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Welcome

This handbook provides information about the New Beginning Opioid Treatment Program offered by the Pascua Yaqui Tribe, Centered Spirit - Behavioral Health Program.

Methadone and Suboxone are designed to address your individual needs and help you make positive changes to improve your health and quality of life by eliminating the cravings for and withdrawal effects of illegal drugs and medicines. Many times patients also discover that their involvement with the criminal justice system decreases while in treatment because they are no longer involved in illegal activities. To accomplish this Centered Spirit has a specialized clinical program that offers therapeutic services for individuals with Opioid Use Disorder. A behavioral health professional will be assigned to assist you in addressing your individual needs. On-going meetings with your behavioral health professional are a requirement of the program, which includes attending individual and/or group counseling sessions.

Mission Statement

It is the mission of the Pascua Yaqui Centered Spirit Program (CSP) to provide professional, confidential and culturally compatible behavioral health services to promote healing, personal growth, and healthy living for Pascua Yaqui Tribal members and their families in the communities we serve.

Centered Spirit Philosophy

CSP is dedicated to providing services in an atmosphere of dignity, harmony, and respect for the Yoeme and other Native Americans we serve. We join our patients on their healing journey with a holistic, multi-disciplinary, and person-centered approach. We honor other tribal cultures and Yoeme cultural uniqueness. We encourage active participation in counseling and open expression of thoughts and feelings. We support our patients in reaching their goals: encouraging healthy lifestyle changes to improve wellness. We honor our patients' spirituality, history, and wisdom.

Centered Spirit Values

- We value the culture and traditions of the Pascua Yaqui Tribe.
- We value our patients and their extended families.
- We value the strength of the circle that includes our various divisions, outside agencies, patients, and their extended families. As the circle becomes stronger, the people are better served.
- We value the integration of Traditional, Alternative, and Western medicine to provide better outcomes for our patients.
- We value education and professional/personal growth opportunities for our employees.

Clinic Hours

Monday-Friday 5:30am – 11:30am., and on Saturdays from 7:00am to 9:00am, except for Federal & Tribal Holidays, at which time patients will be notified in advance.

Our Clinic Staff

A Centered Spirit Behavioral Health Director, a New Beginnings Program Manager/Sponsor, Dispensing Nurses, Behavioral Health Clinicians, Case Managers, a Physician, a Medical Assistant and Administrative Assistant. For more information please call 520-879-6003.



Starting Our Program

The ideal dose at the start is one that:

- Stops you suffering from bad withdrawals
- Does not make you sleepy
- Is enough to get you adjusted to taking methadone instead of other drugs

There are some differences between oral methadone and heroin. There is no rush or “hit” - and the effect, which comes on more slowly, is less intense. Some people find the change takes some getting used to, others don’t find it a problem at all.

Taking more methadone than proscribed can increase your risk of overdosing. It is also possible that you will be prescribed too much methadone. This can make you feel tired and/or it can slow down your reactions. If this happens to you, PLEASE talk it over with your nurse and counselor.

If you find it difficult to stop using, more counseling may be helpful and is readily available to you. While continued use is discouraged your focus should be abstinence, speak to your counselor about harm reduction safety methods.

Methadone is a powerful drug, and using heroin, alcohol or other sedatives (such as valium and sleeping pills) and medication, in addition to methadone can all result in overdose and death.

Methadone is slowly metabolized. Like many drugs including all opiates like heroin, it takes 5-6 doses to achieve a steady level of the medicine in your system. Since Methadone does not provide a high like heroin, you may often feel like you need a higher dose. Dosing is directly related to physical withdrawal symptoms. If you continue to experience physical withdrawals, then your dose will be assessed for increase by the doctor.

Methadone is much more effective at helping people to stop using heroin when it is taken every day. Provided you take methadone every day, and the ‘reservoirs’ are full, there are only relatively small changes in the blood levels of methadone. Having ‘heroin days’ and ‘methadone days’ results in your body never knowing whether it’s coming or going and you’ll feel rough much more often.

