Consumer's Guide to the Opioid Treatment Program: Introduction to the OTP

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Opening the Doors on Opioid Treatment

NUAA
NSW USERS AND AIDS ASSOCIATION

ACKNOWLEDGMENTS

'Consumer's Guide to the OTP: Introduction to the OTP'. *1st edition, 2019*

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The OTP Consumer Guidelines series was produced by the NSW Users and AIDS Association (NUAA). NUAA is governed, staffed and led by people with lived experience of drug use. Since 1989, we have provided innovative harm reduction services, advancing the rights, health and dignity of people who use drugs illicitly in NSW. This includes supporting and advocating for people on the Opioid Treatment Program. This resource has been reviewed and approved by the NSW Ministry of Health (MoH). The MoH provides NUAA with the funding to do this work. Special thanks to all our wonderful peers who helped create this resource.

Distribution: The OTP Consumer Guidelines series is a targeted resource for people who use opioids and are thinking about starting, or are currently on, an Opioid Treatment Program in NSW. The OTP Consumer Guidelines series is distributed to Harm Reduction organisations and Alcohol and Other Drug services throughout NSW and is not intended for general distribution. Hard copies of all the booklets in this series are available. To receive your copy, email *MOH-PopulationHealthResources@health.nsw.gov.au,* or contact NUAA.

NUAA would like to acknowledge and show respect to the Gadigal people of the Eora Nation as the traditional owners of the land on which we work. We extend this respect to all First Nations groups upon whose land this resource is distributed.

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ABOUT THIS RESOURCE

The *NSW Clinical Guidelines: Treatment of Opioid Dependence - 2018* were written by clinicians and policymakers with input from NUAA and other stakeholders. They exist to give prescribers and dosers the who, what, where, how and why of the Opioid Treatment Program so that they are up to date with what is expected of them.

Anyone can look at the Clinical Guidelines (just search the title online), but they are written for doctors, not consumers. That's why NUAA has put together this set of resources for us - the *Consumer's Guide to the Opioid Treatment Program: Opening the Doors on Opioid Treatment*.

Our version is written by people who use drugs for people who use drugs. To make sure the info we gave you was correct, up to date and relevant, we got together a great Steering Committee, starting with consumers and including doctors, clinic managers, pharmacists and experts from the Ministry of Health. We asked heaps of people on the program what they wanted to know.

These guides tell you what you can expect on the OTP and what is expected of you. We give you the rules and facts as well as some useful tips and advice from peers. No matter where you are in your treatment journey, you should find information in these booklets to help you make decisions and get where you want to be with your drug use.

There is a larger document that includes a big range of info about the program called the *Consumer's Guide to the NSW Opioid Treatment Program*. There are also a set of bite-sized booklets that focus on particular situations or stages of life on the OTP.

This booklet, *Introduction to the Opioid Treatment Program*, is made for anyone who is interested in finding out more about starting treatment for opioid dependence. If you or someone you know is thinking about changing the way you use opioids (such as heroin, morphine, oxycontin, fentanyl), this booklet is for you! We aren't trying to tell you that you should go on the program. It's not the best option for everyone – which is why we talk about other options as well. However, hopefully by reading this book you'll be able to find out a bit more about the OTP and decide whether it might be right for you.

OTP CONSUMER GUIDELINES SERIES

- The Consumer's Guide to the NSW Opioid Treatment Program
- Standalone Guide 1: Introduction to the Opioid Treatment Program
- Standalone Guide 2: Maintenance on the Opioid Treatment Program
- Standalone Guide 3: Your Rights and Responsibilities on the Opioid Treatment Program
- Standalone Guide 4: Pregnancy and Parenting on the Opioid Treatment Program
- Standalone Guide 5: Opioid Treatment Program in Regional and Rural Areas
- Standalone Guide 6: Pain Management and the Opioid Treatment Program
- Standalone Guide 7: Exiting the Opioid Treatment Program
- Standalone Guide 8: Depot Buprenorphine Starters' Guide

WHAT ARE MY OPTIONS?

There are several treatment options for opioid dependence, so it's important to decide which one is best for you. These options include:

- detox programs
- rehabilitation programs
- self-help groups like Narcotics Anonymous
- support groups like Smart Recovery
- counselling
- the Opioid Treatment Program (OTP)

There is no right or wrong choice; what works for one person might not work for another. Many people try multiple treatments and combinations until they find what works for them.

This document focuses on the Opioid Treatment Program (OTP), which helps people reduce or moderate their opioid use by providing them with a regular dose of a long-acting opioid. When on an OTP, people usually report fewer mood swings, less depression, improved finances and better overall health.

Opioid treatment is effective at reducing drug use, particularly opioid use. A major benefit is that the OTP reduces the intensity of a using lifestyle, even when people continue to use opioids or other drugs from time to time.

If you'd like to find out more about the available treatment options in your area, contact the Opioid Treatment Line (OTL) or the Alcohol and Drug Information Service (ADIS). Both OTL and ADIS have large databases of clinics, GPs and pharmacists that treat opioid dependence.

Opioid Treatment Line (OTL)
1800 642 428 (staffed Mon-Fri, 9:30 AM-5:00 PM)

Alcohol and Drug Information Service (ADIS)
1800 422 599 (staffed 24 hours all year round)

"Methadone took the chaos out of my life. I've been on it for years now and it has meant that I can live life on my own terms. Even though there are the obvious restrictions, I am able to be a fully functioning citizen. There aren't many things I can't do now. I'm heading overseas in a couple of weeks for work. That wouldn't have happened for me before the program." - Brian

WHAT CAN OTP BE USED FOR?

The Opioid Treatment Program (OTP) can be used for:

SHORT-TERM DETOX:
OTP medication (usually buprenorphine) is taken for 5-10 days to help with the most severe withdrawal symptoms. This can be done as an outpatient or in a detox unit. Either way, this is usually very helpful in getting people through withdrawal. However, by itself it is often not effective in keeping people from long term use.

Over 90% of people who detox with OTP medication continue to use regularly if they don't start a maintenance program. Long-term results usually only happen with longer-term treatment. If your goal is to stop using altogether, you should look for support after detox, including counselling, peer advice, family support and/or maintenance OTP.

