



Treatment of drug dependence

What you need to know

Opioid Replacement Therapy for
heroin and opioid dependence



Information for family members and significant others



This leaflet was written by members of the former Grampian Family Support Forum with technical review by the Grampian Specialist Pharmacists in Substance Misuse.

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What help is there for family members, friends and significant others?

Recovery is possible however at times supporting someone with substance dependence is not an easy job. There will be times when you feel frustrated, worn out and upset with the person you are supporting. This is normal. It is important that you have someone to talk to and some support too – perhaps a friend, counsellor or family support worker.

If you feel you need some help, consider joining a family support group. These groups are specifically for families and friends of people with problematic substance use. They offer the opportunity for friendship and to share the experience of coping with substance dependence in the family with others who have had similar experiences. You can also ask the agency or service treating your family member about any 'in house' support groups and other services for family members that they provide.

How can you support someone in treatment?

Family, friends and peers can be a very important source of support to a person entering treatment and /or trying to remain in treatment. No matter what the treatment, people will do better if they have good social supports (e.g. stable relationships, stable accommodation). Supporting a person may include giving emotional and / or practical support by:

- Becoming better informed about the chronic and relapsing nature of heroin dependence and the benefits of treatment.
- Listening to the person and accepting and encouraging their chosen goal.
- Attending appointments with the person if they want this (e.g. with doctors, community psychiatric nurses or recovery coaches).
- Encouraging the person to develop their friendships and support networks and to get involved in positive healthy activities.
- Attending family or couple counselling.
- Knowing what to do in the event of an overdose (See page 11-12).

What is substance dependence?

Substance dependence is characterised by a person's inability to stop using substances even when it appears to be in their best interest to do so. When people become dependent, certain physical and psychological changes occur. Physically the body starts needing the substance to function "normally" and increasing amounts are needed to achieve the initial effect. Psychologically the person's thoughts and feelings start revolving around the substance.

These changes can lead to a strong compulsion to continue taking the substance, which in turn can lead to cravings and symptoms of withdrawal. People can become dependent on many substances including opioid drugs (such as heroin, morphine, methadone and dihydrocodeine), alcohol, cocaine or diazepam. This leaflet mainly deals with opioid drug dependence.

What is opioid replacement therapy (ORT)?

People who become dependent on opioid drugs and want to overcome their dependence or reduce/stop the use of these drugs can be prescribed an opioid substitute commonly known as opioid replacement therapy or ORT. These drugs reduce cravings and help people to manage withdrawal symptoms. Taking opioid replacement therapy can also help people to reduce or stop injecting and prevent the transmission of Blood Borne Viruses. Evidence shows that the risk of overdose is also reduced. Opioid replacement therapy is not a 'cure' for addiction but a support which allows individuals to look at all aspects of their lives.

Research has confirmed that outcomes are considerably improved if opioid replacement therapy is prescribed alongside psychological (e.g. counselling) and social (e.g. housing, benefits) help.

Opioid replacement therapy can be used as a long term maintenance treatment. Over time and with support, complete withdrawal from medication is possible. People prescribed these drugs are generally more able to be in employment or education and can take an active part in society.

Which types of opioid replacement therapy are available?

There are currently two types of opioid replacement therapy available in the UK. These are:

- Methadone
- Buprenorphine Products (e.g. Suboxone®, Subutex®)

The aim of treatment is to ensure that the individual is prescribed the correct dose for them and that they are neither over-sedated / in danger of overdose (too high a dose) or regularly experiencing the discomfort of withdrawal (too low a dose). When this is achieved, the person is in the best position to engage in the other psychological and social aspects of treatment and recovery.

How do clinicians ensure the appropriate opioid replacement therapy is selected?

Clinicians will explain the pros and cons of both types of drug and discuss options with their patients to ensure an informed choice is made. Success is more likely when patients have faith in their prescribed medication and what works for one person may not always be the right choice for another.

