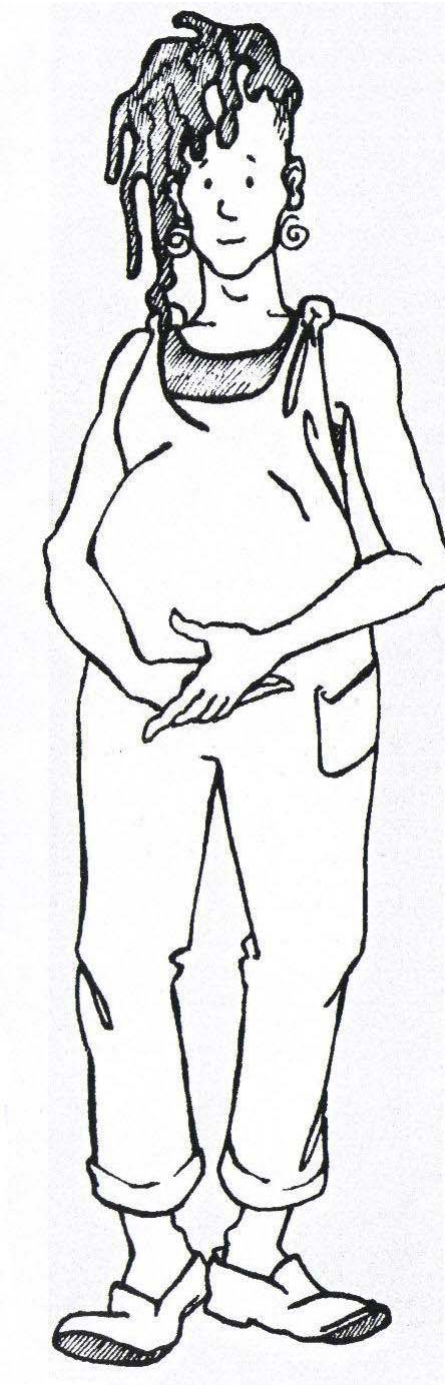
Women and  
methadone

At any time during your script, but especially at the start or during detox (when desire to have sex may increase), you may get pregnant.

Apart from protecting you from HIV, hepatitis and other sexually transmitted diseases, condoms could still stop you getting pregnant, even when you aren't having periods. They are available free from your local drug service. Advice on condoms and other forms of contraception is available locally from drug agencies, family planning clinics and GPs.



## Pregnancy



If you think you might be pregnant don't worry that the methadone may have harmed the baby. **There is no evidence to show that there is any additional risk in having a baby while on a stable dose of methadone.**

**For the sake of your health and that of the baby it is important that you get in touch with a GP or antenatal clinic as soon as possible.**

Your baby will not automatically be taken into care simply because you are an opiate user.

A lot of women decide to come off opiates when they are pregnant. If you decide to detox while you are pregnant this can be done most safely during the last six months of the pregnancy - **but your doctor needs to help you plan and monitor any reduction.**

**Stopping suddenly can be dangerous, and should only be done in hospital.**

Sometimes the stress and pressures of pregnancy make it hard to stop using and you could decide not to detox. Unless you are only smoking small amounts of heroin occasionally **being stable on a script is much better for you and for the baby than being on illicit drugs, especially if you are injecting.**

To protect the baby, make sure that the midwife and doctor who are caring for you while you are in labour know you have been taking methadone.

Many babies have been born to mothers using methadone and large studies have shown that they were no more likely to suffer complications of birth than babies born to mothers not on scripts. But the baby may experience withdrawals, which may not start until s/he is about a week old.

## Babies

The baby can be detoxed in a few days - under medical supervision - without any long-lasting effects.

**You must not try and detox the baby yourself, or ever give methadone to a child - you could easily kill it!**

If the baby is withdrawing, make sure the doctors know. Allow the baby to rest as peacefully as possible between regular feeds and avoid bright lights which may irritate him/her.

Children of opiate-using mothers are not automatically taken into care - indeed, being in touch with a drug agency should help if social services do have concerns as it shows you are seeking help. Social work services aim to support your efforts to care for your child at home.

Small amounts of methadone in breast milk can pass to the baby, but opinion varies as to how much the mother has to take before this happens. The best advice is to talk it over with a knowledgeable professional that you trust and weigh up the benefits and drawbacks of breast feeding - so you can arrive at a decision you feel happy with.