In Case of Emergency

In case of an emergency during business hours (8am-5pm), a crisis counselor can be reached at Centered Spirit **520 879-6060**. In case of an emergency after regular business hours (5pm-8am), a crisis counselor can be reached at 24 hour/7day a week crisis line **520-591-7206**.

Safety

This is a non-smoking building. For the safety of our patients, staff, and the community, those found possessing illicit drugs, weapons or displaying violent behavior toward staff or other patients are subject to an immediate administrative discharge and referral to another program. Loitering is not allowed and all patients are expected to leave the clinic area after receiving their medication. PY Police will be contacted for assistance in this area if necessary.

Minimum Therapeutic Service Participation Requirements

In accordance with policies and procedures all patients will enroll into Centered Spirit by completing a screening and comprehensive assessment; in addition to being screened for AHCCCS and applying if eligible. The initial treatment plan is tailored to meet the patient's unique needs and is developed by you and your assigned behavioral health professional in collaboration. Patients are required to attend a minimum of one therapeutic counseling activity per week, and or up to daily counseling as needed. We offer a wide range of counseling options, including Auricular acupuncture, group counseling, individual counseling, family counseling, 12 step meetings, sweat lodge, talking circles, parenting classes, art therapy, psychiatric care, referral to Detox and/or referral to Inpatient Residential Treatment (See Centered Spirit Groups and Services Manual for full listing). Patients' attendance at therapeutic activities is verified by nurses prior to receiving methadone or suboxone dose. Patient's dose may be held until you meet with your behavioral health professional if you have not attended a recent counseling session. All patients have the right to refuse counseling services, however those patients are subject to discharge for non-compliance and will be referred to another agency. New Beginnings nurse or manager will follow dispensing protocols stated in policies. If the patient refuses to obtain a Breathalyzer, the patient will not be dosed for that day. Please do not make attempt to get approval from counselors to get dosed. This is a medical decision and not a counselor decision. A maximum of 2 Breathalyzer tests can be done in one day. All patients will also have an annual EKG at Baseline and reviewed with primary care provider (PCP).

Counseling schedule

Phase I-First 3 months: Minimum of one scheduled group session per week, or maximum of daily group session based on severity.

Phase II-3 months+ 2 consecutive negative UA tests: One scheduled group session per week and contact with assigned counselor.

Phase III-More than 6 months + 6 month consistent negative UA results: Bi-monthly contact with your assigned counselor.

Phase IV-More than 9 months + 9 month consistent negative UA results: Bi-monthly contact with your assigned counselor.

Phase V-More than 1 year + 1 year consistent negative UA results: Monthly contact with your assigned counselor.

Phase VI-More than 2 years + 2 consistent negative UA results: Monthly contact with your assigned counselor.

Privileges and Phases

Most patients start in phase I, however patients transferring from other methadone programs will be evaluated by their primary counselor, physician and nursing staff to determine which phase the patient will start. All requests to move from one phase to another **must go through the primary counselor**, who will then staff the case at weekly Treatment Team Review (TTR) meetings, where the team makes recommendations. All patients will be given a Breathalyzer test before dosing. Criteria used to assess phase change are as follows:

- Absence of illicit drug use and abuse of alcohol
- Regular clinic attendance (individual and group counseling sessions)
- Absence of behavioral problems
- Improving/stable home environment
- Assurance of safe storage
- Meet or exceed phase time requirements
- Recommendation of primary counselor and approval by NB staff & Program Manager

Phase I- First 90 days, this phase allows for one take home dose per week (Sunday). Patients start in phase I, after completing an intake, a treatment plan is developed with the patient. Regular counseling to address Opioid Use Disorder issues is an important part of this phase.

