MEDICATION-ASSISTED TREATMENT OF OPIOID DEPENDENCE YOUR QUESTIONS ANSWERED

KATE DOLAN

ZAHRA ALAM MEHRJERDI

ANCD

AUSTRALIAN NATIONAL COUNCIL ON DRUGS

© Australian National Council on Drugs, 2015

This work is copyright. Apart from any use as permitted under the *Copyright Act 1968*, no part may be reproduced by any process without the written permission of the publisher.

Opioids such as heroin are the third most commonly used illegal drugs in the world, after cannabis and amphetamine-type stimulants. Heroin dependence can lead to serious health, social and economic consequences for users, their families and society. However, heroin or opioid dependence can be treated with medication and psychosocial support. This form of treatment is called medication-assisted treatment of opioid dependence (MATOD). The most common medicines used in Australia are methadone, buprenorphine and naltrexone. There is a strong body of research that underpins the use of these and other medicines; however, some people are uncertain about the role of MATOD in treating heroin or opioid use and dependence.

This Information Kit includes two booklets. This booklet answers some of the most frequently asked questions about MATOD and addresses common misunderstandings. The second booklet provides a review of evidence of MATOD.

A note on terminology

The term 'medication-assisted treatment of opioid dependence' is increasingly being used to refer to the different treatment approaches that combine medication and psychosocial support for people who are opioid dependent. The term 'opioids' includes opiates, the natural alkaloids from the opium plant as well as synthetic drugs like heroin, fentanyl and oxycodone.

The Australian National Council on Drugs funded the development of this Information Kit.

CONTENTS

How many people use heroin in Australia?	2
Why do some people become dependent on heroin?	2
What happens if someone becomes dependent on heroin?	2
What treatments are available for heroin users in Australia?	3
How effective is medication-assisted treatment of opioid dependence (MATOD)?	4
How do people start MATOD?	5
Is medication-assisted treatment of opioid dependence safe?	6
What is the difference between methadone and buprenorphine?	7
What does naltrexone treatment involve?	8
Why do prisoners get medication-assisted treatment of opioid dependence?	9
What are the side effects of methadone or buprenorphine treatment?	10
What are the psychosocial interventions in MATOD?	10
When should patients leave MATOD?	11
Can people become dependent on pharmaceutical opioids?	12
Wouldn't it be better to stop people using drugs, than provide MATOD?	13
What is the government doing about drug use?	14
What is the level of support for MATOD?	15
Where can I find out more information about treatment for people who use drugs?	15
Contacts	16

The Australian National Council on Drugs (ANCD) strongly supports evidence-informed drug treatment including medication-assisted treatment of opioid dependence (MATOD) programs. The evidence clearly indicates that these programs are both safe and effective in treating opioid dependence and this provides significant positive outcomes for individuals, families and communities.

The ANCD welcomes the fact that governments around Australia understand the importance of maintaining and enhancing their commitment to MATOD.

Mr Gino Vumbaca
Executive Director
Australian National Council on Drugs

How many people use heroin in Australia?

In 2012, about 19 333 (0.1%) Australians used heroin in that year. Approximately twice the number of people used prescription opioids in the same year (0.4% or 73 000 people). However, the use of heroin and similar drugs has resulted in huge health, social and economic costs. These costs include: fatal overdose; transmission of hepatitis C, hepatitis B and HIV; loss of quality of life for users and their families; drug-related crime; and law enforcement costs.

Why do some people become dependent on heroin?

Initial and ongoing heroin use depends on a range of risk and protective factors that are biological, sociological and psychological in nature. It is estimated that about 20–25 per cent of people who use heroin will become dependent and develop a drug problem. This can depend on how old the person was when they started using heroin, how they took it, their circumstances and their individual response to drug use.

What happens if someone becomes dependent on heroin?

When a person is dependent on a drug, they lose control over their use of it. They continue to use even though it is causing them legal, interpersonal and health problems. Eventually one's use of drugs, like heroin, takes over other activities and responsibilities when they become dependent.

People who are dependent

- have a strong desire to take opioids
- have difficulties in controlling opioid use
- have a physiological withdrawal state
- develop a tolerance
- progressively neglect other interests because of opioid use, and
- persist in using despite clear evidence of overtly harmful consequences.

What treatments are available for heroin users in Australia?

Treatment for heroin users includes counselling in the community, therapeutic communities, like We Help Ourselves or Odyssey House, as well as self-help groups like Narcotics Anonymous or SMART Recovery.

