

TO CONTACT MEMBERS OF THE PARTNER CARE TEAM:

CLINIC:


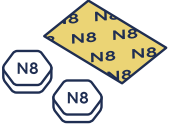




**L'Équipe de soutien
clinique et organisationnel**
en dépendance et itinérance

DO YOU THINK YOU MAY HAVE
AN OPIOID DEPENDENCE?

**MAKE AN
INFORMED
CHOICE**

MAKE AN INFORMED CHOICE: COMPARATIVE TABLE OF VARIOUS OPIOID AGONIST TREATMENTS (OATS)

Factors to consider when choosing a treatment	 Methadone	 Buprenorphine-Naloxone oral (Suboxone®)	 Buprenorphine extended-release injection (Sublocade®)	 Slow-release oral morphine (Kadian®)
Medication form	Liquid that is mixed with juice, available as tablets for specific cases.	Tablet or film taken orally	Injection in the abdomen in a clinic	Capsule with small granules, to be swallowed or opened in a fruit puree or water.
How often the medication is taken	Daily	Daily or once every two or three days	Monthly	Daily
Time required to reach a comfort dose	Time required: - Increased weekly.	Time required: ++ 24 to 48 hr. (standard induction without withdrawal). 7 to 14 days (microdosing with no withdrawal).	Time required: ++ The person must have previously been stabilized on oral buprenorphine-naloxone at a dose of 8 to 24 mg.	Time required: +/- Increase every other day until comfort level is reached.
Use of opioids during treatment	Option to consider to continue opioid use.	Option to consider to stop opioid use.	Option to consider to stop opioid use.	Option to consider to continue opioid use.
Frequency of pharmacy visits	At the start of treatment, the medication is taken every day under the supervision of the pharmacist. Unsupervised doses may be granted on a case-by-case basis.	Unsupervised doses may be granted for a maximum of one month from the start of treatment.	Each month , the injection is given in a clinic (the injection is free of charge) or in a pharmacy (with a charge for the injection given by the nurse).	It is taken daily at the pharmacy. Unsupervised doses may be granted on a case-by-case basis.
Frequency and intensity of the most commonly observed side effects, in addition to those present for all opioids*	Frequent, high intensity Possible sexual problems (erectile difficulties, low testosterone, disruption of menstruation, etc.), weight gain, itching.	Infrequent, low intensity Headaches in the first few weeks of treatment.	Infrequent, low intensity Monitor the injection site for side effects (redness, swelling, infection, etc.).	Infrequent, low intensity

*Side effects for all opioids: constipation, headaches, common at the beginning of treatment, dizziness, queasiness (nausea) and vomiting, stomach ache, increased sweating, feeling sleepy (drowsiness).

WHO ARE THE MEMBERS OF THE PARTNER CARE TEAM?

This interdisciplinary team is available to support the person during treatment. The team may include a doctor, a nurse, a psychosocial worker, a peer helper and a community pharmacist. The team may be large or small, depending on the person's needs. Its members are there to provide information, support the person through the various steps in the process, and adjust the treatment as required.

How to choose the right medication for your needs

In order to make the right choice, it is important to identify your needs and discuss them with the partner care team.

→ Do you plan to continue using opioids during treatment?

→ What other medical conditions do you have? What is your medical history?

→ How will taking the medication fit into your daily routine, given your work schedule, family responsibilities, distance from the pharmacy and ability to travel?

→ What side effects would you consider acceptable? What would be unacceptable?

→ Have you tried any of these treatments in the past?

→ Do you have any fears about some of the treatments?

It is important to note that the team members, working with the person in treatment, will be able to analyze the best options, taking into account various aspects of the person's personal situation (physical health, life organization, interactions with other medications, etc.).

HOW LONG DOES THE TREATMENT (OAT) LAST?

The recommended length of OAT varies according to each person's circumstances and individual needs, but it is usually given over a long period of time. **There may be ups and downs during treatment but, in general, if OAT is well monitored, the person can resume his or her daily activities, which become easier.** Some people compare this treatment to having a chronic disease such as diabetes, which requires long-term or even lifelong monitoring.

When a person starts treatment, psychosocial support is offered and encouraged. This adapted support is used to help the person reorganize certain aspects of daily life that may require changes (e.g., listening, support, procedures, housing, income).

SAFER SUPPLY

Currently, in addition to OAT, some teams will also prescribe safer supply. Safer supply is the practice of replacing opioids purchased on the illicit market with prescribed opioids. This can be done at the beginning of treatment, before the OAT comfort dose has been reached, in order to reduce withdrawal symptoms. It can be done during treatment, to avoid situations where a person obtains illicit opioids of unknown content or dose. Talk to your partner care team about safer supply. It may be an option worth considering.



Naloxone, the opioid antidote

Whether a person is in treatment or not, it is important to always have on hand some naloxone, the antidote for opioid overdose. Family members and friends should also have some, and know how to use it. Members of the partner care team can provide it free of charge and give instructions on how it is used. Naloxone can save lives!



<https://sante.gouv.qc.ca/en/repertoire-ressources/naloxone>