

A HANDBOOK ON
MEDICATION-ASSISTED
TREATMENT OR
PHARMACOTHERAPY



International Overdose
Awareness Day

A HANDBOOK ON MEDICATION-ASSISTED TREATMENT OR PHARMACOTHERAPY

There's lots of help available for people who are dependent on opioids. The types of help available include getting support, learning how to change your behaviour or taking medications to reduce cravings and prevent withdrawal. There is no single treatment that is perfect for everybody. Different treatment types suit different people.

A lot of people struggle with opioid dependence and addiction. Seeking treatment is a normal and effective way for them to manage, reduce or stop their opioid use.

Opioid dependence and addiction can be an ongoing (chronic) condition and can require long-term treatment and management.

Different countries have different treatment options and different ways of accessing them. Talk to your doctor about the options that are available to you and the costs, if any, that are involved.

HOW TO REDUCE OR STOP TAKING OPIOIDS

If you're concerned about your use of opioids, you should not try to stop or reduce your use without first speaking with your doctor. They will be able to give you important information and help you decide on the best steps to take.

You may not be able to stop immediately. If you've been taking opioids for a long time or at high doses you'll probably need help stopping. Where you live will determine the services that are available to you. These may include:

Tapering: This refers to gradually reducing the amount of medication you regularly use. Your doctor will help you do this by developing a plan to slowly reduce the amount of medication you're taking.

Counselling and/or behavioural therapy: Some people will not need medical help. They'll benefit from counselling and behaviour change therapies to help them to stop using opioids.

Peer-based services and supports: These are support groups and professional organisations run by people who have been dependent or addicted themselves. They provide non-judgemental help, support and guidance for people experiencing dependence or addiction.

Medication-assisted treatment: This is a medication given to people who want to stop using opioids. The medication works by reducing the urge to use (cravings) and preventing withdrawal. This is also known as pharmacotherapy, opioid replacement therapy or opioid substitution treatment.

Alcohol and drug treatment: This is a broad term that includes a range of services. Alcohol and drug treatment providers are organisations that help people reduce or stop their drug use. Some involve detoxification, group therapy, or moving into a residential clinic for a while. Talk to your doctor about the services in your area and the costs that are involved.



PHARMACOTHERAPY/MEDICATION-ASSISTED TREATMENT

Opioid dependence and addiction can be treated with medication. This is often referred to as pharmacotherapy or medication-assisted treatment (MAT).

When someone with an opioid dependence or addiction begins MAT, a doctor prescribes them slow-acting opioids that reduce cravings, prevent withdrawal and reduce the risk of overdose. This will usually be medications called methadone and buprenorphine but it may include others, such as slow-release oral morphine.

MAT is a very effective treatment for people who are dependent on, or addicted to, opioids.

MAT allows people to:

- Stop or significantly reduce their use of other opioids
- Stop or reduce harmful drug-taking practices
- Save money – methadone and buprenorphine tend to cost much less than other opioids

Though it's not effective for everyone, many people find MAT helps them to break the cycle of opioid dependence and addiction. With their cravings and withdrawal managed, people on MAT can give more time and attention to other parts of their lives.

Everyone's goals are different. Once stabilised, a person may wish to taper off (or gradually reduce) MAT or they may be comfortable staying on a maintenance program.

You're more likely to be successful at reducing your opioid use on MAT than with any other type of treatment. Medication-assisted therapy is the most effective treatment for opioid dependence and addiction, but combining psychosocial treatments with MAT can lead to even better outcomes.

TYPES OF MAT

1. Methadone

Methadone is a slow-acting opioid. It can be used to treat pain but is more commonly used to treat opioid dependence and addiction.

Methadone can be prescribed to people with an opioid dependence or addiction to prevent symptoms of withdrawal and reduce cravings. People taking methadone will usually take one dose every day.

2. Buprenorphine

Buprenorphine is also a slow-acting opioid. Like methadone, it can be used to treat pain but is more commonly used to treat opioid dependence and addiction.

3. Naltrexone

Naltrexone is a long-acting, prescription opioid antagonist medication that is sometimes used to treat opioid use disorder but more often alcohol dependence.

METHODS OF ADMINISTRATION

Methadone, when prescribed for opioid dependence, usually comes as a syrup that the person drinks.

Patients on methadone need to attend a clinic or pharmacy every day to receive their dose. Some countries allow methadone patients to be given take-home doses to reduce how often they need to attend the clinic. Check with your doctor or clinic about this.

Buprenorphine usually comes as a tablet or film that's dissolved under the tongue.

Buprenorphine is also available in long-acting doses, either as implants that are put under the skin and last for six months, or as a prolonged-release injection that lasts for either a week or a month. These long-acting doses reduce the need to attend a clinic as often.

Naltrexone can be prescribed as a tablet, implant or injection.

GETTING ON MAT

Accessing MAT begins with talking to your doctor or an alcohol and drug service. They'll know the treatments available in your area and the costs involved.

Not all doctors prescribe MAT; if your doctor does not prescribe MAT, they can refer you to another doctor or a clinic that does.

When you start MAT you may find that the medication makes you drowsy at first. This should stop as your body adjusts to the treatment. Your doctor may also adjust your dose to the level that works best for you.

Your doctor should be able to recommend additional therapies and supports to help you stay on MAT and get the support you need.

FREQUENTLY ASKED QUESTIONS

'How long will I be on medication-assisted treatment?'

