Opiates and Opioids

Opiates is a word to describe the drugs that are made using opium from poppies e.g. heroin. Opioids is a catch all word that covers opiates and other versions of these drugs which do not use poppies and are manufactured. Opioids relax the body, relieve pain and cause feelings of wellbeing. Over time you will find yourself needing to take more opioids to achieve the same effect as your tolerance rises. Continued use will lead to opioid dependence, which means you need to take opioids to avoid withdrawal symptoms.

Heroin and other opioids bind to specific sites in the brain, called opioid receptors. When they attach, they stimulate the receptor which creates the feel-good sensation but also slows down the central nervous system Central Nervous System (CNS). This can lead to overdose and death. If you stop taking opioids suddenly, there is nothing to attach to those receptors. They start to empty and this causes you to go into withdrawals.

Opioid Agonist Treatment (OAT):

Medications like buprenorphine and methadone bind to the opioid receptors and stop the withdrawal symptoms and cravings. These medications are known as Opioid Agonist Treatment or OAT for short. If you have developed a dependence on short-acting opioids, such as heroin, withdrawals will start about 6-8 hours after last used. However, OAT is long-acting and buprenorphine and methadone both work for at least 24 hours. If you find your OAT is not lasting the full 24 hours let your prescriber know. Your dose may need adjusted. With the right dose, someone with opioid dependence will usually only need to take OAT once a day and with the new long acting depot buprenorphine only once per week or per month.

OAT is a life-saving medication that takes you away from the challenges of raising money and the risk of going into withdrawals. It helps you to reduce your risk of catching viruses like HIV and hepatitis and your vulnerability to opioid overdose and police arrest.

As with many other medications, you may experience some side effects, but these can usually be managed. Most of them will lessen in time as your body adjusts to the medicine. Talk to your doctor or prescriber who can help you manage them.

Assessment and OAT

When you first approach drug support services, you will see a key worker, who will advise on the options and support available. They will gather basic information about you, your drug use and your hopes and goals.

The prescriber can be a doctor, nurse or pharmacist depending on the service. They will focus in more detail on how much and what type of opioids and other drugs you use and how you take them. They will ask about your past experience of OAT and talk to you about the different OAT options. You will work together to agree which type of OAT is best for your personal situation, ensure it is safe with any other medications you are prescribed and agree your goals for treatment. OAT can help you achieve a wide range of positive change. Abstinence and long-term maintenance treatment with OAT are both valid goals.

Starting on OAT

In the early part of treatment, you will normally be dispensed OAT from the pharmacy every day with more regular support from the drug support services. Let your worker know if work, education, childcare or health issues are making it difficult to stay in treatment so they can support you. Services may have options they can offer to help you stay in treatment, for example evening clinics or offer tailored flexibility to support people to maintain their employment or other key responsibilities. Long acting buprenorphine injection may be a useful option, as you only need to attend once a week or month to have it administered.

Working with Drug Support Services

When services are flexible, fair and designed to support, not punish, then you can talk with comfort and confidence about your struggles with drugs and your challenges in working to achieve positive change. If your drug support services has rules that punish people for continued use of illicit drugs this may make it harder for you to work together. In Scotland services are trying to ensure there are no rules that punish people in this way. If you are subject to this, you can ask for an advocate to support you.

OAT WE ARE IN IT TOGETHER!

OAT is a controlled medication that needs to be dispensed safely. Rules and responsibilities for the service and patient should be clearly explained by the drug support service. Your pharmacy is there to support you and make sure your medicine is safe. Make sure you know when they are open and what services they can provide.

Drug support services should work to keep people in treatment. Using on top of prescriptions should be a matter for discussion and learning not punishment. The service's priority is to keep you safe and help you find ways to reduce harm. It may be a sign that you need a higher dose of OAT to prevent withdrawals and cravings or other additional support.

If you can build an open, honest and supportive relationship with your OAT prescriber, key worker and pharmacy this will help you make treatment a success. Fear of judgement is one of the main barriers that stops people with opioid dependence from accessing drug support services. Overcoming this barrier is a key goal of this this leaflet being made.

