

Methadone Maintenance Treatment

Essential Information



Health

NSW Ministry of Health

73 Miller Street
NORTH SYDNEY NSW 2060
Tel. (02) 9391 9000
Fax. (02) 9391 9101
TTY. (02) 9391 9900
www.health.nsw.gov.au

This work is copyright. It may be reproduced in whole or in part for study or training purposes subject to the inclusion of an acknowledgement of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above, requires written permission from the NSW Ministry of Health.

© NSW Ministry of Health 2012

Produced by the Mental Health and Drugs & Alcohol Office

(MHDAO) 120065

ISBN 978-1-74187-746-5

For further copies of this document please contact:

The Better Health Centre

PO Box 672

NORTH RYDE 2113

Tel. (02) 9887 5450

Fax. (02) 9887 5452

Further copies of this document can be downloaded from the NSW Health website www.health.nsw.gov.au

Reprinted November 2001

Updated August 2006

Updated June 2008

Updated March 2012

Methadone Maintenance Treatment

Essential Information

CONTENTS

1. Introduction	1
Why methadone?	2
2. Methadone Maintenance Treatment	3
Aims	3
About methadone	3
Benefits of methadone	4
Drawbacks	5
Alternatives to methadone	6
3. What's involved.....	8
Getting started	8
Your service provider	10
Treatment plan	10
Dosing	11
Costs	12
Frequency of attendance	12
Dosing hours	12
Urine testing	13
Holidays and travel overseas	13
4. Rules and procedures	15
Eligibility.....	15
Informed consent	16
Treatment agreement	17
Confidentiality.....	19

5. Takeaways	21
Risks to you	22
Risks to others	22
Number and frequency of takeaway doses.....	24
6. Length of treatment	26
7. Side effects	27
Common side effects	27
Less common side effects	28
8. Safety	29
Overdose	29
Interactions with other drugs	31
Effects on driving and operating machinery....	34
9. Methadone and children	35
10. Pregnancy	37
11. HIV/AIDS and Hepatitis	40
12. Feedback	42
Complaints	42
13. Further Information	44

1. INTRODUCTION

This booklet accompanies the Methadone Maintenance Treatment Agreement which is provided by your service provider after discussing your planned treatment. Inside this booklet you will find information about what your service provider can offer and what to expect from methadone maintenance treatment in NSW.

The policies described in this booklet have been developed by NSW Health. They outline the minimum standards that the government recommends for methadone programs in NSW. They aim to make sure that you get safe, high quality treatment within NSW. Your service provider may provide extra information and have extra 'house rules' that you are expected to follow.

Why methadone?

Methadone maintenance is one treatment for dependence on opioid drugs such as heroin. It is recognised nationally and internationally as an effective treatment and has been used in NSW since 1969. It wards off withdrawal symptoms and stabilises cravings. Methadone maintenance programs are intended to assist you over a period of months or even years. Research shows that the longer you remain in treatment the more likely you are to achieve your treatment goals. No single treatment is right for everyone – the right treatment for you will depend on your needs and situation. If you have any doubts about methadone maintenance speak to your service provider.

2. METHADONE MAINTENANCE TREATMENT

Aims

Methadone maintenance treatment aims to reduce the harm, to you and others, that comes from using opioid drugs. By replacing heroin with a daily dose of methadone, you are able to break from your drug-taking routine and sort out things that matter to you, such as your health, relationships and work. It gives you a real chance of staying off drugs.

This means you are less likely to:

- use heroin
- inject drugs – thereby reducing the risk of becoming infected with hepatitis B or C, HIV or other infections
- get involved in crime to get money for drugs
- overdose.

About methadone

Methadone is legally available on a doctor's prescription, but only after the doctor has first obtained approval from NSW Health. Going on to methadone may break your heroin habit, but you will still be dependent on an opioid until

you are off methadone and drug-free. Some users find withdrawal from methadone more difficult than withdrawal from heroin because it takes longer.

Keeping you on your dose over a period is called maintenance.

Reducing your dose slowly (a progressive, planned reduction) is called methadone withdrawal.

Your service provider should tell you the size of your dose, and get your agreement about when and how quickly the planned reduction will be.

