

# Opioids

**Heroin Common Names:** H, horse, junk, snow, stuff, lady, dope, shill, pippu, smack, scag, black tar, Lady Jane, white stuff, brown sugar, skunk, white horse<sup>7,8</sup>

**Morphine Common Names:** M, dreamer, sweet Jesus, Monkey, morph, White Stuff, Miss Emma<sup>7,8</sup>

**Methadone Common Names:** Dolophine, Metadol, Methadose<sup>7</sup>

**Codeine Common Names:** Robitussin A-C, Tylenol with Codeine, Syrup, schoolboy, 3s, 4s, Captain Cody, Cody<sup>7,8</sup>

**Hydromorphone Common Names:** Drug Store Heroin, Hospital Heroin, juice, dillies<sup>7,8</sup>

**Oxycodone Common Names:** percs, OC, OXY, oxycotton, killers<sup>7,8</sup>



<p><b>Characteristics</b> (Depressant)</p>	<p>Half-life varies depending on the substance. Morphine, Hydromorphone, Oxycodone and Hydrocodone have a half-lives of about 2-3 hours<sup>3</sup>.</p> <p><b>Heroin</b><sup>7</sup></p> <ul style="list-style-type: none"> <li>• Diacetylmorphine-synthetic derivative of morphine</li> <li>• Effects are almost immediate following IV injection and can last several hours; effects occur in 15-50min after oral dosing</li> <li>• Physical dependence and tolerance can occur within two weeks</li> </ul> <p><b>Morphine</b><sup>7</sup></p> <ul style="list-style-type: none"> <li>• Effects as for heroin but slower onset and longer-acting</li> <li>• Effects occur in 15-60min after oral dosing and last 1-8hours for immediate-release products</li> <li>• High dependence liability due to powerful euphoric and analgesic effects</li> </ul> <p><b>Methadone</b><sup>7</sup></p> <ul style="list-style-type: none"> <li>• Effects occur in 30-60minutes after oral dosing and last 7-48hours</li> </ul> <p><b>Codeine</b><sup>7</sup></p> <ul style="list-style-type: none"> <li>• Codeine must be metabolized to its active metabolite, morphine for its therapeutic effect.</li> </ul> <p><b>Fentanyl</b><sup>7</sup></p> <ul style="list-style-type: none"> <li>• Effects are almost immediate following IV injection and last 30-60 minutes; with IM use, onset is slower and duration of action is up to 120min</li> <li>• Exposing applied patches to external heat source can increase drug absorption</li> </ul> <p><b>Hydromorphone</b><sup>7</sup></p> <ul style="list-style-type: none"> <li>• At low doses, side effects are less common than with other narcotics; at high doses it is more toxic due to strong respiratory depressant effect</li> </ul> <p><b>Oxycodone</b><sup>7</sup></p> <ul style="list-style-type: none"> <li>• Very high abuse potential</li> </ul>															
<p><b>Presentation during intoxication</b></p>	<p><b>Common signs and symptoms of intoxication can include</b><sup>1,2</sup></p> <table border="0"> <tr> <td>Euphoria</td> <td>Lack of motivation</td> <td>Constricted pupils</td> </tr> <tr> <td>Drowsiness</td> <td>Lethargy</td> <td></td> </tr> </table> <p><b>Extreme intoxication (overdose) signs and symptoms may include</b><sup>2</sup>:</p> <table border="0"> <tr> <td>Slow pulse</td> <td>Shallow breathing</td> <td>Respiratory arrest</td> </tr> <tr> <td>Convulsions</td> <td>Clammy skin</td> <td>Constricted pupils</td> </tr> <tr> <td>Pulmonary edema</td> <td>Extreme drowsiness</td> <td></td> </tr> </table>	Euphoria	Lack of motivation	Constricted pupils	Drowsiness	Lethargy		Slow pulse	Shallow breathing	Respiratory arrest	Convulsions	Clammy skin	Constricted pupils	Pulmonary edema	Extreme drowsiness	
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<p><b>Monitoring and support during intoxication</b></p>	<p><b>Goal</b><sup>10</sup></p> <ul style="list-style-type: none"> <li>• Prevent severe respiratory depression and preserve client safety</li> </ul> <p><b>Monitor</b><sup>10</sup></p> <ul style="list-style-type: none"> <li>• Assess level of disorientation and if possible time of last ingestion and amount consumed</li> <li>• Monitor for falls risk</li> <li>• Monitor vitals every 15 minutes initially and less frequently as acute symptoms subside</li> </ul>															

