

High Dose Transfer (HDT) from methadone to Buprenorphine

Information for patients

WHAT YOU NEED TO KNOW

You have asked to be transferred from methadone to Buprenorphine to help you continue your personal recovery journey.

The dose of methadone for these transfers is usually 30 mls daily or less, but we realise that some people may not be able to reduce to that level.

You are on a higher dose than that, which means we need to do it in a different way, "off license". Doing a HDT is safe and effective, but it is not done in many places. In Lanarkshire we have developed a protocol which allows us to do this in the community, but there are some things you need to know before starting it.

- ❖ You will need to be in withdrawal when you attend for the transfer
- ❖ If you're not withdrawing and you take Buprenorphine you will probably feel terrible (this is called precipitated withdrawals) and we will not be able to give you anything to help it
- ❖ It needs to have been at least 48 hours since you last took methadone and 8 hours since you last took any other opiates
- ❖ You will be monitored over a few hours and will have your withdrawals, pulse & blood pressure checked regularly
- ❖ Most people feel better as their Buprenorphine dose is increased, but some people can feel worse for a while. We currently don't know why that happens, but it always settles, usually within an hour



- ❖ Your Buprenorphine will be given gradually, as we will explain to you, until you have had 24 mg, the highest dose

Once you've completed the transfer you will get a prescription for 24 mg to last until your next appointment. We recommend that you stay on this dose for a few weeks to allow you to get used to your new medication. After that you can discuss how much you need with your worker, as you would do normally.

We will check on your progress regularly over the next year or two and will ask you lots of questions! We thank you in advance for your cooperation.

Good Luck



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