Opiates and Opioids

Opiates are drugs that come from opium. Opioids is a catch all term that includes opiates and versions of these drugs made by scientists. Opioids relax the body, relieve pain and cause feelings of well-being. 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 avoids withdrawal symptoms.

Heroin and other opioids bind to specific sites in the brain, called opioid receptors. When they attach, they stimulate the receptor and create a feel-good sensation. If you stop taking opioids, there is nothing to attach to those receptors. This causes you to go into withdrawals.

Opioid Substitution Therapy (OST):

Medications like buprenorphine, methadone, and morphine bind to the opioid receptors and stop the withdrawal symptoms and cravings. These medications are known as Opioid Substitution Therapies or OST for short. If you have developed a dependence on short-acting opioids, such as heroin, you will get sick about 6-8 hours after you last used. However, OST is long-acting and buprenorphine and methadone both work for at least 24 hours. With the right dose, someone with opioid dependence will usually only need to take OST once a day and with the new long acting depot buprenorphine only once per week or per month.

OST is a life-saving medication that takes you away from the challenges of raising money and the risk of going into withdrawals. It also reduces your risk from 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.

Common Side Effects to OST and Tips for Managing Them

- **Tiredness or drowsiness especially after dose** – this will normally cease after a few weeks or talk to your prescriber about different forms of OST.
- **Excess sweating** - ensure that you drink enough and add some salt in your diet, sometimes goes away if the dose can be reduced.
- **Constipation** - have a diet containing some fruit and vegetables, 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, drink hot water with a slice of fresh ginger, 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 not soda.
- **Lowered sex drive –** make time for sex, as your spontaneous sex drive will be reduced.

Serious acute side effects are rare but can include chest pain, shallow breathing, abnormal heartbeat, fainting, getting confused or having hallucinations. If these occur seek immediate medical help.

Assessment and OST

When you first approach OST services you will often see a key worker, who will explain OST and the support available to you. They will also gather basic information about you, your drug use and your hopes and goals for starting on OST.

You will then be assessed by the prescriber who will normally be a doctor. Some nurses and pharmacists can receive a special license to prescribe OST following specialist training. The prescriber will then focus in more detail on how much and what type of opioids and other drugs you use and how you take them. They will also ask about your past experience of OST. They will talk to you about the different OST options and help to determine which OST is right for you. OST can help you achieve a wide range of positive change. Abstinence and long-term maintenance are both valid goals.

Starting on OST

Depending on the OST medication, you will need to see the prescriber and your key worker regularly. Normally you will be dispensed OST from the clinic or pharmacy every day. You will see the OST service more often, and for longer times, in the early part of your treatment. You should raise in your assessment any obligations around work, education, childcare or your health that make sticking to such conditions a challenge. Some services have evening clinics or offer tailored flexibility to support people to maintain their employment or other key responsibilities. Long acting depot buprenorphine may be a useful option, as you only need to attend the service once a week or month.

Working with OST 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 OST service has rules that punish people for continued use of illicit drugs, then you may feel left with no choice but to hide and deny your use.

The quality of OST services varies across Europe. We are lucky to live in a region that has a strong commitment to human rights and the science. However, we face significant stigma and discrimination in society, which can at times impact on the design of OST services.

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

For more information about EuroNPUD and OST Literacy and Right Project visit www.euronpud.net/ost

Drug user organisations across Europe are working with OST programmers and policy makers to lobby for access to the range of OST medications and good practice standards.

For more information about good practice with Opioid Substitution Therapy in Europe visit www.emcdda.europa.eu/best-practice/briefings/tackling-opioid-dependence_en

This 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.

OST WE ARE IN IT TOGETHER!

OST WE ARE IN IT TOGETHER!

OST is a controlled medication that needs to be dispensed safely. Rules and responsibilities should be clearly explained by the OST service. They can helpfully be described in a service contract. However, these rules should also not be too demanding. OST services should reduce barriers to access such as long waiting times, limited dispensing hours, compulsory urine testing and limited choice of OST medications. If you collect your OST from a pharmacy, bear in mind there are extra checks and paperwork that make the dispensing process slower than other medicines.

OST services should work to keep people in treatment. Using on top of prescriptions should be a matter for discussion and learning not punishment. It may be a sign that you need more OST to prevent withdrawals and cravings.

If you can build an open, honest and supportive relationship with your OST prescriber and key worker this will help you make OST a success. Fear of judgement is a key barrier that stops people with opioid dependence from accessing OST services. Overcoming this barrier is a key goal of this project.

Opioid Overdose and Naloxone

An overdose can happen to anyone, even people who have used opioids for a long time. It is important to learn and recognize the symptoms of opioid overdose and to carry naloxone. Watch out for new batches which could be strong. Look out for times when your tolerance may have dropped. Mixing depressant drugs like heroin, alcohol or benzodiazepines is high risk. Carry naloxone and make sure that the people around you know how to find and use it.

OST

WE ARE IN IT TOGETHER!

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

Opioid Substitution Therapy (OST) Standards Declaration:
People who are dependent on opioids have the right to the highest attainable standard of health. This includes access to, information about and the freedom to choose from available opioid dependence pharmacological treatments as well as psycho-social support.

EuroNPUD
European Network of People who Use Drugs

THIS IS A PROJECT FROM EURONPUD
WORKING IN PARTNERSHIP WITH DRUG USER ADVOCATES
FROM GERMANY, SWEDEN AND THE UK.

COUNTRY LOGO

OST comes in several forms, but they all work in similar ways. The OST medications like methadone and buprenorphine replace the illicit opioids you are using (like heroin, or other street opioids) with less harmful, pharmaceutical-grade alternatives, given under medical supervision. OST prevents the feelings of withdrawal that come from not using and is designed to provide a stable feeling and prevent cravings.

OST WE ARE IN IT TOGETHER!

TYPE OF OST*	Buprenorphine	Methadone	Extended Release Morphine	Diamorphine	Long Acting Depot Buprenorphine (European brand Buvidal)
FULL OR PARTIAL AGONIST	Partial	Full	Full	Full	Partial
FORM	Tablet dissolved under tongue	Normally a liquid but also in tablets or capsules	Capsule	Injectable	Injection
AVAILABLE DOSES	0.4 MG, 2 MG, 8 MG	See Label	See Label	See Label	Buvidal weekly – 8MG, 16MG, 24 and 32MG Buvidal Monthly 64MG, 96MG and 128MG
STARTING TREATMENT	Ask to attend in moderate withdrawals and build up dose	Build up to stable dose over a week. Starting dose normally around 30 – 40MG on day 1	Build up to stable dose over a week	Supervised administration in a Heroin Assisted Treatment Programme	Normally you will have experience of sublingual buprenorphine and be stable and confident with this version of OST. If you have never used buprenorphine before it is good to take a tester sublingual dose to make sure you don't experience side effects. People on methadone will normally come down to 30MG methadone and then switch to Buvidal.
HOW OFTEN IS IT NORMALLY TAKEN	Once per day	Once per day	Once per day	2 - 3 times per day	Once per week or month
WHAT IS FEELS LIKE	You feel like you are straight	Depending on your dose you will have background warm feeling but not the flash effect of heroin	Stronger warm pain blocking feeling	Flash effect when inject followed by strong warm pain blocking feeling	Feels like you are straight but with strong stability as levels of buprenorphine in your system remains consistent through each day and over the week or month
PEAK EFFECT	90 minutes after using	2 – 4 hours after using	90 minutes after using	1 – 5 minutes after using	
USING ON TOP	Moderate doses of heroin will bounce off and have no effect	Stable high dose of methadone will flood receptors giving little room for heroin. Taking less methadone allows for use of top without increasing tolerance	Heroin converts to morphine in the brain so possible to use on top but less incentive		Strong blocking effect and stronger protection against opioid overdose than methadone or buprenorphine. You can have a booster dose if you are still experiencing withdrawals.
STOPPING	Good drug for detoxing allowing for planned reduction building of experience of feeling straight	Normally people on methadone reduce to around 30MG of methadone before switching over to buprenorphine to complete the detoxification	Cutting down and transferring to buprenorphine to complete the detoxification	Cutting down and transferring to buprenorphine to complete the detoxification	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 sublingual buprenorphine.
PLACE IN TREATMENT CYCLE	Safe drug that blocks use of heroin	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	Clear value for people who have found sublingual buprenorphine helpful, are stable and looking for freedom from frequent or daily pick ups. People living very unstable lives may find this form of OST easier to engage with but you must always do a tester dose to check for side effects with a sublingual buprenorphine if you have never used the drug before.
VARIATIONS	Espranor is a melt in the mouth wafer of buprenorphine. You cannot alternate between Espranor and Subutex. Suboxone is buprenorphine with added naloxone, which blocks the effect of the buprenorphine for 20 minutes if injected.	Methadone also comes in sugar-free versions. There is also a long acting version of methadone which only needs to be taken every 3 days.	Slow release morphine tablets last for 10 hours	Hydromorphine has also been used in Heroin Assisted Treatment which works as well as diamorphine	

