

Opioid Use and Dependence

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Background

About opioid use and dependence

- *Opioids give users:*
 - *a sense of well-being, happiness, and relaxation.*
 - *relief from both physical and psychological pain. It is this relief of pain, coupled with physical withdrawal when opioids are withheld, that leads to its addictive potential.*
- *Side effects include sedation, pupil constriction, reduced pulse and blood pressure, constipation, and respiratory difficulty.*
- *Opioid dependence:*
 - *can arise from over-the-counter combination analgesia that contains codeine (OTC CACC), prescription opioids, or illicit opioids. Over-the-counter availability of codeine ceased on 1 February 2018.*
 - *is characterised by features of tolerance, withdrawal, behavioural, social, and psychological dysfunction.*
 - *is a chronic disorder with significant associated morbidity and mortality, and a natural history of remission. Relapses may span many years.*
- *The majority of patients with opioid dependence (> 80% in most studies) have one or more psychiatric diagnoses, including depression, post-traumatic stress disorder, general anxiety disorder, sexual abuse, psychosis, bipolar disorder, and obsessive compulsive disorder (OCD). OCD usually predates opioid use.*
- *Opioid dependence can lead to misuse and ultimately death. Analysis of data from the Coroners Court of Victoria shows that pharmaceutical drugs such as opioids contributed to 80% of overdose related deaths in Victoria.¹*

Red flags

- Overdose

Assessment

For the purposes of this pathway, the term opioid refers to all **drugs with similar actions to morphine**.

Drugs with similar actions to Morphine

Synthetic and semi-synthetic illicit and prescribed drugs, including:

- *Morphine*
- *Heroin*
- *Oxycodone*
- *Buprenorphine*
- *Fentanyl*
- *Pethidine*
- *Hydromorphone*
- *Codeine*
- *Dextropropoxyphene*
- *Tramadol*
- *Methadone*
- *Tapentadol*

- Alfentanil
- Remifentanil

1. Establish **reason for presentation**. Ask about:

Reason for presentation

- Management of chronic pain
- Initial or relapse presentation for heroin or other illicit opioid use
- Specific advice e.g:
 - Ongoing safe opioid use
 - Potential harmful effects of opioid use, such as contracting hepatitis C
 - Drug seeking
- Withdrawal assistance e.g:
 - Resources
 - [Medication assisted treatment of opioid dependence \(MATOD\)](#)
 - Detox centre
 - Other drugs
 - Pain management

- the role opioids have in the patient's life.
- what happens if they are not available.

2. Establish if the patient has an:

- opioid pharmacotherapy prescriber.
- authorised prescriber for other drugs of addiction.

3. Confirm **opioid dependence** based on risk categorisation and **complexity factor**:

Complexity factors

Complexity factor	Definition
Poor mental health	<ul style="list-style-type: none"> • Kessler Psychological Distress Score (K10) ≥ 30, or • presence of serious mental health diagnoses e.g., bipolar disorder, schizophrenia, borderline personality disorder
Lack of meaningful activity	Unemployed and not studying or performing home duties
Housing insecurity	Homeless or at risk of eviction
Pregnancy	Pregnant
Serious criminal justice involvement	E.g. on a court order or on parole
Multiple previous AOD treatment episodes	> 5 AOD treatment episodes (lifetime)
Children potentially unsafe	Clinician concern about parenting capacity
Significant or serious physical health issue	Serious physical illness (e.g. liver, cardiovascular, respiratory, neurological disease) that significantly impacts on wellbeing and functioning

Opioid dependence

Opioid dependence is a chronic disorder characterised by:

- evidence of opioid tolerance and withdrawal
- associated adverse effects on behaviour, social and psychological functioning
- significant associated morbidity and mortality.

See also [DSM-5 Criteria for Diagnosis of Opioid Use Disorder](#)

Low risk

Intermittent user or using opioids long term but not opioid dependent.

Moderate risk

Opioid dependent with low to moderate mental health concerns but uncomplicated health issues.

High risk

Opioid dependent with moderate to high mental health issues and/or complicated health issues e.g., concurrent alcohol abuse or pregnancy.

