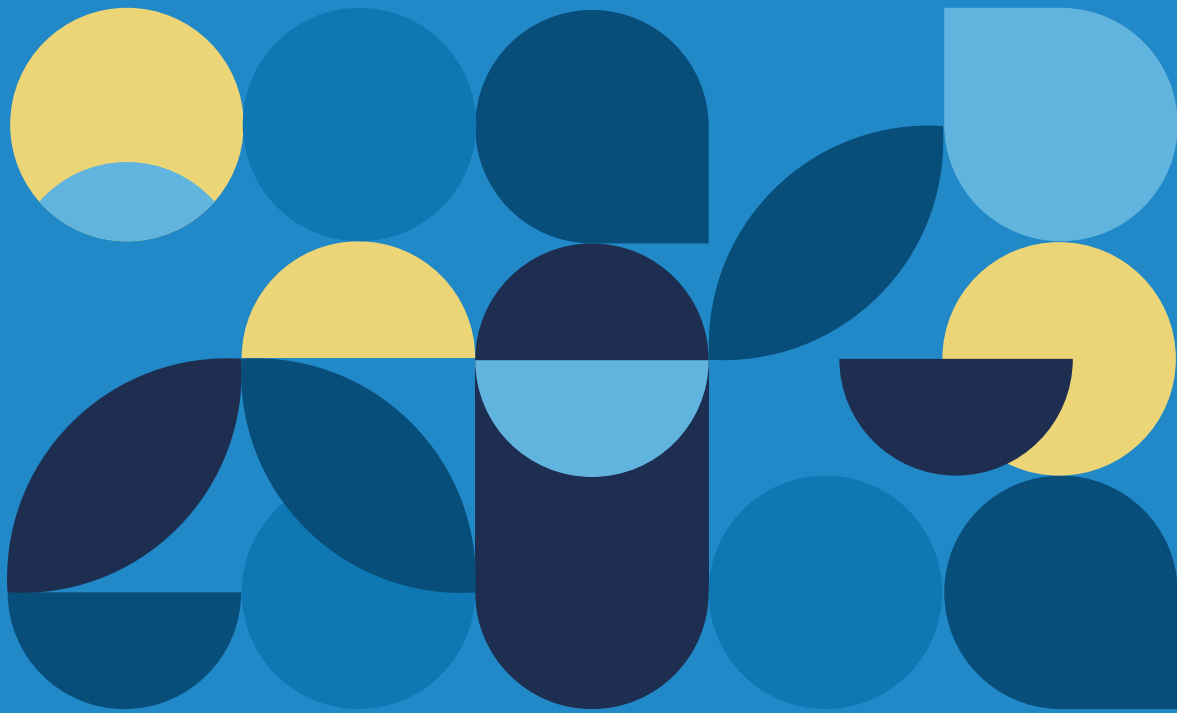


OPIOID USE: MY TREATMENT, MY CHOICES



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

Québec 



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OPIOID USE: MY TREATMENT, MY CHOICES



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Opioid Use : My Treatment, My Choices is a production of CIUSSS du Centre-Sud-de-l'Île-de-Montréal.

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NOTES

In this document, the use of the term "nurse" is consistent with the standards of the Ordre des infirmières et infirmiers du Québec (OIIQ).

This tool was written on unceded Indigenous territories. We would like to take a moment to acknowledge the Kanien'kehá:ka Nation as custodians of the waters and lands on which ESCODI is physically located. [Historically, Tiohtiá:ke / Montréal is known as a gathering place for many First Nations](#). Today, a diverse Indigenous population, as well as other peoples, reside here. ESCODI also has members living and working throughout Quebec. In this context, it is important for us to also recognize the territory of the 11 Indigenous Nations of Quebec. To learn more, we suggest that you [consult this map with the names in the Indigenous languages of all the Indigenous communities in Quebec](#).

As an advocate for social justice, ESCODI recognizes the past and present consequences of colonialism. Respecting the links with the past, the present, and the future, we recognize the ongoing relationship between Indigenous peoples and other members of the Quebec community, and we encourage everyone to recognize the unceded territory they inhabit. We encourage you to learn more about the history of ancestral territories across Canada by visiting the [First Nations of Quebec and Labrador Health and Social Services Commission](#).

DISCLAIMER

The content of this tool is based on various scientific data, clinical guidelines and departmental orientations. The content has been submitted to a committee of competent experts to ensure that it is adapted to the Quebec context.

