

Opioid Use Disorders

A Guide for Patients

I. About Opioid Use Disorders

1. *Why can't I stop using opioids?*

You have been diagnosed with an opioid use disorder (OUD). OUDs are to a large extent related to **difficult things** that happened to you in childhood and adulthood, your **family history of addiction**, your **biochemistry**, and your **mental state**.

Traumatic things that happen to us in childhood, such as abuse or neglect, stay with us if we don't get help dealing with them. Many people who have had difficult childhoods start using drugs or alcohol as a way of coping with these early traumatic events. People also use drugs or alcohol to cope with difficult things that happen in adulthood, such as divorce, the death of a family member, or losing a job.

People with a **strong family history of addiction** react to substances like drugs and alcohol differently than others. Substances like opioids have a greater pleasurable effect on these people, making them to feel more confident, more energetic, less worried, more focused, and better overall. Tolerance to these drugs develops very quickly. In just a few days, people find that they require a higher dose or more frequent use of the drug to achieve those same feel-good effects.

All humans have a **reward centre** in the mid-part of the brain. Whenever we do an activity essential for survival, like eating, sex, and nurturing, the chemical dopamine is released in the brain, which makes us feel good. This dopamine spike is also associated with two other parts of the brain: the **memory**, which allows us to recall the pleasure associated with an activity (such as remembering a delicious meal), and the **executive function**, the part of the brain that acts like the captain, directing you to go out and do a pleasurable activity again. This combination of brain activities makes sure we survive as a species.

Like survival activities, alcohol and drugs also work on this reward centre. Drinking and using drugs cause the level of dopamine to increase more and last longer than the spike from non-drug activities. The result is a hijacking of the survival mechanism, so that the person is not thinking "How do I survive?" but "How do I get more drugs?"

Other parts of your brain may try and resist the executive function, telling you that using opioids is a bad idea. **Addiction** is the conflict between these two parts of the brain, where the executive function is saying "Get me the drug" and other parts of the brain are saying "Using drugs is harmful to me." Many people with addiction describe this struggle.

Mental state also plays a role in developing an OUD. People who are very anxious, bored, or angry often find that opioids can relieve these feelings. If you have an underlying psychiatric issue, you may be more likely to use opioids to try to help your mood.

2. *What's an OUD?*

People with OUDs often have the following four traits:

- (a) They cannot control their opioid use.
- (b) They continue to use opioids despite knowing it is harmful.
- (c) They spend a lot of time obtaining opioids, using opioids, and recovering from opioid use.
- (d) They have powerful urges or cravings to use opioids.

OUDs have nothing to do with character, will power, or morals. Many good and strong people have an alcohol or drug problem. People with OUDs find that once they start using opioids, it is no longer about choice.

3. *Why do I have an OUD?*

You have been diagnosed with this disorder because you have repeatedly tried but have been unable to cut down or stop your opioid use. People with OUDs have lost control over their use, and regularly consume more than they intend to despite knowing that it's harmful to them. This happens to certain people because of the biological, social, and psychological reasons discussed above.

4. *I've tried to stop using, but it makes me feel sick. Why?*

If you take high doses of opioids every day for several weeks or more, your nervous system changes in order to resist the drowsiness caused by opioids. This change is called **tolerance**. People who use opioids daily are often able to function normally even after taking amounts that would be fatal to someone who does not take opioids. When a heavy user suddenly stops using, the nervous system takes several days to return to normal. During this time period, people experience **withdrawal**. As the drug wears off, people begin to experience acute withdrawal, which is usually at its worst two or three days after last use. The physical symptoms of acute withdrawal are like a very bad case of the flu; people experience muscle aches, nausea and vomiting, cramps, chills, sweating, yawning, and goosebumps. In addition, people often experience psychological symptoms such as severe insomnia, anxiety, fatigue, and powerful cravings. These psychological symptoms are usually much more uncomfortable than the physical symptoms. **Acute withdrawal** is generally not medically dangerous, although it is extremely uncomfortable and distressing, and symptoms begin to get better five to seven days after last use.

After acute withdrawal gets better, many people experience sub-acute withdrawal, whose symptoms include anxiety, insomnia, fatigue, and craving. Sub-acute withdrawal can last for weeks or even months, and there is a risk of relapse during this period. **If you relapse while in sub-acute withdrawal, it is imperative that you do not take your regular amount of opioids. Your tolerance will not be as high as it was before, which means you are in danger of an overdose.**

5. *What should I tell my family?*

You can tell your family that a doctor has diagnosed you with an OUD. This illness, like many illnesses, is recognized by medical and mental health professionals as having a biological, social, and psychological component. You can explain to your family that it is not your fault that you have an OUD, but it is your responsibility to now get treatment. You should also tell them that their support is very important to your recovery.

Beyond the medical treatments that you'll discuss with your doctor, social support can be incredibly important in recovery. People who have recovered from OUDs often say that their family played a big part in their success.

Even if your family is angry with you right now, they will begin to trust you again when they see that you are committed to your recovery. This can often take time, but eventually you will be able to rebuild relationships. Family members can also benefit from being included in your recovery. They may feel more involved in the process if you invite them to medical appointments and keep them updated on your progress. Some families also find it helpful to attend Nar-Anon meetings to be supported by other people going through similar experiences, and to access information on how to support loved ones going through treatment.

II. Treatment

6. *I have a problem with opioids, but I also have chronic pain. If I stop taking opioids, won't my pain get much worse?*

No; in fact, your OUD is probably making your pain worse. This is because you go through withdrawal every day as the opioid wears off, and withdrawal greatly magnifies your perception of pain. Also, people with OUDs are often depressed and anxious because their addiction is making their life very difficult. Depression, like withdrawal, magnifies people's sense of pain. If you treat your OUD, you will experience a decrease in your chronic pain as well as an improvement in your daily functioning.

7. *Do I need treatment? Shouldn't I be able to do this on my own?*

Successful recovery from an 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.

Unfortunately, people cannot talk themselves out of an illness. If you could, you would have done so already. Because OUDs involve your brain, your body, and other outside factors, getting better is not as simple as just "deciding." However, the good news is that **effective treatment is available**. Medical treatment for addiction has been shown to work extremely well, better than treatments for many other medical problems.

Your chances of recovery are greatly improved if you have had **long periods of sobriety** in the past, you have **social supports**, such as family and friends, and you are **only addicted to opioids** and not other drugs or alcohol.

8. *What kind of treatment do I need?*

There is no one right treatment path for everyone. You and your doctor should discuss which treatment or combination of treatments would be helpful in your recovery.

There are three main types of treatment:

(a) Withdrawal Management Services (WMS)

Hospital-affiliated WMS sites offer patients a supervised, inpatient setting for several days to several weeks. This can be useful for people going through severe withdrawal who may not have adequate housing or support. WMS sites are staffed by people with addictions training, who monitor you through your withdrawal. Staff will also initiate counseling and assist you with your treatment plan, as well as with accessing housing and other social services. Many people use a WMS as a first step in their treatment. WMS sites often offer day programs, which people can enroll in immediately after discharge from the inpatient program.

(b) Medication

Opioid substitution therapy can be very helpful for people for OUDs. Patients are prescribed methadone or buprenorphine/naloxone, opioid medications that are safe and effective for three reasons:

- i. They work on the brain **slowly**, meaning they don't cause opioid intoxication.
- ii. They work for **24 hours or more** to relieve withdrawal symptoms and cravings.
- iii. They **block the effects of other opioids** taken at the same time.

At first, patients usually attend the pharmacy daily to take these medications under a pharmacist's supervision. Once patients have stopped their recreational opioid use and their lives have become more stable, they are gradually given take-home doses. Opioid substitution programs monitor patients' drug use through urine drug screens. They may also provide regular medical care and counselling.

(c) Counselling

Counselling for addiction can take several different forms. The type of counselling that is best for you depends on what makes the most sense for your life. For people who lack housing and social support or are in severe withdrawal, an **inpatient residential program** may make the most sense. These live-in programs usually last about three weeks, and often include follow-up programming lasting for up to two years. Some residential programs are abstinence-based, meaning that they do not allow the use of opioid substitution therapy. If you are on opioid substitution therapy and it is working well for you, it is incredibly important to enter a residential program that will allow you to continue it. For people who have work or family obligations, an **outpatient** program might be the best option. In these programs, you continue to live at home and attend day or evening therapy sessions anywhere from one to five times a week. Outpatient counselling usually lasts for several weeks and typically doesn't require abstinence, meaning that you can attend while on opioid substitution therapy.

Both types of programs employ a variety of counselling techniques, including education on opioids and healthy lifestyle choices, group and individual therapy sessions, coping skills, and cognitive behavioural therapy. There is strong evidence that both types of programs are helpful for people struggling with addiction. Many people feel scared or anxious about starting counselling, but most of them are glad to have gone and often find they make supportive friendships there.

Self-help groups are another type of counselling for people with addictions. Groups like Narcotics Anonymous (NA) and the Secular Organization for Sobriety (SOS) meet every day all over Toronto. Access to meetings is immediate and there are no entry requirements. Anyone can attend meetings without assessment, going on a waiting list, or maintaining a period of abstinence; the only requirement is an interest in stopping opioids. Groups provide structure to the day; it can be helpful to know you have something to do and a place to meet other people going through the same struggle. Attendees often find it inspiring to meet people who have gone through difficult times and are now in recovery. Finding a sponsor in such a group can also help you stay sober.

