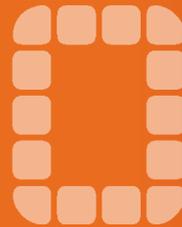
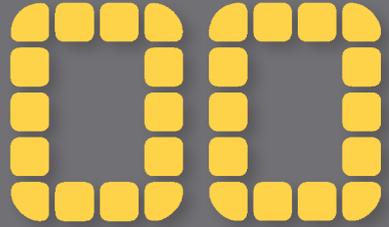


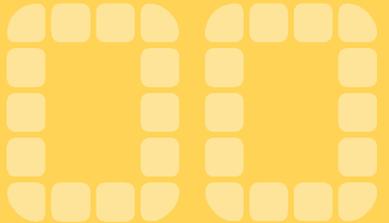
WESTERN AUSTRALIAN

Community Program for Opioid Pharmacotherapy (CPOP)

Methadone and
Buprenorphine for the
Treatment of Opioid
Dependence in WA



This booklet contains important information about your rights and responsibilities to help make your treatment a success. Please take the time to read it and discuss any questions you have with your doctor, pharmacist or case manager.





This booklet provides details about opioid substitution treatment in WA. It is hoped that the information will help you to develop a positive relationship with your doctor and your pharmacy — both essential components in your treatment plan.

This booklet should be read together with specific information provided to you about buprenorphine or methadone treatment.

This booklet can also be of use to inform family and friends about your methadone or buprenorphine treatment. Other resources specifically designed to inform family and friends may also be available from your prescriber or pharmacy.

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The Western Australian Community Program for Opioid Pharmacotherapy (CPOP)

Opioid dependence can result in a range of problems for the user, their family and friends. Opioid substitution treatment is an effective strategy for reducing the demand for drugs and the associated harms as well as helping dependent people to stabilise their lives.

What is the Program?

The Community Program for Opioid Pharmacotherapy is a program provided through partnerships between specially trained medical practitioners (usually GPs and Nurse Practitioners), pharmacists, Next Step and Community Drug Alcohol and Drug Services, the Community Pharmacotherapy Program (CPP) and the WA Department of Health. When you sign the application form to start on the program you agree to your prescriber, pharmacist, CPP, the WA Department of Health and other health care workers involved with you sharing information about your treatment when needed.

So what exactly is methadone?

Methadone is a synthetic opioid that has been used for more than 40 years in the treatment of opioid dependence.

Methadone is a drug of dependence. The benefits are that it can be taken orally and it lasts a long time (unlike heroin and other prescribed opioids) so you only need to dose once a day to avoid withdrawal discomfort. The withdrawals from methadone can, however, last longer than withdrawals from other opioids, so a slow reduction is usually recommended when you wish to stop treatment.

Methadone comes in two preparations for the treatment of opioid dependence; Methadone syrup and Biodone Forte. Both contain the active ingredient methadone hydrochloride, water and food colouring. Methadone syrup also contains sorbitol as a sweetener and a small amount of alcohol as a preservative. It is dangerous to inject either forms of methadone. Both preparations are of the same strength and work identically.

Methadone can be prescribed safely for many years. Getting off opioids is sometimes harder than people think and so treatment may continue for longer than first planned. There is no evidence that being on methadone increases the time that people are dependent on opioids.

So, if that's methadone what's buprenorphine/Suboxone?

Buprenorphine is a semisynthetic opioid that was introduced into Australia for opioid substitution treatment in the year 2000. Suboxone® (Buprenorphine with Naloxone) is the preferred version of oral buprenorphine prescribed for maintenance treatment used in Australia. Subutex® is generally used to assist in withdrawing from buprenorphine treatment at lower doses, since it allows for smaller decremental decreases.



Buprenorphine produces a milder opioid effect than methadone. At therapeutic doses, it blocks the effects of other opioids and prevents withdrawal and cravings.

If you start buprenorphine too soon after recent use of opioids, you may experience an immediate withdrawal effect called precipitated withdrawal. This effect can be avoided by waiting until the effects of any other opioids have worn off before starting treatment.

People generally report that they feel more clear-headed on buprenorphine and it is less likely to cause an overdose than other opioids. The withdrawal effects are generally milder than other opioids but can last a longer time.

In 2020, three new long-acting injectable buprenorphine formulations were introduced in Australia, enabling clients to access once-weekly or once-monthly treatment.

