



Government of Western Australia
Drug and Alcohol Office

Is someone you care about seeking treatment for heroin or other opiate use?





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Note – The Drug and Alcohol Office is the business name of the Western Australian Alcohol and Drug Authority, which is an independent statutory authority established in November 1974. Its functions are set out in the Alcohol and Drug Authority Act 1974.

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Is someone you care about seeking treatment for heroin or other opiate use?

Having a family member or friend who is using opiates can be an extremely distressing time. This booklet has been developed as an information resource for families and friends of people who are using heroin or other opiates. You may also need support yourself to get through this difficult period.

what are opiates/opioids?

The term opiates refers to drugs that are derived from the opium poppy. The term opioids includes opiates and synthetic drugs. All these drugs act on specific parts of the brain to cause sedation and reduce pain.

- **Heroin** – is an illegal opioid derived from opium poppies. It comes in a powder form and can be smoked, snorted and injected.
- **Methadone and buprenorphine (Suboxone)** – are legal, prescribed synthetic opioids used to treat people who have developed dependence on drugs like heroin and some pain relief medications.
- **Pain relief medications** – opioids are used as pain relieving medications. Some of these are available over the counter in pharmacies (codeine based medication), while others require prescription from a doctor (morphine).

These medications used for pain relief can also be used inappropriately and lead to dependence.

Remember:

People who use opioids often use other drugs as well. These drugs can produce different effects to opioids. If you would like information on these drugs, call the Alcohol and Drug Information Service on (08) 9442 5000.



what are the effects of opioids?

Opioid drugs can produce the following immediate effects:

- a feeling of well-being/euphoria
- relaxation
- pain relief
- slow breathing
- decreased blood pressure and heart rate
- small pupils
- dry mouth
- drowsiness
- slurred speech
- impaired coordination
- nausea and vomiting
- in high doses, loss of consciousness, respiratory arrest and death.

Regular use of opioids can have the following effects:

- changes in the way a person thinks, feels and behaves
- weight loss
- constipation
- menstrual irregularity and infertility (women)
- loss of sex drive

“My son used to be a happy go-getter, but that person is no longer here because of heroin. Will he ever come back?”

Jane (Mother)

what is opioid dependence?

Regular use of any drug can develop into dependence, which can be physical and psychological. Physical dependence means the body requires the drug to function normally.

Psychological dependence is when a person's thoughts and emotions are focussed on use of the drug. It may seem to those around the drug user that the drug has become more important in their lives than anything else.

“My daughter uses heroin several times a day. She can't go a single day without it.”

Timothy (Father)



Symptoms of dependence can include:

- tolerance – needing to use more of the drug to get the same effect
- neglecting important activities in life to focus on obtaining and using the drug
- a constant desire to use the drug
- continuing use of the drug despite experiencing a range of problems
- withdrawal – experiencing unpleasant ‘flu like’ effects when not using the drug.

risks of opioid use

There are many risks associated with opioid use which can lead to harm for the user. The two main risks are overdose and blood-borne viruses.

Overdose

Reasons for an overdose may include:

- using large amounts of the drug
- the purity of the drug being higher than usual
- using opioids with other sedating drugs e.g. alcohol, benzodiazepines (diazepam or temazepam)
- tolerance has dropped e.g. having been through ‘detox’, or having been in prison or rehabilitation
- changing the method of use i.e. from smoking to injecting.
- using alone
- using pharmaceutical opioids which are stronger e.g. fentanyl
- someone else ‘mixes up’ their drugs

When a person overdoses, they show one or more of the following signs:

- unconscious
- unresponsive to touch or voice
- snoring or gurgling sound as if asleep
- blue lips, toenails and fingernails due to lack of oxygen (if the person has dark skin, the inside of the mouth or eyelid will appear blue/grey in colour, not pink)
- very slow and shallow breathing or not breathing at all
- small pupils.



