

Questions about

**MEDICATION
FOR OPIOID USE
DISORDER**

and the answers that may
SURPRISE YOU

A booklet for people thinking about starting
a medication to help with opioid use



THIS BOOKLET MIGHT BE HELPFUL IF:

- you are tired of feeling sick from opioids / “down”
- someone has talked with you about starting treatment for opioid use disorder (OUD), also called “opioid addiction”, and you want to learn more about your options
- you are feeling nervous about starting treatment
- someone you know has started treatment and you want to know more

TWO COMMON MEDICATIONS TO HELP TREAT OPIOID USE DISORDER



BUPRENORPHINE- NALOXONE

also called SUBOXONE®

METHADONE

also called
METADOL®/
METHADOSE®



**These
medications
are sometimes
called Opioid
Agonist Therapy
or OAT.**

Can you tell which of
these are **FACTS**, and
which are **MYTHS**?

1. I've heard a lot about methadone, so it must be the best option.
2. There is no way to avoid feeling dopesick when starting buprenorphine-naloxone (bup-nal/SUBOXONE®).
3. Quitting cold turkey isn't a great option.
4. I will have to go to the pharmacy every day to take my dose.

1. I've heard a lot about methadone, so it must be the best option.

Neither myth nor fact.

The best option for you all depends.

Methadone may be better for some.

Bup-nal (SUBOXONE®) may be better for others.



Advantages of bup-nal include:

- Safer – lower chance of overdose/death
- Fewer side effects – such as less tiredness



2. There is no way to avoid feeling dopesick when starting buprenorphine-naloxone (bup-nal/SUBOXONE®).

This is a myth.

Bup-nal will suddenly make you feel dopesick if you start taking it when there are still other opioids/"down" (like fentanyl or hydromorphone) in your body. This type of **withdrawal can be avoided all together if you start bup-nal at the right time and the right dose.**

If you are already dopesick, bup-nal can quickly help you feel better. There are also other medications that can help you get through withdrawal. Talk with your provider about your options for starting bup-nal.

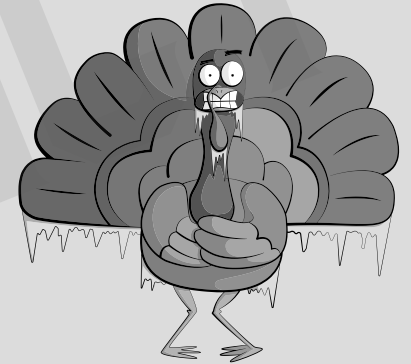
3. Quitting cold turkey isn't a great option.

This is a fact.

Without help from medication, 9 out of 10 people return to using opioids. After a break from opioids, people quickly lose tolerance and there is a greater chance that they could overdose when restarting. Choosing OAT can help prevent an overdose.

Taking medication to help is not a failure or a substitute of one addiction for another.

Many people feel better on OAT medication than trying to quit "cold turkey".



4. I will have to go to the pharmacy every day to take my dose.

This is part fact & part myth. Visiting the pharmacy daily is often needed when you first start treatment. Over time, you may be able to take some doses home (also called carries).

You might be able to take doses home sooner if you:

- are on a stable dose and feeling well
- have a safe place to keep it, such as a locked box
- have an honest relationship with your prescriber



Note, there are two newer buprenorphine products available, an implant and a long-acting injection. These are convenient options that don't require daily dosing (may be given monthly or every 6 months).

Meet Angie:

Angie is a woman from Regina who started using drugs at the age of 27. She tried a variety of things, from stimulants, to mushrooms, to opioids. Her life was soon taken up by trying to get and use fentanyl. Her relationships and activities were all related to this substance. One day, Angie had enough. In her words, **"Fentanyl was killing people, including my friends, and I did not want to be another statistic."**

WHAT WAS GOING THROUGH YOUR HEAD WHEN YOU DECIDED TO CHANGE?

*I was struggling with fentanyl really bad. One day I was laying in my bed, (dreaming)... I woke up and I was scared. I thought I was going to die. **Fentanyl was taking over. It was my life.** Every waking minute I spent was either getting high, or looking for a way to get high. I think back to how much running around and waiting (I did) to get my fix. All of my effort was being put into fentanyl, and I realized I needed to put effort into being off fentanyl. I have children. I have a grandchild. You can't have fentanyl in your life when you are trying to be part of a family.*

HAD YOU EVER TRIED TO QUIT BEFORE?

*Yes, I had been up on drug charges and went through drug treatment court, and I was clean for a while. But I started hanging around with old using friends and I started using again. **It was a vicious cycle.***

WHERE DID YOU GO WHEN YOU DECIDED YOU WANTED TO COME OFF FENTANYL?

*I moved out of the house I was in, and I got back in touch with my doctor whom I had not seen for 3 years. **I told him I was scared to die** and that I wanted to be off drugs again. He was really supportive. He did not force me to do anything. He gave me some direction and choices. I found out he had been worried about me and had tried to reach out to me.*

WHAT WAS THE PROCESS OF STARTING OPIOID AGONIST THERAPY (SUBOXONE) LIKE?

