

## 2. Facts about methadone

- Methadone was first used to treat opioid addiction in America in the 1960s. The first NZ methadone clinics opened in 1971. Early programmes were focused on abstinence as the goal (whether clients wanted abstinence or not) but the advent of HIV/AIDS saw a shift in philosophy and practice to the goal of reducing the harms caused by illicit opiate use and injecting.
- Methadone hydrochloride is a synthetic compound with some similar effects to natural opiates in that it has similar pain relief/ analgesic properties. It's different in that there is no initial 'rush' and you don't feel stoned in the same way – it doesn't make you feel like you've taken MSTs, heroin, etc. This is one of the potential risks: people with little or no experience of methadone may think they need more methadone because they're not experiencing the effects they're after - but a larger dose only makes people feel like they've had more methadone and increases the risk of overdose.
- Methadone is absorbed and stored in various sites in the body and is gradually released into the bloodstream. It takes 4 hours for your methadone dose to 'peak' in your system. It takes about 72 hours (3 days) to get the maximum effect of your initial dose.
- People receiving methadone treatment do become dependent on methadone in that they will experience withdrawal symptoms if they stop taking it; they need it to feel 'normal'. However, because of methadone's long half-life (how long it lasts in your body) the withdrawal symptoms take a bit longer to kick in compared to when you suddenly stop taking other opiates.
- Methadone overdose is potentially fatal especially for people with no or little tolerance. Keep it away from children!

### Possible side effects

- Although most opioid dependent people tolerate methadone well, some people experience effects including:
  - increased sweating
  - dry mouth, eyes and nose
  - constipation, which can be alleviated by maintaining a high fibre diet and drinking lots of (non-alcoholic) fluids (water is recommended)
  - nausea
  - altered sleep patterns.
- Less common (though no less significant) side effects include difficulty passing urine and reduced sexual functioning due to a reduction in male (testosterone) and female sex hormones. Reduced sex hormones may also cause changes to women's menstrual cycle and increase the risk of osteoporosis as we age.
- Methadone is often blamed for dental problems. However, there are a number of reasons for opioid users having problems with teeth and gums including:
  - Poor diet, especially a high sugar intake, and poor oral hygiene. Often it's not until you stop using that you become aware of dental problems that have existed for some time but previously ignored or didn't notice.



### Also available:

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2. Facts about methadone
3. First methadone dose and stabilisation
4. Accidental overdose
5. Ongoing Opioid Substitution Treatment (OST)
6. Indicators of stability
7. Clinical tests: blood, urine, etc.
8. Restabilisation
9. Pharmacy dispensing
10. Changes to prescriptions
11. Holiday arrangements within NZ
12. Travelling overseas
13. Methadone takeaways
14. Shared Care with your GP
15. Thinking about coming off?
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Facts about buprenorphine (Suboxone®)

Suboxone® treatment with CADS

(See over page)

- Dry mouth: **all** opioids inhibit saliva production.
- Saliva protects against plaque which causes decay. Most dentists have products available (tooth mousse, gum etc.) to help alleviate dry mouth and reduce plaque and decay.
- Some methadone formulations have high sugar content. This doesn't apply to Biodone Forte as used by AOTS and most Auckland pharmacists; it contains no preservatives, sugar, or colouring consisting only of methadone and purified water.
- The acidic nature of some methadone formulations can cause direct corrosion of tooth enamel. It's recommended that you drink some water directly after your methadone as a precaution against this.
- To prevent tooth decay it is important to maintain good oral hygiene (brush teeth regularly, use dental floss), have a low sugar diet and regular dental check-ups.

### Benefits of methadone

- Methadone is taken orally, helping IV users move away from injecting and its associated risks.
- Methadone is long-acting, with a half-life of 25 hours on average (though it can range from 13-55 hours) meaning most people can be stabilised on one dose of methadone per day.
- Tolerance to methadone builds up very slowly, much more slowly than tolerance to other opiates. This means that when methadone is taken orally the differences between peak and trough blood levels are very small, so if the dose is appropriate you shouldn't experience any highs or lows over a 24 hour period. Over time, your response to methadone should become and remain fairly constant (until you start to reduce/come off).

### Potential risks of methadone

- When stabilising or increasing your dose it's not advisable to operate heavy machinery or to drive because of the potential for increased sedation i.e. nodding off (See Information Sheet 19 *Driving and Opioid Substitution Treatment.*)
- Using other sedatives (downers) such as benzos, tranquilisers, barbiturates and other opioids with methadone significantly increases the risk of sedation and overdose.
- Methadone metabolism can be affected by many prescribed drugs and herbal medications so use these with caution (if at all). (For info on prescribed drugs see Information Sheet 18 *Methadone and medication interactions.*)

- Alcohol use increases the risk of black outs and overdose because both methadone and alcohol depress the central nervous system.

### Methadone in therapeutic doses is not known to cause:

- Damage to any of the major organs or systems of the body even in long-term 'high dose' use,
- Slurred speech or significant lack of co-ordination,
- Congenital abnormalities in unborn children (congenital means existing at and usually before birth; refers to conditions that are present at birth regardless of their cause),
- A reduction in cognitive ability (i.e. thinking, perception, and remembering) except possibly during stabilisation or restabilisation on methadone. Alcohol however is known to cause cognitive impairment.
- All of this applies only if methadone is not being used in combination with other drugs that act on the nervous system (including some prescribed drugs).
- If you have asthma, diabetes, epilepsy, hepatitis, liver disease, chronic pain or another medical condition it's important to tell your key worker and/ or doctor as this could affect your treatment and AOTS may need to liaise with your GP and/ or specialist.
- Methadone is metabolised in the liver so if your liver function changes abruptly (you may notice your urine gets darker or the whites of your eyes go yellow) tell your key worker or doctor as your dose may need to be adjusted. Going on the programme is a good time to have your liver function checked out; you can organise that through your GP.
- Kidney disease may also alter your body's ability to excrete methadone.
- P.S. If you have a date to enter hospital or you unexpectedly end up in hospital let AOTS know so they can liaise with the medical staff to ensure your doses continue, and discuss appropriate and adequate pain relief both in hospital and after discharge.

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If you need more information about methadone contact your key worker, the AOTS nurse at your local CADS unit, or another member of your local AOTS team. More information sheets are available at CADS reception or from [www.cads.org.nz/More/Brochures.asp](http://www.cads.org.nz/More/Brochures.asp)