Blood-borne viruses

Hepatitis B and hepatitis C are common viral infections spread through blood to blood contact. This means that the blood of one person infected with hepatitis B or C enters the blood stream of another person.

Human Immunodeficiency Virus (HIV) is less common and can be transmitted by sharing infected body fluids e.g. having unprotected sex with an infected person or by sharing the drug injecting equipment of an infected person.

These viruses are more prevalent among injecting drug users, therefore it is important that people do not share injecting equipment. Clean injecting equipment can be obtained through needle and syringe exchange programs, pharmacies and health services.

More information about blood-borne viruses can be found at:

- **Hepatitis WA**
www.hepatitiswa.com.au
Ph: (08) 9328 8538 (metro)
Ph: 1800 800 070 (country)
- **West Australian Aids Council (WAAC)**
www.waaid.com
Ph: (08) 9482 0000
- **FPWA Sexual Health Services**
www.fpwa.org.au
Ph: (08) 9227 6177

Other injecting harms can include:

- skin infections
- vein damage
- heart infections
- soft tissue infection, cellulitis
- blood vessel occlusion and limb ischaemia (can lead to paralysis, amputation of limbs)



supporting someone in treatment

When someone decides to go into treatment, it is helpful that they have the support of their family and friends. Support and encouragement will help them to start and continue treatment.

Ways in which you can help:

- listening and accepting their chosen goal
- keeping communication open
- acknowledging their achievements
- attending appointments if asked
- encouraging them to get involved in healthy and positive activities
- attending family or couples counselling.

This support will build their motivation to engage and remain in treatment. You may wish to attend medical or counselling appointments with your family member. This can only occur if they give their consent for you to attend. Doctors and counsellors can not give specific information about their clients without consent. They can only provide general advice and information about treatment options.

How to talk about opioid use

It can be difficult communicating and knowing the right time to talk with someone who is using drugs. These tips may help you:

- Don't try and talk when you are upset or frustrated. Wait until you are calm.
- Pick the right time to talk with them, make sure they are not intoxicated, in withdrawal or really upset or angry.
- Open up discussion by asking them about the pros and cons of their drug use. Try to be non-judgmental. This can be a powerful motivation for change.
- Try to understand or ask why they are using. You can acknowledge their choices make sense to them without agreeing with them.
- Do your homework. Try and read about the drugs they are using so you can be a credible source of information.
- Try and talk about your feelings and how their drug use impacts upon you without blaming them e.g. use statements like "I am concerned the children are not getting to school" as opposed to



“you’re a lousy parent”. Or “I am worried that you have spent all your money and can’t pay the rent” rather than “You’re broke again”.

- Focus on your concerns and worries; don’t get drawn into arguments or discussions about other issues.



I find if I give my boyfriend a bit of time and space, he often comes to talk to me about it.



Stephanie (Partner)

Avoid the following approaches:

Warning	“you had better stop using or else...”
Ordering	“you must...” or “you should...”
Moralising	“you should just do what is right...”
Lecturing	“do you realise what the facts are...”
Interrogating	“why...?” “where...?” “who...?” “how...?”
Judging	“you’re being stupid...”
Put downs	“you might think you know it all, but you don’t...”

If you would like to talk to someone about your feelings and/or discuss strategies and tips on how to help your family member, please call the Parent Drug Information Service on (08) 9442 5050 or 1800 653 203 for country callers (toll-free).

The Parent Drug Information Service offers the opportunity to speak to a professional counsellor or a trained parent volunteer who has first hand experience of drug use within their family and is a free and confidential service.

what are the treatment options?

This section provides a brief overview of treatments available in Western Australia for people wishing to stop using heroin or other opioids. Treatment options are similar throughout Australia.

If you would like more information you can get this by contacting the organisations listed at the back this booklet.

It is important to remember that no single treatment option is the 'best.' A treatment plan should incorporate a broad range of options that can be changed over time in response to the changing needs of the person. This is often more effective than relying on a single treatment option.