However, it should be noted that this guide is not prescriptive in nature, and that its authors cannot be held accountable for the clinical practices of professionals or for the practices adopted by people who inject psychoactive substances. Health and social services professionals are expected to assume responsibility for being appropriately qualified and trained. They must exercise clinical judgment when providing care and services, in compliance with the professional standards and codes of ethics to which they are subject.



WHAT ARE OPIOIDS?

Opioids are substances that are often prescribed to relieve pain. They can also produce euphoria (a feeling of intense well-being). In high doses, opioids can cause an overdose, which can limit breathing or result in respiratory arrest. This may lead to death.



WHAT IS OPIOID DEPENDENCE?

A person is said to be dependent when their opioid use, whether prescribed or illicit, majorly impacts their daily functioning and their quality of life, or when not using opioids leads to withdrawal symptoms. This dependence is also known as opioid use disorder (OUD).



WHAT IS THE TREATMENT FOR OPIOID USE DISORDER (OUD)?

OUD treatment involves taking a drug on a regular basis for relief from withdrawal symptoms and cravings, and to reduce the risk of overdose. Using a prescribed drug to replace illicit opioids is known as “opioid agonist treatment (OAT).” Several drugs can be used to treat OUD. The best known are methadone, buprenorphine-naloxone (Suboxone®), and slow-release oral morphine (Kadian®). They are all taken once daily, by mouth. There is also extended-release buprenorphine (Sublocade®), which is taken once a month as an injection.

The choice of which drug to take depends on each individual’s needs and circumstances. It is also important to know that you can change the drug you are taking during treatment.



HOW LONG DOES TREATMENT LAST?

The recommended time for OAT depends on each person’s circumstances and needs. Usually, it is a long-term treatment. There may be ups and downs but, in general, if the treatment is followed correctly, you can easily resume everyday activities. Some people have compared OAT to treatments for chronic illnesses, like diabetes, that require long-term monitoring.

When someone begins treatment, psychosocial support is offered and encouraged. This support is tailored to the person’s specific needs. It involves receiving help in reorganizing certain aspects of daily life that may require some changes (this may include listening, support, medical procedures, housing, and income).

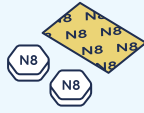


WHO CAN PRESCRIBE OPIOID AGONIST THERAPY (OAT)?

Since May 19, 2018, it is no longer necessary to obtain a federal exemption (a special permit) to prescribe methadone. This means that any authorized prescriber—i.e., a doctor or specialized nurse practitioner (SNP)—can prescribe treatment. However, only SPNs specialized in mental health can initiate treatment. Other SPNs can continue treatment and make adjustments once it has already begun. You no longer need to go to a specialized clinic to receive treatment for opioid dependence, but the prescriber must feel capable to offer such treatment.



WHAT DRUGS ARE AVAILABLE IN QUÉBEC FOR TREATING OPIOID DEPENDENCE?



Buprenorphine-naloxone (Suboxone®)



Methadone



Slow-release oral morphine (Kadian®)

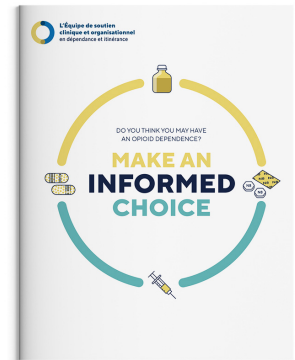


Extended-release buprenorphine (Sublocade®)

For a comparison of these drugs and to learn about the different options, consult the document [Make an Informed Choice](#).

For more information on each of the drug options, consult the following “Frequently Asked Questions” documents:

- ▶ [Buprenorphine-Naloxone \(Suboxone®\)](#)
- ▶ [Methadone](#)
- ▶ [Slow-Release Oral Morphine \(Kadian®\)](#)
- ▶ [Extended-Release Buprenorphine \(Sublocade®\)](#)



It is important to know that you can change drugs during treatment. Your drug choice is not made for life, as your circumstances and needs may change along the way. Further, if your treatment is stopped, you can ask to resume it at any time to ensure your well-being and safety.



WHAT IS THE PARTNER CARE TEAM?

