

OPIOIDS

A SURVIVOR'S GUIDE



ACKNOWLEDGEMENTS

This resource was developed by people on OAT from around British Columbia, with support and funding from the *BC Centre on Substance Use*.

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We would like to thank the *Canadian Institute of Substance Use Research (CISUR)* for their role in developing the first edition. We also wish to thank the following individuals for their contributions to the development and completion of this second edition: **Katie Mai** for writing support and coordination; **Amanda Giesler** for clinical advising and liaising; **Josey Ross** for editorial support; **Hawkfeather Peterson** for creative artwork; **Emily Wagner, Cheyenne Johnson, Dr. Kenneth Tupper**, and **Dr. Lindsay Farrell** for internal review of the resource; and **Madison Reid** for design and graphic support.

The authors and contributors gratefully acknowledge the traditional territories on whose lands we live, work, play, resist, and organize. These include the unceded territories of the *x̱m̱məθkwəy̱əm* (Musqueam), *Skwxwú7mesh* (Squamish) and *Səíḻwətaʔ/Selilwitulh* (Tsleil-Waututh) Nations and the traditional territories of the *Stó:lō*, *shíshálh* (Sechelt), *Qwalicum*, *Sinixt*, *Syilx*, and *Ktunaxa* Nations.

ABOUT THIS HANDBOOK

It can be a painful ride getting back to the place where we once were. But it's possible. All of the people who have written this are now in a place where our lives are in calmer seas, so we created this handbook to share the various ways in which we have found a safe haven.

Some of us have done this with the help of medical treatments like Suboxone® and methadone and stayed on them to protect ourselves from needing to use street drugs. Other people may take these medications for a shorter period of time to get them through withdrawals and go on into residential care, to live without drugs. There are many different pathways to a healthier life, however that looks for you. OAT is one option to help you in your journey. Many high-quality medical

evaluations have shown that OAT is an extremely successful treatment when it is provided in a supportive and empathic manner.

This is the second handbook written by a group of people from around British Columbia (BC) who together have years of experience using opioids and other street drugs. The first handbook was written by a group who attended the Methadone Action Days held in BC by the Ministry of Health in 2014 and 2015. It was a blue book called *"Patients Helping Patients Understand Opioid Substitution Treatment."* It was published in 2017 and widely distributed across BC through clinics and health centres.

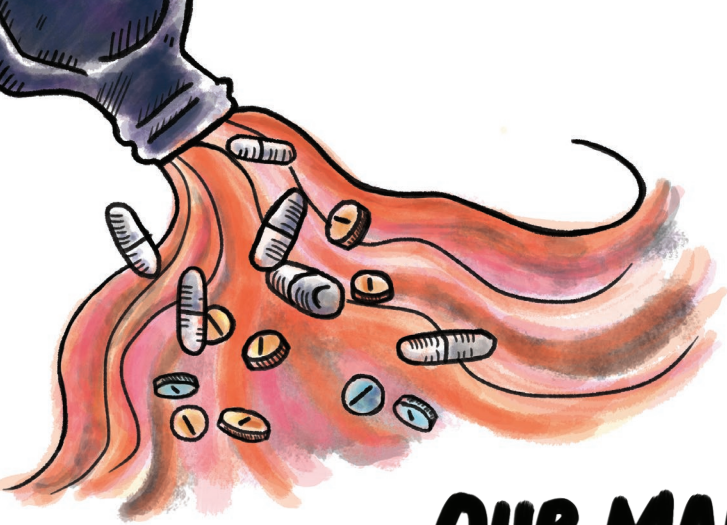
Published May 2019

www.bccsu.ca/opioids-survivors-guide

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OUR MANIFESTO

**We are drug users.
We are everywhere.**

We use drugs to momentarily fill the holes in our ruined hearts, to duct tape our broken lives. Drugs can temporarily stop flashbacks of a chaotic childhood or replace a mother's love never known. Drugs can hit the pause button on the pain, guilt, self-hate and fear of our present. Drugs can be a temporary shelter.

We numb ourselves from all kinds of social wounds - the pain and isolation of poverty, the trauma of colonization, a partner's violence, the drudgery of work, the terror of homelessness, the brutality of racism, homophobia and transphobia, injuries we got on the job or that grinding feeling of powerlessness. These forces swing through our lives like wrecking balls.

And when dope sickness returns; all those forces held momentarily at bay come crashing back down upon us, threatening to drown us. So, we seek

treatment. We score - taking our lives into our own hands - and try to get well. But we're made criminals for it and we are cast out.

Our dead are beyond counting. And as we go to press, in BC, five more people join them every day.

We want you to live. We want you to take back some control in your life. Information is power. That's why we've written this book. We are all current or former drug users. We've lived this shit.

But we also need to share our deep sadness. We've lost dozens of our friends, colleagues, family members and loved ones to overdose. More still are in hospitals, jails or on the street.

Most of us have reversed overdoses - saving people we care about and strangers alike. Some of us have survived overdoses ourselves. And having survived while our communities die, we are angry.

We're angry because none of this needed to happen. Some of the most effective treatments we describe in this book are quite hard to access. They work. The science is in. But while we've seen many positive changes in urban centres like Vancouver, governments have yet to scale-up programs and roll them out across BC.

This is an emergency. Leaders should act like it. Instead, inaction and foot-dragging leave us feeling like we've been written off—like our graves have already been dug.

We hear nice words from politicians, but we don't see results. Only death. Any other public health emergency (like SARS) gets immediate action. We get words but no action while the world accepts a new normal. We don't accept this.

Police and jails won't end the overdose crisis. Nothing is as stigmatizing as handcuffs. By labeling a behavior (like using drugs) as criminal, society casts out anyone who does it.

Being jailed makes things worse. It disrupts our treatment and exposes us to risks like having to share needles and overdose. When we leave jail, our tolerance may be lower and the risk of overdose is increased. We may face homelessness and stigmatization. That's why we call on the government and police to decriminalize drug possession. Portugal decriminalized the possession of drugs for personal use and increased funding for treatment and overdoses are way down.

We know that police trying to seize the drug supply doesn't make us safer. Instead, governments need to replace the tainted, illegal drug market with pure, legal, safe, pharmaceutical-grade drugs.

Nobody is coming to save us, so we must save ourselves. Activism is how we won needle distribution programs, safe injection sites and injectable opioid treatment. It's how pot became legal. Fighting back lets us regain a little control in our lives. Get involved with drug user activist groups. If there isn't one where you live, start your own.

Finally, defeating the drug war is revolutionary. Join the struggle. It could save your life.

INTRODUCTION

If you are reading this handbook, then you, or someone you know, may need help to deal with opioid use disorder— a situation where you need to keep using heroin, fentanyl, or similar opioids because you feel physically sick if you don't have them. Taking more opioid drugs will stop the pain, but over time, your body may need more to get the same effect.

This handbook talks about opioid agonist treatment (OAT) – including buprenorphine/naloxone (brand name Suboxone®), methadone (brand name Methadose™ or Metadol-D®), slow-release oral morphine (brand name Kadian®), and injectable treatment options (hydromorphone or Dilaudid® and diacetylmorphine or prescription heroin). These medications are also opioids, but they provide stable, long-acting relief from withdrawal and cravings. They replace the street heroin or fentanyl that you or someone you know are taking with a regular dose of a medication that allows for a stable life.

A lot has changed since the first edition of this handbook came out in early 2017, so it has been updated and re-written to share all the new things we know about treating opioid use

disorder and saving lives. In the past, methadone was the main medication prescribed to people with opioid use disorder (sometimes called opioid dependence or opioid addiction). However, harsh government policies existed that made it hard for doctors to prescribe it. Now, more OAT options are being scaled up and barriers to access are being removed (including barriers to accessing different types of methadone). Policies are changing to increase people's access to these medications. More people can make choices in their drug use that don't involve using street drugs that might be contaminated.

Throughout this handbook, OAT options may be referred to by their brand names (for example, Suboxone) or their generic name (for example, methadone), depending on which name is more commonly known. However, even though we might use specific brand names in this guide, we do not represent or endorse any pharmaceutical companies.

This resource sets out to answer some of the common questions that people have when they need help in dealing with opioid use or opioid dependence. We hope you find it helpful.

OPIOID USE DISORDER OR OPIOID DEPENDENCE?

The terms used to describe addiction change quickly. This is usually a good thing, as people are becoming more aware of stigma and discrimination against people who use drugs, but it can be hard to keep up. Whatever words you choose to use are the right words for you, but it can be good to know what terms doctors and nurses use.

Opioid use disorder, opioid dependence, and opioid addiction are all used to mean the same thing by some people. However, they don't mean exactly the same thing.

Opioid dependence, if you ask a doctor or nurse practitioner, means you need to take opioids to prevent withdrawal (being dope sick). Sometimes this is called “physical dependence.”

Opioid tolerance means you need to take more opioids to achieve the same effect, or that taking your normal amount doesn't work as well as it used to.

Opioid use disorder, which is also sometimes called opioid addiction, generally means that you are using opioids regularly and experiencing some kind of distress or health or social consequences. Symptoms include dependence, tolerance, cravings, using when it's unsafe, giving up important activities, continuing to use despite having social or interpersonal problems, and not being able to cut down or control opioid use.

A BRIEF HISTORY OF OAT IN BRITISH COLUMBIA

In the years after the Second World War, a growing number of people in BC developed opioid use disorder. This put pressure on health providers. In addition to offering withdrawal management services (or “detox”), they began to provide maintenance treatments using opioid medications. In maintenance treatment, 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 in 1959 and became quite widely used across Canada in the 1960s. However, regulations were introduced in 1972 that drastically reduced the number of prescribers and individuals on methadone in the following years.

Methadone was prescribed in two distinct ways. Some people used methadone to stop using other opioids and used a slow reduction in dose (or taper) to try to become “drug-free.” Others used methadone to help them achieve 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.

In 1996, the Federal Government loosened the restrictions on

methadone prescribing and turned the regulation of methadone prescribing in BC over to the College of Physicians and Surgeons of BC. That same year, the Methadone Maintenance Program was created to increase access to methadone treatment. 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, and nurse practitioners authorized to prescribe OAT in early 2018. Other OAT options are also increasingly available in BC, including Kadian (slow-release oral morphine) and injectable OAT (hydromorphone—or Dilaudid—and diacetylmorphine—prescription heroin).

In April 2016, with the number of opioid overdose deaths in BC rising each month, Dr. Perry Kendall, then the Provincial Health Officer, declared a “public health emergency” around the province. During 2016, the number of people who died from an illicit drug overdose in BC totalled 993. The number continued to rise with 1,486 people dying in 2017, and at least 1,489 in 2018¹. This was something that had never happened before in the history of our province.

OAT can help prevent relapse by taking away the pain you feel when you don't use. We hope that this treatment option can prevent further deaths.

HOW DOES OAT WORK?

Heroin and other opioids bind to specific sites in your brain, called opioid receptors. These receptors work with your body's natural painkillers, called endorphins. Endorphins are opioids that your body makes to fight pain and cause pleasurable sensations. Some scientists suggest that early childhood experiences may reduce the body's normal production of endorphins. This may make some people more likely to use opioids and to develop opioid use disorder. Drugs like heroin and morphine are shaped like endorphins and attach to the opioid receptors. When they attach, they stimulate the receptor (which feels good) and, over time, your body adjusts to having a steady supply of external opioids and reduces the amount of natural endorphins it makes.

So then, if you stop taking the drug, there is nothing to attach to those receptors. This causes you to become dope sick (that is, go into withdrawal). Medications like Suboxone, methadone, and Kadian bind to these same receptors and block the withdrawal symptoms and cravings.

If you have developed a dependence on short-acting opioids, such as heroin, you will get sick about 6-8 hours after your last use. But since OAT is long-acting and generally works for 24 hours, with the right dose you will usually only need to

¹BC Coroners Service (2019). *Illicit Drug Overdose Deaths in BC: January 1, 2008-December 31, 2018*.

take it once a day. In fact, Suboxone is so sticky in binding to the opioid receptors that, once stable, you may be able to take it only four times a week (or every other day). This is particularly helpful if you are working or want to travel to other places.

OAT is now considered the most effective treatment for opioid use disorder and is recommended by many health care organizations. However, we recommend that you talk to your doctor, nurse practitioner, and/or other care providers about all of the options before deciding what is right for you.

WHAT SHOULD YOU CONSIDER BEFORE GOING ON OAT?

If you are opioid dependent and have not been successful in controlling your opioid use and dependence in other ways (that is, you likely meet the definition of opioid use disorder), you may want to consider OAT. However, OAT is not a quick fix. With all the appointments, possible need for daily trips to the pharmacy, and other restrictions you may have at first, it is important to not get discouraged. There are many benefits, and it will impact your life positively for the long-term.

The following sections will help provide answers to some of the common questions and help you decide if you're ready to begin OAT. If you have other questions, be sure to address them with your prescriber.

WHERE ARE THINGS AT FOR YOU IN YOUR LIFE RIGHT NOW?

Starting OAT requires that you do a few things in order for it to work for you and to be successful. Stabilizing on OAT requires a serious commitment. For example, you'll need to see your prescriber very frequently in the beginning to figure out a stable dose. For some options (methadone and Kadian), you'll need to go to your pharmacy every day to get witnessed doses (referred to as "*witnessed ingestion*"). Missing one or more doses can put you at risk of relapsing, or having your prescription to be cancelled. For people living in rural areas, getting to the pharmacy every day can be especially hard. Talk to your service provider about any community programs that may provide daily medication deliveries. You could also talk to your prescriber about Suboxone, which you can often receive as take-home doses or "*carries*" for a few days at a time (see page 15 for more information on Suboxone).

If you have been part of a community that uses drugs for a long time, these people can become like (or are) your family. When you make the decision to stop using, you may also have to make the decision to stop going to certain places and seeing certain people that you are closely connected with, as they can trigger your relapse. This can be really hard, both emotionally and practically, but it is possible with the right support.

PROS OF OAT

- Long-acting OAT medications prevent you from feeling dope sick
- Extensive research shows OAT to be the most effective treatment for opioid dependence
- OAT greatly reduces risk of overdose, death and multiple health problems
- You'll know what substance you're getting, meaning you'll have a much lower chance of overdosing
- You won't need to steal or commit crime in order to get dope

CONS OF OAT

- It's a demanding program that requires commitment
- You may be on the program for a long time
- You risk overdosing if you combine your OAT with other opioids, alcohol or other depressants (like benzos)
- It takes time to reach an optimal dose that won't make you dope sick (with Suboxone this can be as short as 1-3 days, and a little longer for methadone)
- You may not be able to travel, but you may be able to make special arrangements with your prescriber

WHAT KIND OF SUPPORTS DO YOU HAVE?