Phase II- Second 90 days (6 months), this phase allows for 2 take home doses per week, (Saturday and Sunday) Patients will have to have been in treatment for at least 90 days, have 2 consecutive clean drug screens, each 30 days apart and meet all other phase change criteria for 3 take home doses per week (Saturday, Sunday plus one other day). Any time the take home dosing criteria is not met the case will be presented by the assigned primary counselor at TTR meeting and the team will determine what action will be taken.

Phase III- Third ninety days (9 months), this phase allows for 4 take home doses per week, (Saturday and Sunday and two additional days). Patients will have to have been in treatment for at least 6 months, have 2 consecutive clean drug screens, each 30 days apart, and meet all other phase change criteria. Any time the take home dosing criteria is not met the case will be presented by the assigned counselor at TTR meeting and the team will determine what action will be taken.

Phase IV- Fourth ninety days (12 months) allows for 6 take home doses per week (weekly). Patients will have to have been in treatment for at least 9 months, have 2 consecutive clean drug screens, each 30 days apart and meet all other phase change criteria. Any time the take home dosing criteria is not met the case will be presented by the assigned counselor at TTR meeting and the team will determine what action will be taken.

Phase V- One year in treatment phase allows for twice monthly dosing, patients will have to have been in treatment for at least 12 months, have 2 consecutive clean drug screens, each 30 days apart and meet all other phase change criteria. Any time the take home dosing criteria is not met, the assigned primary counselor will present case at TTR meeting and the team will determine what action needs to be taken. ***Patient must also agree to comply with the call back policy. Patients will be called or otherwise directly contacted and given 24 hours to return to the clinic with all their take home medications, both empty and full. Any discrepancy will result in an immediate reduction in privileges to phase I. If patient fails to respond within the required time frame, (24 hours after being notified) patient will decreased to daily dosing.**

Phase VI Two years (24 months) in treatment allows for monthly dosing, have 2 consecutive clean drug screens, each 30 days apart and meet all other phase change criteria. Any time the take home dosing criteria is not met, the assigned primary counselor will present case at TTR meeting and the team will determine what action will be taken. *** Patient must agree to comply with the call back policy. Any discrepancy will result in an immediate reduction in privileges to Phase I. If patient fails to respond to policy within the required time framed, patient will be decreased to daily dosing.**

New Beginnings Clinic Policies and Procedures

Drug Testing

All patients are required to provide a random monthly drug test. Patient cannot refuse more than 4 urine requests per year, which is based according to admittance date. **Positive drug tests:** Counseling is an important part of our program, especially for patients that test positive for drug use or are struggling with alcohol related problems. Patients that test positive will be required to attend counseling groups prior to receiving their methadone dose.

Lock Boxes

All patients are provided with an assigned lock box at admission to New Beginning. It is the patient's responsibility to replace it, if lost or stolen and must notify the NB staff. Lock boxes can be purchased at many stores. Please note that if you do not provide your lock box, you will not be given your take home bottles.

Empty Bottles

All bottles must be returned the New Beginning Nursing Staff and they will dispose of empty bottles appropriately. This is a DEA drug diversion policy that NB is required to follow. Bottles need to be returned with legible labels intact when returned. Patients may not receive their dose until empty bottles are returned. Failure to return empty bottles may result in loss of phase take home privileges.

Take Home Doses

All take home bottles will be clearly marked with the patients name, dosage, date and will be issued in a child resistant bottle. All empty bottles must be returned; patients who do not return take home bottles may lose take home privileges. **Take home bottles can only be dispensed to the patient receiving the dose.**

Exception Take Home Privileges:

Additional take homes may be approved by obtaining written approval of the assigned primary counselor and Program Manager, and form must be faxed to CSAT for authorization. Reasons for exception take homes may include, but not be limited to tribal holidays; death in the family, disability, or job related problems and or transportation problems. In cases of emergencies such as acute physical disability or illness, personal or family crisis, take home doses MAY be approved by the primary counselor and/or Program Manager.