## Breast feeding

If you do breast feed, it is important not to use drugs erratically. When you come to wean the baby there is a possibility that s/he will experience mild withdrawals - these will be minimised if you wean gradually.



Methadone and your children **If you can take your methadone home make sure children can't get to it.** As they have no tolerance even very small amounts can kill them.

**This is because methadone can make them:**

- **Slop breathing**
- **Vomit**
- **Choke on their saliva or vomit because they can't swallow whilst unconscious.**

To help stop such accidents you should keep your methadone in bottles with a Child Resistant Cap (CRC). Child resistant caps are not enough on their own: even very young children can sometimes get them open.

**But they can save lives - if you are keeping methadone at home and you have children you could:**

- **Keep a CRC at home to put on the bottle as soon as you get back**
- **Take a bottle with a CRC with you to the pharmacy to be refilled**
- **Take your own CRC to the pharmacy each day and ask the to put it on your bottle.**

**And you could also:**

- **Talk to older children about the dangers of all medicines and tell them why they shouldn't take your green medicine**
- **Keep it in a locked cupboard (sometimes wardrobes have locks already fitted)**
- **Keep it somewhere high, that is out of sight, and can't be reached by climbing**
- **Make sure it is never kept in a fridge.**



When people were prescribed Physeptone linctus, some parents used babies' bottles to measure it out. This was very dangerous because even the tiny bit left sticking to the sides could be enough to cause overdose in a small child- A dose as small as 3mg could cause a child to choke to death by making them sleep too deeply to wake up if they were sick.

## Measuring out methadone

Because this has happened parents are strongly advised not to do this. If you do, you **must** rinse the bottle out properly when you have measured out the methadone.

Hopefully, the combination of people knowing about the risks and the fact that methadone mixture is stronger and so doesn't have to be taken in such large amounts of liquid - making measuring it out easier - will mean that people stop using babies' bottles to measure their methadone.

**You can buy a proper measure at most pharmacies.**



**Treatment cards** Treatment cards are one of the main changes brought about by the reorganisation of methadone prescribing services in Ireland (see p7). They were first introduced in 1996 and then gradually issued for everyone with a methadone prescription.

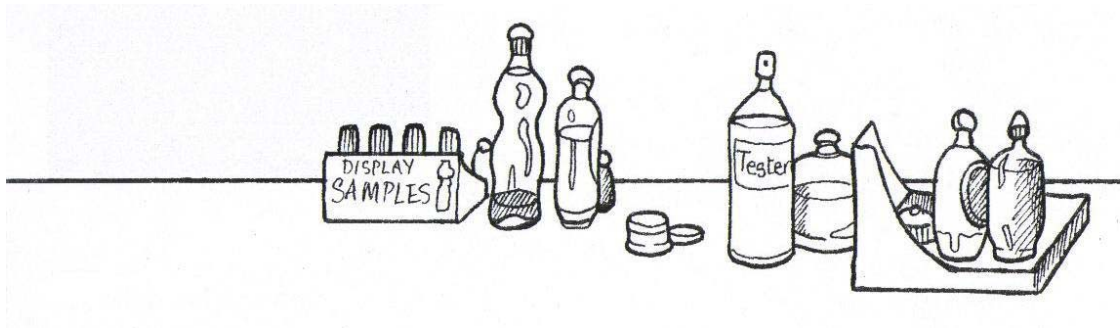
To prevent people getting a prescription from more than one doctor everyone receiving methadone treatment must have:

- **Their name, address and date of birth registered by the GP or addiction centre at Trinity Court Drug Treatment Centre**
- **A treatment card with their name, date of birth, photo, the doctor's name and the name of the pharmacy nominated to dispense their methadone (see p21)**
- **The treatment card will be held at the pharmacy with a copy held by the doctor.**

Pharmacies can only dispense methadone to people for whom they hold a treatment card.

Once you have been allocated a local pharmacy you can't pick up your methadone anywhere else. If you want to change the pharmacy where you collect your methadone the treatment card must be changed. If you want to change pharmacy talk to your doctor so that the necessary changes can be made.

The national register of people receiving methadone treatment is held in the strictest confidence and only GPs, pharmacists and drug service doctors will have access to the list.



This section may not apply to you, as many drug clinics dispense their own methadone and some have collecting from a local pharmacy as a second stage of the programme. So read, skip or save this section, depending on how you are going to pick up your methadone.

## Chemist shops and pharmacists

At the start of your treatment one of the local pharmacies which dispenses methadone (as not all do) will be found for you and your treatment card will be posted there.

