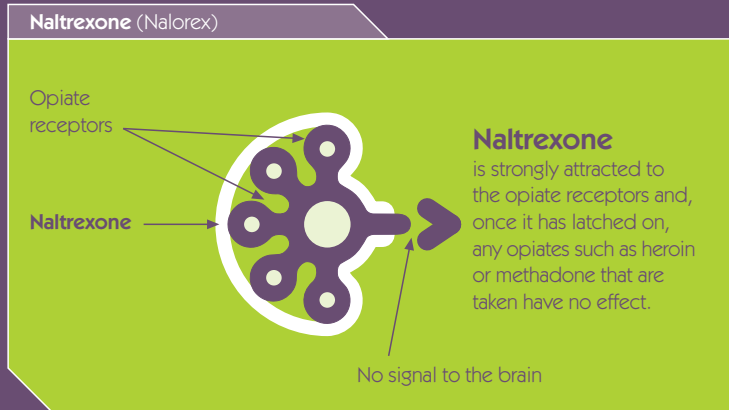
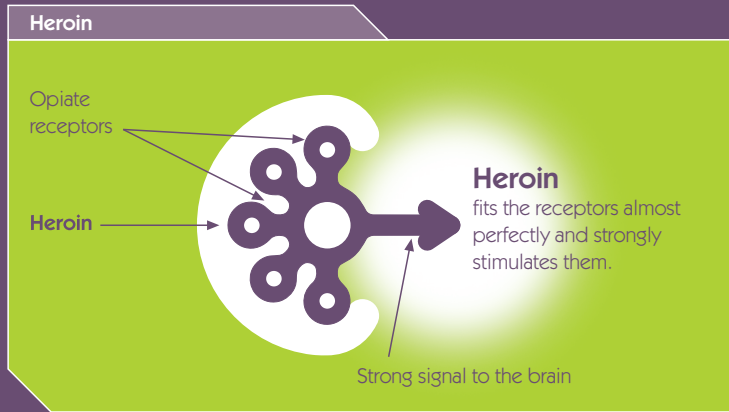


Drugs work by stimulating receptors in the brain. These pictures show how naltrexone 'fits' over the opiate receptors and blocks them so that heroin can't have any effect.



TREATMENT CHOICES

METHADONE [PHYSEPTONE]

BUPRENORPHINE [SUBUTEX]

LOFEXIDINE [BRITLOFEX]

NALTREXONE [OPIZONE | NALOREX]

SUBOXONE [SUBUTEX + NALOXONE]

There are a number of drugs that can be prescribed to help you if you are dependent on opiates like heroin.

There is not, and never will be, a 'magic cure' that can stop everyone taking opiates. And there is no perfect long-term replacement for everyone using heroin.

However, the drug treatments, and help from the services that offer them, might be able to help you make any changes you want to make.

This leaflet is one of a series designed to help you understand what you can expect from the different drug treatments that may be on offer.

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EXCHANGE
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TREATMENT CHOICES

naltrexone
[OPIZONE | NALOREX]

MAINTENANCE



Heroin-free

Naltrexone is prescribed in the UK under the trade name **Nalorex**. You can take it if you want to be completely free of heroin and other opiates. It works by sticking to, and blocking, all of the opiate receptors in the brain (see the pictures over the page).

Before you take the first dose of naltrexone you must have been completely heroin- and methadone-free for seven to ten days. This is because if there are opiates in your system, the naltrexone will very quickly remove them from the receptors, and **send you into instant withdrawal**.

Protection

Naltrexone can make coping with difficult times and high-risk situations easier because you know that if you take heroin, it won't have any effect.

You take naltrexone as a tablet and, once you are stable and used to taking it, you can take it just three times a week to give full-time 'protection' against the effects of heroin and all other opiates.

Other drugs

Naltrexone doesn't provide protection against cocaine, tranquillisers or alcohol – so it is important to make sure these drugs don't 'replace' the heroin.

Implants

There has been some publicity given to naltrexone implants which are inserted surgically under the skin and give up to three months' protection from opiates. However, these are experimental and are usually only available from a small number of private doctors.

Side effects

Sometimes people on naltrexone suffer from anxiety, stomach upsets and sleeplessness. But these feelings and physical symptoms are common following opiate detox – whether you are on naltrexone or not. If you do get these symptoms, discuss them with your doctor before stopping treatment.

Stopping treatment

Many of the people who start naltrexone treatment stop within a few weeks. This is sometimes because of the side effects, but more often it is because they realise that they don't really want to completely stop taking opiates.

Overdose

You will be at **very high risk of overdose if you stop taking naltrexone and start using heroin** (or other opiates) again.

It can be really hard to measure how tolerant you are. A few days after your last naltrexone tablet, you may be able to take as much heroin as you used to – because there is still some naltrexone in your system. Then, just a few hours later, the same dose could kill you – because the naltrexone has all gone.

If you do stop taking naltrexone, and go back to using heroin, it is important that you don't inject – with lower tolerance you'll get a strong enough effect if you chase it.

Using heroin when you have been drinking alcohol or taking other tranquillisers (like valium or sleeping pills) also increases the risk of you dying from an overdose.