



Ever wish you could...

- Quit using heroin?
- Protect yourself from HIV infection?
- Get healthier?






Good News: Medical treatments called opioid (oh-pee-oyd) maintenance can help you!

Injecting heroin puts you at risk for HIV, hepatitis, heart infections (endocarditis), and other illnesses. Since heroin is illegal, your drug use could land you in jail. None of this is news to you. But what you may not know is that there are medical treatments that can help you get your life under control.

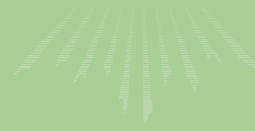
Heroin — also called “smack,” “H,” “skag,” “junk,” “brown mud” — is an opioid. An opioid is a strong medicine that doctors use to treat and relieve pain. People who use heroin for pleasure can become addicted to it easily. Opioid maintenance can help you stop using heroin. Two medicines are used in opioid maintenance — methadone or buprenorphine (boop-ruh-nor-feen). These medicines can prevent or relieve withdrawal symptoms and control your cravings. If you’re not ready to quit, these medicines can help you use less heroin, less often, until you can stop using altogether.

This treatment is a very effective way to get your heroin use under control and help you quit.



Methadone or buprenorphine treatment

can help you
stop using heroin.



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Treatment basics

What is opioid maintenance?

Methadone and buprenorphine are types of medicines that are called opioids. When methadone or buprenorphine are taken regularly to treat heroin addiction, it is called opioid maintenance.

What is methadone?

Methadone is a drug that is related to morphine and heroin. It has been used for many years as a painkiller and as a treatment for heroin addiction. It is mainly available in special clinics called methadone maintenance programs. It is taken by mouth, usually once a day.

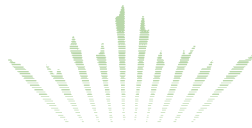
What is buprenorphine?

Buprenorphine is also related to morphine and heroin. It has been used in the United States since 2002 and is available in regular doctor's offices if the doctor has taken a training and has a "waiver" to prescribe it. It is dissolved under the tongue (not chewed), usually once a day or sometimes less often.

How do these treatments work?

These medicines fight heroin addiction in 3 ways:

- 1) Prevent or relieve symptoms of heroin withdrawal. Methadone can be started before you start to feel symptoms of withdrawal. Buprenorphine is started when you are already in some withdrawal and it lessens the symptoms. If buprenorphine is started before you start to feel withdrawal symptoms, it will put you into severe withdrawal.
- 2) Stop cravings for heroin. These medicines help you forget about wanting heroin.
- 3) Block the effects of heroin — this is called "blockade." If you use heroin while you are on methadone or buprenorphine, it is harder to get high.



A word about detoxification (detox): In addition to opioid maintenance, both methadone and buprenorphine can be used for detox from heroin. This may help some heroin addicts, but many users relapse and need maintenance treatment.

A word about prescription opioids: Some people may become addicted to prescription pain medicines, like oxycodone or long-acting morphine. Methadone and buprenorphine are also useful for treating these addictions.

**Heroin addiction is a disease.
Methadone and buprenorphine are
medicines for that disease.**

Many doctors now think that regular heroin use can cause long-term changes in the brain. As a result, many heroin addicts may physically need medicines like methadone or buprenorphine regularly, just like a person with diabetes may need insulin shots every day.



Methadone and buprenorphine are treatments, not cures. Some people find that a short time — up to a year or so — is helpful, but most will need to take one of these medicines for years or even a lifetime.



Do these treatments work?

Yes! They are the most effective treatment for heroin addiction. Most people in methadone maintenance programs or on buprenorphine are able to stop using heroin. Even people who are not yet ready to quit are better off in treatment, because opioid maintenance makes it easier to lower the amount of heroin they

use — an important step on the road to quitting for good.

Do methadone and buprenorphine have side effects?

All drugs, including methadone and buprenorphine, have some side effects. The main side effects of methadone are constipation (not being able to make a bowel movement) and sweating. The main side effect of buprenorphine is constipation. For most people, these side effects go away with time.

Opioid
maintenance
helps you
protect
yourself
from HIV.

Up to 6 times
higher HIV
risk without
drug treatment

Lower HIV
risk with
methadone
maintenance
treatment

Heroin users who enter and remain in methadone maintenance treatment **are up to six times less likely** to become infected with HIV than those who do not enter treatment. Buprenorphine has not been around as long as methadone, but doctors believe it will prevent HIV infection as well as methadone.

HIV prevention

How do these treatments prevent the spread of HIV (the virus that causes AIDS)?

The two main ways that HIV is spread are:

- Sharing needles and works (cotton, water, spoons, bottlecaps, etc.) to inject drugs; and
- unprotected sex (sex without using a condom).

If you are in withdrawal (“drug-sick”) or craving heroin, you might share needles or have unprotected sex to get heroin because getting heroin seems more important than protecting yourself and your partners from HIV infection.

Methadone maintenance and buprenorphine help you stop craving heroin so that heroin does not seem more important than your health. When you are not drug-sick or craving heroin, it is easier for you to choose to protect yourself and others from HIV infection.



What people with HIV infection should know



Can I take methadone or buprenorphine if I have HIV?