This is an interdisciplinary team that is available to support people during their treatment. It may include a doctor, a nurse, a psychosocial worker, a peer helper, and a community pharmacist. People may be added to or leave the team, depending on your needs. The team is there to provide you with information and support in the various steps you take along the way, and to adjust your treatment. The important thing is that you have access to all the information you need to understand your treatment and make informed choices.



WHAT IS THE THERAPEUTIC ALLIANCE?

For treatment to be successful, it must begin by forming a therapeutic alliance. In other words, the person in treatment and the members of the partner care team must create a **bond of trust**. With this bond, you should feel more comfortable speaking with team members openly and without fear so you can share all the information that is needed for a successful treatment. The bond will also be important when you need to decide together what type of treatment will be offered to meet your needs. Such needs may include:

- ▶ The frequency of appointments
- ▶ Pharmacy visits
- ▶ The information to be given to the care team
- ▶ Information on whom to contact for various needs
- ▶ The kind of support that is available

In addition, it is important that the team respects your ability to make your own decisions. In a good therapeutic alliance, there is a balanced relationship between the person in treatment, who decides which options that are best for them, and the professionals, who provide information and support for making informed choices.



WHAT DO WE MEAN BY CONSENT?

Consent means to understand, be autonomous, and be free when making a decision.

When [adults cannot give consent on their own](#) or if the [patient is a child under 14 years of age](#), someone authorized by the *Civil Code of Québec* may give consent for them. For more information, consult the [Éducaloi](#) website.

To make informed decisions, you need to understand what is being talked about. You need to know what is expected of you, and what your options are. The partner care team must explain the diagnosis, what the treatment involves, the different drugs that are available, the risks and benefits associated with each one, their side effects, the expected results, and what could happen if you refuse treatment.

Under the law, no one is obliged to undergo a medical examination, give a sample (for a urine test), or be subject to any other procedure without first giving their approval or consent. No one should feel pressured or make a choice against their will. Your decisions must be free and informed!

It is also possible to be accompanied at each consultation by someone of your choice (a friend, family member, community worker, etc.). This is a helpful option because the presence of another person can sometimes help ensure that you understand all the incoming information. There may be a lot of information provided at an appointment, and you will need to think about the choices you will need to make. Having someone you trust at your side can help you commit to your treatment. It is also possible to ask that the person accompanying you leave the room during some parts of the appointment. It is up to you to decide what form this support should take.



CONFIDENTIALITY – WHO KNOWS WHAT?

The members of a partner care team that monitor someone receiving treatment have access to the information in that person's file. However, team members must always ask for that person's permission before the information is shared with other teams or other health and social service professionals. In addition, the person must be informed which professionals are receiving the information. You can withdraw your consent at any time.



DO I NEED TO SIGN A CONTRACT TO RECEIVE TREATMENT FOR OPIOID DEPENDENCE?

No

No one can be forced to sign a contract to receive care and services in the health and social services network. However, you may be asked to sign a document that explains how the service works. If you refuse to sign this type of document, it must not prevent treatment from beginning or continuing, or prevent you from receiving other services. Every citizen has the right to receive health care and services in Québec. However, anyone receiving or providing care and services must be respectful and non-aggressive toward others.



WHY ARE THE DRUGS TO TREAT OPIOID DEPENDENCE SOMETIMES TAKEN UNDER THE SUPERVISION OF A PHARMACIST?

The drugs used to treat opioid dependence are classified as narcotics. They are depressants, meaning that they slow down the part of the brain that controls breathing. Taking these drugs with other depressants—such as alcohol, benzodiazepines, or other opioids—can cause respiratory arrest, which can lead to death. Given these risks, pharmacists have a legal obligation to ensure that the person receiving this treatment follows the prescription and remains safe. It is important to keep in mind that if this type of drug is taken by someone else, it can cause an overdose.

Usually, OAT is started under a pharmacist's supervision to ensure that you are on the right dosage and that any side effects are addressed. Depending on the drug chosen, the supervision period may last longer, since the time required to find the right dose varies from one person to the next. The supervision period also depends on the drug chosen. For example, it takes longer to find the right dose for methadone than it does for buprenorphine-naloxone.

The partner care team must also be able to make a clinical judgement that you are able to manage the drug on your own, and that your safety and the safety of your family and friends will not be compromised. Such doses are called unsupervised doses. In other words, they are doses that you can leave the site with, and that you are not obliged to take under the supervision of a pharmacist.

Below is a list of things that professionals consider before offering unsupervised doses.

What are the advantages of unsupervised doses for the person in treatment?