There will be a photo of you on the treatment card and the pharmacist is only allowed to dispense to the person on the card.

There are lots of grapevine tales about pharmacy staff with attitude problems - but remember, they have probably heard about (or had experience of) drug users with what they see as attitude problems too!

**It is no good being at war with your pharmacist - there are problems that s/he can help you solve.**

If you are aggressive or shoplift in your pharmacy they can refuse to dispense your methadone to you. It then might not be possible to find another pharmacy locally that dispenses methadone.

To try to prevent problems many pharmacies have contracts/lists of rules that must be agreed and signed by people picking up methadone.

But the information on the next two pages should help you to understand what the world looks like from their side of the counter and give you a realistic idea about what you can and can't expect from them - which will help you to avoid most of the arguments that occur between people with scripts and pharmacists.





Picking  
up your  
methadone

If your pharmacist seems to take ages to dispense your methadone and even serves other people while you are waiting, it isn't necessarily because s/he hates you and thinks that you deserve to suffer. It is probably because:

- They make up prescriptions in the order they are given in. Quite often people drop off a prescription and come back later to pick up their medicine; so just because the shop is empty it doesn't mean the pharmacist isn't busy!
- Methadone is a 'controlled drug' so there are strict regulations about how it should be measured out, recorded and dispensed. One thing that does take time is the filling in of the 'controlled drugs register' which has to be done at the time the prescription is handed out.

Remember it must be you who picks up the methadone - you can't send someone else.



**There are things you can do to make sure that you can pick up your methadone when you need it:**

- **See your doctor the day before you need the first dose so that you can get your prescription to the pharmacy in plenty of time**
- **Write down the opening hours of your pharmacy in the space at the back of this book or somewhere else where you won't lose them. If they've closed when you arrive for your script there is nothing that can be done ...**
- **Agree with your pharmacist a time for collecting your methadone that is convenient for you both; then they can have it ready for you to collect without a wait**
- **Collect your own methadone: the pharmacist can't dispense it to anyone else.**

If you are thinking of going away, don't forget to sort out your script as soon 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.

**Your pharmacist can't dispense a day early because you are going away, nor can s/he give you methadone that should have been collected yesterday - legally they have to dispense according to the prescription.**



**Sex** Like all opiates methadone can remove or inhibit the desire to have sex. But this varies from person to person.

Condoms not only help to prevent pregnancy, but can also protect you and your partner against HIV, hepatitis and other sexually transmitted diseases.

**It is not only people who share injecting equipment who get HIV and hepatitis - they are also spread through unprotected sex. Be sure you have condoms with you if there is any chance you may need them.**

HIV and hepatitis live in body fluids: mainly blood, semen and vaginal fluid. They are passed on when the infected body fluids of one person pass into the blood of another person.

This happens most easily during unsafe sex: the walls of the vagina and the skin on the penis are very thin and easily damaged. When people have sex without a condom the virus can pass easily into their bloodstream.

Safer sex is sex with reduced risk of your partner's semen, vaginal fluid or blood getting into your bloodstream.



At the time of writing there is evidence that methadone doesn't affect the course of HIV/AIDS. Studies also show that methadone is better for you than street heroin -especially injected heroin which can accelerate the progression of HIV-related illness. **HIV**

Drug treatment of HIV and its related infections is one of the fastest growing areas of medicine. Knowledge about treatment and how, or if, methadone reacts with the drugs now being used is being built up very quickly and will change from month to month as studies are completed. A book like this can't keep up with the pace of change, and no information is better than misinformation.

**If you are HIV positive or have concerns about HIV or AIDS you can discuss them with your:**

- GP and/or prescribing doctor
- Drug worker or pharmacist.

**Specialist HIV services in Dublin include:**

- Baggot Street Clinic tel: 01 6602149/6602271
- Beaumont Hospital tel: 01 8377755 ext. 3006
- St James Hospital tel: 01 4535245.

**For details of other specialist services ring the free and confidential National Drugs Helpline on: 1800459459.**



**The Law** Soiling, sharing or giving away your methadone can easily jeopardise your script, cause overdose in a non-tolerant person **and** cause serious legal problems...

People charged with unlawful possession of methadone for personal use are usually dealt with by the district court and can receive a sentence of up to one year.

People charged with unlawful possession with intent to supply would be referred to the Circuit Court and could receive a very long sentence.

