

OPIOID CHECK



The purpose of Opioid Check is to provide you with some useful information and practical tips around opioids. It should only take about 10-15 minutes to complete.

WORKER'S NOTES

This tool is designed to help guide a conversation with someone about their opioid use. It is not intended to replace a full clinical intervention.

Please consider all risk, safety, consent and confidentiality issues before commencing. If now is not a good time, this resource can be taken away and read at a later date. A guide to using this tool can be found at www.insight.qld.edu.au

NAME:

DATE:

START HERE!



DID YOU KNOW...

- Opioids are 'depressants', which means that they slow down bodily functions like your heart rate and breathing.
- There are different types like oxycodone, codeine, fentanyl and heroin.
- They are commonly used for pain relief or to alleviate stress and anxiety.



OVER THE PAST 3 MONTHS, HOW OFTEN HAVE YOU USED THE FOLLOWING OPIOIDS?

PLEASE TICK	NEVER	ONCE OR TWICE ONLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY
CODEINE					
OXYCODONE e.g. Endone, Oxycontin, Targin					
MORPHINE e.g. MS Contin, Kapanol					
FENTANYL e.g. Durogesic					
HEROIN					
METHADONE e.g. Biodone, Physeptone					
BUPRENORPHINE e.g. Subutex, Suboxone					
OTHER e.g. tramadol, jurnista, opium...					

HOW ARE YOU USING YOUR OPIOIDS?

- Swallowing? Injecting?
 Smoking? Other? _____
 Snorting?

WOULD YOU SAY YOUR LEVEL OF USE IS?

- increasing?
 decreasing?
 staying the same?

DID YOU KNOW...

People who use opioids regularly, often need to use more of the drug to get the same effect. This is called developing a "tolerance".



WHAT ARE THE GOOD BITS ABOUT USING OPIOIDS?

It's good to know the reasons why you use opioids. It affects where, when, how much and how often you use them.

WHAT ARE THE NOT-SO-GOOD BITS?

e.g. relationship problems, money problems, trouble getting things done, hassles with work/study



DO YOU KNOW HOW MUCH YOU SPEND ON OPIOIDS?

You may need a calculator for this section:

Per week \$ _____ enter a dollar amount

Per month \$ _____ multiply the weekly number by 4

Per year \$ _____ multiply the monthly number by 13 (to equal 52 weeks)

After buying opioids, do you find that you have enough money left over for daily expenses? e.g. food, rent, transport, bills (please circle)

Always Mostly Sometimes Rarely Never



ON A SCALE FROM 1-10, HOW WORRIED ARE YOU ABOUT YOUR USE?

1 2 3 4 5 6 7 8 9 10
Not at all worried Very worried

HOW IMPORTANT IS IT FOR YOU TO MAKE CHANGES TO YOUR USE?

1 2 3 4 5 6 7 8 9 10
Not important Very important

Why did you give these scores?

What would it take for your score to go up or down?

Turn the page over for more information

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TIPS TO STAY SAFE

Would you try any of these strategies below? (or maybe you do them already?)

WOULD YOU..	YES	MAYBE	NO
Set limits on how much you will use?			
Eat healthily and stay hydrated?			
Use in a safe place with people you trust?			
If using a new batch or form of opioid, try a little bit first and wait before having more?			

DID YOU KNOW...

Pain medications without codeine (e.g. paracetamol, ibuprofen) have been found to be just as effective as low dose codeine medications.



DON'T DRIVE

It is unsafe to drive with opioids in your system unless your doctor has advised it is okay to do so. Your reaction time may be slower and you may fall asleep.



DON'T MIX

There is a high risk of overdose when opioids are mixed with other depressants such as alcohol, benzodiazepines (e.g. valium), gabapentinoids (e.g. Lyrica) and other pain medications.



MIND YOUR HEAD

Opioids can help people to manage negative emotions like anxiety and stress. However, over long periods of time they can also make your anxiety and low mood worse. If you are concerned, talk to a health professional.



ARE YOU INJECTING?

Have your own sterile equipment, don't share and dispose safely. See your local Needle and Syringe Program for safe injecting advice.

