Recovery in Focus: *Opioid Substitution Therapy*

Medication Assisted Therapy (MAT) is the use of medications, along with counselling, as an approach to treating substance use disorders. Opioid substitution therapy (OST) is a practical MAT approach to opioid dependency, where medications such as methadone or Suboxone are prescribed and monitored by a medical professional to treat opioid addiction. These medications work through the same receptors in the brain as the addictive drug to prevent withdrawal symptoms and reduce cravings. According to the Centre for Addiction and Mental Health, OST is generally considered a maintenance therapy which could extend long-term. The length of time that an individual is on either medication is dependent on the unique circumstances of that individual and the amount of supports available to them.

MYTHS & FACTS ABOUT METHADONE / SUBOXONE

MYTH: Methadone/Suboxone cures addiction.

FACT: Methadone/Suboxone does not cure opioid addiction. Because drug addiction is complex and can affect every area of a person's life, the use of methadone or Suboxone works best when it is part of a holistic approach to healing. Individuals need to have access to appropriate supports such as counselling in order to begin to explore the root causes of addiction at a pace that is tailored to their unique needs.

MYTH: Methadone rots your bones and teeth.

FACT: Methadone does not cause bone damage or rot teeth. Some people on methadone experience dry mouth which can lead to dental caries so good oral hygiene and dental visits are important. Methadone is given in liquid form, and is dissolved in a juice that often contains sugar. Individuals can request sugar-free juice. Some individuals report having aches in their arms and legs; this discomfort may be a result of mild withdrawal symptoms and their dose may need to be adjusted.

MYTH: People who take methadone/Suboxone are just substituting one drug for another.

FACT: Opioid substitution therapy (OST) is considered the "gold standard" for treating opioid dependence. There are two options: methadone and Suboxone. Both medications are included on the World Health Organization's list of essential medicines. The purpose of OST is to find a dose that allows a person to feel sober, minimize withdrawal symptoms and reduce cravings. This will allow for stabilization, a decrease in risk taking behaviours and an increase in health.

MYTH: People on methadone/Suboxone often relapse and use drugs again.

FACT: Relapse rates for addiction are similar to other illnesses that require management, such as diabetes, asthma and high blood pressure. Relapse does not mean failure, but could indicate that a change in treatment is needed.

MYTH: One medication (Suboxone/methadone) is better/safer than the other.

FACT: There is research to support the success and safety of both medications. Circumstances such as availability/access, unique medical history must be taken into account when selecting these medications. The Centre for Addiction and Mental Health states that methadone and Suboxone are equally effective in reducing opioid use. Individuals will need to talk with their health care provider about which medication is best for them.

MYTH: People can still take other drugs when on methadone/Suboxone.

FACT: Both medications can interact with other drugs, including prescriptions. These interactions can reduce the effectiveness of methadone/Suboxone in preventing withdrawal symptoms, or even increase the effect of methadone and the risk of overdose. Using alcohol or benzodiazepines can put people at an increased risk of overdose when on methadone/Suboxone. It's important to talk to a health care provider about possible drug interactions.

DAC
DRUG AWARENESS COMMITTEE

BENEFITS OF OPIOID SUBSTITION THERAPY

To individuals:

- It is reliable, safe, and legal when prescribed by a doctor and dispensed by a pharmacist or administered by trained Regulated and Unregulated Care Providers.
- It prevents sickness associated with opioid withdrawal and reduces drug cravings.
- It increases the chances of successful withdrawal and recovery.

To families and communities:

- It reduces needle sharing and helps prevent the spread of infectious diseases.
- It decreases drug-seeking behaviour and criminal activity, making communities safer.
- It improves pregnancy outcomes relative to opiate addiction.
- It increases productivity and employment rates.

METHADONE/SUBOXONE AND THE LAW

Both medications are listed under the Controlled Drugs and Substances Act. It is illegal to possess methadone and/or Suboxone without a prescription. Possessing and selling either medication for the purpose of trafficking is a criminal offence.

OPIOID SUBSTITUTION THERAPY, PREGNANCY AND BREASTFEEDING

Women maintained on OST during pregnancy are less likely to relapse, have less fetal exposure to illicit drugs, have improved prenatal care and have better pregnancy outcomes. OST helps prevent withdrawal, which could threaten the pregnancy. Currently methadone is the "gold-standard" of care for opioid-dependent pregnant women; however every woman has different needs, and should speak to their health care provider about which option is best for them. Research suggests caution in the use of Suboxone during pregnancy and Health Canada has not approved its use for this population. Women who become pregnant while on Suboxone should be switched to Subutex since the safety of naloxone in pregnancy has not yet been determined. Babies exposed to opioids during pregnancy may experience neonatal abstinence syndrome which is characterized by opioid withdrawal symptoms. The hospital will have medications to help the baby be comfortable and manage these symptoms. Breastfeeding is considered safe when stabilized on a methadone maintenance program. However, the benefits and risks of breastfeeding with non-methadone opioids should be discussed in consultation with a health care provider.

POTENTIAL BARRIERS TO OPIOID SUBSTITUTION THERAPY

Methadone:

- Methadone is not available in all communities, so access is limited, especially in remote Northern communities
- Stigma around entering a methadone clinic may be a barrier for individuals wanting to access this form of treatment

Suboxone:

- Suboxone is not covered on provincial drug plans, and an application through the Exceptional Access Program is required. Individuals need to speak to their health care provider to see if they meet the criteria and to assist with this application process.
- In order to start on Suboxone, an individual must be in moderate withdrawal from opioids (ie, no opioid use for a specific period of time depending on what type of opioid an individual is using).

Subutex:

- Since Suboxone is not approved for use with pregnant women, a transition over to Subutex may be necessary depending on the access to methadone. Subutex is not currently marketed in Canada and is only available through the Health Canada Special Access Program for specific clinical situations, such as use in pregnancy.

RECOVERY *in* FOCUS

For information about addiction services in Thunder Bay:
Thunder Bay Counselling Centre
(807) 684-1880

What is SUBOXONE? **Suboxone is a prescription medication containing buprenorphine and naloxone that is used in the treatment of opioid dependence. Buprenorphine is the active medication in Suboxone that works by displacing opioids at the receptors in the brain, and occupying those receptors. Naloxone is added to Suboxone to deter injection drug use, and has no active properties when swallowed. Suboxone comes in the form of a tablet that is dissolved under the tongue.**

Sources: Centre for Addiction Mental Health (2009). *Methadone Maintenance Treatment: A Community Guide* ; Drug Policy Alliance (2006). *About Methadone and Buprenorphone – 2nd edition;* Registered Nurses Association of Ontario (July 2009). *Supporting Clients on Methadone Maintenance: Best Practice Guidelines;* Centre for Addiction and Mental Health (2011). *Buprenorphine/Naloxone for Opioid Dependence: Clinical Practice Guidelines;* Katt, M., et.al (2012). *Feasibility and Outcomes of a Community-Based Taper-to-Low-Dose-Maintenance Suboxone Treatment Program for Prescripton Opioid Dependence in a Remote First Nations Community in Northern Ontario.* Journal of Aboriginal Health, 9(1), 52-59. ; Lund, I., et. al (2013). *A Comparison of Buprenorphine + Naloxone to Buprenorphine and Methadone in the Treatement of Opioid Dependence during Prgancy: Maternal and Neonatal Outcomes.* Substance Abuse: Research and Treatment, 7: 61-74.

Published 2013