

Home Health Website

<https://homehealth-uk.com/opiates/>

What are opiates

Opiates can be divided into two groups: the naturally occurring opiates like heroin and morphine which are derived from the opium poppy and the synthetic opiates like methadone and dipipanone.

Drugs include:

Drug name	Brand/common name	Street name	Therapeutic dose range
Codeine	Actifed Phensedyl Codeine Linctus Codis		
<u>Buprenorphine</u>	Temgesic	Tems	0.6-1.6mg
Dextropropoxyphene	Distalgesic Co-proxamol		
Dextromoramide	Palfium	Palf, peach	5-10mg
<u>Diamorphine</u>	Heroin	Smack, H	
<u>Dihydrocodeine</u>	DF118	DFs, diffs	120-180mg
<u>Dipipanone</u>	Diconal	Dikies	30mg
<u>Methadone</u>	Physeptone	Meth, phy	15-40mg
Morphine	MST Continus Kaolin and Morphine Cyclimorph		
Opium	Gees Linctus		
<u>Nubain</u>	Nalbuphine hydrochloride		1 ml vial

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- Street use** Opiates can be smoked, sniffed, inhaled or injected depending on the drug and preparation.
- Drug effect** Opiates are used for their analgesic (painkilling) properties. They also reduce breathing rate and heart rate, hunger and anxiety. These effects combined with an increase in blood flow to the skin gives the warm, contented and sometimes euphoric feeling that is often reported. First time users may vomit but this stops with repeated use. At low doses, opiates do not interfere with physical coordination or mental alertness. After high doses, opiates produce a stupor (gauching).
- Long-term use** The physical effects of long-term opiate use are not often serious in themselves. Common side-effects include constipation, irregular periods (menstrual cycle) and weight loss. However the use of unsterile equipment and the injecting of adulterated heroin, crushed tablets or the contents of capsules, can lead to more serious problems, including abscesses, vein collapse, loss of limbs, hepatitis B and C and HIV infection.
- Overdose risk** Deaths from opiate overdoses are relatively rare although the intravenous use of Diconal is particularly dangerous. The risk increases after a period of abstinence or when opiates are mixed with other drugs such as cocaine, barbiturates or alcohol.
- Legal status** **Opiates are prescription-only medicines and most are controlled drugs (Class A or B, Schedule 2) which means that it is an offence to possess or sell the drug without a prescription or authority. See individual drugs for further details.**

Maximum penalty	Class A	Class B
For possession:	Seven years and/or unlimited fine	Five years and/or unlimited fine
For dealing:	and/or unlimited fine	14 years and/or unlimited fine

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Dipipanone and cyclizine (Diconal)

Street name	Dikes, Dikies
Brand name	Diconal (Calmic)
Drug effect	Painkiller and depressant (“downer”) and anti-emetic (anti-sickness)
Description	Pink scored tablet (Dipipanone 10mg and Cyclizine 30mg)
Therapeutic use	Moderate to severe pain
Street use	By mouth or injecting crushed tablets
Dependency	Yes
Withdrawal	Effects of Diconal last for four to six hours. Withdrawal is similar to other opiates with flu-like symptoms lasting for five to 10 days.
Long-term use	Constipation Breathing difficulties Irregular <u>periods</u> (menstrual cycle) If injected – causes sudden drop in blood pressure which can be fatal – circulatory problems and tissue damage caused by alkaline base of tablet – septic abscesses from alkaline base of tablet – infection risk.
Overdose risk	If Diconal is injected there is a serious risk of overdose because of loss of blood pressure. Many of the overdose deaths among opiate injectors involve this drug.

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Dihydrocodeine (DF118)

Street name	DFs, Diffs
Brand name	DF118 (Duncan Flockhart), DHC Continus (Napp)
Drug effect	Painkiller and depressant (“downer”)
Description	White tablets (30mg) Elixir (10mg/5ml) Ampoules (50mg/ml)
Therapeutic use	Moderate to severe pain
Street use	Mainly by mouth as drug does not dissolve in water. This makes it difficult to inject.
Dependency	Yes
Withdrawal	Probably similar to other opiates. Flu-like symptoms for five days.
Long-term use	Constipation Breathing difficulties Irregular <u>periods</u> (menstrual cycle)
Overdose risk	Probably fairly low, although risks increase if drug is mixed with other drugs.
Legal status	Dihydrocodeine is a Class B controlled drug (Schedule 2). This means it is an offence to possess the drug without a prescription or to supply it to others. Medical practitioners are not required to notify the authorities about anyone they suspect to be dependent on this drug.