Opioid Overdose and Naloxone

An overdose can happen to anyone, including people who have used opioids for a long time. It is important to learn and recognise the symptoms of opioid overdose (including slow noisy breathing, blue lips, not responding to being called or being unconscious) and to carry naloxone. There are lots of things that might increase your risk. Watch out for new batches which could be strong. Test a small amount first. Mixing depressant drugs like heroin, alcohol or benzodiazepines is high risk. These will increase your risk of overdose. Ask your keyworker for a naloxone kit. Carry naloxone with you and make sure that the people around you know where to find and how use it. This can be used on other people or yourself if required. Using stimulant drugs such as cocaine on top of opioids is also risky because of the strain on your heart and lungs.

Common Side Effects to OAT and Tips for Managing Them

- **Tiredness or drowsiness** – You might find this is worse soon after taking your dose. It will normally get better or stop after a few weeks. If not talk to your prescriber. It can be a sign that your dose is too high or that other medicines or substances are interacting with it – speak to your prescriber.
- **Sweating a lot** - ensure that you drink enough. Sweating sometimes gets better if the dose can be reduced without causing cravings or withdrawals. Speak to your prescriber if this continues to be an issue.
- **Constipation** - have a diet containing fruit and vegetables if possible and drink plenty of water or other drinks. Alcohol can also make the constipation worse. Try to make sure you walk every day. Tends not to go away, talk to your prescriber.
- **Nausea or lack of appetite** – make sure you are drinking enough liquids. You can try things like hot water with a slice of fresh ginger or eating small amounts of food often. This usually wears off over a week or two.
- **Dental issues as opioids cause a dry mouth leaving the teeth susceptible to decay** – chew sugar free gum, clean your teeth, drink water. Rinse your mouth with water after you have taken methadone.
- **Lowered sex drive** – make time for sex, your spontaneous sex drive may be reduced. Talk to your prescriber if this is causing problems. There are lots of possible causes and they might be able to help.

Serious side effects are rare but can include chest pain, shallow breathing, abnormal heartbeat, fainting, getting confused or having hallucinations.

There will likely be times along your OAT journey when difficulties arise. An advocate can help you adequately speak up for yourself. You can find advocacy support from Scottish Independent Advocacy Alliance (www.siaa.org.uk or call 0131 510 9410)
The quality of OAT services varies across Europe. We are lucky to live in a region that has a strong commitment to human rights and scientific evidence. However, we face significant stigma and discrimination in society, which can at times impact on service delivery.

EuroNPUD's campaign - **OAT – We are in it together!** is intended to champion a new normal in OAT building on positive experience of extending take home doses to people on OAT during the first wave of COVID-19.

You can join local groups that support people who use drugs by contacting:
Scottish Drugs Forum (SDF) www.SDF.org.uk
or
Scottish Families Affected by Drugs (SFAD) www.sfad.org.uk

The group preparing the leaflet would like to acknowledge that this is adapted from the leaflet developed by EuroNPUD project without any external support or grant. The EuroNPUD project was developed with an unrestricted educational grant from Camurus. EuroNPUD acknowledges the influence of the Opioid Survival Manual produced by the OAT Writer's Group at the British Columbia Centre for Substance Use.

OAT WE ARE IN IT TOGETHER!

WE ARE IN IT TOGETHER!

All about treatment for opioid dependence from people who have lived it

Opioid Agonist Treatment (OAT) Standards Declaration:
People who are dependent on opioid drugs or medicines have the right to the highest possible standards of health and wellbeing. This includes access to, information about and the freedom to choose from all available opioid dependence medications as well as psycho-social support.

OAT may also be referred to as Opiate Replacement Therapy (ORT) or Medically Assisted Treatment (MAT) in Scotland.

EuroNPUD
THIS IS A PROJECT FROM EURONPUD WORKING IN PARTNERSHIP WITH DRUG USER ADVOCATES FROM GERMANY, SWEDEN AND THE UK.
SCOTTISH DRUG DEATHS TASKFORCE
SPiSM Specialist Pharmacists in Substance Misuse

OAT comes in several forms, but they all work in similar ways. OAT medications like methadone and buprenorphine replace the current opioids you are using (such as heroin) with less harmful (when taken correctly and without taking extra), pharmaceutical-grade alternatives, given under medical supervision. OAT prevents the feelings of withdrawal that come from not using and is designed to provide a stable feeling and prevent cravings.