**The label on your bottle is the proof that it is yours. If you take it off and are searched or arrested you may find yourself being charged with unlawful possession.**

**Custody** Although opiate withdrawals can be horrible, they're not physically dangerous. Garda surgeons don't have to continue treatment prescribed by another doctor. However, many do prescribe methadone to people being held in custody but, because they have to be concerned about the risk of overdose they may prescribe less than you ask for, or not at all.



If they confiscate your methadone on arrest they should give it back on release.

Some prisons do have methadone programmes, but they may have a limited number of places. If you tell the medical services that you are on methadone when you arrive they may prescribe for you.

**Methadone can cause drowsiness:** once you have developed a tolerance to your dose these effects should not be apparent. **Driving**  
**If you are affected do not drive or operate machinery.**

Alcohol and methadone increase each others effects (see p30). Do not drink alcohol if you are sedated - you might overdose, and be aware that if you are taking methadone it will take even less alcohol to make you dangerous behind the wheel of a car.

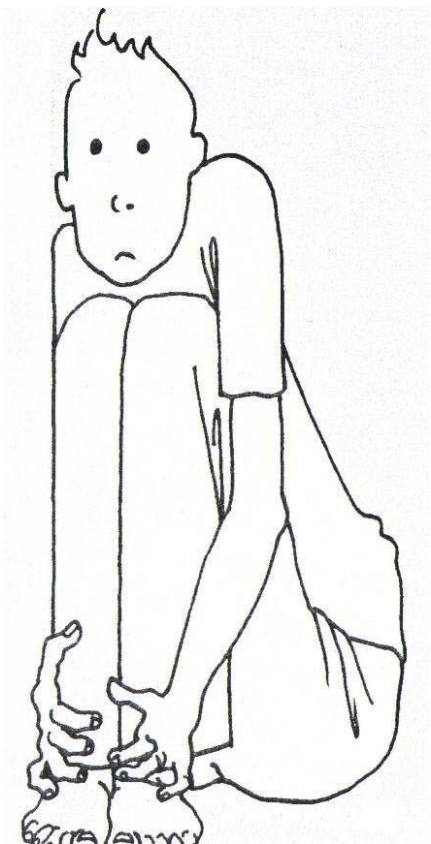
Every time you apply to have your licence renewed you have to answer the question 'are you dependent on psychoactive drugs?' If you tick this box you have to submit a medical report from your doctor with your application.

Although methadone is a powerful drug, people who are stable on an oral methadone dose to which they are tolerant (and who are not using other drugs) would not normally be sedated or have their thinking or reactions reduced.

Driving while on methadone without informing the authorities or your insurance company may invalidate your insurance.



## Withdrawals



Because your body has developed a tolerance to methadone (see p10) it may react or withdraw when the level of methadone in your system drops below a certain level.

Every part of you that is affected by the methadone becomes geared up to function with the drug inside you, so if you stop taking methadone your body takes time to adjust to not having it there. **During that time you may suffer withdrawal symptoms such as:**

- **A higher than normal temperature, but feeling cold, with goosebumps and sweating**
- **Feeling restless, anxious and aggressive**
- **Jerking arms and legs**
- **Disturbed sleep**
- **Diarrhoea**
- **Feeling or being sick**
- **Running eyes and nose**
- **Pains in muscles, bones and joints**
- **Yawning and sneezing.**

**But too much methadone can cause sweating, feeling sick and poor sleep too, so you may get these symptoms - which feel like withdrawals - at the start of treatment, or if you change from taking your methadone several times a day to once a day.**

Because methadone is a longer acting drug, some people find the withdrawals more uncomfortable and longer lasting than with heroin. But once it is out of your system the mechanism of readjustment is the same, whether you've stopped methadone or any other opiate.

Withdrawal symptoms are partly due to imbalances caused by taking away something that the body is used to, and partly anxiety and worry. Because getting off is something that both your head and body have to adjust to, people can still feel anxious, cold and/or have difficulty sleeping for months after stopping a script.

Coming off and staying off opiates is very difficult and can be complex: there is another handbook in this series – The Detox Handbook – which looks in detail at the whole issue of coming off opiates.

How and why you want to detox and what you expect at the end are things well worth talking over, at length, with your drug worker and/or doctor.

Most people find it takes about four days to get over the worst of the withdrawals when they first drop to a lower dose, but it can take up to 14 days. After any opiate detox poor sleep and feeling low can last for months - the causes may not all be chemical - talking to your doctor/drug worker may help.