Therapeutic communities are residential programs where drug users live and work in a community of clients and professional staff. Program activities include relapse prevention training, group work, employment training, education, life skills training and counselling.

Narcotics Anonymous (NA) is a self-help group for individuals who work through 12 steps in order to maintain a drug-free lifestyle. Self-Management and Recovery Training (SMART) is a group-based cognitive approach that promotes, but does not require, abstinence.

Another form of treatment is medication-assisted treatment of opioid dependence. This treatment involves the use of medicines and psychosocial support. The most commonly used medicines are methadone or buprenorphine for substitution treatment, or naltrexone for relapse prevention treatment. These medications stop withdrawal symptoms, cravings or the euphoric effect from heroin or an opioid. The psychosocial support can include social welfare assistance, counselling or psychotherapy.

Drug treatment options include:

- outpatient counselling after detoxification
- therapeutic communities
- self-help groups
- MATOD — the provision of medications like methadone, buprenorphine or naltrexone combined with psychosocial support.

We Help Ourselves (WHOS) supports the right of the individual to undertake the treatment that is necessary for them to obtain stability in their lives. The WHOS organisation realised many years ago that individuals, whether on opioid substitution treatment or not, should be entitled to the same residential treatment options within our therapeutic community environment. With 14 years' experience in running both 'reduction' and 'stabilisation' residential programs for MATOD clients, it becomes obvious that these individuals need the freedom of choice of whether they stay on or come off opioid substitution treatment.

It has been our experience that clients on MATOD do just as well as those clients in our abstinence-based services. With the demand for opioid use becoming more prominent once again, it's timely that an information booklet such as this has become available especially with the new treatments and options that have become available over the past decade.

Mr Garth Popple
Executive Director
We Help Ourselves
Therapeutic Communities

Sound evidence must always form the basis of health policy, service planning and delivery. Australia's opioid substitution treatment program is an essential part of one of the three pillars underpinning Australia's drug policy. All too often, harm reduction health services such as MATOD come under political and morals-based criticism for serving to maintain people's substance dependency. On the contrary, MATOD is an essential lifeline for just under 50 000 Australians who are working to reduce their substance dependency over time. Many more people could benefit from its proven success in improving people's health. Once again, MATOD has been shown to reduce hepatitis C transmissions among people who inject drugs. Advancing liver disease caused by viral hepatitis is a leading cause of morbidity and mortality in Australia and worldwide. This welcome review of the evidence of the success of this vital health maintenance service proves again that we must maintain and grow Australia's MATOD program.

Mr Stuart Loveday
Chief Executive Officer
Hepatitis NSW

How effective is medication-assisted treatment of opioid dependence (MATOD)?

A very large body of research shows MATOD is very effective for heroin as well as other opioid dependence. MATOD reduces heroin use and injecting, drug-related crime and imprisonment. MATOD is an important public health measure as it has prevented people from sharing injecting equipment and from acquiring HIV and hepatitis C infection. HIV among people who inject drugs in Australia has remained below 2 per cent for 20 years. Many other countries have higher levels of HIV infection among drug users (up to 50%). MATOD can also reduce the risk of people suffering a fatal overdose. MATOD allows people to resume study or work and to rejoin their families.

The Australian Treatment Outcomes Study recruited heroin users at entry to MATOD, detoxification or residential rehabilitation, and those receiving no treatment. At one-year follow-up, more subjects in MATOD (65%) were abstinent from heroin, compared to those in the detoxification group (52%), in the residential rehabilitation group (63%), or those outside of treatment (25%). A return to employment or study, improved parenting, relationships with others and residential stability are all important treatment outcomes. With improved social functioning, patients can become more financially independent. A study of 553 methadone patients in Taiwan showed significant improvements in the psychological and social domains after six and 12 months of treatment.

- MATOD has reduced heroin use, crime, and HIV and hepatitis C infection.
- MATOD has prevented people from suffering a fatal overdose.
- MATOD has made communities safer and allowed people to rejoin society.

How do people start MATOD?

In some Australian states, in order to begin MATOD, people need to visit a general practitioner to have their drug use assessed. If suitable, the patient attends a pharmacy or a special clinic to take their dose of methadone or buprenorphine under the supervision of a pharmacist or other health professional, although this can vary from state to state.

Some patients may be eligible for takeaway doses after meeting certain criteria. They need to comply with the requirements for safe storage of takeaway doses. Prescribers ascertain whether a patient has children in their care before authorising takeaway doses. Takeaway doses facilitate a patient's ability to return to work or study, as it reduces the inconvenience of daily attendance at the clinic or pharmacy. Granting takeaway doses rewards improvements in patients' behaviour.

In June 2013, over 47 000 opioid-dependent Australians were receiving MATOD, twice the number who received it in 1998. Most patients, many who were heroin users, received methadone (68%).

The federal, state and territory governments share responsibility and costs for MATOD. Patients may be charged a dispensing fee at some dosing points.

- The prescriber is required to assess the patient.
- The ability to safely store opioid medications needs assessing.
- Takeway doses of medications help a patient to return to work or study.

The Information Kit is a good resource for patients and health professionals who are interested in understanding opioid pharmacotherapy treatments.

Mr Denis Leahy
The Pharmacy Guild NSW Branch
Australia

Heroin use is a significant problem around the world. Australia has a supportive, effective and easily accessible opioid substitution treatment program and, due to the harm minimisation policy, the rates of HIV are substantially lower in injecting users in Australia than in the rest of the world. Heroin dependency continues, however, to affect all elements of society and further research and knowledge are required especially when optimum treatment strategies are considered for the most vulnerable elements of our society, the pregnant woman and newborn infants.

Dr Ju Lee Oei
Drug addiction specialist and paediatrician
Royal Hospital for Women and
University of New South Wales

Is medication-assisted treatment of opioid dependence safe?

During the induction stage in MATOD, there is an increased risk of death and this increases with the use of other drugs like alcohol and benzodiazepines. Other factors can include starting on doses that are too high, inadequate observation of dosing, and individual variation in metabolism of methadone. After about two weeks, when the patient is stabilised, the risk of overdose drops substantially. However, one's risk of overdose increases immediately after leaving the program due to the loss of tolerance.

Driving and overdose

Being in MATOD can affect one's driving in the first few weeks of treatment, after a dose increase or if other drugs (such as heroin, benzodiazepines or alcohol) are used. It is recommended to avoid driving in these situations. Patients on stable doses of buprenorphine or methadone have the same risk of road accidents as other drivers. However, changes in doses can increase the patient's risks of overdose and need to be managed.

During pregnancy

Substance use during pregnancy can have an adverse effect on the mother and on foetal development and infant outcomes. It is recommended that pregnant opioid-dependent users be placed on methadone or buprenorphine as these medicines improve pregnancy outcomes for the mother and infant outcomes for the baby.

- The risk of overdose is higher at the beginning and end of treatment.
- MATOD can affect one's driving.
- The risk of overdose is higher at the beginning and end of treatment.
- Pregnant opioid-dependent users should be on methadone or buprenorphine treatment.

What is the difference between methadone and buprenorphine?

Methadone is a synthetic opioid used to treat heroin and other opioid dependence. It reduces opioid withdrawal symptoms, the desire to take opioids and the euphoric effect when opioids are used. It is taken orally on a daily basis.

Methadone, morphine, heroin and oxycodone are full opioid agonists. These drugs bind to and activate the *mu* opioid receptors in the brain. Increasing doses of full agonists produce increasing effects. Methadone eliminates withdrawal symptoms and cravings for opioid use. The pharmacological properties of methadone and buprenorphine are such that they can be substituted for problematic opioid drugs. Buprenorphine and methadone have a range of opioid-like side effects.

Buprenorphine is a partial opioid agonist. It binds to the *mu* opioid receptors in the brain and activates them, but to a lesser degree than full agonists. The two buprenorphine products registered in Australia are Subutex and Suboxone. Subutex is a sublingual tablet containing buprenorphine hydrochloride. Suboxone is a sublingual film and contains buprenorphine hydrochloride and naloxone hydrochloride.

Suboxone has special properties. When taken sublingually, buprenorphine will act alone. However, if Suboxone is injected, the naloxone will reduce the effects of the buprenorphine in the short term and induce withdrawal symptoms in opioid-dependent individuals using other opioid drugs. These properties of Suboxone minimise the potential misuse and diversion of buprenorphine and make Suboxone the preferred alternative for treatment.

Some patients report less sedation on buprenorphine than on methadone. Buprenorphine is associated with low physical dependence and a relatively mild withdrawal syndrome, which makes it easier to withdraw from heroin than with methadone.