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TYPE OF OAT*	Buprenorphine	Long Acting Depot Buprenorphine	Methadone	Extended Release Morphine	Diamorphine
FULL OR PARTIAL AGONIST	Partial	Partial	Full	Full	Full
FORM	Tablet dissolved in the mouth, follow instructions	Injection	Normally a liquid but also in tablets or capsules. Tablets and capsules are available in some countries but are not licensed for treatment of dependence in the UK.	Capsule	Injectable
AVAILABLE DOSES	0.4 MG, 2 MG, 8 MG. 16 MG for Suboxone	See Label	See Label	See Label	See Label
STARTING TREATMENT	Ask to attend in moderate withdrawals and build up dose	Normally you will have experience of oral buprenorphine and be stable and confident with this version of OAT. If you have never used buprenorphine before it is good to take a tester oral dose to make sure you don't experience side effects. People on methadone will normally come down to 30MG methadone and then switch to buprenorphine.	Build up to stable dose over a week. Starting dose will be between 10 ML - 40 ML. it can take 3 days to feel the full affect of a dose increase. Dose increases should be no more than 10-20ml per week along with assessment to check dose is not too sedating.	Build up to stable dose over a week	Supervised administration in a Heroin Assisted Treatment Programme
HOW OFTEN IS IT NORMALLY TAKEN	Once per day	Once per week or month	Once per day	Once or twice a day	2 - 3 times per day
WHAT IS FEELS LIKE	You feel like you are clear headed	Feels like you are clear headed but with strong stability as levels of buprenorphine in your system remains consistent through each day and over the week or month	Depending on your dose you will have background warm feeling but not the initial euphoria of heroin	Stronger warm pain blocking feeling	Initial euphoria when inject followed by strong warm pain blocking feeling
PEAK EFFECT	90 minutes after using		2 – 4 hours after using	90 minutes after using	1 – 5 minutes after using
USING ON TOP	At higher daily doses of buprenorphine heroin will have little effect on top	Strong blocking effect and stronger protection against opioid overdose than methadone or buprenorphine. This should only be needed when increasing levels over the first three doses.	Stable high dose of methadone will flood receptors giving little room for heroin.	Heroin converts to morphine in the brain so possible to use on top but less incentive	
STOPPING	Good drug for detoxing allowing for planned reduction building of experience of feeling clear headed	You are committed to take buprenorphine for the duration of the injection (week or month). Once the treatment is over you can plan your detox using oral buprenorphine.	Methadone can be reduced gradually however some people prefer a switch to buprenorphine at lower doses	Morphine can be reduced gradually however some people prefer a switch to buprenorphine at lower doses	Gradually reducing down or if necessary transferring to methadone or buprenorphine to complete the detox
PLACE IN TREATMENT CYCLE	Safe drug that blocks use of heroin and has a lower risk of overdose	Clear value for people who have found oral buprenorphine helpful, are stable and looking for freedom from frequent or daily pick ups. People living very unstable lives may find this form of OAT easier to engage with but you must always do a tester dose to check for side effects with a oral buprenorphine if you have never used the drug before.	Linked to strong retention in treatment. Reduced risk of opioid overdose.	Useful for people who have tried methadone and buprenorphine without success	Still mostly available on a pilot basis to those who have tried methadone and buprenorphine without success
VARIATIONS	Espranor is a melt in the mouth wafer of buprenorphine. You cannot alternate / swap between Espranor and other forms of oral buprenorphine. Suboxone is buprenorphine with added naloxone, which blocks the effect of the buprenorphine for 20 minutes if injected.	Current licensed brand in UK is Buvidal but others may become available	Methadone also comes in sugar-free versions.	Slow release morphine tablets last for 12 hours or 24 hours. Morphine is not commonly prescribed in the UK. Methadone and buprenorphine are the first line recommended treatment options.	Hydromorphone acts in a similar way to heroin

*Not all OAT medications will be available in all settings

Achieving the Right OAT Dose:

When you start on OAT, you are going to have to get used to a regular routine where you take your OAT medication every day.