I had been off of opioids (fentanyl) for 4 days. I went to see the doctor and started the Suboxone (bup-nal) the next day. On the first day, I took an initial dose. Once we were sure I tolerated it, I took a second dose the same day. After a few days, my dose was increased once more, and I've been on that dose ever since. I followed the doctor's orders and it worked.

I feel more alive!

HOW DID YOU FEEL AFTER STARTING, AND HOW DO YOU FEEL TODAY?

I feel more alive! *Being on fentanyl, I was often out like a light for days. Now I'm up, I live my life, I do things during the day, I'm even starting to provide peer support to others. My life has changed drastically.*

DO YOU STILL GET CRAVINGS?

*Not really. I did when I was still hanging out with my friends who were using, but I have cut them out of my life now. I'm miserable when I am with them. I can't stay clean in those circles. That is where I messed up the last time - I tried to keep those friends because I thought there was a relationship there, but there wasn't. It's all about drugs. And that is when my cravings would happen, and I thought "maybe I'll use just once". But that is not an option for me. There is no "just using once". It was a hard thing to do - to let go of those people - but **I had to for myself.***

YOU SAID LETTING GO OF OLD FRIENDS WAS HARD.

WHAT MADE IT WORTH IT?

I was worth it! *My family was worth it. My children are starting to come around. I have a grandchild. I was missing my kids and I can't have that old life with my kids around.*

WHAT IS LIFE LIKE NOW ON THE OPIOID AGONIST THERAPY?

*I am now on weekly dispensing of the Suboxone. I have appointments with my doctor every 6 months, and everything is great. I will be 8 months sober next week. **It changed my life.***

My pharmacist has also been amazing. On one occasion, when I ran out of medication and I was in panic mode, he was there, he made the phone calls...

WHAT ARE YOUR TIPS FOR COMING OFF AN OPIOID?

- Be patient, give it a chance.
- Listen to your doctor.
- Don't lie to your health care team. They can't support you if you are not being honest.
- Find a safe place to live.
- Let go of those relationships with others who are using drugs. They don't care that you've quit.
- Remember you are trading that old life for a new life.
- If you are thinking about quitting, don't wait!

HOW MIGHT MEDICATION HELP ME?



Fewer injections means infections are less likely.



Takes away withdrawal & cravings.



Can improve finances & relationships.

If you are pregnant or breastfeeding...



then treatment is safer for your baby.

Lowers chance of overdose /death.



Lets you focus on things other than opioids/"down".



If you have persistent pain...then you may have less discomfort.



If the time is right...



you can work on the reasons that made you turn to substances in the first place.



COMPARING MEDICATION OPTIONS...



CLEAR HEAD



MOOD



CONTINUED "DOWN" USE



SIDE EFFECTS

METHADONE

BUP-NAL SUBOXONE®

May cause a feeling of being "comfortably numb" or "on the nod".

A clearer head may help you get back to living your life and allow you to work with a counsellor. However, this may also allow bad memories to come back. Having a support system will help.

Might make your mood better, or might make it worse.

Might improve your mood more than methadone.

Will not block the effect of "down," but will help control cravings.

Will block the effect of "down" and you may not get high at all. This also means less risk of overdose.

Can cause constipation, sleepiness, nausea.

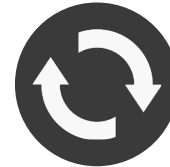
Some feel jittery, speedy, buzzy, or chatty. Usually less constipation, sleepiness, & nausea than methadone.

How soon will I reach a dose that takes away my cravings and withdrawal?

If I try one medication & it doesn't work for me, can I switch to a different one?

Methadone: In a few weeks. It takes time.

Bup-nal: Usually within 1-2 days, which can be the **SUBOXONE®** toughest days of treatment.



Yes, switching can be an option if one medication doesn't work for you.

It is easiest to switch from bup-nal to methadone.

How are methadone & bup-nal **SUBOXONE®** taken?

Is it safe to mix these medications with alcohol or sedatives?



Both are long-acting & often taken once daily. This avoids the highs & lows you can have with other opioids/"down".



Methadone is usually given as a sugary drink. Rinse your mouth with water afterward to help remove sugar from your teeth.



Bup-nal is given as a tablet or film. You must keep it in your mouth until fully dissolved. Some don't like the taste at first. Having a cool drink first can help it dissolve.

It is best not to mix. When mixed together, there is a higher chance of opioid overdose.



CARRY NALOXONE (NARCAN®)

It can reverse an opioid/"down" overdose.

Is it safe to mix these medications with other medications?



Many medications, like antibiotics, can interact with methadone.

Bup-nal has fewer medication interactions. This might make it a safer option. Let your doctor and pharmacist know what medications you are taking.

LOOK INSIDE FOR:

- answers to questions about starting medication to help with opioid/“down” use
 - facts and myths
 - a true patient story
-

It takes hard work and effort
but you are worth it!

Medication can help you succeed.

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