*Not all OST medications will be available in all settings

Negotiating the Right OST Dose:

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

With methadone the OST service will build up your dose over a week in discussion with you. With buprenorphine, the service will ask you to arrive in moderate withdrawals. If you take your first dose of buprenorphine too soon after you last used heroin, this can throw you into sudden and severe withdrawal symptoms.

Research shows that when people on OST receive between 80ML and 120ML of methadone or 12MG and 24MG of buprenorphine, they do better in terms of staying in treatment and moving away from street 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 dispenser witnesses you taking your medication. EuroNPUD believe this should be used as a fallback option where there are fears about your safety – if you have suicidal thoughts or if you are vulnerable and might have your medication stolen. Services will normally make daily dispensing or supervised consumption a condition of the first phase of treatment. However, in response to COVID-19 OST services have offered many people on OST access to weekly take home doses sometimes from the start of treatment.

You may find OST and the regular structure of supervision 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.

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 is used at the supervision stage to ensure that you are taking your OST medication. To continue dispensing OST to someone who tested negative for OST could risk an opioid overdose.

Urine and saliva testing can show if you have been using different substances normally in the last 2 – 3 days. However, Tramadol, ketamine and longer acting benzodiazepines will all show up for longer and regular cannabis use may give a positive result even after a month.

Good practice states that OST services should work to keep people on OST and engaged with services. Testing should not be used to expose illicit drug use in order to exclude people from OST treatment. If you test positive for heroin, then this could be a sign that you are receiving too low a dose and are still withdrawing or experiencing cravings. Your OST dose should not cut as a punishment.

If you are using heroin as an occasional treat, then it is sensible to reduce your OST dose for that day. This will reduce the risk of increasing your tolerance and either requiring more OST or feeling uncomfortable for a day or two.

Where daily and supervised consumption are used at the start of treatment, you should ask how and over what timescale you can earn privileges. If you are doing well on OST, you should be able to earn privileges after 3 months on OST although in practice this varies between countries and clinics.

People doing well on oral buprenorphine can also consider long acting depot buprenorphine as it requires only weekly or monthly engagement with OST services.

OST is not a treatment for stimulants like crack or methamphetamine. Good practice says that you should not be sanctioned for using non-opiates on top of OST. Talk to your key worker about stimulant drugs and share ideas for harm reduction, self-control, cutting back or quitting.

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
- Urine test results showing no heroin use
- Positive progress with work
- Education or family life
- Engagement in psychosocial support or social and economic rehabilitation
- No history of selling OST medication

Sometimes you may be asked to take an alcohol breathalyser test. It is dangerous to take OST 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 OST

It is advisable to remain on OST during pregnancy. The cycle of the high followed by withdrawal when using street drugs is very dangerous for you and your baby. Let your doctor know as soon as possible if you become pregnant and discuss which treatment options are best for you.

If you want to stop taking OST, you should talk with your doctor. You might find that a different form of OST could better match your needs or give you greater freedoms from the demands of the OST system. A different form of OST could also help resolve particular negative side effects. If you want to reduce and stop taking OST this is best done with a clear plan over a realistic timescale.