4. Take a detailed history and assessment including details of:
 - use of alcohol, opioids and other drugs. Consider using Victoria State Government – [AOD Comprehensive Assessment](#) tool.
 - medical and medication history
 - mental health
 - concerning **psychosocial factors**, including beliefs about pain.

Psychosocial factors

Consider psychosocial factors that may indicate an increased risk of developing long-term pain, distress, and disability:

- *Belief that pain and activity are harmful, leading to reduced activity levels and fear-related avoidance behaviour e.g. avoiding movement or activity due to anticipation of harm from any increase in pain (suboptimal engagement in recommended physical therapies)*
- *Sickness behaviours e.g. extended rest*
- *Low or negative mood, social withdrawal*
- *Expectation that passive treatment rather than active participation in therapy would help*
- *Overprotective family or lack of support*
- pregnancy.

5. Assess for **drug-seeking behaviour**, if appropriate.

Drug-seeking behaviours

- *Arrives after regular hours, or wants an appointment towards the end of office hours*

- States that they are travelling through, visiting friends or relatives
 - Exaggerates or feigns medical problems
 - Provides a convincing, textbook-like description of symptoms but vague medical history
 - Provides an aged clinical report or x-ray (often from interstate) in support of their request
 - Declines a physical examination, or permission to obtain past records or undergo diagnostic tests
 - Unwilling or unable to provide the name of their regular doctor, or states that the doctor is unavailable
 - Claims to have lost a prescription, forgotten to pack medication, or says medication was stolen or damaged
 - Shows unusual knowledge about opioid and other medications
 - States that specific non-opioid medications do not work, or that they are allergic to them
 - Adds pressure by eliciting sympathy or guilt, or by direct threats
- Identify known doctor shoppers through the **Prescription Shopping Information Service (PSIS)**.

Prescription Shopping Information Service (PSIS)

The service provides information on the type and amount of PBS medicines supplied to that patient by a registered general practitioner.

Phone: **1800-631-181**

See also [Prescription Shopping Programme](#)

- Commonly traded or misused medications include benzodiazepines, quetiapine, mirtazapine, and pregabalin.
6. Perform physical examination, including:
- vital signs, skin, track marks, teeth, nutrition
 - cardiac and respiratory function
 - abdomen for liver abnormalities
 - signs of **infective endocarditis** or other compromise to general medical fitness

Infective endocarditis

- Fever
- Murmur
- Roth spots
- Osler's nodes
- Janeway lesions
- Anaemia
- Splinter haemorrhages
- Emboli

Signs of opioid intoxication

- Constriction of pupils
- Slurred speech
- Unsteady gait

- *Drowsiness*
- *Itching and scratching*
- *Lowered blood pressure*
- *Slowed pulse*
- *Hypoventilation*

Signs and symptoms of withdrawal or precipitated withdrawal

Signs:

- *Dilated pupils*
- *Rhinorrhoea*
- *Perspiration*
- *Piloerection*
- *Muscle twitching, especially legs*
- *Yawning*
- *Vomiting*
- *Diarrhoea*
- *Restlessness*

Symptoms:

- *Opioid craving*
- *Hot and cold flushes*
- *Cramps*
- *Bone, joint, and muscle pain*
- *Anorexia, nausea*
- *Abdominal pain*
- *Insomnia*

Onset and duration of symptoms depend on the drug being taken.

Protracted low grade symptoms may last for several weeks after precipitated withdrawal.

Signs of overdose

- *Pin-point pupils (miosis)*
- *Cold skin and low body temperature*
- *Bradycardia*
- *Slow respiratory rate*
- *Signs of airway obstruction (snoring)*
- *Muscle twitching*
- *Gurgling sound in the throat from vomit or saliva*
- *Peripheral cyanosis*
- *Coma*
- *Breathing difficulty*
- *Reduced level of consciousness*

7. Arrange **investigations**.

Investigations

- *Urine drug screen.³*

- *Standard urine drug screening (by ELISA) normally reports on the presence of at least codeine, morphine, and methadone.*
- *Timing is important (false negative), as false positive results can occur with food containing poppy seeds and certain medications.*
- *Bloods, including FBE, liver function test (LFT), aspartate aminotransferase (AST)*
- *For blood-borne viruses serology, arrange hepatitis C, hepatitis B, and HIV before and after counselling.*
- *Pregnancy test*
- *Others, as appropriate*

Management



Practice Point – Engage the Patient

It is important to engage patients at the first consult. If there are concerns around drug seeking, prescribe a small quantity of medication and arrange timely follow-up for further assessment and management.

