

# Patients Helping Patients Understand Opioid Substitution Treatment



## Acknowledgements

This handbook is the result of the dedicated work of a group of patients who all have many years of experience with medication-assisted treatments for opioid dependence. The need for, and desire to produce, such a handbook was repeatedly expressed in a series of multi-stakeholder consultations on opioid substitution treatment (OST) organized by the Centre for Addictions Research of BC at the request of the BC Ministry of Health beginning in 2013. In 2016 the Ministry of Health provided resources to support a group of patients to undertake the work of writing this handbook and the Centre for Addictions Research of BC provided coordinating and editing support.

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# Introduction to the handbook

Since you are reading this booklet, we assume you are looking for help for opioid dependence<sup>1</sup> – addiction to heroin, fentanyl, oxycodone or any number of other pills. Or maybe someone close to you needs this help. This booklet talks about opioid substitution treatment (OST) – medication-assisted treatment with methadone or Suboxone (buprenorphine/naloxone). These medications are also opioids, but they provide stable, long-acting relief from withdrawal and cravings. They replace the heroin or fentanyl that is causing the problem with a regular dose of a medication that allows for a stable life.

This handbook has been written by a group of patients in British Columbia. We all have long experience with medication-assisted treatments for opioid dependence.

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<sup>1</sup> The language about drug use is complex. The latest version of the manual that defines diseases and disorders (DSM-V) no longer refers to “dependence” and uses “addiction” instead. In this handbook, we continue to use “dependence” to refer to our experience of “needing the drug” and significant withdrawal symptoms when trying to quit or cut down on our use.

Deciding to seek help is an important step in any process of recovery. You are making a wise decision to seek help now. People dependent on opioid drugs and not receiving opioid substitution treatment (OST) are many times more likely to die or be seriously harmed by problem drug use.

We know that treating an addiction is not as simple as fixing a broken leg. Addiction is a complex social issue often with factors reaching back into early childhood. Successful treatment involves helping you take control of your own life. You need determination, and some specific goals that you are trying to achieve. Doctors, nurses and counsellors can help you identify your goals and support you in getting the tools you need. But much of the work has to be done by you, the patient.

This handbook sets out to answer some of the common questions that people have when they need help in dealing with opioids. We hope it is helpful.

## Brief History of OST in British Columbia

In the 1960s, a growing number of people in BC became dependent on opioids. This put pressure on health providers. In addition to offering withdrawal management services, they began to provide maintenance treatments. In maintenance, patients stopped injecting black market opioids and took a substitute opioid called methadone. In fact, the first use of such treatment to stabilize opioid-dependent drug users took place in Vancouver.

This led to methadone being prescribed in two distinct ways. Some used methadone to withdraw from opioids and through a slow reduction (i.e. taper) in dose to try to become “drug-free.” Others adopted methadone as an aid to long-term stabilization. For this maintenance goal, methadone was swallowed once a day and, at the right dose, it left patients feeling comfortable and well.

Further expansion of methadone treatment was a key goal in the creation of the Methadone Maintenance Program in 1996. The College of Physicians and Surgeons of BC was given responsibility for administering the program and ensuring the quality of the service. More recently, Suboxone

(buprenorphine/naloxone) has become available and incorporated into the system with all physicians authorized as of July 2016 to prescribe it when they see fit.

## How does OST work?

Heroin and other opioids bind to specific receptors in your brain. These receptors work with your body’s natural painkiller, called endorphins. Some scientists suggest that early childhood experiences may reduce the body’s normal production of endorphins. This may make some people more susceptible to opioid use and addiction. Drugs like heroin and morphine are shaped like endorphins, and attach to the opioid receptors. When they attach, they stimulate the receptor and your body stops making the natural endorphins.

So then, if you stop taking the drug, there is nothing to attach to those receptors. This causes temporary withdrawal symptoms that can be quite unpleasant without medication. Medications like methadone or Suboxone bind to these same receptors and block the withdrawal symptoms.

If you are dependent and using short acting opioids like heroin, you will get sick about 6-8 hours after your last use. But since methadone

and Suboxone are long-acting and generally work for 24 hours, with the right dose you will usually only need to take it once a day. In fact, Suboxone is so sticky to the opioid receptors that, once stable, you may get away with taking it only four times a week (or every other day). This is particularly helpful if you move around as part of your work.

The other key advantage of these medications is that they can be taken orally rather than by injection. Injecting drugs is associated with more harm than the drugs themselves. So to be able to avoid injecting is a huge step towards protecting your health.

OST is now considered one of the most effective treatments for opioid dependence. However, the use of methadone or buprenorphine/naloxone for withdrawal management without ongoing OST, regular counselling or other social services can put patients at higher risk for overdose or acquiring HIV. You need to address the primary issues behind your use. And OST isn't for everyone. So it is important to talk about alternative treatments with your doctor and other service providers before deciding what is right for you.



# Preparing for OST

## Who should consider OST?

The vast majority of people, given a shot of morphine or heroin when there is no need for pain relief, will most likely vomit, pass out, and never want to touch the stuff again. However, you may be one of those people who had an occasion to sample an opioid and having done so, felt like you had finally found what was missing in your life.

### Maybe you ...

...enjoyed getting high for a few weeks, then the money ran out, but the desire had changed to need.

... have destroyed friendships or possibly broken the law to maintain your supply and now feeling normal is all you can hope for from the drugs.

... have tried NA (Narcotics Anonymous), outpatient or residential withdrawal management facilities – or even hiding in your great aunt’s basement – all to no avail.

... are pregnant, on the way to jail or have become aware that your immune system is compromised.

Or maybe your story is quite different than all of these. Whatever your reason for considering OST, the choice to admit you need help is an important first step. The effectiveness of OST has been borne out for over three decades. But before you decide to get on OST, you need to consider whether OST is the best option for you.

There is still a great deal of misunderstanding and stigma associated with opioid dependence, and often with the treatment itself. Once you start OST, you may experience this stigma. But let’s be real, you likely already have, and you may even have beaten yourself up a bit. Getting stable on OST may help you address the stigma and will definitely help you feel better about yourself.

OST is not a quick fix. Making the decision to start is making a choice that will impact your life for the long term. Sometimes, it may feel

as if your life is not your own with appointments, daily trips to the pharmacy and so many restrictions. But there are many benefits, if you hang in there.

In the end, if you are opioid dependent and you have not been successful in controlling your use in other ways, you may want to consider OST. The following sections will help provide answers to some of your questions. If you have other questions, be sure to address them with your service providers before you consent to treatment.

## What are the treatment options?

Knowing your options is a good place to start. OST comes in several forms but they all work the same way – they provide a carefully regulated dose of a long-acting opioid medication to replace the illicit opioids you have been using (like heroin, fentanyl, oxycodone or whatever). OST prevents dope sickness that comes with withdrawal and helps treat cravings. It is designed to provide a stable feeling, rather than the cycle of highs and dope-sick lows. Here are the two most common options.

### Pros

- Long-acting OST medications provide a relatively stable feeling of wellness and comfort with proper dose
- Extensive research shows OST to be the most effective treatment for opioid dependence
- OST greatly reduces risk of overdose, death and health problems

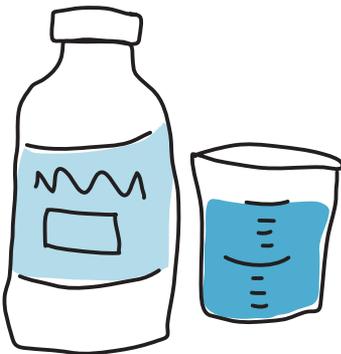
### Cons

- Demanding program that can restrict other aspects of life and freedom and go on indefinitely
- Overdose risk if combined with other opioids, alcohol or other depressants
- Takes time to reach optimal dose that provides stable feeling of wellness and comfort (with Suboxone this can be as short as 1-3 days)

## *Methadone*

Methadone is a synthetic opioid. But unlike morphine or heroin, its effects are long lasting – about a day instead of just a few hours. The idea is to substitute methadone for heroin or any other opioid you have become dependent on. When you have the right dose, methadone usually lasts about 24 hours. It replaces the highs and lows of heroin use with a more consistent feeling of wellness and you won't feel cravings.