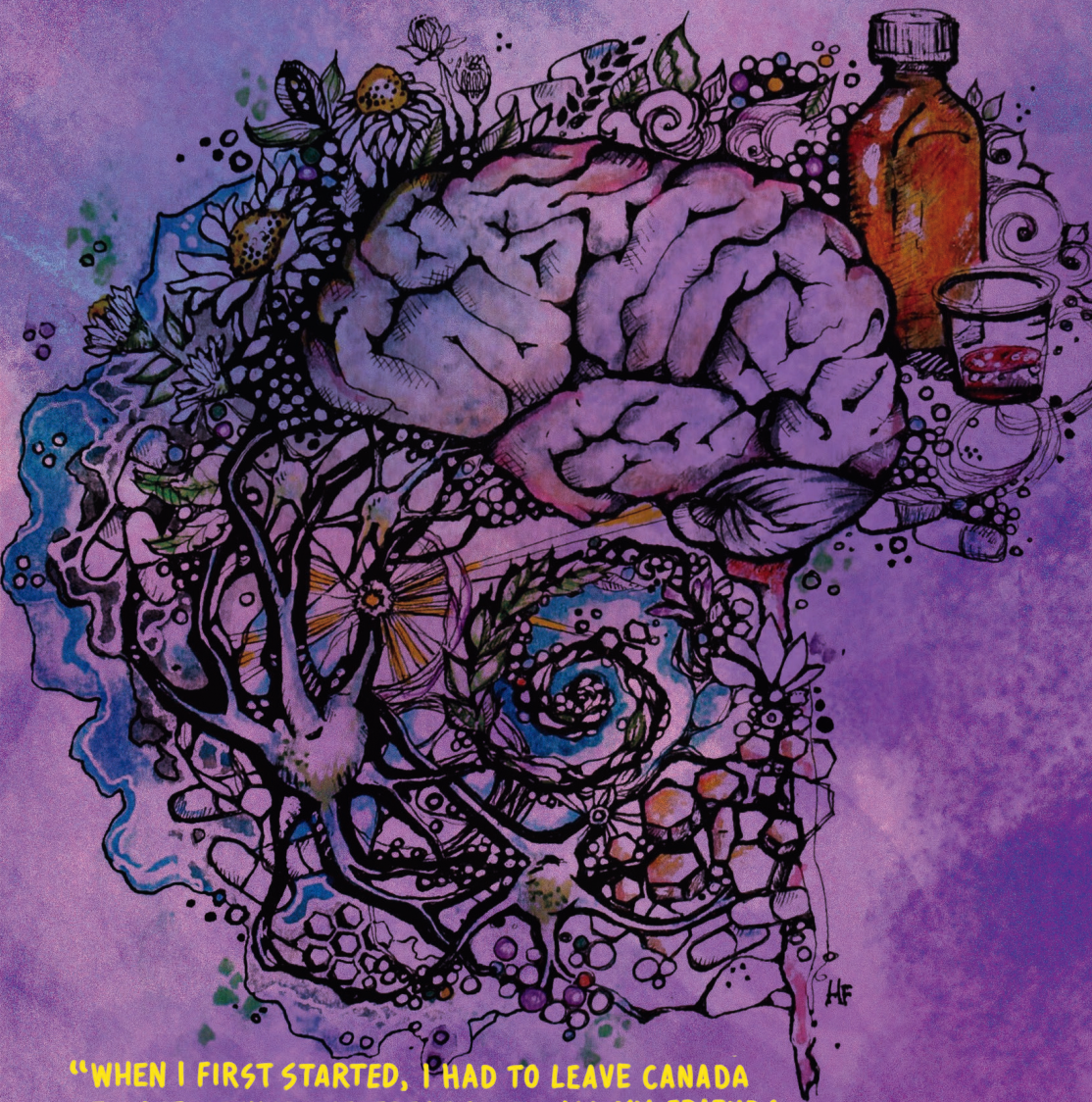
The path to recovery can be very difficult and it is important to have support every step of the way—before you decide to go on OAT, while you're on OAT, while you're transitioning off of OAT, and after you're off OAT. You can reach out to other OAT patients, your friends, and/or family for support. You can also find a family doctor, nurse or nurse practitioner, counsellor, social worker, advocate/advocacy group, peer support worker, psychiatrist, or psychologist.

Keep in mind that OAT is only one part of your healing and recovery journey. It can be a very helpful tool, along with other supports, if you are thinking about staying away from drug use.

HOW LONG WILL I BE ON OAT?

Everyone's journey is different. You are in control of your own treatment goals, and you can decide whether or not to go on OAT, stay on OAT, or try coming off. Research has shown that people should try to stay on OAT for at least 12 months; however, no one knows what the best length of time is to be on OAT. Meaning, people might stay on OAT anywhere from 12 months to many years.

If and when you decide to stop OAT, you should develop a plan with your prescriber 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 OAT*" page 63.



"WHEN I FIRST STARTED, 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. THANKFULLY, IT'S MUCH EASIER TO GET METHADONE TREATMENT THESE DAYS."

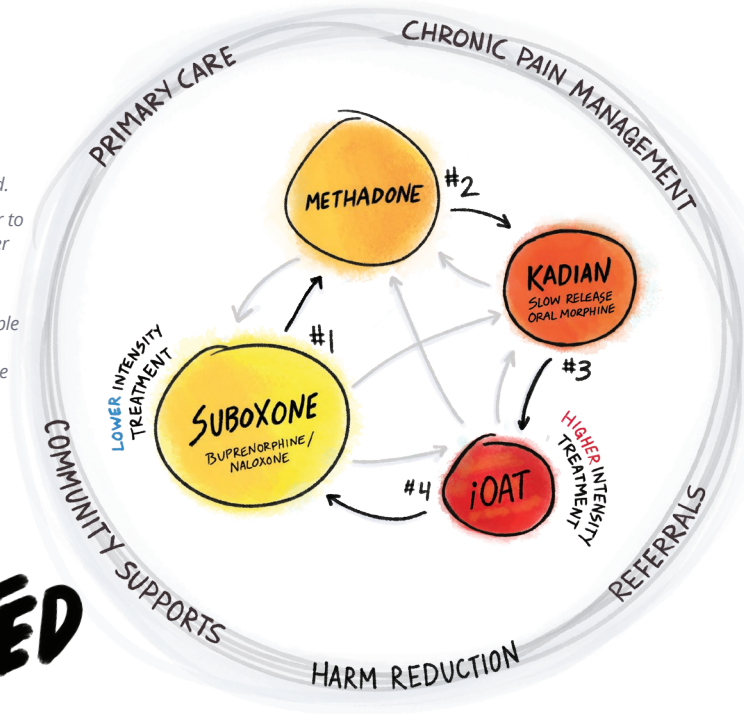
— BILL NELLES

Illustration by
Hawkfeather Peterson

GETTING STARTED

1. Widely available, safer, easier to get carries. Usually offered first.
2. Widely available, takes longer to get carries. Might be offered first or second.
3. Not as widely available. Takes longer to get carries, if at all. Usually offered after Suboxone and/or methadone have been tried.
4. Not widely available. Requires multiple clinic visits per day with no carries. Usually offered after one or more of the above have been tried.

GETTING STARTED



WHAT ARE THE TREATMENT OPTIONS?

OAT comes in several forms but they all work the same way – the OAT medication (Suboxone, methadone, Kadian, or injectable medications) replaces the illicit opioids you are using (like heroin, fentanyl, oxycodone, etc.) with less harmful, pharmaceutical-grade alternatives, given under medical supervision. OAT prevents the feelings of withdrawal (dope sickness) that come from not using and is designed to provide a stable feeling and prevent cravings.

There is a continuum of treatment that is recommended to prescribers, and Suboxone is usually prescribed first in BC because it is the safest option. This

continuum is just a recommendation, not the rule, since every patient is different. Some treatments may work for you and others may not. This is why there are different options available. Be honest with your prescriber about your substance use and what your expectations are for your recovery, as they are important in determining what OAT option works best for you. Be sure to mention any prescription or over-the-counter medicines you may be taking, as well as any other drug use (including alcohol), as it could affect your options for OAT. If the type of OAT you are on is not right for you, say something! Remember that you know yourself best. See “*Support on Advocacy Groups*” on page 53 for tips on how to advocate for the best treatment option for you.

SUBOXONE (BUPRENORPHINE/NALOXONE)

Suboxone is prescribed as a pill that is dissolved under the tongue. Like methadone, it is an effective long-term maintenance treatment for opioid use disorder, which reduces illicit opioid use. It contains buprenorphine (a partial opioid agonist) and naloxone (an opioid antagonist). Buprenorphine removes cravings and prevents dope sickness, while naloxone is added to prevent users from injecting or snorting the medication to get high.

Although Suboxone has not been as commonly available as methadone in the past, British Columbia is taking the lead in making it more accessible to help combat the overdose crisis. Prescribers (doctors and nurse practitioners) in BC do not need a special licence to prescribe it, and it is also fully covered by PharmaCare, Plan G, and Plan W. If you are on Fair PharmaCare, you may have to pay out of pocket or reach a deductible (an amount you pay out of pocket based on your income and dependents) before it's fully covered.

While many people feel good on Suboxone, it may or may not be right for you.

Suboxone is really sticky (in other words, it has a "high affinity"), which means it attaches to the opioid receptors more strongly than other opioids. And because it is only a partial agonist, it doesn't activate the receptor as much as a full agonist like heroin or methadone. This means that if you

SUBOXONE HAS SEVERAL ADVANTAGES OVER METHADONE, INCLUDING:

- **Finding your optimal dose** (the dose that lets you feel stable and craving-free) can be accomplished in 1-3 days, whereas for methadone it may take weeks or even months.
- **It is easier to get take-home doses**, or "carries", because you are less likely to overdose on Suboxone. This means that you generally do not have to go to the pharmacy every day to pick it up, which is a primary concern for patients on methadone.
- **Fewer withdrawal symptoms when tapering down** or off Suboxone (see "Getting off OAT" on page 63)
- **Fewer side effects**
- **Fewer negative interactions** with common medications
- **You can split the dose to several times per day**, rather than taking once per day, if you find that helpful for pain control.

These advantages may not be true for everyone, as each person's body is different.

take Suboxone while you still have heroin or other opioids in your system, it can cause you to go into sudden moderate to severe withdrawal (called "*precipitated withdrawal*"). To prevent this, may you have to stop using opioids entirely and be in moderate withdrawal from opioids before taking your first dose. Suboxone's stickiness also means that if you take another opioid once you've been on Suboxone for a while, it won't have much effect.

If you are already in withdrawal (or don't have any opioids in your system), you can start Suboxone right away. Work with your prescriber to create a plan that works best for you.

MICRODOSING SUBOXONE

Microdosing Suboxone is a way to start treatment where you don't have to stop using or risk going into sudden ("*precipitated*") withdrawal from opioids. You would be given very small doses of daily Suboxone, slowly increasing each day. At the same time, you are able to continue using opioids, but would gradually decrease your dose. This is usually done over a 6 to 7-day period, with an additional 1-3 days before the optimal dose is achieved (though some prescribers use up to a 14-day protocol). This is a pretty new way of starting Suboxone, so this option is not yet available in all communities – ask your prescriber for more information about this option. If they don't know about it, tell them to consider calling the *RACE* line to talk to an addiction medicine specialist (see page 31 for more information).

WHEN YOU START SUBOXONE, THERE ARE FOUR OPTIONS FOR MANAGING YOUR WITHDRAWAL:

- Starting in a regular office under clinical care
- Starting at home
- Starting in a detox program (brief admission)
- Micro-dosing (*see page 16*)

BUPRENORPHINE MONOPRODUCTS

Buprenorphine, the active (opioid) ingredient in Suboxone is also available in other formulas, without naloxone. These include an extended-release injectable form called Sublocade and an implant called Probuphine. These medications were very recently approved to be used in Canada but are not yet available at the provincial level. It is unclear when they will be available.

METHADOSE (METHADONE)

Methadone is a synthetic opioid. Unlike 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 between 12 and 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 OAT 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 prescriber may prescribe “carries” so that you can take home enough methadone for a few days or a week.

When patients are just getting started on methadone, many find they continue to use heroin, other opioids, and/or other street drugs at the same time in order to still feel okay. This is not unusual. If it happens to you, that does not mean you’re failing – it just means you are adapting, and it can take time for you and your prescriber to get the dosage right. However, the risks of overdose are increased by using methadone and other opioids (like heroin) at the same time, as well as other depressants like benzos (such as Ativan or Valium, or anything that ends in “pam” such as clonazepam) and alcohol.

Once you have been stabilized on methadone for some time, you may find 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 prescriber (see “Getting off OAT” page 63).

Avoid grapefruit juice, which may interact with methadone and inhibit its breakdown, and talk to your

METHADONE HAS SEVERAL ADVANTAGES, INCLUDING:

- **Easier to initiate treatment** than Suboxone, since you don’t have to stop using opioids before starting treatment
- **Better treatment retention**— some studies show people are more likely to stay on methadone than Suboxone
- **May control pain** better than Suboxone
- **You can get take-home doses.** While it takes longer to stabilize on methadone and get take-home carries than on Suboxone, lots of people will get to have methadone carries. Generally, people on Kadian do not receive take-home doses, and people do not receive take-home iOAT doses.

“...WE CALL METHADONE
‘LIQUID HANDCUFFS’”

– OAT PATIENT

prescriber or pharmacist about other medications you're on, to avoid any interactions between medications.

In 2014, all methadone patients in BC were switched to a new, more concentrated formulation of methadone called Methadose. A study of people who were switched from methadone to Methadose across BC found that over half of the people included in the study reported feeling more dope sick, having worse pain, and using other opioids to supplement

their methadone, and one-third of the people in the study had to increase their dose. After 12-16 hours, some patients—as well as many of the authors of this handbook—report that they start feeling dope sick, and have returned to using street drugs to “top up.” As a result of this, some patients have sought out other OAT options such as slow-release oral morphine. Monitor yourself carefully: If you are still feeling dope sick, you can ask your prescriber to adjust your dose or to split your dose – half in the morning, half in the evening. The downside of split doses is that you may have to visit the pharmacy twice a day.

Activists fought for years to make the old methadone available again, and we are still fighting. In 2018, a new alternative for methadone was made available: **Metadol-D**.

ALTERNATIVE TO METHADOSE: METADOL-D

If Methadose does not work well for you, you can ask your provider to try Metadol-D. It is a different formulation of methadone—not the pre-2014 version— but similar. So far, most people on it say it is much more effective for them than Methadose.

As of May 28, 2019, Metadol-D is now fully covered under PharmaCare, which means that Special Authority requests are no longer required. Talk to your prescriber for more details. All the information your prescriber needs is on bccsu.ca/clinical-care-guidance under “bulletins”.

**“AS LONG AS EVERY
TIME WE MEDICATE,
WE’RE BREAKING THE
LAW, IT’S EASY FOR
SOCIETY TO HATE ME
AND DENY ME THE
TREATMENT I NEED.”**

-OAT PATIENT

KADIAN (SLOW-RELEASE ORAL MORPHINE, OR SROM)

Kadian may be a more effective option for you if you have been using drugs for a long time, have been using heavily, or have tried Suboxone and methadone and they have not worked for you. Kadian-brand morphine is a slow-release 24-hour formulation. It's not generally used as a first line of OAT, meaning that it will usually only be prescribed if Suboxone and methadone have not been effective for you. Because it lasts for 24 hours, it only needs to be taken once a day, and there is no need for split dosing. As with methadone, daily witnessed ingestion is the norm. Most pharmacies will open the capsules (available in 10mg, 20mg, 50mg and 100mg) and pour the beads into a cup for you to ingest. For ease in swallowing the beads, some will sprinkle them on apple sauce, yogurt, or something similar. If you want to stop SROM, a slow reduction over a long period of time is recommended.

INJECTABLE OAT (iOAT)

Some people do not respond to Suboxone, methadone, or Kadian, which are all oral medications. If this is the case, or there are other reasons oral medications won't work for you, injectable opioid agonist treatment can be more effective than these other treatment options. Those in an iOAT program will see their providers and peers two to three times a day (depending on the program). This can be beneficial, because you will be able to frequently connect with your

KADIAN HAS SEVERAL ADVANTAGES, INCLUDING:

- **Easier to initiate treatment** than Suboxone, since you don't have to stop using opioids before starting treatment
- **May control pain** better than Suboxone
- **Better treatment retention**—people may be more likely to stay on Kadian than Suboxone
- **May reduce cravings and improve mental health** more than methadone
- **May be safer** for people with certain cardiovascular conditions or on certain medications (like antidepressants and antipsychotics) than methadone

supports, however, it also requires a commitment from you, and some people find that the frequent program visits are a barrier for them.

iOAT is different from oral OAT. Generally, you go two to three times per day and will also receive methadone or Kadian to make sure that you don't have cravings overnight. You show up for check in to see if you are okay to get your dose, then you receive your dose. You might be around other people or not, depending on your particular program and how busy it is. You inject your

supervised dose (or can get help from a nurse if necessary). It is very different from witnessed methadone where you are watched closely. For iOAT, you take your dose then chill out for a few minutes, then you get checked to make sure you're safe to leave.

Depending on where you live, iOAT options may not be available to you, or there may be a waitlist. Hopefully, with more options and programs opening, services will become more accessible than they are now.

PRESCRIPTION HEROIN

This is an established treatment option in several countries around the world. It involves the use of prescription injectable diacetylmorphine (heroin). Studies in Vancouver and programs around the world found that patients on this treatment are less likely to die from overdose, more likely to stay in treatment, and experience much better physical and mental well-being overall compared to people who aren't on treatment and people who are on methadone.

Despite clear evidence of its cost-effectiveness, safety, and increased quality of life among patients, it still has not been made widely available in Canada by health authorities, and is only available in one clinic in all of Canada. Due to its history of criminalization, heroin continues to be stigmatized, which is one of the reasons why policy makers haven't rolled out this treatment, however, we hope this will change in the near future.

INJECTABLE OPIOID AGONIST TREATMENT HAS SEVERAL ADVANTAGES INCLUDING

- **Easier to initiate treatment** than Suboxone, since you don't have to stop using opioids before starting treatment
- **May control pain better** than Suboxone
- **Better treatment retention**—people who have tried oral OAT and continued to experience cravings are more likely to stay on iOAT than methadone or Suboxone.
- **Frequent visits**—some people really benefit from seeing their care team multiple times per day and receiving additional services like housing support and mental healthcare.