- Fewer trips to the pharmacy and less related costs
 - A return to or continuing work or studies
 - Better prospects for continued treatment, etc.
-

What are the concerns about giving someone the right to unsupervised doses?

- Intoxication
 - Overdose
 - Someone else taking the drug
 - That the person does not take the full amount prescribed, etc.
-

How is the person taking the drug able to ensure their own safety?

- Through a good understanding of the risks associated with taking the wrong dose
 - Through stable treatment, by not missing appointments or doses, etc.
-

How can the person ensure that others will be safe?

- By storing the drugs safely
- By making family and friends aware of the treatment and its possible effects
- By having a stable and safe place to live, etc.
- By having naloxone on hand and knowing how to administer it, and by ensuring that family and friends have it and know how to administer it



TO HAVE UNSUPERVISED DOSES, DO I NEED TO NOT BE USING STREET DRUGS?

No

Abstinence may be the goal for some people, but not everyone. In addition, abstinence does not automatically mean that you will have access to unsupervised doses. Rather, it is the way you organize your daily life that should help the team decide whether they will offer unsupervised doses. However, there are serious risks associated with taking other drugs while in treatment. The drugs used to treat opioid dependence are classified as narcotics. They are depressants, meaning that they slow down the part of the brain that controls breathing. Taking these drugs with other depressants—such as alcohol, benzodiazepines, or other opioids—can cause respiratory arrest, which can lead to death.

Furthermore, consuming other substances can be risky, since the illicit market supply is highly toxic. The best option is to never use drugs alone, and to tell the people you are with what you are going to use. When in treatment, it is important for you to make decisions about drug use that maximize your safety, and to be able to discuss your decisions with your partner care team. The team will then be able to offer advice on how to consume at lower risk. It is also important to carry naloxone with you at all times, and to ensure that your family and friends know how to use it. Keeping lines of communication open with your healthcare professionals can save your life!



ARE URINE TESTS MANDATORY?

No

Previously, urine tests were used to determine whether people receiving treatment were taking their medication correctly, but also to see if they were taking other substances. These tests were sometimes used to justify unsupervised doses. It has now been decided that urine tests should never be used to limit unsupervised doses.

The guidelines of the professional orders state the following:

“The person receiving treatment has the right to refuse to be tested.”

“Directly supervised urine testing violates the patient’s right to privacy.”

“The patient also has the right to be informed in advance when a test will be requested.”

“The majority of people should not have to undergo frequent and regular testing during treatment.”

“The community pharmacy is not a suitable place to collect or store urine samples.”



SO, WHY ARE URINE TESTS DONE?

Ideally, the relationship between the partner care team and the patient will be trusting and transparent. In other words, anyone receiving treatment should be able to talk about their lifestyle without feeling judged, and decisions should be made to reduce the risks if the person continues to use drugs during treatment. Urine tests are essential when initiating treatment, because they document your drug use. They can also be an option for someone who is using psychoactive substances during treatment as one way for them to know what they are actually taking, since the substances sold in the illicit market are contaminated and dangerous. Urine tests should never be used to monitor treatment.

The goal is to **reduce and prevent the risks associated with substance use during treatment. This is known as a harm reduction approach.** In addition, urine tests do not detect all the substances present in someone's body, and sometimes tests can give inaccurate results. Care must be taken when interpreting the results of these tests.



WHAT IS THE ALERTE PROGRAM?

The [Alerte program](#) may be used to avoid the risks associated with prescription accumulation and diversion. Under this program, the person is paired with a single prescriber and a single pharmacy. This ensures that they cannot change pharmacies. Alerts are also sent to the partner care team if false or falsified prescriptions are detected. The program lasts for one to two years. Only the pharmacist can decide to remove someone from the Alerte program, and only at the end of the agreement.

Professional orders want to avoid situations where people receiving treatment for opioid dependence are stigmatized. This is why they ask their members to implement this safety measure only if they have a justifiable concern that prescribed drugs are being misused.



DO I HAVE TO JOIN THE ALERTE PROGRAM?

No

No one is obliged to enter the program. In addition, the professional orders state in their 2020 guidelines that "a patient's refusal to enrol in the Alerte program is not a valid reason for delaying the initiation or continuation of treatment." [translation]

However, some people may find this program useful as an easier way to continue their treatment in the way it is intended. The most important thing is to keep the discussion open with the members of your healthcare team to find the best ways for you to continue treatment while ensuring that you and others remain safe.