Maximum penalty

For possession: Five years and/or unlimited fine

For dealing: 14 years and/or unlimited fine

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If prepared for injection the increased maximum penalties apply:

Maximum penalty

For possession: Seven years and/or unlimited fine

For dealing: Life and/or unlimited fine

Diamorphine (heroin)

Street name	Smack, H, Skag
Brand name	Diamorphine BP
Drug effect	Painkiller and depressant (“downer”)
Description	White/brown powder normally containing five to 30 percent pure heroin. Often cut with adulterants or other drugs. Diamorphine BP – clear solution in ampoules. Also available 10mg tablet and 5, 10, 30, 100, 500mg freeze dried powder in ampoules.
Therapeutic use	Severe pain
Street use	Smoked, sniffed, “Chasing the Dragon” (inhaling fumes of heated heroin), injected. Heroin produces little effect if taken by mouth.
Dependency	Yes
Withdrawal	Effects of heroin last for two to three hours and withdrawal symptoms appear eight to 24 hours after last dose. Symptoms resemble severe flu together with diarrhoea. They peak around the third day and fade after five to ten days. Sleeplessness may continue for some months.
Long-term use	Constipation Breathing difficulties Irregular <u>periods</u> (menstrual cycle)
	If injected -infection risk -circulatory problems.

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Overdose risk Deaths from the use of heroin alone are relatively infrequent. However the overdose risk increases after a period of abstinence or if heroin is mixed with drugs like cocaine, barbiturates or alcohol.

Legal status Diamorphine is a prescription-only medicine and is a Class A controlled drug (Schedule 2). This means it is an offence to possess the drug without a prescription or to supply it to others.

Maximum penalty

For possession: Seven years and/or unlimited fine

For dealing: Life and/or unlimited fine

Methadone

Street name Meth, Phy

Brand name Physeptone (Calmic)

Drug effect Painkiller and depressant ("downer")

Description White scored tablet marked Welcome (5mg)
1ml ampoules (10mg/ml)
Mixture (1mg/1ml)
Linctus

Therapeutic use Severe pain and opiate dependence

Street use By mouth or injecting crushed tablets, linctus or ampoule

Dependency Yes

Withdrawal The effects of methadone last up to 24 hours which is longer than heroin. Withdrawal symptoms are slower to develop but last longer. Flu-like symptoms appear up to two days after last dose, peak after five to six days and fade after 14 days. Sleeplessness may last for longer. It has been suggested that withdrawal is more difficult than from heroin.

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Long-term use

Constipation
Breathing difficulties
Irregular periods (menstrual cycle)

If injected

-infection risk
-circulatory problems.

Depresses effects of other opiates.

Overdose risk

Deaths from the use of methadone alone are relatively infrequent. However the overdose risk increases after a period of abstinence or if methadone is mixed with other drugs such as barbiturates or alcohol.

Legal status

Methadone is a prescription-only medicine and is a Class A controlled drug (Schedule 2). This means it is an offence to possess the drug without a prescription and to supply it to others.

Maximum penalty

For possession: Seven years and/or unlimited fine

For dealing: Life and/or unlimited fine For more detail information on Methadone please [click here](#).

Buprenorphine (Temgesic)

Street name

Tems

Brand name

Temgesic (Reckitt and Colman)

Drug effect

Painkiller and depressant ("downer")

Description

White tablet (0.2mg) marked with symbol. White tablet (0.4mg) marked with symbol (dissolved under tongue). 1ml & 2ml ampoules (0.3mg/ml).

Therapeutic use

Moderate to severe pain

Street use

Dissolved in the mouth, crushed and sniffed or injected.

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Dependency

Yes

Withdrawal

Effects of Temgesic last for about six hours. Withdrawal symptoms begin within a day of the last dose. Withdrawal symptoms include tightness of chest, headaches, dry retching and flu-like symptoms.

Long-term use

Constipation
Breathing difficulties
Irregular periods (menstrual cycle)

If
injected

-infection risk
-circulatory problems.

Overdose risk

Overdose risk is probably low

Legal status

Temgesic is a prescription-only medicine and was recently made a controlled drug, Class C (Schedule 3).

Maximum penalty

For possession: Two years

For dealing: Five years

SPECIAL NOTE

Temazepam (one of the benzodiazepines) is also sometimes called Tems and thus can be confused with Temgesic.

For more detailed information on Burenorphine (Subutex) please [click here](#).

Nubain (Nalbuphine hydrochloride)

Street name

Nubain

Brand name

Nubain

Drug effect

Nubain is a potent analgesic (painkiller).