For safety reasons with methadone the Drug support Service will build up your dose over time in discussion with you. With buprenorphine the dose can be increased more quickly however the service will ask you to arrive in moderate withdrawals. This is to avoid precipitated withdrawal (more severe) symptoms which can happen if you take your first dose of buprenorphine too soon after you last used another opioid.

Research shows that when people on OAT receive between 60mg - 120mg of methadone or 12mg - 24mg of buprenorphine, they do better in terms of staying in treatment and stopping use of other drugs. Keep giving feedback to your prescriber until you are receiving a dose which is high enough to prevent your withdrawal symptoms and your cravings to take other opioids. The agreed dose should support you to complete your daily routine in comfort. How much, what type and by what route you use opioids, all informs the dose you will need and this could be less than the average range. Your personal dose can best be worked out in discussion with your prescriber.

Supervised consumption is where the pharmacy witnesses you taking your medication. Supervised consumption is used to support you with the daily dose of prescribed OAT and ensure your safety. You should discuss with your prescriber when you feel you are ready for a move to take home doses or where supervision is causing issues.

You may find OAT and the regular structure of supervision are enough to support you to achieve positive change. You may benefit from more support which can be delivered in groups or on a one-to-one basis, helping you reflect, grow and make positive change. Counsellors can help you learn from your experiences and build your motivation to change. If you have had trauma in your life you may need extra psychological support. You should ask for this when you feel ready.

It is also important to connect with trusted people in your family and friendship network who can reinforce and support your change plans.

Testing and Using on Top:

Urine testing or saliva testing will normally be used to confirm that you are using opioids at the assessment stage. The test does not prove you are dependent, which is why they will also take a drug history and may check for physical signs.

Testing can also be used to ensure you are taking your OAT medication. To continue dispensing OAT to someone who tested negative for OAT could risk an opioid overdose.

Factors that affect access to take home doses:

- **Not missing any doses**
- **Having a stable home environment**
- **Being able to safely store your medication in a locked cupboard or box to stop children or other adults accessing the medication.**
- **Urine or saliva test results showing no opioid use or other overdose risk**
- **Positive progress with work or education**
- **Supportive family life**
- **Engagement with other forms of support offered**
- **No recent history of selling or giving medication to anybody else**

Urine and saliva testing can show if you have been using different substances normally in the last 2 – 3 days but some drugs and particularly cannabis and benzodiazepines can give positive tests for longer.

Good practice states that services should work to keep people on OAT and engaged with them. Testing should not be used to expose illicit drug use in order to exclude people from OAT treatment. If you test positive for opioids, then this could be a sign that you are receiving too low a dose and are still withdrawing or experiencing cravings. OAT doses should not be cut as a sanction however the dose might need to be lowered in the interests of your continued safety and wellbeing.

If you are using other drugs on top of your OAT remember that this increases your risk of overdose. You may need to think about reducing your OAT dose for that day. This will reduce the risk of possible overdose or increasing your tolerance (and either requiring more OAT or feeling uncomfortable for a day or two).

People on oral buprenorphine can also consider long acting buprenorphine injection as it requires only weekly or monthly engagement with OAT services. This can be very helpful if you are working for example.

OAT is not a treatment for stimulants like crack or methamphetamine. Their use may increase your risk of overdose. OAT creates the chance for you to talk with your key worker who can discuss ways of reducing your risks, staying in control, and cutting back or quitting.

Sometimes you may be asked to take an alcohol breathalyser test. It is dangerous to take OAT if you are heavily intoxicated on alcohol given the increased risk of overdose. You may be asked to come back after a few hours to allow the alcohol time to wear off.

Pregnancy and OAT

OAT is recommended for use in pregnancy and should not be stopped without discussing with your prescriber. The prescribers will work with your obstetrician and maternity team. They can discuss the use of OAT in pregnancy and ensure that you are prescribed the medication which best suits your needs. If you choose to reduce the dose of, or stop taking, OAT this is best done with a clear plan over a realistic timescale.