Yes! Both methadone and buprenorphine are safe for people with HIV. Research suggests that heroin addicts with HIV who are on methadone may even stay healthier than those who are not on methadone. Research has also found that heroin addicts on buprenorphine are more likely to take HIV medicines properly (the right doses at the right time, each day) than heroin addicts not in treatment. Taking HIV medicines properly helps people with HIV live healthy longer. This also lowers their chance of passing HIV to others. Your HIV care provider may be able to prescribe you buprenorphine. Many methadone clinics also offer counseling about HIV and can help you find medical care.

If you have HIV it is still important to avoid sharing needles or having unprotected sex so that you do not pass HIV to other people or get other infections that can hurt your health. Methadone maintenance or buprenorphine can help you stick to your decision not to share needles or have unprotected sex.

How do methadone and buprenorphine interact with HIV medicines?

It is fine to take methadone or buprenorphine while you are on HIV medicines.

Some HIV medicines may make your body use up methadone more quickly. If that happens, you will need a higher dose of methadone. Don't worry if you need a higher dose — what's important is that you get enough methadone to stop craving heroin. The "right" dose is the dose that works best for you, whether it is high or low. Tell your methadone clinic all of the medicines you take so that you can get the dose of methadone that you need. Also, be sure to tell your HIV health provider all of the medicines you are taking, including methadone, to avoid unexpected drug interactions.

Buprenorphine is newer than methadone, but it is believed to have very few interactions with HIV medicines. Again, it is very important that your doctors know all of the medicines you are taking.

Methadone: Facts and myths

You may have heard stories about methadone that are not true. Read on for the facts!



MYTH: Methadone is bad for your health.

FACT: **Methadone does not hurt your bones, teeth, liver, or any other part of your body.**

Doctors have studied methadone very carefully for a long time. It does not hurt your body. Many long-term heroin users have liver problems or teeth problems related to the lifestyle that often goes along with drug use.

Former users are likely to have these health problems whether or not they are on methadone. However, a person on methadone is more likely to get medical care and avoid HIV and other illnesses.

MYTH: People on methadone are high.

FACT: **Patients on methadone maintenance — a steady dose taken every day — do not feel high.** When you first begin methadone treatment, you may feel sleepy or high until your doctor finds the best dose for you. Once you are taking a steady dose every day, you will not feel high.

MYTH: Lower doses of methadone are best.

FACT: **There is no one “best” dose of methadone for everyone.** The best dose for you is the dose that stops you from craving heroin.

Buprenorphine facts

How does buprenorphine treatment work?

Buprenorphine (also known as Suboxone®) is a new drug used for maintenance in treating heroin addiction. It stops your craving and withdrawal symptoms and blocks the effects of heroin. Dosing is usually every day, but some patients take buprenorphine less than every day. You get a prescription between once a week and once a month, depending on your treatment plan.



Your doctor may also suggest that you have substance abuse counseling while you're taking buprenorphine.

Where can I get a prescription for buprenorphine?

Because it is hard to overdose from or abuse buprenorphine, it can be prescribed from a regular doctor's office. Doctors have to take a training course to get a "waiver" to prescribe

buprenorphine, and each doctor can treat no more than 30 patients. See if your doctor has a waiver so that you don't have to go to another doctor for buprenorphine treatment.

How do I know if buprenorphine is right for me?

Here are some facts to help you decide if buprenorphine is right for you:

Buprenorphine can be prescribed from a regular doctor's office, but methadone is given at a special methadone maintenance program or clinic. If there is no methadone clinic near you, or if the clinic is full and not taking any more patients, buprenorphine may be a good option for you.

You can take buprenorphine at home — which can make treatment easier for you. You have to go to the clinic or methadone maintenance program to take methadone.

Buprenorphine may be a good first choice in treating heroin addiction. If you have never been treated for heroin addiction — or if you have never taken methadone — buprenorphine may be a good choice for you. It may also be a good choice if you are currently in treatment for heroin use.

Some studies suggest that buprenorphine may not lower heroin craving for everyone, especially people who need more than 60mg to 100mg of methadone per dose to feel comfortable.

Buprenorphine cannot be taken with many pain medicines such as morphine or codeine.

To learn more about buprenorphine, call the U. S. Substance Abuse and Mental Health Services Administration (SAMHSA) toll-free at **1-866-BUP-2728**. Their website address is: <http://buprenorphine.samhsa.gov/about.html>. It has more information and a list of doctors in the U.S. who can prescribe buprenorphine.



Finding help

Where can I get more information about HIV/AIDS?

For more information about HIV and AIDS, to find HIV testing sites, syringe exchange programs, and pharmacies that sell syringes, and to access services near you, call the toll-free New York State Department of Health HIV/AIDS Hotline:

1-800-541-AIDS English

1-800-233-SIDA Spanish

You can listen to taped messages or speak to a phone counselor. You can ask them anything, and you do not need to give your name.

**1-800-369-2437 HIV/AIDS
TDD Information Line**

Voice callers can use the New York Relay System: Call **711** or **1-800-421-1220** and ask the operator to dial **1-800-541-2437**.

How can I find a treatment program with methadone maintenance?

Methadone is available at special clinics. To find a treatment program in New York State, call:

**1-800-522-5353
Monday - Friday,
9:00 am - 5:00 pm**



To find help for alcoholism, drug abuse, and problem gambling, call the HOPEline at the New York State Office of Alcoholism and Substance Abuse Services:

1-877-8-HOPE-NY 1-877-846-7369

24 hours a day, 7 days a week. For more help quitting drugs, or confidential help with depression and other mental health problems, call:

1-800-LIFENET New York City only

24 hours a day, 7 days a week