DILAUDID/DILLIES (HYDROMORPHONE)

This is another injectable treatment option. The "SALOME" (Study to Assess Longer-term Opioid Medication Effectiveness) trial showed that, generally, patients found hydromorphone to be just as effective as prescription heroin. Because hydromorphone is easier to access than prescription heroin, it is slowly becoming more available in Canada.

In BC, hydromorphone is available in Vancouver and Surrey, but it has still

not been made commonly available in other areas of BC. However, it will soon be available in Victoria and Kelowna.

Every patient will respond differently to OAT medications. That is why it is extremely important to have as many treatment options as possible. Individuals must be given another choice if they are not currently benefiting from what is available. While there has been a lot of progress in expanding access and availability of different forms of OAT, there is still a lot of work to do to make sure that everyone can access the treatment they need.

GETTING TO THE RIGHT DOSE:

"I tell my patients that the goal is to be comfortable all day long, that is how we know you are at the right dose – you should be able to sleep in, go for a bike ride, and spend time with your friends and family, and not have opioids on your mind."

- OAT prescriber

SIDE EFFECTS AND HOW TO DEAL WITH THEM

The intensity of side effects will depend on your particular medication and your unique reactions to the medication. Except for where specified, the side effects listed on page 23 apply to all OAT medications. You should report all unwelcome effects to your prescriber or pharmacist and discuss how best to reduce them. Most of them will lessen in time as your body adjusts to the medicine.

TIPS TO MANAGE SIDE EFFECTS

Maintain an open line of communication with your prescriber and pharmacist about your side effects and how to manage them. It's important to keep in contact with your health care providers throughout the early stages of your treatment if you're having concerns. They may have several options for you depending on what you're dealing with, and may prescribe additional medications or suggest at-home or over-the-counter remedies for you to try.

We do not list any mood- or mind-altering drugs in our suggestions below, however, choose what is best for you and your body. Because different substances can react with your medications (especially methadone), we recommend that you talk to your prescriber about any other medications or drugs you're using to deal with side effects.

"I HAVE OVERDOSED MANY TIMES GETTING WHO KNOWS WHAT FROM WHO KNOWS WHERE.

BEING IN THE IOAT PROGRAM HAS TAKEN AWAY THAT FEAR, AND THE CHASE. NOW I HAVE TIME TO THINK ABOUT LIFE AND DISCOVER THINGS ABOUT MYSELF THAT I DIDN'T KNOW BEFORE. I DIDN'T HAVE THAT A YEAR AGO. THAT IS REALLY GREAT.

I FEEL HAPPY AND SATISFIED, AND CAN GO ABOUT THINGS IN MY DAY."

- IOAT PATIENT

SIDE EFFECTS OF OAT

- Feelings of nervousness, anxiety and restlessness
- Drowsiness and sleeping problems, like insomnia, abnormal heavy snoring or disrupted breathing while asleep
- Dental decay - due to low saliva flow (dry mouth) and increased intake of sugary drinks and foods
- Weakness and dizziness at times
- Sweating and flushing
- Diarrhea, constipation, and gas
- Lack of appetite, nausea and vomiting
- Stomach pains, headaches, and body pain
- Sexual dysfunction. For example, decreased sex drive, not getting it up, and not being able to cum
- Menstrual dysfunction, like missed or late periods or lighter or heavier flow than normal
- Heat rashes
- Feeling of pins and needles
- Weight gain
- For some hydromorphone patients: Shocks and spasms
- For iOAT patients: Vein problems, such as collapsed veins and bacterial infections

SERIOUS ACUTE SIDE EFFECTS (RARE)

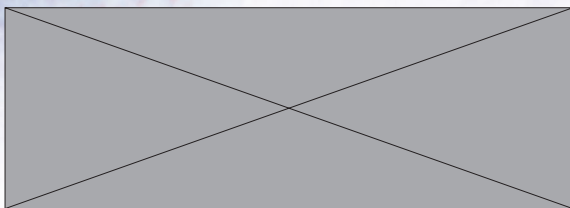
**Call for medical assistance immediately if you experience any of these*

- Chest pain
- Shallow breathing
- Fainting spells
- Confusion and hallucinations
- Arrhythmia (irregular heartbeat) with methadone

HERE ARE A FEW SUGGESTIONS FOR DEALING WITH SIDE EFFECTS, BASED ON OTHER PEOPLE'S EXPERIENCES

- To manage **excess sweating**, add salts to your diet and increase your intake of fluids. You can also talk to your prescriber about a medication called *clonidine*.
- To manage **stomach and bowel issues**, drink lots of water and clear fluids and ensure proper nutrition and a high-fiber diet. If they persist, talk to your prescriber about splitting your dose (for example, taking methadone twice a day) or get a medication to help with these symptoms (for example, over-the-counter natural source laxatives or stool softeners for overnight relief).
- To manage **nausea, vomiting or lack of appetite**, make sure that you're drinking lots of water and other liquids, which might mean drinking more than you're used to. Gravol also helps, but you don't want to take it all the time.
- To manage **dental issues**, pay extra attention to oral hygiene (for example, brush and floss regularly) and drink water instead of juice or soda. See "*Dental Concerns*" for more information on page 43.
- To manage **sleep issues**, melatonin is an over-the-counter drug that can be used to help you reset the sleep-wake cycle. Increasing your physical activity can also be a simple solution to getting a proper sleep.
- Consider taking Benadryl for **heat rashes**.
- To manage **body pain**, consider non-opioid painkillers, such as ibuprofen, and stretching.
- If you find yourself **feeling weak or dizzy** at any point during the day, its best to just take a seat until the feeling passes. If you have been sitting or lying down for an extended period of time, try to get up slowly to help prevent getting a head rush or passing out.
- **If you are on methadone**, avoid grapefruit juice, as it may block the breakdown of the medicine in the body.

Experiencing these side effects is normal to some degree, but if anything is bothering you or doesn't seem to go away then be sure to bring it up with your provider right away.



1. Find a prescriber and pharmacy

Find a provider who can prescribe OAT (see *"Finding a doctor or nurse practitioner"* on page 39). You will also need to find a pharmacy that you can visit on a daily basis that provides the medication (not all do).

If your care provider or local clinic cannot provide this care, they should be able to refer you to the nearest OAT service providers. If you do not have an OAT service provider in your community, ask your provider why they don't prescribe this medication or think about moving to a community that has one. If this is not a possibility for you, determine whether there are reliable, affordable means of transportation that will allow you to access those services elsewhere (see *"Accessing OAT in rural/remote areas"*, on page 26).

2. Getting started

Your prescriber will first do an assessment to determine that OAT is right for you. Then, both of you will come to an agreement as to which type of OAT is most suitable for your situation. Depending on the medication, you will need to see the doctor or nurse practitioner regularly and visit the pharmacy every day. You will see them more often, and for longer times, in the early part of your treatment.

3. Getting stabilized

Your prescriber should then work with you to ensure that OAT is coordinated with other aspects of your medical care and that you receive all available supports you may need. For example, with Suboxone, you may achieve your optimal dose in as little as 1-3 days. 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.

During these early stages, you will need to practice. Once you are stabilized on your treatment program, visits to your prescriber and pharmacy will most likely decrease in length and frequency. At any point, if something feels wrong, tell your pharmacist or prescriber. Sometimes people need to increase or decrease their dose sooner than when the prescription ends.

ACCESSING OAT IN RURAL/REMOTE AREAS

The struggles of accessing OAT in rural areas, including some First Nations communities, are as real as ever.

Many people who use drugs living in small communities face a lot of stigma, which is a huge barrier. Fortunately, more and more doctors and nurse practitioners are being trained to prescribe these types of drugs, but prescribers are still not as accessible as they should be.

First of all, find a doctor or nurse practitioner in your area. If you're in a smaller community, this may mean looking in the nearest larger town or city. Most smaller communities don't have their own mental health or substance use program, so you'll need to do research depending on where you are (see "*Resources*" on page 50).

If you are in a small community and already have a health care provider, ask them if they prescribe OAT and if not, why not? It's easier than it has ever been for doctors and nurse practitioners to prescribe OAT and there are multiple resources to help get them started. If you're comfortable doing it, you can advocate for yourself with your doctor or nurse practitioner and point

out that this is a life-saving medication during a public health emergency.

Once you've found yourself a prescriber and figured out which OAT treatment is the right one for you, find the nearest pharmacy. The problem with living in a smaller community is that not all may have one. When you start your OAT you may have to commute back and forth to the nearest pharmacy each day to take your medicine in front of the pharmacist, depending on the medication. For those of us who don't have a car, this usually means relying on public transit or hitchhiking each day. Having to rely on someone else is definitely not the best feeling in the world. One good thing about being a former user is that we're used to doing what we have to do in order to get by. If we can put as much effort and determination into getting our meds and health care as we used to put into scoring dope, we'll be fine. Although it is quite a hassle, and at first may seem like your days are literally just revolving around going to town to get your medicine, it does get better.

Once you have stabilized on your medication and had negative urine tests for three months, you can ask to get what's called a "*carry*" (take-home dose) for your meds. This allows you to only have to make your way into town once or twice a week to pick them up. This offers us up more time and freedom, and allows us to get back into some of the routines of everyday

life. Generally, you can get carries of Suboxone much sooner than other oral OAT medications, due to it being a very safe medication, which might make Suboxone a good choice for you if you live in a smaller community and have transportation challenges. Hopefully, in the future, OAT will be more accessible in smaller rural areas. If they were more available, more people would start them.

ACCESSING OAT IN CORRECTIONAL FACILITIES

If you are currently on OAT and are headed into the provincial prison system, you will be able to access OAT in the facility. Methadone and Suboxone are available in almost all BC correctional centres, with the exception of a remote site where only Suboxone is available. Kadian is also available in more and more correctional centres. While in the past it could be difficult to start OAT in jail, policy changes have made it so it is easier to start OAT in jail than it is to start OAT in some communities in BC.

However, you may have to wait up to 3 days or more to receive your OAT after entering, depending on the facility. The corrections system is not built to support people with their life-saving treatment, and drastic change needs to take place in our province. There are several organizations working to change this, but it is important to recognize this current reality and the challenges you may face.

When medications are dispensed will vary from facility to facility. This could be an issue if you are used to taking your medication at a specific time of day. Some facilities will be more accommodating, so ask the health care provider in the facility whether you can receive your OAT at a time that works for you. Generally, methadone is administered in the morning at BC Corrections. Suboxone administration times may vary based on site.

When you get your OAT dispensed to you, the health care provider will ask you to take it in front of them out of concern that you may give away your medication by holding it in your mouth.

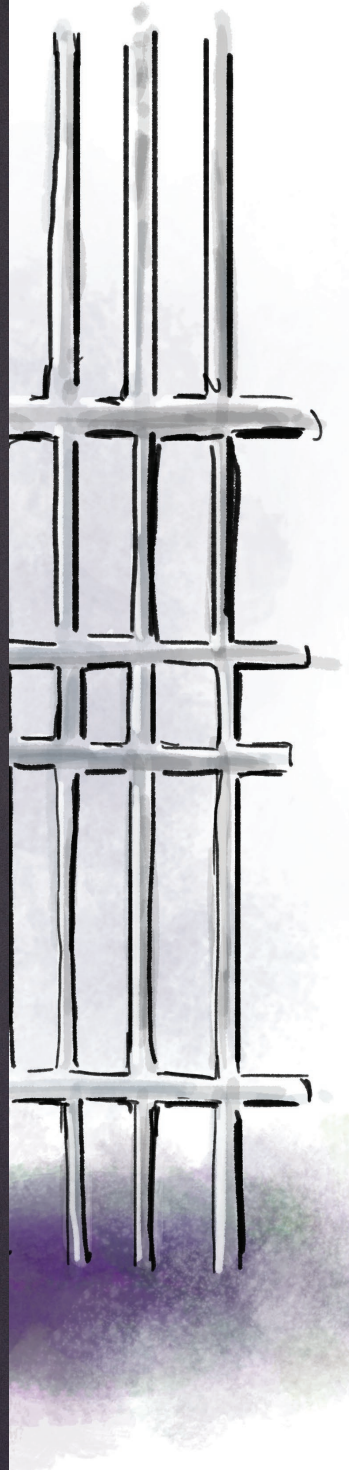
If you decide to start OAT while in prison, it's important that you and your health care provider start creating a transition plan immediately to ensure you can get your medication once you are released. Your risk of overdose is much higher if you relapse after staying in a correctional facility because your tolerance is lower. BC Corrections has Access and Transition Nurses to ensure you receive your OAT post-release. If you are released without a prescription for your OAT, you may go to any pharmacy in BC and ask the pharmacist to contact the health care office in the BC Correctional facility you were released from and have a prescription faxed to that pharmacy. If you're in Vancouver, you can also go to the DTES Connections Clinic.

For individuals between the ages of 12 and 18 who are in Youth Custody, OAT

RESOURCES FOR PEOPLE IN CORRECTIONS

**NOT AN EXHAUSTIVE LIST*

- **BC Mental Health & Substance Use Services**
 - Correctional Health Services: bcmhsus.ca/our-services/correctional-health-services
 - Forensic Regional Clinics: bcmhsus.ca/our-services/forensic-psychiatric-services/regional-community-clinics
- **Elizabeth Fry Society:** Offers advocacy, legal assistance, and educational support for women and their families: elizabethfry.com
- **John Howard Society:** Offers advocacy, legal assistance, and educational support for people and their families: johnhowardbc.ca
- **Legal Services Society:** Provides legal information, advice, and representation for people with low incomes: lss.bc.ca
- **Native Courtworker and Counselling Association of BC:** Provides information and guidance for Indigenous people charged with a crime: nccabc.ca
- **PASAN:** Provides community development, education, advocacy, and support to prisoners and ex-prisoners living with HIV and hepatitis C: pasan.org/
- **Pivot Legal Society (Vancouver):** Provides advocacy and representation to marginalized populations in Vancouver: pivotlegal.org/
- **Positive Living BC:** Offers inmates living with HIV advocacy, pre-release and post-release support: positivelivingbc.org/services/prison-outreach
- **West Coast Prison Justice Society:** Includes information on support and advocacy groups in prison, human rights in BC and federal prisons, health care rights, rights as an Indigenous person, and more: prisonjustice.org



continuation and initiation are available on a case-by-case basis following assessment by the centre physician and substance use counsellor.

After release from a correctional centre, there may be a Community Transition Team available to support you in first 30 days after your release from custody. The *BC Mental Health & Substance Use Services (BCMHSUS)* has five teams, located in Surrey, Maple Ridge, Prince George, Kamloops and Nanaimo. Each is comprised of a social worker and peer support worker. The goal of the teams is to help connect you to primary care, substance use treatment (including OAT), and/or mental health support.

There are also six Forensic Regional Clinics in the province, located in Vancouver, Victoria, Nanaimo, Prince George, Kamloops and Surrey. The clinics are responsible for treating people found “Not Criminally Responsible on Account of Mental Disorder”, as well as people found “Unfit to Stand Trial” who are granted a conditional discharge by the BC Review Board. They also serve people who are on probation. Forensic Clinic clients will soon have access to physicians (both in person and via Telehealth), who are able to start and maintain people on OAT. See resource list below for more information.

You have a right to the same medical care as would be available in the community, including OAT, while in prison.

You also have the right to refuse treatment or withdraw from treatment at any time.

OAT AND PREGNANCY

If you are dependent on opioids and become pregnant, it is advisable to seek treatment as soon as possible. The cycle of the high followed by withdrawal when using street drugs can be very dangerous for you and your baby. OAT is a lot healthier for both of you and you can expect there to be services available in your community that will provide you with extra attention and care.

If you are afraid to tell your care provider that you are pregnant, it's important to know that care providers don't have a duty to report opioid use while pregnant to either the Ministry of Children and Family Development or the police. Unfortunately, some care providers need to be reminded of this. It's totally within your rights to remind your doctor or nurse that they don't have a duty to report opioid use while pregnant.

If you become or are planning to become pregnant during the course of your treatment, let your prescriber know immediately, as the changes to your body may require an adjustment to your chosen course of OAT. It is not advisable to stop or taper yourself off OAT without speaking to your care provider. The stress of withdrawal can cause your uterus to contract and

CHALLENGES

Pregnancy can be challenging for any person at any stage of their life. Talk to your provider and be honest about how you are feeling throughout the course of your pregnancy. Some challenges you may experience include:

- **Difficulty keeping your OAT medicine down because of nausea in the early months of pregnancy.** You may find that a once-a-day dose does not work for you. If this happens, you can ask about splitting your doses if you find you are not feeling well throughout the whole day. This means you would take part in the morning and the other part later in the day.
- **Nausea and vomiting throughout your entire pregnancy.** If this happens, talk to your provider about anti-nausea medications or other options that are safe to use while pregnant. It is very difficult to replace medication that has been lost by vomiting and it is very important to stay on a stable dose.

