



Opioids / Opiates

Opioids are a group of drugs that have analgesic (painkiller) and sedative properties. 'Opioids' is a term that includes 'natural' opiates (those derived from the opium poppy i.e. heroin, morphine, codeine) as well as the 'synthetic' opioids (pethidine, methadone, oxycodone, and propoxyphene). Tramadol is a drug with similar but slightly different actions to traditional opioids, and is generally thought of as a weaker opioid.

Opioids can be obtained both legally (from doctors) and illegally (i.e. imported or manufactured). Home-bake, a predominantly NZ phenomenon, is produced from over-the-counter codeine-based products. It is not uncommon for people to become dependent on over-the-counter medications which contain codeine. The most commonly abused opioids in New Zealand are long-acting morphine medications, methadone, codeine and oxycodone preparations.

What opioids do

Opioids are effective pain relievers as they act mainly on sensory nerve cells in the brain and block the pain from other parts of the body. They are generally fast acting and can induce itching, nausea and vomiting, drowsiness, dry mouth, miosis (constricted pupils), and constipation.

When used hygienically and in pure form opioids appear to cause little if any damage to the user's body, organs, and tissues in the short term.

Using opioids such as heroin or medications containing morphine for more than a few days to weeks in a row dramatically increases the likelihood of physical dependence developing, resulting in withdrawal symptoms on cessation of use.

Possible risks from use of opioids include:	An overdose can result in:
<ul style="list-style-type: none"> • Dependence/ addiction meaning people find it difficult to stop using and experience withdrawal symptoms when they do 	<ul style="list-style-type: none"> • Breathing and other central nervous system activity slows right down to the point where a person can slip into a coma and die
<ul style="list-style-type: none"> • Damaged veins if using opioids (or any substance) intravenously/IV 	<ul style="list-style-type: none"> • Depending on drug interactions and numerous other factors, death from overdose can take anywhere from several minutes to several hours
<ul style="list-style-type: none"> • Blood-borne viruses especially hepatitis B and C and HIV, endocarditis and septicaemia 	<ul style="list-style-type: none"> • Many fatalities are due to mixing opioids with other depressant drugs like alcohol or benzodiazepines.
People who use over a long period of time may develop general ill-health as well as:	
<ul style="list-style-type: none"> • Collapsed veins • Chronic constipation • Loss of appetite, malnutrition 	<ul style="list-style-type: none"> • Changes to women's menstrual cycle and increased risk of osteoporosis
<ul style="list-style-type: none"> • Abscesses and other potentially serious bacterial infections e.g. blood poisoning, pneumonia and infections of the heart valves 	<ul style="list-style-type: none"> • Reduced sex drive due to a decrease in male (testosterone) and female sex hormones
<ul style="list-style-type: none"> • Compromised immune system making it difficult to fight off infections 	

Pregnancy and breast feeding

In pregnancy opioids cross the placenta which means the unborn baby may develop opioid dependence; the baby may then have withdrawal symptoms when born. Opioid dependent babies are more prone to be of low weight and smaller head size and may suffer from infections to which the mother has been exposed during her opioid use.

Pregnant women who are dependent on opiates are encouraged to enter opioid treatment as early as possible into their pregnancy, as it is safer for mother and baby than continuing to use other opiates. See CADS information sheet *Pregnancy and opioid treatment*.

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Mothers are usually encouraged to breastfeed while in OST because of the benefits to the baby's immune system and the bonding that happens between mother and baby. However, if the mother is using drugs breast-feeding is not recommended.

Tolerance and dependence

A person who continually uses opioids may develop tolerance, i.e. increased amounts are necessary to achieve the same effects. Dependence (physical and psychological) means that opioids become central to a person's thoughts, activities and emotions. A dependent person experiences withdrawal symptoms when they stop using or even reduce the amount they are using.

Withdrawal symptoms can occur reasonably quickly (only a few hours after the last dose taken) and common symptoms include: anxiety, restlessness, irritability, physical aches, severe fatigue, sweats, hot and cold sensations, runny nose), sneezing, yawning, stomach and leg cramps, vomiting and diarrhoea, depression, craving for the drug, and insomnia.

The speed and severity of withdrawal depends on the half-life of the opioid - heroin and morphine withdrawal occur more quickly than methadone withdrawal, but methadone withdrawal lasts longer. Withdrawal symptoms vary from person to person – even if two people have been using the same amount of opioids and reduce at the same rate, their experience of withdrawal can differ significantly.

As a general guide, withdrawal symptoms usually peak at two to four days after the last dose of the drug. They then begin to weaken and usually subside after six to seven days (though these symptoms last longer when withdrawing from methadone). It is not uncommon for people to experience symptoms such as sleep disturbance/insomnia, depression, and poor stress tolerance for several weeks or even months and further cravings for the drug can last for months and even years.

CADS have a booklet *Withdrawing from opioids – a guide* which you may find helpful.

Harm Reduction

- No use is safest - especially around babies and children. If using make arrangements for children to be cared for by someone who is not using.
- Make sure that all drugs and equipment are stored in a childproof area.
- Avoid using alcohol and other sedatives (downers) such as benzos, tranquilisers, barbiturates with opioids as mixing them depresses the central nervous system and significantly increases the risk of sedation and overdose.
- Always use clean equipment if injecting.
- Take note of the dosage instructions on any pain relief medications and do not exceed the recommended dose.
- Keep all pain relief medications, whether prescribed or purchased over-the-counter from a pharmacy away from children.
- Unless it has been prescribed for you avoid using fentanyl. It is so easy to accidentally overdose because only a very small amount is needed to do so. In other countries, deaths from fentanyl ODs have increased as fentanyl use has increased.

Looking for help?

CADS offer treatment for opioid dependence through Auckland Opioid Treatment Service (AOTS). Research both in New Zealand and overseas shows that the healthcare, legal and other social costs related to non-medicinal opioid use are markedly reduced by effective treatment such as methadone and Suboxone®. Phone **845 1818** for more information

If you're looking for more information, or maybe want to talk to someone about opioids or other drug issues for yourself or someone close to you give **Auckland CADS** a call on **845-1818**

For confidential advice, support or information on alcohol & drug services contact Alcohol & Drug Helpline on 0800-787-797 10am to 10pm daily

For equipment and for information and advice on reducing harm when injecting see www.needle.co.nz or phone
ADIO (Central) on 356 7373 ADIO South on 263 0344 ADIO West on 822 5160

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