LONGER-TERM MAINTENANCE:
OTP medication is taken over a longer amount of time to prevent withdrawal and to support you to manage your drug use. You can set the pace for how long you stay on treatment – weeks, months or years – there is no upper or lower limit.

"I went on OTP too young, I had only been using a year. I wish I hadn't rushed into it and had tried a few more other things to get my use under control before going straight to methadone. I'm sick of jumping through hoops." - Pete

"I really don't want to use anymore. There's a lot of reasons why. When I am on Suboxone, I don't use. When I am off it, I do. It's that simple for me. I'm not on a high dose and I know that eventually I'll be off it for good without needing to use any opioids at all. For me, that will be freedom. In the meantime, I use the help I'm offered." - Jim

"To be honest, If I'd known when I started methadone that you became stable and didn't get stoned, I wouldn't have started it because now I just need it to feel normal." - Sally

THE BENEFITS OF OTP

If you want to stop using or change the way you use, OTP medications are great options. To start with, OTP is legal, which can reduce a lot of stressors in your life.

The medications are regular and long-acting, so if you are on the right dose and taking it on time you will not have any withdrawal symptoms between doses, and you may even be able to miss a dose without serious problems. This makes working, parenting, studying and so on much easier to manage. Some people also say their mood and mental health improves.

You can often get counselling and other forms of help when you are on a program. The medications are supplied free by the federal government; you only pay for the dispensing. Even at its most expensive, OTP is still cheaper than illicit opioids.

"Going on methadone meant I got to keep my baby. Nothing beats that. But I also found life was so much easier. Not waking up sick or having to chase money and run around sorting drugs meant I could focus on more important things – being a mum and eventually doing a course and getting a job. It could have gone really differently for me if I hadn't gone on a program." - Janis

MANAGING EXPECTATIONS & GOAL SETTING

If you're thinking of starting on OTP, or have just started, you might have a lot of ideas about how your treatment is going to be and what being on the program is like.

It's important to manage your expectations about the program and set realistic goals – you need to remember that most people generally need to be on OTP for a long time in order to get the most out of it. For this reason, it's important that you and your prescriber make a treatment plan together.

A treatment plan can help both you and your doctor understand each other's expectations, clear up anything you don't understand, and help you work out how long you expect to be on the program. You should talk to your prescriber about your treatment plan early on in your treatment – at your first appointment if possible.

You also need to consider that, for most, OTP is a daily program. Depending on which medication you choose, you will usually need to attend your dosing point every single day, at least for the first few months of your treatment, and most likely for much longer. Buprenorphine can be more flexible; some people can dose every second day, and others can take advantage of depot bupe with weekly and monthly injections.

Daily dosing may be hard for some people, especially if you live in a regional and rural area or have other commitments such as work, family or study. If you don't think that you will be able to get to a clinic or pharmacy every day, for whatever reason, you should talk to your GP or prescriber about your options before starting on OTP.

Tips for Goal Setting and Managing Expectations

- Be prepared. A great place to start is reading these Consumer Guide resources and/or contacting NUAA to get some advice.
- Talk to other people who have been on treatment. It's a great way to find out what can be achieved on the program and where you can trip up.
- Be realistic. Don't think you have to solve all your issues at once. Start small. As you move forward, it will be easier to tackle larger problems.
- Write your goals down in a journal or diary. That way, you can look back over your achievements and challenges, and keep track of your progress.
- Be patient. Nothing happens overnight, but you will slowly start to notice and feel the changes.
- Be informed. Never be afraid to ask questions: it's your health and you need to take control.
- Be prepared to reassess your goals as you go along. What you thought would be the best option for you before going on the OTP may not be the best option after you start.

Cindy's Story

I have always worked – usually more than one job and sometimes up to four – and used from my pay. When I went on the program, I had maxed out all my cards, borrowed from everyone I know and was way behind in rent, looking homelessness in the face. But I couldn't stop.

Getting on methadone meant that I didn't fall over the edge. From that first dose, I felt I had control for the first time in a long time. I could even use sometimes without feeling drowned by it all. Yeah, there are rules, but if you tell me you don't have all that with using, then you haven't used like I have.

It's not like you even have a few dollars for a coffee when you use a few times a day, and you don't get a lot of respect when you're always sucking up for credit, borrowing money, scamming, arguing with your straight friends and family. My life is out-of-sight better now.

ACCESSING OTP

There are three options for accessing OTP in NSW: public clinics, private clinics, and through a doctor or nurse practitioner (such as a GP, psychiatrist, or drug and alcohol specialist). Doctors and nurse practitioners who prescribe OTP have usually done the OTP course through Sydney University.

Differences between OTP providers

	Public Clinics	Private Clinics	Doctor/GP/Pharmacy
Waiting List	Usually	Rarely	Sometimes
Doctor's Fee	No	Usually bulk-billed	Yes. May bulk-bill (at least with healthcare card), or $85-150 with about half back on Medicare
Dispensing Fee	No	$7-10 per day plus $25-50 one-off admin fee. Takeaways add $2-3 per day	Dosing at pharmacy that will charge a weekly fee ranging from $25-75
Takeaways	Only in special circumstances	Yes, once stable + negative urine tests	Yes, once stable
Urine Tests	Yes, every 1-3 months, more for high-risk patients	Yes, random tests are usually monthly but may be more frequent	Depends on doctor/ patient relationship and risk factors
Flexible Hours	No. Open early. AM session. May have short PM session	Yes. Usually have morning and afternoon dosing sessions. Early start for workers	Your doctor may limit OTP appointments to certain days/hours. Some pharmacies have multiple dosing sessions while others will have only one session.

The most common prescribing/dispensing combination is doctor/pharmacy. However, some doctors may require you to dose at a public clinic first until your medication is stable, so you can take advantage of the specialist care a clinic offers.

Pharmacies usually have long and flexible hours, although some may only dispense OTP medications at certain times. Some pharmacies have a separate counter for OTP dispensing, while at others you are treated in turn as a regular customer. It is up to individual pharmacies as to how much they charge, anywhere from $25 - $60 per week, and some may also charge a one-off admin fee. They don't usually charge extra for takeaways. Keep in mind that they can stop dispensing to you for any reason. If this happens, you will have to transfer to another dosing point.

It is important to find a clinic or doctor that you feel comfortable with. This isn't always easy, but talking to a doctor who you can trust will help you get the most out of your treatment. However, you may not get your first choice because there are limits to how many OTP patients each healthcare provider, including pharmacists, can manage.

Ways to find an Opioid Treatment Program (OTP) provider

- The Alcohol and Drug Information Service (ADIS) on 1800 422 599 (staffed 24 hours all year round) and the Opioid Treatment Line (OTL) on 1800 642 428 (staffed Mon-Fri, 9:30 AM-5:00 PM) both have large databases of clinics, GPs and pharmacists supporting OTP.

- The Drug and Alcohol intake line at your Local Health District will have local information.

- *www.findapharmacy.com.au* has some pharmacies that offer OTP services listed (search "Opioid Dependency Treatment" on their website).

- Any GP can prescribe for up to 20 buprenorphine patients (including starting them) or 10 methadone patients (taking over stable patients) without special training. Your GP can get support from the Drug and Alcohol Specialist Advisory Service (DASAS) line on 02 9361 8006 or toll-free 1800 023 687.

- For more info, call NUAA on 02 8354 7300 or toll-free 1800 644 413 (office hours).

WHICH MEDICATION?

You want to be on the best medication to support your lifestyle and goals. To find out what that is, ask your prescriber lots of questions, talk to your peers and read up!

Before starting OTP, it's important to understand that OTP medications are opioids, and just like any other opioid you will become dependent on them. They work as a treatment because they last longer in your system and even out your moods, but you need to take them regularly - once a day for methadone and anywhere from daily to monthly (through a depot injection) with buprenorphine.

Because you have a physical dependence on OTP medication, if you suddenly leave the program, you will experience withdrawals for several weeks. There are a lot of restrictions on OTP medication because they are very strong opioids.

"Going on methadone helped me get my life back in order. Stresses about money, work and bills became manageable. I felt like a black cloud had been lifted off me" - John

"I've been on methadone for over 7 years now, with a few short breaks, three months, a week here or there when I've been trying to get off it. I'm sick of jumping through hoops and I'm really struggling with going to a private clinic and having to pay for it. Initially, I thought that methadone would be easy to get off, but that's absolutely not the case. To be honest, I think that starting the program was one of the worst decisions I've ever made." - Jack

"Bupe was easier to withdraw from than other opioids... and I didn't feel as hazy as I did on 'done." - Kylie

"I'm on methadone right now, but I've also been on bupe. Bupe was difficult to hold it in my mouth - the taste was really bad so I wanted to swallow it, but if I did I'd end up hanging out heaps. I find that methadone kicks in quicker and holds you quicker. Bupe is much slower and takes a while to start holding you. I like that quicker come up." - Danny

Methadone (’done)

Methadone hydrochloride (HCL) is a long-acting opioid. In Australia, it comes in three forms:

- **Methadone syrup** is a thick straw-coloured liquid, which contains a range of additives.

- **Biodone** is a reddish liquid, much thinner than methadone syrup. Its only ingredients are methadone, water, and red dye.

- **Physeptone** are white, round tablets which contain 10mg methadone HCL as well as fillers and binders. Physeptone is only prescribed on OTP if you are travelling.

Methadone syrup and Biodone both have 5mg of methadone HCL per millilitre, and are not diluted by water or cordial in NSW.

All OTP clinics will dose with either methadone syrup or Biodone, and some offer both. If you prefer one over the other, let your prescriber know, and they can help you find a clinic or pharmacy that offers the medication you choose.

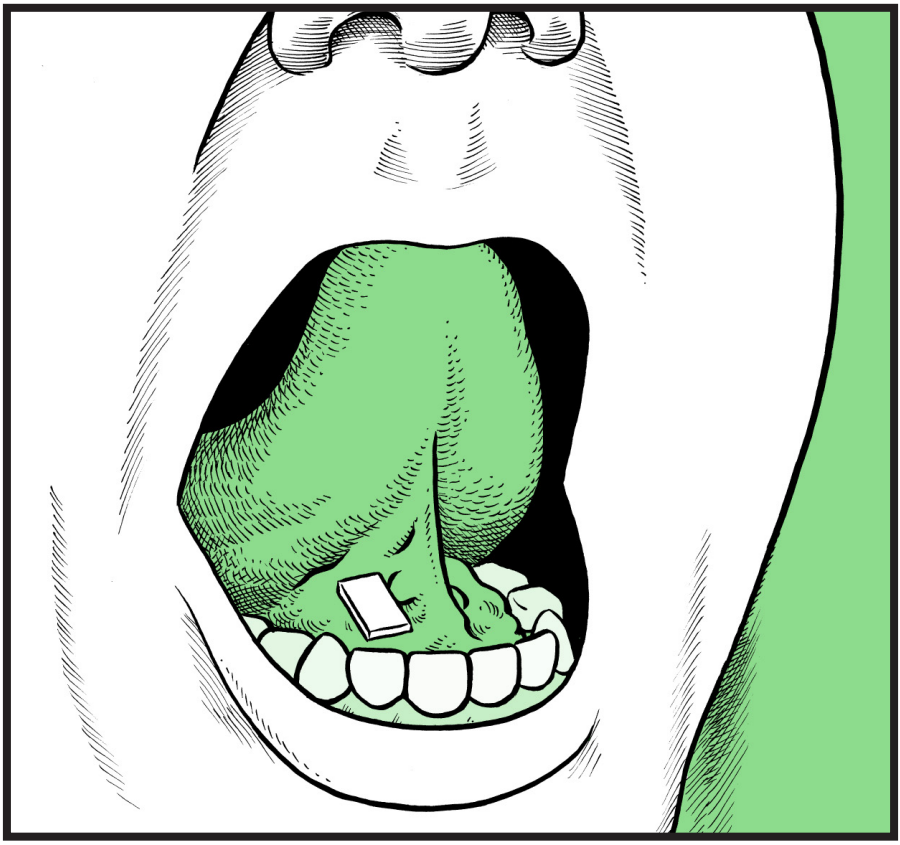
Buprenorphine (bupe)

Buprenorphine (pronounced bew-pre-NOR-feen) comes in three forms:

- **Subutex** is the brand name for buprenorphine tablets. Subutex comes in three different strengths – 0.4mg, 2mg and 8mg. It is placed under the tongue until it is absorbed. It won't work if you swallow it.

