

Between us, methadone and suboxone are not the only options available for people who want to stop or reduce using drugs like heroin, or other opioids like oxycodone, morphine or codeine.

Pharmacotherapy has a few different names:

medication-assisted treatment for opioid dependence (MATOD), opiate replacement therapy (ORT), opioid substitution treatment (OST), opioid agonist therapy (OAT), or even being 'on the program'.

There is a new treatment available which is called **long-acting injectable buprenorphine** ('bupe') and it is commonly referred to as LAIB.

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only options available.**

There is a new treatment available. Talk to your health provider or the worker at your fit shop about the new long-acting bupe.



PENINGTON
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There are now three medications available in Victoria that can be prescribed for opioid dependence:

1. Methadone (Biodone Forte)
2. Buprenorphine/Naloxone films (Suboxone®)
3. Long-acting buprenorphine injections (Buvidal or Sublocade)

These medications are used to:

- Prevent opioid withdrawal
- Reduce cravings and the effects of additional opioid use
- Help people dependent on opioids to stabilise or reduce the harms associated with drug use
- Help people make positive changes

It is important to have all the available information about the three options so you can make an informed decision or have a more informed conversation with a health worker about the different treatment options.

1. METHADONE

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

Methadone lasts longer (24–36hrs) than heroin (8–12hrs), 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 three months to get your methadone. It often takes a week or two, sometimes longer, to become stable on the correct dose. Once you are assessed as stable (i.e. on the correct dose and not missing any doses for approximately 3 months) you may be considered eligible for take-away doses. Only your prescriber can approve take-away doses.

2. SUBOXONE®

Suboxone® comes as a small film that dissolves under your tongue (they look like breath-freshener strips). It contains buprenorphine and a small amount of naloxone. Buprenorphine acts on the same part of the brain as heroin and other 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 in the last 8–12 hours. Before taking your first dose of Suboxone® you need to be starting to feel a physical opioid withdrawal (e.g. aching legs, watery eyes, yawning and sneezing etc.). If you still have opioids in your body you may go into withdrawal.

3. LONG-ACTING INJECTABLE BUPRENORPHINE (LAIB)

People who are stable on suboxone can transfer to a long-acting buprenorphine injection. The transfer means having a couple of weekly injections to get used to not dosing daily and to get the dose right. Once those things are done, the injections are done either weekly or monthly.

LAIB must be administered by a health professional. It is injected subcutaneously (just beneath the skin). There is a risk of serious harm or death if injected by any other route (intravenously or intramuscularly) such as blood clots, tissue death or muscle breakdown.

LAIB formulations may not suit all patients, and some will prefer suboxone or methadone treatment, and these options should be available.

Your doctor can help you decide which is the best medication for you, taking into consideration any other health conditions including lung and liver function.

Considering the treatment options available?

If you are considering treatment, there are key facts about each treatment option to help you decide which is best for you.



Scan to compare the advantages and disadvantages of methadone, Suboxone® and LAIB if you are interested in stopping or reducing using drugs like heroin, or other opioids like oxycodone, morphine or codeine.

If you want to learn more or to get on LAIB we can direct you to more information and other services to help you.

- The Pharmacotherapy Advocacy Mediation Support service (PAMS) **1800 443 844**
- DirectLine **1800 888 236**
- Visit **lifesavers.global**