For any other health concerns regarding your pregnancy and how it may be affected by OAT, be sure to consult your care provider.

increase the chance for miscarriage or premature birth/early labour. If you have been on OAT for a long time and feel stable in your recovery progress, you may feel (understandably) reluctant to make changes to your treatment, especially if it means going back up to a higher dose of your chosen OAT. Your prescriber will work with you to maintain or adjust your dose (up or down) to maintain stability, suit your needs, and prevent any risks to your pregnancy. Although you might be worried about your baby going through withdrawal when they are born, it's important to know that there are no long-term effects for babies that go through withdrawal and it is much safer than you stopping OAT suddenly while pregnant.

Unless instructed by your provider, transitioning between methadone, Suboxone, and SROM during pregnancy and postpartum periods is not recommended for patients who are stable on one of these treatments prior to becoming pregnant. For patients stable on Suboxone before becoming pregnant, transitioning to buprenorphine monotherapy (buprenorphine alone, without naloxone) during pregnancy is not necessary and you can safely stay on Suboxone.

DOSING

Your OAT dosage may need to be carefully adjusted throughout your pregnancy because of the needs of your growing baby. There is no recommended dosage that is

“safe” for people who are pregnant. Instead, you are advised to take the dose that is effective for you. One where you have no withdrawal, no discomfort, and no illicit use. A dose that is not effective for you can lead to withdrawal—which increases the risk of going into labour—or using again.

ACCESSING SERVICES

We encourage you to reach out to specialized services for addiction and pregnancy in your community. Programs like these have doctors, nurse practitioners, nurses, counsellors, and advocates on staff, and often have daily meals and gatherings where you can socialize and meet other people in situations similar to yours. They may also offer access to legal services and housing services if you are homeless.

Avoiding these programs in fear of “outing” yourself will only increase the likelihood that you and your baby may be separated post-partum.

We stress that these services are not here to force you to give up your baby afterwards, or put you in a position where that is likely to happen.

In fact, they intentionally aim to make sure you and your baby stay together, if that is your ultimate goal.

LABOUR AND AFTER CHILDBIRTH

If you are not already in-hospital prior to your due date (for example, in a program like Fir Square at BC

RESOURCES FOR PREGNANT PEOPLE:

- **Families in Recovery Combined Care Service (FIR Square) (bcwomens.ca/our-services/pregnancy-prenatal-care/pregnancy-drugs-alcohol):** Provides specialized services to pregnant people using substances and their babies exposed to these substances. Located at BC Women’s Hospital in Vancouver. You can be referred or self-refer. Phone **604-875-2229** and ask for the charge nurse.
- **Sheway (sheway.vcn.bc.ca):** Sheway is a community program in Vancouver for pregnant women and women with infants who are dealing with substance use and addiction issues. They provide health and social services, addressing prenatal health, nutrition, alcohol and drug dependencies, women’s health, parental support, and infant development. No referral is necessary. The website also provides links to a bunch of helpful resources for pregnant people and new parents.



Children's and Women's Hospital), make sure you tell the hospital where you are giving birth that you are on OAT. This will make sure that the necessary medicines and equipment are prepared in advance of your baby's arrival. Babies exposed to opioids in the womb are at risk of experiencing withdrawal symptoms (just like you!) and other health complications, and will likely require special attention in the moments following your delivery.

Once your baby is born, maternity services can help the baby through any withdrawal symptom management required and provide you with guidance on ongoing care (including breastfeeding). After you have given birth, your dose of OAT will likely need to be reduced because of the changes your body has gone through. Your health care provider will assist you in finding the right dose and taper you down at a safe pace.

It is really helpful if the baby stays with you in the first few days, even if your child is being treated for withdrawal symptoms. It's also the standard of care (how things are meant to be done) in Canada. You can advocate for yourself or an advocate can help you navigate through this crucial time, especially if the Ministry of Children and Family Development becomes involved.

Every culture celebrates the arrival of a new life in their own way, and it is your right to have your cultural traditions at birth honoured.

“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 OAT MEDICATION BECAUSE YOU CAN END UP VOMITING IT ALL UP AND IT'S HARD TO GET A REPLACEMENT FOR THAT.”

- OAT PATIENT

WHAT FEES AND OTHER COSTS MAY BE INVOLVED?

Appointments with your prescriber are covered by the *Medical Services Plan of BC (MSP)*. However, some private clinics may charge additional fees. These may be as much as \$120 per month. If you are on social assistance, the clinic may receive a supplement from the government and will waive these fees. If you are not on social assistance, you may have to pay the entire fee yourself. *The First Nations Health Authority (FNHA)* also reimburses private OAT clinic fees for eligible residents of BC with First Nations Status. Your prescriber fills out a form and sends it to FNHA. If your prescriber doesn't want to fill out the form and asks you to pay them directly, call or email FNHA right away to tell them: **604-693-6641** or **oatclinicfees@fnha.ca**. More information is available here: **fnha.ca/what-we-do/mental-wellness-and-substance-use/opioid-agonist-therapy**.

Be sure to ask about all fees and discuss your options with your prescriber before beginning OAT. There are almost no other medically necessary health services in Canada that have fees attached. Authors and allies are working get rid of these unjust fees, hopefully by the time you read this.

When people think of costs they often think only of money, but OAT also has other personal costs you should consider. For example:

OAT MEDICATION COSTS ARE COVERED IF YOU:

- Are receiving Income Assistance (“welfare”)
 - Have Non-Insured Health Benefits or are covered by Plan W
 - Qualify for BC PharmaCare’s Psychiatric Medications Plan (Plan G)
 - Have coverage through other insurance plans
 - Are an on-reserve status Indian in BC – by First Nations Health Authority (FNHA)
- If you choose methadone, Kadian, or iOAT, having to visit the pharmacy or clinic every day at a certain time can interfere with other aspects of daily life (like a job, school, or childcare). 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 prescriber or 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. If this happens, if possible, find a new prescriber that will treat you with respect. You can also contact the *BCCSU Peer Advocacy Navigator* for help (see page 69).

- You may experience challenges related to travel or accessing a prescriber when they are away.

OAT can save your life! But you do need to think about your treatment goals, count the costs, and consider other alternatives where available.

METHADONE CLINIC FEES CLASS ACTION

In 2017, the *BC Association of People on Opioid Maintenance*, led by Laura Shaver, won a lawsuit against the Province of BC for skimming methadone clinic fees off of patients' welfare and disability cheques. If you are a BC resident and had methadone clinic fees deducted from your welfare or disability cheques after between November 2009 and July 2016, you are eligible to receive re-payments of up to \$150/month. For more information, visit gratlandcompany.com/cases/methadone-fees-class-action.

WHAT ARE MY RIGHTS AND RESPONSIBILITIES?

You are in a patient relationship with your doctor or nurse practitioner and pharmacist that ensures certain legal rights and quality standards for your care. Along with these rights come some responsibilities. The same standards apply for any other health care providers you may encounter during treatment.

No care provider or other service provider should ever attempt to punish you by withholding your OAT medication or threatening to do so. If you are incarcerated (in jail or prison),

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.

If you have any complaints or concerns about the care you're receiving, there are ways to make complaints and a Peer Advocacy Navigator who can help. See "*How Do I make a Complaint?*" on page 69.

YOU HAVE A RIGHT TO

- Confidentiality about your treatment from your doctor, pharmacist, and other members of the health care team
- Be treated with dignity and respect—receive safe, respectful, culturally safe service that supports your patient rights
- Have your questions answered, including information about the risks, benefits, and side effects of OAT along with other services that may be available
- Choose your prescriber 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
- Ask for more time to make decisions and gather information before starting on any type of treatment
- Access traditional medicines in health care planning
- Stop or refuse treatment at anytime

YOU HAVE A 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 other patients or staff in the clinic 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 any concerns

MANAGING OAT



OVERVIEW OF A NEW ROUTINE

When you start OAT, and for quite some time afterward, your daily life and routine are going to be significantly impacted. When you are likely already struggling to cope, this may seem especially hard. On the other hand, if your life is at the point where you find yourself needing OAT, the addition of some structure to the day may actually be helpful. If you receive your treatment at a specialized OAT clinic, you may find yourself in regular contact with people struggling even more than yourself.

Especially in the early days, it's 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. We can sometimes be our own worst enemies, getting caught up in our

own thoughts and overthinking things, which can really put us in a bad place mentally. Having someone to reach out to by phone, 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 OAT. Above all, be patient with yourself – setbacks along the way are part of the journey. A relapse should not be considered a failure, but rather an experience to learn and grow from.

It is important at the outset of OAT 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 readily available who knows where you're at and can remind you of why this kind of burden on your daily life is worth your while.

It is especially important that you seek support from friends, family members, groups, professionals, or any other like-minded people who understand your goals in undertaking OAT.

Setting goals in our recovery of what we want to achieve can help give us a great sense of pride, purpose and accomplishment. In a time where

we may not be feeling our best, it's important to boost our own self esteem every now and again.

You may have been keeping your opioid use a secret from everyone 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.

DOSING AND CARRIES

The strength and purity of street drugs vary considerably. Even if you are totally up front with your prescriber about what and 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. Because the drug supply has been contaminated with fentanyl and other substances, it's possible that you might not even know all of the substances you've been using. This might also inform your prescriber's approach when starting OAT.

DOSING

If you "top up" with some heroin, fentanyl, or other illicit drugs, your prescriber may say it is difficult to figure out how much medication you need to be stable. For your safety and comfort, you should be able to be honest with your prescriber. Unfortunately, though, many prescribers continue to police patients

by demanding pee tests and reducing people's doses. If this is the case, think about connecting with the Peer Advocacy Navigator (see page 69).

For **Suboxone**, generally prescribers and guidelines suggest that you are in moderate withdrawal before you take your first dose of the medication. This is to prevent you from going into sudden severe withdrawal. There is a way to avoid this, called microdosing. However, this is a pretty new way to start Suboxone and not all prescribers are familiar or comfortable with starting Suboxone this way. If you're interested, you can talk to your prescriber about microdosing (see page 16). It is important to make a plan for the whole initiation process with your prescriber 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 ("detox") center or even at home (Generally, with Suboxone you can get to your optimal dose in 1-3 days with the traditional starting protocol or 6-10 days with microdosing.

For **methadone**, you will start off gradually. Because methadone builds up in the body, but differently for different bodies, for some people increasing their dose too soon can result in an unsafe dose or overdose. This means that dose increases have to happen more slowly than with Suboxone to ensure your safety. You will need to work closely with your prescriber over the first week to adjust your dose and probably won't have

your dose increased before 5 full days of treatment.

The first 3-4 days, when 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. Usually a single dose of methadone will help delay cravings/withdrawal for the better part of 24 hours. However, many patients feel as though the dose is not effective for the entire time. If that is the case for you, you may want to talk to your prescriber to figure out a plan that works better for you.

For those who switch to **Kadian** the prescriber will have a formula conversion, so the proper dosage level may be reached quite quickly. However, it can take up to 10 days to achieve your optimal, stabilized dose. Dose increases during this time are generally separated by 1-2 days. Because Kadian is a 24-hour slow release formulation, it only needs to be taken once a day. Daily witnessed ingestion is the norm.

For **iOAT**, it usually takes about 3 days to get to your optimal dose of medication. During this process, your prescriber will encourage you to think about also taking oral OAT (Kadian or methadone) to help prevent withdrawal and cravings through the night. Generally, doses will need to be self-administered under supervision.

CARRIES MAY BE DIFFICULT TO GET.

Whether your prescriber will give you carries, and how many carries you'll be given, may depend on a number of factors, such as:

- Ability to safely store your medication at home (having a lock box or cabinet you can lock is best)
- Attending all your scheduled appointments
- No missed doses
- No past history of diverting your medication (sharing it with others)
- Negative (for other opioids, benzos, and other drugs) pee test
- Access to stable housing

Some programs have infrared vein finder machines and most programs let nurses provide help with injection, including vein finding or giving you an intramuscular injection.

Throughout the program you can go up and down on your iOAT dose by talking with your prescriber. It's about making sure you have what you need.

CARRIES

Depending on the OAT medication you are on, once you and your prescriber have found your stable dose, you may be able to start taking your medication home with you. These are called "carries." Carries will reduce

your burden of having to go to your pharmacist one or more times a day. They have also been shown to help people stick to their treatment and hopefully will be made more available.

For **Suboxone** it is much more common for your prescriber to provide you with carries. When offered, enough for 1-2 weeks is usually provided. In some cases, you may be provided carries as early as 1-3 days after starting. There are special circumstances where your prescriber might give you carries for much longer. Carries may also be prescribed in combination with witnessed doses (for example, you might go to the pharmacy twice a week for witnessed ingestion and get carries for the other days). If you are going on a long trip (more than 2 weeks), it's often a good plan to change to Suboxone for the trip, even if you plan on continuing on methadone or Kadian when you get home. A lot of prescribers feel much more comfortable giving long carries for Suboxone compared with the other medications. It's also easier to travel with pills than liquid.

For **methadone**, often it will take several months before your prescriber will consider prescribing carries. The reason for this is because it takes longer for patients to achieve stability with methadone. When offered, your prescriber may start you off with one carry per week and gradually increase the number of doses.

For **Kadian**, it is not common for your prescriber to give you carries, so keep this in mind if you are considering the change to Kadian. There are some cases where this may be allowed, for example, if you live in a rural or remote area. Similar to methadone, when carries are offered, they will be gradually prescribed and closely monitored.

For **iOAT**, carries are not available.

Though the prescription of carries is becoming more common due to its proven benefits for patients, drug prohibition and criminalization continues to create a lot of stigma. Many prescribers will police our medication and deny us carries because they believe we'll give it away, sell it, or take more than prescribed. Attitudes need to change.

YOUR RELATIONSHIP WITH YOUR DOCTOR OR NURSE PRACTITIONER

FINDING A DOCTOR OR NURSE PRACTITIONER (NP)

In BC, doctors and nurse practitioners with the required education and training can prescribe various options for OAT, though there are fewer prescribers who currently can prescribe iOAT. **If you have not already contacted a clinic that offers OAT, there are a few different ways to find out if the treatment is available in your area:**

- Tell your health care provider that you think you're ready for OAT and talk to them about your options.
 - If your health care provider is interested but needs more information, you can suggest they call the *Rapid Access to Consultative Expertise (RACE)* Line to speak with an addiction medicine expert (**raceconnect.ca** or **1-877-696-2131**). The RACE Line is a resource for physicians. Members of the public cannot receive care or referrals through it.
 - If you think another treatment option might be right for you and your health care provider does not have the education and training to prescribe it or otherwise does not want to pursue it, ask to be referred to another prescriber or OAT clinic.
- Check the list published by the BCCSU for OAT clinics accepting new patients in your area (**bccsu.ca/oat-clinics-accepting-new-patients**).
- Check with your local pharmacist, as pharmacists generally know all the doctors in the area who provide OAT.
- Contact the local **Substance Use Services** office in your community (**bcmhsus.ca**). These services are provided by your local health authority and should be able to help you find an OAT doctor.
- Visit the website **Rate MDs**

TIPS FOR A GOOD VISIT WITH YOUR DOCTOR OR NURSE PRACTITIONER

- **Write a list of questions.** 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, go to school, or have small children, ask if your doctor can **make appointments that fit into your schedule**
- **Have patience.** Starting OAT 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**
- Ask your prescriber about the option to have **telephone follow ups**. This is a new option that can make life a lot easier and is now covered by MSP

(**ratemds.com**) – depending on your area you may be able to find an addiction specialist, and you can read reviews as well.

WORKING WITH YOUR DOCTOR OR NURSE PRACTITIONER

Your relationship with your OAT prescriber is very important. Building

a 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 can turn into hostility.

It helps to remember that your prescriber's primary role is to ensure you receive good care that is both safe and effective. Your prescriber has completed special training, must follow provincial guidelines, and is monitored by the *College of Physicians and Surgeons of BC* or the *BC College of Nursing Professionals*. But you are the patient. You know yourself better than anyone. If you can share your knowledge and the prescriber can provide expert treatment, together you can become a great team.

YOUR RELATIONSHIP WITH YOUR PHARMACIST

You will see your pharmacist more than anyone else on your health care team, so it is important to find a pharmacy you are comfortable with. Your pharmacist is there to support you with your OAT and answer most questions that may come up during treatment.