- **Suboxone** is a gel film containing two drugs: buprenorphine and naloxone. Naloxone (AKA Narcan) is an opioid overdose reversal drug. Naloxone is included to make injecting Suboxone unattractive - the naloxone stops the buprenorphine from working properly if you inject it. Naloxone has no effect if taken orally. Suboxone comes in 2mg and 8mg doses. It is also taken under the tongue and is absorbed more quickly than Subutex.

- **Buvidal** and **Sublocade** are injectable forms of buprenorphine. The injection forms a 'depot' (pronounced dee-poh), which is a deposit under your skin that slowly releases buprenorphine. A single injection can last you either a week or a month. Depot bupe is a new medication, so ask your prescriber for more information and to find out if you can access it.



Sublingual Medication

The word 'sublingual' means "under the tongue" in Latin. Instead of swallowing Suboxone or Subutex, you take them ***sublingually*** *- they are designed to dissolve and be absorbed under your tongue. There are a lot of blood vessels under your tongue, which means your medication will enter your system quicker than if you were to swallow it.*

Differences between 'done and bupe

Both methadone and buprenorphine are good options for staying on top of things, and they are both suitable for long-term maintenance dosing.

They can also be used for shorter-term assistance, such as if you want to change the way you use drugs, or stop using street drugs altogether. However, they are different in some important ways. The table to the right sums up the main differences between bupe and 'done.

Once you choose your medication, you will need to visit the clinic or pharmacist to be dosed every day until your dose is stabilised; this may take anywhere between 1-3 months. Once your dose is stable, you may be able to get takeaways, or double-dose if you are on buprenorphine.

While you can't always tell your doctor everything, talking openly with them means they can help you choose the option that best fits your needs and lifestyle.

	Methadone	Buprenorphine
Different formulations	• Methadone syrup: Thick, straw-coloured liquid containing a range of additives • Biodone: Thin reddish liquid. Only ingredients are methadone, water, colour dye • Physeptone: White tablets containing methadone, fillers, binders (only prescribed when travelling)	• Suboxone: Gel-like film/strip containing buprenorphine + naloxone • Subutex: Tablets containing buprenorphine alone • Depot buprenorphine (Brand names Sublocade and Buvidal): long-lasting weekly/fortnightly/ monthly injection of buprenorphine
Properties	• Opioid-like effect, relaxing • May be a better option if you choose to use illicit opioids occasionally. • A high dose will block the effect of other opioids like heroin. • Needs to be taken every day	• Makes you feel more alert or energetic than methadone • Longer-acting and safer than methadone – you may be able to dose 2 or 3 days at once with Suboxone/Subutex, or can have a slow-release version (depot bupe) • Stops you feeling effects of other opioids so good option if you are trying to achieve abstinence

OTP Peer Workers

As well as talking to your prescriber about what medication you should choose, it can be helpful to talk to other people who have been on the program. They might be people you know through using, or could be peer workers.

Peer or Consumer Workers in OTP services have lived experience of drug use and the OTP. It's becoming more common for clinics to employ a peer worker. Peer workers are there to support you, so if you are lucky enough to have one at your clinic, ask them for advice or support.

If your clinic doesn't have a peer worker, you can always call the NSW Users and AIDS Association (NUAA). They have OTP peers available to talk and to any answer any questions you may have. You can contact NUAA on (02) 8354 7300, or toll-free on 1800 644 410.

What some people on the OTP say

Here are the experiences of some of your peers - hearing from them might help you decide which OTP medication is right for you.

"I've been on methadone and bupe. I found that when I was on bupe, it was easier to control my substance intake. You can skip a dose if you want to use, but you have to plan it. If you're on methadone you can use whenever you want, although you need a lot more gear and it's not really worth it." - Alex

"I swapped over to methadone because when I was on the bupe, if someone offered me gear, I couldn't stop myself – even when if I did it, it made me sick. But being on methadone, I know gear is just wasted on me, so I don't bother with it." - Marly

"I found it really hard to sleep on Suboxone, and it made me get really sweaty and hyperactive which is why I wanted to switch back to methadone. But when I raised it with my doctor, he acted like I was just doing it so I could start using again." - Lorenzo

"I knew all these people who had been on methadone for years and years, but it didn't seem like that for people on bupe. My doctor told me bupe was easier to come off. I didn't want the program to be a dead end for me, so I decided on bupe. It's worked well for me. I'm coming down now and it's going okay." - Kath

"Bupe gave me way too much energy. But when I'm on methadone, I have to be around people I trust in the afternoons, because it hits me like a tonne of bricks and I often go on the nod." - Milly

"I swapped over to methadone because Suboxone straight up doesn't work for me, I was hanging out every morning before I got my dose." - Stephanie

"I went on methadone because I'd been buying it on the street for years, so I kind of knew what I was getting. Bupe was a bit of an unknown and I was nervous about things, like what if I had an accident and they needed to give me opioids – would I go into precipitated withdrawal? There were too many things I didn't understand, so I stayed with what I know." - Bill


JOIN TODAY

STARTING TREATMENT

The process of getting on OTP can be time-consuming and you should not expect to get dosed on the same day as you decide to start on OTP.

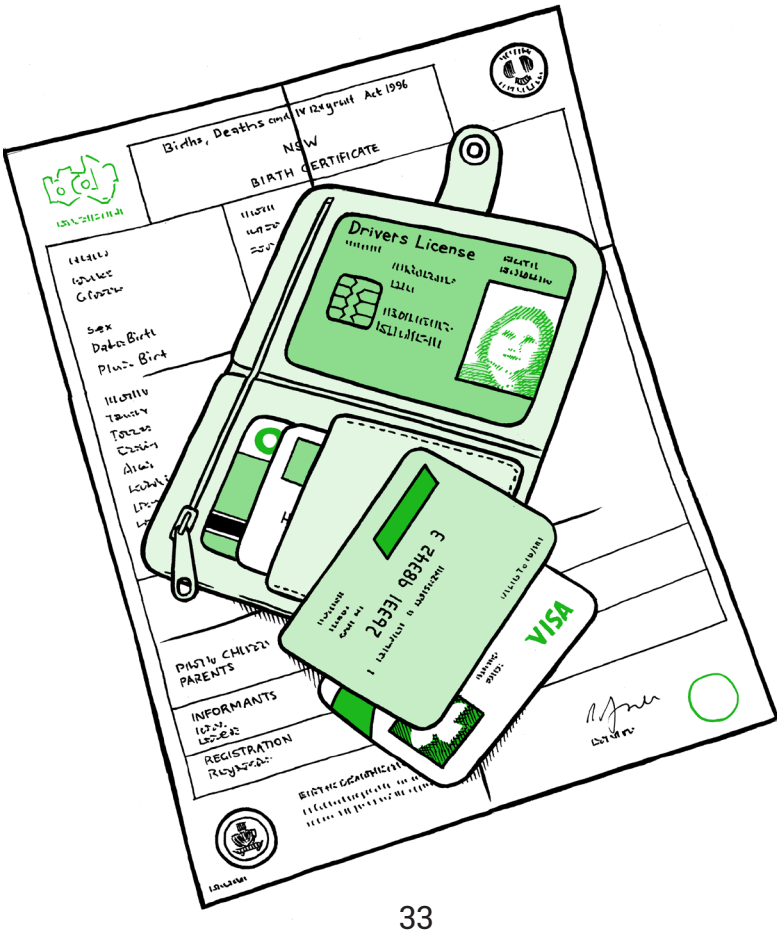
Even if you find a provider of your choice that can prescribe for you, you may have to wait for an appointment if your provider is booked up. You often need to do a screening questionnaire on the phone and/or see a nurse for an assessment interview first.

Your doctor will need to make an application to the NSW Ministry of Health in order to prescribe a "regulated medication" because methadone and buprenorphine are strong drugs and access to them is restricted.

To make this application to NSW Health, your doctor is going to need to confirm your identity. This is to make sure that you're not already prescribed methadone or buprenorphine. To confirm your identity, you're going to need to bring some documents.

You will most likely need to bring photo ID, so either a Passport, a driver's license or proof of age card, or a jail card (showing your photo, date of birth, MIN number and signature). Bring as many of these as possible. You should also bring your Medicare card if you have one.

If you don't have any of these documents, or only have one or two of them, don't worry – there are other ways that your prescriber can identify you. Letters from government departments (such as Centrelink), car registration and utility bills can all be used to help confirm your identity. If you're a First Nations person, an elder from your community can help identify you.



It's best to find out what you need when you make your first appointment. That way, your prescriber or clinic staff can let you know what you need, help you sort it out, and your application can be approved as quickly as possible.

The approval process can take up to 48 hours, although it usually takes less time. Depending on the time of your appointment, your prescriber may not get approval for you to be dosed until the next day. You will also need to bring photo ID if you dose at a pharmacy.

During your first appointment, your prescriber should talk about your goals, develop a treatment plan with you, and organise a prescription. They will also ask questions about your drug use, what medication you're on, your general health, your mental health, and your social circumstances.

The reasons your prescriber asks these questions isn't to be nosy – they are all related to being on the program! Having this information means that your doctor can help you make the most informed decisions for improving your wellbeing.

Ask them any questions you might have – there's no such thing as a dumb or wrong question.

While you should be guided by your prescriber's experience, remember that it's up to you how you want to manage your healthcare.

If your prescriber is a GP or a specialist not attached to an OTP clinic, they will connect you with one of the dispensing clinics or pharmacies they usually work with. You can also use the contact numbers provided in this resource to find one near you and suggest this to your prescriber.

Your prescriber will start you on a low dose and gradually increase your dose over days and weeks until you find the dose that is comfortable for you and suits your lifestyle. At first, you may need to see your prescriber every couple of days or once a week until your dose of medication has been stabilised. After that, it is up to your prescriber how often you will need to see them.

It is important to remember that while you are getting used to your dose you may feel drowsy and uncoordinated. This can affect your work, driving, and other activities.

It's recommended that you don't drive for the first month you are on methadone or for the first two weeks you are on buprenorphine, as you may be feeling drowsy or impaired.

After that, if you go up or down by a significant amount on your dose, or if you miss any doses, you should be cautious about driving for 3-5 days while your body is adjusting.

Using other drugs can also affect your driving even if your OTP medication is stable. Listen to your prescriber's advice about when you are safe to drive.

STIGMA & DISCRIMINATION

There is a lot of stigma that can come with being on an OTP. This often follows the theme of "methadone and buprenorphine are just legal ways to get stoned," or similar uninformed claims.

These attitudes can lead to being discriminated against or judged. Some people hold the view that OTP is not a real treatment option. They don't understand the amazing effort that it can take to reduce or stop using drugs in a harmful way and stick to an OTP program.

"I have more than one friend who stopped their bupe because of shame and later overdosed - good people who would likely be alive today if they didn't feel compelled to stop taking their life-saving medication. Stigma kills." - Josh

In fact, research shows that if your ultimate goal is abstinence, your best chance is to use the OTP as a stepping stone.

Sadly, sometimes stigma and discrimination about the program even comes from other people who use illicit drugs.

Using all sorts of substances and drugs is a fact of modern life. People have been doing it for thousands of years for many different reasons – health, energy, relaxing, recreation, socialising, or for religious and spiritual reasons. People take medication to manage their illnesses every day, and being on OTP is no different.

Be assured: OTP can help people change their lives. If you experience discrimination from being on OTP and want to talk about it with other people on the program, you can call NUAA on 02 8354 7300 (office hours).

SIDE EFFECTS

As with most medications, taking methadone and buprenorphine can have some side effects. Everyone is different, but some common side effects while getting used to your OTP medication include:

- feeling drowsy;
- sweating;
- dry mouth;
- nausea/ vomiting;
- loss of appetite;
- constipation;
- mood swings;
- headaches;
- sleep problems (insomnia).

