Heroin (Opioid) Use Disorder

Purpose

To provide a standardized approach for identification, assessment, acute management, withdrawal treatment, overdose management, and referral of patients with heroin (opioid) use disorder in a general hospital setting.

Scope

Applies to all adult inpatients and emergency department patients with suspected or confirmed heroin/opioid use disorder.

Initial Assessment

- History: type of opioid, route, quantity, last use, polysubstance use.
- Assess withdrawal using Clinical Opiate Withdrawal Scale (COWS).
- Screen for overdose risk, suicidality, infection (HIV, hepatitis), pregnancy.
- Physical exam: vital signs, pupil size, injection sites.
- Baseline labs: FBC, U&E; LFTs, CRP, viral screen as appropriate.

Management of Opioid Withdrawal

- Mild (COWS <8): Symptomatic treatment (antiemetics, loperamide, NSAIDs).
- Moderate–Severe (COWS ≥8): Initiate buprenorphine when objective withdrawal present.
- Initial buprenorphine 2–4 mg SL, repeat 2–4 mg after 1–2 hrs if needed.
- Typical Day 1 total: 8–12 mg; titrate to control symptoms.
- Alternative: Methadone 10–20 mg PO if buprenorphine contraindicated.
- Monitor sedation, respiratory rate, and blood pressure.

Opioid Overdose Management

- Airway, breathing, circulation assessment.
- Administer naloxone 0.4–2 mg IV/IM; repeat every 2–3 minutes as needed.
- In most cases 0.4–0.8 mg is an effective dose.

- It is important to provide sufficient naloxone to supplement the initial dose, as necessary.
- Clinically, doses are repeated until; the person is breathing adequately or a total of 10mg has been given without response.
- If there is no response after 10mg, the doctor must consider another cause (not opioids), or very potent opioids (e.g; fentanyl analogs)
- Higher or repeated doses may be required, esp; with strong synthetic opioids, large overdose.
- Consider infusion if recurrent respiratory depression.
- Observe at least 4–6 hours after last naloxone dose.

Harm Reduction & Support

- Offer take-home naloxone where appropriate.
- Screen and vaccinate for hepatitis B if required.
- Provide wound care advice for injection-related injuries.
- Offer blood-borne virus screening and referral.
- Engage hospital addiction team if available.

Discharge Planning

- Arrange follow-up with community drug and alcohol services.
- Continue opioid substitution therapy where initiated.
- Provide written information and crisis contacts.
- Assess safeguarding and social support needs.