

## METHADONE

<b>History</b>	It was produced in Germany during WW1 by scientists who were trying to make a painkiller similar to natural opium which had become difficult to obtain. Methadone is predominantly prescribed as a substitute for heroin for those dependent on heroin. The advantages are that it is a pharmacological substance whose strength is known and which can be delivered in precise doses. When prescribed as methadone mixture it offers an oral route of administration, rather than by injection. When prescribed it also offers an escape from the heroin lifestyle by removing the need to fund a large heroin habit. Once receiving prescribed methadone, the user is also hopefully drawn into other services such as support, counselling and primary healthcare services.
<b>Street name</b>	Meth, phy, juice
<b>Type</b>	
<b>Drug Effect</b>	<p>Methadone is a slightly less powerful painkiller than heroin though it offers a similar, though less intense, absence of pain combined with moderately euphoric qualities. The combined effects are a sense of well-being, feeling warm and content, drowsy and untroubled. At higher doses the user may become heavily sedated, be sleepy, unable to talk, and appear to fall asleep for a few minutes at a time.</p> <p>A single dose of oral methadone will start to work within around 30-60 minutes of consumption and reach peak levels after approximately three hours. Effects of a single dose typically last for around 24 hours though, with regular dosing, the drug builds up in fatty tissue in the body and withdrawal effects may not start for around 36 hours after the drug has been taken</p> <p>Users often experience nausea or vomiting on the first occasions that they use methadone or when returning to use after a period of abstinence. Side effects include suppression of the cough reflex, more shallow breathing and a slowing of the pulse rate. Some users experience intense, allergy-like itchiness. Other unwanted effects can include flushing of the skin, profuse sweating, reduction in libido, constipation and confused thinking. Painkiller and depressant (downer), moderate euphoric. Effects last up to 24 hours. Users say they feel a 'glow'. Side effects include tooth damage, suppression of cough reflex, profuse sweating and an intense allergy-like itchiness</p>
<b>Dependency</b>	Yes.

<b>Description</b>	White scored tablet / clear ampoules. Green mixture / straw coloured linctus.
<b>Street use</b>	<p>Methadone mixture is designed to be taken orally; it contains additives which cause irritation and discomfort when injected. This irritation combined with the large volumes and associated vein damage make methadone an unpopular choice for injectors. Tablets are also designed to be taken orally however some users grind up tablets and inject them.</p> <p>Injectable ampoules are intended for IM use; concentrated 50mg/ml were not originally intended for intravenous use and can cause irritation and significant vein damage when injected in to a vein. Some users will dilute the ampoules to reduce the discomfort of injecting this highly acidic compound.</p> <p>When sold on the streets ampoules typically sell for £20 or more and are not relatively scarce as a street drug; tablets are increasingly scarce and could cost a few pounds each. Methadone mixture is hugely variable in price at a street level from £10 for a small volume up to £30 or £40 for a larger dose. Prior to the ban it retailed for around £10/g. Costs are likely to go up as it becomes more scarce.</p>
<b>Withdrawal</b>	Symptoms slower to develop than with heroin but last longer. Flu-like symptoms appear up to 2 days after the last dose, peak after 5 – 6 days and fade after 14 days. Sleeplessness may last longer. Users report sleep disturbances and nightmares. Withdrawal is more difficult than from heroin.
<b>Long term use</b>	<p>Methadone is physically addictive. After a period of regular use there is an unpleasant period of withdrawal (often called ‘cold turkey,’) as the drug is cleared from the body and the body adjusts to functioning without the presence of methadone.</p> <p>While unpleasant, sometimes lasting for two or three weeks, it is not a life-threatening process. Far more difficult is to resist the psychological temptation to use during this period in the knowledge that it would instantly alleviate the symptoms of withdrawal.</p> <p>Methadone remains in the body for longer than heroin and many users assert that it is harder to withdraw from methadone than heroin. Regular use of methadone leads to an increase of tolerance to the drug. Initially this means that one needs to take increasingly large amounts to achieve the same sense of euphoria and well-being. Subsequently it means that users find they need to use increasingly large quantities to prevent going into withdrawal or just to feel ‘normal.’ Tolerance takes longer to develop than with heroin.</p> <p>The flip-side of this is that, when methadone use is reduced (as with a</p>

	<p>reduction programme) or discontinued (for example after a spell in prison), tolerance drops. A user whose tolerance has dropped, who attempts to use the amount they were using when their tolerance was higher, stands a good chance of overdosing.</p> <p>Methadone, like heroin, does cause severe constipation amongst regular users. In addition it acts to suppress the cough-reflex, leaving users at risk of chest and bronchial problems. Methadone can cause tooth damage, weight gain, perspiration and reduced libido, making it unpopular with many users.</p> <p>Further health problems relating to methadone use stem from injecting. The injection of undiluted concentrated methadone ampoules has been linked to vein damage, tissue damage, ulceration and other problems.</p>
<p><b>Overdose</b></p>	<p>Overdoses where methadone is involved are not uncommon. Death from the use of methadone alone are infrequent although some deaths involves methadone alone, but more often than not, it involves methadone in conjunction with other opiates (especially heroin) or methadone in conjunction with other depressant drugs such as alcohol or benzodiazepines. When used as prescribed, methadone presents a low risk of overdose. However, when used by an opiate naïve individual, as little as 30-40ml could be fatal. Additional risks come where people use multiple doses of methadone at once, or use heroin on top of their prescribed methadone. Problems with a break and tolerance decreasing; also if mixing methadone with barbiturates or alcohol.</p>
<p><b>Legal Status</b></p>	<p>Prescription only medicine. Class A, Schedule 2.</p>