Benefits of methadone

- Reduces cravings associated with heroin withdrawal.
- Enables you to handle the withdrawal with minimal discomfort.
- Costs much less than supporting a heroin habit.
- Removes the need for crime.
- Enables you to lead a healthier life.
- Reduces the risk of HIV or hepatitis infection.
- Is much safer in pregnancy than heroin use.
- Enables you to keep a job, or get a job.

Drawbacks

- You are committed to attend regularly (daily at first) 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 and die from too much methadone.

Methadone is an opioid like heroin. However, there are some important differences:

- One dose of methadone daily lasts for 24 hours.
- Methadone is a liquid that is drunk.

Methadone syrup is not designed for injection. Injecting methadone can be hazardous for your health and will limit the success of your treatment. You should not inject methadone. If you are feeling uncomfortable on your methadone dose you should speak to your prescriber.

Sudden withdrawal from methadone produces uneasiness, yawning, tears, sweating, diarrhoea, stomach cramps, goosebumps, a runny nose, sleep problems, irritability and a craving for the drug. Methadone withdrawal generally reaches its peak by the 5th day (much longer than heroin withdrawal which peaks within 1 to 2 days) and subsides over the next 2 weeks. Lack of energy, poor sleep and loss of appetite may persist for longer periods, possibly up to two months.

Planned reduction takes place over a longer period and, when accompanied with counselling and support, eliminates or minimises the intensity of these symptoms.

Alternatives to methadone

a. Detoxification

Withdrawal programs help people who are heroin dependent to come off heroin. They are provided through teams who help you to detoxify at home, and through some GPs. There are also detoxification units that admit people for up to 5 days.

b. Counselling

Counsellors assist and support people to make the life changes necessary to become drug-free.

c. Self-help groups (eg NA)

These groups provide support and guidance from people who themselves have recovered from drug problems.

d. Residential Rehabilitation Services

There are a number of long-term residential treatment units available. These units assist people with severe and longer standing heroin dependence. The length of these programs varies between 6 weeks and 2 to 3 years.

e. Naltrexone

This medication blocks the effects of opiates including heroin, so using heroin whilst taking Naltrexone has no effect. Naltrexone can be prescribed through some GP's and should be combined with counselling. Naltrexone is designed to help you stay drug free.

3. WHAT'S INVOLVED

Getting started

It may take up to four days before your doctor gets the official permit to prescribe methadone for you.

It may take up to three weeks to feel comfortable on methadone as your body adjusts to a regular dose.

Your case worker and doctor's job is to find the right dose for you, which will enable you to withdraw from heroin with the least difficulty and discomfort at an agreed time. It is important not to use heroin or other drugs (including alcohol) during this period, as this can cause you to overdose and place your safety at risk. Remember continued heroin use is not the goal of treatment.

When you start on methadone you may develop symptoms indicating you are withdrawing from heroin or that you may be having too much methadone. After the first three days your doctor may need to adjust your dose, and during the first two weeks you need to see your doctor often, and provide feedback on how you are feeling.

Your service provider will tell you what to look for over this period – what’s normal and what’s not.

The first two weeks on methadone is a particularly risky time for overdose. Using alcohol or other drugs in this time increases your chance of overdose.

While on the public methadone program, you are committed to attend daily to swallow your dose under observation.

- You should see your case worker regularly.
- You should also see the prescribing doctor as required and for review.
- Your clinic or doctor will arrange regular urine tests. Those tests will show up any drugs you have been taking, including methadone.

Your methadone will be dispensed from a clinic for the first three months. Once you are stable you may be able to take your daily dose from a community pharmacy. In many cases you will be required to drink your dose at the pharmacy. With the consent of your doctor you may be able to takeaway your dose – but strict conditions apply.

Your service provider

Your treatment team involves a team of professionals working together. They may include a doctor, case worker, dispenser or pharmacist.

- Your doctor is responsible for treatment, sets your dose, and provides medical care.
- Your case worker is available for you to talk over your problems, your plans and other things that are important to you.
- Your dispenser makes up the dose and gives it to you regularly and can often suggest who to discuss your problems with.

Treatment plan

When you commence treatment your treatment team – made up of your doctor, a caseworker and often your pharmacist, will develop with you a treatment plan. The treatment plan will enable you and your treatment team to set short and long-term goals. These will include dose levels and health and lifestyle issues such as employment, training, housing and family circumstances.

