How to manage opiate dependence and withdrawal

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Problematic drug use has received considerable media attention over the past decade. This has raised awareness of the escalation of drug use as well as the complex issues that accompany it. According to the Audit Commission (2002), there were 250,000 known drug users in the UK in 2002 and only half were in treatment. This was considered to be a conservative estimate as not all drug users were willing or able to access treatment.

In 1998, in response to the escalation in problematic drug use, the government launched a 10-year drug strategy entitled *Tackling Drugs to Build a Better Britain* (Government Publication, 1998). The strategy has four key areas:

- Young people;
- Crime;
- Communities;
- Treatment.

The government’s drug strategy has prioritised the use of class A drugs in response to an escalation in use (Home Office, 2002). The National Treatment Agency for Substance Misuse was launched in 2001 to oversee the process of establishing and disseminating national standards for the commissioning, delivery and monitoring of drug treatment services (NTA, 2001). Action teams were also established to compile local drug plans.

**What are opiates?**

Opiates are a group of drugs derived from the opiate poppy *Papaver somniferum*. They all have similar effects, principally analgesia. The opiates include heroin (diamorphine) and morphine. In clinical practice opiates are predominantly used to manage pain, but they are also used as a cough suppressant and an antidiarrhoea agent. Opioids are synthetic opiates manufactured for medical use and have similar effects to heroin.

**Opiates and the law**

Heroin and other opiates are class A drugs under the Misuse of Drugs Act 1971. The maximum penalty for illegal possession of a class A drug is seven years’ imprisonment and/or a fine. The maximum penalty for supplying a class A drug is life imprisonment and/or a fine (NTA, 2004). Codeine and dihydrocodeine are class B drugs.

In 2002, according to the regional drug misuse database (Department of Health/National Treatment Agency for Substance Misuse, 2002), heroin was the most frequently used class A drug in England and Wales (67 per cent of users) among 16–59 year olds.

Opiates are used for medical and illicit purposes. In the UK methadone is now more readily available on prescription and illicitly. The cost of heroin has decreased and a gramme is now estimated to cost between £50 and £80, depending upon location, availability, supply and demand. The main sources of illegal opiates are Afghanistan, Pakistan and Iran.

Opiates can be smoked (known as chasing the dragon), snorted, injected or, more rarely, swallowed. Intravenous injection maximises the effects of opiates and is also the most dangerous route of administration.

**Aetiology and risk factors**

Opiate use is linked to socioeconomic deprivation, poor living conditions, inadequate nutrition, difficult relationships and crime (NAC/Doh, 2003). The most acute risk associated with opiate use is the potential for overdose, from both prescribed and illicit drugs. Groups most at risk, due to a

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**Learning objectives**

- Understand what kind of drugs opiates are;
- Be familiar with their use in the health care setting;
- Know the risks of opiate misuse;
- Understand the symptoms of opiate withdrawal;
- Be familiar with treatment options for people who have misused opiates.
Opiates depress breathing rate and blood pressure, resulting in respiratory arrest. This effect is exacerbated if they are consumed in addition to other central nervous system depressants, for example benzodiazepines or alcohol.

It is estimated that 25 per cent of drug users may also have an alcohol problem (Prime Minister’s Strategy Unit, 2004). This makes opiates the illicit drug group associated with the most deaths in the UK, primarily as a result of overdose (NAC/DOH, 2003).

Non-injected opiates carry very little risk of chronic adverse health effects. Nevertheless, they can result in modest suppression of the immune system and hormone levels, constipation, respiratory complaints, menstrual irregularity, malnutrition, tooth decay, and decreased sexual desire and performance. Opiates may also cause complications in pregnancy, such as an increased risk of miscarriage, foetal death, low birthweight, withdrawal symptoms in newborns, and subsequent developmental consequences.

Mild to moderate mental health problems may accompany opiate use, such as depressive disorder, anorexia and lethargy. But opiates are not linked with chronic psychiatric disorders.

However, injecting opiates poses additional hazards. The sharing of needles, syringes and other injecting equipment increases the risk of contracting a bloodborne virus such as HIV, hepatitis B or hepatitis C. Skin abscesses, gangrene and lymphoedema are also associated with injecting drugs. Opiates may be adulterated and this, combined with a poor injecting technique, can result in deep vein thrombosis.

Chronic injecting may cause vein loss, which in turn can lead to the use of dangerous injecting sites such as the groin or neck. The role of needle exchanges is one of the most significant factors in reducing the incidence of HIV, hepatitis B and C among drug users (DOH, 2003).

While injecting is the most dangerous route of administration, smoking heroin may exacerbate respiratory conditions such as asthma. Intranasal use (snorting) is associated with impaired breathing, nose bleeds and the ulceration or inflammation of nasal mucosa. Swallowing tablets may result in long-term liver damage (NAC/DOH, 2003).

It is estimated that there are between 250,000 and 350,000 children of problem drug users in the UK. Parental drug use is known to cause serious harm to children and therefore effective treatment of the parent can have major benefits for the child (Advisory Council on the Misuse of Drugs, 2003).

### TABLE 1. THE SIGNS AND SYMPTOMS OF OPIATE WITHDRAWAL

- Sweating
- Tachycardia
- Hypertension
- Tremor
- Headache
- Drug craving
- Nausea
- Vomiting
- Anorexia
- Abdominal pain
- Diarrhoea
- Insomnia
- Yawning
- Confusion
- Agitation
- Depression
- Anxiety
- Dilated pupils
- Lachrymation
- Rhinorrhea
- Goose bumps

### Dependence

The International Classification of Diseases (ICD-10) (World Health Organization, 1992) defines drug dependence as:

- Subjective compulsion (craving);
- Withdrawal symptoms;
- Loss of control;
- Tolerance;
- Progressive neglect of alternative pleasures or interests;
- Persistent use despite evidence of harm;
- Narrowing of personal repertoire (taking the substance is more important than anything else);
- Rapid reinstatement after abstinence.

Jaffe (1985) argues that, while certain risks may be limited to more intensive use patterns, harm may also occur as a result of experimental or recreational use.

Opiates have a very high dependence potential (NAC/DOH, 2003). However, dependence is not an inevitable consequence of opiate use and the rate at which individuals become dependent varies. Tolerance develops and is characterised by the shortened duration and decreased intensity of central nervous system depressant effects and marked elevation in average lethal dose (NAC/DOH, 2003).

Physical dependence upon opiates results in withdrawal symptoms if they are abruptly stopped or significantly reduced.

### Opiate withdrawal

Treatment of opiate withdrawal includes support and a carefully titrated medication regime, the most critical period being the first two weeks.

Over the past decade, responsible substitute prescribing has been emphasised to prevent prescribed substitutes finding their way into the illicit

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**KEYWORDS**  
Drug misuse ▪ Opiates

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**REFERENCES**


This article has been double-blind peer-reviewed.

For related articles on this subject and links to relevant websites see www.nursingtimes.net
Guided reflection

Use the following points to write a reflection for your PREP portfolio:

- List your place of work and the type of patients you care for;
- Identify the main points the article makes about opiate misuse;
- Detail a new piece of information you have learnt about opiate misuse;
- Reflect on how an understanding of opiate misuse could help you in your area;
- Explain how you intend to follow up what you have learnt.