Description

Injection 10mg/ ml. Available on the black market in 2ml (20mg) multi close vial.

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Therapeutic use	Moderate to severe pain
Street use	Injected
Dependency	Yes
Withdrawal	Similar to other opiates. <u>Abdominal</u> cramps, <u>anxiety</u> , <u>nausea</u> and vomiting, crying, restlessness, irritability and “flu like” symptoms.
Long-term use	Considered to have low abuse potential, but physical, psychological dependence and tolerance may develop following long-term or misuse or abuse.
Overdose risk	Deaths from overdose are relatively rare, but complications associated with injecting, like hepatitis C or septicaemia, are more likely. Overdose may produce pinpoint pupils, sedation, dizziness and breathing difficulties. Its effects are increased if mixed with other central nervous system depressants such as tranquillisers, sedatives, hypnotics or alcohol.
Legal status	Nubain is not controlled under the Misuse of Drugs Act (1971). It is a prescription-only medicine.
SPECIAL NOTE	Nubain is abused particularly by people involved in competitive sports especially body builders to overcome musculo-skeletal pain despite the risk of injury, to keep calm before competition, and to take part in sport or training after injury. Nubain addicts shoot up between six to eight times a day whereas heroin users would tend to shoot up only once. This carries considerable risk of infection, hepatitis C, HIV and other infections if sharing equipment.

Information Sheet

Overdoses & Emergencies



Date: 14/04/2014
Version: 1.0

Overdoses of depressant drugs often involve breathing difficulties, while overdoses of stimulant drugs can involve heart attacks or fits. Because of this, you may need to do different things to help someone. What you should do depends on their appearance and behaviour.



Vomiting/feeling unwell: vomiting is usually nature's way of telling you've had too much. If somebody is unwell, don't give them anything to eat and only let them drink water (never force them to drink anything). If after vomiting they want to sleep, let them but keep your eye on them. **Make sure they are lying on their side (see the recovery position on next page.)**



If they are overheating: cool them down by removing outer clothing; fan them; use a wet cloth on their skin*; take them outside or somewhere cool. If they are conscious allow them to sip water or a non alcoholic drink. **Call an ambulance.**

**Do not use very cold water, this can repel the superficial blood vessels deeper into the body and prevent heat loss. Even lukewarm water is fine as it mimics the temperature of sweat, the body's natural way to reduce temperature.*



If they have chest pains: sit them down in a calm environment and reassure them. **Call an ambulance.**



Bad trip/freak out/paranoia: if somebody is having a frightening or disturbing drug experience or have become very paranoid, take them somewhere that is quiet where they feel safe (ideally a low stimulus environment and not a dance floor in a nightclub). Try to calm and reassure them (*"it will pass - the drugs will wear off"*). This can take hours, so be prepared to be patient. If they become panicky and you notice them breathing very fast, get them to control their breathing by slowing it down or breathing into a paper bag. If any of these disturbing experiences carry on after the drug has worn off, they need to speak to a doctor or drug service.



Serotonin syndrome: Serotonin syndrome can kill if it is not dealt with quickly by **calling for an ambulance**. Serotonin syndrome is a result of your body releasing too much of the neurotransmitter serotonin. It can be triggered by a number of different drugs. The most severe cases involve interactions of drugs that release serotonin, such as MDMA (ecstasy) and a range of other drugs known as 'serotonin re-uptake inhibitors'.

The main symptoms of serotonin syndrome are: rigid, jerky, twitchy unusual movements, often involving the legs shaking; fully dilated pupils; overheating; shivering; racing heart; the person appearing agitated and confused. If in doubt, ring for an ambulance.

It is important if they have rigid, jerky movements, not to hold people down because of the risk of muscle tissue breaking down (*rhabdomyolysis*). As with people who have been using *volatile substances* (solvents) it can also be risky to startle or frighten people as this can lead to heart failure.



If they can't be woken: (by shaking their shoulders and calling their name), or you notice a blueness of the skin, including lips or fingernails (or greyish for darker complexions) or they have trouble breathing, **call an ambulance.**

Check breathing: try to assess the airway and then breathing. If there is no breathing or it is abnormal (e.g. death rattle, agonal breath) then **CPR** should be attempted.

Check there is nothing stuck in their throat (vomit etc), if there is remove it. For vomit turn the head to the side and let gravity do its job. If that doesn't work turn their far shoulder towards you so that their mouth points towards the ground for 5 secs. If neither work don't waste time, start CPR or they will die quickly.

CPR: this can be **chest compressions** alone. If you know how and feel able to, give 30 chest compressions followed by 2 **rescue breaths**. These compressions and rescue breaths are called 1 cycle of CPR and should be repeated.