Some of these will stop after a few weeks. Others you will need to learn to manage. Changing to a different medication can help in some cases. Ask your doctor for help with symptom relief or call NUAA on (02) 8354 7300 to get some peer advice.

Being on OTP can also lead to other issues that are not actually side effects of the medication, such as weight gain. These can happen as you change your lifestyle and become more aware of your health.

OTP medications don't cause tooth decay, but all opioids can reduce your saliva production and lead to dry mouth syndrome, which can contribute to tooth decay. This side effect is less common with buprenorphine. To help with dry mouth syndrome, you could chew sugar-free gum, regularly drink water, and brush your teeth twice a day and floss — just like the dentist told you to do!

Some people experience a lowered sex drive while on OTP, but this could also be from other factors such as ageing, anxiety or stress. Talk to your doctor if this problem persists.

If you have problems adjusting to OTP, it might help to chat to people who have been on the program; they will have a lot of knowledge and helpful tips for adjusting to treatment. It may also be useful to talk to a case manager or counsellor.

The most important thing to remember is that both methadone and buprenorphine take longer to withdraw from than other opioids. When you want to stop treatment, you will need to plan your detox over a long period of time.

Because methadone and buprenorphine are treatment medications and not recreational drugs, you don't tend to have cravings for them when withdrawing - although you may crave heroin or other opioids.

Michael's tip for managing uncomfortable side effects

"I had a lot of problems with constipation when I was on a high dose of methadone. I tried lots of things, starting with getting heaps of fibre into my diet and drinking lots of water - literally flooding my intestines.

The best thing was buying a toilet foot stool – a "squatty potty" that raises your legs when you sit on the toilet. This puts your muscles in the best place to push, so nature can work her finest. The nurse at my clinic put me onto that and it actually works.

It's all about looking for a solution not just putting up with it or whining about the program. I've gone down since then so it's all eased up but I've kept my good technique!"

YOUR RIGHTS AND RESPONSIBILITIES

Methadone and buprenorphine are both Schedule 8 medications, meaning that they are very strictly controlled.

Your prescriber has certain responsibilities to ensure your safety while on OTP. For example, your doctor isn't allowed to prescribe you more than 200mg of methadone or 32mg of buprenorphine per day without special approval.

Your prescriber can't put your dose up without your consent. However, they are allowed to bring your dose down without your consent if there are safety concerns. They can also discharge you from the program without your consent if you are behaving in a way that risks the safety of others (that is, if you are violent).

You also have rights and responsibilities while on the program. It is up to each prescriber, clinic, and pharmacy to talk to new patients about rights and responsibilities. You need to know what they expect from you, what you can expect from them, and how they handle it if you fail to meet those expectations.

Your healthcare staff should also:

- explain how they can help you improve your life; for example, they may provide access to a counsellor or social worker and hep C testing.

- explain to you the protocols and processes around things like missed appointments/doses, queuing, urine drug screening and alcohol breath testing, settling disputes and making complaints.

- give you something in writing with opening hours, contact numbers and key staff (including peer workers if they have them).

For a more in-depth look at your rights and responsibilities, check out the third guide in this series: *Your Rights and Responsibilities on the Opioid Treatment Program*

PAYING FOR YOUR OTP MEDICATIONS

In NSW, there are no restrictions on how much you can be charged for your OTP medication - it is out of your control. If you live in a city or large town, you may be able to compare prices between clinics and pharmacies to find the cheapest option.

Methadone and buprenorphine are actually provided free by the Commonwealth Government, but they aren't on the Pharmaceutical Benefits Scheme (PBS). Medications on the PBS have a built-in profit margin, but methadone and bupe don't. Your chemist or private clinic does not get paid a dosing fee. They can access a small amount per service user, but to be eligible for that payment each OTP client must be dosed with them for an entire year without a break.

Chemists and private clinics will charge an administration fee, because otherwise they don't get paid for their services. Unfortunately, there is no government guidance on how much the fee should be and dispensers can charge whatever they want.

Instead of having to pay every single day, most pharmacies and private clinics offer a small discount if you pay in advance, one week at a time.

Pharmacies and clinics have no obligation to dose you unless you pay their dosing fee. This is a fee you willingly agreed to pay when you began with that dispenser. It doesn't matter that OTP medications are drugs of addiction.

You can also be charged for missed doses, so even if you missed a dose because you can't afford it at the time, you may still owe for it.

"I think about it like this: I have two main priorities – my rent and my dose. Everything else is negotiable. I figure as long as I have a roof over my head, and my methadone so I'm not sick, I can manage the rest." - Sara

Disagreements over payments are very common in OTP settings. By paying with a card (EFTPOS) if you can, you will always have a record of your payments. If you must pay cash, ask for receipts and keep them together. Ask for a photocopy if the receipt ink fades quickly. You could also get a book and write down the dates and payments, asking the clinic staff or pharmacist to initial each entry.

If price is more important to you than the freedom of takeaways, public clinics are free. If you are at a private clinic or pharmacy and are having financial problems, your local public clinic may take you for a few weeks of free dosing ('financial respite'). The downside is you will not be able to access takeaways for that period, so you'll have to go to your dosing point every day. To access this option, talk to your prescriber or clinic, or call the Opioid Treatment Line (OTL) for more info.

"My chemist will give me a bit of credit for a few days if I need it, but I try not to do it. It's amazing how quickly it adds up. They tell you what you owe and you think "It couldn't possibly be that much", but when you check it, it's true." - Tim

CHANGING TREATMENT OPTIONS

There are many reasons why people on the OTP might want to change their medication (e.g. from methadone to buprenorphine or vice versa), or the way they are dosed (e.g. daily pickup or takeaways). OTP meds can affect people differently, and only you know what is and isn't working for you.

If you are thinking about changing treatment options, talk it over with your prescriber. They can help you weigh up the pros and cons, and give you advice based on all your health and lifestyle issues.

You may experience some withdrawal symptoms when swapping between some medications. Changing from methadone to bupe needs to be done with care as this can lead to precipitated/ sudden withdrawal. Some people prefer to come down to 30mg of methadone or less before swapping to bupe.