9. What's the difference between methadone and buprenorphine/naloxone (bup/nx)?

Both medications are opioids and are taken once daily (methadone is mixed in fruit juice and bup/nx is a tablet that dissolves under the tongue). Methadone is a **full opioid**. It tends to have more side effects than bup/nx and it is more likely to cause overdose if taken in excess. Bup/nx is a **partial opioid**, meaning that it has milder side effects for most people and is less likely to cause an overdose. However, some patients find that methadone is more effective at relieving withdrawal symptoms and cravings. Your doctor may wish to start you on bup/nx and discuss switching to methadone if you find that the bup/nx is not relieving your cravings.

10. Don't these medications just substitute one addiction for another?

Methadone and bup/nx are very different from other opioids. When taken in the right dose, neither causes euphoria or intoxication. You also do not experience withdrawal symptoms and will not have to spend time and money acquiring these medications; all you need is a doctor's prescription and access to a pharmacy.

11. How long do I need to stay on these medications?

How long you stay on these medications is up to you. However, you are **much less likely to relapse** if you taper off these medications **gradually** once your life becomes more stable, and you haven't used non-prescribed opioids for at least six months. In general, the longer you've been addicted to opioids, the longer you should stay on methadone or bup/nx. You and your doctor should talk regularly about how the medication is working for you, if the dose needs to be altered, or if you are ready to discontinue it.

12. How do I get off these medications?

Your doctor will tell you how to taper the medication slowly and safely. This decreases the risk of going through withdrawal symptoms. If you have very strong urges, or if you relapse, **you should go back on the medication.**

13. Do the medications have side effects?

The side effects of methadone and bup/nx are similar to those of other opioids: sedation and fatigue, drowsiness, constipation, sweating, nausea, and sexual dysfunction. Some of these side effects disappear over time. If you continue to experience side effects, you should speak to your doctor about reducing the dose or using additional medications to relieve the symptoms. If you can't tolerate the side effects, you should ask your doctor about discontinuing the drug.

14. How much do these medications cost?

Methadone is covered under Ontario Drug Benefits and most private plans. If you are paying out of pocket for methadone, the cost depends on your dose and the pharmacy's dispensing fees; the usual cost is around \$7 a dose.

Generic bup/nx is also covered under Ontario Drug Benefits and private plans; brand-name bup/nx is 50% covered.

15. How long does it take to start treatment?

Medications are sometimes started at your first medical appointment, and most options will start to reduce cravings in just a few days. **Bup/nx must be started while you are in withdrawal**, or else it will trigger withdrawal symptoms. You and your doctor can determine the right time to begin.

Treatment programs have various waiting periods and assessment procedures. It is important to have **a plan for staying sober** until your program begins.

You can start attending self-help groups right away. You can try several different groups to figure out which one works best for you.

16. What can I expect when I go through treatment?

Starting a new treatment program can sometimes be overwhelming. You will be meeting with strangers and discussing things that are probably difficult to talk about. However, most people find that it is comforting to talk to people who understand what they are going through. Once you start your treatment, your fear and anxiety about attending will probably diminish within the first few days, and you'll be happy and proud of yourself for sticking to it.

17. What should I do to get through withdrawal?

Your physician may offer you medication (such as clonidine and bup/nx) to help relieve the symptoms of acute withdrawal. During sub-acute withdrawal, the most important things are to keep yourself out of situations where you might be tempted to use opioids, and to remind yourself that **things will get better**.

If you do use opioids after even a few days of abstinence, you are at **greater risk for overdose** because your nervous system is losing its tolerance to opioids. Follow these guidelines in order to minimize your risk of an overdose:

- Use much less than you did before you went through withdrawal.
- Do not use intravenously; this delivers the opioids to the brain very quickly.
- Do not use benzodiazepines, alcohol, or other sedating drugs while using opioids.
- Never use alone. Always have a friend with you.
- If a friend has taken opioids and is nodding off, call 911.
- Never let someone who is nodding off fall asleep.

III. Action

18. How do I get treatment?

If you do not already have a treatment plan in place, you will have to make a few phone calls. Please see the resource sheet for a list of phone numbers. Once you are involved in one group or program, you will likely find it easier to get support in developing a treatment plan. Doctors and social workers at various agencies can help you with this. It is important that you ask for help in getting connected to services that meet your specific needs (counselling, housing, medical treatment, etc.).

19. Who is involved in my treatment?

Your **family doctor** can play a central role in your recovery. Family doctors can prescribe bup/nx (and in some cases methadone), treat withdrawal, monitor and intervene with your mental and physical health during recovery, and give you ongoing support during and after your treatment. Your doctor can also refer you back to treatment if you relapse.