Methadone maintenance is not just about reducing and eventually stopping your drug use. It also provides you with an opportunity to become employed, develop and/or maintain good relationships and to live a healthy and fulfilled life. Your treatment plan will be reviewed at least every three months by you and your treatment team – keeping you and them on target to meet the treatment goals you have jointly established. The treatment plan will also help you come off methadone when you and your treatment team think the time is right.

Dosing

Methadone is prescribed at different doses for different people. If you are concerned about your dose speak to your service provider. You may be dosed at a methadone clinic (public or private), a community pharmacy or a hospital pharmacy. Your methadone must be swallowed in the presence of the person dispensing the drug except when you receive takeaway doses. Dispensing staff have a legal responsibility not to give you methadone if you are affected by alcohol or other drugs.

Methadone can kill, and its use in combination with other drugs (including alcohol) will increase this potential danger.

Costs

Community pharmacies and private methadone clinics charge a small fee for dispensing methadone.

Frequency of attendance

You are required to attend the clinic or pharmacy that dispenses your methadone every day, unless you are receiving takeaways. Failure to collect your methadone for three or more days in a row will result in your place on the program being reviewed by your service provider. Failure to collect your methadone for seven or more days in a row may result in your removal from the program.

Dosing hours

Check the dispensing hours of your clinic or pharmacy and write them down. If you miss these dispensing hours for any reason you will miss out on your dose for the day.

Urine testing

Urine testing is a way of making sure your treatment is working. It lets your treatment team know of any problems you may be having with drug use. It also confirms that you are taking your methadone.

You will be required to provide urine samples at random. This may happen at any time at your service provider's discretion and may be supervised by a member of staff. If you can't provide a sample the clinician may record the sample as refused. Check the rules about urine testing with your treatment team.

Holidays and travel overseas

If you wish to go on holidays or travel overseas you need to organise your methadone arrangements weeks in advance. Even so, arrangements for methadone cannot always be guaranteed. If you're going away for a single day or overnight, a single takeaway dose may be possible provided that you have been on methadone for at least three months and your doctor is satisfied with your progress.

Travel within NSW

You need to give your doctor at least three weeks notice. It may be possible to transfer your dose to a pharmacy close to where you will be staying.

Interstate travel

Your doctor will need at least four weeks notice.

Overseas travel

Taking methadone overseas requires the approval of NSW Health and of the countries that you will be visiting. Your doctor will need several weeks notice to obtain approval from NSW Health. You or your doctor will also need to contact the embassies of the countries you plan to visit to find out if there are any restrictions on carrying prescribed methadone.

Physeptone, the tablet form of methadone, is usually prescribed for overseas travel because it is easier to carry. Physeptone, unlike methadone syrup, does not come under the Pharmaceutical Benefits Scheme and you will need to think about this extra cost.

Where there are methadone programs in the places you are travelling to you may be transferred to a program overseas for the length of your stay.

4. RULES AND PROCEDURES

Eligibility

To be eligible for methadone maintenance treatment you must be dependent on an opioid drug such as heroin and be assessed to be suitable for methadone maintenance. Demand for places on methadone maintenance programs in NSW is high and treatment may not be available immediately.

At your first visit, your service provider will assess you by asking about your history, examining you, taking urine and blood samples and filling out government forms. You will usually not be able to start methadone on the day of your initial assessment.

It is important to be as honest as you can about what you've been using, how often, how much and how you are feeling. It is also important to ask any questions you have about the methadone program.

Everybody is different so your doctor needs to know about your situation and your health in order to determine your needs.

Informed consent

Methadone maintenance cannot be given to you unless you give informed consent. This means that before you agree to methadone treatment your service provider should inform you regarding:

- the nature of your methadone treatment (including the aims, what methadone can and can not achieve, known benefits and drawbacks)
- the service provider's 'house rules' (including frequency of pick-up, urine testing, dosing hours, takeaway doses, clinic or pharmacy schedule of appointments and rules regarding illegal behaviour such as violence, drug dealing and drug use)
- how long your treatment will last
- the side effects and risks associated with taking methadone
- how methadone may affect activities such as driving motor vehicles and operating machinery
- when you will receive your first dose
- the risks of other drug use (including alcohol) while taking methadone
- how to obtain further information.

Treatment Agreement

Every person entering the NSW methadone program will be required to sign a Treatment Agreement.