DID YOU KNOW...

Over time, using opioids can increase your sensitivity to pain, making your pain worse. This is called hyperalgesia.

IF YOU ARE PREGNANT...

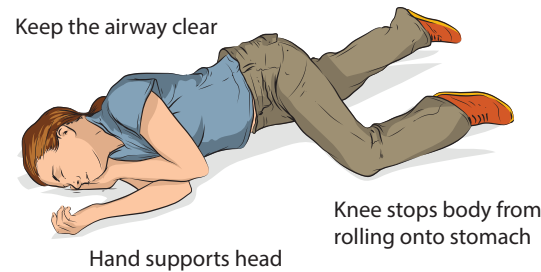
Talk to a medical professional for advice about managing your opioid use during pregnancy. You can be fast-tracked into treatment.

RESPONDING TO AN OVERDOSE

Signs of an overdose include:

- **Cannot be woken up**
- **blue lips, skin and fingertips**
- **slow or no breathing**
- **choking, snoring, gurgling**
- **pin-point pupils**
- **vomiting**
- **dizziness**
- **cold or clammy skin.**

Seek assistance immediately by calling triple zero (000) and ask for 'AMBULANCE'. If someone is unconscious and breathing, turn them on their side in the recovery position.



If they are not breathing, perform CPR if you are able to and wait with them until help arrives.

Don't confuse sleep with loss of consciousness. If someone cannot be woken up, it is likely they are unconscious.

REVERSING AN OVERDOSE

Naloxone can temporarily reverse an overdose. Emergency medical treatment is still required. Ask your chemist or Needle and Syringe Program about how to access Naloxone.



WARNING!

If you take a break from using, your tolerance will quickly reduce. This places you at greatly increased risk of overdose. If you choose to use again you will need much less. Use less and go slow.



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THINKING ABOUT CUTTING BACK OR QUITTING?

YOU ARE ENCOURAGED TO SPEAK WITH AN ALCOHOL AND DRUG SPECIALIST OR A DOCTOR IF YOU ARE THINKING ABOUT CUTTING BACK OR QUITTING.

Many people can cut back or quit by themselves, particularly if they do not experience any withdrawal symptoms. People who have been using a lot or for a long time, may experience the following:

Restlessness, sweating, muscles twitching, aches and pains, vomiting, diarrhoea, nausea, stomach pain and cramps, hot and cold flushes, trouble sleeping, intense cravings, fever, bone and joint pain, anxiety.

This can make cutting back or quitting hard.

WHAT IS THE OPIOID TREATMENT PROGRAM? (OTP)

- OTP is a treatment for people who are dependent on opioids. It involves being stabilised on a substitute drug (either methadone or buprenorphine) so that you are neither feeling intoxicated, nor in withdrawal.
- Public alcohol and drug clinics and private prescribers can provide this treatment.

HERE ARE SOME OTHER TIPS THAT MAY HELP YOU TO CUT BACK OR QUIT

REASONS – Write down why you want to quit or cut down. This could include money, legal reasons, personal relationships, health benefits etc.

SUPPORT- Make sure you have as much support as possible. Try thinking of people who can support you.

CUES – Avoid things that will make you feel like using, such as places, people, stressful situations. This is especially important in the beginning.

CUT TIES – Throw out anything you associate with using (e.g. injecting equipment) and consider cutting connections to people associated with opioids (e.g. delete phone numbers).

NEW STRATEGIES – Seek support to develop new strategies to manage pain / anxiety.

Is there someone you can trust - like a family member, friend or worker - who you can talk to about your opioid use?



MY PLAN FROM HERE IS...

REMEMBER

- Help is available
- Treatment works
- People can make successful change around their opioid use
- If you are trying to quit, sometimes it can take a few attempts. Learn from any slip-ups and keep going

WHERE TO GO FOR MORE HELP...

Call the national Alcohol and Other Drug Hotline for free, confidential, 24 hour telephone counselling, advice and referral.

1800 250 015

YOUR LOCAL SERVICE OR NSP CONTACT IS:

insight
Centre for alcohol and other drug training and workforce development