Your doctor, nurse practitioner, clinic staff, recovery program, or landlords cannot force you to go to a certain pharmacy. That choice is for you to make. Some pharmacies may offer

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 OAT meds** – if you are drunk or high, they may ask you to come back at a later time to avoid risk of overdose
- **Making sure that there are no harmful interactions** between any of the medications you are prescribed or over the counter
- **Answering any questions** you might have about the medications you are taking, including side effects
- **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

cash or other incentives for your business—however, this is illegal in 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. One of the problems with these pharmacies is that they can enter into their system that you have received your medication even when you haven't, because this is how they get paid. Then, when your prescriber checks your records, it looks like you've taken medication when you haven't. This can stop you from getting the medication you need.

Pharmacies can be busy places. Sometimes 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 and goes a long way to developing a good relationship.

DISCUSSING YOUR HEALTH CONCERNS

Being on OAT is one of the best things you can do for yourself if you are currently using opioids. 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, hepatitis C, and HIV. When you are HIV, hepatitis B, or hepatitis C positive, your body is fighting hard to stay healthy. Testing can only be done with your consent. All service providers will provide information and support you in getting treatment if you test positive for any of these viruses.

If you do test positive for any of these viruses, stopping injection drug use will lower the risk of transmitting (sharing) these viruses due to fewer chances for needle sharing or unhygienic techniques. OAT can provide stability in your life and makes it easier to take care of your health. Once you stabilize on OAT and no longer need to inject street drugs, you will stop getting injection-related infections, which will allow you to live a lot longer than when you are using the needle. Very occasionally, people on iOAT can get injection-related infections, but they can be quickly treated by the health care providers you see every day.

HIV

OAT has been shown to increase people's ability to take their HIV medication consistently and to keep your viral load undetectable (which both keeps you healthier and means you can't transmit HIV to other people). It's important to know that some HIV medication can interact with methadone, so it's important to talk to your prescriber about all the medications you're on.

HEPATITIS C

As of June 2018, all BC patients, (on the provincial medical care plan), can access treatment for hepatitis C. The cost to you will be based on your Fair PharmaCare plan. If you don't complete your treatment or if you complete it successfully but contract hep C again, you might be able to retreatment covered, but it depends on the situation and isn't guaranteed.

To start the treatment, there are a few very minor steps that you will need to do, including getting blood work done, and going for a couple of non-invasive procedures, such as a FibroScan® (a specialized ultrasound of your liver), which isn't painful. You will need to be instructed about dietary restrictions prior to your appointments in order to be able to achieve the best results and options for your hep C treatment.

Avoid grapefruit juice, which may interact with your hep C treatment medication.



DENTAL CONCERNS

As mentioned earlier under "What about side effects?" it is common for people on oral methadone to have dental problems. There are a number of reasons. Opioids tend to reduce the amount of saliva production in the mouth (dry mouth).

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

Opioids also provide pain relief that may mask the normal pain from dental cavities. Poverty, homelessness, depression, anxiety or other health concerns may also prevent patients from having good oral hygiene or seeing a dentist as soon as they should.

As an OAT patient, especially if you are on methadone (Suboxone does not seem to cause as much dry mouth), ask your prescriber about your dental health. They may be able to suggest options to help with dry mouth. Be sure to practice good oral hygiene (for example, brushing and flossing regularly) and drink lots of water. Another key to dental health is reducing your sugar intake and following a healthy, balanced diet.

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

PAIN MANAGEMENT

Many of us have problems with pain on a daily basis. There is a growing number of people over the age of 60 on OAT. This will mean a significant increase in the numbers of OAT patients in elder care who need to manage pain of one kind or another. However, the opioid crisis and new evidence about how effective opioid medications are for chronic pain has resulted in many BC providers being unwilling to prescribe opioids, especially for chronic pain.

Prescribers in BC currently receive little guidance on effective ways to relieve pain problems for people on OAT. They have, however, had a lot of guidance on the importance of restricting opioids to short periods of time. Many family doctors have taken that old slogan to heart: “Just Say No”—especially to people using street drugs. This approach doesn’t take into account that many of us started using opioid drugs from the illicit market in the first place because we have untreated emotional or physical pain.

WHAT DO THE GUIDELINES SAY ABOUT SAFE PRESCRIBING OF OPIOIDS?

Unrelieved pain causes anxiety and distress for many people, especially people who have “*non-cancer chronic pain*” (NCCP for short). There are no limits to opioid prescriptions for patients with cancer or palliative care needs. Therefore, it is patients with NCCP who suffer from prescribing limitations.

Old practice standards used to limit the type and dosage of opioids that family doctors in BC were allowed to prescribe patients with NCCP, including: no more than 50 mg a day to start, and no more than 90 mg a day if using other opioids. There was no guidance on prescribing opioids for people on OAT.

However, important revisions have now been made to these practice standards: See “*Safe Prescribing of Drugs with Potential for Misuse/ Diversion*” by the College of Physicians and Surgeons of BC (cpsbc.ca/files/pdf/PSG-Safe-Prescribing.pdf) and the *Scope of Practice* for nurse practitioners (bccnp.ca/Standards/RN_NP/StandardResources/NP_ScopeofPractice.pdf).

KEY THINGS TO NOTE IN THE REVISED GUIDELINES:

- There is **no limit** of morphine that doctors can prescribe for patients. However, if doctors want to prescribe more than 90 mg a day of morphine, they “must show substantial evidence of exceptional need and benefit.”
- It is rarely appropriate to suddenly stop long-term opioid prescribing.
- They do not apply to the management of substance use disorders (i.e. OAT prescribing).

MANAGING PAIN WHILE ON OAT

Both methadone and buprenorphine (the effective (opioid) ingredient in Suboxone) have been used for pain management, but if you are taking them as OAT medications, they may not give you adequate relief from pain. Methadone can be effective at pain relief and will help, but it usually needs to be taken more often than once a day to have an effect on pain. This is because the maximum pain relief effect happens 4 hours after taking your dose.

Suboxone isn't prescribed for pain in Canada (though it is in the US). However, it does have some pain-relieving effects, especially if taken as a split dose up to three times per day. It's important to know, though, that Suboxone may partially block the effects of other opioid medications. So, it is important to let your care providers know what medications you are taking if you are experiencing acute or chronic pain.

Having a reliable diagnosis that explains why you have pain is important to our health care providers and to our care, so co-operating with any requests for tests or procedures is important, and so is providing a medical history for the pain.

Untreated chronic pain can affect your ability to maintain stable feelings of wellness and comfort on your prescribed OAT dose. 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 OAT prescriber.

HERE ARE SOME OPTIONS THAT HAVE WORKED FOR US:

- **Pain BC (painbc.ca):** They represent pain sufferers here in BC and provide information and advice about current issues, such as limits on opioid prescribing and getting help with chronic pain.
- **Self-Management BC (selfmanagementbc.ca/upcomingworkshops):** Supports and education for people living chronic health problems. Workshops are in-person throughout BC.
- **CBD oil (cannabis oil)** and other natural alternatives
- Pain specialists or pain clinics
- Mindfulness practices
- Exercise
- Spending time doing things you enjoy

There are many other medical websites, as well as patient advocacy groups, that can inform you of current approaches to pain management.



NON-OPIOID PAIN MANAGEMENT

We tend to see opioids as the answer to all pain problems, but not all types of pain respond well to opioids. For instance, some types of neuropathic (nerve) pain respond better to non-opioid drugs like pregabalin (Lyrica). Keep an open mind and be prepared to try the alternative treatments you may be offered.

PAIN MANAGEMENT AFTER SURGERY

If you are on OAT and need to have surgery, you will likely receive adequate pain management during and immediately after the operation. If you are concerned, talk to your health care providers about creating an individualized pain management strategy before you go into surgery. Most people are tapered off strong painkillers before their discharge and manage any residual pain with low strength opioid and non-opioid medications. If opioids are considered necessary after being released from the hospital, the hospital and your prescriber or primary care provider will agree on how this is to be provided and for how long.

Above all, this shows the need for good communication between you, your prescriber or primary care provider, and other health care providers. Be open to trying different options and be honest about your needs when options are not working.

We all fear pain. But opioid drug users have more reason to fear this because they believe they will be seen as “drug

seekers,” rather than people in pain. There are good people working with us to help end such stigma but there is a long way still to go.



PEE TEST (DRUG SCREENING)

Pee tests or drug testing will be used during your OAT program. In the beginning, these samples will be regularly collected and tested for the presence of a variety of drugs, such as opioids, cocaine, and benzodiazepines. You may start off being tested weekly. This is to determine what drugs you have been exposed to (you, and even your dealer, may not know what you've been buying and using from the illicit drug market), and to help make decisions about your treatment and keep you safe. It's important to know what drugs you've been exposed to since some drugs (like benzodiazepines) can increase your risk of overdose when taking any kind of opioids, including OAT. Once that is determined, you and your prescriber can work towards a dose that works best for you. The more the health care provider knows about what's going on, the better they can help you in your recovery.

Urine (pee) testing cannot help your provider determine when you have reached a stable dose, this is done through talking to you and asking

about your drug use, cravings, withdrawal symptoms, pain, sleep, mood, and other factors. Depending on your goals, once you are stable on OAT, there shouldn't be any other opioids detected in your urine except for your OAT medication. Once your dose is stabilized, you may not need to do pee tests as often. However, this may vary between different prescribers. You may also be asked to come into the clinic for random urine testing. Drug test results are only one factor in planning your treatment.

It is best to be honest with your health care team about what drugs you are using. This helps build trust and avoid surprises from test results. Your prescriber may consider a positive urine test for things that are not being prescribed as a sign that your current treatment needs to be adjusted, and will likely revisit your ability to have carries. Your prescriber will review any unexpected 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. Often, your prescriber will want you to go up on your dose if your urine tests show ongoing illicit drug use.

Drug testing should be undertaken in a respectful and honest manner.

"BEING AN IV DRUG USER WHO IS HIV/HEP C POSITIVE, GETTING ON OAT 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."

- OAT PATIENT

All patients are to be treated equally and with respect. Urine drug testing should not be used as a form of punishment, it is a tool to help safely and effectively manage treatment with OAT medication.

YOUR SUPPORTS & SERVICES

Whether you are looking to stabilize from too much chaos in your life (without having to totally alter your lifestyle), or you are seeking to reinvent yourself with the help of OAT, you will need more than just your prescription and clinic visits to feel confident in this process. In this section, we talk about supports and services that will help you in your recovery. Included below are some examples of support you may benefit from, but this list is by no means complete. You will find more supports and services in your local area (and online) that may not be included in this guide.

When you start OAT, ask your prescriber what kinds of additional services are available to you and at what cost. This might even inform your choice of prescriber and clinic (that is, if you happen to be in an area where there are choices). Ask about the type and quality of the services provided and do as much research as you can. Your advocate, family, friends, and/or community can support you throughout this process.

Unfortunately, it is hard to get all of your mental health and addiction needs met within the current system. Social services, housing supports, counselling, and treatment options are very inconsistent across BC. Many cost money, are poor quality, or both. For example, some residential

facilities are unregulated and can be dangerous. Officials have recognized these gaps in our system and have made commitments again and again over the years. We're still waiting.

SOCIAL SERVICES, SUPPORTS, AND HOUSING

Find out what social services, including substance use and mental health supports, are available in your neighborhood. Many communities in BC have specialized services for certain groups, including women and children, Indigenous peoples, LGBTQ people, and youth.

Having access to safe housing is critical to anyone's journey of treatment and recovery. Unfortunately, we live in a reality where safe and affordable housing is not accessible to everyone. Connect with local organizations in your area that might be able to help you find a housing program that meets your needs.

Residential treatment services and recovery housing may be another option, as you will receive treatment

while you live there. Unfortunately, some recovery programs do not allow people on OAT into the programs. This is because many service providers are still applying “*abstinence-based*” thinking to their services, and believe that abstinence includes abstinence from OAT. We are working as a province to change this. You can be in recovery and be on OAT.

COUNSELLING

Many of us struggle with mental health issues along with substance use and substance use disorders, such as depression, bipolar disorder, obsessive-compulsive disorder, anxiety or post-traumatic stress disorder. This is common, as addiction often has root causes and/or contributing factors that may lead to mental health problems as well. Therefore, it can be really hard to get off opioids without addressing all the factors contributing to the substance use.

A good counsellor will help you set goals, priorities, and identify what you can do to achieve them. 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 barriers are stopping you from getting there. Be ready to discuss some of these things with your counsellor. Like with other care providers, it might take a while to build a relationship where you feel comfortable with them.

FINDING A COUNSELLOR

Depending on where you live, your prescriber may be able to refer you to counselling and/or other mental health services. However, we recognize that you might not live in an area where these interventions are available. Although there may be a counsellor at your OAT clinic, our experience is that they rarely have the capacity to effectively treat the high volume of patients that prescribers see.

Counselling BC has an online tool that can help you find professional counsellors who are registered with a recognized professional body in British Columbia. You can search by location, areas of practice (e.g., addiction, sexual abuse, etc.), approaches, and language spoken. This tool can be accessed at **counsellingbc.com/counsellors**.

There may also be free, low-cost and/or sliding-scale counselling options in your area. You can call “211” or your local crisis line to ask for a referral. A list of crisis and support lines can be found on **crisislines.bc.ca**. You do not have to be in active crisis to access these services. Call 211 from anywhere in BC or visit **bc211.ca** for a list of community resources, including counselling. The *Canadian Mental Health Association—BC* has branches and clubhouses that can provide support and peer support for people dealing with mental health and substance use issues, including their family. They can also connect you with other social services. Visit **cmha.bc.ca/about-cmha/cmha-locations/** to find a location near you.

GENERAL RESOURCES

- **BC Mental Health and Substance Use Services (bcmhsus.ca):** Provides a network of services for BC residents. You can also search the website of your local health authority for mental health and substance use services in your community:
 - First Nations Health Authority: www.fnha.ca
 - Fraser Health: www.fraserhealth.ca
 - Interior Health: www.interiorhealth.ca
 - Island Health: www.islandhealth.ca
 - Northern Health: www.northernhealth.ca
 - Vancouver Coastal Health: www.vch.ca
- **Rehabilitation and Recovery program (bcmhsus.ca/our-services/rehabilitation-recovery-program):** BC Mental Health and Substance Use Services also offers a *Rehabilitation and Recovery* program for patients who have previously received treatment at one of their residential facilities.
- **Burnaby Centre for Mental Health & Addiction (bcmhsus.ca/our-services/burnaby-centre-for-mental-health-addiction):** This centre meets the complex needs of people who are homeless or living in unstable housing, who are vulnerable, and who are affected by significant physical and mental health issues. This program accepts clients on probation, and people on OAT. You need a referral from your care provider to access this service.
- **Alcohol & Drug Information and Referral Service:** A self-referral line for anyone in BC. Can be accessed at **1-800-663-1441**.
- **HealthLink BC (healthlinkbc.ca/services-and-resources/find-services):** Provides listings for health services across the province.
- **Pain BC (painbc.ca):** Represents pain sufferers here in BC and provide information and advice about current issues, such as limits on opioid prescribing and getting help with chronic pain.

RESOURCES FOR YOUTH

- **Foundry (foundrybc.ca):** *Foundry* provides young people ages 12-24 and their families with a one-stop access point for mental health and well-being, substance use, social support and services, navigation assistance and self-management. There are Foundry centres across BC, where youth can access counselling, peer support, and other wellness services.
- **Ashnola at The Crossing (bcmhsus.ca/our-services/ashnola-at-the-crossing):** This is a provincial program that supports youth and young adults ages 17-24 of all genders, who are in need of residential programming for substance use concerns. Its location, Keremeos, BC, is intended to be a healing environment for youth and young adults on their path to recovery. A referral is needed to access this service.
- **The Nechako Youth Treatment Program (northernhealth.ca/services/mental-health-substance-use/inpatient-services#youth-treatment-centre-mental-health-and-addictions):** Provides inpatient substance use treatment and mental health assessment for youth ages 13-18 in Prince George. Individual, family, and group support are available. Self-referrals are accepted. Phone **250-565-2881** to speak to an intake worker.
- **Kelty Resource Centre (keltymentalhealth.ca/substance-use)** A provincial resource centre that provides mental health and substance use information, resources, and peer support to children, youth and their families from across BC. All of their services are free of charge, and you can reach them over the phone, in person, or through email.
- **Child and Youth Mental Health and Substance Use Services:** Mental health and substance use services are available for children and youth in each health authority. The best way to access them is to search the website of your local health authority (see “General Resources” on previous page).