<p><b>Monitoring and support during intoxication</b> (Continued)</p>	<p><b>If Overdose</b></p> <ul style="list-style-type: none"> <li>Naloxone (opioid antagonist) is used to reverse the effects of opiate toxicity. In the presence of physical dependence, Naloxone produces withdrawal symptoms related to the dose of Naloxone and the degree and type of opioid dependence. If administered IV, the effect is generally apparent within two minutes. When administered IM, the effect is more prolonged.</li> </ul>																					
<p><b>Withdrawal presentation</b> (onset is usually 8-12 hours after last use of short-acting opioids, for longer acting opioids, withdrawal usually starts 1-3 days after last use)</p>	<p><b>Mild withdrawal symptoms may include:</b><sup>7,8</sup></p> <table border="0"> <tr> <td>Watery eyes</td> <td>Yawning</td> <td>Sweating</td> </tr> <tr> <td>Goosebumps</td> <td>Runny nose</td> <td></td> </tr> </table> <p><b>Moderate to severe withdrawal symptoms:</b><sup>7,8</sup></p> <ul style="list-style-type: none"> <li>Severe symptoms peak between 48 and 72 hours.</li> <li>Symptoms decrease in 7-10 days for short acting opioids.</li> <li>Methadone withdrawal symptoms can last several weeks.</li> </ul> <table border="0"> <tr> <td>Restlessness</td> <td>Irritability</td> <td>Insomnia</td> </tr> <tr> <td>Anxiety</td> <td>Loss of Appetite</td> <td>Abdominal cramping</td> </tr> <tr> <td>Nausea</td> <td>Vomiting</td> <td>Diarrhea</td> </tr> <tr> <td>Muscle tremors</td> <td>Drug Craving</td> <td>Severe Depression</td> </tr> <tr> <td>Tachycardia</td> <td>Hypertension</td> <td>Chills alternating with flushing and sweating</td> </tr> </table>	Watery eyes	Yawning	Sweating	Goosebumps	Runny nose		Restlessness	Irritability	Insomnia	Anxiety	Loss of Appetite	Abdominal cramping	Nausea	Vomiting	Diarrhea	Muscle tremors	Drug Craving	Severe Depression	Tachycardia	Hypertension	Chills alternating with flushing and sweating
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<p><b>Monitoring and support during withdrawal</b></p>	<p><b>Goal:</b><sup>7</sup></p> <ul style="list-style-type: none"> <li>Treat the immediate withdrawal reaction</li> </ul> <p><b>Assessing for Withdrawal Severity:</b><sup>5</sup></p> <ul style="list-style-type: none"> <li>May use the Clinical Opiate Withdrawal Scale (COWS)</li> </ul> <p><b>Monitor:</b><sup>5</sup></p> <ul style="list-style-type: none"> <li>Mental Status (Including anxiety, irritability, suicidal ideation)</li> <li>Physical status (including vital signs, sweating, pupil size, GI distress, bone or joint aches, tremors, gooseflesh skin, hydration, sleep patterns)</li> </ul> <p><b>Supportive Interventions:</b><sup>12</sup></p> <ul style="list-style-type: none"> <li>Encourage fluids as tolerated to maintain hydration</li> <li>Provide supportive care and reassurance</li> </ul> <p><b>Commonly used medications include:</b><sup>6</sup></p> <ul style="list-style-type: none"> <li>NSAIDs for myalgias, headache, and fever</li> <li>Dimenhydrinate for nausea and vomiting</li> <li>Loperamide for diarrhea and abdominal cramps</li> <li>Benzodiazepines for acute anxiety</li> <li>Hypnotics for sleep disturbances</li> <li>Clonidine for managing the autonomic symptoms of opioid withdrawal (i.e. hypertension and tachycardia).</li> <li>Methadone/Buprenorphine to treat the immediate withdrawal reaction, and to aid in detoxification, or for maintenance therapy in a supervised treatment program.</li> </ul>																					
<p><b>Potential Complications</b></p>	<ul style="list-style-type: none"> <li>Chronic use can lead to general loss of energy, ambition, and drive, motor retardation, attention impairment, sedation, and slurred speech<sup>7</sup></li> <li>Chronic use of methadone can lead to constipation, blurred vision, sweating, decreased libido, menstrual irregularities, joint and bone pain, and sleep disturbances<sup>7</sup></li> <li>High doses of fentanyl can produce muscle rigidity (including respiratory muscles) respiratory depression, unconsciousness, and coma<sup>7</sup></li> </ul>																					

<p><b>Notable Drug interactions</b></p>	<p><b>With Antidepressants (MAOI, RIMA):<sup>2</sup></b></p> <ul style="list-style-type: none"> <li>Increased excitation, sweating, and hypotension reported (especially with meperidine, pentazocine); may lead to development of encephalopathy, convulsions, coma, respiratory depression, and serotonin syndrome</li> </ul> <p><b>With Alcohol:<sup>7</sup></b></p> <ul style="list-style-type: none"> <li>Additional CNS effects</li> <li>Caution with excessive doses to risk of respiratory depression</li> <li>Speeds the release of some opioids into the bloodstream by dissolving the slow-release system</li> </ul> <p><b>With Cannabis:<sup>7</sup></b></p> <ul style="list-style-type: none"> <li>THC blocks excitation produced by morphine</li> </ul> <p><b>With Cocaine:<sup>7</sup></b></p> <ul style="list-style-type: none"> <li>May potentiate cocaine euphoria</li> <li>Cocaine and heroin result in increased dopamine release, which has been associated with an increased risk of death<sup>12</sup></li> <li>Increase the risk and/or intensity of seizure activity<sup>12</sup></li> <li>Cocaine enhances the toxicity of heroin</li> </ul> <p><b>Poly-substance use:<sup>6</sup></b></p> <ul style="list-style-type: none"> <li>Combination of alcohol, benzodiazepines and opioids cause CNS depression and possible death.</li> </ul>
<p><b>Psychiatric effects</b></p>	<ul style="list-style-type: none"> <li>Opiate dependence has been associated with greater incidences of depression, anxiety, suicidal ideation, and low self-esteem<sup>11</sup>.</li> </ul>

# References

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