This agreement sets out the rules you and your service provider must follow. Each client and each service provider has a responsibility to promote a good public image of the methadone program.

The Treatment Agreement provides information on client rights and responsibilities and sets out sanctions for inappropriate behaviour.

The Treatment Agreement assists you to understand what methadone treatment has to offer you and clarifies the relationship between you and your service provider.

You have the right to withdraw your consent to treatment at any time.

When on methadone maintenance treatment you are advised not to use other opiates (codeine, morphine etc). Use of other illicit drugs, sedatives and alcohol is dangerous and may result in overdose.

It is illegal to sell or give your takeaway dose to anyone.

If you are violent, verbally abusive/aggressive or intimidating towards anyone or you damage any property, you will face review and possible discharge from the program.

Any behaviour that jeopardises the clinic's standing in the community for example, loitering around the clinic or excessive noise coming and going from the clinic, will be discussed with you by your service provider and will result in a review of your treatment.

Your treatment will be reviewed at least four times a year by your service provider and you are expected to attend as requested.

Your treatment will also be reviewed and/or terminated if:

- you are found carrying a weapon – this will be considered an act of violence whether the weapon is used or not
- you are found to be not swallowing your methadone dose
- you are observed by staff to be dealing in drugs
- you consistently refuse to provide urine samples

- you are violent, verbally abusive/aggressive or intimidating towards anyone, or you damage any property
- you behave in a way that jeopardises the clinic's standing in the community.

Confidentiality

The information you provide to your 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 service providers involved in your treatment. For example, your prescribing doctor, case manager and pharmacist may share information about you to organise a takeaway dose. Information stored on computer databases may also be accessed by different departments within a hospital or Area 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. These include:

- evidence of serious neglect or abuse of children
- evidence of serious criminal activity
- a summons or subpoena issued by a court that requests information
- when your own or another person's safety is at serious risk.

5. TAKEAWAYS

Takeaways are not an automatic right . The decision to provide takeaways is made by your service provider based on the circumstances of your individual case. You must be on the methadone program at least three months before you can be considered for takeaways.

When making a decision about takeaways your doctor, in consultation with your treatment team, will be looking at your stability and reliability. They will also consider how well you are progressing towards the treatment goals you jointly set early in your treatment.

Takeaway dose privileges are not automatically transferred when you change service providers unless your program includes special arrangements for takeaways – check with your service provider.

Any sign of instability or unreliability, even once you have been granted takeaways, may be grounds for reviewing your takeaway arrangements.

You may think your doctor is overly strict about

giving you takeaways. This is because takeaways involve risks to you and others.

Risks to you

Overdose may occur if you inject your methadone; if you have your takeaway dose soon after your previous dose or if you swallow or inject your dose after taking other drugs, including alcohol. Selling or giving, all or part of your dose to anyone is illegal and may interfere with your own treatment.

Risks to others

Very small amounts of methadone can kill someone who is not used to taking methadone, especially children. Selling or giving, all or part of your dose to someone else may cause them to overdose.

Methadone is particularly deadly for children. If you have a takeaway dose, it is extremely important to keep it out of reach of children.

- *Make sure your pharmacist gives you bottles with a child resistant cap.*
- *Keep your dose in a high cupboard – a locked cupboard if possible.*
- *DO NOT keep your dose by your bed or in the fridge.*
- *DO NOT take your methadone in front of your children, particularly very young children aged 1 to 5 years.*

Takeaways will not be provided if you repeatedly arrive intoxicated or stoned at your clinic or pharmacy. In general, takeaways will not be provided if you:

- have sold or given away your methadone dose in the past
- inject your methadone
- are behaving in a chaotic and unpredictable way
- reusing other drugs, including alcohol, dangerously.

Your takeaway dose will be the same as what you consume at the clinic or pharmacy.

Misuse of takeaways, selling or giving takeaways to others, will result in your takeaway privileges being withdrawn and treatment being reviewed. It may also lead to your treatment being withdrawn.

Number and frequency of takeaway doses

You are not entitled to takeaways in the first three months of methadone maintenance treatment.

Your service provider has the authority to determine your eligibility and suitability for takeaway doses.

Following is a guide to the maximum number and frequency of takeaways that may be allowed at different times in your treatment. You need to be aware that this may vary among service providers and in many cases your service provider may allow much less than this.