- Methadone is a full opioid agonist, increasing doses produces increasing effects.
- Buprenorphine is a partial opioid agonist and has a ceiling effect.
- It is easier to detox from heroin using buprenorphine than methadone.
- Suboxone is preferred to Subutex for 'takeaway' doses.

Methadone and buprenorphine treatments are essential lifesaving medicines. They provide people with the time and the opportunity to improve both their health and their wellbeing. They should be readily available to all who need them.

Dr Marianne Jauncey
Medical Director
Sydney Medically Supervised Injecting Centre

Australia has been proactive in the treatment of opioid drug dependence with the implementation and rapid expansion of MATOD across the country since the mid-1980s. The intervention has been more thoroughly researched and scientifically evaluated than any other treatment for opioid drug dependence and is now considered the gold standard of treatment for this dependency. MATOD substantially reduces, if not eliminates, heroin and other opioid drug use, and serious related risks of mortality, criminality, risk-taking behaviours including injection, and blood-borne viral infections, as well as improves the health and wellbeing of the individual. MATOD is a lifesaving pathway to very positive outcomes for users, their families and the community.

Dr Deborah Zador
Addiction specialist in corrective settings
Sydney

What does naltrexone treatment involve?

Naltrexone and naloxone are opioid antagonists. These drugs bind to *mu* opioid receptors in the brain and prevent the receptors from being activated by agonists like heroin or other opioids. Naltrexone treatment for opioid dependence is a long-term undertaking as relapse to heroin use or dependence can occur even after years of treatment.

Naltrexone is used in patients who have ceased the use of opioids such as heroin or morphine with the aim of preventing relapse to drug use. Psychosocial support is an essential component of naltrexone maintenance treatment.

Naltrexone treatment is most effective in patients who are highly motivated with good social support. Parents or partners may be involved in witnessing the patient take their medication, which can improve treatment compliance. Side effects of naltrexone treatment are common but mild and short-lived. When people stop taking naltrexone, they face an increased risk of death from overdose if they resume heroin use. Only oral naltrexone is approved for use in Australia.

- Naltrexone treatment is more suited to highly motivated patients.
- Psychosocial support is important in naltrexone maintenance treatment.
- When people finish naltrexone treatment they are at risk of overdose if they resume heroin use.

Why do prisoners get medication-assisted treatment of opioid dependence?

Some prisoners manage to obtain and inject drugs while in prison. Injecting drugs in prison is almost always with shared syringes which increases the risk of transmission of HIV and hepatitis C infection.

Therefore, it is appropriate to provide MATOD to prisoners who were in treatment or were heroin-dependent when they entered prison or are likely to resume heroin use after prison.

When heroin users leave prison, they have a high risk of resuming drug use and overdosing in the first few weeks out of prison. By placing these inmates in MATOD before release, their risk of fatal overdose, returning to drug use, crime and being re-incarcerated is significantly reduced.

- Some prisoners continue to inject drugs inside.
- Drug use in prison is risky as inmates share needles and syringes.
- Some inmates have acquired hepatitis C from injecting drugs in prison.
- Releasing prisoners in MATOD can stop the resumption of drug use and crime and the subsequent re-incarceration.

The Australian Medical Association recommends that:

prisoners with substance use disorders should have access to specialist treatment, in accordance with national guidelines, and at least equivalent to those provided in the community. Treatments should include opioid substitution therapy, detoxification programs, and therapeutic community programs;

there should be mechanisms linking short-term prisoners and detainees with community-based services upon release, and continuity of treatment throughout admission, detention, transfer and discharge

Position statement
Australian Medical Association

In the past many families were ambivalent regarding pharmacotherapies like methadone. There exists a negative community mythology about the treatment — 'liquid handcuffs', harder to get off than heroin, 'rots teeth and bones'. Many of these notions are perpetuated by drug users themselves and unfortunately families can buy into that thinking. Families can also be disappointed that these treatments don't automatically lead to a 'drug-free' status. By educating families realistically about the treatment, we have often been able to see families have a more positive view of MATOD which is more realistic about benefits and outcomes. We believe that more engagement with families — when there is permission — would yield even better results in attitudes and support. Likewise more information and evaluation targeted at families would benefit not only the family but also the drug user in MATOD as well as general attitudes to MATOD.

Mr Tony Trimingham
Founder and CEO
Family Drug Support

What are the side effects of methadone or buprenorphine treatment?