If they are having a 'fit': make sure the area is safe and there is nothing they could hurt themselves on. **Call an ambulance.** Be sure to inform the paramedics if the fit stops and starts, if it doesn't stop within a couple of minutes or if the person turns blue.

If they are unconscious, but still breathing normally (at least 1 normal breath in a 10 second period) **put them in the recovery position and call an ambulance.**

see next page

"Look after people who have overdosed in the same way you would want them to look after you"

Information Sheet

Overdoses & Emergencies



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If somebody is unconscious and then vomits while lying on their back, they can swallow their vomit and literally drown in it. That is why you should put an unconscious person in the recovery position and **call for an ambulance**.

The Recovery Position



Put the hand closest to you by the head (as if they were waving)



Put the arm furthest away from you across the chest, so that the back of the hand rests against the cheek



Hold the hand in place and lift up the knee furthest away from you, making sure the foot is planted firmly on the ground



Turn them on their side by pushing down on their knee

Antidotes

Doctors and paramedics can administer an antidote to some types of overdoses caused by depressants. If it is an opiate (eg. heroin) overdose and there is **naloxone*** available you should administer it as directed by its Patient Information Leaflet within the naloxone pack. It is perfectly legal for you to do so in an emergency. t

*In some areas naloxone is given out as *Prenoxad*, a licensed product but still containing naloxone HCL (at 1mg/ml).

Calling an ambulance

Never hesitate to call an ambulance. In most areas, the police are only called to overdoses if there is a death or an under 16 involved, or if there has been a previous incident of violence at the address given. In some areas the police may also attend if the caller states that the casualty is not breathing normally or not breathing at all. In this circumstance their priority is the preservation of life rather than law enforcement.

"Look after people who have overdosed in the same way you would want them to look after you"



Needle and Syringe Exchange Service

What is it?



The Needle and Syringe Exchange Service is a free, confidential service for people who inject drugs. You can get new, sterile injecting equipment through the service. This reduces your risk of catching viruses, like HIV and hepatitis B and C, which are spread by contact with infected blood. The service also disposes of used equipment safely, which reduces the risk of other people coming into contact with these viruses via used needles or syringes. Most services are run through community pharmacies.

Who can use it?

If you inject drugs of any sort, you can use a needle and syringe exchange service. This includes opioids, steroids, stimulants and tanning solutions. You do not have to commit to any treatment to use the service, although the staff will be happy to help you access other services at any time if you want.

What else does the service do?

The service can offer advice, information and support to help you reduce your risk of harm from injecting. If you have needs in other areas, such as housing, alcohol use, mental or physical health problems, it can also help you to access other support services.

What can I expect at an exchange?

You will be treated in a respectful manner at all times by all staff and your exchange will be confidential. It is also expected that you will behave in a respectful way towards staff and other clients at all times.

You can get advice or written information on:

- blood borne viruses
- safer injecting
- hepatitis B immunisation
- overdose prevention
- naloxone (a medication which can save lives by reversing the effects of opioid overdose)

You can get sterile needles and syringes for injecting, and associated materials, such as condoms, citric acid, sterile water and swabs, along with sharps containers (cinbins) for returning used equipment in.

Needle exchange providers will work with you to make sure you have enough equipment for your needs. If you want more than one pack or extra needles because you live far away and find it hard to get to the pharmacy, or because you are getting packs for friends, then tell your pharmacist so they can give you extra packs.

If you don't plan to use all the equipment in a pack, please tell your pharmacist so they can open it and you can take only what you need. This saves you having to dispose of what you don't use, and also saves money because expensive equipment is not being thrown away.

It is really important that you return your needles so they can be disposed of safely. Before bringing them to the pharmacy, put them in your small black cinbin, and make sure it is properly sealed.

Where is my nearest service?

There are 21 pharmacy-based services currently operating across Northern Ireland – find one in your area below. Pharmacies that provide this service will have a window sticker on display.