Historically, methadone has been the primary OST option in BC. It can be prescribed for years as a maintenance treatment – a regular dose you take every day, usually at a pharmacy. Once you have been stabilized for a period of time, your doctor may permit “carries” so that you can take home enough methadone for a few days or a week.



In 2014, all methadone patients in BC were switched to a new, more concentrated formulation of methadone called Methadose. Some patients have reported that it's not as effective and that it does not last the full 24 hours. If this happens, you can ask your doctor about a split dose – part in the morning, part at night. The downside is that you may have to visit the pharmacy twice a day, but you will experience a more consistent sense of wellness.

Once you have been stabilized on methadone for some time, it is not easy to come off. You will need to have your dose gradually reduced (“tapered”) over a long period of time. If you wish to do this, you will need to work closely with your doctor (see “Getting off OST” page 29).

## *Suboxone (buprenorphine/naloxone)*

Suboxone, like methadone, is an effective long-term maintenance therapy in terms of reducing dependence on illicit opioids. It has some advantages over methadone in that many patients report fewer side effects, it is easier to get to your optimal dose faster, and there are fewer negative interactions with common medications. You are less likely to overdose on Suboxone. This means it is safer for take-home dosing so you may be more likely to get “carries.”

But Suboxone may not be right for you. One concern for some people is that it requires you to partially withdraw from opioids before beginning the treatment. Be sure to discuss this with your doctor and develop a workable plan. One option is a brief admission to a withdrawal management program to ensure your withdrawal is managed in a way that makes you most comfortable.

Suboxone is prescribed in a pill that is dissolved under the tongue, making it more convenient. While it is not yet as commonly available in BC as methadone, and not all doctors may yet be as comfortable prescribing it, Vancouver Coastal Health has recommended Suboxone as the preferred first-line treatment for opioid use disorders.<sup>2</sup> It has milder withdrawal symptoms and some patients report it is easier to get off, but you will still need to develop a plan with your doctor (see “Getting off OST” page 29).

Other treatment options, that are not commonly available, include the following.

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<sup>2</sup> The manual that defines diseases and disorders (DSM-V) recognizes various patterns of symptoms and harms resulting from opioid use which, in this handbook, we generally refer to as opioid dependence.

One of the major benefits of Suboxone is that you generally do not need to go to the pharmacy every day to pick it up. This is a primary concern for individuals on methadone.

### *Slow-Release Oral Morphine*

Vancouver Coastal Health’s guidelines for doctors recognize slow-release oral morphine (24 hour formulation) as a new treatment option generally reserved for individuals who have been unsuccessful with methadone.

### *Prescription heroin*

This treatment is an established treatment option in some places. In Canada, however, it is still considered experimental. It involves the use of prescription injectable diacetylmorphine (original trade name Heroin). It is only provided in highly supervised clinic settings because of safety concerns.

If available at all, it is only for patients who have repeatedly failed other treatment approaches. Studies in Vancouver are finding that these patients are more likely to stick with treatment, less likely to go back to using street heroin or other illegal

drugs and less likely to engage in criminal activity and other risky behaviours.

### **Hydromorphone**

In BC a small number of former patients from the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) are maintained on injectable and oral hydromorphone, but this is not commonly available. It works on the same principle of replacing heroin or other opioids with less harmful medically supervised alternatives which avoid the highs and dope sickness.

### **What about side effects?**

As with many other medications, you may experience some side effects from OST – but these can usually be managed. Just how intense these unpleasant effects are will depend on your particular treatment program and your body. You should report all unwelcome effects to your doctor and discuss how best to alleviate them. Most of them will lessen in time as your body adjusts to the medicine.

You may feel weak and dizzy at times, or even have nausea and vomiting on occasion. You may experience sweating, flushing, feelings of nervousness, anxiety and

restlessness. Excess sweating may cause depletion of electrolytes, so some added salts in your diet and increasing your intake of fluids may help offset this. You may experience a lack of appetite, stomach pains, diarrhea and constipation. With adequate amounts of water or clear fluid, proper nutrition and a high-fiber diet, stomach and bowel issues should subside. If they persist, you can talk to your doctor about splitting your dose (taking it twice a day) or getting a medication to help with these symptoms (i.e. clonidine, ibuprofen, Imodium, etc.).

OST may make you drowsy and can also contribute to sleeping problems like insomnia, abnormal heavy snoring or disrupted breathing while asleep. It may mess with your



sex drive and the timing of orgasm. Again, it is important to discuss these issues with your doctor and find out what is available to help.

Serious acute side effects are rare but can include chest pain, shallow breathing, abnormal heartbeat, fainting, getting confused or having hallucinations. Call for medical assistance immediately if you experience any of these severe symptoms.

Some people gain weight when they go on OST. This is from water retention due to the slower metabolism. Many patients on OST report dental decay. This is common with all opioids but not so much from methadone itself eroding your teeth. It may be due to low saliva flow (dry mouth) and increased intake of sugary drinks and foods. Extra attention to oral hygiene, drinking water rather than soda and regular dental care should help you avoid problems (see “Dental concerns” page 19).

*A couple of years as a young adult living on the streets was a period of time where visits to dentists, or regular hygiene wasn't always easy or a priority – beginning an ongoing cascade of increasing decay and need for attention. ... It's a good idea to take care to put extra attention into looking after our oral hygiene. Dental coverage on income assistance is limited.*

~OST patient

## How do I get started?

The first step is to find a doctor who provides OST services. In some areas this can be a real challenge (see “Finding a doctor” page 14). Doctors require a special exemption and training to prescribe methadone, and although all physicians in BC are now able to prescribe Suboxone without a special license, not all are comfortable doing so. You will also need to find a pharmacy that you can visit on a daily basis and that provides the medication (not all do). Your own doctor or local clinic (even if they do not provide this care) should be able to refer you to the nearest providers.

What if you do not have an OST service provider in your community? Unless relocation is a desirable possibility, you will have to determine whether there are reliable, affordable means of transportation that will enable you to access those services elsewhere. You will need to see the doctor regularly and visit the pharmacy every day. Direct in-person contact with the doctor will be more frequent and extended early on, in getting assessment done and treatment underway. That contact will usually not need to be so often and lengthy once you are stabilized on your treatment program.

Your doctor will need to do an assessment to ensure you meet the requirements of the program and to confirm with you that OST is the most appropriate treatment option for you. Your doctor should work with you to ensure the OST is well coordinated with other aspects of your medical care and that you receive all available supports you may need. With methadone, in order to ensure your safety, you will have to start on a low dose and slowly work up to your optimal dose. With Suboxone you may achieve your optimal dosing in as little as 1-3 days. During these early stages you will need to practice patience.

## How long will I be on OST?

There is no simple answer to that question. You are in control of your own treatment goals. You can decide whether or not to go on OST. You can decide when to come off. But you should be aware of the experience of other patients and discuss the issues with your doctor and the other people who support you.

The evidence suggests those who remain on OST for at least 12 months of continuous treatment have a much greater likelihood of remaining opioid-free after ceasing treatment. Some patients remain on OST for many years, and it provides the ongoing stability they need.