- After 3 months A maximum of two takeaway doses per week but never two days in a row
- After 6 months A maximum of three takeaway doses per week for no more than two days in a row.
- After 8 months A maximum of four takeaway doses per week for no more than two days in a row.

Once in your possession your takeaway dose becomes your responsibility. Your service provider will not replace lost, stolen or damaged doses unless there is a medical emergency.

6. LENGTH OF TREATMENT

The length of time spent on methadone varies from person to person and very much depends on your individual needs. You can be maintained on methadone over a period of weeks, months or even years. Your treatment team will give you an idea of how long you are likely to be on the methadone program. Research suggests that the longer you remain in treatment the more likely you are to achieve your treatment goals. The ultimate aim however, is to reduce your methadone dose until you are drug free. You can ask to discuss your treatment, including reducing your dose, with your service provider/treatment team at any time. Set your withdrawal goals through your treatment plan.

7. SIDE EFFECTS

In the long term methadone does not appear to produce any significant health problems. Side effects should go away once you are off 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.

Sweating – Increased sweating, especially at night, is quite common. Try drinking more water to avoid dehydration.

Constipation – Eating more fibre – fruit, vegetables, whole meal and bran products – and drinking more water will help.

Lowered sex drive – This is a side effect of any opioid including methadone and heroin, but may settle down. Lowering your dose, in consultation with your prescriber, can help.

Aching muscles and joints – Some people may experience this even when their methadone dose is

adequate. Some people report rheumatism type pain at times.

Tooth decay – This can be a problem because methadone reduces the production of saliva. Saliva contains antibacterial agents that keep teeth and gums healthy. Tooth decay is also affected by a poor or irregular diet and not looking after your teeth. It is important for you to clean your teeth regularly, and have regular dental checks.

Menstrual irregularity – Many women have irregular periods when they use heroin. For some women, their menstrual cycle returns to normal during methadone treatment. Either way you may become pregnant while on methadone even if your cycle does not return to normal.

Less common side effects

Other effects like 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. For your own comfort, it is important to tell your service provider if you have any side effects. They can usually be reduced by adjusting your dose. Speak to your service provider.

8. SAFETY

Overdose

It is possible to overdose on methadone. The risk of overdose increases if you take other drugs (alcohol, benzodiazepines etc.) when you are on methadone.

Signs of overdose include:

- nausea and vomiting
- slurred speech
- unsteady on feet
- slow and shallow breathing
- confusion, extreme drowsiness and nodding off
- snoring or gurgling noises
- pale skin, blue lips and nails.

This may lead to collapse, loss of consciousness and coma. As oral methadone can be slow acting, a collapse due to overdose may not occur until 3 to 24 hours after the dose. Injected opioids have a much more rapid effect.

What to do if someone drops (overdoses):

- *call an ambulance immediately – dial 000*
- *tell the operator someone has collapsed*
- *have the address ready for the operator*

Remember

- The ambulance officers are there to help you.
Tell them what drugs the person has taken.
- The Police are only called if they are needed

The risk of overdose increases if you mix methadone with alcohol or other drugs. Opioid overdose can occur not only from having more opioids in your system than your body can handle, but also from drug interactions.

Drugs that slow down the nervous system (such as alcohol, sedatives, opiates, GHB and dextropropoxyphene) can all combine with methadone and add to the risk of overdosing – causing drowsiness, unconsciousness and ultimately death. **EVEN SMALL AMOUNTS OF THESE DRUGS COMBINED CAN CAUSE DEATH.**

The risk of overdose also increases when you have a disease of the kidney or liver, such as hepatitis, because drugs are cleared from your blood at a slower rate than normal.

People who are not used to taking methadone can easily overdose on very small amounts. This is especially the case for children. If you have a takeaway dose it is extremely important to keep it out of reach of children at all times. (See section on Takeaways)

Interactions with other drugs

It is dangerous to mix methadone with other drugs without medical supervision. Unconsciousness and death have occurred as a result of mixing methadone with some drugs.

Everyone differs in their tolerance and reaction to drugs. Where several drugs are used while on methadone the side effects can be dangerously unpredictable.

If you are taking any drugs, make sure you tell your doctor or pharmacist and ask them about any interactions these might have with your methadone.

If you are going to see another doctor, dentist or pharmacist, or are going to hospital, TELL THEM THAT YOU ARE ON METHADONE.