Methadone/Suboxone maintenance or tapering

Methadone/Suboxone maintenance or tapering is provided for patients that have a longstanding history of opiate dependence AND prior treatment attempts to stop have been unsuccessful. The goal of this program is to improve the quality of our patient's and their family's lives including

elimination of illicit opiate and other drug abuse including alcohol. An important part of this program is participation in counseling and consistency in dosing.

Termination Policy

A patient may be discharged from the program for serious offenses; such as physical or verbal intimidation/assault of staff or other patients, theft, possession of illicit drugs or weapons. Patients may also be discharged for non-compliance with his or her treatment plan. In all cases the program sponsor or counseling supervisor will review the case and make the final decision. Patients discharged will be referred to other agencies to receive services, however patients may also be re-evaluated by the program sponsor or counseling supervisor for readmission to our program at any time.

Patient Grievances

Patients are encouraged to file a grievance if they have concerns regarding their treatment and/or staff behavior. The procedure is to address the issue first with the primary counselor, if not satisfied, then approach the New Beginning Program Manager. Patients who still do not receive satisfaction are encouraged to meet with a Member Services Specialist to assist with complaint and grievance process 879-6060. The grievance and appeal process, code of ethics and confidentiality policy is outlined in the Behavioral Health handbook you received on admission; please let us know if you need another copy.

Courtesy Dosing

Guest dosing is accepted for Native Americans only as a courtesy for 2 weeks maximum. The New Beginning program retains the right to refuse any guest dosing that they deem necessary, along with any financial arrangements that have incurred. Our facility has a no charge policy for dosing. Those receiving courtesy dosing are not eligible for medical or counseling services. In order for the guest to receive dosing:

- The individual must have the required documentation needed from the referring program,
- The individual must show proof of Native American affiliation by Tribal ID and
- The individuals dosing must occur within 24 hours of notification.
- The individual must provide proof of drug screen within the last 3 months.

What is Methadone and Suboxone?

Methadone is classified as an Opiate. Opiate is a drug (naturally occurring and synthetic) with chemical structures and actions similar to morphine. Opiate is classed as depressant drugs as they work by slowing down the functions of the central nervous system¹. Alcohol, cannabis and benzodiazepines (including Valium, Rohypnol and Serepax) are examples of other depressant drugs. Methadone is synthetically manufactured and used as a substitute for the treatment of people dependent on heroin and other opioids. Its effects are much longer lasting than heroin, a single dose being effective for approximately 24 hours. In our treatment program, methadone is given out in syrup form and drunk with a fruit juice. A person can only become a patient at New Beginnings OPT, after being assessed by a behavioral health counselor and the medical staff. Generally all our patients are 18 years of age or over and are physically dependent on opiates. The assessment takes into account other characteristics such as alcohol or other drug use and psychological health.

Addiction Defined

The Merriam-Webster Dictionary defines addiction as:

1. the quality or state of being **addicted** <*addiction* to reading>
2. compulsive need for and use of a habit-forming substance (as heroin, nicotine, or alcohol) characterized by tolerance and by well-defined physiological symptoms upon withdrawal; *broadly* : persistent compulsive use of a substance known by the user to be harmful

Addiction is considered a neurological disease that leads those affected with the need to continue to repeat behavior despite adverse consequences. Drug abuse, exercise addiction, food addiction, computer addiction, sex addiction, and gambling are some examples of addictions. Addiction is considered to be a neurological disease that causes physiological dependence that creates the conditions of tolerance and withdrawal, discussed further below. Common symptoms of addiction include inability to stop use of substances or behavior even if negative consequences are known, preoccupation with substance or behavior, problems with the criminal justice system, and denial. Opioid Use Disorder is a specific type of addiction to opioid drugs such as heroin.

