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Know your options

Information about opioid dependence and its treatment



This brochure is intended for people who have, or who care for a person who has opioid dependence.

The information provided is for the purpose of increasing awareness about opioid dependence and the available treatment options.

This information is not medical advice. Always consult a healthcare professional to discuss appropriate treatment options based on your circumstances and the availability.

If you have an opioid dependence, you are not alone.

There are around 1.3 million high-risk opioid users in EU and UK, of which only approximately half are in treatment.¹⁻⁴



Opioids include heroin, opium, nitazenes, and prescription medications such as codeine, fentanyl, morphine, and oxycodone.

Opioids are highly addictive



Opioid dependence is a chronic, relapsing disease affecting the brain that involves both a physical and a psychological need for opioids.⁵⁻⁹



Opioids alter how the brain works, hijacking the motivation and rewards processes – increasing the risk of dependence and making it hard to stop taking opioids on your own.¹⁰

Harms associated with opioid use



Opioids were found in 74% of fatal overdoses in the European Union in 2022.¹



More than 6,000 people in the European Union died from overdose in 2022.¹



60% of people in prison have a history of problem drug use.¹¹



People who use opioids are more likely to experience homelessness versus the general population.¹²



Are you thinking about getting help for opioid dependence? Whatever treatment you decide is right for you, having a plan and the right support in place will help it work.



What are the symptoms of opioid dependence?

The symptoms of opioid dependence include the following:13

- · A strong desire or craving to take opioids daily
- A struggle or even inability to take control of the level or amount you use
- The experience of 'cold turkey' or unpleasant physical withdrawal pains leading to the desire to then use opioids to relieve the pain of withdrawal
- An awareness that you are causing harm to yourself and yet you cannot stop using the drug
- Your lifestyle becomes chaotic swinging between time spent finding opioids and at the same time attempting to recover from using it
- You are unable to go to work and perform normal routine daily tasks until you have the drug in your system.

You do not have to experience all of these symptoms to be considered opioid dependent.¹³

How is opioid dependence diagnosed?

A doctor will formally assess your history and pattern of opioid use, such as use of heroin and other illicit opioids.¹³

Opioid dependence is diagnosed when you use heroin or other opioids and have multiple signs of having difficulty controlling opioid use such as having a strong desire to use opioids even though you know it is not good for you and is causing you problems.¹³

At the same time your doctor may need to understand other aspects of your health and wellbeing that may influence your opioid dependence and its treatment. Some additional tests such as a urine drug screening or tests for infectious diseases may also be done to better understand your overall health.¹⁴

What option is best for you?

There is no one treatment option that works for everyone. It is important to talk to a healthcare professional about all available treatments and your circumstances and preferences to find the option that is best suited to your needs.

Treatment options

There are now, more options available in how treatment is delivered. Each one has advantages and disadvantages; and some people will need to try different options before they find what works for them. Please talk to a healthcare professional to find out which treatments are available for you.

Treatment options (cont.)





Detoxification (facilitated withdrawal)

Detox programs aim to help people to reduce and stop taking opioids over a short time period while minimising withdrawals. One way of detox is to support the patient with a medication, and then slowly reduce the dose of the medication over a period of time.^{15,16} The main advantage of this approach is it's a short treatment course, which can be done at a hospital or a clinic.¹⁷ However, detox may be associated with a risk of relapse.¹⁶

If you decide with your doctor to choose this approach, think about how you are going to manage your lifestyle once your detox is over. Counselling or joining a support group is a good way forward and is usually recommended.





Pharmacological treatment

Pharmacological treatment options for opioid dependence include medications that are *full opioid* receptor agonists, partial opioid receptor agonists and opioid receptor antagonists. The difference between these is how much they activate the receptors in your brain.

Another difference is that the effect of a partial agonist on respiratory depression (when breathing becomes slower and shallower than normal) appears to be lower.¹⁶

Opioid receptors in the brain









Partial agonist
(Activates opioid receptors to a lesser extent)



Antagonist (Blocks effect of other opioids)

As opioid dependence is a chronic (long-term) condition, treatment may be needed for several months to several years.¹⁸

Regular use of these medicines aims to prevent opioid withdrawal, reduce cravings, reduce the effect and use of illicit opioids such as heroin and may improve your quality of life while you make long-term changes in your life.^{16,18}

While medications aim to help you cope with the physical aspects of opioid dependence (cravings and withdrawal symptoms), counselling and psychosocial support services can help you deal with any underlying issues and life stressors that have the potential to cause a relapse and a return to illicit opioid use.¹⁶⁻¹⁸

When you speak to a healthcare professional, it is recommended that you ask about all the different treatment options for opioid dependence and discuss with them what would be the best one for you.

If the first medication you try does not work well for you, discuss this with your doctor or nurse, as you may want to try another medication to better suit your needs.





Antagonist treatment

Opioid antagonist treatment is used to block the effects of other opioids, such as heroin.¹⁵ It is used as part of a programme of supportive care for people who have stopped using opioids thanks to the facilitated withdrawal.

Opioid antagonist treatment is also a life-saving medicine which is used to reverse the effects of opioid overdoses. It's recommended that opioid users and their families always carry a kit containing an opioid antagonist with them.