WHAT IS THE PROBLEM WITH MISSED DOSES AND MISSED APPOINTMENTS?

The drugs used to treat opioid dependence are classified as narcotics. They are depressants, meaning that they slow down the part of the brain that controls breathing. It is important to ensure that anyone taking them will be safe. This is a legal obligation, and the members of the partner care team have legal responsibilities to fulfil. It is normal for your team to be concerned if you miss doses or follow-up appointments, as this means that they are no longer able to know whether the treatment is going well.

Tolerance to opioids changes with use. The more opioids someone takes, the greater their tolerance becomes (they have an increased need for very large doses if they want to feel the effects). On the other hand, someone who reduces their use of opioids becomes less tolerant to them (feeling a strong effect from just a small dose). Lowered tolerance is concerning. The care team wants to make sure that the treatment is appropriate, that the dose is right, and that the person's physical and psychological state is improving.

If you miss doses of the drug, a redosing will be needed (going back to the starting dose and then gradually increasing it). Someone who does not follow their treatment prescription runs the risk of entering withdrawal, which changes their tolerance level. This is why it is important to speak frankly when you talk to the members of your healthcare team. It will help them to find the right dose for you to take, so that your treatment will go as smoothly as possible. For example, when someone misses three doses of methadone in a row, a redosing is necessary. In the case of slow-release oral morphine (Kadian[®]), a redosing is required after two missed doses. Each drug is different, and everyone has a different level of tolerance. This is why it is important to not miss any doses, and to go to your follow-up appointments.

It is also important that you tell your partner care team about any problems you are having during treatment (re-use of opioids, travel problems, being unable to miss work to attend appointments, getting tired of going to follow-up appointments, etc.). There are various solutions that the care team may use to ensure that your treatment continues to go well. However, for the team to change what is causing the problems, you need to be able to explain them. To build a good working relationship between you and the members of your care team, a relationship of trust needs to be developed. Trust is crucial to achieve your treatment goals, and it is only possible if everyone in the relationship makes an effort. The relationship of trust between you and the care team can be established through the efforts made by both sides to build a positive working relationship that aims to achieve the treatment objectives.



CAN A PHARMACIST ADJUST MY TREATMENT?

Yes

New regulations allow pharmacists to adjust a treatment for opioid dependence, either by increasing or decreasing the dose. This option is authorized by Health Canada until September 30, 2026. In addition, pharmacists may, if necessary, extend a prescription before an appointment to avoid an interruption in the course of treatment (Bill 31).

The goal in expanding the assistance that pharmacists can provide is to support the person receiving treatment's progress by eliminating unnecessary obstacles.



NEW ROLES FOR PHARMACISTS

Bill 31 allows pharmacists to take new steps to facilitate the treatment of opioid dependence:

- ▶ Pharmacists may adjust a prescription by increasing or decreasing the dose to ensure the safety and effectiveness of the treatment;
- ▶ Pharmacists may renew a prescription. This renewal may not be longer than the original prescription period and may not exceed 12 months. If a prescription is renewed, an appointment must be made with the prescriber as soon as possible to ensure that the treatment is going well;
- ▶ Pharmacists may replace the prescribed drug with another, for example if the supply of the first drug runs out.

For example, someone who has missed three consecutive doses of methadone could ask their pharmacist to renew their prescription until their next appointment with the partner care team.

Temporary amendments to the *Controlled Drugs and Substances Act* are in place until September 30, 2026. These amendments also allow pharmacists to do the following:

- ▶ Extend or renew a prescription;
- ▶ Transfer a prescription to another pharmacy in the same province, or another Canadian province or territory, without the need for a new prescription, as was previously the case;
- ▶ It is now possible to request delivery of treatment if the person is unable to visit a pharmacy (COVID measure).
- ▶ Prescribers may now issue a verbal prescription, but it must be well documented to avoid any confusion.

ESCODI has developed a tool to help pharmacists deal with these new roles. See the [document on optimizing the role of community pharmacists for people in precarious situations](#) (in French only).



TRAVELLING IS POSSIBLE, AND IT CAN BE MADE EASIER

It is important that there are no interruptions in your treatment. This is why you need to speak to your healthcare team ahead of time to organize any trip you are planning. As with any unsupervised doses, the care team will analyze the benefits and risks of unsupervised doses while you are away. Under Health Canada rules, it is possible to carry the equivalent of up to 30 days' worth of medication when you are outside Canada.