*“ I had to leave Canada to get methadone treatment ... all my friends from that time died because they couldn't get it. It has worked for me – and still does after forty years. ”*

~OST patient

So, before you begin OST you should ask yourself if you are prepared to stay with it for the long haul. And then, make every effort to achieve a prolonged period of stability during which you can work at establishing those things that will contribute to continued stability and a happy life.

If and when you decide to stop OST, you should develop a plan with your doctor and engage all of those who will be there to help you. Remember, it will take time to slowly reduce your dose safely (“taper”). See “Getting off OST” page 29.

## What are my rights and responsibilities?

Every person in the BC program has a doctor who prescribes their medication and a pharmacist who dispenses the medication. This means that you are in a patient relationship with your doctor and pharmacist that ensures certain legal rights and quality standards for your care. You will be working in a partnership with them. This means with every right you have as a patient also comes a responsibility. The same standards apply for any other health care providers you may encounter during treatment.

### *You have the right to ...*

... confidentiality about your treatment from your doctor and from other members of the clinic team

... be treated with dignity and respect—receive safe, respectful service that supports consumers’ rights

... have your questions answered, including information about the risks, benefits, and side effects of OST along with other services that may be available

... choose your doctor and your pharmacy—no one should pressure you to select a particular care provider

... make a complaint to appropriate authorities for any violation of your rights

... stop or refuse treatment at anytime

### *You have the responsibility to ...*

... keep other patients’ experiences confidential if you happen to hear about them

... speak and engage in a respectful manner with all health care providers and attend appointments on time

... be honest about the things that are going on in your life and provide urine and blood tests as needed to ensure safe treatment

... work at developing respectful relationships with all service providers

... attempt to resolve any issues with the care provider prior to making a complaint

... inform your care provider of concerns

No care provider or other service provider should ever attempt to punish you by withholding your OST medication or even threatening to do so. If you are incarcerated, you still have the right to receive your full dose of methadone or Suboxone in a timely manner. All of your other health concerns, including pain management, should be properly addressed.

It is a good idea to always get a copy of any document you are asked to sign and keep these together in a safe place.

## What fees and other costs may be involved?

OST medication costs are covered if you are receiving Income Assistance, are covered by Non-Insured Health Benefits or qualify for BC PharmaCare's Psychiatric Medications Plan (Plan G). Or you may have coverage through other insurance plans. Doctor's appointments are covered by the Medical Services Plan. However, some clinics may charge additional fees. These may be as much as \$120 per month. If you are on social assistance, you may receive a supplement to help you pay these clinic fees. If you are not on social assistance, you may have to pay the

entire fee. Be sure to ask about all fees and discuss your options with your doctor before beginning OST.

When people think of costs they often think only of money. But OST also has other personal costs you should consider. If you choose methadone, having to visit the pharmacy every day at a certain time can interfere with other aspects of daily life (like a job). There may be more flexibility for take-home dosing with Suboxone. With all the appointments, urine tests and whatnot, it can feel like your life is not your own. Your doctor and other people who are supposed to be helping you may not always treat you with respect and dignity. This experience of stigma can add stress to your life. Add to this, challenges related to travel or accessing a doctor when your doctor is away – it all adds up. OST can save your life! But you do need to think about your treatment goals, count the costs and consider other alternatives where available.

 ... *this is why we call methadone 'liquid handcuffs.'*   
~OST patient

# Managing OST

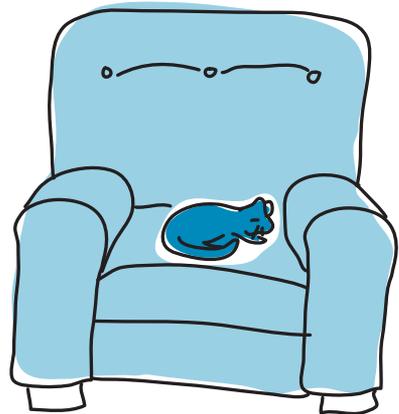
## Overview of a new routine

At the beginning, and for quite some time afterward, OST is going to impose significantly on your daily life. When you are likely already struggling to cope, this may seem especially harsh. On the other hand, if your life is at the point where you find yourself needing OST, the addition of some structure to the day may in fact be beneficial in and of itself. If you are in an urban centre or other locale where you receive your treatment at a methadone clinic, you may find yourself in regular contact with people struggling even more than yourself.

This means it is especially important that you have some kind of sanctuary, a place in the world, or a place inside, where you can just focus on your own wellbeing as the number one priority, and not get dragged into other people's drama, or back into your own. Having someone to touch base with on the phone, by email or in person can make all the difference when

you are in danger of forgetting your purpose in putting yourself through these hoops to receive OST. And, be patient with yourself – setbacks along the way are part of the journey.

It is important at the outset of OST to be clear about your intentions. You are surely seeking to reduce or avoid some risk or harm in your life that is either going to happen or get worse if you do not seek help. It is a good idea to have someone available who can remind you of why this kind of imposition on your daily life is worth your while.



It is especially important that you seek support from friends, family members, groups or professionals who understand your goals in undertaking OST. You may have been keeping your opioid dependence a secret from anyone other than those you use with. Now the key to your successful stabilization is finding people you can be honest with about what you are trying to accomplish.

*“The frequent visits to the doctor or clinic in the early phases will increase the likelihood that you will meet other opiate-dependent individuals. Taking a supportive friend or family member with you may not be a bad idea, especially in the first few weeks of adjusting to OST. Someone who can advocate for you at this early stage when you are not at your strongest.”*

~OST patient

## Your relationship with your doctor

### *Finding a doctor*

Depending on where you live in BC, you may be able to choose from a range of OST providers, or there may be nothing available in your community. As of July 2016, all physicians in BC are able to prescribe Suboxone; however doctors still require a special exemption and training to prescribe methadone. If you have not already made contact with a doctor or clinic that offers OST, there are a few different ways to find out if the treatment is available in your area.

- Tell your family doctor that you think you're ready for OST.
  - Talk to your doctor about your options.
  - If you think Suboxone might be right for you, talk to your doctor about prescribing this. If the doctor is interested but needs more information, you can suggest they call the RACE Line to speak with an addiction medicine physician ([www.raceconnect.ca](http://www.raceconnect.ca) or 877-696-2131).

- If you think methadone might be right for you and your doctor does not have the authorization to prescribe methadone, and does not wish to obtain it, ask to be referred to a doctor who is authorized, or to a methadone clinic.
- Check the list published by the College of Physicians and Surgeons of BC ([www.cpsbc.ca/files/pdf/Methadone-Clinics.pdf](http://www.cpsbc.ca/files/pdf/Methadone-Clinics.pdf)) for a methadone clinic in your area.
- Check with your local pharmacist as pharmacists know all the doctors in the area who provide OST.
- Contact the local Substance Use Services office in your community. These services are provided by your local health authority and should be able to help you find an OST doctor.
- Visit the website Rate MDs ([www.ratemds.com](http://www.ratemds.com)) – depending on your area you may be able to find an addiction specialist, and you get reviews as well.

### *Working with your doctor*

Your relationship with your doctor is very important in OST. Building a reciprocal relationship in which you both understand and respect each other will go a long way. Developing this mutual trust takes time and honesty. Sometimes our fears and anxieties based on past experiences can get in the way. It's easy to see how things can go wrong and misunderstandings begin to turn to hostility.

It helps to remember that the doctor's primary role is to ensure you receive good care that is both safe and effective. Your OST doctor has completed special training and must follow guidelines set out by the College of Physicians and Surgeons of BC who monitor the program. But you are the patient. You know yourself better than anyone. If you can share your knowledge and the doctor can provide expert OST, together you can become a great team.