Some people have told us that their doctors or clinic staff encourage them to swap over to buprenorphine. This comes from the myth that people on methadone are less serious about changing their lives.

You are the best judge of how the different OTP meds work for you. The beauty of the OTP is that it can be tailored to your needs. Even if you don't want to stop using completely, you will still benefit by being on OTP. It is a treatment that you can make work for you no matter your circumstances.

I didn't realise how stoned I was on methadone until I moved onto bupe. On bupe, my head seemed a lot clearer and I had a lot more energy. It was a lot more like being straight. I liked being able to think and I ended up doing more – getting out and participating in life more." - Jane

TAKEAWAYS

The OTP is here to help you broaden your horizons and take your place in the community. Takeaways are doses of 'done or bupe that you can take with you to help you work, study, parent, or travel. You won't be able to get takeaway doses until your dose is stabilised, which usually takes at least 3 months of being on the OTP.

Your doctor will decide if you get takeaways based on a few factors. Safety is the number one reason– if you look affected by drugs when you come in to dose, your doctor may decide that giving you takeaways will put you at risk of overdose.

Other reasons include how well you keep your responsibilities to the program, such as whether you dose daily and turn up to appointments. They will consider all the risk factors, e.g. if you are using or injecting or selling your dose. They will also look at your lifestyle--if you work, are studying, have a family, are unwell or live a long distance from where you dose.

"Last time I got out of jail I ended up at a private clinic because I wanted takeaways. Worst decision I ever made. Now I can't get back to the public clinic where I have been dosed over 10 years. I felt really safe and supported there. It wasn't worth it to move." - Emma

It's rare to be prescribed takeaways if you are treated at a public clinic. One of the reasons is that a lot of patients at public clinics have complex treatment needs. You may be able to get takeaways in a limited set of circumstances at public clinics; these could include study, work, caring for others, being unable to come to the clinic every day, or religious and cultural obligations.

Pharmacies don't usually charge extra for takeaways, but private clinics may charge an extra $2-3 per dose. If you are on methadone you will get one dose per bottle. The label on your takeaways should include your name, the name of your prescriber, dose and the date on which the dose is to be taken. Your bottle should also include a label warning you not to drive or operate heavy machinery if you are feeling drowsy.

Always store your takeaways in a safe place out of the reach of children because of the potential of overdose – if a child takes methadone or buprenorphine it can kill them. You should be aware of the risks of methadone/buprenorphine overdose to children, especially if you have children who live at home or visit regularly.

In fact, anyone who doesn't have a tolerance to opioids (opioid naive) is at risk of dying from overdose if they have your dose, so you need to keep it locked and safe even if you don't have children or children coming to your house.

Storing your takeaways is also important because if you lose or misplace a takeaway dose, it will generally not be replaced. Losing doses may also mean that you will have the number of takeaways you receive restricted.

"I simply have to have takeaways. I work, I have a partner and kids, I have a mortgage, I have a life. Spending every day in a clinic was okay when I started on methadone, but my life is heaps busier 5 years later. I have a job because I'm on the program but I couldn't keep that job if I didn't get takeaways. So I do what it takes to keep my takeaways and keep it all rolling. I really like where I am compared to where I was and I want to keep it." - Lexi

PREGNANCY

If you are pregnant or become pregnant while using, the most important thing is to seek pregnancy care and support as soon as possible.

It can feel very difficult to discuss your drug use with health workers. It's also natural to worry about being judged or whether the Department of Communities and Justice (DCJ; formerly DOCS or FACS) will become involved. However, all Local Health Districts have services available for pregnant women who use drugs.

These services have been around for a long time to offer support to women who may need specialist drug and alcohol support. You won't automatically have your child taken from you just because you use drugs or are on OTP. In fact, not accessing these services can give DCJ a reason to investigate you.

If you don't tell anyone that you are using drugs and continue to do so, it increases the risks to your health. If you let one of the health workers know, they can assist you with getting treatment, such as starting an OTP. This can help you stabilise your drug intake, resulting in more positive outcomes for both you and your baby.

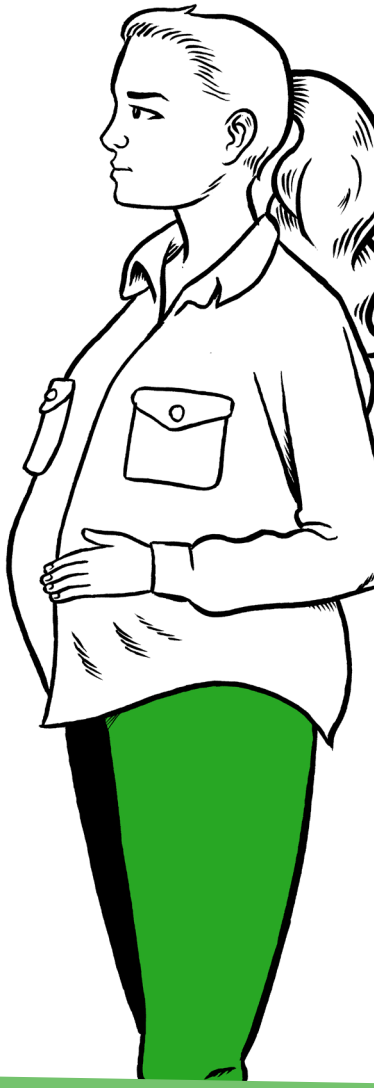
The Substance Use in Pregnancy and Parenting Services (SUPPS) program is run by NSW Department of Health and is available in all Local Health Districts (although SUPPS may be known as something else depending on where you live).

These services support you while pregnant and can continue to provide parenting support until your child is five years old.

Whether you go to a local pregnancy (antenatal) clinic or simply talk to your prescriber, you can easily be referred to a SUPPS program for ongoing support.

Don't forget alcohol and tobacco can also cause serious problems if you are pregnant or trying to conceive.

For more information about pregnancy and OTP, see the fourth booklet in this series, *Pregnancy and Parenting on the Opioid Treatment Program*.



SAFER INJECTING

Remember methadone syrup, Biodone, Subutex and Suboxone are not meant to be injected. If you choose to inject your dose, always use sterile equipment and find out how to inject as safely as possible.