People have to be motivated to go to treatment and want to change for themselves. It can be frustrating when someone refuses to attend treatment. However, trying to force them into treatment may not be helpful for your relationship with them, and may not work. It is far more effective to talk with them about the pros and cons of their drug use to help motivate them to seek treatment.



Support, encourage...find out about various treatments, but don't force it on them... have the knowledge yourself so if they make a decision you can guide them...they have to want to go. 

PDIS Parent Volunteer

How do people access treatment?

- The Alcohol and Drug Information Service, (08) 9442 5000 or 1800 198 024 for country callers (toll-free), can provide information and advice on a number of counselling services and treatment agencies
- Contact your local Community Drug Service.

Treatments fall into the following categories:

- detoxification/withdrawal
- abstinence-based treatment
- substitution treatment.

Remember:

Treatment is not a quick fix. People can take a long time to rebuild their lives.



Remember:

Relapse is common, and should not be viewed as a failure. Encouragement helps people get back into treatment no matter how many times they might relapse.

All treatments are best complemented with counselling and medical support.

detoxification/ withdrawal management

Detoxification is the process of assisting someone to manage the symptoms of drug withdrawal. Opioid withdrawal is rarely life threatening, although the physical and psychological symptoms can be distressing and extremely uncomfortable.

Opioid withdrawal can last a week or more. Symptoms include:

- runny nose/sneezing/watery eyes
- restless legs

- aching bones and joints
- excessive sweating
- hot and cold flushes
- abdominal cramps
- loss of appetite, vomiting and diarrhoea
- sleeping difficulties
- nervousness, anxiety and depression
- emotional instability (emotional rollercoaster).

In cases where other medical conditions may complicate withdrawal, admission to an inpatient facility may be recommended. In most cases withdrawal can be managed as an outpatient. When this occurs the person's doctor can manage the medical care, and an alcohol and drug service can provide day-to-day support.



My son's emotions are all over the place while he is withdrawing from heroin. The whole family feel like they are walking on egg shells.



Brenda (Mother)



It is essential that detoxification is only viewed as part of a larger plan. The safest treatment plan is to organise long term rehabilitation immediately following detoxification.

The publication 'Getting Through Withdrawal: A guide for people trying to stop heroin use'¹ can provide more detail on what to expect and provides a range of coping strategies during withdrawal. If you would like a copy of this booklet, please contact the Alcohol and Drug Information Service on (08) 9442 5000 or 1800 198 024 for country callers (toll-free).

abstinence-based treatment

Abstinence based treatments focus on the user abstaining from drug use altogether and includes options such as Narcotics Anonymous groups, therapeutic communities and naltrexone.

¹ Lintzeris, Dunlop and Thornton. *Getting Through Withdrawal: A guide for people trying to stop heroin use*. Fitzroy Vic: Turning Point Alcohol and Drug Centre Inc., 1996. Revised 1999.

Naltrexone

Naltrexone is a relapse prevention drug prescribed to people who have completed detoxification and who want to maintain abstinence from opioids.

Naltrexone works by blocking opioid receptors in the brain which in turn blocks the effects of opioids. This means that if a person taking naltrexone uses opioids, they will not experience any effects from the opioids.

Naltrexone is available in oral form on prescription and also under special conditions as an implant.

The effectiveness of naltrexone depends on the individual having an effective dose and continuing treatment for months and in some cases years.

Note

Immediately after stopping Naltrexone they are at risk of an overdose if they use an opioid.



substitution treatment

Substitution treatment is also sometimes called 'maintenance treatment,' and involves substituting prescribed methadone or buprenorphine in place of an illegal opioid (e.g. heroin).

Prescribed opioid medicines taken under medical supervision are safer and can provide a way for people to distance themselves from the daily struggle to obtain an illegal drug. This option means that people can commence treatment without having to go through withdrawal from opioids. Treatment can last months to years.