## **Tips for a good visit with your doctor**

- Write a list of question before going to see your doctor – ask your questions and listen carefully to the answers
- Take someone with you to listen and take notes if that feels right
- If your clinic has appointments, make every effort to be on time
- If you work or have small children, ask if your doctor can make appointments that fit into your schedule
- Have patience – starting OST takes time – hang in there because the reward of better health without withdrawals is worth it
- Take your treatment seriously – your quality of life will improve
- Talk – listen – ask – listen

## **ABC's of dosing and carries**

The strength and purity of street drugs vary considerably. Even if you are totally up front with your doctor about how much you are using, they have to be careful to start you on a dose that minimizes the risk that you will overdose or experience other adverse effects at the onset of treatment.

For methadone, this means starting off gradually. Because methadone is long acting, and everyone's body processes the drug a little bit differently, it will take time to build up to a full effect; therefore dose is rarely increased before 5 full days of treatment. It may be tempting, even irresistible at times, to "top up" with some heroin or illicit prescription drugs. But doing that will make it more difficult for the doctor to establish how much methadone you need to be stable, so be sure to inform your doctor when you have "topped up". "Topping up" also may put you at increased risk for an overdose. The first 3-4 days, during which the medicine is just beginning to build up in your system, will be uncomfortable. Remind yourself that this is only a temporary phase, and a lot of the chaos you have already been going through will drastically reduce once you are stabilized on OST. Usually a

single dose of methadone will help stave off cravings/withdrawal for the better part of 24 hours. However, in a significant portion of cases, you may feel as though the dose is not effective for the entire time. If that is the case for you, you may want to consult with your health care provider on a plan that works better for you.



For Suboxone, you will need to be in at least moderate withdrawal before you can take your first dose of the medication. It is important to make a plan with your doctor before you start. You can likely start this medication in the clinic office, but there may be other options such as in a withdrawal management centre or even at home (home withdrawal management programs are available in some health authorities). Generally with Suboxone you can get to your optimal dose in 1-3 days. As with methadone, it may be tempting to “top up” with illicit prescription drugs or heroin. However, you will get little to no

effect if you try. You will need to work closely with your doctor over the first week to adjust your dose.

Once you and your health care provider have found the dose you need to be stable on OST, you may be able to start taking your medication home with you. These are called “carries.” The number of doses you will be allowed to carry – usually enough for a few days up to one week – will depend on several factors. It is generally easier to get “carries” or take-home doses of Suboxone compared to methadone. In most cases you will still need to do a witnessed ingestion at the pharmacy when you receive your next carry. Rarely (maybe if you are living somewhere remote or you have been stable for a very long time), you may be given a carry of more than one week.

## *Drug screening*

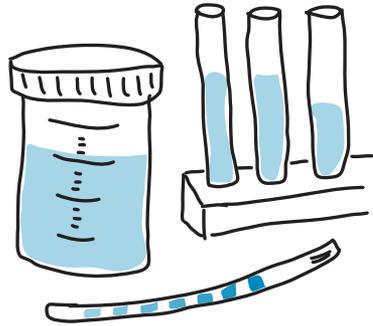
Urine tests or drug screening will be used during your OST program. In the beginning, these samples will be regularly collected and tested for the presence of other drugs, such as opioids, cocaine, benzodiazepines, and barbiturates. You may start off being tested weekly. This is to determine the amount of opioids you are currently using. Once that is determined, you and your doctor can work towards a dose that works best for you. The more the doctor knows about what's going on, the better they can help you in your recovery.

Further into treatment, your urine test will be used to determine when you have reached a stable dose. Once you are stable on OST, there should not be any other opioids detected. Once your dose is stabilized, the frequency of these tests may decrease; however, this may vary between doctors. Drug test results are only one factor in planning your treatment.

A positive urine test may indicate a need for a change in your current treatment and will likely influence decisions about carries. It is a good idea to be honest with your doctor about what drugs you are using. This helps build trust and avoid surprises from test results. Your doctor will review any positive results with you

(including any need for laboratory testing to confirm results) and together you can both work on a plan that best suits your lifestyle and goals.

College of Physicians and Surgeons of BC guidelines say that urine samples must be undertaken in a respectful and honest manner. All patients are to be treated equally, and always with respect. Urine drug testing is not to be a means of punishment; rather, it is a tool to help best manage treatment.



## *Discussing your health concerns*

### **HIV/hep C**

Being on OST is one of the best things you can do for yourself if you are currently using opioids. Abstaining from injection drug use will lower the risk of transmitting these viruses due to decreased opportunities for needle sharing or unhygienic techniques.

Hepatitis B and C are the most common viruses experienced by people who use opioids. Both can lead to serious liver damage, and in some cases, liver cancer. Speak to your health care provider about getting a test for hepatitis B, C and HIV. Testing can only be done with your consent. All service providers will provide information and support you in getting treatment for any of these viruses.

*Being an IV drug user who is HIV/Hep C positive, getting on OST is one of the best things you can do for yourself. It lowers the risk of transmitting the viruses because there won't be any sharing of the drug equipment like syringes and cooking tools.*

~OST patient

### **Pregnancy**

It is advisable to remain on OST during pregnancy. The cycle of the high followed by withdrawal when using street drugs is very dangerous for you and your baby. Let your doctor know as soon as possible if you become pregnant and discuss which treatment options are best for you.

Pregnancy can be challenging for any woman. And you may have special health concerns. Also, your OST dosage needs to be carefully adjusted throughout your pregnancy because of the growing baby. All of this means you need to work very closely with your doctor throughout your pregnancy.

As much as possible you want to maintain stability. But sometimes it is difficult to keep your OST medicine down because of the nausea. Also you may find that the once-a-day dose does not work for you during pregnancy.

Be sure to tell your doctor exactly how you are feeling and how things are going for you. Discuss anti-nausea strategies and medicines if that is an issue. Ask about split doses if you find you are not feeling well throughout the full day. Or for any other health concerns, be sure to check them out with your doctor.

### **Dental concerns**

As mentioned earlier under “What about side effects?” it is common for oral methadone users to have dental problems. There are a number of reasons. Opioids tend to cause a reduction of saliva in the mouth (dry mouth). Opioids also provide pain relief that may mask the normal pain from cavities. Poverty,

## **Simple tips to prevent tooth decay:**

- Chew sugar-free gum to counteract dry mouth
- Rinse your mouth out with water after eating
- Brush and floss regularly
- Use antiseptic mouthwashes
- See a dentist for regular cleanings and check-ups

homelessness, depression, anxiety or other health concerns may also delay patients from seeing a dentist as soon as they should.

As an OST patient, especially if you are on methadone (Suboxone does not seem to cause as much reduction of saliva), ask your doctor about your dental health. The doctor may be able to suggest options to help with dry mouth. Be sure to practice good oral hygiene and drink lots of water. Another key to dental health is adopting and maintaining a healthy, balanced diet that's light on carbohydrates and sugar.

Be sure to talk with a doctor about any dental concerns you have. This allows your doctor to help you find solutions or to find a dentist if needed.

## **Pain management**

Managing pain while on OST medications is complex and needs careful attention. While methadone and Suboxone may be used for pain management, using them as OST medications means they are unlikely to provide you with adequate relief for acute pain related to injury or surgical or dental treatment. Effective levels of pain relief may not be achieved for many OST patients with conventional opioid doses – that is, the doses prescribed to people not receiving OST. Suboxone may in fact partially block the effects of other pain medications. It is very important to let your care providers know what medications you are on if you are experiencing acute or chronic pain.

In addition, current reactions to the over-use of opioid medications in Canada are resulting in discussions that may impact your doctor's prescribing options. Current regulations do allow for the limited use of additional pain medications in case of immediate injury and post-operative pain. So if you are planning to undergo surgical or dental treatment, be sure to discuss this with your OST doctor so they can collaborate with hospital staff, dentists or other health professionals. They will ensure you

have adequate pain management and eliminate possible interactions with your other medications.