The Advantages of Methadone/Suboxone Treatment

Many people believe that it is preferable for heroin users to stop taking drugs altogether. Although for some heroin users this is achievable, for others there is a high risk of relapse of heroin use. Methadone maintenance has helped many people reduce the recurrence of compulsive heroin use.

Methadone treatment, like any other drug treatment, is not a 'cure' for heroin dependence. However, research has shown that it can improve the health of people dependent on heroin in a number of ways:

- People are less likely to use heroin that may be contaminated with other substances;
- Methadone is taken orally, which makes it cleaner and safer than injecting heroin. This reduces the risks of sharing equipment and becoming infected with blood-borne viruses such as hepatitis B, hepatitis C (which may lead to long-term liver problems) and HIV - the virus causing AIDS;
- The routine involved in methadone treatment encourages people to lead a balanced and stable lifestyle - including improved diet and sleep;
- People are less stressed, as they do not have to worry about where their next 'hit' of heroin is coming from;
- Methadone lasts longer in the body than heroin, so it only has to be taken once a day;
- It allows people to handle the withdrawal process with less discomfort;
- Criminal activities conducted to obtain illegal drugs are reduced;
- It helps people cut their connections with the drug scene;

This service is free to Pascua Yaqui Tribal Members

- Under certain conditions, take-home doses of methadone are available, which help patients return to a more stable lifestyle. To be eligible, patients must meet the criteria as outlined above.

Why Methadone/Suboxone is Not Worse Than Heroin

The withdrawals from methadone are usually longer than heroin, but not worse. But all withdrawal requires medical supervision. Added to this there have been dozens of studies that have shown that people who were dependent on heroin and are prescribed methadone are able to:

- Stop using heroin
- Inject less often and with less risk
- Reduce the amount of crime they are involved in
- Have more stable relationships.
- For many people becoming opiate free is a long-term goal and as long as methadone is helping avoid and lessen the risks of illicit drug use it can be safely prescribed for many years.

Tolerance

Tolerance is the way the body adapts in order to cope with the regular presence of some drugs. Once a tolerance has developed it takes bigger doses to achieve the same effect. The tolerance you have built up to other opiates is transferred to the methadone when you start the prescription. If the drug is withdrawn, tolerance will quickly drop back to original levels so it is easy to overdose after a break.

One of reasons why methadone is prescribed is that tolerance to methadone usually builds up very slowly. The body builds up tolerance to most of the effects individually and at different rates. So your tolerance to one effect such as feeling sedated may have built up while you were taking heroin to the extent that you don't feel sedated at all when you start the methadone. Side effects, such as a dry mouth may occur while on methadone. Please report any and/all side effects to your Nurse and Counselor.

Other Side Effects Include, Constipation, Sweating, Itching.

So if you will be taking methadone over a long period of time it will be really helpful, if you can include lots of fruit and vegetables and alcohol-free drinks in your diet. If constipation is a problem talk it over with your doctor - especially if you are thinking about using laxatives as these can actually make things worse in the long run.

What Do Methadone and Suboxone Do?

The main differences people notice between methadone and heroin are the lack of any sense of a 'hit' and the fact that methadone is long acting (most people can take it once a day without experiencing serious withdrawal symptoms), but as they are both opiates the effects are broadly similar: both have an effect on many areas of the mind and body. But everyone is different. **So when someone says 'Methadone makes you sick/ tired/itchy' etc, what they mean is that methadone has had that effect on them; it may or may not have a similar effect on you.**

Methadone does not damage the body as it passes through. The liver easily breaks down methadone into a form, which can pass harmlessly through your kidneys into your urine. **For most people this is a harmless process but the strain for the liver can cause overdose or liver failure in people who have impaired liver function,** by illness such as Hepatitis B or C or by the excessive use of Alcohol. The danger is greatest at the start of a script, when the dose increases or if the condition of the liver deteriorates further.

