

Opioids

Brief Assessment

e.g. Oxycodone, Morphine, Methadone, Buprenorphine, Heroin

The purpose of this tool is to provide you with a better understanding of your opioid use.



Worker's notes

This tool is not intended to replace a full assessment. It is designed to be used alongside other Check Tools as part of a tailored brief intervention. Please consider all risk, safety, consent and confidentiality issues before commencing. If now is not a good time, this and other Check Tools can be taken away by the person and read at a later date.

Name:

Date:

At what age did you first try opioids?

yrs

Over the past 3 months, how often have you used the following? (please tick/select)

| | Never | Once or twice only | Few times a month | Weekly | Daily or almost daily |
|---|-------|--------------------|-------------------|--------|-----------------------|
| Oxycodone (Endone®, Oxycontin®, Targin®) | | | | | |
| Morphine (MS Contin® Kapanol®) | | | | | |
| Fentanyl (Durogesic®) | | | | | |
| Methadone (Biodone®, Physeptone®) | | | | | |
| Buprenorphine (Suboxone®, Subutex®, Buvidal®, Sublocade®) | | | | | |
| Heroin | | | | | |
| Other? | | | | | |

Are your opioids prescribed by a doctor?

Yes Sometimes No

How are you using your opioids? (tick all that apply)

- Swallowing
- Snorting
- Smoking
- Injecting
- Some other way? _____

If using in more than one way, what's the most common way that you use?

Can you describe your pattern of opioid use in a bit more detail?

e.g. Approx how much do you use? What time of the day do you first have it / last have it? Do you use it throughout the day? Or just in one hit/go?

Are there particular times, events, places or people that influence the way you use opioids?

e.g. Do you use more or less on a work/non-work day or weekend/holidays? Or when you're with certain people or do/don't have children in your care (or other caregiving responsibilities)? Or when having certain thoughts or feelings? What about special occasions or anniversaries?

Would you say your overall level of opioid use is...

Increasing? Decreasing? Staying roughly the same?



Would you like to explore your relationship with opioids further?

See Check Tool 2 "Understanding your substance use"



Would you like to make changes to your opioid use?

See Check Tool 3 "Thinking about cutting back or quitting?"



Would you like information on ways to use opioids more safely?

See Check Tool 4 "Ways to reduce harms"



Understanding your substance use



Name:

Date:

The purpose of this tool is to explore your overall relationship with substances.

1. Does your substance use cause you any concerns with your...

Physical, mental or emotional health?

e.g. Illness, injury, poor sleep, unhealthy eating, bad teeth/gums, feeling sad/worried/stressed/paranoid/shame, etc.

What about your relationships/kinship?

e.g. Loss of connection or troubles/worries with family, partners, friends, children, parenting issues etc.

What about your lifestyle?

e.g. Work, school, money, housing, caregiving responsibilities, chores, hobbies, goals etc.

What about legal concerns?

e.g. Contact with police, debts/fines, court, loss of driver's licence, parenting arrangements, child protection / youth justice involvement etc.

2. Does your substance use cause you any concerns with your...

Connection to your community?

(including religion/faith)

What about your connection to Country, or the place you are originally from?

What about your culture?

(including cultural responsibilities)

Is there anything else?

e.g. Embarrassing or harmful incidents or events (making a fool of yourself, regretting sex, getting into fights, getting ripped off, passing out, losing phone/wallet/purse etc.)

3. How much do you spend on substances?

TIP: Average out how much you spend on a heavy session or a "big night out" across the week or month (including if it's your shout on pay day)

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)

Space for calculations

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

Always Mostly Sometimes Rarely Never

Is there anything else other than substances that you would like to spend this money on?

4. This next question is about whether you could be physically or psychologically dependent

Over the past 3 months... (tick all that apply)

- Have you experienced cravings or urges to drink/use?
- Have you felt anxious or worried if you did not have it?
- Have you felt like you needed more to feel the same effects?
- Have you tried to cut back or stop but couldn't?
- Have there been times where you haven't managed to do what was expected of you at home, school or work because of your substance use?