Untreated chronic (that is, persistent) pain can significantly affect your ability to stay on your prescribed dose and maintain stable feelings of wellness and comfort. If you have chronic pain that affects your quality of life, this needs to be addressed in your treatment plan. Be sure to discuss this with your doctor. Be prepared to consider trying non-narcotic pain medications or even non-pharmacological pain treatments. This may include a referral to a pain specialist.

Above all, this shows the need for good communications between you, your doctor and other service

providers. Be open to try different options. Be honest about your needs when options are not working. This is always the best approach.

## Your relationship with your pharmacist

You will see your pharmacist more than anyone else in the system. Therefore your relationship with your pharmacist is an important one. It is important to find a pharmacy you are comfortable with. Your pharmacist is there to support and help you with your OST. The pharmacist and staff are trained in dispensing OST medications. They are a great resource for you and can answer most questions that may come up during treatment.



Pharmacists are responsible for:

- Medication checks to ensure your prescription is up to date and ensure you are receiving the right dose
- Making sure you are safe to receive your OST meds – if you are intoxicated or high, they may ask you to come back at a later time to avoid overdose
- Witnessing daily ingestion of methadone or Suboxone when required
- Coordinating your care with your doctor – you, your doctor and your pharmacist are a team
- Providing a non-judgmental service and experience – your visit should be as pleasant as possible

It is important to note that doctors, clinic staff, or landlords cannot force you to go to a certain pharmacy. That choice is for you to make. Some pharmacies may offer cash or other incentives for your business. This act is illegal in the province of BC. In the past, there have been a few pharmacies that offered payment for patronage and have been known to do shady things, such as double bill. You don't want to get caught up in these activities. It's not worth it.

Any methadone deliveries must be approved by your doctor and authorized through a prescription. Any other delivery is illegal.

Pharmacies can be busy places. Sometime you may have to wait to get your medications, as staff may be serving other patients. The pharmacist will also want to ensure confidentiality. This might mean that they help other patients before you to ensure privacy. Being considerate and respectful shows the staff how you would like to be treated. It goes a long way to developing a good relationship.

 *I've used Narcan on nine people – brought 'em all back. I'm on Methadone and don't use heroin anymore, but still don't go anywhere without my Narcan Kit.* 

~OST patient

## Signs of overdose include:

- Person is awake but can't talk
- Body is limp
- Face is getting pale and skin is clammy
- Finger nails and/or lips look blue
- Breathing is slowed, shallow, erratic, or stopped
- Person is vomiting
- Choking sounds
- Person is not responding to anything you do

## Overdoses and naloxone (Narcan)

Rates of overdose from opioids are on the increase in Canada. An overdose on drugs such as heroin, methadone, morphine, fentanyl or oxycodone can have serious effects ranging from brain damage to death. An overdose can happen to anyone, even long-time veteran users. Anybody who uses opioids or is considering OST should know what to do in case of an emergency. People who are just starting

methadone and tapering off are at higher risk for an overdose. It is important to learn and recognize the symptoms of opioid overdose.

Naloxone is a medication that reverses the effects of an opioid overdose. It is not an opioid and has no effect on people who are not using opioids.

If you see someone overdosing, call 911 immediately. You will not get into trouble with the police. Next, administer naloxone. Naloxone should be injected into a muscle (thigh, butt, etc.) and can be injected through the clothes. Since the effects of naloxone may wear off, be sure to stick around and keep an eye on the person and potentially administer another dose.

Naloxone is available without a prescription in pharmacies and other locations across British Columbia. Kits are provided free of charge by the BC Centre for Disease Control (BCCDC). You can also get Naloxone training online from the BCCDC.

 *Narcan saved my ass.  
I would've been gone  
for sure.*   
~OST patient

## Your supports and services

### *Family and Friends*

Having a good support network is important to your treatment and long-term recovery. Not only is it important to find good supportive groups, but also to have a good personal network of people you can talk to. It is best to be upfront with them right away and let them know what is going on.

Addiction often affects family and people close to the individual using; therefore it is important to provide them with as much information as possible. Your family may not understand OST right away. Educating them about the process and providing them with resources (including this handbook) will help them better understand what you are going through. There are support groups available for family members if needed.

Let your family know how you are feeling. You are at a vulnerable time in your life and it is important they know how they can support your treatment. If you are comfortable, you may want to bring them to a doctor's appointment. That will allow them the chance to ask any questions that you may not have been able to answer previously.

### *Social services and housing*

A range of various substance use and mental health services may be available to you while you access OST. There may even be specialized services, for example, special services for women, Indigenous people, LGBTQ, or youth. Be sure to look up mental health and substance use services in your area. Ask around about social services and non-profit programs in your community. Set out to build good relationships with as many as possible. They are resources for you to draw on.

Housing is a primary need. Some communities have "Housing First" options. These programs help you find a place to live separate from any treatment requirements. Other programs, such as recovery houses, treatment centres, and sober living facilities, link housing with particular treatment plans. Some of these may not allow OST clients into the programs. If they do, they may have other conditions that do not meet your needs. Work with your social worker, counsellor and other service providers to get proper housing.

## Counselling services

Many patients have found some kind of counselling to be a valuable part of treatment and recovery. For at least half of us, addiction goes along with mental health issues like depression, bi-polar disorder, obsessive-compulsive disorder, anxiety or post-traumatic stress disorder. We are also much more likely to have experienced physical, psychological or sexual abuse than people who don't have addictions. This means that it's hard to get off heroin and for OST to work, without addressing what's going on in our heads.

*I was sexually abused as a kid. I carried that around for decades, self-medicating with heroin to dull the pain. I was on methadone for a decade before I got help with this. It wasn't until I got treatment from a counsellor with a specialization in PTSD that I even realized I had the condition. It made all the difference. But I had to pay for it myself.*

~OST patient

Your OST doctor is trained to be on the lookout for such issues and will likely ask you about your mental health. Your doctor should be able to refer you to counselling or other mental health services if needed. There may even be a counsellor at your OST clinic. But, it is the experience of many of the authors that the counsellors at clinics rarely have the capacity to effectively treat the high volume of patients that doctors see. The rule book for doctors ([www.cpsbc.ca/files/pdf/MBMT-Clinical-Practice-Guideline.pdf](http://www.cpsbc.ca/files/pdf/MBMT-Clinical-Practice-Guideline.pdf)) encourages the provision of, or referral to, counselling supports but recognizes that patients “may live in areas where these interventions are unavailable.”

A good counsellor will help you sort out your priorities and what you can do to achieve them. They will support you in taking the steps to reach your goal. They should not be confrontational or pressure you to do things you are not ready to do. It helps to prepare as much as you can before meeting with your counsellor. Try to think about what you want in life and what is stopping you from getting it. Be ready to discuss some of these things with your counsellor.

Unfortunately, treatment options and quality are very inconsistent across BC and many cost money. Some residential facilities have been plagued by scandal. Unfortunately, it is hard to get all of your mental health and addiction needs met within the current system. Officials have recognized this and made commitments again and again over the years. We're still waiting.

Even without counselling, even without fully addressing the mental health issues that come along with addiction, OST can make big improvements in your life. When you start OST, ask your doctor what services are available to you and at what cost. This might even inform

your choice of doctor and clinic (that is, if you happen to be in an area where there are choices). Be sure to ask about the type and qualities of the services provided and do as much research as you can.

### *Support Groups*

Accessing support groups may be a great complement to your OST program. There are many different types of groups you can access, and these will vary depending on your community. You may have access to services led by a health professional or others that are peer driven.

Peer support groups such as Narcotics Anonymous, Alcoholics Anonymous, SMART and 16 Steps



are accessible across BC. In some parts of BC there are special groups for people on OST (e.g., in Vancouver, the BC Association of People on Methadone meets regularly and provides support and advocacy services). Finding what works for you is important. And remember, addiction doesn't just affect you. There are also support groups for your family and friends as well.