A full assessment and history is necessary before any prescribing takes place. Urine or oral fluid testing will be part of this process. The aim is to diagnose dependence and ensure any prescribing is appropriate. Individuals will be seen and supported regularly and closely monitored while the dosage of the substitute is adjusted and the appropriate safe level is reached.

Methadone

Methadone provides a greater opioid effect than buprenorphine and may be more suitable for those with heavier opioid dependences. For safety, the dose must be increased slowly and it can take a number of weeks for people to reach a comfortable dose. It is longer acting than heroin which helps reduce the incidence of cravings and withdrawal and should give people a more stable feeling. It can be common to feel more 'cloudy headed' on this drug.

Generally the safe starting dose for methadone is between 20 and 30mg per day. The dose can be increased by 5-10mg per day and by a maximum of 30mg in a week but will vary according to each person's response. It can take up to 3 days to feel the full effect from each dose increase which is why it is so important that methadone is increased slowly. In the early stages of treatment doses will generally be increased once or twice a week, providing the patient can be assessed appropriately before each dose increase. This is to check for any symptoms of over-sedation and reduce the risk of overdose by increasing too quickly. UK clinical guidance suggests that most people will require a dose of between 60mg and 120mg of methadone daily to adequately cover symptoms of withdrawal, but this may be higher or lower and will be determined on an individual (patient) basis.

When reducing the dose, the amount will be determined through discussion between the clinician and the individual at each appointment and will also be dependent on the current dose. It is not generally the case that a dose reduction will occur at every appointment but in increments as the person feels ready. Where an individual begins to struggle with dose reduction, the reduction will be halted until they feel ready to begin again.

Methadone is usually (but not always) dispensed in the form of a green liquid and is commonly taken by mouth once a day.

Buprenorphine Products e.g. Suboxone®, Subutex®

Buprenorphine has less opioid effect than methadone and may be more suited to less heavy drug users, those relatively early in their drug taking history and those at higher risk of overdose. It may also be effective for people who become 'stuck' on a reducing methadone dose but are unable to reduce further or stop completely. People starting on buprenorphine may report feeling 'clear headed' which can be a positive or negative factor for different people. It is generally quicker to reach the necessary dose for buprenorphine than methadone. It has a lower risk of overdose than methadone when taken alone.

Buprenorphine binds very strongly to opioid receptors in the brain and can reduce the effect of other opioid drugs if used on top. These are the same receptors in the brain that heroin and methadone attach to. Buprenorphine can remove and replace these drugs on the receptors but will produce a milder opioid effect. This can cause symptoms of withdrawal known as "precipitated withdrawal" when someone is initially started on buprenorphine. It is therefore important that patients leave enough of a time gap after their last dose of heroin (minimum 12 hours) or methadone (minimum 24 hours gap) and their first dose of buprenorphine. The person should wait until they are feeling mild symptoms of withdrawal before taking their first dose of a buprenorphine product regardless if they are moving to it from an illicit opioid or prescribed methadone.

Most people will be prescribed a split dose of buprenorphine on day 1. Generally 4mg in the morning followed by 4mg after 3-4 hours providing someone is not experiencing precipitated withdrawal. The logic being that by splitting the dose any symptoms of withdrawal experienced should be less severe than if the full dose was taken at once. Where precipitated withdrawal does occur, it will feel unpleasant but will also subside after a few hours and is not harmful to the person. This is the time that

many people will decide that buprenorphine is not for them but precipitated withdrawal can be prevented by leaving an adequate period after their last dose of opioid as previously described. The person can also be reassured that the symptoms will pass.

The majority of people who are prescribed a buprenorphine product will gain maximum effect at 16mg of buprenorphine daily therefore most people will be stabilised at this dose. Increasing above 16mg will generally give little additional effect.

Suboxone® is a branded product which contains two ingredients: buprenorphine and naloxone.

The second ingredient, naloxone is present as a deterrent to help those who are tempted to misuse their medication. It will cause withdrawal symptoms e.g. if Suboxone® is injected or snorted. As long as Suboxone® is taken as directed naloxone will not be active. Naloxone does not reduce the therapeutic effect of buprenorphine.

