We know it can be really difficult and stressful watching loved ones go through difficult times as a result of their drug use, and we also know that this will have impacted on you. This information booklet is here to help shed some light on OST so you can feel well supported to understand this treatment option.
Family, whānau and friends of people who are engaged in opioid substitution treatment (OST) may feel unsure of what this means for them and their friend, family or whānau member. If the person you care about is receiving, or has just started on OST this is an opportunity for them to make positive changes. OST helps people to stop taking opioids and helps with cravings and withdrawals. They can feel much more stable, able to cope with everyday living and focus on the future.

OST is an option for people using opioids problematically (for example drugs such as morphine, codeine, tramadol, oxycodone and methadone, either purchased or prescribed) because we know that it is very difficult to cut down or ‘just say no’ to drugs if a person has become dependent on them. You may have seen your friend, family or whānau member struggle with trying to give up their drug use, and witnessed them experiencing distressing withdrawal symptoms when they do try to stop.

OST is not a cure or complete solution for all people’s problems. Recovery takes time so patience is required as the person moves through their own recovery process.
In New Zealand there are two main medications that can be prescribed for opioid substitution. Both need to be prescribed within a specialised OST service or by a GP who is authorised by the OST service. People attend a community pharmacy to consume their medication and will sometimes get ‘takeaway’ doses to consume at home. In addition, counselling or therapy may also be offered as part of OST treatment.

You may have heard of methadone and this is still the most common choice of OST. Methadone comes in liquid form and is usually clear like water, though in some parts of New Zealand colour is added. The other option in New Zealand is buprenorphine with naloxone which is a newer medication that is dissolved in the person’s mouth. Both have been researched extensively and have proven safe and effective for treating opioid dependence.

Both methadone and buprenorphine are very strong opioid medications and there is an increased risk of overdose (particularly with methadone) when they are first prescribed, especially if the person is using other substances such as benzodiazepines, alcohol, and other opioids. All take home OST medication should be kept in a secure place away from children.

If a child consumes any amount of these medications it could be fatal and they will require immediate medical attention and an ambulance should be called.
OST can be used short term or longer term, though research shows long term treatment is likely to produce better outcomes, especially when combined with psychosocial interventions. The length of time someone is on OST treatment should largely be up to them and is likely to depend on their needs. Their OST case manager and doctor will discuss recovery goals with your friend, family or whānau member and work with them to establish the best treatment options. You may also want to be involved in their care and learn how you can support them while they are on OST. You should be made welcome if you are invited to attend any appointments by your friend, family or whānau member.

When your friend, family or whānau member has achieved their treatment goals and attained a level of personal stability they will have a good chance of achieving abstinence from all opioids, if that is their goal. Their OST treatment provider will discuss coming off OST and work with them to achieve this when they are ready.
How does it affect day to day life for my friend or family or whānau member?

OST does place constraints on people’s lives. For example, people need to provide several days notice if they want to go away or leave the area so it may not always be easy for your friend, family or whānau member to take part in family activities even though they may want to. These constraints while on OST may have to come before other things, for the sake of your loved one’s health and wellbeing. Your friend, family or whānau member may also need to avoid people and places associated with their use of drugs.

If you are not involved with your friend, family or whānau members’ OST treatment in any way this can be difficult, however you can find out more about OST in general from the resources listed at the end of this brochure, and by asking for other pamphlets and information from the local OST service.

OST and pregnancy

Pregnant women who are dependent on opioids are encouraged to begin OST as early as possible in their pregnancy as this is much safer than continuing to use non-prescribed opioids. Methadone is currently the preferred medication for pregnant women as it has been proven to be safe for pregnant and breastfeeding women, and their baby. Women prescribed buprenorphine who become pregnant will decide with their OST service which is the best OST medication to take for them and their baby.
If you have not had the experience of addiction yourself it can be really difficult to understand how and why people become addicted to substances that seem to become the most important thing in their lives. We don’t have all the answers about why some people develop problems with substance use, and others don’t. Things like traumatic events, environment, mental distress, the temperament of a person, how they handle stress, genetics and changes to the brain with the use of substances can influence why some people become addicted to substances.

What we do know is that addiction can and does affect all sorts of people, from all walks of life. We also know it is not a choice; it is not a moral failing and people find it very difficult to get out of the cycle of addiction. We also know OST and other interventions can help.
Many family, whānau and support people ask themselves if something they have done has caused problematic substance use, and will commonly experience guilt. It is vital to remember that addiction is a very complex phenomenon and it is unlikely that anything you have done has caused the addiction related problems the person is experiencing. Also remember that they are responsible for their own behaviour change, for example choosing to try OST or other interventions.

Statistics show that people who struggle with problematic drug use are more likely to make positive change if those closest to them are receiving support and information.

Be sure to look after yourself too

Seeking support for yourself and acquiring knowledge and information about addiction issues can not only help you, but may impact positively on the person you are concerned about.

Remember, your own needs and wellbeing are important. You must take care of yourself and others in the family who may be finding this situation difficult and stressful. If you require some help and care for yourself and your family or whānau in supporting someone on OST, or who is struggling with addiction, on the back of this brochure there are a few resources that can offer help and information. You may also locate local services by enquiring with your local Community Alcohol and Drug Service (CADS) attached to the District Health Board. Their number can be found online or in your local phone book.
Helpful resources

OST and You: A guide to opioid substitution therapy available from www.matuaraki.org.nz


Alcohol Drug Helpline 0800 787 797

Kina Families and Addictions Trust www.kina.org.nz


Family Drug Support Australia www_fds.org.au

Family Drug Support UK www.familydrugsupport.com

Adfam www.adfam.org.uk