### *Developing your own skills*

One goal of OST is to give you back "a sense of control" over your life. When you were using, your life was a hustle to make sure you could get your high. Once you are on OST and have stopped using other drugs, initially your life can feel like a hustle to make the OST program work for you.

You may feel overwhelmed with all the things you have to do and start to miss some appointments. Many of us have experienced the same thing. You may need help developing your skills to manage the program (like filling out forms and expressing your needs) and your life. You might want to ask a service provider you trust for advice or try to hook up with other OST patients for support. Developing these skills will help a lot with other parts of your life as well.

Eventually, when you have the right doctor, pharmacist, and support services that work for you, you may finally feel you have your life "in control." Perhaps surprisingly, for some people this "sense of control" can be boring or hard to adjust to. When you are hustling to get high, when you are hustling to figure out how to make OST work for you, your life is busy and purposeful. Then, when you have figured it out, you have more free time but may not know what to do with it.

For some it may be easy. If you have small children or grandchildren, you can spend more time with them. If you have things you always dreamed of doing, now may be a great time to do them.

But you might feel bored or without a purpose in your life. If you feel this way, you may think that drugs would make your life more interesting. This is normal. This is a sign that you have overcome the hardest part of the OST program. But this is also when you need to take control and find new interesting things to fill your life. Having things to do that you enjoy and make you feel great about yourself can be very helpful to keep you off drugs.

But how do you do that? Think about what you want to do. Talk it over with your family, friends, counsellor, and peer support group. Try new things and see how you feel about doing them. Or, try doing things that used to make you happy before you started using. That “thing” can be playing soccer, cooking for friends, going back to school, getting a job you like, or volunteering to help others. Once you find that “thing” that makes you feel good about yourself, you have found a new purpose, and your life will truly become your own.

### *Finding an advocate*

There will likely be times along your OST journey when difficulties arise. Things may even reach a point when they seem overwhelming. You may become particularly stressed or sick, and feel unable to adequately speak up for yourself. You may have a falling out with your doctor or pharmacist. At times like this, having someone to talk to who appreciates what you are going through is a priceless asset. When friends or family members just don't have the

background or resources to steer you through the storm, an advocate can provide what you need.

Methadone advocacy has progressed much further elsewhere (see [www.methadone.org](http://www.methadone.org)). In BC, and if you live outside a major metropolitan area, you will probably have to find an advocate who is not OST specific. Opioid dependence is a substance use issue and is related to mental health; so mental health advocacy groups may also be of assistance. PovNet ([www.povnet.org/find-an-advocate/bc](http://www.povnet.org/find-an-advocate/bc)) is a great resource for finding an advocate based on where you live in BC.

BC Association of People on Methadone (BCAPOM) is an OST-specific advocacy group.

- Web: [www.bcapom.wordpress.com/about/](http://www.bcapom.wordpress.com/about/)
- Facebook: [www.facebook.com/BCAPOM-The-British-Columbia-Association-for-People-on-Methadone-100331856682761/](http://www.facebook.com/BCAPOM-The-British-Columbia-Association-for-People-on-Methadone-100331856682761/)
- Phone: (604) 683-6061

# Getting off OST

## Making the decision

Many of the conditions for living a healthy life following the cessation of OST are the same as those needed to be successful on OST. Fear in the face of change is to be expected – but informing yourself about what people have gone through who have themselves successfully undertaken the cessation of OST can ease this anxiety considerably.

OST has helped you stabilize and organize your life, so that you can focus on what really makes you happy. Don't give that up just because you think it is expected of you. But if you are committed to getting off OST, you must find something you enjoy doing and that will ensure stability and meaning in your life. Beyond all programs and treatment options this is the single most significant determining factor when it comes to success in recovery.

“Two years staying out of downtown allowed me to go from 80 mg of methadone to 1.75 mg a day – literally just a few drops! At this time, Suboxone was not yet available, and kicking that last couple of ml was tough ... I am much happier with Suboxone, but changes in my living situation (including the new availability of dial a dealer in my rural locale) meant easy access to other opiates besides OST, and regular “chipping” has prevented me from realizing my goal.”

~OST patient

## Developing a plan

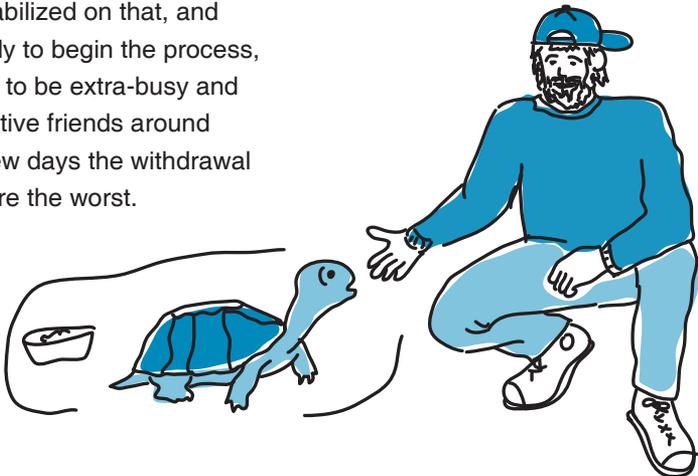
You will need to work closely with your doctor to develop an appropriate plan. To minimize negative symptoms during the course of the weeks and months you will be reducing your dependence on OST, you will need to taper very slowly (likely no more than 10% of your daily dose every two weeks – often less). If things change or become unstable, you might stay on a dose for a number of weeks before continuing with your dose reduction. This approach will keep your withdrawal symptoms to a manageable minimum, although you may still experience some degree of discomfort each time you lower the dose.

Some people find it easier to withdraw from Suboxone. You may want to discuss with your doctor about switching to Suboxone. Once you have stabilized on that, and you are ready to begin the process, make a plan to be extra-busy and have supportive friends around during the few days the withdrawal symptoms are the worst.

## Implementing the plan

Tapering off OST can take months or even years. Don't obsess about the number of mgs you're on. Focus on how well you feel or if you are feeling sick. If you feel dope-sick, don't push it. Ease back. Tapering off too fast is risky – a likely route back into using the drug that brought you here to begin with.

Throughout the process, be honest with yourself and your doctor about how you are coping. If you find yourself tempted to use additional (illicit) opioids during the adjustment to a lower dose, you may need to slow the tapering process down or even increase your dose slightly for a short time before considering reducing again. You can take as long as you need to taper off.



*I've tried to get off methadone lotsa times. And it's never f\*\*king worked. I was like, goddamn, dope sick and wired again. Problem was, I always tried to go down too fast. I was in a hurry to get off methadone. My advice? Slow but steady wins the race – takes years – not weeks. At last I'm down to just a few mgs. Wish me luck.*

~OST patient

Be sure to ask for any and all support you feel you need to make this transition – there are various prescription drugs available (e.g., clonidine is a medication prescribed in pill form that may be helpful to treat withdrawal symptoms when tapering off of heroin or other opioid drugs). Various complementary therapies such as massage, hot baths, saunas, and acupuncture may also be helpful.

Beyond the physical withdrawal the impact of eliminating drug use is emotionally and psychologically enormous and can be accompanied

by a sense of sadness, deprivation and difficulty sleeping for months after the last dose. Be determined and prepared to engage in anything you think you may enjoy. Stay in touch with your support team, formal and informal, especially in the process of adjusting to OST-free living.