Subutex® and generic buprenorphine tablets contain only buprenorphine and do not contain naloxone.

The product prescribed may vary across Scotland according to each Health Board area's prescribing policy.

All buprenorphine products come in tablet form and are placed under the tongue until dissolved. Tablets generally take around 5-10 minutes to fully dissolve although most of the active ingredient will be absorbed in the first 5 minutes. Moistening the mouth with a little water can help tablets dissolve however it is important not to swallow or drink anything after whilst the tablet is under the tongue as this will reduce the amount of drug absorbed and the full effect of the dose may not be felt.

What are the common side effects of opioid drugs?

Methadone and buprenorphine have very similar side effects. They both slow down the body's nervous system which can include slower breathing rate and sedation although when stable on the correct dose, the effects will become less apparent. Other common side effects include constipation, dry mouth, small pupils and nausea.

How is the opioid substitute drug administered?

In the early stages of a methadone or buprenorphine programme, administration of the dose will be supervised by a pharmacist. This allows daily contact with a health professional that can quickly pick up changes in a person's presentation and provide feedback to their clinician. Feedback can be of either positive progress or of concern if the person appears to be struggling with treatment. After a minimum of three months and where it is considered safe to do so, people may be able to take home their prescribed dosage. This may be on a daily, two or three times a week or weekly basis but will be determined on an individual basis and on consideration of all factors. These will include safety, likelihood of selling on the prescribed medication, home circumstances, mental health or child protection concerns and access to employment or education amongst others. Establishing a routine for taking medication is an important part of treatment and should be followed consistently.

How long might someone be prescribed opioid substitute drugs for?

It is important to consider that the length of time in treatment will vary from person to person. For most people it will take a number of attempts to reduce or stop heroin and/or other drug use completely. As a relative, partner, carer or friend of a dependent person, you need to be prepared for the likelihood of relapse, going back to heroin/drug use and not lose hope if this occurs. For some people, longer term maintenance therapy may give them the best chance at maintaining a less chaotic lifestyle.

There is no set timescale which tells clinicians when the dosage of methadone or buprenorphine should be reduced. Instead, this is governed by the wishes of the individual when they feel ready and confident to reduce their dosage in combination with their clinician's assessment of their progress and likelihood of success. It is important to remember that a person's tolerance to illicit drug use is lower when they are reducing or have stopped treatment and that overdose risk actually increases at this time. Lapses, i.e. returning to taking illegal drugs or drugs which are not prescribed, are possible and in this event it may be better to stop the reduction or restart the prescribing programme. Your support and encouragement during these times will help as people can often feel that they have failed and are ashamed of their relapse.

What happens if doses of opioid replacement therapy are missed?

For their safety, if a person misses three or more daily doses, the clinician may have to temporarily reduce the dose as the patient's tolerance may be lowered and overdose may be a risk. Family and friends can help by being vigilant and if there are unexpected signs of either sedation or withdrawal, they should encourage the individual to make contact with their clinician.

What happens if opioid substitute drugs are taken in conjunction with other drugs or alcohol?

Many different drugs such as diazepam and alcohol share the effects of opioid drugs which is why they can lead to overdose when taken at the same time. They are all known as depressant drugs as they depress the central nervous system.

The risk of overdose significantly rises if people prescribed ORT also use alcohol, benzodiazepines and/or other depressant drugs.

What are the key signs of overdose from depressant drugs?

If you notice your loved one is unresponsive, unusually sedated, breathing slowly, has a blue tinge to the lips, or is snoring heavily this may be a sign that they have taken too much depressant drug(s).

What should you do in the event of a suspected opioid overdose?

Overdose training which includes basic life support techniques and information on how to use naloxone is available in most regions of Scotland. In October 2015 legislation was brought in which allows family members and significant others access to a personal supply of naloxone for use in opioid overdose. Key workers and services locally can provide information on naloxone. See final page for contact details.

If overdose is suspected, an ambulance should be called. Naloxone should be administered where it is available.