Side Effects

Some people on methadone programs will experience unwanted symptoms during their treatment. These may be caused by the dosage they are receiving being too low or too high, which can occur particularly at the beginning of treatment. Some symptoms may also occur due to the side effects of the drug itself.

Symptoms of the methadone dose being too low may resemble having a bout of the flu. They include:

- Runny nose, sneezing
- Abdominal cramps
- Feeling physically weak
- Loss of appetite
- Tremors
- Muscle spasm and jerking
- Goose bumps
- Tears
- Difficulty sleeping
- Nausea/vomiting
- Yawning
- Diarrhea
- Back and joint aches
- High temperature but feeling cold
- Sweating
- Irritability/aggression/feelings of uneasiness
- Cravings for the drug

A person who suddenly stops taking methadone or any opioid may experience many of the symptoms listed above. The acute withdrawal symptoms usually begin one to three days after the last dose, and peak around the sixth day, but can last 1-3 years in a more subtle form.

Symptoms of too high a dose include:

- Drowsiness/nodding off
- Nausea/vomiting
- Shallow breathing
- Pinpoint pupils
- Below normal drop in body temperature
- Slow blood pulse, lowered blood pressure
- Heart palpitations
- Dizziness
- Problems with sexual functioning
- Poor blood circulation

But, unless it has made you drowsy, it won't affect: coordination- Speech- Touch- Vision- Hearing

Long-term effects **Methadone** doesn't damage your:

Heart
Liver
Brain

Bones
Reproductive system
Immune system.

It is true to say that methadone, even if taken for years, causes no direct physical damage and is much healthier than being dependent on illicit opiates. However, being constipated for long periods can cause problems in later life and....

Methadone does not attack your teeth but Methadone can restrict the production of saliva, which

is one of the body's natural defenses against plaque. Apart from finding a good dentist (we can help with that) and regular dental care, it really helps to:

Cut sugary foods out of your diet, clean your teeth right after you take it-every time or at least rinse your mouth with water after you've taken methadone, chew sugar free gum.

But, in the end, methadone is no worse for your teeth than eating sweets or taking sugar in tea and coffee! And research has shown that the teeth of opiate users on methadone scripts are no worse than those of opiate users not on a script.

Overdose and Death

Methadone deaths are rare. Methadone related deaths have almost always been due to combining methadone with other drugs, particularly benzodiazepines such as Valium and Rohypnol, and/or alcohol. It is generally accepted among health professionals that methadone treatment is effective in reducing deaths among heroin-dependent people. Deaths involving those in methadone treatment have occurred mainly due to the following reasons:

- Accidental overdose - research indicates that the abuse of alcohol and benzodiazepines is common among methadone patients. Any combination of sedative drugs, including opiates, such as heroin and methadone, alcohol, and benzodiazepines, results in an increased risk of respiratory depression, coma and death;
- Suicide - emotional disorders are common among methadone patients;
- Accidents - including those involving a motor vehicle and
- As little as 10 mg can kill small children.
- A few mouthfuls can kill an adolescent.
- Less than 50mg can kill a non-tolerant adult (and that could include you!! - see below). Tranquillizers and/or alcohol with methadone kill more people each year than heroin overdose!
- Most of the people who die from methadone overdose bought it illegally.

As you reduce the amount of methadone you take, your tolerance will reduce too. So if you do use on top of a low dose, or go back to heroin after a break, you could easily overdose on the amount you used to take.

If you ever suspect someone has overdosed on methadone, lay them on their side in the recovery position and call an ambulance - an injection can be given to reverse the effects, provided a paramedic or doctor gets there in time.

Alcohol

Methadone and alcohol boost each other's effect. So if you overdo either or both, you are much more likely to overdose. And as they both can knock you out and make you throw up you don't have to take a lethal dose to end up choking to death on your vomit while too sedated to wake up.

If you find that methadone doesn't seem to be enough for you, talk to your doctor or counselor about it rather than drinking more alcohol. The effects of alcohol are not altogether different from methadone and sometimes when people feel like they need more drugs they use alcohol. If alcohol could be a problem, please talk to your counselor or doctor.