And how soon after waking up do you first drink/use?

If you ticked any of the boxes above, or if you start drinking/using soon after waking up, it could be a sign that you are dependent on (or 'addicted' to) the substance.



5. So where are things at for you right now?

On a scale of 1-5, how worried are you about your substance use? (please tick)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not worried at all | | | | Very worried |

Would you like to cut back or quit one or more substances? Yes Unsure No (go to question 6)

Can you specify which substance/s here?

If you're thinking about cutting back or quitting, how confident are you that you can make these changes? (please tick)

| | | | | |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1 | 2 | 3 | 4 | 5 |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Not confident | | | | Very confident |

6. Do you have any worries or concerns about what would happen if you cut back or stopped your substance use?

7. So where to from here?

We could... (please tick)

- Talk about some ways to stay safer? (see Check Tool 4: "Ways to reduce harms")
- We could talk about ways to cut back or quit? (see Check Tool 3: "Thinking about cutting back or quitting?")
- We could talk about both?
- We could talk about another substance?
- Or you're okay for now... If so, would you like to arrange a follow up appointment? Yes No Unsure

Date/time:

Also, is there someone else you feel you can talk to about your substance use if you felt you needed to?

Name or service:

Thanks for your honesty. You can take this tool away with you to refer back to in the future.



Thinking about cutting back or quitting?



Name:

Date:

Firstly, what would you like to change about your substance use?

You're making a change because...

The people who could support you are... (think about family and friends as well as professional support workers)

The things which might make it hard to reach your goal/s are...

Some strategies to help you reach your goal/s are...

e.g. Avoiding things, places or people who make you think about drinking/using, putting your money in a secure account, monitoring your cravings/unplanned use in your phone, reconnecting with people who don't drink/use...

PLEASE NOTE:

Cutting back or quitting can be easy for some people and hard for others. You may experience withdrawal symptoms – things like having difficulty concentrating, being irritable, feeling anxious, sick or having cravings.

Sudden withdrawal from daily/heavy use of certain substances – especially alcohol and benzos – can cause serious medical problems such as seizures. In these instances, follow a structured, gradual reduction plan created with a medical professional (which may include specific withdrawal medications). There are also effective longer-term substitution medications available for some substances (e.g. opioids).

If you experience a sudden and/or significant change in mood or see, feel or hear things that are not real when withdrawing from a substance, please seek immediate help by calling triple zero '000' or going to your nearest hospital emergency department.

The following page lists some useful craving management strategies you might like to try.

Looking after yourself during cravings

A craving is a strong desire or urge to use a substance. This might be an unpleasant physical sensation, such as a taste in your mouth, tight chest or stomach tension. It could also be a strong emotion, such as feeling anxious or panicked, or having racing thoughts.

Cravings are normal, however there is good news!

They are not constant – they will pass. They lose their power over time. Just like a stray cat, they stop coming back when you don't feed them. Here are some strategies below which you might find helpful.

The 3 D's can help you deal with stress or cravings...

DELAY

If you can delay the decision to drink or use for 5 minutes, or half an hour, a craving can eventually pass on its own.

DISTRACT

It is easier to delay the decision if you are doing something to distract yourself (e.g. playing a game on your phone, eating, going for walk, listening to music, watching TV etc).

DEEP BREATHING

Breathing and other relaxation techniques can help you to stay calm during a craving.



Self-awareness



Mindfulness is a strategy that has been found to help with cravings by redirecting attention and memory away from the sensation. It is a way of helping your mind to focus on the present.

If you want to learn more, speak to a counsellor, join a group or download an app.

Urge surfing

Urge surfing is another strategy. With this technique, you don't fight the craving – instead you focus on it.

STEP 1 Begin by noticing where you feel the craving (e.g. in your mouth, chest or stomach). Name it. Say to yourself "this is a craving, and it will pass."