## Reassessing

At this stage of the journey your OST experience has by now become a significant chunk of your life. Having decided that you are no longer in need of the support of OST, remember that even if you have taken your time coming off the program, you are still susceptible to relapse. It may be possible to enjoy your old habit more than during the time you've been on OST, but did you really put all that time in on your treatment just to relapse on the other side? Things may be much better now, so it is important to remember why you went on OST in the first place. All that hard work can be erased in a few short weeks if you let your attention to what you value in your new life waver very long. Don't wait until things are out of control. If you are struggling at all, check in with your OST doctor to discuss your options.

# Frequently asked questions

## Can I get my treatment in the hospital?

If you are currently on OST and have been admitted into the hospital, you can continue your treatment during your stay. If you want to increase or decrease your current dose while in the hospital, this may be harder. You may want to mention the RACE line as a resource for any doctors that are caring for you if an addiction medicine specialist isn't available in your hospital ([www.raceconnect.ca](http://www.raceconnect.ca) or 1-877-696-2131).

Once your OST is set up, you will typically get your dose with any other morning medications. If you normally take your dose at a different time and want to continue your normal regimen, you can speak to the staff and get the time changed to suit your needs better.

You may experience new issues with pain while in the hospital. Because OST meds may be used for pain management as well as substitution treatment, confusion about dosing is common. If you are experiencing chronic or acute

pain and are currently on OST, you should speak to the doctor about managing both issues.

## Can I get my treatment in jail?

If you are currently on OST and are headed into the prison system, you will be able to access OST in the facility. The waiting period to get your meds should be less than 24 hours.

Methadone and Suboxone are available in almost all BC correctional centres. While in the past it could be difficult to start OST in jail, policy changes have now made it easier to start while in prison than in many communities in BC.



However, if your stay is very short you may be released before you can see the doctor. If you do start OST in prison, you will need to start planning immediately to ensure you can get your medication once you are released. Discuss this with the doctor when you are making the decision to start OST.

You have a right to good medical care, including OST, while in prison. You also have the right to refuse treatment or withdraw from treatment at any time.

## What if I use other drugs while on OST?

OST meds are opioids that work the same way as other opioids. They depress (or slow down) your central nervous system. If you use other opioids such as heroin, codeine, oxycodone or Percocet while receiving methadone, you probably won't feel a rush but you will increase your risk for overdose and death. This is because of the very high levels of opioids that will be in your blood. If you use other opioids while on Suboxone there will be little to no effect if you are on an adequate dose. It is possible to overdose while on Suboxone, but is less likely compared to methadone.

Benzodiazepines such as Ativan, Xanax, Restoril, and Clonazepam are also central nervous system depressants. Mixing these drugs with OST can lead to overdose. Combining various over-the-counter depressants with OST will intensify the effect. It is very dangerous to mix these medications. Use of alcohol (another central nervous system depressant) in conjunction with OST also significantly increases risk for overdose.

Stimulants will raise your metabolism rate; therefore the OST meds may be metabolized faster which could potentially bring on withdrawal symptoms.

Smoking marijuana may be safer than alcohol, stimulants and other opioids, but be aware that cannabis will show up in your urine tests.

## What if I'm pregnant?

OST is the best choice you can make for you and your baby. It is a lot healthier for both of you. Let your doctor know as soon as possible that you might be pregnant and work closely with the doctor to find the best options. You can expect that there will be services that will provide you with extra attention and care.

When you are pregnant, you can expect your OST medication dose to go up. This is due to the growth of the fetus and the extra blood your body needs. It is really important to be stable on your dose. It is not safe to try to withdraw from opioids while pregnant, as there is a high chance that you will miscarry due to the amount of stress and pain your body would go through.

If you are someone that metabolizes the medicine quickly, you may need to ask for a split-dose during pregnancy. This means you would take part in the morning and the other part later in the day.

*“When pregnant and HIV positive expect to be very sick. Your nausea could last throughout your whole pregnancy because of the different medication you are on. Make sure to take some anti-nausea meds before you take your methadone or Suboxone because you can end up vomiting it all up and it's hard to get a replacement for that.”*

~OST patient

*“If you are still in your active addictions like crack or cocaine you might want to think twice while pregnant. The cocaine and crack takes your methadone from your body so you end up getting dope sick earlier than usual.”*

~OST patient

You can be very sick with nausea and vomiting during your pregnancy. This is normal for any pregnant woman, especially in the early months. There is a chance you may remain sick throughout your entire pregnancy, so it is important to have a good routine for nausea control. Talk to your health care provider about anti-nausea medications or other options you can use while pregnant. It is very difficult to replace medication that has been lost by vomiting and it is very important to keep on a stable maintenance dose.

The cycle of the high followed by withdrawal is the most dangerous for you and your baby. The stress of withdrawal can cause your uterus to contract and increase the chance for miscarriage or premature birth.

Once the baby is born, maternity services can help the baby through any needed withdrawal and provide you with guidance on ongoing care (including breastfeeding). After you have given birth, your dose will likely need to be reduced. Your health care provider will assist you in finding the right dose.

## Why is naloxone added in Suboxone?

The active ingredient in Suboxone is buprenorphine. The naloxone component is added in the medication so that it is less desirable to crush up the medication and inject it, as the naloxone would then put you into immediate withdrawal instead. Once you are on a stable dose of Suboxone, you will not go into withdrawal by taking this medication (as naloxone is not absorbed well by your body when taken by mouth).

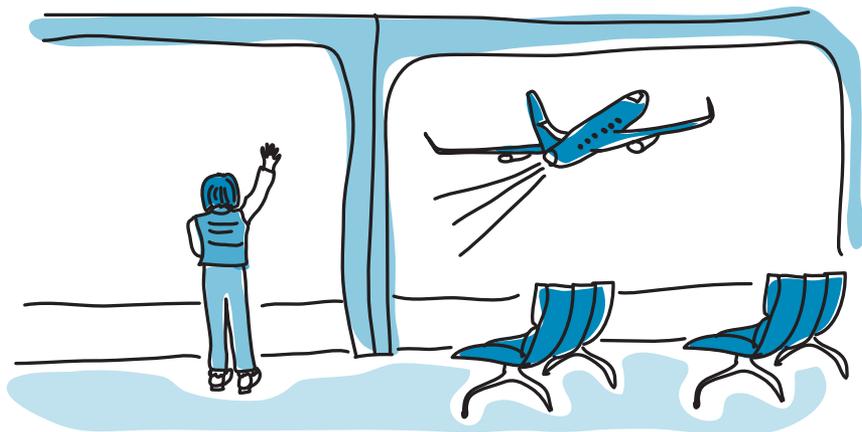
## What if I'm HIV/hep C positive?

OST can be a great benefit for those who are HIV or hepatitis C positive. When you are HIV or hep C positive, your body is fighting hard to stay healthy. OST can provide stability in your life and makes it easier to take care of your health. You should no longer get injection-related infections, which will allow you to live a lot longer than when you are using the needle.

## Can I travel while I'm on OST?

OST will limit your ability to travel. You may be able to get a “carry” from your doctor and use it while travelling. Or, you and your doctor may be able to make arrangements for you to visit a pharmacy at your destination – though this is not always possible. You'll need to find out if the pharmacy where you are going is able to dispense your medication, if they will honor your prescription, and what the cost will be.

If you already have a carry, you can travel with your medication in Canada. If you are going by plane, make sure to have your medication in a carry-on bag. Checked baggage sometimes gets lost. However, if you plan to travel longer than the



duration of your carry, you will need to make other arrangements to get your medications at a pharmacy at your destination. This can be very complicated, so start planning early and connect with an advocate if needed.

If you don't have carries, your doctor is not allowed to give you carries just because you're going on a trip. The guidelines established by the College of Physicians and Surgeons of BC say "Physicians should not authorize carries for patients who are unstable even if patients are planning to travel unless a documented risk benefit assessment outlines the reasons for granting the carry for travel." This means that you've got to have a compelling, documented reason to travel, and it has to outweigh the risks of giving you a carry. Risks include the

chance that you'll take too much or sell the medication or not be able to store it securely while travelling. Your doctor may also ask you to show proof that you're planning to travel – plane tickets, itinerary or other documents.

