Heroin dependence - medication treatments

Summary

- Methadone is a synthetic opioid prescription medication used as a replacement for heroin and other opioids as part of pharmacotherapy treatment.
- Other medication types used to treat heroin dependence include buprenorphine and naltrexone.
- A doctor who is an approved prescriber can prescribe a regular dose of methadone or buprenorphine to a person who is heroin dependent.
- People on medication treatment programs are more likely to quit heroin successfully if they have comprehensive treatment, including counselling.

When a person becomes dependent on heroin or other opioids (such as morphine or codeine), they have a problem that may need treatment and support. Medication treatments (pharmacotherapies) for heroin or other opioid dependence include methadone, buprenorphine and naltrexone.

Before a person starts a treatment program for drug dependence, it is important that they understand what is involved. A doctor experienced in drug treatment, or a drug counsellor, can explain the process. An approved prescriber can prescribe a regular dose of methadone or buprenorphine to a person who is heroin dependent.

Methadone as a treatment for heroin dependence

Methadone is cheaper than heroin and remains active in the body for longer. Its effects last about 24 hours, with the peak effects felt four to eight hours after taking the dose. This means only a single daily dose is needed.

Methadone reduces harmful behaviours such as injecting, and allows someone to remain stable while making further positive changes in their lives. Methadone treatment can be long-term (months or years), to help the person reduce the risks of using illicit drugs, or short-term (two weeks or less), to help the person safely withdraw from heroin.

Methadone is taken as a drink in cordial or fruit juice.

Effects of methadone

Methadone is an opioid. Unlike heroin, it does not give the user a euphoric sensation (a 'high'). However, its effects on the body are similar to heroin in many other ways, including:

- pain relief
- feelings of general wellbeing
- reduced blood pressure
- slower heart rate
- drop in body temperature.

Side effects of methadone

Methadone can cause unpleasant side effects, but adjusting the dose can help. In some cases, side effects can be caused by taking more than the recommended dose, or by using other drugs or medications at the same time, such as alcohol or tranquilisers.

A number of people have died after mixing methadone with other drugs. While taking methadone, avoid:

- alcohol
- heroin and other opiates

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• sedatives, tranquillisers and sleeping pills
• all prescribed pain relievers containing dextropropoxyphene
• dilantin (epilepsy medication).

Side effects of methadone treatment can include:

• withdrawal symptoms, if your dose is too low. These types of symptoms will begin around days one to three and peak at day six. They include difficulty sleeping, aggression, irritability, abdominal cramps, tremors, spasms and drug cravings
• lowered blood pressure, dizziness and shallow breathing, if your dose is too high
• tooth decay – as with heroin and other opioids, methadone dries up the saliva in your mouth, resulting in tooth decay. This can be minimised with good oral hygiene
• menstrual changes
• sweating
• constipation
• sexual dysfunction (inability to reach orgasm)
• drowsiness
• heart palpitations
• dizziness
• nausea and vomiting
• skin rashes and itching.

Methadone does not suit everyone. Some people do better with residential programs or detoxification.

**Methadone for pain relief**

Methadone is not only used to treat heroin addiction. Specialist pain doctors sometimes prescribe methadone to treat certain chronic pain conditions.

**Buprenorphine as a treatment for heroin dependence**

Suboxone tablets contain buprenorphine. Buprenorphine is a partial opiate agonist, which means it stimulates the cell receptors that are normally stimulated by opioid drugs like heroin and methadone, resulting in a much weaker response.

Characteristics of Suboxone (buprenorphine) include:

• It is as effective as methadone in managing the symptoms of heroin withdrawal.
• Suboxone use on its own is very unlikely to cause overdose.
• Methadone withdrawal can be unpleasant and lengthy, while the effects of Suboxone withdrawal are mild and brief.
• A short course of Suboxone can help a person to withdraw from their methadone maintenance program.
• Only one daily dose (or less) is needed, due to its long-lasting effects.

**Naltrexone as a treatment for heroin dependence**

Naltrexone is an opioid antagonist, which means it blocks the opiate receptors in the brain, reducing the effects of opioids. It is used to deter heroin use, as it stops individuals from achieving a ‘high’. Characteristics include:

• Naltrexone doesn’t appear to be as effective as methadone in controlling the symptoms of heroin withdrawal.
• Naltrexone offers faster detoxification than methadone.
• By itself, naltrexone does not cause physical dependence.
• Naltrexone does not directly stop someone wanting to use heroin.
• Naltrexone is expensive.
• Naltrexone treatment may only suit people who are highly committed to giving up heroin.
• Naltrexone works best as part of a comprehensive treatment program, which includes counselling.
Naltrexone and buprenorphine combinations as a treatment for heroin dependence

Suboxone film is a buprenorphine and naloxone formulation that is not chewed or swallowed, but that dissolves under the tongue (is sublingual). This takes about four to eight minutes.

Advantages of medication for heroin dependence

Some of the advantages of methadone and buprenorphine maintenance treatments include:

- They aren’t injected, which reduces the risk of blood-borne viruses such as hepatitis and HIV.
- They are manufactured using strict controls, unlike street drugs, which can vary in strength and contain harmful fillers.
- The effects of heroin last only a few hours, while the effects of pharmacotherapy treatments last from 24 hours to a couple of days or more.
- The person who is heroin dependent no longer has to worry about getting heroin many times every day, which reduces anxiety.
- With their dependence (addiction) stabilised, the person can focus on looking after themselves, including improving their health, nutrition, relationships and employment situation.
- Pharmacotherapy treatments cost less than heroin, so the person can put their money to better use.

Starting treatment for heroin dependence

Methadone and Suboxone treatments are offered through a doctor who is an approved prescriber or through a specialist drugs treatment service.

To be part of a program, you need to:

- see a doctor who holds a government permit to prescribe treatment for you
- have regular check-ups with your doctor – they will check your dose and may test your urine for methadone and other drugs
- visit your local pharmacist or dispenser for your daily dose (you pay a dispensing fee when you pick up your methadone)
- remember that it might take a few weeks before the correct dose for you is worked out
- visit a counsellor. This may be optional in some cases, but research shows that people on drug treatment programs are more likely to quit heroin successfully if they have comprehensive treatment, including counselling.

Where to get help

- Your [GP (doctor)]
- DirectLine Tel. 1800 888 236 – for confidential counselling, information and referral to a registered methadone prescriber
- DrugInfo Tel. 1300 85 85 84 – for alcohol and other drug information
- [Youth Drug and Alcohol Advice service], Victoria Tel. 1800 458 685 (9 am to 8 pm, Monday to Friday)
- Family Drug Help Tel. 1300 660 068 – for information and support for people concerned about a relative or friend using drugs.

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