People using methadone can request methadone tablets, which are easier to carry. The prescriber is no longer obliged to declare the use of these tablets.

If your trip lasts more than 30 days, arrangements can be made with a pharmacy or clinic offering the treatment in the destination country (depending on the country). To ensure continuous treatment, you should consult the care team about your travel plans.

Here is a site that provides information on certain countries and, more specifically, on how to access your medication when travelling abroad: indro-online.de/en/methadone-worldwide-travel-guide



WHAT IS AVAILABLE TO HELP MY FAMILY AND FRIENDS?

Supporting someone with an opioid dependency can sometimes be emotionally challenging. The person receiving treatment may make decisions that are difficult for their family and friends to adjust to. This is why it is important to encourage family and friends to seek help, too. There are various services available to the loved ones of someone in treatment.

The Drugs: Help and Referral (DHR) telephone line, at 1 800 265-2626, offers support to family and friends. In addition, DHR can provide contact information for the various services available in each region of Québec, including the services for family and friends provided by the *Centres de réadaptation en dépendance*.



MY RIGHTS AND RESPONSIBILITIES

Québec has a law governing health services and social services (the LSSSS). Basically, the law sets out certain obligations for health service and social service establishments and the people who work there.

Here are a few excerpts from the law:

“Respect for the user and recognition of his rights and freedoms must inspire every act performed in their regard.” (LSSSS)

The *Act respecting health services and social services* stipulates that *“the person requiring services is the reason for the very existence of those services”* and that *“the user must be treated, in every intervention, with courtesy, fairness and understanding, and with respect for their dignity, autonomy, needs and safety.” (LSSSS)*

It is also important to remember that the *Act respecting health services and social services* stipulates that *“[e]very person whose life or bodily integrity is endangered is entitled to receive the care required by their condition. Every institution shall, where requested, ensure that such care is provided.” (LSSSS)*

However, with rights come responsibilities.

The partner care team has a duty to provide all relevant information to people receiving treatment to ensure that they fully understand how the clinic operates, and to help them make good use of all the services. To ensure that their rights are respected, people using health and social services must ensure that they respect how these services operate.

According to Éducaloi, you have the right to receive:

- *Quality services that are appropriate on a medical, personal, and social level;*
- *Personalized services tailored to your state of health;*
- *Continuous services, which means without interruptions, unless they are justified;*
- *Safe services; and*
- *Respectful services, especially for end-of-life care.*

You also have the right to:

- *Receive information about your state of health, available treatments, and their effects;*
- *Receive information about the services available to you and how to get them;*
- *Make decisions on issues that affect you (for example, to consent to or refuse health-care); and*
- *Know the existence and the content of the anti-maltreatment policy to protect seniors and vulnerable adults.*

Taken from: educaloi.qc.ca/en/capsules/filing-a-complaint-about-health-or-social-services



I FEEL THAT MY RIGHTS ARE NOT BEING RESPECTED. WHAT CAN I DO ABOUT IT?

First, you can discuss the matter with a trusted member of your partner care team. Otherwise, you can always meet with the person responsible for managing the relevant services to discuss your experiences and find a solution. These types of meetings are often stressful. To navigate any difficult moments, you may decide to be accompanied by a support person of your choice.

If these meetings fail to resolve the situation, you can lodge a complaint. It can be against the establishment where you receive services, against a member of its staff, or against a health professional working there.



MAKING A COMPLAINT IN THE HEALTH AND SOCIAL SERVICES NETWORK

- 1 The complaint must be filed with the service quality and complaints commissioner (the *Commissaire aux plaintes et à la qualité des services*). Their team will be able to explain the various stages of the process and provide support throughout.

The service quality and complaints commissioner has a team in each region of Québec. Here is a site where you can find contact information for your region:

www.quebec.ca/en/health/health-system-and-services/rights-recourses-and-complaints/the-health-and-social-services-network-complaint-examination-system

- 2 If you disagree with the decision by the service quality and complaints commissioner, you can file a complaint with the Québec Ombudsman. For more details, click on the following link: protecteurducitoyen.qc.ca/en/advice/useful-tips/filing-health-network-complaint-public-private

- 3 If the complaint concerns a member of your care team and that person is a member of a professional order, it is also possible to lodge a complaint with their professional order. For example, doctors, nurses, pharmacists, psychologists, social workers, sexologists, and other professionals belong to professional orders that have a mission to protect the public. You can therefore contact these bodies to lodge a complaint.

