Should I take methadone or Suboxone® if I am pregnant?

If you are pregnant and dependent on an opioid drug (such as heroin, morphine or fentanyl), it is strongly advised that you enter a treatment program as soon as possible. Pregnant women are given top priority at all addiction treatment clinics across Alberta. If you are already on methadone and become pregnant, you should stay on methadone. Stopping methadone will put your baby at risk. Because some methadone crosses from the mother to the baby in the womb, your baby may experience withdrawal symptoms for the first few days after birth. This is easily treated and has no long-term effects on the baby. Mothers on methadone can breastfeed their babies. Even though methadone shows up in the breast milk, studies show that the amount is too small to affect the baby.

Please note that Suboxone® has not yet been approved for use during pregnancy. It’s important you keep your methadone or Suboxone® in a safe place and not allow anybody else to take it.

Does methadone or Suboxone® change how I feel pain?

You will feel pain just like somebody who isn’t on methadone or Suboxone®. If you experience pain while on the program, it can and should be treated properly. However, your pain medications will need to be managed differently when you are on medication assisted therapy. Be sure to tell any doctor treating you for pain that you’re on methadone or Suboxone®. Certain painkillers fight against methadone and can cause uncomfortable withdrawal symptoms. Uplift, Nubain®, Stadol®, Talwin® and Darvon® should be avoided. Suboxone® will block the effects of opioid medication and can cause challenges with pain control or if anesthesia is required.

ODP staff need to know if you’re being prescribed any other medication, because other medications can affect your methadone or Suboxone® dose. We will ask for copies of any prescription medication you are prescribed, and we may follow up with your doctor.

Is methadone or Suboxone® harder to kick off than other opioids?

If the strength and amount of the drug used are similar, you will have similar symptoms when you suddenly stop using, whether it’s methadone, Suboxone®, or any other opioid. However, withdrawal from other opioids tends to be intense and shorter, while methadone or Suboxone® withdrawal is milder and lasts longer. If you want to stop using methadone or Suboxone®, we will develop a plan with you and can taper you off by gradually decreasing your dose. This way, withdrawal effects will be minimal.

What side effects do methadone or Suboxone® have?

When taken in the correct dosage, methadone and Suboxone® have few negative side effects. Some people experience nausea, vomiting, sweating, constipation, sedation (sleepiness) or sexual problems. Women might find that their menstrual cycle becomes irregular, although they are still able to get pregnant. These symptoms typically disappear within the first few weeks of treatment, once a correct dose has been established. Some effects, like constipation and sweating, may last longer.

WHERE CAN I GET MORE HELP?

Alberta Health Services and its funded agencies offer a range of treatment services, from information sessions to more intensive day programs or specialized residential programs. Feel free to discuss these opportunities with the ODP staff.

Treatment works best when combined with other supportive services available in your community. There are 12-step programs available across the province (such as Narcotics Anonymous and Alcoholics Anonymous). Check your phone book for information on the group nearest you.

Bonnyville Opioid Dependency Program Room 201 4902 – 50 Avenue Bonnyville, AB T9N 2H4 Phone: 780-833-8084 Fax: 780-806-8507

Calgary Opioid Dependency Program 4130 16 Avenue Health Centre 1213 24 Avenue SW Calgary, AB T2G 0X7 Phone: 403-287-5118 Fax: 403-287-4685

Cardston Opioid Dependency Treatment Clinic Cardston Health Centre 2nd Floor, 144 – 3 Street W Cardston, AB T0K 0K0 Phone: 403-433-5383 Fax: 403-433-5389

Edmonton Opioid Dependency Program 10030 – 102A Avenue Edmonton, AB T6E 6A9 Phone: 780-432-1592 Fax: 780-427-0777

Grande Prairie Opioid Dependency Program 1133 – 106 Street Grande Prairie, AB T8V 8T7 Phone: 780-833-4591 Fax: 780-833-4717

High Prairie Opioid Dependency Program 5101 – 38 Street High Prairie, AB T0G 1E0 Phone: 780-536-2136 Fax: 780-536-4510

Fort McMurray Opioid Dependency Program 451 Smokey Trail Fort McMurray, AB T9H 4P1 Phone: 780-793-8300 Fax: 780-793-8301

Rural Opioid Dependency Program Box 1000 Ponoka, AB T4J 1G6 Phone: 1-844-383-7688 Fax: 403-783-7610

Fort McMurray Opioid Dependency Program Room 201 6001 – 102 Avenue Fort McMurray, AB T9H 4P1 Phone: 780-793-8300 Fax: 780-793-8301

What are the risks when mixing methadone or Suboxone® with other drugs?

Using methadone or Suboxone® with some drugs creates a risk of overdose. Combining methadone or Suboxone® with alcohol, sedatives or other opioids creates the greatest risk.

Although medication assisted therapy deaths are rare, they are almost always due to combining methadone with other drugs. For this reason, it’s strongly advised that you should not take methadone with other drugs.

It’s dangerous for somebody else to take your medication. For people not used to taking opioid medications, a single dose can be fatal. A very small medication can find the right dose for you.

To talk openly to us about your symptoms so we can find the right dose for you.

Determining the right methadone or Suboxone® dose for you is an important part of the early phase of treatment. A good maintenance dose will keep you from having cravings or withdrawal, or feeling either drowsy or high. We encourage you to talk openly to us about your symptoms so we can find the right dose for you.
What are methadone and Suboxone®?
Methadone belongs to a group of drugs called opioids. This group includes other narcotic analgesics (strong, pain-relieving drugs) such as codeine, morphine and heroin.

Methadone is a man-made drug that has been used since the 1960s as a substitute treatment for people dependent on opioids. Its effects are much longer lasting than other opioids; a single dose of methadone will last for 24 hours. In the brain, methadone acts much like other opioid drugs do, but it does not produce the same high. It also reduces cravings for those other drugs.

There is much research that proves methadone is an effective treatment for dependence on opioids. Suboxone® is another option for medication assisted therapy. It is a combination of the drugs buprenorphine and naloxone, comes in a tablet form, and dissolves under the tongue. It has some key differences from methadone, which the ODP physician can speak to you about.

Why take medication assisted therapy?
The biggest reason to consider taking medication assisted therapy is that it can help you take control of a difficult drug dependency.

FACTS ABOUT MEDICATION

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