If you do not have a family doctor, there are some resources you can explore:

- **Health Care Connect** (1-800-445-1822) will connect you to family doctors and nurse practitioners accepting new patients: <https://www.ontario.ca/page/find-family-doctor-or-nurse-practitioner>
- **Community Health Centres (CHCs)** sometimes have openings for patients within their region. Locate your local CHC: <http://www.health.gov.on.ca/en/common/system/services/chc/locations.aspx>

Self-help groups can provide valuable emotional support and information about programs and services that have helped them.

Therapists and workers that you meet in treatment programs are great sources of knowledge to help you get connected to long-term treatment for substance use and other supports, like housing and employment help. They can also provide counseling for substance use and other important issues.

Family and friends are often key social supports. Reconnecting to people you may not have spoken to in a while can help reduce feelings of loneliness. You do not need to talk about your OUD, but they can offer company and activities away from using opioids.

20. *What should I do during early recovery?*

Some people find the early stages of recovery to be an overwhelming time. The best thing you can do for yourself is to keep recovery as your main priority, shaping your life around this goal.

- **Keep busy**

Scheduling your time can be a helpful way to avoid using opioids. Here are some examples of structured activities:

- Self-help groups like NA or SOS, which provide structure and social support. If you're having urges to drink, a sponsor can be someone to contact for support.
- Exercise, such as daily walks or trips to the gym.
- Regular sleeping and eating routines.
- Spending as much time as possible with supportive family and friends who do not use drugs.
- Appointments with addiction counsellors and doctors. If you have a slip while waiting for treatment, interrupt the slip immediately by seeking out help and keeping follow-up appointments.

- **Keep focused**

Staying sober requires paying close attention to how you're feeling every day. Here are some things you can do to take care of yourself in early recovery:

- Take the medication prescribed to you by your doctor.
- Avoid HALT states: Hungry, Angry, Lonely, Tired.
- When feeling the urge to use opioids, always pause and call a support first.
- Don't focus on other issues you may be worried about. They can be dealt with later as long as you remain sober.
- Know your **triggers** and do your best to avoid them. Triggers may be certain people or places, thinking about certain situations, feeling stressed, angry, or sad, or thinking self-critical thoughts.
- **Don't give up.** Remember that sub-acute withdrawal can last for several weeks, and that the anxiety, insomnia, fatigue, and cravings that you may be experiencing are all **temporary**. The longer you remain sober, the easier it will get.

21. *I feel too anxious and depressed when I'm not using opioids. What should I do?*

Mood disorders and OUDs often go together. If you have problems with your mood as well as with opioid use, it is important that you seek treatment for both issues. The good news is that treating one often helps with the other: if you stop or reduce your opioid use, your mood will almost certainly improve, and if you receive treatment for anxiety or depression, you are also less likely to use opioids.

Here are some coping strategies you can try if you feel an urge to use opioids:

- Focus on mindful breathing.
 - Sit comfortably with your eyes closed and your spine straight.
 - Direct your attention to your breathing.
 - When thoughts, emotions, physical feelings, or sounds occur, simply accept them, without getting involved with them.
 - When you notice that your attention has drifted off and you're becoming caught up in thoughts or feelings, simply note that the attention has drifted, and then gently bring the attention back to your breathing.
- Remind yourself that cravings only last about 20 minutes. Encourage yourself with positive thoughts: "This will pass, it's only temporary." "I've gotten through this before, so I know I can do it now."
- Drink a large glass of water or juice, and **pause**.
- Try relaxation and breathing exercises. When you're feeling tense, try breathing out a little bit more slowly and more deeply, noticing a short pause before the in-breath takes over. You might find it useful to count slowly or prolong a word such as "one" or "peace" to help elongate the out-breath a little (to yourself or out loud).
- Put on some music – sing and dance along, or just listen attentively (use music that is likely to help you feel your desired emotion – avoid sad songs if you're depressed).
- Try meditation or prayer.
- Call a friend or sponsor and visit them if possible.
- Ground yourself in the moment. Look around you – what do you see, hear, smell, sense? Hold a comforting object.
- Engage in a hobby or other interest. If you don't have one, find one! What have you enjoyed in the past? What have you always wanted to try but haven't gotten around to yet?
- Write down your thoughts and feelings. This helps to get them out of your head.
- Pamper yourself! Do something you really enjoy or do something relaxing.
- Find an affirmation that you can repeat to yourself when you need encouragement (even if you don't believe it at first!), like "I can do this."
- Visualize a drug-free positive future, seeing yourself doing the things you want to be doing.
- If you have a setback, **don't beat yourself up**. Tell yourself that it's okay and that you can start over. Be aware of what triggered it so that you can avoid being triggered again.
- Just take it **one step at a time**. Don't plan too far ahead or focus on worries that are not related to your recovery.