**If you use heroin during a detox your chances of staying drug-free afterwards are not good.** If you want to get off heroin, stop using at the start of the script or detox - if that isn't the right time it will be hard to find a better one.

Each time you take a drop in dose on a long detox or throughout a quick one, there are several **things you can do to help make the adjustment easier:**

- **If you can, plan to take it easy for a few days after each drop**
- **Keep things as stress-free as you can**
- **Look after yourself - stay warm, eat well and drink plenty of alcohol-free fluids**
- **To be sure you are getting an accurate dose when you need to measure small amounts, ask your pharmacist if you can buy an oral syringe**
- **Don't keep an emergency supply because if you do you'll only find emergencies!**

Detoxing isn't just about withdrawals. You will probably be wondering what life will be like without methadone. There will be changes - methadone tends to flatten out highs and lows in life, so you will probably find that feelings are more intense than you've been used to. It can feel strange not having it there as things crop up and you will probably find yourself wondering how you'll cope.

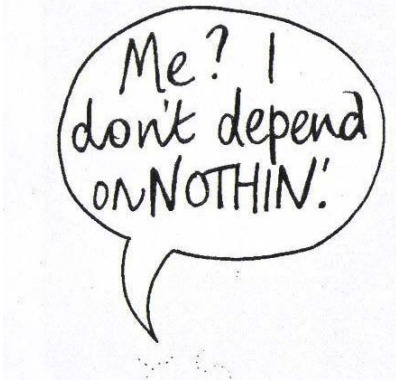
But people rarely end a detox as a completely different person - it is still the same you underneath. Great changes are possible, but they involve more than stopping the methadone. **Detoxing isn't the end either: staying off is harder than getting off.**

## Detoxing





## Methadone and other drugs



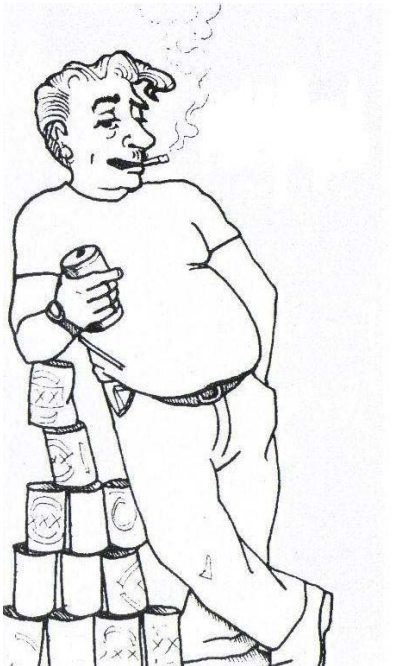
Although methadone doesn't react with or affect most other prescribed drugs, always check with a pharmacist if you get a prescription for something else or are buying over-the-counter medicines. If you go to the dentist or a doctor other than your prescribing doctor for treatment, tell them you are prescribed methadone.

Methadone blocks the receptors in your brain that heroin and other opiates have to fit into in order to have an effect. So, if you have methadone in your system, heroin may have a reduced effect or none at all. If you try to take enough to get a buzz you run the risk of overdosing.

If you take Temgesic (buprenorphine) while on methadone you may go straight into withdrawals because it is a different type of opiate and it will expel methadone from the opiate receptors.

Taking any sedatives in conjunction with methadone can be dangerous as they make each other more effective and increase the risk of overdose (see the next page). Particularly risky are the tranquillisers like Valium, Rohypnol and Temazepam which, as well as being an overdose risk, increase the chances of risky injecting (and therefore the risk of catching HIV and hepatitis) because people think less clearly, and can't remember what happened afterwards.

## Alcohol



**Methadone and alcohol boost each other's effect. So if you overdose either or both, you are much more likely to overdose.** And as they both knock you out and can make you throw up, you don't have to take a lethal dose to end up choking to death on your vomit while too sedated to wake up.

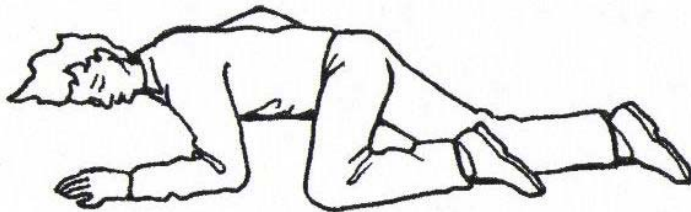
If you find that methadone doesn't seem to be enough for you, talk to your doctor or drug worker about it rather than drinking more alcohol. The effects of alcohol are not altogether different from methadone and sometimes when people feel like they need more drugs they use alcohol.

