Opioid use disorder: A guide for patients

A. About opioid use disorder

1. Why can't I stop using opioids?

You have been diagnosed with **opioid use disorder** (OUD). OUD is often related to **difficult things** that happened to someone in childhood and adulthood, their **family history** of addiction, their **biochemistry**, and their **mental state**.

Traumatic things that happen to us in childhood, such as abuse or neglect, can stay with us for many years. Many people who have had difficult childhoods start using substances as a way of coping with these early traumatic events. People also use substances to cope with difficult things that happen in adulthood, such as divorce, the death of a family member, or losing a job.

People with a **strong family history of addiction** react to substances differently than others. Substances like opioids have a **greater pleasurable effect** on these people. **Tolerance** to these effects develops very quickly. In just a few days, people find that they require a higher dose or more frequent use of the drug to achieve the same effects.

All humans have a **reward centre** in the mid-part of the brain. Whenever we do an activity essential for survival, like eating, sex, and nurturing, the chemical **dopamine** is released in the brain, which makes us feel good. This dopamine spike also registers in the **memory**, which causes us to recall the pleasure associated with the activity (such as remembering a delicious meal), and the **executive function**, the command centre of the brain, which directs us to go out and do the activity again. This combination of brain activities makes sure we survive as a species. Like survival activities, opioids also work on this reward centre. Using opioids causes an even bigger and longer-lasting release of dopamine than other activities do. Over time, this results in a hijacking of the survival mechanism; the executive function starts telling us that using opioids is more important than survival activities. Other parts of the brain may try and resist the executive function, telling us that using opioids is a bad idea. **Addiction** is the conflict between these two parts of the brain, where the executive function is saying "I need opioids" and other parts of the brain are saying "Using opioids is harmful to me." Many people with addiction describe this struggle.

Mental state also plays a role in developing OUD. People who are very **anxious, bored, sad, or angry** often find that opioids can **relieve** these feelings. If you have an underlying psychiatric issue, such as depression or anxiety, you may be more likely to use opioids in order to control your mood. It is important to get treatment for these other issues as well.

2. What is OUD?

People with OUD often have the following four traits:

1. They cannot control their opioid use.
2. They continue to use opioids despite knowing it is harmful.
3. They spend a lot of time obtaining opioids, using opioids, and recovering from opioid use.
4. They have powerful urges or cravings to use opioids.

Having OUD has nothing to do with character, willpower, or morals, and does not say anything about what kind of person you are.

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

Opioids cause your central nervous system to slow down. If you take high doses of opioids every day for several weeks or more, your nervous system changes in order to resist the drowsiness that opioids cause. This change is called **tolerance**. People who use opioids daily are often able to function normally even after taking amounts that would be fatal to someone else. When someone suddenly stops using opioids, the nervous system takes several days to return to normal. During this time period, people experience **withdrawal**.

When someone stops using opioids, they first go through **acute withdrawal**, which is usually at its worst two or three days after the last use. The physical symptoms of acute withdrawal are like a very bad case of the flu; people experience muscle aches, nausea and vomiting, cramps, chills, sweating, yawning, and goosebumps. In addition, people often experience psychological symptoms such as severe insomnia, anxiety, fatigue, and powerful cravings. These psychological symptoms are usually much more uncomfortable than the physical symptoms. Acute withdrawal is generally not medically dangerous, although it is extremely uncomfortable and distressing, and symptoms begin to get better five to seven days after last use.

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

4. I take opioids for chronic pain. How can I have OUD?

If you are taking prescribed opioids for pain, it can be very difficult to know if you have OUD or not. The difference has to do with the way **tolerance** develops. When someone without OUD is using opioids for chronic pain, they are usually able to get the same amount of relief from the same dose for many weeks or months. However, a person who has OUD will find that they must **increase or alter their dose** (like crushing or biting tablets) **in order to get the same amount of relief**. People who develop OUD while taking opioids for pain often **do not know that their use has become problematic**. They might think that their pain condition has gotten worse, or that the opioids are just not working as well as they used to.

Developing OUD while taking opioids for chronic pain does not mean that your pain is not real. It is very common for people who become addicted to a prescribed opioid to have a valid, diagnosed pain condition. However, the combination of OUD and chronic pain means that continuing to take opioids will make your pain worse. Many opioids only last for a few hours. If you do not take more immediately when they wear off, you go through withdrawal, which makes your pain much worse. In addition to the symptoms themselves, experiencing these symptoms every few hours can also cause frustration, anxiety, and depression, which can also make pain more intense.

5. What should I tell my family?

You can tell your family that you have OUD, a chronic illness that, like many illnesses, has a biological, social, and psychological component. You can explain that it is not your fault that you have OUD, but it is your responsibility to now get treatment. You should also tell them that their support is very important to your recovery.