It depends on your drug-using history, the drugs you were using and your personal circumstances. Generally, people will take MAT for a few months until their opioid use has stabilised. Then, they can talk to their doctor about next steps. This may be staying at your current dose, reducing your dose or tapering off MAT completely.

Talk to your doctor to ensure you fully understand what's involved and have realistic expectations about treatment.

'Am I just trading one drug for another?'

No. When prescribed to treat opioid dependence and addiction, methadone and buprenorphine are medicines. They are very different from other opioids like heroin, oxycodone or fentanyl. Methadone and buprenorphine are slow-acting so a single dose lasts longer than it does for other opioids.

However, these medicines still carry some risks. If taking medication-assisted treatment for opioid dependence and addiction, it's important that you do not use other opioids or sedatives like benzodiazepines as this can increase your risk of overdose. It's also important that you do not stop taking methadone or buprenorphine without consulting your doctor or an alcohol and drug service.

'How much does it cost?'

This will depend on where you live and the programs that are available. In some places, MAT is fully subsidised (available for free). In other places, patients pay a fee per dose.

Even when you pay for it, MAT is usually cheaper than other drugs like heroin, oxycodone and fentanyl. This is because methadone and buprenorphine are acting so a dose is taken daily at most. Other opioids can wear off after a few hours.

MAT also significantly reduces the costs of drug use to your health and wellbeing.



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COMMON CONCERNS ABOUT MAT

“It’s just another drug / You’re still an addict on methadone”

When taken for opioid dependence and addiction, methadone and buprenorphine are medicines. Diabetics are not considered to be addicted to insulin. Taking insulin allows them to stay healthy and live their life. Medication-assisted treatment does the same for people with opioid dependence and addiction.

While it is true that opioids are prescribed for MAT, this is precisely why it is an effective treatment for opioid dependence.

People on MAT are less likely to seek or use other opioids and this allows them to get back to a normal lifestyle that’s more difficult when they’re dependent on illegal, prescribed or unprescribed opioids.

People who try to stop using opioids without help from medication find it much harder. People on MAT are less likely to return to using opioids than people who are not.

“It’s too inconvenient”

Attending a clinic or pharmacy daily to receive treatment can be inconvenient. Treatments like implants and long-acting injections, along with unsupervised dosing or takeaway options, reduce the need to be given treatment daily. Some countries offer other treatment options that don’t involve visiting a clinic.

People can take MAT for a short time or a longer time or even be involved in life-long periods of treatment.

Many people who are in MAT will gradually reduce their dose over time until they stop the treatment altogether.

“I won’t be able to go on holiday or move somewhere else”

Whether you can travel will depend partly on the type of MAT you’re on. Though MAT often involves daily doses, in some places you may be able to get ‘takeaway’ doses with extra approval.

It’s also important to remember that for many people, MAT is a temporary treatment, and they’ll gradually reduce their dose until they stop altogether.

Even if you’re on MAT long term, you can talk to your doctor about how best to manage your medication while you travel or when you move.

Long-acting doses of MAT are available – ask your doctor about these.

“Methadone/Buprenorphine gets you high”

Compared to other opioids like heroin and oxycodone, methadone and buprenorphine do not produce a strong high.

You may feel drowsy when you begin treatment but this should pass quickly. Our bodies adapt quickly to methadone and buprenorphine so people quickly come to feel alert, awake and normal while on MAT.

“It rots your teeth”

This is a widespread myth about methadone.

While methadone does not affect your teeth, like all opioids, it can dry your mouth. A dry mouth makes your teeth more prone to tooth decay. Keeping a regular dental care routine in place and drinking plenty of water will help prevent damage to your teeth.

“You gain weight”

Some people do gain weight while on MAT. This is usually because MAT improves a patient’s health and they begin eating more – they may have already been underweight from their opioid use.

Methadone can slow down your metabolism, which can lead to weight gain, and some people report craving sugary foods. But eating foods that are high in fibre (like wholegrains, fruits and vegetables), keeping your sugar intake low and doing regular exercise will help maintain a healthy body weight.



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OTHER STRATEGIES FOR DEPENDENCE

Supporting yourself

Reducing or stopping using opioids can be difficult. If you have developed a dependence on, or addiction to, opioids, reducing the dose may be unpleasant, even with your doctor's help. Even if you're not dependent or addicted, adjusting to new medications and treatments can be hard.

There are other ways you can support yourself and make this process easier:

- Practising good sleep habits
- Exercising
- Eating well
- Engaging in enjoyable activities like painting or playing sport
- Giving yourself time and space to adjust
- Spending time with friends and family

Friends and family members can be a great source of support; reach out to those you're close to in times of need. However, sometimes it helps to speak to someone who understands where you're coming from and what you're going through. Services run by peers (people who have also been dependent or addicted) can be a great way to discuss your experiences without being judged.

Speaking to a counsellor, psychologist or drug worker can also help. Remember: the more support you have, the easier it will be to reach your goals.

DECIDING TO GET HELP

There's lots of help available for people who are dependent on opioids. Some of this help involves taking medications. Other types involve talking and learning how to change your behaviour. Some involve moving into a rehabilitation clinic. There is no single treatment that is perfect for everybody. Different treatment types suit different people.

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LEARN MORE

To learn more about opioids, opioid dependence (which may be diagnosed as Opioid Use Disorder or OUD) and about different options for treatment, visit lifesavers.global