RESOURCES FOR INDIGENOUS PEOPLE IN BC

- **First Nations Health Authority (fnha.ca/what-we-do/mental-wellness-and-substance-use/substance-use-prevention-and-treatment):** Plans, designs, manages, delivers, and funds *First Nations Health Programs* across BC, and maintains a list of First Nations residential treatment centres across BC.
- **BC Association of Aboriginal Friendship Centres (bcaafc.com):** The umbrella association for 25 Friendship Centres throughout BC. Friendship Centres provide services to Indigenous people living in urban settings including programming for youth, women, vulnerable populations, transition services, outreach and community wellness.
- **Metro Vancouver Indigenous Substance Use Services (mvaec.ca/urban-indigenous-opioid-task-force/resources):** Maintains a list of substance use services for Indigenous people in Metro Vancouver, including OAT clinics, harm reduction, self-help groups, and cultural support.
- **Friendship Centres (bcaafc.com/index.php/about-us/contact-us/friendship-centres-in-bc):** Many Friendship Centres in BC provide mental health and substance use programs, including addictions counsellors and referral services.
- **Harm Reduction Services (fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/harm-reduction):** *The First Nations Health Authority* funds harm reduction projects for First Nations Communities and Indigenous peoples across BC.
- **Patient Navigators and Other Services:** Each regional health authority provides specific supports for Indigenous patients. The website of each health authority lists the services they provide (see “General Resources” on page 50).

RESOURCES FOR WOMEN

- **Heartwood Centre for Women (bcmhsus.ca/our-services/heartwood-treatment-centre):** *Heartwood* is a residential treatment centre in Vancouver, BC for women (including transgender women) who are BC residents aged 19 or older with substance dependence. A referral is needed to access this service.
- **Sheway (sheway.vcn.bc.ca):** *Sheway* is a community program in Vancouver for pregnant women and women with infants who are dealing with substance use and addiction issues. They provide health and social services, addressing prenatal health, nutrition, alcohol and drug dependencies, women's health, parental support, and infant development. No referral is necessary.

SUPPORT AND ADVOCACY GROUPS

There are patient support and advocacy groups across the province that you may find helpful. Some are led by a health professional and others are peer-driven. Here is a general overview of support groups in BC: healthlinkbc.ca/health-topics/ug4350spec.

Peer support groups are accessible across BC. You can find one in your area from the following list:

- Narcotics Anonymous: na.org/meetingsearch
- Alcoholics Anonymous: bcyukonaa.org/meetings/meetingshome.php
- SMART Recovery: smartrecoverytest.org/local
- Life Ring: liferingcanada.org

These will not work for everyone, and it's important to know that some of them do not accept OAT as part of recovery. Finding what works for you is important. And remember, opioid use disorder doesn't just affect you. There are also support groups for your family and friends as well (see page 54).

The *BC Association of People on Opioid Maintenance (BCAPOM)* is a support and advocacy group for OAT patients. They are located in Vancouver and meet regularly to provide mutual support, discuss key issues impacting OAT patients, and organize action. If you don't live in Vancouver, you can become a part of BCAPOM by connecting with the board members online:

- Web: bcapom.wordpress.com/about
- Facebook: **BCAPOM – The British Columbia Association for People on Opioid Maintenance**
- Phone: **(604) 683-6061**

FINDING AN ADVOCATE

There will be times along your OAT journey when barriers and difficulties arise. You may have a falling out with your prescriber or pharmacist, or have issues finding housing and other social supports. At times like these, having someone who understands the system and can help you navigate it is really important.

PovNet (povnet.org/find-an-advocate/bc) is a great resource for finding an advocate based on where you live in BC.

If you are dealing with issues that are specific to your opioid agonist treatment, the BCCSU has a Peer Advocacy Navigator that can support you, wherever you are in BC. See page 69 for more information.

SOME TIPS FOR FAMILY AND FRIENDS WISHING TO SUPPORT A LOVED ONE ENTERING OAT:

- Be interested and involved in the process, but in a non-judgmental, supportive way.
- Be sure to attend to self-care and find the support to keep yourselves from burning out when playing a role in a loved one's recovery.
- Be aware of the role stress plays in starting down the path of substance use, and also in triggering relapse. Helping the person in recovery to deal with other stressful areas of life is a great way to increase overall success and sticking with the program.

RESOURCES FOR YOUR FRIENDS AND FAMILY

- **BCCSU family portal (bccsu.ca/family-and-caregiver-resources):** This portal is a one-stop-shop for families impacted by substance use, containing resources, information, stories, and support groups. It was created by families for families.
- **From Grief to Action Coping Kit (bccsu.ca/Coping-Kit):** This handbook contains information about drugs and their use, treatment options, strategies for supporting loved ones, strategies for self-care, and recovery options.

FAMILY AND FRIENDS

Having a good support network is important for your treatment and long-term recovery. It is best to be up front with your family and friends right away and provide them with as much information as possible. If you are on speaking terms, let your family know that you are presently in a vulnerable place, as major changes are happening in your life.

Your family may not understand OAT at the beginning. Educating them about the process and providing them with resources (including this handbook) will help them better understand what you are going through. For example: you may want to bring them to an OAT appointment or clinic visit. That will allow them the chance to ask any questions that you weren't able to answer. Let them know what your schedule looks like, when you're increasing or decreasing your dose and other changes, and how you are doing at each stage of the process. This will give everyone the best opportunity to aware of the needs and issues that are sure to arise. There are many other important ways that your family and friends can support you as you begin and adjust to your OAT treatment. Tell them what these are.

Substance use and substance use disorders also affect those of us with few or no family ties, no living relatives, and/or otherwise traumatic family backgrounds. More than ever, when starting OAT in these circumstances,

it is important to draw upon friends, reconnect with old acquaintances, or make new connections. If the recovery scene isn't for you, check community centres for appealing activities, notice boards online, or local papers for opportunities to meet others.

If you haven't been in touch with your family and friends, once you have stabilized on OAT, this may be an opportunity for you to consider reuniting with them and working on your past relationships if it is safe for you to do so.

DEVELOPING YOUR OWN SKILLS

One goal of OAT is to give you back “a sense of control” over your life.

When you were using, your life was a hustle to obtain the substances. These activities are as much a part of our daily ritual as the substance use itself. Then, when you are on OAT and have stopped using illicit drugs, your life can feel like a hustle just to make the OAT program work for you.

You may feel overwhelmed with your new treatment regime and start missing some appointments. We've all experienced the same thing. You may need help developing your skills to manage the program (for example, filling out forms). Talk to your friends, family, peers, or a service provider you trust for advice. Developing these skills will help a lot with other parts of your life as well.

DRUG USER GROUPS

- **BC Association of People on Opioid Maintenance:** bcapom.wordpress.com; **Facebook**
- **BC/Yukon Association of Drug War Survivors:** **Facebook**
- **Canadian Association of People Who Use Drugs:** capud.ca, **Facebook**
- And many other local groups that may exist in your area

ONLINE RESOURCES FOR DEVELOPING YOUR OWN SKILLS

- **Here to Help BC (heretohelp.bc.ca):** This website has many resources on mental health and substance use. It is primarily mental health focused, but is also rich in information on substances and getting help.
- **Wellness Recovery Action Plan (mentalhealthrecovery.com/info-center/how-to-start-developing-a-strong-support-system):** Tips on building a strong support system as part of your recovery action plan.
- **Work BC (workbc.ca):** This is a free provincial service that helps people find jobs, explore career options, and improve their skills. You can explore the job database, career toolkits, training information, and search for the closest WorkBC Employment Services Centre on the website.

Eventually, when you have the right doctor or nurse practitioner, pharmacist, and support services that work for you, you may finally feel you have your life “in control.” Perhaps surprisingly, for some of us this “sense of control” can be boring or hard to adjust to.

For some it may be easy. If you have children or grandchildren, you can spend more time with them. If you have things you always dreamed of doing, now will be a great time to do them. For many others, the free time will be difficult to manage. You might feel bored or without a purpose in your life. If you feel this way, this is a sign that you have overcome the hardest part of the OAT program. But this is also when you need to take control and find new interesting things to fill your life to avoid relapsing.

Try revisiting the things that used to make you happy before you started using. Try new things and see how they make you feel, such as a new job, volunteering, and getting involved or re-involved with activism. Connect with your local drug user group, or if there isn't one, reach out to *BC Yukon Association of Drug War Survivors (BCYADWS)* – a provincial drug user network – and *Canadian Association of People Who Use Drugs (CAPUD)* – a national peer-run network.

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

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, illnesses and health conditions, and a host of other factors. Fully understanding stigma is not likely possible. But one

thing we know about stigma is that other forms of discrimination (like racism, poverty, and colonization) can add to and increase the stigma and discrimination experienced by people use drugs. We also know that people who face other forms of discrimination are more likely to use substances (to cope) and to develop substance use disorders.

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 because of stigma.

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 OAT may bring you into contact with stigma.

CULTURAL SAFETY

In addition to stigma related to drug use, if you are an Indigenous person you have likely experienced barriers, discrimination, and racism in the health care system. You might even have heard that you are part of a “high-risk” group. When people say

SOME OF THE WAYS THAT HEALTH CARE PROVIDERS CAN WORK TOWARDS CULTURAL SAFETY INCLUDE:

- Understanding the history of colonization;
- Understanding the ongoing impacts of decades of Federal policies with the sole purpose of attempted genocide of Indigenous peoples, including the Residential School system, Indian Hospitals, Forced and Coerced Sterilization Programs, 60's Scoop and Millennial Scoop;
- Respecting Indigenous cultures, including our traditions, beliefs, and healing practices;
- Understanding health as going beyond just the physical and including mental health, emotional health, and spiritual health;
- Respecting different ways of communicating;
- Examining their own beliefs and assumptions;
- Providing care that is holistic (that respects you as a whole person) and in line with traditional ways of healing.

that they often ignore factors like direct and intergenerational trauma, discrimination, colonization, and racism which might lead to some people using opioids and other substances as a way to cope with stress and trauma.

Unfortunately, many non-Indigenous health care providers aren't aware of how they can create barriers and painful experiences through the way they approach providing care. This leads to some people not wanting to access health care, because they've had such negative experiences in the past. However, in 2015 all Health Authorities in BC signed the Declaration of Commitment on advancing cultural humility and cultural safety within health services. If you have experienced discrimination, racism, or otherwise not received culturally safe or appropriate care, you can make a complaint (see "*How Do I Make a Complaint*" on page 69).

Cultural safety can be understood as people feeling safe when receiving care, and results in an environment free of racism and discrimination. It also means that access to your cultural practices, and understanding this is an inherent and recognized right, are central to the care that you receive. This is the responsibility of your care provider, to understand and address the difference in power and experience between you and them. Achieving cultural safety is a long-term, ongoing process that

requires confronting personal biases and self-reflection.

OVERDOSES AND NALOXONE

An overdose can happen to anyone, even people who have used opioids for a long time. It is important to learn and recognize the symptoms of opioid overdose. Rates of overdose from street drugs are on the rise in Canada because the black-market supply is unreliable.

If your tolerance is low, for example, after you detox, leave an abstinence-based treatment program or leave jail, you are at a much higher risk of overdose if a relapse occurs. This is because your tolerance for opioids is low, so the same amount you were using before is now too much. If you do happen to return to substance use:

- **Do not go back to your old dose.** Start low and go slow – remember you can always use more.
- **Do not use alone.** Your life is more important than what others might say about you.
- **Do carry naloxone** (the drug that reverses opioid overdoses) and access an overdose prevention site if possible.
- **Do access drug checking services**, e.g. fentanyl test strips or FTIR drug checking machine at your local overdose prevention site (OPS).

SIGNS OF OVERDOSE INCLUDE:

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

WHEN YOU SEE SOMEONE OVERDOSING, FOLLOW THE **SAVE ME** PROTOCOL

- **Stimulate:** Check if the person is responsive. If not, call 911 immediately.
- **Airway:** Make sure there is nothing in the mouth blocking the airway.
- **Ventilate:** Help them breathe (1 breath every 5 seconds). Start CPR.
- **Evaluate:** Is the person breathing? Continue monitoring and providing breaths and stay on the phone with 911 who will support you until medical help arrives.
- **Muscular Injection:** Inject one dose of naloxone into a muscle (thigh, butt, shoulder, etc.), and can be injected through clothes.
- **Evaluate:** If they are not awoken in 2-5 minutes, inject another dose. You may have to keep providing breaths. Remember, if you are in doubt, administer more naloxone. **More naloxone will not harm the person.**

Follow the **SAVE ME** steps below to respond.



If the person must be left unattended at any time, put them in the recovery position.



Stimulate

Unresponsive? **CALL 911**



Airway



Ventilate

1 breath every 5 seconds



Evaluate



Muscular Injection

1 mL of naloxone



Evaluate

2nd dose?

**“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.”**



– OAT PATIENT

It is also possible to overdose on OAT if the dose is higher than what was prescribed or if you combine it with other drugs, alcohol, or medications (even medically prescribed ones like benzos). The risk of overdose is higher with methadone than with Suboxone. If you have already experienced an opioid overdose, studies show that starting OAT will improve your chance of survival.

Naloxone (also called Narcan) is a medication that reverses the effects of an opioid overdose. It is available for free and without a prescription in pharmacies and other locations across BC. Kits are provided free of

charge by the *BC Centre for Disease Control (BCCDC)*.

Information and resources can be found at the *Toward the Heart* website:

towardtheheart.com.

Online naloxone training is very easily accessible at **naloxonetraining.com**, or ask your local peer support, harm reduction, or needle exchange workers. They can often provide both kits and training, free and at your convenience.

In BC, the ‘Good Samaritan Law’ was passed to help protect you from getting into trouble with the police if you call 911 during an overdose. Since the effects of naloxone may wear off over time, be sure to stick

around and keep an eye on the person and encourage them to seek medical attention.

Naloxone is also available as a nasal spray. This is a much quicker and easier way to reverse an overdose because it does not require intramuscular injection. Nasal naloxone is available in Ontario and if you are a status First Nations person in BC, naloxone nasal spray is covered for you by First Nations Health Benefits and Non-Insured Health Benefits.

More information can be found here:

fnha.ca/Documents/FNHA-Nasal-Naloxone-Fact-Sheet.pdf



INDIGENOUS WAYS OF HEALING

In Canada, and all over the world, Indigenous peoples and their communities have been, and continue to be, negatively impacted by colonization for many generations. We were displaced from our lands, forced into violent and abusive residential schools at young ages, and had our cultural identities stolen. These are only a few of the many reasons why there are a disproportionate number of Indigenous peoples who are living with substance use and addiction issues today.

In addition to the many types of OAT, there are also other forms of healing. Indigenous people in Canada have always had access to healthcare using many traditional forms of treatment since long before OAT was readily available to us. Traditional healing practices will vary from territory to territory. However, not everyone has access to their teachings because of colonization. Below are a few.

Smudging—A cultural practice many First Nations use whereby sage or sweetgrass is burned for the purpose of cleansing.

Sweat lodges—A ceremony that takes place in a sweat lodge which cleanses and supports healing.

The water cleanse—Indigenous people traditionally believe the water is sacred, therefore, depending on the area, there is a variety of ceremonies performed in or by the water.

Healing circles or talking Circles—Used by many Indigenous peoples to encourage healing within families and communities. There are strong guidelines that encourage a respectful process.

Drumming and singing—There are songs for many different purposes. Some belong to families and some songs are considered intertribal and sung across Nations. The drum beat is related to the heartbeat: the heartbeat of the earth and the heartbeat of the people. This brings unity.

Medicine Wheel—Many Indigenous peoples utilize the Medicine Wheel which is related to mental, physical, emotional, and spiritual well - being and finding balance.

It is important to connect with local traditional Elders and present tobacco as an offering if you wish to learn more. It is also important to follow the protocol of your local First Nations. You may also consider connecting with your local Friendship Centre. A list of Friendship Centres in BC is available here: bcaafc.com/index.php/about-us/contact-us/friendship-centres-in-bc.

The First Nations Health Authority has developed resources on Indigenous harm reduction, including this resource on the healing principles of relationships and care, knowledge and wisdom, strength and protection, and transformation: fnha.ca/wellnessContent/Wellness/FNHA-Indigenous-Harm-Reduction-Principles-and-Practices-Fact-Sheet.pdf.

More information, including an Indigenous harm reduction video series is available here: fnha.ca/what-we-do/mental-wellness-and-substance-use/overdose-information/harm-reduction.

OTHER WAYS OF HEALING AND SELF-CARE

Self-care can be understood as practices, routines, and boundaries that we do to limit stress, meet our own needs, and nurture our physical and mental health. Self-care can be an important part of healing and recovery and can look different for each person—it can even look different for the same person from one day to the next.

If you have a spiritual or religious practice, that might be something to revisit, whether that is at home, in nature, or at a church, temple, mosque, or other place of worship.