Beyond the medical treatments that you'll discuss with your health care team, social support can be incredibly important in recovery. People who have recovered from OUD often say that their family played a big part in their success. Even if your family is angry with you right now, they will begin to trust you again when they see that you are committed to your recovery. This can often take time, but eventually you will be able to rebuild

relationships. Family members can also benefit from being included in your recovery. They may feel more involved in the process if you invite them to medical appointments and keep them updated on your progress. Some families also find it helpful to attend Al-Anon meetings (https://al-anon.org/) to be supported by other people going through similar experiences, and to access information on how to support loved ones going through treatment.

B. Treatment

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

Successful recovery from OUD **requires** treatment. Like other illnesses such as diabetes and depression, OUD is caused by biological, psychological, and social factors, and just like these other illnesses, it is very hard to manage on your own.

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

7. What kind of treatment do I need?

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

Withdrawal management services (WMS) offer people a supervised, residential setting where they can stay for several days or weeks. This can be useful for people going through severe withdrawal who may not have adequate housing or support. In addition to monitoring clients through withdrawal, addiction workers help people access housing and other social supports, develop a treatment plan, and initiate counselling. WMS sites often offer day programs, which people can enroll in immediately after discharge from the residential program.

Medication usually makes other types of treatment, like counselling, much more effective by removing the distraction of cravings and reducing the risk of relapse. **Opioid agonist therapy** with **buprenorphine** or **methadone** has been proven to be safe and effective for people with OUD. Buprenorphine and methadone are both opioid medications, but they are different from other opioids in that they work on the brain **slowly**, meaning they don't cause opioid intoxication, and they **relieve opioid cravings and withdrawal symptoms for a full 24 hours**. Because they last for a long time, you only take them once a day, meaning that you won't experience withdrawal every few hours. At first, patients usually attend the pharmacy daily to take these medications under a pharmacist's supervision. Once patients have stopped other opioid use and their lives have become more stable, they are gradually given take-home doses.

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

types of programs employ a variety of counselling techniques, including education on opioids and healthy lifestyle choices, group and individual therapy sessions, coping skills, and cognitive behavioural therapy. There is strong evidence that both types of programs are helpful for people struggling with addiction.

Self-help groups are another type of counselling for people with addictions. Mutual support groups like Narcotics Anonymous (https://www.orscna.org/english/index.php) and the Secular Organization for Sobriety (http://www.sossobriety.org/) meet every day in cities and towns across Canada and worldwide. Access to meetings is immediate, and there are no entry requirements. Anyone can attend meetings without assessment, going on a waiting list, or maintaining a period of abstinence; the only requirement is an interest in stopping drug use. Groups provide structure to the day; it can be helpful to know you have something to do and a place to meet other people going through the same struggle. Attendees often find it inspiring to meet people who are now in recovery. Finding a sponsor in such a group can also help you stay sober.

Starting a new treatment program can feel overwhelming. You will be meeting with strangers and discussing things that are probably difficult to talk about, and many people feel uncertain, anxious, or scared at the start. However, you might find it comforting to talk to people who understand what you're going through. Your fear and anxiety about going to treatment will probably diminish within the first few days, and you'll feel proud of yourself for sticking to it.

8. What's the difference between buprenorphine and methadone?

Both medications are opioids and are taken once daily (methadone is mixed in fruit juice and buprenorphine is a tablet that dissolves under the tongue). Methadone is a **full opioid**, meaning that its effects increase as the dose increases. It tends to have more side effects than buprenorphine and it is more likely to cause overdose if taken in excess. Buprenorphine is a **partial opioid**, meaning that once a certain dose is reached, further dose increases do not increase its effects. Buprenorphine has milder side effects for most people and is less likely to cause an overdose. However, some patients find that methadone is more effective at relieving withdrawal symptoms and cravings. In most cases, it's a good idea to start opioid agonist therapy with buprenorphine and consider switching to methadone if you find that the buprenorphine is not relieving your cravings. Your health care provider will help you determine what would be best for you.

9. Doesn't this just substitute one addiction for another? If opioids are bad for me, shouldn't I just stop taking them?

Methadone and buprenorphine are very different from other opioids. When they are taken in the right dose, you will not experience withdrawal symptoms, euphoria, or intoxication. If you have been buying opioids from the street, taking methadone or buprenorphine will also make a difference to your lifestyle, as you will not have to spend time and money acquiring them; all you need is a prescription from a doctor or nurse practitioner and access to a pharmacy. If you have been taking a high dose of opioids every day for more than a few months, it's **very dangerous** for you to just stop taking them. When you stop taking opioids, your tolerance decreases within just a couple of days. Symptoms of opioid withdrawal can last for up to a week, and if you decide to start your medication again in order to relieve these symptoms, you are at **high risk of overdose**. Methadone and buprenorphine are both much safer than stopping your opioid suddenly.