Ensure goals of treatment are agreed with the patient and the options discussed.

1. If breathing difficulty, bradycardia, or reduced level of consciousness:
 - Call **000** for ambulance and transfer to the nearest [Emergency Department](#) immediate assessment of suspected overdose.
 - Resuscitate with respiratory support, protect airway, and give naloxone, if available.
2. If intermittent opioid user, or long-term opioid user without dependency, consider **ceasing medications**.

Ceasing medications

- *Consider if the patient can cease opioid with no further intervention.*
 - *This generally depends on the duration of use and dose.*
 - *Patients who have been taking opiates at low doses for < 1 to 2 weeks can usually stop the medicine without experiencing withdrawal symptoms.*
 - *In regards to codeine requests:*
 - [initiate a discussion](#) about deprescribing.
 - *inform that low dose codeine is not more effective than paracetamol or ibuprofen alone.*
3. If opioid dependant with mental health concerns or complex health issues, consider initiating **staged supply**.

Staged supply

Specify dosing frequency and quantity on the prescription. This will allow a pharmacist to enter into a service agreement with the patient including:

- *frequency of medicine collection*
- *medicine types and quantity*
- *missed or lost dose procedure*
- *consent for the pharmacist to discuss matters relating to the patient's care with the prescriber and/or other healthcare professionals*
- *termination of the service details*
- *fees*
- *recording receipt of supply.*

See also Pharmaceutical Society of Australia [Staged Supply: Quick Reference Tool](#).

4. [Report](#) any patient who has been newly identified as a drug-dependent person as per DSM-5.
5. Establish an **opioid reduction regimen** if appropriate, and seek advice from a pain specialist or drug and alcohol specialist via **DACAS**, if required.

Drug and Alcohol Clinical Advisory Service (DACAS)

- *A free specialist telephone consultancy service for health professionals – **1800-812-804***
- *DACAS consultants are experienced addiction medicine specialists.*
- *Available 24 hours toll free in Victoria.*

See DACAS – [Home Page](#)

Opioid reduction regimen

- *Establish the total daily opioid amount using the ANZCA Faculty of Pain Medicine - [Opioid Calculator](#)*
- *Tailor the opioid reduction to each patient, decreasing at a rate that allows patient to manage withdrawal symptoms.*
 - *If fast weaning, reduce daily opioid dose by 10 to 25% each week, or even each day if high risk of opioid harm.*
 - *If slow weaning, reduce daily opioid dose by 10 to 25% each month according to patient response.*

6. **Manage drug-seeking behaviour.**

Manage drug seeking behaviour

- *Prescribe a small quantity of medication and arrange for timely follow up in order to engage the patient.*
- *If patient is opioid dependent, offer appropriate management and discuss [medication assisted treatment of opioid dependence \(MATOD\)](#).*
- *Avoid prescribing sedatives to all patients with addiction problems.*
- *Do not provide further prescription if patient is intoxicated.*
- *If already on methadone or buprenorphine, refer to usual prescriber.*
- *If patient has previously been on MATOD, determine if they would consider MATOD again.*

- Contact the [Department of Health and Human Services](#) or phone **1300-364-545** to ascertain permit status. Report [drug-dependent person](#), as per legal requirements, or notify [online](#).

See Australian Prescriber – [Dealing with Drug-seeking Behaviour](#).

7. Offer education and advice on **harm reduction**:

Harm reduction

- Ongoing prescription of S8 medications may not be appropriate.
- Focuses on enhancing quality of life for individuals and communities, rather than promoting cessation of all drug use.
- Empowers drug users as the primary agents in reducing drug-related harms, including overdose.
- For needle and syringe program (NSP) information see Department of Health and Human Services – [Needle and Syringe Program](#).

See also [Harm Reduction Victoria](#).