Other things you might want to try could include yoga, meditation, exercise, writing in a journal, being in nature, or spending time with pets.

Some people use substances as part of their healing, such as medical cannabis or psychedelics. Iboga (ibogaine) is a psychedelic plant that some people use to heal from opioid use disorder and other substance use disorders, although it may have some medical risks. There are some specific places that offer ibogaine ceremonies, but these can be pretty expensive. Ayahuasca and peyote have also been used for these reasons. These things should be done in a supervised (i.e. ceremonial or clinical) setting and not just one on one's own. New research suggests that the careful use of psychedelic plants and substances may support your recovery.



GETTING OFF OAT

MAKING THE DECISION

Many of the conditions for a healthy life after you stop OAT are the same as those needed to be successful on OAT. OAT has helped you stabilize and organize your life so that you can focus on what really makes you happy. Don't give up OAT just because you think it is expected of you. If you try to taper down too early, it can be dangerous and even deadly because of the risk of relapse in the current overdose crisis.

But if you are ready and committed to getting off OAT, 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.

DEVELOPING A PLAN

Work closely with your prescriber to create a plan. You will need to taper VERY slowly (likely no more than 10% of your daily dose every two weeks – often less). Current guidelines in BC recommend tapering slowly over

a year or more. If things change or become unstable, you might stay at the same dose for a number of weeks before continuing with your dose reduction. This approach will keep your withdrawal symptoms to a minimum. However, you may still feel dope-sick each time you lower the dose. Make a plan to manage your withdrawal symptoms. For example, have supportive friends around or keep extra busy.

IMPLEMENTING THE PLAN

Tapering off OAT completely can take months, or even years. Don't obsess about the number of mgs you're on. Focus on how you feel. 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. Don't be too hard on yourself.

Throughout the process, be honest with yourself and your prescriber about how you are coping. If you find yourself tempted to use illicit opioids during the dose reduction, you may need to slow the tapering process down, or even increase your dose slightly for a short time before considering reducing again. Take as long as you need to taper off.

Be sure to ask for any and all support you feel you need to make this transition. There are various prescription drugs available (for example, 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). Other strategies such as massage, hot baths, saunas, and acupuncture may also be helpful.

Beyond the physical withdrawal, the impact of eliminating all opioids is huge, both emotionally and psychologically. It can be accompanied by a sense of sadness or 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, both formal and informal, especially in the process of adjusting to OAT-free living.

REASSESSING

At this stage of the journey, your OAT experience has by now become a significant chunk of your life. Having decided that you are no longer in need of the support of OAT, remember that even if you have taken your time coming off the program, you are still susceptible to relapse.

If you are struggling at all and feel vulnerable to relapsing, reach out to your support networks. Check in with your OAT prescriber immediately to discuss your options. Remember why you went on OAT in the first place – you did not put in all that hard work just to erase it in a few short weeks. Don't wait until things are out of control.

WHAT ABOUT ABSTINENCE -BASED APPROACHES?

There are three general types of abstinence-based approaches, which might be done alone or combined: **detox** (or withdrawal management), residential treatment, and **12-step programs**. We describe each approach on the following page, but do not generally recommend them because people have a much higher risk of relapsing (and then overdosing) compared to when on OAT.

The process of recovery and stopping all drug use without the help of OAT, if that is what you choose, does not look the same for everyone.

Everyone reacts differently and only you know yourself (your body, needs, circumstances, goals) best.

Give yourself time to consider and make the choice that is right for you.

DETOX (WITHDRAWAL MANAGEMENT)

We do not recommend trying to quit cold turkey. When most people experience withdrawal symptoms, they would do anything to make them go away, including buying street drugs. Because of the overdose crisis, this is especially dangerous because the drug supply is so unreliable.

If you do choose to detox, do not do it alone, as suddenly quitting can lead to uncomfortable withdrawal symptoms which can have serious health consequences. For example, excessive diarrhea and/or vomiting can lead to severe dehydration, which can cause a variety of health problems, and women who are pregnant can experience a miscarriage or early labour. If you do choose to detox, we recommend combining it with other strategies, including counselling, residential detox programs, and talking to your prescriber about naltrexone (a medication that blocks the effects of opioids).

12-STEP PROGRAMS

Popular abstinence-based programs include “12-Step” facilitated programs such as *Narcotics Anonymous* and *Alcoholics Anonymous*. These programs are often based on a belief that people who have struggled with substance use are better off avoiding all substances, including OAT. Even though 12-Step programs don’t officially state that participants can’t receive OAT, stigma often exists within these programs, which may make participating in these programs

difficult for people on OAT. There are options for women only groups, or other specific groups to try if you don’t like the first one you try. Generally, 12-Step programs are run by people with lived experience who may or may not be professionals.

WELLBRIETY

The *Wellbriety* Movement is rooted in culturally-based principles, values, and teachings to support healing through abstinence from substance use disorders, co-occurring disorders, and intergeneration trauma experienced by Indigenous peoples. There are Wellbriety Circles happening regularly in various communities across BC. More information on Wellbriety teachings and local meetings can be found on wellbriety.com.

RESIDENTIAL TREATMENT

Residential treatment is generally abstinence-based, although some accept individuals on OAT. Residential treatment requires you to live at the program for several weeks to months (depending on your circumstances and the program). Residential treatment might include some or all of the following: withdrawal management (detox), OAT or other medication, individual and group counselling, peer support (like 12-Step groups), education, harm reduction, and psychosocial treatment interventions (like cognitive behavioural therapy).

RELAPSING WHEN YOUR TOLERANCE IS LOW

If you decide to do an abstinence-based treatment program, you are at a much higher risk of overdose if a relapse occurs. This is because your tolerance for opioids is low. This may also be the case if you've just been released from jail. If you do decide to return to substance use:

- **Do not go back to your old dose.** Start low and go slow – remember you can always use more.
- **Do not use alone.** Your life is more important than what others might say about you.
- **Do carry naloxone** (the drug that reverses opioid overdoses) and access an overdose prevention site if possible.
- **Do access drug checking services**, e.g. fentanyl test strips or FTIR drug checking machine at your local overdose prevention site (OPS).²

Due to the current overdose epidemic, it is important that we take steps to protect ourselves and others. For more information on how to stay safe—no matter if you decide to try OAT or not—visit **towardtheheart.com** and visit your local public health center to access free naloxone.

²Drug checking can tell you what is in the drugs you plan on using (including cuts and buffs) and/or whether your drug contains fentanyl. Services will vary from community to community. Find out what's available at your local OPS or on your health authority's website.

FREQUENTLY ASKED QUESTIONS

WHY IS NALOXONE ADDED IN SUBOXONE?

The active (opioid) ingredient in Suboxone is buprenorphine. The naloxone is added so that it is less desirable to crush up the medication and inject or snort it, as the naloxone would put you into immediate withdrawal. Naloxone isn't absorbed well by your body when taken by mouth, so taking Suboxone by mouth won't trigger withdrawal. The only time taking Suboxone by mouth will trigger withdrawal is when you first start treatment and have other opioids in your system (basically, the Suboxone kicks the other opioids out of the receptor and has less of an effect than full agonists like heroin or morphine). Once you have been taking Suboxone for a while, taking other opioids won't cause withdrawal. In that case, though, it wouldn't be the naloxone that triggers it, but the buprenorphine, which is why starting Suboxone is a little different from starting methadone.

CAN I GET MY TREATMENT IN THE HOSPITAL?

If you are currently on oral OAT 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 *Rapid Access to Consultative Expertise (RACE)* line as a resource for any doctors that are caring for you, if an addiction medicine specialist isn't available in your hospital (**raceconnect.ca or 1-877-696-2131**). If you are on iOAT and have been admitted into the hospital, so far only St. Paul's Hospital in Vancouver is able to continue your iOAT doses. Other hospitals will transition you to oral OAT until you're released and can return to your regular schedule at your iOAT program.

Once your OAT is set up in hospital, 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 schedule, 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 OAT meds may be used for pain management as well as maintenance treatment, confusion about dosing is common. If you are experiencing chronic or acute pain and are currently on OAT, you should speak to your

health care providers about managing both issues. Your baseline OAT dose will not help with acute pain, so if you break a bone or have a painful infection, you will probably need more opioids to manage the pain.

WHAT IF I USE OTHER DRUGS WHILE ON OAT?

OAT 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, Kadian, or iOAT.

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

Stimulants like cocaine and meth (methamphetamines) will raise your metabolism rate, which may mean your OAT meds are metabolized faster which could potentially bring on withdrawal symptoms.

Testing positive for other drugs may make it harder to obtain carries. Discuss any concerns with your prescriber.

CAN I TRAVEL WHILE I'M ON OAT?

OAT will limit your ability to travel. You may be able to get a "carry" for oral OAT medications from your prescriber and use it while travelling. Or you and your provider may be able to make arrangements for you to visit a pharmacy at your destination, although 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 (this will be different if you are travelling within BC, within Canada to another province, or out of the country).

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 delayed or lost. However, if you plan to travel longer than the number of days of carries you have, 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.

If you don't have carries, your doctor or nurse practitioner is not allowed to give you carries just because you're going on a trip unless you have a compelling, documented reason to travel. Even in that case, though, it is still your prescriber's decision. Your prescriber may also ask you to show proof that you're planning to travel – plane

tickets, itinerary, or other documents. All of these requirements can make doctors seem like cops.

You may be able to have a different form of OAT prescribed to you that is more convenient to travel with. For example, Methadose can be prescribed in a pill form instead of a liquid form, which makes it easier for travelling, dosing and storage.

"IT DID NOT TAKE ONE DAY FOR YOUR BODY TO BECOME ADDICTED, AND IT WILL NOT TAKE ONLY ONE DAY TO DETOX."

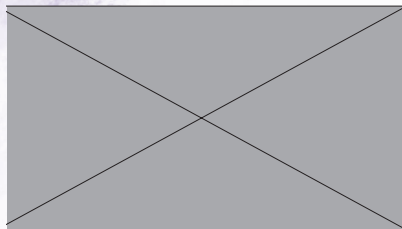
- OAT PATIENT

Different rules apply in different countries. In many countries, OAT medication is heavily regulated or totally illegal. Some countries do not allow OAT medications to be transported across their borders. Check with official government sources for information about your international destination.

Your prescriber can provide a note that can help with border guards or security screening at airports. It should explain that you are their patient, that you are being prescribed OAT medications, the dose, and the number of carries. Carry medication in original prescription bottles. Bring several photocopies of that note and some business cards from your pharmacy as well. Consider also bringing a photocopy of your original prescription.

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

Here is a worldwide travel guide with information on how to access OAT as well as travel regulations for different countries: indro-online.de/en/methadone-worldwide-travel-guide



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, your options are to:

1. Deal with it informally with your health care provider.
2. If you do not feel safe doing so, or have tried and it hasn't worked, file a formal complaint to the regulatory bodies that oversee your health care provider. Sometimes when you file a complaint, there is a conflict of interest and you can't see that provider anymore.

Contact the *BCCSU Peer Advocacy Navigator* at peernavigator@bccsu.ubc.ca or **778-939-7192**. The Peer Advocacy Navigator, who has experience of being on OAT, can support you in resolving the issue directly with your prescriber or help you file a complaint and support you through to resolution.

FORMAL COMPLAINTS PROCESS

The formal complaints process is long and messy, but the authors of this book, the BCCSU, and other allies are working to change this system.

Until it is changed, you will need an official form that you can find on the internet (*see below*). Forms may also be found in other places such as drop-in centers, at your prescriber's office or pharmacy, or from outreach (street) nurses. 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.

The BCCSU's Peer Advocacy Navigator can help you find the necessary forms and complete all of this. Having the support of a friend throughout this process will be very helpful too.

There are special complaints departments for the Colleges that regulate all health care providers as well as the Ministry of Health (for complaints about billing):

Complaints Department – College of Physicians and Surgeons of BC:

Tel: **800-461-3008** / Fax: **604-733-3503**

Website: cpsbc.ca/files/pdf/Complaint-Form.pdf

Complaints Department – College of Pharmacists of BC:

Tel: **800-663-1940** / Fax: **800-377-8129**

Website: bcpharmacists.org/complaints-process

Complaints Department – BC College of Nursing Professionals:

Tel: **1.866.880.7101**

Website: bccnp.ca/Complaints/makingacomplaint/Pages/Default.aspx

Complaints Department – BC College of Social Workers:

Tel: **604-737-4916**

Website: bccollegeofsocialworkers.ca/public/complaint-information

Complaints Department – College of Dental Surgeons of BC:

cdbc.org/Public-Protection/submit-a-complaint

Complaints about Billing – Ministry of Health:

www2.gov.bc.ca/gov/content/health/health-drug-coverage/msp/bc-residents/benefits/additional-fees-and-charges

Many health care organizations in BC (including the above) have signed the Declaration of Commitment on Cultural Safety and Humility. If you have not received culturally safe or appropriate care, you can make a complaint to appropriate body listed above.

STORIES FROM THE WRITERS

CALEB

My experience with Suboxone started out a little rough around the edges. Living in a rural area and accessing my daily witnessed doses in the beginning proved to be a real challenge. I was living an hour bus ride away from my pharmacy and public transit or hitch hiking was my only means of transportation. I was just starting to get my shit together, and although some days making the commute was the last thing I wanted to do, I knew it was necessary. I eventually got a routine down and realized the positive effects this treatment was having on my life. It helped me restore confidence in myself and my decision-making skills. The cravings and urges slowed down quite a bit, and for the first time in a long time I finally felt like I could somewhat function without being completely fucked up.

GARTH

I injected heroin for over a decade. Even as friends died. The first time I did methadone, I bought it off the street - trying to reduce the amount of heroin I did every day. But I resisted getting on a methadone maintenance program. Doing that would be a life sentence, I figured. I somehow kept thinking my deep addiction was temporary - even after years. Eventually, I got on a program. It was a bit of a pain in the ass. I kept using dope at the same time for years. But eventually I grew to trust the methadone and slowly cut out heroin. I am alive today only because of this decision. And if I'm on methadone for the rest of my life, then so be it. It's way better than the alternatives I had before me: misery or death.

KATRINA

I got on Suboxone after not being successful on the methadone program... At this time Suboxone was a new option for OAT and was not widely available yet. I was able to reach an optimal dose within a few days of starting, and took a harm reduction approach, greatly reducing my opioid use over time. Suboxone was the only treatment option for me, as iOAT was only available for a limited number of people (in the SALOME study) at that time. Initially I really did not want to be on any OAT, and it was a hard decision to start taking Suboxone. My plan was to be on it for 3 months and then taper off...That never happened, because Suboxone can be difficult to taper down from, let alone come off of. There have been many challenges because of being on Suboxone. Physically, some of the side effects have been really uncomfortable, and I've had to modify my diet a lot due to digestive issues. When I want to go down on my dose, I will have to take at least a week off to go through the physical and mental withdrawals associated with tapering down from Suboxone. This makes things difficult, because I have to take time off work and school. Even though Suboxone has not been my ideal line of treatment, it helped me to stabilize and change my daily routine around. Suboxone helped me drastically reduce my opioid use from several times a day to using only occasionally. Over several years, I have been able to cut my Suboxone dose in half, and now have a full-time job working with youth who deal with mental health or substance use issues. Suboxone might not work for everyone, but it did help me get off the streets and start to change my life around. The OAT program has come a long way since I started, and it is really nice to know there are more options for people now. The most important thing I have learned from being on OAT is that if you are true to yourself, and you can find the treatment option that best fits your needs and lifestyle, anything is possible.

CARMEN

At 20, deep in my addiction, I became pregnant. I entered a program for pregnant addicts called Sheway and they helped me get on methadone. I was able to have a full term, healthy baby boy. However, shortly after, I relapsed. Inevitably, I couldn't be an addict and a mom, and I lost my son at 16 months to the Ministry. I joined a methadone maintenance program at Three Bridges, who supplied me with Alcohol & Drug Counselling as well. Through that, and Ministry-ordered drug screenings, I was able to regain custody before my son's 3rd birthday.

BRIAN

What I didn't know was that if I stopped [Suboxone] completely and then tried to resume taking it, the Suboxone could put me into extreme withdrawal. This happened to me 3 or so times in the past month while I've been struggling to get back to normal.

I am currently using something called the Bernese method (microdosing) which allows me to get to a comfortable dose of Suboxone without going into extreme withdrawal. It takes about a week, and I am already 5 days in.

During this time, however, I'm still needing to take illicit opioids to maintain normal functionality. It would not be a good idea to just discontinue this suddenly. I should no longer crave this additional "fix" once I have reached a sufficient dose on my Suboxone, which I am increasing slightly every day now.