This treatment may be commenced via oral buprenorphine formulations, or via direct induction. Your prescriber will advise how this treatment may be started depending on what formulation is selected and your previous treatment experience.

Treatment can be short term or long term (up to several years). You should regularly review your treatment goals with your prescribing doctor.

What other treatment options could I consider before I decide what to do next?

Other treatment options are available.

There are a range of treatments that you should consider before starting on an opioid substitution treatment program. Methadone or buprenorphine treatment is most appropriate for people with moderate to severe opioid dependence.

Other options which are available include counselling, withdrawal, residential rehabilitation, and opiate antagonist treatment (naltrexone).

Assessment

In order to start treatment you must be assessed as being dependent on heroin or other opioids, find a pharmacy willing to dose you, provide four passport-sized photos, proof of identity and your Medicare card, and agree to the requirements of the program. Entering the program means that your name will be entered on the Drugs of Dependence Record. Talk to your doctor about what this means for you.

You should discuss with your doctor the risks, benefits and possible side-effects of any prescribed medications.

If you think that you are having a side effect or reaction to the prescribed medication, you should discuss this with your prescriber or pharmacist.

Starting treatment

Your doctor, pharmacist, the WA Department of Health and program staff will need to share information about your treatment. You will commence on a low dose, which your doctor will increase over time to a level where you will settle comfortably. You will be reviewed regularly by your doctor to ensure that your treatment is safe and working for you. Use of methadone and buprenorphine requires close and careful supervision by your doctor and pharmacist to reduce the risk of accidental overdose, particularly in the first few weeks of treatment.

It is important that you advise your doctor if you find that you are sedated or sleepy three to four hours after your dose or are noted to be snoring loudly when asleep. You should also not take any benzodiazepines or other sedating medication unless this has first been discussed with your pharmacotherapy prescriber.

Do I have to attend a pharmacy every day?

Supervised dosing is a requirement of the program if you are prescribed an oral preparation, and you will need to find a participating pharmacy willing to dose you on a daily basis. You may need to attend the pharmacy for an interview before you are accepted and, if successful you will be asked to sign a contract with the pharmacy before you begin dosing. Not all pharmacies in WA provide methadone or buprenorphine treatment and you may have to travel some distance for dosing.

It is also a requirement that you are observed by pharmacy staff each time you dose. Some pharmacies do not open every day, and you may need to find an alternative for those days when your regular pharmacy is not open to dose you. Pharmacies are often busy and as dosing takes time you may be asked to wait. It is good to talk to your pharmacist to arrange the best time to attend for dosing.

Depot formulations are supplied by, or administered at approved pharmacies only. Talk to your prescriber about availability if you want to access this treatment.

What if I also need other medications?

If it is recommended that you take additional medications prescribed by a health professional other than your prescriber, it is important that you tell them about your opioid substitution treatment to ensure that there are no concerns about potential interactions.

If you are receiving a depot buprenorphine formulation, you should carry a Patient Alert Card indicating the treatment formulation and last dose received. This should be shown to any health professional that treats you or in case of emergency.

How much does it cost?

Medicines listed on the PBS for the treatment of opioid dependence will attract a PBS co-payment to access treatment. The amount paid will contribute to the PBS Safety-Net. Talk to your pharmacist about cost.

Can a pharmacy refuse me treatment?

Yes! A pharmacy can refuse a patient on treatment for several reasons.

Pharmacies have a maximum number of clients that they can dose in the pharmacy, which is set by the rules of the Program. Pharmacies may also choose to reduce patient numbers for logistical reasons.

Pharmacies may refuse to accept a patient who has accrued a series of alerts whilst in the Program for behaviour issues, diversion or debt accrual.

Pharmacies may also refuse to accept a patient if they fail to comply with the directions of the pharmacist or the terms of their contract.

Pharmacies are under no obligation to accept a patient for dosing.

Can a pharmacy refuse to give me my dose?

Yes! Pharmacists are not allowed give you your dose if:

- you have missed too many doses
- you have exceeded the dosing window (for depot administration)
- you appear to be intoxicated with alcohol or any other drugs
- your script has expired
- you do not comply with the pharmacists' direction

If this happens you may be required to see your doctor before any further doses can be given.

Pharmacists may also stop dosing you if you breach any condition of your contract such as if you are abusive or threatening to staff or other customers, steal from the pharmacy, if you attempt to divert your dose or for non-payment of doses. If this happens you will not be able to dose until you find another pharmacy that is willing to dose you.