- Include the [Opioid Overdose Response Plan](#) – all patients taking opioid-based medication are at risk of overdose.
 - Arrange naloxone prescription. See the [Prescribing Naloxone](#) pathway.
8. Discuss [medication assisted treatment of opioid dependence](#) (MATOD) with methadone or buprenorphine, or alternative analgesics, and apply for a [permit to treat an opioid dependent person with methadone or buprenorphine](#).
 9. If mental health co-morbidities, consider completing a Mental Health Care Plan.
 10. Offer to refer all patients for counselling and additional support to either of:
 - [Low risk alcohol and drug treatment assessment](#)
 - [Moderate to high risk alcohol and drug treatment assessment](#)
 11. Arrange follow-up appointments as clinically necessary to provide:
 - ongoing support.
 - **Management of withdrawal symptoms**

Management of withdrawal symptoms

- If withdrawal symptoms intolerable (e.g., sweating, tachycardia, hypertension, agitation), consider:
 - giving clonidine 50 to 100 micrograms ≤ 3 times a day for ≤ 3 days, if blood pressure and pulse allow.
 - slowing the rate of dose reduction.
- Persist with withdrawal process and do not increase dose.
- Consider monitoring withdrawal symptoms using the [Clinical Opiate Withdrawal Scale](#)

Other symptomatic treatment		
Symptom	Medication	Dose
Muscle aches and pains	Paracetamol	1 g every 4 to 6 hours as required (maximum of 4 g per 24 hours)
	Ibuprofen	200 to 400 mg 3 to 4 times a day as required (maximum 2400 mg per 24 hours)
Nausea	Ondansetron	4 to 8 mg every 8 hours as required (first-line for patients aged < 20 years)
	Metoclopramide	<ul style="list-style-type: none"> ▪ If > 60 kg, give 10 mg every 6 hours as required (maximum 30 mg per 24 hours) ▪ If < 60 kg, give 5 mg every 6 hours as required (maximum 15 mg per 24 hours)
	Prochlorperazine	5 to 10 mg every 6 hours as required (maximum 30 mg per 24 hours)
Diarrhoea	Loperamide	2 mg as required (maximum 16 mg per 24 hours)

- Consider prescribing benzodiazepines cautiously for specific symptoms in small quantities for a time-limited duration only:
 - If sleeplessness, give temazepam 10 to 20 mg at night, for 3 to 5 nights only.
 - If agitation, anxiety, or restlessness, give diazepam 5 to 10 mg, up to 4 times a day as required, for 5 to 7 days only.
- [medication assisted treatment of opioid dependence \(MATOD\)](#), if appropriate.
- access to professional support via local Pharmacotherapy Network, if required:
 - [North West Pharmacotherapy Network](#)
 - [Southern & Eastern Pharmacotherapy Network](#)

Referral

- If breathing difficulty, bradycardia, or reduced level of consciousness, call 000 for ambulance and transfer to the nearest [Emergency Department](#) for immediate assessment of suspected overdose.
- [Report](#) any patient who has been newly identified as a drug-dependent person as per DSM-5.
- If at low risk of opioid dependence, refer for [low risk alcohol and drug treatment assessment](#).
- If opioid dependant with mental health concerns or complex health issues, refer for [moderate to high risk alcohol and drug treatment assessment](#).
- If patient seeks pain management, consider referral to a pain specialist

Information

For health professionals

Education

ThinkGP – [Active Learning Module and Allied Health Skills: Alcohol and Other Drugs and Sexual Health in Young People](#)

Further information

- Department of Health and Human Services:
 - [Drugs of Dependence Guidance](#)
 - [Opioid Treatment and Assessing Patients](#)
 - [Pharmacotherapy Policy in Victoria](#)
 - [Safer Use of Opioids](#)
- [Prescription Shopping Information Service](#) – phone **1800-631-181**
- RACGP – [Medication Assisted Treatment for Opioid Dependence \(MATOD\) Module 1: Safer Opioid Prescribing](#)

For patients

North Western Melbourne PHN:

- [Preparing for Your Next Visit](#) [low risk]
- [Preparing for Your Next Visit](#) [moderate to high risk]

Sources

References

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3. Moeller KE, Lee KC, Kissack JC. [Urine drug screening: practical guide for clinicians](#). Mayo Clin Proc. 2008;83(1):66-76.

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