

9. ANNEXURES

A. Medical Syndromes Associated with Opioid Use

Syndrome (Onset and Duration)	Characteristics
Opiate intoxication	Conscious, sedated, "nodding"; mood normal to euphoric; pinpoint pupils; history of recent opiate use
Acute overdose	Unconscious; pinpoint pupils; slow, shallow respiration
Opiate Withdrawal Anticipatory* (3-4 hours after last "fix")	Fear of Withdrawal; Anxiety; Drug seeking behaviour
Early (8 - 10 hours after last "fix")	Anxiety; Restlessness; Yawning; Nausea; Sweating; Nasal stuffiness; Rhinorrhoea; Lacrimation; Dilated pupils; Stomach cramps; Drug-seeking behaviour
Fully Developed (1 - 3 days after last "fix")	Severe anxiety; Tremor; Restlessness; Piloerection**; Vomiting, Diarrhoea; Muscle spasm***; Muscle pain; Increased blood pressure; Tachycardia; Fever, Chills; Impulse-driven drug-seeking behaviour
	Protracted abstinence (indefinite duration)
*Anticipatory symptoms occur as the acute effects of heroin begin to subside	**The piloerection has given rise to the term "cold turkey". *** The sudden muscle spasms in the legs have given rise to the term "kicking the habit".

B. Clinical Opiate Withdrawal Scale (COWS)

For each item, circle the number that best describes the patient's signs or symptom. Rate just on the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score

Patient's name: _____ Date & time: ____/____/____: ____

Reason for assessment: _____

<p>Resting Pulse Rate: ____ beats/minute</p> <p><i>Measured after the patient is sitting or lying for one minute.</i></p> <p>0 pulse rate 80 or below 1 pulse rate 81 - 100 2 pulse rate 101 - 120 4 pulse rate greater than 120</p>	<p>GI Upset: over last ½ hour</p> <p>0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhoea 4 multiple episodes of diarrhoea or vomiting</p>
<p>Sweating: over past ½ hour not accounted for by room temperature or patient activity.</p> <p>0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 4 pulse rate greater than 120</p>	<p>Tremor: observation of outstretched hands</p> <p>0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching</p>
<p>Restlessness: Observation during assessment</p> <p>0 able to sit still 1 reports difficulty sitting still, but is able to do so 2 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds</p>	<p>Yawning: Observation during assessment</p> <p>0 no yawning 1 yawning once or twice during assessment 2 yawning three or more time during assessment 4 yawning several times/minute</p>
<p>Pupil size</p> <p>0 pupils pined or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible</p>	<p>Anxiety or Irritability</p> <p>0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult</p>
<p>Bone or Joint Aches: If patient was having pain previously; only the additional component attributed to opiates withdrawal is scored.</p> <p>0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscle 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort</p>	<p>Gooseflesh skin</p> <p>0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 4 prominent piloerection</p>
<p>Runny nose or tearing: Not accounted for by cold symptoms or allergies</p> <p>0 not present 1 nasal stuffiness or unusually moist eyes 4 nose constantly running or tears streaming down cheeks</p>	<p>Total score ____ The total score is the sum of all 11 items. Score: 5-12=mild; 13-24=moderate; 25-36=moderately severe; more than 36=severe withdrawal</p> <p>Initials of persons completing Assessment</p>

C. Buprenorphine Treatment Appropriateness Checklist

1. Does the patient have a diagnosis of opioid dependence?
2. Are there current signs of intoxication or withdrawal? Is there a risk for severe withdrawal?
3. Is the patient interested in buprenorphine treatment?
4. Does the patient understand the risks and benefits of buprenorphine treatment?
5. Can the patient be expected to adhere to the treatment plan?
6. Is the patient willing and able to follow safety procedures?
7. Does the patient agree to treatment after a review of the options?
8. Is the patient psychiatrically stable? Is the patient actively suicidal or homicidal; has he or she recently attempted suicide or homicide? Does the patient exhibit emotional, behavioural, or cognitive conditions that complicate treatment?
9. Is the patient pregnant?
10. Is the patient currently dependent on or abusing alcohol?
11. Is the patient currently dependent on benzodiazepines, barbiturates, or other sedative-hypnotics?
12. Does the patient have a history of multiple previous treatments or relapses, or is the patient at high risk for relapse to opioid use? Is the patient using other drugs?
13. Has the patient had prior adverse reactions to buprenorphine?
14. Is the patient taking other medications that may interact with buprenorphine?
15. Does the patient have medical problems that are contraindications to buprenorphine treatment? Are there physical illnesses that complicate treatment?
16. Are the patient's psychosocial circumstances sufficiently stable and supportive? Is there a family member who can help with in the treatment process?

Adapted from Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, DHSS, 2004

D. TREATMENT CONTRACT

As a participant in the buprenorphine for opioid dependence treatment protocol, I freely and voluntarily agree to accept this treatment contract, as follows:

- (1) I agree to keep, and be on time to, all my scheduled appointments with the doctor and his/her assistant at the clinic/treatment centre.
- (2) I agree to conduct myself in a courteous manner in the clinic/treatment centre.
- (3) I agree not to arrive at the clinic/treatment centre intoxicated or under the influence of drugs. If I do, the doctor will not see me and I will not be given any medication until my next scheduled appointment.
- (4) I agree not to sell, share or give any of my medication to another person. I understand that such mishandling of my medication is a serious violation of this agreement and would result in my treatment being terminated without recourse for appeal.
- (5) I agree not to deal, steal or conduct any other illegal or disruptive activities in the clinic/treatment centre.
- (6) I agree that my medication (or prescriptions) can only be given to me at my regular clinic/treatment centre visits. Any missed clinic/treatment centre visits will result in my not being able to get medication until the next scheduled visit.
- (7) I agree that the medication I receive is my responsibility and that I will keep it in a safe, secure place. I agree that lost medication will not be replaced regardless of the reasons for such loss.
- (8) I agree not to obtain medications from any physicians, pharmacies, or other sources without informing my treating physician. I understand that mixing buprenorphine with other medications, especially benzodiazepines, such as Calmpose or Valium, and other drugs of abuse, can be dangerous. I also understand that a number of deaths have been reported among persons mixing buprenorphine with benzodiazepines.
- (9) I agree to take my medication as the doctor has instructed and not to alter the way I take my medication without first consulting the doctor.
- (10) I understand that medication alone is not sufficient treatment for my disease and I agree to participate in the patient education and relapse prevention program, as provided, to assist me in my treatment.

Patient Signature

Witness Signature

Date



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