What if I want to travel?

Opioid substitution treatment **is not available at all destinations**. If you want to travel interstate or overseas it is important to discuss your proposed travel requirements with your doctor and CPP staff to ensure that continuing treatment will be possible. Holidays that require additional takeaway doses or that are for more than one week will, in many cases, not be possible. You should give at least four weeks' notice of travel plans before you book.



There is no provision for takeaway depot formulations. You may need to transfer temporarily to an oral buprenorphine preparation if continuation of your depot treatment cannot be arranged at your destination.

Moving to a new area

If you plan to move to a new area or interstate you may require a new prescriber and pharmacy. There is help available and your doctor, case manager or CPP can give you advice about treatment availability at that location and the transfer process. In most areas there will be waiting times for appointments and in some areas continuation of treatment cannot be guaranteed. You should give at least four weeks' notice when planning your move.

What if I am admitted to hospital or a correctional facility?

If you are admitted into a hospital or correctional facility, your treatment may be reviewed. Generally, opioid substitution treatment will be continued where appropriate.

Takeaway doses

Takeaway doses may be provided for you to take at home after you are well established in treatment. There are strict policies regarding when a person can have takeaway doses and under what circumstances. Takeaways are only available to people who are stable in their treatment and where the benefits of a takeaway dose outweigh the potential risks. Some risks of takeaway medication include:

- accidental overdose or death of you, or someone else
- medication being sold or otherwise entering the 'black market'
- theft of medication
- stockpiling
- harmful effects from the injection of medication prescribed for oral use

Your doctor must make a judgment as to your stability in treatment, which will be assessed over time. Stability markers include other drug use (with the absence of ongoing heroin, alcohol, amphetamines or benzodiazepine use being good indicators), attendance at appointments, negative urine drug testing, and social indicators (employment, study, legal issues, accommodation).

Takeaway doses will be stopped if your circumstances change, if there are concerns about the security of the doses, or if you no longer meet the stability criteria.

Takeaway doses, if provided, should be stored at the recommended temperature in a safe, secure location (preferably a locked safe or cupboard) and out of the reach of children. They should not be stored in the fridge.

How many takeaway doses can I have?

If you are assessed as stable in treatment, takeaway doses can only be provided in limited numbers depending on the length of time you have been in treatment.

Takeaways will not be considered for the first 6 months that you are in treatment. Your suitability to receive takeaways will be regularly reviewed. The Schedule for takeaways is provided in the Western Australian Community Program for Opioid Pharmacotherapy Manual.

Special application can be made to the CPOP Clinical Review Committee by your prescriber to prescribe takeaway doses outside the WA schedule where exceptional circumstances are thought to exist.

Takeaway doses prescribed to you are your responsibility, and spilled, lost or stolen takeaway doses will not be replaced.

There is no provision for takeaway depot formulations which must be administered by an approved health professional when due.

What is diversion?

Diversion occurs when a person tries to leave the pharmacy with their medication, or without taking it as directed. Whilst only some people divert their medication the consequences are so serious that every effort is made to minimise the potential for diversion. Attempted diversion is considered very seriously and may be perceived as a sign of instability. This may result in your treatment being changed or stopped.

Diversion affects everyone on opioid substitution treatment. Pharmacists often report concerns about diversion as a reason for not wanting to participate in the program. This reduces the number of pharmacy places available, and reflects badly on the reputation of the Program.

Talk to your pharmacist about what they expect you to do and not do when you are given your dose. People who try to divert do so for a range of reasons. If you have any problems with your treatment please discuss these with your doctor or case manager rather than trying to divert your dose.

What are the consequences of diversion for my treatment?

If you are found to be diverting your dose (or attempting to divert) your pharmacy may no longer be willing to dose you.

Any takeaway privileges will be stopped and will not be reconsidered for a minimum period of **6 months**.

If you divert again you may be **discharged from the program**.

What if I miss my review appointment?

Review appointments are important to ensure that your treatment remains safe and appropriate. When you do not attend appointments without advising your doctor in advance it wastes valuable resources and increases waiting times for other clients. Your script will usually expire on the day before your appointment. If you do not attend your appointment or are late you will need to request a script to continue your treatment without interruption.

Extension scripts may be approved but are only written to cover the days until the date of your next appointment. If you miss further appointments your takeaway doses may be withdrawn, and your access to opioid substitution treatment will be reviewed.

What if I use other drugs while I am on treatment?

Methadone and buprenorphine interact with a lot of other medications and drugs. Methadone may affect the heart rhythm and this effect can be increased by other medications which may be prescribed for you. It is important to discuss your treatment with your prescriber and other doctors you may see so they can fully inform you about any drug interactions that may occur.

Combining other drugs, particularly alcohol, benzodiazepines, heroin and other opiates, with opioid substitution medication is dangerous. Most deaths from overdose happen when a combination of these drugs has been taken, sometimes even when they have not been taken at the same time.

The aim of treatment is to help you reduce or stop your use of illicit or prescription opioid drugs. We understand that this takes time and your treatment will not usually be terminated if you do use other drugs. However, your doctor will want to be confident that you are not at increased risk of overdose. It may be that your pharmacotherapy dose is too low and needs to be increased to reduce your desire to use other drugs. Please discuss your other drug use with your doctor to ensure that your treatment is appropriate for you.

The following signs and symptoms may indicate that you are at risk of overdose:

- Feeling sedated or sleepy
- Pinpoint pupils
- Feeling sick or nauseous
- Dizziness
- Staggering or being unsteady
- Slurred speech
- Snoring
- A slow pulse
- Low blood pressure
- Shallow breathing
- Blueness around the lips and fingernails
- Slipping into unconsciousness
- Frothing at the mouth
- Being unresponsive to touch or voice

It is important to alert friends and family to these signs so they can take appropriate action in the event of an overdose by contacting emergency services.



Ask your doctor about how to access and use Naloxone in the event that you experience or observe someone else overdosing with opioids. This is readily available from pharmacies, is easy to administer and saves lives.

Do I need to have urine tests as part of my treatment?

Yes. Urine tests can help your doctor assess your progress in treatment. If there is concern for your safety and you refuse, your doctor might decide to change or cease your treatment.

What happens if I miss doses?

If you miss more than 2 doses in a month your doctor will need to be advised. If you miss dosing, your pharmacist may also need to check with your doctor before giving you your dose, which may then be reduced.

You will be required to **see your doctor** before you can receive further dosing if you miss more than 3 days in a row. If you miss 5 days or more you will need to be restarted in treatment at **a lower dose by your doctor**, who will need to re-assess you before recommencement and arranging a new script.

What if I am not happy with my treatment?

If you are unhappy about something to do with your treatment or the way you have been treated, it is best to first discuss these issues with the people concerned. If this is not possible or you are still not satisfied you can lodge an official complaint with that service.

Where the matter remains unresolved, contact CPP to discuss. If they are unable to assist further, you can contact the Health Consumers' Council who provide independent advocacy to support the healthcare rights of individuals by working alongside and/or speaking, acting or writing on your behalf.

**Health Consumers' Council can be contacted on
9221 3422 or 1800 620 780 for country callers.**



When and how should I stop my treatment?

The length of time people spend in treatment varies, and 12 months or more followed by a gradual withdrawal is not unusual.

Shorter periods of treatment and reducing your dose too quickly can result in a return to heroin or other opioid use if you are not really ready and prepared for a drug free life.

If you are thinking about stopping treatment talk to your doctor, nurse practitioner or case manager to carefully plan the best way for you to go about reducing your dose safely and successfully.

What if I need help?

Your doctor, case manager and pharmacist want to help make your treatment a success. If at any time you need to discuss your treatment or need help there are a number of services available to assist you.

Your Doctor is

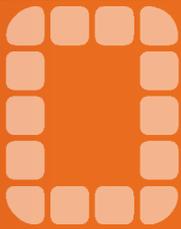
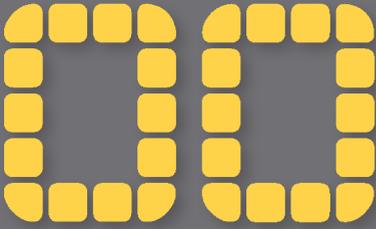
Phone _____

Your Pharmacy is _____

The Community Pharmacotherapy Program (CPP) is available to assist you regarding any aspect of treatment. Call (08) 9219 1907 during office hours to speak to one of the team.

For after hours counselling and information contact:

Alcohol and Drug Support Service (ADSS) on 9442 5000 or toll free on 1800 198 024.



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