STEP 2 Next, notice yourself breathing in and out, keeping your eyes open or closed, whichever feels more comfortable.

STEP 3 Now think of your craving as a wave at the beach, starting off small and building to a peak, then eventually breaking and flowing away.

STEP 4 Imagine yourself surfing these waves the way a surfer would successfully ride a wave at the beach.

STEP 5 Continue to picture this until the intensity of the craving passes.



Other common causes of cravings



HALTS and ask yourself if you feel...

- Hungry/thirsty?
- Angry?
- Lonely?
- Tired?
- Sad/stressed/sick?

Try and minimise being in any of these states as much as possible.

REMEMBER...

- Cravings are a normal part of changing substance use. Like a muscle, each time you practise a new skill you will gain more strength and confidence. Remember to ask yourself each time: "What did I learn from coping with that craving that will help me in the future?"
- Find ways to remind yourself of the reasons why you made the change in the first place (e.g. photos, screensavers, messages, mantras).
- Finally, remember to celebrate your achievements, even small ones (such as saying no or using less, cooking a meal, exercising - nothing is too small!) all the way through to big ones such as reconnecting with family or friends, or re-engaging in study or work.

It might also help to...

- Catch up again to discuss your progress
 - See a doctor or other health professional, such as a specialist alcohol and drug worker.
- REMEMBER:**
- Help is available
 - Treatment works
 - People can make successful changes around their substance 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. **Phone 1800 250 015**

Congratulations! You now have a plan. Take this tool with you to refer back to at any time.



Consumers and / or carers provided feedback on this publication

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Opioids

Ways to reduce harms



Firstly, a few key things to know about opioids...

- Opioids are highly effective pain medications. However, over time, using opioids can actually increase your sensitivity to pain, making your pain feel worse (this is called 'hyperalgesia').
- Pain medications without codeine (e.g. paracetamol, ibuprofen) have been found to be just as effective as low-dose codeine medications. Paracetamol and ibuprofen also work differently in the body, so you can use both at the same time to increase pain relief, rather than relying on using extra opioids.
- Some people use opioids to manage negative emotions like worry, anxiety, sadness and stress. However, over long periods of time, they tend to make these feelings worse.

It's important to know that there is no safe level of non-prescribed opioid use.

The following questions refer to non-prescribed opioid use only.

| Would you try any of these strategies below? (or maybe you do them already?) | Yes | Maybe | No |
|---|-----|-------|----|
| Setting limits on how much you will use each day/week/month? | | | |
| Delaying your first opioid use until after you have finished certain jobs/tasks/activities or at a certain time of the day? | | | |
| Getting advice from a trusted peer before trying a new substance or batch? | | | |
| If using a new batch or type, trying a little bit first and waiting before having more? | | | |
| When using, having someone around (or someone you could quickly contact) if you find yourself in trouble who is able to get help in an emergency? | | | |
| Eating before using, and eating healthy foods such as fruit, vegetables, soups, smoothies and protein-rich foods like meat and eggs? | | | |
| Staying hydrated by drinking plenty of water and limiting your alcohol intake? | | | |
| Having regular breaks to allow your body and mind to rest and recover? | | | |
| Carrying naloxone and getting training in how to use it (if not already aware)? | | | |
| If you have opioids and/or drug equipment at home, storing them safely out of reach of children and pets? | | | |
| If injecting, making sure you have your own sterile equipment? | | | |
| Staying connected to a supportive network (i.e. people who positively encourage you and do things other than use)? | | | |



WARNING!

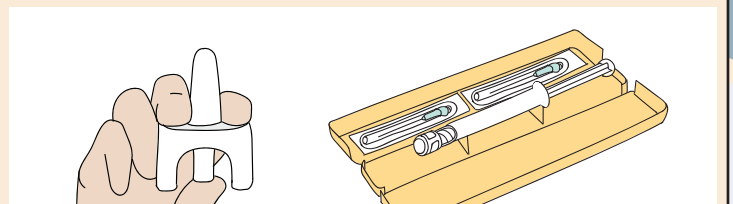
If you take a break from using opioids your tolerance will reduce quickly. This places you at greater risk of overdose. If you choose to use again you will need much less. Use less and go slow.