Pharmacies funded by PHA to provide needle exchange

Belfast

Chemist Connect

(Self-select model)

59 High Street

Belfast

BT1 2AB

Tel: 028 9023 1002

TA Maguire Ltd

(Self-select model)

3 Beechmount Avenue

Belfast

BT12 7NA

Tel: 028 9032 0590

South Eastern

Clear Pharmacy

42 Newtownards Road

Bangor

BT20 4BP

Tel: 028 9127 1820

Gordons Pharmacy

31 Market Street

Downpatrick

BT30 6LP

Tel: 028 4461 2014

Gordons Pharmacy

54-56 Bow Street

Lisburn

BT28 1BN

Tel: 028 9267 4747

Gordons Pharmacy

2A Regent Street

Newtownards

BT23 4LH

Tel: 028 9181 3217

Northern

Boots the Chemists

Ballymena Health Centre
Cushendall Road
Ballymena
BT43 6HQ
Tel: 028 2531 3140

Boots the Chemists

2-12 Queen Street
Harryville
Ballymena
BT42 2BB
Tel: 028 2564 5994

Boots the Chemists

Abbeycentre, Longwood Road
Newtownabbey
BT37 9UH
Tel: 028 9036 5910

Boots the Chemists

8 High Street
Antrim
BT41 4AN
Tel: 028 9446 2224

Boots the Chemists

26-28 Church Street
Coleraine
BT52 1AR
Tel: 028 7035 6666

Boots the Chemists

5-7 James Street
Cookstown
BT80 8AA
Tel: 028 8676 6176

Southern

Northern Pharmacies Ltd

Brownlow Health Centre
Craigavon
BT65 5BE
Tel: 028 3834 1462

Boots the Chemist

15 Scotch Street
Armagh
BT61 7BY
Tel: 028 3752 3199

McKeagney's Pharmacy

John Mitchel Place
Newry
BT34 2BP
Tel: 028 3026 2606

Western

Lloyds Pharmacy
1 Ebrington Terrace
Derry/Londonderry
BT47 6JS
Tel: 028 7134 2454

Superdrug
Ferryquay Street
Derry/Londonderry
BT48 6JS
Tel: 028 7126 3334

Lloyds Pharmacy
28 Belmore Street
Enniskillen
BT74 6AA
Tel: 028 6632 2202

Gordons Pharmacy
Unit 2, 57-61 Main Street
Limavady
BT49 0EP
Tel: 028 7776 3438

Mourne Pharmacy (Medicare)
8A Beechmount Avenue
Strabane
BT82 9BD
Tel: 028 7188 5548

Can I exchange needles and syringes anywhere other than at a pharmacy?

There are many people injecting drugs who, for a range of reasons, do not use pharmacy needle exchanges. Local outreach teams and Low Threshold services can also provide needle and syringe exchange services, as well as advice and information on reducing your risk of harm from drug or alcohol use. Like the pharmacies, they can also help you to access other support services or treatment.

Non Pharmacy providers funded by PHA to provide needle exchange

Belfast

Belfast Drug Outreach Team

Drug Outreach Service
159 Durham Street
Belfast
BT12 4GB
Tel: 028 9504 1433

Extern (*funded, in conjunction with Belfast City Council, to collect discarded injecting paraphernalia in Belfast*)

Street Injectors Support Service
3 McKinney Road
Newtownabbey
BT36 4PE
Tel: 028 9033 0433

Extern

Community Based Needle Exchange service
9 Rosemary Street
Belfast
BT1 1QA
Freephone: 0800 085 8426

Belfast Inclusion Health Service

BHSCT
28 Townsend Street
Belfast
BT13 2ES

Northern

NHSCT Community Addiction Service

105A Railway Street
Ballymena
BT42 2AF
Tel: 028 2531 7162

Low Threshold Services funded by PHA

Belfast

Belfast Drug Outreach Team

Drug Outreach Service
159 Durham Street
Belfast
BT12 4GB
Tel: 028 9504 1433

South Eastern

Simon Community

2 Flush Park
Lisburn
BT28 2DX
Tel: 074 3575 4307 / 074 3575 4302 / 074 3575 4301

Northern

Extern

106 Bridge Street
Ballymena
BT43 5EP
Tel: 028 2565 4012

Southern

Extern

53 Church Place

Lurgan

BT66 6HD

Tel: 074 2347 4844

Western (Consortium)

Derry Area

DePaul, Foyle Haven

23a John Street

Derry/Londonderry

BT48 6JY

Tel: 028 7136 5259 / 028 7126 0839

Limavady Area

First Housing

28A Bishop Street

Derry/Londonderry

BT48 6PP

Tel: 028 7137 1849

Fermanagh and Omagh Areas

Arc Healthy Living Centre

116-122 Sallyswood

Irvinestown

BT94 1HQ

Tel: 028 6862 8741

**Telephone numbers can change –
if you cannot get through
on the numbers listed,
you can find contact details
for your local service at
www.drugsandalcoholni.info
in the section
“Services near you”.**



Public Health Agency

Public Health Agency

12-22 Linenhall Street, Belfast BT2 8BS.

Tel: 0300 555 0114 (local rate).

www.publichealth.hscni.net

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