

Why do I need medication?

Successful recovery from OUD requires treatment. Like other illnesses such as diabetes and depression, OUD is caused by biological, psychological, and social factors, and just like these other illnesses, it is very hard to manage on your own. Many people with OUD find that taking medication to help overcome their cravings makes it easier for them to not use opioids.

Medication is not a cure for OUD, but a **tool** that people can use, alongside other tools like counselling or twelve-step groups, to help them in their recovery.



Taking medication for OUD is **not** “cheating,” and **doesn’t** mean that you are “not really sober.” The symptoms of opioid withdrawal are real, and medication prevents these symptoms, allowing you to focus on establishing a healthy lifestyle.

What are the options?

There are two main medications used to treat OUD: **buprenorphine** and **methadone**. These are both opioid medications, but they are different from other opioids in that they are **slow-acting** and **long-lasting**, relieving opioid cravings and withdrawal symptoms for a **full 24 hours**.



When will it start working?

Both buprenorphine and methadone will start to relieve your opioid cravings and withdrawal symptoms within a couple of hours of your first dose. It may take a few days until you reach a dose that’s comfortable for you, so you should see your health care team frequently during the first few weeks of treatment so they can make any necessary adjustments. If you are experiencing side effects, make sure you let your health care team know. Some side effects disappear over time, but if they persist and/or are distressing you, your dose may need to be lowered.

How can I learn more?

If you have any questions about starting buprenorphine or methadone, you should speak to your doctor, nurse, counsellor, or a pharmacist. You can also find more information and resources online at

www.metaphi.ca/patient-resources.html

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Medications for opioid use disorder: A quick guide for patients

Opioid use disorder (OUD) is a **medical condition** that occurs when a person continues to use opioids even when it is harmful to them. Being diagnosed with OUD can be difficult, and it’s normal to feel ashamed, frightened, or angry. However, the good news is that **effective treatment is available**. Medications for OUD have been shown to be safe and to work extremely well.

There are things you need to know when you’re thinking about trying a new medication, like its cost and its side effects. This pamphlet may help you decide whether medication is right for you. If you have questions, talk to your health care team.

What's buprenorphine?

Buprenorphine is a tablet that you take once daily by putting it under your tongue. It is a **partial** opioid, which means that it has a **ceiling effect**: dose increases above 32 mg don't increase the effect of the opioid. The main side effects are nausea, constipation, and sedation. Generic buprenorphine is fully covered by Ontario Drug Benefits and most private plans; brand-name buprenorphine is partially covered. If you are paying out of pocket, a month's supply can cost anywhere from \$90–\$450, depending on the dose and whether you are using the generic or brand-name product.



What's methadone?

Methadone is a liquid medication that is taken once daily mixed with fruit juice. Methadone is a **full** opioid, so there is no ceiling effect: it is dangerous to take extra or to take other opioids or sedating medications at the same time. It can cause nausea, constipation, and sedation. It is fully covered by Ontario Drug Benefits and most private plans. If you are paying out of pocket, the cost depends on your dose and the pharmacy's dispensing fees, but is usually around \$7 a day or \$210 a month.



Which one should I take?

Because buprenorphine is a partial opioid, it has milder side effects than methadone, and it is less likely to cause an overdose. However, some patients find methadone more effective at relieving withdrawal symptoms and cravings. It's often a good idea for people to start on buprenorphine and switch to methadone if buprenorphine is not relieving their cravings.

Isn't this just substituting one addiction for another?

Methadone and buprenorphine are different from other opioids. When taken under medical supervision, they relieve opioid cravings and withdrawal symptoms **without making you feel high**. Because they are long-acting, you only take them once a day, meaning that you won't experience withdrawal every few hours, and you won't have to spend time and money making sure you have enough to keep from getting sick.

What if I have chronic pain?

It is likely that your chronic pain will improve on methadone or buprenorphine. Withdrawal makes pain much worse, and these long-acting opioids keep you from going through withdrawal every few hours. OUD can also make people anxious or depressed, which also

makes pain worse. As your OUD gets better, your pain will get better too.

How long do I need to stay on the medication?

How long you take the medication is up to you and your health care team. However, you are **much less likely to relapse** if you **taper off gradually** once your life has become more stable and you haven't used non-prescribed opioids for at least six months. In general, the longer you've been using opioids, the longer you should stay on the medication.

What's an observed dose?

Patients often have to take **observed daily doses** for the first several weeks of treatment, which means taking the medication in front of the pharmacist. This is for a few reasons:

- Some patients find it easier to stay stable and committed if they attend the pharmacy daily.
- The pharmacist can check to make sure you've taken the whole dose, which is necessary for safety.
- It ensures that you won't take extra and run out early.

As you get used to the medication and your life becomes more stable, your health care provider will very likely gradually start prescribing take-home doses.