Naloxone is a prescription medicine that temporarily reverses an opioid overdose to buy time until emergency services can attend. It acts quickly and will help to bring the person round where too much opioid drugs have been taken. It will not work on any other type of drug overdose e.g. diazepam, legal high or alcohol. It is recommended that naloxone is injected into the thigh muscle and it can be administered through clothing.

A new community kit called Prenoxad® is available which contains 5 doses of naloxone. One dose should be given every 2-3 minutes until the person comes round or the ambulance arrives and takes over. Naloxone will begin to wear off after approximately 20 to 30 minutes. For this reason it is crucial that the person does not take any more drugs after coming round as naloxone will not protect them from overdosing again.

Are there any drug treatments for other types of dependence?

Benzodiazepines and Sleeping Tablets

Benzodiazepines (e.g. diazepam) and sleeping tablets (e.g. temazepam and zopiclone) are other type of drugs which slow the body's systems down. They are effective for treating conditions such as insomnia, anxiety, muscle spasm and epileptic seizures when taken for short periods as prescribed however have the potential for abuse and dependence when taken in high doses or for longer periods of time. They have become a bigger issue in recent years due to their availability online. The risks associated with "black market" benzodiazepines are huge due to the uncertainty of what they contain. They may contain more or less than the advertised amount of drug, a different drug altogether or no drug at all!

There is little evidence to support the long term prescribing of these drugs either for anxiety or insomnia or as a substitute for benzodiazepine dependence. For insomnia they will not treat the underlying issues which can include stress, poor sleeping habits and use of stimulant drugs. The most effective treatment will be found if the issue can be resolved or eased. For dependence, treatment may include prescribing a reducing schedule of diazepam to help the patient to safely stop taking the drugs. Benzodiazepines can be very difficult to stop taking and can cause confusion, convulsions and anxiety if stopped suddenly, which is why a prescription may be necessary.

However as with opioid dependence, the psychological and social forms of support are often more important if a person is to successfully manage their dependence.

In addition to slowing down the rate of breathing and sedation, benzodiazepines can cause issues with short term memory where the person cannot remember what they have done on a day to day basis. This can cause issues with daily activities and in engaging with the social and psychological aspects of treatment.

Naltrexone

Naltrexone is commonly known as a "blocker". It will bind to opioid receptors in the body and stop opioid drugs such as methadone and heroin having any effect. It is intended for use by people who have successfully reduced and stopped their opioid intake altogether and are looking for support to stay abstinent. This can be abstinence from prescribed opioids e.g. methadone or non-prescribed opioids e.g. heroin. There are pros and cons to use. The person has to be motivated to take the drug every day for it to work. In the event of relapse, the person's tolerance will be lowered and overdose can be an issue. It will be helpful to some people in maintaining abstinence but not all. In the UK it is currently only licensed in the tablet form.

How should medication be stored and carried when travelling?

Medication should be stored at home in a safe place such as a locked medicine cabinet. It must be kept out of the sight and reach of children and can be harmful or fatal if ingested by children.

If travelling, medication must be kept securely at all times. The prescription with patient's name and Information Leaflet should be kept along with medication. If travelling abroad it will be necessary to check the legal position for importing controlled medication into the destination country with the relevant embassy along with the airline's carriage policy. As much notice of intention to travel as possible should be given to the prescriber to allow time to consider the options.

Contact

For more information or if you are in any way affected by the issues raised in this leaflet please contact:

Scottish Families Affected By Alcohol and Drugs

Freephone helpline: 08080 10 10 11

Website: www.sfad.org.

Scottish Families maintains a directory of Scottish services which is searchable by location to allow identification of local support services. To find this go to the 'Get help now' section of the website.

Local services

Aberdeen City and Aberdeenshire

Alcohol & Drugs Action

Helpline: 01224 594700

Website: www.drugsaction.co.uk

Moray

Arrows Drug and Alcohol Support

Helpline : 07812228547

Telephone: 01343-552382

Website: www.quarriers.org.uk/services/arrows-drug-and-alcohol-support/



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