Alcohol

Methadone and alcohol can be dangerous because they are both sedatives and mixing them can cause an overdose.

Drinking large amounts of alcohol over a short period can make you drowsy and affect your ability to drive. Alcohol adds to the effect of methadone and increases the risk of overdose, especially when also mixed with sedatives or pills.

Drinking large amounts of alcohol regularly can, over time, also shorten the length of time methadone has an effect, causing you to hang out before your next dose.

If you have hepatitis C, the liver is much more sensitive to the harmful effects of alcohol.

Pregnant women are advised not to drink at all because of the risk to the unborn child.

Sedatives

Sedatives combined with methadone can cause drowsiness and in some cases unconsciousness and overdose. They should not be taken while you are on methadone without your doctor's approval.

Sedatives include:

Benzodiazepines – These are commonly prescribed tranquillisers – sedatives and sleeping pills – such as Rohypnol, Serepax, Valium, Mogadon, Normison, Euhypnos, Ativan, Xanax and Hypnodorm

Chloral Hydrate – This is a prescribed sleeping pill and is marketed under the name Noctec.

Opioids – Heroin and methadone are opioids and when used together can dangerously increase the risk of overdose. If you have any methadone in your system, opioids like heroin may have a reduced effect. If you try to take enough to get a buzz you run the risk of overdosing. Other opioid drugs include morphine, pethidine, Palfium, Endone, and codeine.

Physeptone tablets – Methadone is marketed in tablet form under the name Physeptone. These should not be taken while you are on a methadone program.

Dextropropoxyphene – This is a prescribed painkiller marketed under the names Doloxene, Digesic, Paradex and Capadex. In large doses, or when taken with other depressants such as alcohol, sedatives and opioids (including methadone) it can cause drowsiness, unconsciousness, reduced breathing and can contribute to overdose.

Phenytoin (Dilantin) – This is a prescribed anticonvulsant drug used to treat epilepsy. Phenytoin will diminish the effect of methadone and may cause you to hang out. Talk it over with your doctor.

Effects on driving and operating machinery

Methadone can cause drowsiness, especially in the early stages of treatment. It is advisable not to drive until you're on a stable, steady dose. Mixing alcohol and methadone increases their effect and may make driving unsafe even though you are below the legal limit. Your service provider may be obliged to report you to the Driver Licensing Authority if you continue to drive while stabilising on methadone.

WARNING: Your ability to drive or operate machinery is affected when your methadone dose is increased.

9. METHADONE AND CHILDREN

Caring for your young children is also an important part of methadone maintenance treatment.

Your treatment team will also be able to provide you with advice and assistance in caring for your children, especially for the under 5s. Prescribers may ask about the health and welfare of any children that live with you at each treatment review.

New programs, such as *Families First*, have been established to provide assistance to all families with special needs. Your treatment team will be able to provide you with all the details.

Never leave young children at home unattended when collecting your dose. Bring them with you or leave them in the care of someone you trust.

REMEMBER

Methadone is particularly deadly for children. If you have a takeaway dose, it is extremely important to keep it out of reach of children.

- *Make sure your pharmacist gives you bottles with a child resistant cap.*
- *Keep your dose in a high cupboard – a locked cupboard if possible.*
- *DO NOT keep your dose by your bed or in the fridge.*
- *DO NOT take your methadone in front of your children, particularly very young children aged 1 to 5 years.*

10. PREGNANCY

Using heroin while pregnant can cause harm to both you and your child. Poor nutrition and poor health, heavy smoking and not turning up for antenatal checkups can also create problems in your pregnancy. When you are in withdrawal, so is your baby. Sudden periods of withdrawal can harm your baby and may cause poor growth, miscarriage or premature labour.

Some of the risks of continuing heroin use during pregnancy are:

- premature labour
- poor growth
- withdrawal syndrome.

Withdrawal in these babies usually commences within 72 hours of birth but can commence up to two weeks after birth. The symptoms are most severe in the first four weeks. Babies get restless and irritable, cry, suffer tremors, develop problems with sucking and swallowing and can suffer diarrhoea and dehydration.

Methadone maintenance often gives you a better chance of a normal pregnancy and a healthy baby than continuing heroin use. This is because:

- going into withdrawal (which is harmful to your baby) doesn't happen while you are on a daily dose of methadone
- your lifestyle becomes more regular, which for many women, means better health and better nutrition
- methadone hasn't been cut with anything.