Fact

A heroin user is 4 times more at risk of overdose than someone on methadone.

Positive Outcomes

A person will not experience withdrawals if they're on the right dose.

The cost of substitution medicines is cheap compared to heroin.

No need to withdraw first.

Provides time to make other changes in lifestyle.

Greatly reduces risk of contracting blood borne viruses and other diseases.

Reduces the risk of death from opioid overdose.

Provides a way for people to access counselling or other supports.



Issues to Consider

The person is still dependent on opioids during treatment. Withdrawal can be managed to reduce symptoms but not eliminate them.

The person must attend a pharmacy daily to dose. Small cost, including transport.

Interstate and international travel can be difficult to arrange.

Using other drugs, particularly alcohol, benzodiazepines, heroin and other opioids when taking substitution therapy can be dangerous.

Storage of opioid medicines at home may be a safety risk to others. Safe storage is essential.

People may experience side effects from opioid medicines.

Most deaths from overdose occur when a combination of drugs are taken. Therefore it is important that the person in treatment advises their treatment provider and any other doctors about their other drug use including prescribed medication.



My son would binge on other drugs whilst on methadone, when he told his GP, they increased his dose. At times he was too sleepy. It took some time to get the dose right. 

Mary-Ann (Mother)

Methadone

Methadone is a synthetic drug that is used as a substitution treatment for opioid dependence.

The effect of methadone lasts longer than most opioids.

Methadone can be taken orally once a day, usually under the supervision of a pharmacist.

Methadone treatment has been shown in many research studies to help people reduce and stop their use of heroin.

When a person begins methadone treatment their dose will be low and then increased. The maintenance dose will be determined by the prescribing doctor (with the aim of stopping heroin use and avoiding withdrawal symptoms but also not producing over-sedation or a 'stoned feeling.')

 Methadone, along with counselling and family support, has allowed my son to get his life back on track. 

Louise (Mother)

 I am so grateful for the support of the local pharmacist where my son is dosed for his methadone each day. With my son's consent I am able to ask all kinds of questions. 

David (Father)

Methadone can be prescribed safely for many years, when it is helping avoid the risks of illegal drug use. It can be hard for people to withdraw from methadone when they have been on it for a long time, but there is no evidence that being on methadone increases the time people are dependent on opioids. Stopping heroin use is often harder than people think, and methadone treatment may need to be continued for longer than planned.



Buprenorphine

Buprenorphine is a synthetic opioid that is used as a substitution treatment.

Suboxone (a brand name for buprenorphine combined with naloxone) is the preferred version of buprenorphine treatment prescribed in Australia. Suboxone produces a milder opioid effect than methadone and also blocks the effects of other opioids such as heroin. It can help to relieve or prevent withdrawals, help to reduce cravings, and help people to reduce and stop their use of illegal opioids.

People often feel more clear-headed on Suboxone than heroin, and it is less likely to cause an overdose. Many people report that withdrawal from Suboxone is less intense than other opioids.

Treatment can be short-term (months) or long-term (years) and any treatment plan will be regularly reviewed by the prescribing doctor.

harm reduction

Harm reduction can help reduce risks such as overdose and blood-borne viruses. Harm reduction acknowledges that some people do use drugs and there is a need to reduce harm for those people.

It is normal to find it hard to understand why people keep using and why health professionals can't make them stop.

Understanding harm reduction may help you assist someone to reduce harm whilst they are still using.

Needle and syringe programs

These programs have been set up in Australia to help prevent the spread of blood-borne viruses.

 I was angry, I just thought the staff should make him stop using, but eventually I realised he was going to use anyway. Making sure he was using clean injecting equipment was the one thing I knew would help him stay safe. 

Jennifer (Mother)



These services provide clean injecting equipment, education on reducing drug use and preventing harm, as well as referral to drug treatment and medical care.