The trouble is that dependent or dangerous levels of drinking can creep up (especially during and after a detox) and can do you more harm than opiates.

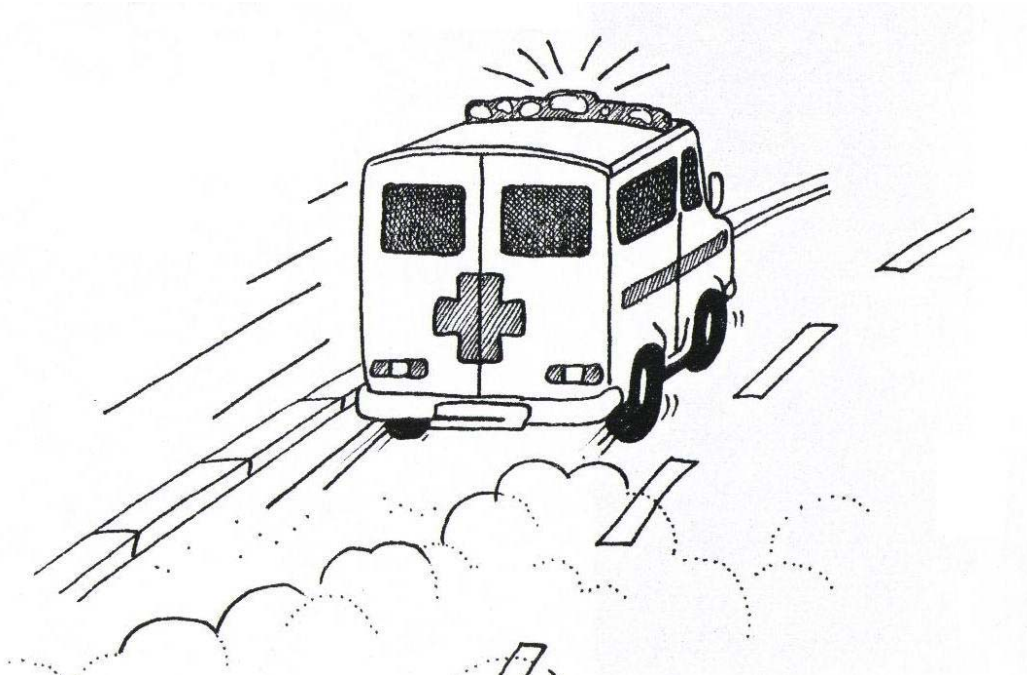
If this could be a problem you might find it useful to discuss your drinking with your doctor or drug worker, and keep a record of how many units you are drinking so that you can compare every few weeks.

- As little as 3mg of methadone can kill small children. Overdose
- A mouthful can kill a teenager.
- Less than 50mg can kill a non-tolerant adult (and that could include you!! - see below).
- Tranquillisers and/or alcohol with methadone kill more people each year than heroin overdose!
- Most of the people who die from methadone overdose have been sold it by someone who has got a script.

As you reduce the amount of methadone you take, your tolerance will reduce too. So if you do use on top of a low dose, or go back to heroin after a break, you could easily overdose on the amount you used to take.



If you ever suspect someone has overdosed on methadone, lie them on their side in the recovery position and call an ambulance - an injection can be given to reverse the effects, provided a paramedic or doctor gets there in time.



Local  
information

<b>Drug Worker:</b>			
Tel:			
<b>Prescribing Doctor:</b>			
Tel:			
<b>Pharmacist:</b>			
Tel:			
<b>Pharmacy Opening Hours:</b>			
	<b>am</b>	<b>pm</b>	<b>Evening</b>
<b>Mon</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<b>Sun</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Your Local Drug Agency is:</b>			

The Methadone Handbook is essential reading for anyone who has got a methadone prescription, or is thinking about starting methadone treatment.

This special edition for Ireland contains information on the changeover from Physeptone to methadone mixture and on how the treatment card system works.

Also available in this series are The Detox Handbook (a users' guide to opiate detox), The Rehab Handbook and The Sater Injecting Handbook.

The handbooks and, from the same author, **The Methadone Briefing**, a complete guide to methadone and methadone prescribing are available from:

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London SE1 0EE  
England.

**Tel: 00 44 171 928 1211**

This publication is available with the support of an educational grant from Martindale Pharmaceuticals.