The long-term side effects of methadone are relatively minor. There can be some effect on teeth, constipation, libido and sleep, which may cause distress and need to be managed. Methadone does not damage any major organs or systems of the body.

One of the side effects of all opioids including methadone and buprenorphine is a dry mouth. This can increase the production of plaque, which can cause gum disease and tooth decay. It is recommended to brush and floss every day, rinse with mouthwash and visit the dentist twice a year. It is also important to reduce the amount of sugar consumed. Some patients feel aches in their bones, which may be due to the dose being too low. Bone ache, which may feel like bone 'rot', is a symptom of withdrawal. When the dose is adjusted correctly, this symptom should stop.

- Methadone and buprenorphine do not directly cause tooth decay.
- Methadone and buprenorphine can lead to a dry mouth which can cause tooth decay.
- Good dental hygiene to prevent tooth decay is important for everyone including patients in MATOD.

What are the psychosocial interventions in MATOD?

Psychosocial interventions can range from providing social welfare assistance to counselling and psychotherapy. Giving up heroin generally involves major social and lifestyle changes. A counsellor assists individuals to make these changes by discussing their drug use and related problems such as family or relationship issues. The client and counsellor work together to set goals and design an appropriate treatment plan. Clients develop problem-solving and drug-refusal skills and learn to identify risky situations where they may be tempted to use heroin.

When should patients leave MATOD?

The issue when to finish treatment needs regular discussion between the patient and doctor. Patients are likely to be more successful in finishing treatment when they

- have had sufficient time to deal with the underlying reasons for using
- understand the process and are involved in making decisions
- use psychosocial interventions
- have no problematic use of alcohol or other drugs
- have stable medical and psychiatric states, and
- withdraw over months rather than weeks, days or suddenly.

Leaving treatment too early can lead to a relapse to drug use. Often patients want to stop treatment prematurely. Most patients need a significant time in substitution treatment to stabilise. In New South Wales, the average duration of methadone treatment for over 40 000 patients was six months.

- Counselling helps patients make changes to their lives.
- It can take years to overcome a drug problem.
- Ending treatment should be planned well in advance.

Heroin dependence remains a major challenge for Indigenous individuals, families, communities and organisations and contributes to why Indigenous people are overrepresented in the prison system. Opioid substitution treatments such as methadone and buprenorphine have shown to be effective in helping people get their lives back on track. These interventions need to be made more readily available and barriers to access such as dispensing fees need to re-evaluated to see if they are achieving stated goals or hindering Indigenous people from having successful outcomes.

Mr Scott Wilson
Director
Aboriginal Drug & Alcohol Council (SA) Inc.

Patients can become physically dependent on drugs like morphine, oxycodone or codeine as a consequence of taking higher doses even if taken as prescribed.

Can people become dependent on pharmaceutical opioids?

Over the last decade, the misuse of pharmaceutical opioids, including over-the-counter preparations, has increased. Some people abuse pharmaceutical opioids rather than heroin and become addicted. Methadone and buprenorphine can be used to treat patients with pharmaceutical opioid dependence and specialist advice should be sought.

Pharmaceutical opioids are prescribed for conditions including chronic non-malignant pain. Patients can become physically dependent on drugs like morphine, oxycodone or codeine as a consequence of taking higher doses even if taken as prescribed. This differs from heroin addiction where there is loss of control and continued use despite harm.

This means they will experience withdrawal symptoms when they stop the medication. Some also develop other problems, including being unable to control one's use or increasing the dose. Abuse of these drugs can result in death.

- Patients can become dependent on drugs like oxycodone or morphine.
- Patients can experience withdrawal symptoms.
- Seek specialist advice if concerned about using pharmaceutical opioid drugs.

Wouldn't it be better to stop people using drugs, than provide MATOD?

MATOD is one of the main strategies we have to prevent HIV, hepatitis C and overdose among people who inject drugs. It also improves health and wellbeing and reduces drug-related crime.

Despite education about the harms associated with drug use and information on drug treatment programs, some people are unable or unwilling to stop using or injecting drugs. While there are many risks associated with injecting drug use, two of the major risks are hepatitis C and fatal overdose. MATOD is one of the main strategies we have to prevent HIV, hepatitis C and overdose among people who inject drugs. It also improves health and wellbeing and reduces drug-related crime.

MATOD aims to prescribe a safer, legal, long-acting opioid to allow the slow return to normality and cessation of use of illicit opiates. Treatment programs with flexible timeframes are more effective than those with a set time limit. Also patients need to receive an adequate dose of methadone or buprenorphine or they will drop out of treatment and resume using other drugs.

