

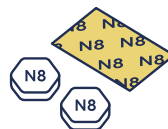


**L'Équipe de soutien
clinique et organisationnel**
en dépendance et itinérance



DO YOU THINK YOU MAY HAVE
AN OPIOID DEPENDENCE?

MAKE AN INFORMED CHOICE





WHAT ARE OPIOIDS?

Opioids are substances frequently prescribed for pain relief. They can also cause euphoria. In high doses, opioids can cause an overdose through respiratory depression or arrest.

WHAT IS OPIOID DEPENDENCE?

A person is said to be dependent when their use of opioids, whether prescribed or illicit, has a significant impact on their ability to function and their quality of life, or when not using opioids causes them to experience withdrawal symptoms. Such dependence is also known as opioid use disorder (OUD).



Are there treatments for opioid use disorder (OUD)?

Yes!

Treatment involves taking medication on a regular basis to eliminate withdrawal symptoms and cravings and to reduce the risk of an overdose. This is called opioid agonist treatment (OAT). Several medications are available for treating OUD. The best known are methadone, buprenorphine-naloxone (Suboxone®) and once-daily slow-release morphine (Kadian®). These treatments are taken orally, once daily. There is also buprenorphine extended-release injection (Sublocade®), which is taken once per month by injection.

The choice depends on the needs and realities of each person. It is important to know that **the medication can be changed after treatment has begun.**

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.




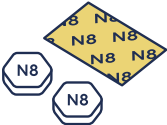
Naloxone, the opioid antidote



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>

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

Factors to consider when choosing a treatment	<div>  </div> <div>Methadone</div>	<div>  </div> <div>Buprenorphine-Naloxone oral (Suboxone®)</div>
	Medication form	Tablet or film taken orally
	How often the medication is taken	Daily or once every two or three days
	Time required to reach a comfort dose	Time required: ++ 24 to 48 hr. (standard induction without withdrawal). 7 to 14 days (microdosing with no withdrawal).
	Use of opioids during treatment	Option to consider to stop opioid use.
	Frequency of pharmacy visits	Unsupervised doses may be granted for a maximum of one month from the start of treatment.
	Frequency and intensity of the most commonly observed side effects, in addition to those present for all opioids*	Infrequent, low intensity Headaches in the first few weeks of treatment.

*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).



Buprenorphine extended-release injection (Sublocade®)

Injection in the abdomen in a clinic

Monthly

Time required: **++**

The person must have previously been stabilized on oral buprenorphine-naloxone at a dose of 8 to 24 mg.

Option to consider to **stop** opioid use.

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).

Infrequent, low intensity

Monitor the injection site for side effects (redness, swelling, infection, etc.).



Slow-release oral morphine (Kadian®)

Capsule with small granules, to be swallowed or opened in a fruit puree or water.

Daily

Time required: **+/-**

Increase every other day until comfort level is reached.

Option to consider to **continue** opioid use.

It is taken **daily** at the pharmacy.

Unsupervised doses may be granted on a case-by-case basis.

Infrequent, low intensity

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.).

TO CONTACT MEMBERS OF THE PARTNER CARE TEAM:

CLINIC: