

# Pharmaceutical opioids

## What are pharmaceutical opioids?

Pharmaceutical opioids are medications commonly used for pain. Opioids are depressant drugs, which slow down the activity of the central nervous system and messages going between the brain and the body. Opioids, which include pain medications and the drug heroin, can cause sedative and euphoric feelings.

Pharmaceutical opioids are used to manage acute and chronic, as well as cancer-related pain, post-operative care, and for analgesia and anaesthetic. The use of pharmaceutical opioids has an important and significant place in medicine.

### Pharmaceutical opioids include:

- Morphine
- Pethidine
- Codeine
- Oxycodone
- Methadone
- Propoxyphene
- Dextropropoxyphene
- Hydromorphone
- Hydrocodone
- Fentanyl
- Buprenorphine



Non-medical use of pharmaceutical opioid medications refers to use that occurs outside a doctor's prescription, and is an increasing concern in Australia. Non-medical use of pharmaceutical opioids includes when medications are taken orally outside of a doctor's instruction, in addition to snorting or injecting the crushed and dissolved tablets.

There are a number of ways in which someone can obtain pharmaceutical opioids: through a legitimate prescription from a doctor, purchase on the illicit market, purchase on the internet, theft, from family and friends, or by visiting several doctors, referred to as 'doctor shopping' (where multiple doctors are used to seek the same medication without informing the doctors of medication being supplied from other prescribers).

## How many people use pharmaceutical opioids?

According to the [2013 National Drug Strategy Household Survey](#), two in 500 Australians aged 14 years and older (0.4%) reported recent use of pharmaceutical opioids for non-medical purposes.

Past year non-medical use of pharmaceutical opioids (such as oxycodone and morphine) among the general population increased significantly between 2007 and 2010 (from 0.2% to 0.4%) but has not seen an increase to 2013. In this survey males were twice as likely to use pharmaceutical opioids for non-medical purposes as females, and use was highest among people aged 55 and older.

## What are the effects?

The immediate effects of all opioids include **analgesia** (relief from pain) and **euphoria** (feeling of wellbeing).

## What are the risks?

Adverse consequences are associated with opioid use, even when used in accordance with medical directions.

Some side effects from normal doses may include nausea, vomiting, respiratory depression, constipation, drowsiness and confusion. Inappropriately high doses can produce respiratory depression and circulatory failure.

When medications are used outside the guidelines for safe and effective use, adverse effects may be more likely, particularly overdose if higher doses are used, opioids are injected, or opioid medications are combined with other sedatives such as alcohol or benzodiazepines.

### Additional risks of injection include:

- risks of blood-borne viral infections (BBVIs) if injection equipment is shared
- harms related to injection of non-sterile preparations not intended for injection
- risks of polydrug use
- harm related to pre-existing conditions for which opioids may be contra-indicated

Because of the dependence liability of opioids, the risk of developing dependent use may also be particularly great if used outside, or without, medical supervision.

## Treatment for opioid dependence

One of the more common treatments for opioid dependence is opioid substitution treatment. There is growing evidence to demonstrate that opioid substitution treatment is effective for pharmaceutical opioid dependence, and the effectiveness for heroin dependence is well established.

Opioid substitution treatment is also called medication-assisted treatment of opioid dependence (MATOD). The most common medicines used in Australia are methadone, buprenorphine and naltrexone.

More information on MATOD is available at: <https://ndarc.med.unsw.edu.au/resource/medication-assisted-treatment-opioid-dependence-your-questions-answered>.

Other treatment options include residential rehabilitation, a drug-free treatment modality, requiring residence in the treatment agency, subsequent to having undertaken detoxification. Programs may be of short (approximately 1 month) or longer (at least 3-6 months). Counselling and withdrawal-management are other forms of treatment that are available.