Withdrawals

Because your body has developed a tolerance to methadone it may react or withdraw when the level of methadone in your system drops below a certain level.

Every part of you that is affected by the methadone becomes geared up to function with the drug inside you, so if you stop taking methadone your body takes time to adjust to not having it there. During that time you may suffer withdrawal symptoms such as: A high temperature but feeling cold, with goose bumps alternating with sweating, feeling restless, anxious and aggressive, disturbed sleep, diarrhea, feeling or being sick, running eyes and nose, pains in muscles, bones and joints. Yawning and sneezing.

But too much methadone can cause sweating, feeling sick and poor sleep too, so you may get these symptoms – All of which can feel like withdrawals.

Because methadone is a longer-acting drug, some people find the withdrawals more uncomfortable and longer lasting than with heroin. But once it is out of your system the mechanism of readjustment is the same whether you've stopped methadone or any other opiate.

Withdrawal symptoms are probably due to over secretion of noradrenalin (production of which is suppressed by opiates) and partly because methadone has reduced the secretion of the body's natural opiates called endorphins. Following this burst of noradrenalin your body may be short for months.

This may be partly why people still feel anxious, cold and/or have difficulty sleeping for months after stopping Methadone.

Detoxification

Most people find it takes about four days to get over the worst of the withdrawals when they first drop to a lower dose, but it can take up to 14 days. After any opiate Detox poor sleep and feeling low can last for months the causes may not all be chemical - talking to your doctor/counselor may help.

If you use heroin during a Detox your chances of staying drug free afterwards are not good. If you want to get off heroin stop using at the start - if that isn't the right time it will be hard to find a better one.

Each time you take a drop in dose on a long Detox or throughout a quick one, there are several things you can do to help make the adjustment easier:

- **If you can, plan to take it easy for a few days after each drop**
- **Keep things as stress-free as you can**
- **Look after yourself - stay warm, eat well and drink plenty of alcohol-free fluids.**

Don't keep an emergency supply because if you do you'll only find Emergencies!

Detoxing isn't just about withdrawals. You will probably be wondering what life will be like without methadone. There will be changes - methadone tends to flatten out highs and lows in life so you will probably find that feelings are more intense than you've been used to. It can feel

strange not having it there as things crop up and you will probably find yourself wondering how you'll cope.

STDs, HEP-C and TB

Using drugs is risk factor for disease. Drug use is associated with such risk behaviors as the sharing of contaminated needles and other drug paraphernalia and unsafe sexual practices that lead to the transmission of certain infectious or communicable diseases.

Studies have found that there is a high rate of Hepatitis B and C along with HIV in drug users and in injection drug users. There is also a connection between syphilis and the use of cocaine. Sexually Transmitted Infections such as Gonorrhea, Chlamydia and Syphilis are obtained through unprotected sexual activity. These diseases may become deadly if they are not treated that is why it is important to be checked regularly.

Many drug users are afraid to become involved with traditional medical providers because of previous poor treatment and insensitive care. As a result, they may not get tested for and ask for treatment of infectious/communicable diseases.

Substance abuse services are the ideal way to begin a lifestyle that is healthy and is free from infectious/communicable disease. Counselors and nursing staff within the New Beginnings Treatment area have a good understanding of the lifestyles of individuals who use drugs and are sensitive to and knowledgeable about their concerns and needs.

Some important things to remember about screening for infectious/communicable diseases is that testing will help the patient with their recovery efforts, it will improve their health and improve treatment compliance, and may prevent the spread of debilitating and life-threatening infectious/communicable diseases.

New Beginnings outpatient treatment services are required to conduct a risk assessment for sexually transmitted infections (STIs), human immunodeficiency virus (HIV), hepatitis B and C, and tuberculosis (TB). The evaluation/ assessment will be conducted by the outpatient treatment service program and may include on-site testing, performed by trained medical personnel. Those patients testing positive will be referred to their Primary Care Provider for appropriate follow-up.