Naloxone

Naloxone is a free and simple to use medicine that can quickly (although only temporarily) reverse an opioid overdose. Emergency medical treatment is still required.

There are intranasal sprays and injectable forms available.

If you use opioids you should always carry naloxone and show friends and family how to use it in case you experience an overdose.



Scan this QR code to find out where you can get naloxone in your local area

Would you like to organise to get some naloxone now?

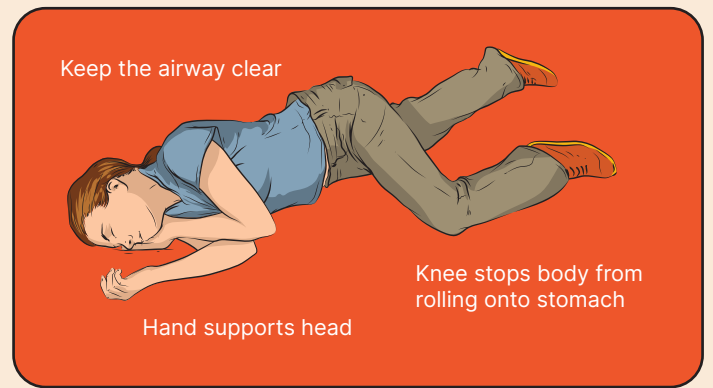
- Yes No

Responding to an opioid overdose

Signs of an opioid overdose include:

- Extreme dizziness
- Cannot be woken up
- Cold or clammy skin
- Blue lips, skin and fingertips
- Slow or no breathing
- Choking, snoring, gurgling
- Vomiting

If this occurs, use naloxone (if you have it) to reverse the overdose and seek assistance immediately by calling triple zero (000) and asking 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.



Opioids and driving

Opioids can reduce your ability to drive safely. It's also difficult to know how much your driving skills have been affected or how long opioids remains in your system. Tiredness/fatigue, hangovers or come-downs from drugs can also affect your driving skills.



Do you use regular medications?

Sometimes opioids can affect how these medicines work. Check the medicine packet and/or ask your doctor.



Practice safe sex

Carry and use condoms and access regular STI testing, especially whenever you start having sex with a new partner.

Are you pregnant, breastfeeding or parenting?

Using any substance when planning a pregnancy, pregnant, or while breastfeeding can affect your baby's body and brain development.

Substance use can affect your children and others around you. Ensure your children remain safe and supervised at all times. Make a plan prior to using.

Note: Sleeping with a child in the same bed while under the influence of opioids can be particularly dangerous.

If you are pregnant and use opioids every day, do not suddenly stop using until you have spoken to a medical professional as detoxing may harm your baby. You can also be fast-tracked into opioid treatment.

Opioid dependence treatment medications

If you are using more and more opioids and/or can't cut back or stop without experiencing withdrawal symptoms, there are alternative opioid medications called buprenorphine and methadone that can be prescribed by specialist doctors.

These medications prevent physical withdrawal and help with pain relief without causing you to feel impaired, intoxicated or 'hanging-out'.

Would you like to find out more about opioid treatment medications? Yes No

What would be signs that your opioid use is becoming more of a problem? When would you know it's time to take a break and/or seek help?



Unplanned substance use recording tool



Name:

Date:

Use this tool to track any unplanned substance use from week to week to help better understand when, where and why it happens.

My aim for this week:

- Change or reduce my substance use (please describe):
- Not use any substances at all

| Date/day | Did you have cravings? Y/N | How much used? (e.g. \$/volume) | The situation (place/time/people) related to the unplanned use? | What happened? What did I learn about myself? And what could I do differently next time? |
|----------|----------------------------|---------------------------------|---|--|
| | | | | |
| | | | | |
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