Organizing OST for international travel can be time consuming and bureaucratic. Make sure you figure this out before you make plans and buy tickets. Different rules apply in different countries. Some have great OST programs, but in many countries OST medication is heavily regulated or totally illegal. Some countries do not allow OST medications to be transported across their borders. You can look this up online at Methadone Worldwide Travel Guide ([www.indro-online.de/travel.htm](http://www.indro-online.de/travel.htm)), but be sure to check with official government

sources for information about your international destination.

Your doctor can provide a note that explains you are their patient, that you are being prescribed OST medications, the dose and for how long. Such a note can help with border guards or security screening at airports. Be sure to carry medication in the original prescription bottle.

Remember, when travelling, to keep in mind the time change. Time zones can affect the real time at which you are taking your dose.

If you travel a lot, Suboxone may be a better option. It's in a pill form and carries are more likely to be allowed by doctors. However, you will still need to check if your international destination will allow it.

*If you are planning to travel, start planning your OST right away. It takes a lot of time.*

~OST patient

## How do I make a complaint?

You have a right to good care, and it is important to provide feedback to your care providers. This includes compliments, suggestions, and frustrations. If you are having concerns about the service you are receiving there are things you can do. These include:

- Speaking to the care provider or manager about your concerns
- Speaking to a peer or advocate for tips on how to remedy the situation
- Making a formal complaint

Always try to resolve issues without making a formal complaint. As soon as you have concerns, feel free to discuss these openly with the provider. If the conversation is unsuccessful, you may want to file a formal complaint with the regulatory body. You will need an official form that you can find on the Internet. Forms may also be found in other places such as drop-in centres, from outreach (street) nurses, or at your doctor's office or pharmacy.

It is important to follow through with the complaint once you have started the file. The process can be long but it will get seen and dealt with.

Having the support of an advocate or friend throughout this process will be very helpful.

There is a special complaints department for the College of Physicians and Surgeons, the College of Pharmacists and the Ministry of Health.

**Complaints Department – College of Physicians and Surgeons of BC**

Tel: 800-461-3008

Fax: 604-733-3503

[www.cpsbc.ca/files/pdf/Complaint-Form.pdf](http://www.cpsbc.ca/files/pdf/Complaint-Form.pdf)

**Complaints Department – College of Pharmacists of BC**

Tel: 800-663-1940

Fax: 800-377-8129

[www.bcpharmacists.org/complaints-process](http://www.bcpharmacists.org/complaints-process)

**Complaints about Billing – Ministry of Health**

[www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/benefits/additional-fees-and-charges](http://www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/benefits/additional-fees-and-charges)

## Tips for dealing with stigma

As someone with considerable life experience with illicit drug use, you have likely already faced considerable stigma. Stigma takes many forms. It is associated with judgments and prejudices related to certain racial groups, social classes, lifestyle choices and a host of other factors. Fully understanding stigma is not likely possible. But we do know stigmatized communities are disproportionately represented in the opioid-dependent population that may benefit from seeking OST treatment.

Some people, even service providers, may feel justified in making judgmental comments about you. You may be told or made to feel that you are not trustworthy just because you use drugs. You may find it difficult to get appointments to see your doctor or other service provider or to have your health needs met.

Being repeatedly exposed to this kind of stigma can have an impact on you. In fact, you may have internalized some of this prejudice and begun to believe it yourself. If your particular circumstances have protected you up until now, accessing OST may bring you into contact with stigma.

*I certainly was not expecting to be turned down for an eyeglasses prescription by a particularly paranoid new optometrist when I acknowledged being on OST on my client information registration form.*

~OST patient

Stigma is created by what people have been told or what they see or experience. We can change that. We have compiled some tips that may help you deal with stigma:

- Most importantly, believe in yourself and your right to access treatment
- Be prepared for people to not understand or have wrong ideas about OST
- Prove the stereotypes wrong by not behaving in stereotypical ways

- Educate people regarding the facts and myths about OST
- Treat people with respect (even if they do not do the same to you)
- Share about how OST has been a positive experience
- Remember that you are not alone!
  - there are about 16,000 OST patients in BC

*As people who have experienced stigma and marginalization for our behaviour choices at times, or even what may have become a sense of identity, we find the support we need in coming together as peers in the face of such obstacles or difficulties.*

~ OST patient

# Glossary of Terms

**Carries** refers to measured daily doses of your OST medication that you are allowed to take home with you. The number of doses you will be allowed to carry – usually enough for a few days up to one week – will depend on several factors. It is absolutely critical that you have a safe place in which to store the medication.

**Dope sick** (or withdrawal) refers to the group of symptoms that occur when you stop or decrease your use of a drug. In order to experience the symptoms of withdrawal, you must have first developed a dependence on the drug. Long-acting medications like methadone or Suboxone help avoid withdrawal symptoms while on OST. Tapering is required in order to minimize symptoms when attempting to get off of opioid medications.

**Narcan** (also known as Naloxone) is an injectable drug that will reverse the effects of an opioid overdose.

**Opioids** are substances (natural or synthetic) that behave like opium in reducing the intensity of pain

signals reaching the brain. This includes street drugs like heroin as well as medications such as hydromorphone, oxycodone, morphine, codeine, and related drugs.

**Opioid dependence** is described by the withdrawal syndrome (see dope sick) that occurs when opioid use is stopped. It is linked to opioid use disorder, which involves the compulsive use of opioids in spite of the negative consequences of continued use.

**OST** refers to Opioid Substitution Treatment and includes treatments mentioned in this handbook. OST is sometimes referred to as Opioid Agonist Treatment or Opioid Assisted Treatment (OAT). OST and OAT are the same thing.

**Overdose** (or OD) describes the accidental or intentional use of a drug or medicine in an amount that is higher than recommended or normally used. An overdose may result in a toxic state or death.

**Suboxone** is the trade name for a medication that contains buprenorphine and naloxone. Buprenorphine activates opioid receptors in the brain and relieves pain up to a certain point. Naloxone is added so it is less desirable for people to crush up and inject this medication (see FAQ above). The result is that treatment with Suboxone virtually eliminates cravings for opioids in people addicted to opioids who use it properly. It can be taken once per day as a pill that is dissolved under the tongue.

**Split dose** refers to receiving part (usually half) of your prescribed dose of methadone in morning, and the other part in the evening because the medication doesn't hold for the full 24 hours. Very common in pregnancy.

**Tapering** refers to the gradual dose reduction needed to successfully get off OST after long-term opioid treatment. The rate of reduction of the opioid dose depends on a number of factors and should only be done in close cooperation with your doctor.

**Titration** (Stabilization) is the process of determining the lowest dose of a drug needed to achieve the desired effects. This involves starting out on a low dose and safely

working up to the dose that provides a stable feeling of comfort and wellness with minimal side effects.

**Withdrawal** (or dope sick) refers to the group of symptoms that occur when you stop or decrease your use of a drug. In order to experience the symptoms of withdrawal, you must have first developed a dependence on the drug. Long-acting medications like methadone or Suboxone help avoid withdrawal symptoms while on OST. Tapering is required in order to minimize symptoms when attempting to get off of opioid medications.

**Withdrawal management** refers to the process of quitting or cutting down on drug use under the care of a qualified health professional. In the past (and sometimes still) words like "detox" or "detoxification" were used to refer to this process or the programs that provide this service.

**Witnessed ingestion** refers to the process of drinking your methadone in front of the pharmacist or service provider. Depending on your treatment, this could occur daily.

# Notes





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