Opioid receptors in the brain



Antagonist

(Blocks effect of other opioids)





Daily treatments

Daily opioid dependence treatment can control cravings and symptoms of withdrawal. Potential benefits of daily treatment include having frequent contact with the treatment team and the control of being able to decide when and if to take treatment.^{15,18}

For some people, daily treatment has limitations:

- Clinic locations and/or dosing hours that are difficult to attend can be a barrier to ongoing maintenance and limit "normal" things in life, such as work, studies, travel, and care for children.^{19,20}
- Daily reminders of dependence.²¹
- Stigma of daily treatment can undermine satisfaction and compliance.^{20,21}







Weekly and monthly long-acting injectable treatments

Weekly and monthly injections have been developed to provide the same benefits of daily treatment, while addressing some of the limitations, including daily reminders of disease and stigma, and burden of visiting the clinic/pharmacy often.²² Additionally, these injections are given to you by your doctor or nurse in the abdomen, thigh, buttocks or upper arm, which ensures that you receive the right dose at the right time, and won't need to handle the medication yourself or store it at home. There are several doses available for both weekly and monthly treatment, which allows the treatment to be adjusted up or down depending on your needs. However, for some people, long-acting treatments may have disadvantages, such as less frequent contact with the healthcare team and lack of day-to-day control over when/if to take treatment.23

Discuss with your doctor or nurse if you prefer the weekly or monthly dosing.



Psychosocial support

Tackling opioid dependence is challenging, because it is a chronic, relapsing medical condition.^{16,17}

That's why treatment with medication alone is often not enough. Pharmacological treatments should be accompanied with regular counseling and psychosocial support,¹⁶ which will help you to address personal, social or other problems that you may have.



Conclusions

Opioid dependence is a chronic and relapsing disease and there are now more options available in how it can be treated.

The information in this brochure hopefully answered many of your questions about treatment options for opioid dependence as well as gave you the confidence to approach a doctor or a nurse to ask them about all the available treatment options for you.

Additionally, you may want to discuss with a doctor or nurse if you need to have a more or less frequent contact with a clinic/pharmacy, need to work, study, travel or take care of a family, and any other personal treatment goals so that together you can choose the right treatment for you.



Useful website:

Opioiddependenceandme.com

Disclaimer: this material is not intended to provide a definitive answer as to which treatment is best for opioid dependence. It is important to use this only as a starting point for a discussion with your doctor.

References:

- European Drug Report 2024. European Monitoring Centre for Drugs and Drug Addiction. https://www.euda.europa.eu/publications/european-drug-report/2024 en
- Adult substance misuse treatment statistics 2020 to 2021: report. Office for health improvement and disparities. https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021
- 3. Public health information for Scotland. https://www.scotpho.org.uk/risk-factors/drugs/data/availability-and-prevalence/
- Holloway K, Hills R, May T. Fatal and non-fatal overdose among opiate users in South Wales: A qualitative study of peer responses. Int J Drug Policy. 2018 Jun;56:56-63. doi: 10.1016/j.drugpo.2018.03.007. Epub 2018 Apr 17. PMID: 29605706.
- 5. Volkow ND. N Engl J Med. 2017;377(4):391-394.
- 6. Degenhardt L. Addiction. 2014;109(8):1320-1333.
- 7. Schuckit MA. N Engl J Med. 2016;375(4):357-368.
- 8. Soyka M. Subst Abuse Rehabil. 2015;6:1-14.
- 9. Dale-Perera A. Heroin Addict Relat Clin Probl. 2012;14(4):23-38.
- 10. Volkow ND, Koob GF, McLellan AT. N.Engl.J Med. 2016;374: 363-371.
- Wright N, Hard J, Fearns C, Gilman M, Littlewood R, Clegg R, Parimelalagan L, Alam F. Clinicoecon Outcomes Res. 2020;12:499-504.
- 12. Doran KM, Rahai N, McCormack RP, Milian J, Shelley D, Rotrosen J, Gelberg L. Drug Alcohol Depend. 2018;188, 328–333.
- World Health Organisation. The ICD-10 Classification of Mental and Behavioural Disorders. World Health Organisation. 2016.
- 14. Dale-Perera A, Goulao J, Stoverr H. Quality of care provided to patients receiving opioid maintenance treatment in Europe: Results from the EQUATOR analysis. Heroin Addict Relat Clin Probl 2012; 14: 23-38.
- 15. Clinical Guidelines on Drug Misuse and Dependence Update 2017. Independent Expert Working Group (2017) Drug misuse and dependence: UK guidelines on clinical management. London: Department of Health. July 2017. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/673978/clinical_guidelines_2017.pdf
- **16.** Bond AJ, Witton J. Clinical Medicine Insights: Psychiatry 2017; 8: 1-10.
- 17. Evans CJ, Cahill CM. F1000Res. 2016;5.
- Dematteis M, Auriacombe M, D'Agnone O, Somaini L, Szerman N, Littlewood R, Alam F, Alho H, Benyamina A, Bobes J, Daulouede JP, Leonardi C, Maremmani I, Torrens M, Walcher S, Soyka M. Expert. Opin. Pharmacother. 2017;18: 1987-1999.
- 19. Neale J, et al. Exp Clin Psychopharmacol. 2018;26(6):570-581.
- 20. Benyamina A. Heroin Addict Relat Clin Probl. 2012; 14(4): 65 -80.
- 21. Tompkins CNE, Neale J and Strang J. Substance Abuse Treatment. 2019; 104: 64-71.
- 22. Fish R, et al. Long acting injectable buprenorphine: Perspectives from service-users, staff and stakeholders. Drug and Alcohol Dependence Reports. 2025;15:100328. https://doi.org/10.1016/j.dadr.2025.100328
- 23. Johnson B, et al. Patient perspectives on depot buprenorphine treatment for opioid addiction a qualitative interview study. Substance Abuse Treat, Prevention, and Policy. 2022; 17:40. https://doi.org/10.1186/s13011-022-00474-2