If you need help understanding the steps to take, you can contact the health and social services user committee in your region. The provincial organization of these user committees provides a list with contact information for your region: rpcu.qc.ca/en/comites/trouver-votre-comite



IF I MAKE A COMPLAINT, WILL IT AFFECT MY TREATMENT?

No

It is normal to be afraid to lodge a complaint. It also takes a lot of courage. But it is important to demand justice when you do not feel respected. Everyone who uses the health and social services system *must* have their rights respected. No one can be penalized for making a complaint. However, there may be changes to your follow-up or the composition of your care team following a complaint. If you believe that you have suffered negative consequences after making a complaint, you must inform the service quality and complaints commissioner, who has a duty to intervene immediately in this type of situation. This is the law!

For more information, visit the Éducaloi website: educaloi.qc.ca/en/capsules/filing-a-complaint-about-health-or-social-services

For confidential 24/7 support for you or your loved ones:

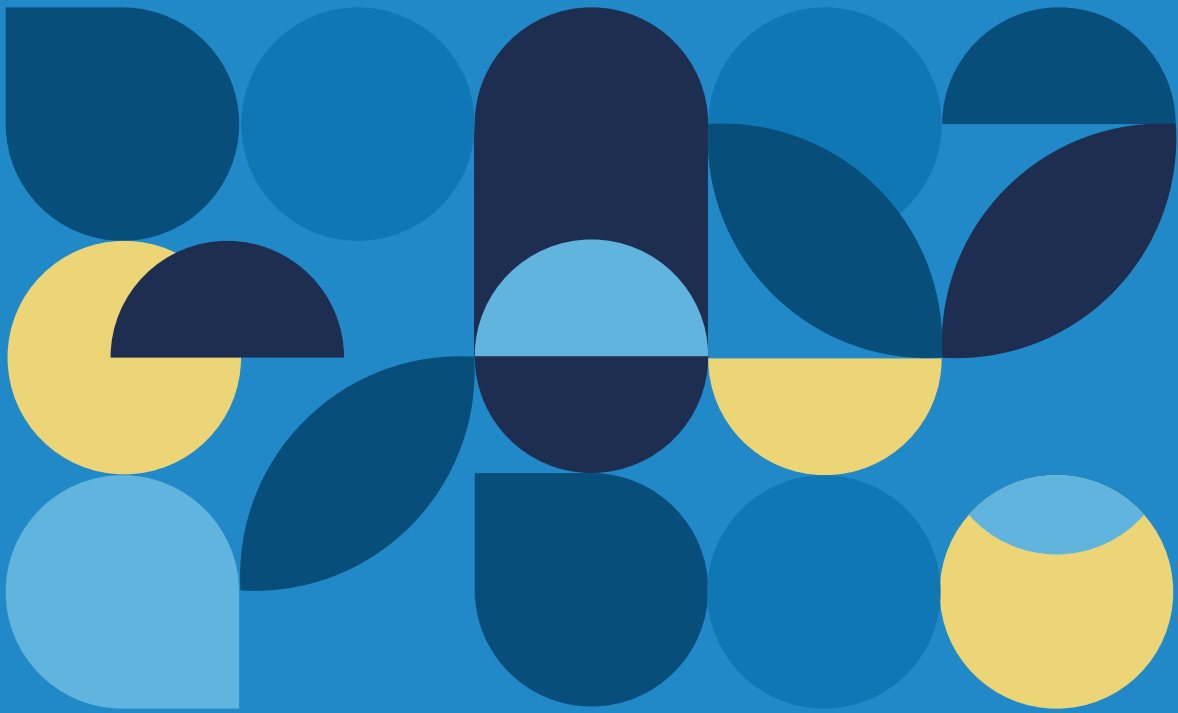
Drugs, help and referrals: www.aidedroque.ca/en available by chat or by telephone at: 1 800 265-2626.

To receive training on opioid overdoses, either for yourself or a loved one:

Provincial training program PROFAN 2.0:
profan@aidq.org or 514 910-1880

For more information on mixing drugs and the related risks:

The Blender, by AQPSUD: aqpsud.org/wp-content/uploads/2019/07/BLENDER_ENG_2018_FIN_280218-1.pdf



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