

Medication-assisted treatment for opioid dependence

Information for the public

Medication-assisted treatment for opioid dependence is practical and effective way for many people trying to cease unsanctioned 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 are prescribed a substitute opioid that is managed by a medical practitioner. The World Health Organisation (WHO) classifies the MATOD medications Methadone and Buprenorphine, as essential medicines.

What is medication assisted treatment for opioid dependence?

Medication assisted treatment for opioid dependence (MATOD) involves medication prescribed by a doctor to prevent withdrawal symptoms, manage cravings, stabilize opioid dependence, reduce overdose risk and is always provided in combination with psychosocial support to address psychological issues and social harms associated with drug use.

Benefits of treatment include:

- > reducing or stopping opioid and other drug use
- > preventing withdrawal symptoms
- > managing cravings
- > improving retention in treatment
- > improving health and well-being
- > increased involvement in regular social life and relationships
- > reducing the risk of blood-borne diseases associated with injecting drug use
- > reducing the risk of death by overdose associated with opioid use
- > reducing crime associated with 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 long acting synthetic (man-made) opioid that can prevent withdrawal symptoms and manage opioid cravings for 24 hours. It is often given as a syrup.

Buprenorphine

Buprenorphine is also a long-acting synthetic opioid. Buprenorphine binds very strongly to opioid receptors, reducing the effectiveness of other opioids. It can prevent withdrawal symptoms and manage cravings for 48 hours. Buprenorphine has three different formulations: a film placed under the tongue (Suboxone®), a tablet under the tongue (Subutex®) or a weekly/monthly depot injection (Bupival® and Sublocade®).

Buprenorphine/naloxone (Suboxone®)

This preparation is a mix of buprenorphine and naloxone. Buprenorphine prevents withdrawal symptoms and manages cravings. Naloxone is an opioid antidote which is inactive when taken orally but if injected, it causes a withdrawal reaction therefore this formulation is seen as discouraging injecting behaviour.

Buprenorphine/naloxone is given as a film under the tongue.

Buprenorphine Depot (Bupival® & Sublocade®)

Buprenorphine depot is an injection placed under the skin in the belly and afterwards forms a small lump containing a supply of buprenorphine that is very gradually absorbed over an extended period of time. There are injections that have a weekly or monthly duration. It is important to understand that once injected, the lump of buprenorphine firmly

binds to body tissue and cannot be extracted either by suction applied by a syringe or by cutting. For this reason, only people without allergy or sensitivity to buprenorphine can have this treatment. Therefore as a safety precaution, before anyone is started on depot buprenorphine treatment, an initial trial for a week or two is required with Suboxone®, or Subutex®.

Naltrexone

Naltrexone is a drug that blocks the effects of opioids. It is used to prevent relapse and maintain abstinence.

Taking the medication

People are mostly required to take MATOD under the supervision of a pharmacist. When people are safely engaged in a MATOD program for a period of time, take-home medication may be provided. Supervised dosing is not required in naltrexone treatment or likewise when under treatment with buprenorphine depot.

A patient is likely to be charged a dispensing fee by the pharmacist for tasks involved in providing a MATOD dosing service.

Treatment effects

Methadone and buprenorphine are opioids and may cause side effects in some people. Many side effects reduce over time.

Known side effects include:

- > drowsiness or dizziness
- > feeling or being sick
- > feeling weak or tired
- > dry mouth
- > headaches
- > constipation
- > eyesight problems
- > weigh gain
- > sweating more.

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
- > headaches
- > anxiety
- > low energy
- > muscle aches.

Safety issues

The **Road Safety Act 1961** states that it is an offence to drive, or attempt to drive, under the influence of a drug. Many opioid substitutes can impair your ability to drive or operate machinery. During this time it is advisable that patients use other transport or have someone drive them.

Using other drugs (e.g. benzodiazepines, additional opioids, pregabalin, Seroquel, alcohol etc.) while receiving treatment can increase side effects such as drowsiness and the risk of drug overdose.

Using opioids after stopping naltrexone treatment can cause a fatal overdose because opioid tolerance is significantly lowered

after treatment.

Keep medications locked away safely. Methadone, Subutex and Suboxone use 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 Buprenorphine: Not for Kids brochure on the SA Health website –

www.sahealth.sa.gov.au.

Use in pregnancy

Methadone and buprenorphine are both used for treatment of opioid dependence in pregnancy. Both medications have been shown to improve pregnancy outcomes for women with heroin dependence. There is a chance the baby will experience some withdrawal symptoms after birth but this can be safely managed and has no long term effects.

During pregnancy there is a higher risk of relapse to opioid use with possible serious consequences, while there is good evidence that MATOD treatment can help prevent relapse, stabilise opioid dependence and improve pregnancy outcomes for both mother and baby. For these reasons, it is always advised to defer withdrawing from MATOD during pregnancy.

Naltrexone may not be safe for use during pregnancy so pregnant women or women planning for pregnancy will need to be made aware of all the risks when considering treatment with Naltrexone.

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 opioids is very dangerous because tolerance to opioids will be reduced after treatment and there is a high risk of overdose.

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

Treatment services

Information about alcohol and other drug services in South Australia can be accessed at the Know Your Options website (www.knowyouroptions.sa.gov.au) or by calling the Alcohol and Drug Information Service (ADIS) on Telephone 1300 13 1340.

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.

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