

SLOW-RELEASE ORAL MORPHINE (KADIAN®)

Frequently Asked Questions

What is this drug? _____

Once-daily slow-release oral morphine is a drug in the opioid class, just like methadone, hydromorphone (Dilaudid®), heroin, fentanyl, etc.

It was developed to treat chronic pain, but it is also used to treat opioid dependence.

It comes in the form of a capsule containing granules, and it is to be administered once a day. The morphine is then released into the body over a period of 24 hours.

Why is this drug prescribed? _____

When someone develops an opioid dependency – now called opioid use disorder (OUD) – the scientific evidence shows that long-term opioid agonist treatment (OAT) is the safest and most effective way to treat their dependency.

The best-known opioid agonists are methadone and buprenorphine-naloxone (Suboxone®).

OAT is a long-term treatment, also known as a “maintenance” treatment. It consists of taking a drug that reduces withdrawal symptoms, diminishes the desire to use drugs, and causes little drowsiness or euphoria.

How is this drug taken? _____

This drug is to be taken through the mouth only. Either the capsule is swallowed whole, with a glass of water, or it is opened and the granules are sprinkled into a fruit puree, some yoghurt or a pudding. The granules can also be mixed with water. The granules in the capsules must never be chewed, crushed or dissolved, as this could lead to the quick release of a large dose of morphine, resulting in an overdose.

As a general rule, this drug must be taken every day at a pharmacy. Unsupervised doses may be granted on a case-by-case basis.

At the start of treatment, when the comfort dose has not yet been reached, the dose will be gradually increased (generally every two days).

It is important not to inject this drug. Since once-daily slow-release oral morphine does not dissolve as easily as heroin and other opioids such as hydromorphone (Dilaudid®), injecting it carries a greater risk of infection, embolism and vein damage.

How should this drug be stored? _____

It is important to store once-daily slow-release oral morphine safely, out of the reach of children. It is a drug that must never be shared, as this can be very dangerous and may even lead to a fatal overdose.

How long does the treatment last? _____

Stopping treatment for opioid dependence is generally not recommended because of the risks associated with withdrawal, in particular the risk of relapse and overdose if another opioid is taken. If the decision is nevertheless made to stop treatment, it is important to turn to the partner care team for support. Treatment can be resumed at any time.

What should I do if I miss a dose? _____

It is important to stick to the schedule, because your tolerance to once-daily slow-release morphine will be quickly lost if you miss a dose. Do not take two doses at the same time.

After two consecutive missed doses, your dose will need to be reduced, for your personal safety. The dose will then be gradually increased, back up to your comfort level.

What are the side effects? _____

The most common side effects are similar to those of other opioids, including constipation, nausea and vomiting, drowsiness and headaches. If these side effects cause discomfort, speak to your partner care team about how to reduce their impact.

Can alcohol or other psychoactive substances be consumed during treatment? _____

The use of opioids, even an OAT, in combination with alcohol or other depressants, such as benzodiazepines (Ativan®, Xanax®, Rivotril®, etc.) or GHB, causes drowsiness. Such use may carry a particularly dangerous risk of overdose that could, in some cases, lead to death.

If you are thinking of continuing to take opioids during treatment, it is important to discuss this with the partner care team. The prescriber may prescribe drugs to replace your opioid use. This is known as safer supply.

Will I be able to drive and do manual work? ____

Like any opioid, this drug may cause drowsiness, dizziness and weakness, especially at the start of treatment. For these reasons, it is not recommended to drive or operate machinery until your treatment has stabilized and any symptoms of drowsiness are gone. In the eyes of the law, individuals are always responsible for their actions.

Can this drug be taken during pregnancy or while breastfeeding? _____

If you are planning to become pregnant or if you become pregnant during treatment, do not stop treatment. It is recommended that you continue as usual and talk to the partner care team about it, to determine whether any adjustments are needed to the dosage and/or drug.

If you want to breastfeed, you will need to continue treatment as usual and talk to the partner care team about it, so that, together, you can assess the benefits and risks associated with taking this drug while you breastfeed.

What should I do if I'm taking other drugs or natural health products? _____

If this is the case, it is important to inform the prescriber and other health professionals involved in assessing your state of health, as well as the pharmacist, who will assess the risks of any interactions between the drugs or with the natural products. Some drug mixtures can cause serious side effects.

Who can I turn to for help or to ask questions?

If you have any questions about the treatment, if you are having side effects and it is hard to know if they are normal, or if you continue to have symptoms or cravings, it is important to contact a member of the partner care team.

You can also quickly get some advice from the community pharmacist on the care team.

Naloxone and safer injecting, safer smoking and safer sex supplies: everywhere, all the time, for everyone! _____

Each time you meet with the team, you should be offered naloxone and instructed on its use. You can also expect to be offered drug use equipment and personal protection equipment.

Naloxone, which is sometimes called the “opioid overdose antidote,” saves lives by reversing the effects of an opioid overdose. This is why it is so important for family and friends to be included

when naloxone is distributed, and why they must also be taught how to use it. In addition, the distribution of drug use equipment and personal protection equipment helps reduce the risk of infection.

Health and social service facilities can distribute naloxone as well as provide drug use equipment and personal protection equipment as part of their services. People receiving treatment and their family and friends can also obtain these things from pharmacies and certain community organizations.

Safer injecting, safer smoking and safer sex supplies



Naloxone kits:

[Find a resource providing naloxone](#) 



Safer injecting, safer smoking and safer sex supplies:

- ✓ Syringes and injection equipment
- ✓ Pyrex tubes
- ✓ Recovery bin
- ✓ Condoms