Methadone Replacement for Heroin

If you stop taking heroin, methadone can prevent or reduce the unpleasant withdrawal symptoms. Many people stay on methadone long-term, but some people gradually reduce the dose and come off drugs altogether. You should not take any street drugs or much alcohol when you are taking methadone.

What is heroin addiction?

If you are addicted to heroin it means that you develop withdrawal symptoms within a day or so of the last dose. Therefore, if you are addicted to heroin you need a regular dose to feel 'normal'.

Withdrawal symptoms can include: sweating, feeling hot and cold, runny eyes and nose, yawning, being off food, stomach cramps, feeling sick or vomiting, diarrhoea, tremor, poor sleep, restlessness, general aches and pains, and just feeling awful. Withdrawal symptoms tend to ease and go within five days. However, you may then have persistent craving for heroin, remain tired, and have poor sleep for quite some time afterwards.

What is methadone?

Methadone is a drug that is similar to heroin, although it lasts a lot longer in the body. It can be prescribed. If you take methadone, you are unlikely to get withdrawal symptoms if you stop heroin (or the withdrawal symptoms are much less severe). If you take methadone under supervision from a doctor instead of street heroin, you are:

- More likely to be able to get away from the street 'drug scene'.
- Likely to feel better in yourself.
- More likely to be able to get off drugs for good.
Who prescribes methadone, and when?

A typical plan

Most GPs will refer you to a community drug team to be assessed. Following assessment, a member of the community drug team will usually contact your GP quite quickly to recommend a dose of methadone, and a plan for follow-up. Some GPs who are specially trained may assess some cases and prescribe without the need for referral.

Assessment usually includes:

- Taking details of your health and social circumstances.
- Taking details of your past and current drug taking, and whether methadone is needed or appropriate.
- An examination.
- A urine test (or a mouth swab test) to confirm the drugs you are taking.
- An assessment of what you think you need at this present time.

If you have been injecting drugs such as heroin, it is also common to advise:

- A blood test which includes testing for HIV, checking the health of your liver (liver function tests), and checking for hepatitis A, B and C.
- Immunisation against hepatitis A, hepatitis B, and tetanus (if not previously immunised).
- If appropriate, immunisation against hepatitis B for your partner and children.
- About the dangers of injecting, of using shared needles and syringes, and on other ways to reduce harm to yourself.

Starting off with methadone

Methadone is usually started some time after assessment when the results of the urine test are back. An initial dose is chosen. The aim is to prevent withdrawal symptoms. However, methadone can cause serious harm, or death, in overdose. Therefore, at first your doctor will prescribe a low-ish dose to 'play safe' and see you frequently to adjust the dose. Be patient, this early stage is very important. The initial dose is usually gradually increased to a regular maintenance dose. But note:

- Methadone takes 2-4 hours to reach peak effect.
- Methadone accumulates in your body. So, you will feel a greater effect of the drug over a few days even without increasing the dose.
- It may take a few weeks to get to the correct dose which prevents all withdrawal Maintenance and coming off ('detox')
Once established on a regular dose, most people stay on methadone for a long time or even long-term. This is called maintenance and helps you to keep off street drugs. Some people gradually reduce the dose and come off it. This is called detoxification or 'detox'. However, it usually takes months, and sometimes years, before most people are ready to consider detox. It is often safer to stay on methadone then to detox before you are ready.

**Taking methadone**

Methadone is usually prescribed as a once-daily dose in liquid form. You will usually be asked to take it under the supervision of the pharmacist who dispenses the methadone to you. This means there can be no doubt about how much methadone you take at each dose. This supervision may be relaxed after a few months of your taking a regular maintenance dose.

**Some other points about taking methadone**

- You are more likely to succeed in staying off heroin if you have support and counselling during this difficult time. This may be from a local drug community team (or similar). Self-help groups or other agencies may also be of help. It is much harder to 'do it alone' - so do go for counselling and help if it is available in your area.
- Some prescribed medicines may interfere with methadone. For example, some used to treat TB and epilepsy. Tell the doctor who prescribes methadone if you are taking any other medicines. However, most prescribed medicines can be taken in the normal way.
- Other street drugs such as benzodiazepines ('benzos'), and alcohol can affect methadone. It is best not to take any other drugs, and don't drink too much alcohol.
- You will be asked to give a urine sample from time to time by your doctor.
- Driving. If you use heroin, methadone or similar drugs, you should tell the DVLA. You are likely to be banned from driving. However, if you are on a supervised methadone programme, you may be allowed to drive again subject to an annual medical review.
- Keep methadone and any other drugs out of reach of children.