MATOD is NOT simply substitution of one drug for another. Safe, stable dosing in a therapeutic context, with drug use monitored and counselling provided, is completely different from chaotic drug use. Assessment of medical, legal and social status enables referral and access to other services. Often there are many psychological and social issues to address; these may be a cause of drug use or the consequences of a drug-using lifestyle. These changes require a lengthy period of time.

- Some people are unwilling or unable to stop using drugs.
- MATOD allows patients time to address many issues and improve their health.
- People need to be in treatment for some time.

The National Drug Strategy 2010–2015, which is expected to extend beyond 2015, was the result of an extensive consultation process and approved by all governments in Australia in 2011.

What is the government doing about drug use?

In 1985, the Australian Government introduced its first National Drug Strategy, which involves a cooperative venture between the federal government and state/territory governments as well as the non-government sector.

The National Drug Strategy 2010–2015, which is expected to extend beyond 2015, was the result of an extensive consultation process and approved by all governments in Australia in 2011. The Strategy has an overarching approach of harm minimisation, with three pillars, which again are expected to continue in future strategies:

- **demand reduction** to prevent the uptake and/or delay the onset of use of alcohol, tobacco and other drugs; reduce the misuse of alcohol and the use of tobacco and other drugs in the community; and support people to recover from dependence and reintegrate with the community
- **supply reduction** to prevent, stop, disrupt or otherwise reduce the production and supply of illegal drugs; and control, manage and/or regulate the availability of legal drugs
- **harm reduction** to reduce the adverse health, social and economic consequences of the use of alcohol, tobacco and other drugs.

The three pillars involve partnerships across sectors: consumer participation in governance; building the evidence base, evidence-informed practice and innovation; monitoring performance against the strategy and its objectives; developing a skilled workforce that can deliver on the Strategy.

The National Drug Strategy 2010–2015 seeks to build on this multi-faceted approach which is recognised internationally as playing a critical role in Australia's success in addressing drug use.

What is the level of support for MATOD?

There is a high level of support for MATOD. Australia's National Drug Strategy 2010–2015 recommends the provision of substitution treatment such as methadone or buprenorphine. A large survey of the Australian community found that two-thirds of respondents support the use of MATOD.

Worldwide, over 70 countries provide MATOD to heroin- or opioid-dependent patients. According to the World Health Organization, pharmacological treatment of opioid dependence should be accessible to all those in need, including those in prison. WHO has included methadone and buprenorphine in its Essential Medicines list.

Medication-assisted treatment of opioid dependence is supported by

- the Australian Government
- two-thirds of Australians
- the United Nations and the World Health Organization.

Where can I find out more information about treatment for people who use drugs?

At the back of this booklet is a contact list of organisations and services which provide advice, counselling and support for drug users and their families. The other booklet in this kit, *Medication-assisted Treatment of Opioid Dependence: a review of the evidence*, provides more information on treatment for drug use.

Heroin dependence results in serious health, social and economic problems for people who use drugs, their families and communities. Methadone and buprenorphine treatment are among the most frequently evaluated interventions in medicine. These studies have shown clearly that these treatments are effective, safe and cost-effective and are clearly superior to all other treatments for this condition. These treatments are supported by the World Health Organization, the United Nations Office on Drugs and Crime, the Global Fund for AIDS, TB and Malaria, and a large number of major national scientific organisations.

Dr Alex Wodak
Emeritus Consultant
Alcohol and Drug Service
St Vincent's Hospital

Contacts

The Alcohol and Drug Information Service (ADIS) is a 24-hour, 7-day confidential service providing advice, information and referral to local agencies.

Australian Capital Territory

ADIS (02) 6207 9977

New South Wales

ADIS (02) 9361 8000
1800 422 599 (rural)

Northern Territory

ADIS 1800 131 350 (NT only)
Darwin (08) 8922 8399
Alice Springs (08) 8951 7580

Queensland

ADIS 1800 177 833

South Australia

ADIS 1300 131 340 (SA only)
Adelaide (08) 8363 8618

Tasmania

ADIS 1800 811 994
Hobart (03) 9416 1818

Victoria

ADIS 1800 888 236

Western Australia

ADIS (08) 9442 5000
1800 198 024 (rural)

National

Family Drug Support
Support Line: 1300 368 186

Inkwire 1918