Mothers on methadone maintenance are stabilised on a low dose during pregnancy and this continues after the birth. Babies born to mothers maintained on methadone during pregnancy also commonly have withdrawal symptoms that often need to be treated in hospital. Hospitals are very experienced in treating babies' withdrawal these days. Make sure the hospital staff knows you are on methadone.

Overall, women using methadone don't have as many problems during their pregnancy as those who keep using heroin.

Frequent antenatal checkups with your doctor or nurse during your pregnancy can help you to overcome any problems that might arise. They also

help you to take care of both yourself and your baby. These checkups will be built into your treatment plan.

Rapid withdrawal from heroin during pregnancy carries a risk of premature labour or foetal distress.

If you choose to withdraw completely from heroin or methadone during pregnancy you must consult your doctor. Whilst always risky, the risk is lower if withdrawal is done between the 16th and 30th week of pregnancy using a gradual methadone reduction program. Your methadone dose will be reduced slowly with frequent, regular visits to your doctor so that the well being of your baby can be closely monitored.

Breastfeeding newborn babies is encouraged as very little methadone is passed through breast milk. The long term effect on children of methadone maintained mothers appears to be unnoticeable. Most studies show that the intellectual, social and motor developments of children falls within the normal range.

If you are pregnant you will be given priority for methadone treatment provided you are assessed as suitable. You should discuss this with your service provider. If you want more help contact the Alcohol & Drug Information Services (ADIS). Contact numbers are listed at the back of this booklet.

11. HIV/AIDS and HEPATITIS

One of the main ways the HIV virus (which causes AIDS) and the hepatitis B and C viruses (which cause liver diseases) are passed from person to person is through sharing needles and other injecting equipment.

Going on a methadone program reduces your risk of getting (or passing on) HIV and hepatitis B or C because you will no longer need to use needles.

HIV and hep B can also be passed on by unprotected sex. Like everyone else, you need to practice 'safe sex' to reduce the risk of getting AIDS or hepatitis. This includes always using condoms.

HIV testing is not a precondition for methadone treatment. Testing is voluntary – your doctor can arrange for this along with appropriate counselling. If you decide not to be tested, this won't affect you getting onto the methadone program.

If you are HIV positive, you will be given priority for methadone treatment provided you are assessed as suitable. Recent evidence suggests that methadone treatment can lead to improved immune response and generally better health for HIV positive heroin users.

If you are hepatitis C positive, it is likely that going onto methadone will improve your health. This is because you are likely to be using fewer street drugs, have a better diet, have more rest and be less stressed out in general.

12. FEEDBACK

Your treatment team needs to know if they are getting your treatment right. Feedback gives the service an opportunity to look at your concerns, provide you with information and sort out problems before they become so big that you need to complain.

Complaints

As a client of methadone maintenance treatment you have the right to complain if you feel uncomfortable, uneasy or unhappy with the service provided.

You may also appeal against any decisions made by your service provider to:

- significantly change your treatment
- refuse your request for a change to your treatment (unless these contravene NSW Health policy or guidelines)
- remove you from the program.

You have a choice about where to make your complaint and you may want to get a friend or someone else that you trust to help you. The best place to lodge your complaint is with whoever is responsible for your methadone maintenance treatment. This will usually be your service provider. You may also talk to:

- the head of your clinic
- the Methadone Advice and Conciliation Service (MACS)
- the Health Care Complaints Commission.

13. FURTHER INFORMATION

ADIS(02) 9361 2111

Country NSW callers 1800 422 599

The Alcohol and Drug Information Service (ADIS) is a 24 hour, 7 day confidential service which includes advice, information and referral to local agencies

MACS Free call 1800 642 428

The Methadone Advice & Conciliation Service (MACS) is a confidential and anonymous telephone service which provides a forum for people seeking assistance with methadone policy and accessing treatment. MACS is open Monday to Friday 9.30am–5pm.

Health Care Complaints Commission

Free call 1800 043 159

The Health Care Complaints Commission has Patient Support Officers who can give you advice and assistance to help to resolve your concerns.

Family Drug Support..... 1300 368 186

Family Drug Support is a 24 hour, 7 day service which provides support to families who are affected by drug use.

