

INFORMATION AND SUPPORT

A Needle and Syringe Program (NSP or the exchange) worker can give you information, help you find services and make appointments for you.

DirectLine

1800 888 236 • www.directline.org.au
24-hour. If you want to talk to someone about your drug use or find a support service.

Pharmacotherapy Advocacy, Mediation and Support Service (PAMS)

1800 443 844 • www.hrvic.org/pams
Peer-based telephone service and can inform you of your rights when you're on ORT.

Agency details:

SAFER
USING 16

METHADONE AND SUBOXONE®

Methadone and Suboxone® are medications that can be given to people who want to stop or reduce using drugs like heroin, oxycodone, morphine or codeine.

If you've been prescribed one of these medications it's known as:

- + Opioid Replacement Therapy (ORT)
- + Opioid Substitution Treatment (OST)
- + Pharmacotherapy or Medication assisted treatment for opioid dependence (MATOD).

It is still OK to access an NSP if you are on ORT.

BENEFITS OF ORT

After an initial period, you will most likely settle on a stable dose (a stable dose is when you are not craving or thinking about using).

You are less likely to be using injecting equipment so less likely to contract infections like hep C.

It will give you an opportunity to live a more stable lifestyle and reduce costs of drug use.

Having a more stable lifestyle can make it easier to look for, or keep a job or return to studying.

You will be able to discuss takeaway doses with your prescriber and pharmacist, but not for a while after you start (see the sections methadone/ Suboxone®) and will need to show the need for takeaways, for example because of work.

METHADONE

Methadone is a liquid that you drink. It works in a similar way to heroin so you won't hang out.

It lasts longer than heroin, so you only need to take it once a day.

At the start, you'll have to go to the pharmacy every day for the first 3 months to get your methadone.

It takes several months to become stable on the correct dose and get into a routine of continuous dosing before takeaways are given.

Side effects

If the dose is too low you'll hang out, this may include:

- Runny nose
- Stomach pains
- Nausea and vomiting
- Diarrhoea
- Aching joints
- Sweating
- Feeling irritable
- Craving a hit.

If the dose is too high you may experience:

- Drowsiness
- Nodding off
- Shallow breathing
- Pinpoint pupils
- Lowered blood pressure
- Dizziness
- Poor appetite.

Like with all opioids, there is still a risk of overdose, especially if you use other drugs like alcohol, or benzos as well.

SUBOXONE®

Suboxone® comes as a small film that dissolves under your tongue. It contains buprenorphine and a small amount of naloxone.

Buprenorphine acts on the same part of the brain as heroin and other opioids.

Naloxone is a drug that temporarily reverses the effects of opioids.

When dissolved under your tongue the naloxone has no effect. But if you inject it, the naloxone will have an effect, and you could go into very strong withdrawals, especially if you're taking heroin regularly.

When starting Suboxone® you should tell your prescriber and pharmacist if you have used any opioid drugs. If you still have opioids in your body you may go into withdrawal

Side effects

Suboxone® has similar side effects to methadone but milder and more common at the start of a program.

Getting your ORT dose right

It might take several weeks to find the right dose for you. You should tell your prescriber how you are feeling so that they can help work this out.

RISK OF OVERDOSE

You are at an increased risk of overdose if you use other drugs like heroin or other opioids, alcohol, or benzos on top of your ORT.

When you speak to the doctor about ORT, ask them about naloxone too.

Naloxone temporarily reverses the effects of opioid overdose which starts the person breathing again.

There is more information on overdose and naloxone in the brochure titled 'Overdose'.

HOW TO GET ORT

These services can help you find a prescribing doctor/nurse practitioner and dispensing pharmacist:

- Needle and Syringe Program (NSP)
- DirectLine
- Pharmacotherapy Advocacy, Mediation and Support (PAMS) service.

You will need to speak to a prescriber about ORT and a pharmacist to provide the medicine. The pharmacist might want to meet with you before you start ORT. You will also need to take identification and a couple of passport photos to the doctor.

ONCE YOU'RE ON ORT

The doctor or nurse practitioner will write your prescription.

If you are taking methadone you will need to get it from the pharmacy every day (at the start at least).

Try to take your dose at the same time every day so you will feel better and you won't start to hang out.

If you are taking Suboxone® you will have to go to the pharmacy every day for the first two weeks. You can discuss takeaway doses with your prescriber and pharmacist, and will need to demonstrate the need for takeaways e.g. work.

You will have to pay the pharmacist to get your medicine. It's usually around \$5 a day, but may be more. Remember that sometimes it's easy to run up debts you might find difficult to pay back. If you do end up owing the pharmacist for your ORT and are having trouble paying it back, speak to PAMS.

For your own safety, the pharmacist must not give you your medication if you miss four or more doses of ORT. If this happens, the pharmacist will tell you what you need to do next.