10. Do buprenorphine and methadone have side effects?

The side effects of methadone and buprenorphine are similar to those of other opioids: sedation and fatigue, drowsiness, constipation, sweating, nausea, and sexual dysfunction. Some of these side effects disappear over time. If you continue to experience side effects, you should speak to your health care provider about reducing

the dose or using additional medications to relieve the symptoms. If you can't tolerate the side effects, you should ask your health care provider about discontinuing the drug.

11. How long does it take to start treatment?

Opioid agonist therapy can sometimes be started at your first medical appointment, and it should start to relieve your cravings and withdrawal symptoms within a few hours. **You must be in opioid withdrawal before you start buprenorphine**; if you start taking it while you still have other opioids in your system, you will start experiencing bad withdrawal symptoms right away. You and your health care team will determine the right time to begin.

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

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

12. How long do I need to stay on opioid agonist therapy? How do I get off of it?

How long you stay on these medications is up to you. However, you are **much less likely to relapse** if you taper off these medications **gradually** once your life becomes more stable, and you haven't used non-prescribed opioids for at least six months. In general, the longer you've been addicted to opioids, the longer you should stay on methadone or buprenorphine. You and your health care team should talk regularly about how the medication is working for you, if the dose needs to be altered, or if it's time to discontinue it. When you're ready, your health care provider will tell you how to taper the medication slowly and safely in order to decrease the risk of withdrawal symptoms. During the taper, if you experience strong cravings, withdrawal symptoms, or a relapse, **you should go back on the medication**.

Action

13. How do I get treatment?

There are lots of ways to connect to treatment. If you have a good relationship with your primary care provider, that's an excellent place to start. Your PCP can prescribe buprenorphine, refer you to counselling and/or addiction medicine programs, monitor your mental and physical health during recovery, and provide ongoing support during and after your treatment.

If you don't have a primary care provider, or if you don't feel comfortable talking to them about your opioid use, consider attending a **rapid access addiction medicine (RAAM) clinic**. A RAAM clinic is a low-barrier, walk-in clinic that patients can attend to get help for a substance use disorder without needing an appointment or a referral note from a doctor. RAAM clinics provide medication, brief counselling, and referrals to community services. You can find a list of Ontario clinics online at http://metaphi.ca/raam-clinics/.

If neither of these options feels right to you, you might have to do some looking online to find out what's available in your area. ConnexOntario (https://www.connexontario.ca) is a directory of mental health and addiction services in Ontario. You can enter in specific criteria, like geographical area, type of service, or services targeted to a particular ethnocultural group, in order to find exactly what you're looking for.

14. What should I do during early recovery?

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

- **Keep busy:** Scheduling your time can help you avoid opioids. Here are some examples of structured activities:
  - **Self-help groups** like Narcotics Anonymous or the Secular Organization for Sobriety, which provide structure and social support.
  - **Exercise**, such as daily walks or trips to the gym.
  - Regular **sleeping and eating** routines.
  - Spending time with **supportive family and friends who do not use drugs**.
  - **Appointments with addiction care providers**, including doctors, nurses, case managers, and therapists. If you have a slip while waiting for treatment, interrupt the slip immediately by seeking out help and keeping follow-up appointments.
- **Keep focused:** Staying sober requires paying close attention to how you're feeling every day. Here are some things you can do to take care of yourself in early recovery:
  - Take your prescribed medications.
  - Avoid HALT states: Hungry, Angry, Lonely, Tired.
  - When feeling the urge to use, always pause and call a support first.
  - Don't focus on other issues you may be worried about. They can be dealt with later as long as you remain sober.
  - Know your **triggers** and do your best to avoid them. Triggers may be certain people or places, thinking about certain situations, feeling stressed, angry, or sad, or thinking self-critical thoughts.
  - **Don't give up.** Remember that sub-acute withdrawal can last for several weeks, and that the anxiety, insomnia, fatigue, and cravings that you may be experiencing are all **temporary**. The longer you remain sober, the easier it will get.

Many people experience **sub-acute withdrawal** in the first few weeks of recovery. During this period, you may struggle with **anxiety**, **fatigue**, **insomnia**, and **cravings**. The most important things are to keep yourself out of situations where you might be tempted to use opioids, and to remind yourself that **things will get better**. It's also a good idea to have an OUD **treatment plan** in place, such as **counselling** and/or a **mutual support group**, to help you get through this period.

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

- Use much less than you did before you went through withdrawal.
- Do not use intravenously; this delivers the opioids to the brain very quickly.
- Do not use benzodiazepines, alcohol, or other sedating drugs while using opioids.
- Never use alone. Go to a safe injection site, have a friend with you, or use the National Overdose Response Service (https://www.nors.ca/).
- Always carry naloxone with you.
- If a friend has taken opioids and is nodding off, call 911 and don't let them fall asleep.

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

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

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

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