In WA, the Western Australian Substance User's Association (WASUA) run a needle and exchange program which promotes safe disposal of needles and exchanges old needles for new ones. You can contact them on (08) 9321 2877 for further information. The WA Aids Council (WAAC) also provides a needle and syringe exchange service and can be contacted on (08) 9482 0000.

overdose

In the case of an overdose immediately call 000 (Triple Zero) and ask for an ambulance. *It is important to note that Police are not usually called to an overdose unless there is aggressive behaviour or the overdose is fatal.*

Management of an accidental opioid overdose is a medical emergency.

Try to remain calm and follow the Basic Life Support (BLS) action plan as follows:

- D** – Danger
- R** – Response
- S** – Send for help
- A** – Airway
- B** – Breathing
- C** – Cardio-Pulmonary Resuscitation (CPR)
- D** – Defibrillation

It is important for everyone in the community to know basic resuscitation techniques. To learn how to perform basic resuscitation techniques contact a registered first aid training provider, for example St John Ambulance Association, Red Cross or Royal Life Saving Society.

Naloxone (Narcan)

Opioid overdose can be life threatening. Naloxone reverses the effects of opioid overdose. Naloxone cannot be used for any other purpose other than to reverse an opioid overdose.

It is injected for fast action during the onset of an overdose and works within minutes.



Ambulances and emergency departments carry naloxone and can administer it in the case of an opioid overdose. Naloxone can also be prescribed by a doctor.

WASUA run a peer Naloxone program to train users, peers and significant others on how to prevent overdose including the use of naloxone. WASUA can be contacted on (08) 9321 2877 for further information.

taking care of yourself

You may feel a range of emotions when you know that someone you care about is using opioids. You may feel:

Anger	Shame	Confusion	Guilt
Depression	Self-blame	Sad	Fear
Terror	Anxiety	Despair	Resentment
Disbelief			

We encourage you to talk about these feelings with supportive friends or a counsellor. For assistance with finding a support services, please contact the Alcohol and Drug Information Service on (08) 9442 5000 or 1800 198 024 for country callers (toll-free).

references

Mattick, R.P., Ali, R., & Lintzeris, N. (2009). *Pharmacotherapies for the treatment of opioid dependence*. Informa Healthcare: New York (p. 124).

Lintzeris, N., Dunlop, A. & Thornton, D. *Getting Through Withdrawal: A guide for people trying to stop heroin use*. Fitzroy Vic: Turning Point Alcohol and Drug Centre Inc., 1996. Revised 1999.

Don't forget to:

- take time for yourself
- go out with friends
- read books
- participate in recreational activities e.g. sport, exercise, travel
- eat healthy food
- celebrate special occasions.



useful contacts

Alcohol & Drug Information

Service ph: (08) 9442 5000

1800 198 024 for country
callers (toll-free)

Parent Drug Information

Service ph: (08) 9442 5050

1800 653 203 for country
callers (toll-free)

Community Drug Services Metro:

South Metro ph: (08) 9430 5966

North Metro ph: (08) 9246 6767

South East Metro

ph: (08) 9262 4000

North East Metro

ph: (08) 9274 7055

Next Step East Perth

ph: (08) 9219 1919

Community Drug Services Regional:

Kimberley ph: (08) 9194 2640

Goldfields ph: 1300 664 137

Midwest ph: (08) 9956 2424

Pilbara Ph: 1800 005 579

Wheatbelt ph: (08) 9621 1055

Southwest ph: (08) 9721 9256

Great Southern ph: (08) 9842 8008

Family support groups and counselling support for families:

Aboriginal Alcohol and Drug Service

ph: (08) 9221 1411

Cyrenian House

ph: (08) 9328 9200

Holyoake

ph: (08) 9416 4444

Palmerston Association

ph: (08) 9328 7355

Useful websites:

Drug and Alcohol Office

www.dao.health.wa.gov.au

Drug Aware

<http://www.drugaware.com.au/>

Family Drug Support

www.fds.org.au



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