MATT

I was 20 when I got onto OAT. I had been using heroin for a few years and really found myself struggling. My doctor recommended OAT and he prescribed me methadone. I was able to get through the day without withdrawal and without those severe cravings. I've been on methadone continuously now for 9 years and while I never expected myself to still be on methadone, it has helped me maintain my recovery. I'm now able to go on with my life and taking a medication daily isn't that big of a deal for me, especially since it helped to save my life.

LAURA

I have been on methadone for 20 years and have seen good and bad with the program. I am an activist for the rights of People Who Use Illicit Drugs. I am the Secretary of the British Columbia Association of People on Methadone (BCAPOM), as well as the Treasurer of the Vancouver Area Network of Drug Users (VANDU) and have sat on that board for 12 years. Over the past many years, I have worked with all sectors of the opiate replacement world to change bad drug policies – meeting with government officials, the regulatory Colleges back when they were in charge of the methadone program, and my community. In 2014, I won a 5.5-million-dollar settlement for payment of unjust clinic fees which had affected 11,000 people in BC. I also work at an Overdose Prevention Site trying to make sure that next year we don't lose 8,000 people, on top of the 4,000 we have lost this year. If something doesn't change soon, there will be no one to go on an OAT program. Thanks for the chance to speak for my people. Please work with me and make all Opioid Agonist Treatment available if we choose to use them first.

BILL

"I have been an OAT patient since 1977. Despite my failed detoxes, it was impossible to get this treatment in Eastern Canada. I left for the UK where getting this treatment allowed me to thrive and go to university, so when in '85 I joined the UK AIDS organization, I was able to advocate in the media and explain and train users and doctors about harm reduction and safer drug use. In '99, I founded the UK Methadone Alliance, which provided advocacy and support to people on OAT. In '04, I returned to Vancouver Island, where I now assist with advocacy work in OAT clinics. None of this could have happened if I had died with my friends in 1970's Ottawa."

JULIE

When I came down to the Downtown Eastside, Vancouver, I already had a daily heroin habit. I thought by relocating to a different community, that it would resolve my substance issues, as well as some other personal things. Well, if anyone has tried to move to a different neighborhood in hopes of beating a serious substance habit; in my personal experience it hasn't worked out. I was getting fed up with trying to get ten or twenty dollars

every day just so I wouldn't be dope sick. I wasn't even getting the same 'good feeling' that I used to get.

I was doing illegal things that ultimately landed me in jail and gave me the start of my criminal record. I didn't seem to learn from the first time I was charged and jailed. As soon as I was released, I got right back into the illegal activities I was doing when I was arrested.

At first the money seemed easy and I could always make enough money to not only maintain my heroin use, and not get dope sick, but to also last me a few days. It didn't take long for me to build up my tolerance to heroin, and that led me to resorting to more desperate and careless ways to get the money I needed every day.

I would tell myself 'nobody is getting physically hurt', however, after being incarcerated for the fifth time in many months, even though I wasn't physically hurting anyone, I was hurting people in other ways by stealing from them – financially and emotionally.

When I was incarcerated for the last time, I vowed that I would never steal from anyone again. I know that a big factor of my changing my criminal ways was meeting one of the victims I stole from in court. The woman was on a kidney dialysis machine and was terminally ill with a kidney disease. The money that I stole for my heroin addiction was money she didn't have to buy the medication she needed to have. I felt really bad.

However, that wasn't enough to make my addiction stop. I was incarcerated for approximately two months and when I was released, I went right to my doctor's office. I told him that I was, "sick and tired of being tired and sick", and needed to change the direction my life was heading in.

After talking to my doctor, who was also an OAT prescriber, we concluded that methadone would be a good option for me. I was put on 40 mL of methadone, and my doctor said that we would see if that dose was going to be enough to keep my cravings and 'dope sickness' away. I gave my body a bit of time to let the methadone build up in it. My doctor told me methadone works better over time by building up in your system. It took me a little while to get stabilized on the right dose of methadone, but once I was, I much more balanced and stable and was able to function and get my lifestyle, on a healthier and safer path.

Before I got on methadone, I had exhausted other efforts I tried. I tried reducing the amount that I would use, that didn't work. I tried quitting cold turkey, that was much too uncomfortable, I would get very sick, very fast, and ultimately end up giving in and using again.

Fast forward to now, I have been tapering down my methadone with the help and guidance of my prescriber. Now I am on a very small dose (0.4 mg) of methadone and I have been stable and clean from using heroin

for over 14 years. When, and if, my prescriber and I choose to completely taper me off of methadone, I am very confident that I won't fall back into my 'old using ways'. I have made some very significant changes in my life. Being stable on methadone has also motivated me and made it possible for me to start the hep C treatment. In 8 weeks, I will be completely done the treatment. I am very grateful and excited to be one of the many people who are able to is able to access the treatment for hep C. As part of my hep C treatment, I get addiction counselling and other resources, if I choose to use them. I am very glad that I took the healthier road to recovery.

However, even though I don't crave heroin or use it anymore, I always try to remind myself where and what my using led to. I had health issues, which included many bacterial infections, and contracting hepatitis C. Not only my health was seriously affected; I also spent numerous months in and out of jail, which resulted in my having a permanent criminal record.

I am grateful that I was given OAT options. I truly believe that being put on methadone saved my life! The path that I was on, before methadone, was very dangerous and likely would have killed me.

Together, with a strong support system, I can stay on my own path. I try to remind myself, addiction does not discriminate, it's an 'equal opportunity' disease.

AL



I first started using heroin in the late 90s. I was in Matsqui Penitentiary, so it was just a way to get high and escape reality. I started off young, sniffing gas and glue as a kid, and I smoke and drank. Everything was just another means to escape, but I wasn't wired or dope-sick. Then, in the late 1990s, I was in a few bad car accidents and one of my vertebrae was cracked. When I was released from the hospital, I was basically told, "Well, go home and lay on the couch for a couple years." I didn't receive any support for my pain at the time and that was part of what led to my opioid addiction.

Me and my wife moved to Vancouver from Prince George in 2010. We were staying at the First United Church trying to get proper housing. A friend of mine said he knew a hotel we could live in if one of us was on methadone. We didn't have other options so that's why I went on the methadone program—to get us housing.

Four years later, the program changed to Methadose. We had two weeks' warning that it was coming. The province said it was safer, harder to take out of the pharmacies, but with methadose, I have no energy, no get-up-and-go to accomplish anything.

And methadose reacts with the antidepressants I was on.

When I look back at it all, I know that if we could have got into housing without my entering the methadone program, then I would've just kicked my habit. Then I wouldn't be wired to methadose now. It all comes down to decent, safe housing.

Nowadays I work for the BC Centre on Substance Use as a Peer Research Assistant. I also do a lot of work with VANDU [*Vancouver Area Network of Drug Users*] and BCAPOM [*BC Association of People on Methadone*]. We're on the decriminalize-and-regulate path.

But there is still a lot of stigma. Doctors tell us, "Oh no, it doesn't affect you that way." "Yeah, it does, we've actually lived through this." We're not listened to as individuals with something important to say. We're mostly seen just as dirty ex-junkies who're now getting their dope for free.

That's why a group of us on OAT wrote the first "*Patients Helping Patients Understand Opioid Substitution Treatment*" handbook, and are now creating this second edition. The handbook isn't written by the doctors or counsellors. It's by the patients, for the patients, in our language. We let other patients know what they're going to face. We tell them: this is what's gonna happen, this is the way you are going to be treated, this is how not to be treated that way.

ABOUT THE BC CENTRE ON SUBSTANCE USE

The British Columbia Centre on Substance Use (BCCSU) is a provincially networked resource in British Columbia with a mandate to develop, implement and evaluate evidence-based approaches to substance use and addiction. The BCCSU's focus is on three strategic areas including research and evaluation, education and training, and clinical care guidance. With the support of the province of British Columbia, the BCCSU aims to help establish world leading educational, research and public health, and clinical practices across the spectrum of substance use. Although physically located in Vancouver, the BCCSU is a provincially networked resource for researchers, educators, and care providers as well as people who use substances, family advocates, support groups, and the recovery community.



GLOSSARY OF TERMS

Abstinence is when you do not take any substances. Abstinence-based detox means to quit substances “cold turkey” or without any medication.

Agonist is a drug that binds to and activates the receptors in your brain. Opioids can either be classified as full agonists – such as heroin, fentanyl, codeine – meaning they bind tightly to the receptors and therefore can produce a maximal effect, or they can be partial agonists – such as buprenorphine – meaning they bind to the receptors but only have partial effect on your brain compared to a full agonist.

Antagonist is a drug that blocks or reduces the effectiveness of agonist drugs by binding to the receptor in its place. Naloxone is an example of an antagonist, as it reverses the effect of an overdose by binding to the opioid receptors.

Benzodiazepines are a class of drug used primarily to reduce anxiety, insomnia, seizures, and agitation. Examples include alprazolam (Xanax) or diazepam (Valium).

Buprenorphine/Naloxone (or Suboxone) is the recommended first-line treatment for opioid use disorder in BC. It prevents withdrawal symptoms and cravings in people with opioid use disorder (or opioid dependence). Suboxone is buprenorphine combined with naloxone. The naloxone does not have effects unless it is injected, in which case it will cause withdrawal symptoms.

Carries refers to measured daily doses of your OAT medication that you are allowed to take home with you. The number of doses you will be allowed to carry will depend on several factors. Carries for Suboxone are available for more than one week. Carries for other medications are usually available only for a few days up to a week.

Colonization/Colonialism is the process of settling among, and attempting to control, the Indigenous peoples of an area (i.e. Turtle Island, now known as North America).

Cultural genocide: The deliberate destruction of the structures and practices of Indigenous peoples. In Canada: Land, territories and resources were seized, languages were banned, gatherings were made illegal, spiritual practices were forbidden, legislation was imposed in attempts to assimilate Indigenous peoples into the dominant culture, and most significantly, families were – and continue to be – torn apart to prevent cultural values and identities from being passed down.

Diacetylmorphine is the generic (scientific) name for heroin. It is used as an injectable opioid agonist treatment 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 OAT. Tapering is required in order to minimize symptoms when attempting to get off of opioid medications.

Kadian is a brand name of slow-release (24-hour) morphine. It is taken by mouth once per day to prevent withdrawal symptoms and cravings in people with opioid use disorder.

Harm reduction is a practical response that helps keep people safe and minimize death, disease, and injury when engaging in high-risk behaviour. It includes policies, programs, and practices that aim to reduce health, social, and economic harms (e.g., transmission of HIV, overdoses) associated with drug use, for those unable or unwilling to stop using. Examples include: needle and syringe exchange programs, take-home naloxone kits, supervised injection or consumption services, and outreach and education programs for high-risk populations. Additional information on harm reduction and sites to access take-home naloxone kits can be found at towardtheheart.com.

Hydromorphone is an opioid, commonly known as Dilly's or Dilaudid. It can come in a liquid or a tablet. It is used as an injectable opioid agonist treatment medication.

Illicit means illegal or disapproved of by society. Illicit drug use includes both illegal and non-medical substance use. For example, using street heroin is illegal, while OxyContin may be medical (and licit) if used as prescribed or illicit if used by someone it wasn't prescribed for or used in larger amounts than was prescribed.

Indigenous includes First Nations (status and non-status), Métis, and Inuit peoples, including people who self-identify as Indigenous.

Injectables are OAT medications that are given to a person and they inject themselves with it. These drugs are not widely available, but where they are, they are tightly controlled. You will have to go to a medical center several times a day to be given your dose. These drugs are reserved for people who have tried other forms of OAT several times and have had not have success with this.

Maintenance is when you stay on OAT until you feel ready to end treatment. Some people on maintenance are on it for years or even for the rest of their lives.

Methadose is a brand name version of methadone that is used in BC as OAT. It comes in two formulations: cherry-flavoured and a sugar-free, dye-free form. Both are 10 mg/ml.

Methadone is a form of opioid agonist treatment. In BC, it comes in two forms: Methadose, and Metadol-D.

Metadol-D is a brand name version of methadone. It is covered under special authority and may be useful for those who find that Methadose wears off and is not effective for you. It comes in 10 mg/ml form.

Microdosing is the action of taking very small amounts of a drug/medication. It is used to prevent precipitated withdrawal when initiating Suboxone treatment.

Narcan is the brand name of naloxone, an injectable or inhalable drug that will reverse the effects of an opioid overdose.

Opioids are substances (natural or synthetic) that behave like our bodies' own natural painkillers (endorphins) to reduce pain signals and create pleasurable feelings. This includes street drugs like heroin as well as medications such as hydromorphone, oxycodone, morphine, codeine, and related drugs.

Opioid agonist treatment refers to (opioid) medications prescribed for the treatment of opioid use disorder. Opioid agonist treatment (also called OAT) is used to prevent withdrawal symptoms and cravings in people with opioid use disorder.

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.

Optimal dose is the dose of drug/medication that provides the highest level of positive health effects with the lowest level of side effects.

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.

Precipitated withdrawal is when an antagonist (i.e., naloxone) or partial agonist (i.e., buprenorphine) is taken by someone who is dependent on full agonist opioids (i.e., heroin) and has recently used. It causes you to feel very dope sick, very quickly.

Prescribers are health care professionals who can prescribe medications, including opioid agonist treatment (OAT). Doctors and nurse practitioners are both able to prescribe OAT if they complete required education and training.

Recovery is understood differently by different people. Generally, it can be understood as a process of change through which a person improves their health and wellness, lives a self-directed life, and strives to reach their full potential.

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 commonly used in pregnancy.

Stigma refers to the beliefs and attitudes about people who use drugs, including those with substance use disorders, that lead to negative stereotyping and prejudice against them, their families, and communities. These beliefs are often based on ignorance, misinformation, moral judgment, and misunderstanding. Discrimination, which is often based on stigmatizing beliefs and attitudes, refers to the various ways in which people, organizations, and institutions unfairly treat people who use drugs. Stigma and discrimination can often act as barriers to accessing health care, housing, and treatment. Additionally, related discrimination like racism, classism, sexism, and colonization can add to and increase the stigma and discrimination experienced by people who use drugs, their families, and communities.

Suboxone is a brand name of buprenorphine/naloxone (*see above*).

Tapering refers to the gradual dose reduction needed to successfully get off OAT 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 prescriber.

Tolerance develops when the normal amount of a drug or medication no longer causes the same effects, requiring more to be taken to achieve the desired effect.

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.

Trauma can be understood as an experience that overwhelms a person's ability to cope. It can result from a series of events or one significant event. Trauma may occur in early life (for example, child abuse, seeing others experience violence, or neglect) or later in life (for example, accidents, war, unexpected loss, violence, or other life events out of your control). Trauma can be devastating and can interfere with a person's sense of safety, sense of self, and sense of self-efficacy (your belief in your own abilities). Trauma can also impact a person's ability to regulate emotions and navigate relationships.

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 OAT. 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 taking your medication in front of the pharmacist or service provider. Depending on your treatment, this could occur daily.

WITH THANKS

Dr. Ron Abrahams, MD, FCFP M.S.C.; Senior Advisor, Fir Square, BC Women's Hospital; Clinical Professor, Dept. Family Practice, UBC; Consultant Physician, Sheway

Elise Durante, MA, RSW; Foundry, Providence Health Care

Dr. Mona Kwong, BSc(Pharm), PharmD, MSc; Pharmacy Advisor, BC Centre on Substance Use; Clinical Pharmacist, Pharmasave Howe Street

Keren Mitchell MN-NP(F); Nurse Practitioner - Foundry Vancouver Granville, Providence Health Care; Adjunct Professor, UBC School of Nursing

Dan Reist; Assistant Director of Knowledge Exchange, Canadian Institute for Substance Use Research

Dr. Diane Rethon, MD, MPH, CFPC; Medical Director, Youth Custody Services; Faculty, College of Physicians and Surgeons of BC; Associate, Canadian Institute for Substance Use Research

Dr. Nader Sharifi, BSc, MD, CCFP; Medical Director, Correctional Health Services, Provincial Health Services Authority

Dr. Christy Sutherland, MD, CCFP, dABAM; Medical Director, PHS Community Services Society; Physician Education Lead, BC Centre on Substance Use

Nicole Williams; Family member

Kenn Quayle; Family member

Various staff of **BC Mental Health & Substance Use Services (BCMHSUS)**

Various staff of **Provincial Health Services Authority (PHSA)**

Various community members of the **Ki-Low-Na Friendship Society**

Various staff of **Ministry of Health (MoH)** and **Ministry of Mental Health and Addictions (MMHA)**

Members of the **SALOME/NAOMI Association of Patients (SNAP)**

Various patients on injectable OAT across the Lower Mainland of BC