Will Medication Assisted Treatment Affect my Sex Drive?

Like all opiates methadone can remove or inhibit the desire to have sex. But this can be erratic. Condoms not only help to prevent pregnancy but can also protect you and your partner against HIV, hepatitis and other sexually transmitted diseases. **It is not only people who share injecting equipment who get HIV and hepatitis - they are also spread through unprotected sex. Be sure you have condoms with you if there is any chance you may need them.**

HIV and hepatitis live in body fluids: mainly blood, semen and vaginal fluid. They are passed on when the infected body fluids of one person pass into the blood of another person.

This happens most easily during unsafe sex: the walls of the vagina and the skin on the penis are very thin and easily damaged. When people have sex without a condom the virus can pass easily into their bloodstream.

Safer sex is sex with reduced risk of your partner's semen, vaginal fluid or blood getting into your bloodstream. **There is no cure for HIV so the only way to protect yourself is to**

REMEMBER:

- ☐ It is required that patients enrolled in our Program receive professional counseling;

- ☐ Methadone, like heroin, is a potent drug and can be dangerous if used incorrectly;
- ☐ While people are on methadone, they are still physically dependent on opioids;
- ☐ There is no 'high' experienced from a methadone dose;
- ☐ Patients must commit to attending daily for their dose, therefore, holidays etc may be difficult to organize;
- ☐ And there are side effects.

Medications that Interact with Methadone

It is important to let your doctor and/or dentist know they are taking methadone, so that they don't prescribe medication that could affect your methadone treatment.

Generic Name	Brand Name	Generic Name	Brand Name
Amiodarone	Cordarone	Nefazodone	Serzone
Amprenavir	Agenerase	Nevirapine	Viramune
Chlorpromazine	Thorazine	Pimozide	Orap
Clarithromycin	Biaxin	Procainamide	Procan
Didanosine	Videx	Quindine	Quinaglute
Disopyramide	Norpace	Rifabutin	Mycobutin
Efavirenz	Sustiva	Rifampin	Rifadin
Erythromycin	Ery-Tab	Rifapentine	Priftin
Fluconazole	Diflucan	Risperidone	Riperdal
Fluvoxamine	Luvox	Ritonavir	Kaletra/Novir
Haloperidol	Haldol	Sotalol	Betapace
Ketoconazole	Niziroal	Sparfloxacin	Zagam
Levomethadyl	ORLAAM	St. John's Wart	n/a
Lopinavir/Ritonavir	Kaletra	Thioridazine	Mellaril
Methohexital	Brevital	Zidovudine (AZT)	Combivir/Retovir/Trizivir
Naltrexone	ReVia		

The Law

Injecting methadone, taking more than one dose at a time, or giving methadone to somebody else is illegal. Selling, sharing or giving away your methadone can easily jeopardize your script, overdose a non-tolerant person, and cause serious legal problems. Methadone is only legal providing it is dispensed by an OTP and taken as prescribed.

If you are charged with any drug-related offense, seek legal advice.

Methadone and driving

It is illegal and dangerous for anyone to drive **while** being under the influence of a drug(s); they are **incapable** of having proper control of a vehicle. This can include methadone and, if suspected,

the driver can be subjected to a drug test. Talk to your counselor or the nursing staff if you believe that your dose is too high or in any other way is incapacitating. Breaking this law carries penalties including disqualification from driving, heavy fines and/or imprisonment. Mixing methadone with other substances further increases the risk of accident. For instance, even a small amount of alcohol taken with methadone can impair an individual's driving skills and put them at risk of a serious accident.

If you suspect that any medication you are taking may affect your driving (or any other activity), avoid driving and talk to your doctor. It is important that you don't stop taking your medication.