Suboxone film includes a dose of naloxone, which stops you immediately feeling the opioid effect ("the rush") if you inject it. The naloxone has no effect if you take Suboxone under the tongue as intended.

For further reading and information call NUAA on (02) 8354 7300, or visit *www.aivl.org.au* for more information on safer injecting.

> *"Injecting has such a bad reputation that you just have to hide it. You know that through sharing that information in a medical setting, you're not necessarily going to be helping yourself. Because you can't talk about it anywhere else, talking about injecting your dose with your peers is important. How else can you share safety tips? No doctor will help you with it." - Clarrie*

USING ON OTP

If you are going to use illicit drugs when on OTP there are extra risks which you need to be aware of:

- Being on OTP puts you at higher risk of overdose, especially in the first few weeks of treatment.
- If you use other depressants like benzos (e.g. Valium/Xanax) or alcohol, the effects combine and the risks increase, especially the risks of driving or operating heavy machinery.
- A positive result from random urine drug testing may affect your takeaways.
- If you use opioids or other downers on top of your methadone dose, you do risk overdose and depending on your dose, you may not experience any drug effect.
- If you use opioids and then dose on buprenorphine, you may experience precipitated withdrawal, or sudden withdrawal, starting 1-2 hours after your dose and peaking within 4-6 hours. (You may avoid this by dosing at least 6 hours after using or after you start to feel withdrawal symptoms).

These are just some of the reasons why it's not a great idea to use other drugs while on OTP.

Precipitated Withdrawal: Mixing bupe with other opioids

Taking buprenorphine while you have other opioids on board already can cause precipitated withdrawal. That means you may end up hanging out badly, with all the pain that brings. Imagine having a shot and instantly getting dope sick!

Precipitated withdrawal happens because of the way that opioids work on the brain - specifically, what's going on at the mu opioid receptors. Most opioids (e.g. heroin, fentanyl, morphine) are 'full agonists' at this receptor, meaning they fully trigger them. Buprenorphine is different to these opioids in a few ways.

Bupe is a strong 'partial agonist' at the mu receptor, which gives it a lot of its unique effects. It binds to these receptors much more tightly than other opioids, and can even 'kick off' other opioids from this receptor. However, because it is only a 'partial agonist', bupe won't give you the same opioid-like effects as methadone, heroin, or other opioids.

If you take buprenorphine while dependent on full agonist opioids, the bupe will kick them off your mu receptors. However, because bupe doesn't activate the receptors as strongly as other opioids, you can start to go into instant withdrawals. If you have fully detoxed, there won't be any other opioids in your brain for buprenorphine to displace, so you won't get sick.

Precipitated withdrawals can start as soon as the bupe is in your brain. If you inject buprenorphine, the withdrawals will come on fast than if you were to take it sublingually (under the tongue).

Naloxone, which is the drug used to reverse opioid overdoses, can also cause precipitated withdrawal. As an opioid receptor antagonist, naloxone works by blocking your opioid receptors for up to two hours.

To discourage people from injecting their meds, Suboxone contains naloxone. If you have an opioid dependency, injecting Suboxone will likely bring on precipitated withdrawal. If you do not have an opioid dependency (i.e. you don't regularly use opioids, aren't on the OTP, and are injecting the Suboxone illicitly), it will merely delay the effects of the buprenorphine.

Many people think that if they use another opioid on top of their usual dose of buprenorphine, then will also start to hang out. This is a commonly-repeated myth. What usually happens is that the other opioid has little to no effect because the bupe blocks it at the receptors in your brain. Having a shot and not getting a result could make you upset for sure, but at least you won't be in withdrawals.

MAKING A COMPLAINT

If you feel that you're being treated unfairly by clinic staff, staff at your dosing point, or your prescriber, you have the right to make a formal complaint and to be informed of the progress of this complaint.

Your clinic should have a policy for sorting out problems between you and your health workers. You have the right to know how to make a complaint at your OTP service. They should tell you how to complain when you begin treatment and whenever you ask.

You can also complain if you are treated unfairly by an employer because you are on the OTP.

If you don't think your complaint has been handled fairly, or you are unhappy with the result, you have several other options:

- **Opioid Treatment Line (OTL):** - OTL responds to complaints and provides advice to OTP patients, family members and services.
  OTL operates Monday to Friday, 9:30 AM to 5 PM.
  Phone: 1800 642 428.

- **The Health Care Complaints Commission (HCCC):** – The HCCC acts to protect public health and safety by investigating, resolving and prosecuting complaints about health care. If an issue is serious enough, HCCC can refer matters to NSW Ministry of Health.
  HCCC operates Monday to Friday, 9:00 AM to 5 PM.
  Phone: 1800 0431 159

- **The NSW Users and AIDS Association (NUAA):** NUAA is a nonprofit NSW-based organisation advocating for people who use drugs. NUAA can assist and provide support in making and managing a complaint.
  NUAA is open Monday to Friday, 9:00 AM to 5 PM.
  Phone: 8354 7300, or toll-free on 1800 644 413.

Looking to find out more about the Opioid Treatment Program?

Look no further!

In your hands right now is the Consumer's Guide to the Opioid Treatment Program (OTP) - written by people who use drugs, for people who use drugs! This booklet is the introduction, so if you're starting to think about changing the ways you use opioids, you've struck gold! Whether you're just starting to think about treatment or have been on the program for years, there's something in this series for everyone!

OTP Consumer Guidelines Series:

- Opioid Treatment Program Consumer Guidelines – Full resource
- Standalone Guide 1 – Introduction to the Opioid Treatment Program
- Standalone Guide 2 – Maintenance on the Opioid Treatment Program
- Standalone Guide 3 – Your Rights and Responsibilities on the Opioid Treatment Program
- Standalone Guide 4 – Pregnancy and Parenting on the Opioid Treatment Program
- Standalone Guide 5 – Opioid Treatment Program in Regional and Rural Areas
- Standalone Guide 6 – Pain Management and the Opioid Treatment Program
- Standalone Guide 7 – Exiting the Opioid Treatment Program
- Standalone Guide 8 – Depot Buprenorphine Starter's Guide

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