

## MEDICATION CHOICES

# Methadone/Methadose™\* Maintenance

*It is important that you work together with your doctor to review methadone's benefits and drawbacks prior to making a decision about starting this medication.*

### Who is methadone for?

Methadone is prescribed for people receiving treatment for opioid addiction (for example, addiction to heroin, morphine, hydromorphone, oxycodone). It helps people abstain from opioids, and helps with withdrawal symptoms and cravings for opioids.



### When do doctors recommend methadone over other medications, such as buprenorphine/naloxone (Suboxone®)?

- When buprenorphine/naloxone (Suboxone®) isn't working well enough to relieve a person's withdrawal symptoms or drug craving.
- When a person has a very low tolerance for opioid withdrawal and would not be able to tolerate the withdrawal necessary to start buprenorphine/naloxone (Suboxone®).
- When a person also needs extra opioid medication to help with control of pain.

### How do I take methadone?

- Methadose™ comes as a concentrated liquid (10 mg/mL).
- Getting started with methadone is an individualized process for each person. You and your doctor will work together over time (weeks to months) to find the right dose and schedule for you.
- At first, methadone almost always needs to be taken daily in the presence of a health professional (often a pharmacist). Over time, some people can transition to taking some of their doses independently.

### What if methadone doesn't work for me?

If you feel that methadone isn't working for you, talk to your doctor right away—including during your first few days of taking the medication. You and your doctor can decide together if you need a different dose or if other options are better for you.

\* Please note that as of February 1, 2014 in British Columbia, Methadose™ has replaced methadone. Methadose™ is a concentrated version of methadone (10 mg/mL). In this pamphlet we will use the terms Methadose™/methadone interchangeably.

## WHAT HELPS THIS MEDICATION WORK BEST?

Methadone helps during the early days and weeks of withdrawal from opioids. But you are much more likely to be successful in abstaining from opioids if you continue taking methadone for 12 months or more. Research has shown that once someone is on a stable dose and symptoms are controlled, their odds for successfully staying abstinent are much improved if the dose is lowered slowly over many months rather than quickly tapering. Some people who are doing well with methadone choose to stay on it for years or to transition to taking buprenorphine/naloxone. Talk to your doctor if you want to discuss tapering off of methadone or switching to buprenorphine/naloxone.

## Are there risks associated with methadone? Is there anyone who shouldn't take—or should be cautious about taking—methadone?

- There is a risk of methadone overdose, especially at the beginning of treatment or if methadone is used with alcohol or other sedating drugs. Methadone should not be mixed with alcohol and/or benzodiazepines (for example, Valium®, Ativan®, Xanax®) or other sedative medications. The interaction between these drugs can cause excessive sleepiness and slow down your breathing to dangerously low levels, leading to an overdose that requires immediate medical attention and can cause death. You should talk to your doctor about alcohol use and all other medications you are taking to make sure that you can safely take them at the same time.
- Though generally well tolerated, methadone can have side effects. Talk with your doctor about all the potential side effects of methadone.
- It is important to talk to your doctor to review all of the medications you take as methadone may interact with some medications, including some antibiotics, antidepressants and HIV medications. You will still be able to take these medications while on methadone. Talk to your doctor for more information.
- If you have serious problems with your liver or heart, talk to your doctor about methadone.

