

# Which Medicine Should I Take For Opioid Use Disorder?

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The purpose of this tool is to give you information about the different medications for opioid use disorder. You can use this tool with your health care provider to help you understand what your options are and which choice makes the most sense for you.

## YOUR OPTIONS:

- Suboxone (sublingual buprenorphine/naloxone)
- Sublocade (injectable buprenorphine)
- Methadone
- Kadian (slow-release oral morphine)

## KEY POINTS TO REMEMBER:

- Opioid agonist treatment (OAT) is taking a long-acting opioid medication to relieve opioid withdrawal symptoms and cravings. It is the most effective therapy that we know of for opioid use disorder, and taking it lowers the chance of a fatal overdose from other opioids. **Suboxone, Sublocade, methadone, and Kadian** are all options for OAT.
- **Buprenorphine** has a lower chance of side effects and lower risk of overdose compared with methadone and Kadian. It might not provide enough relief of withdrawal symptoms and cravings for people with very high opioid tolerance. Buprenorphine can be taken as a tablet under the tongue (Suboxone) or as an injection (Sublocade).
  - **Suboxone** is usually taken once a day. There are many ways to get started on Suboxone, and you do not necessarily have to be in withdrawal to get started. The dose can be increased quickly. Take-home doses are usually available much sooner than they are for methadone or Kadian. Suboxone is available at most pharmacies.
  - **Sublocade** is usually taken once a month. You get your first injection after taking Suboxone for a few days, and then the buprenorphine stays in your system for three or four weeks. You can take doses of Suboxone if the Sublocade isn't enough by itself. You will probably have to go to a clinic for your injections, although some pharmacies do injections as well.
- **Methadone** is usually taken once a day. Methadone provides more relief of withdrawals and cravings than buprenorphine. It has a higher chance of side effects and higher risk of overdose compared to buprenorphine. The dose is increased slowly, usually over four to eight weeks. It usually takes at least a month to start getting carries. Methadone is not available at all pharmacies.
- **Kadian** is usually taken once a day. It provides more relief of cravings and withdrawal symptoms than buprenorphine does. The dose can be increased a bit faster than methadone can. It usually takes at least a month to start getting carries. There is some evidence that Kadian has a lower chance of side effects than methadone.

## FAQ

Here are answers to some of the questions you might have about these medications. If you have questions that aren't answered here, ask your health care provider.

	Buprenorphine		Methadone	Kadian
	Suboxone	Sublocade		
<b>What does it do?</b>	Helps opioid withdrawal symptoms and cravings			
<b>How much do we know about it?</b>	Used in Canada since mid-2000s and has lots of research evidence	Approved for use in 2019 – not many studies yet	Has been used since the 1960s and has the most research evidence for OAT	Has been around since the 1990s mostly as a treatment for chronic pain– some studies but evidence isn't as strong for OAT use
<b>How do I take it?</b>	Tablet that dissolves under the tongue	Injection under the skin of the belly	Drink (often orange-flavoured and coloured)	Capsule that you swallow whole or opened and sprinkled into a cup or food
<b>How often do I take it?</b>	Usually once a day	Usually once a month	Usually once a day	Usually once a day
<b>Where do I take it?</b>	Dose is taken at the pharmacy at first, then usually at home within weeks	Usually done at a clinic	Dose is taken at the pharmacy every day for at least one month, then take-home doses start gradually	Dose is taken at the pharmacy every day for at least one month, then take-home doses start gradually
<b>How do I start it?</b>	Various ways: Can be started in withdrawal 12–18 hours after last opioid use OR started at a “micro” dose and increased very gradually	You have to take buprenorphine tablets at a dose of 8 mg or more for at least a day or two before your first injection	You can take your first dose anytime  Sometimes combined with Kadian at the start of treatment	You can take your first dose anytime
<b>How fast can I increase my dose?</b>	The dose can be increased every day	There is one standard dose of the injection	The dose can be increased every three to five days	The dose can be increased every two days
<b>When will I start feeling better?</b>	You can usually get to a helpful dose within a few days if you start it in withdrawal	You will probably already be at a good dose from the tablets when you get your first injection	It can take one to two weeks to start feeling better, and one month to reach a dose that feels really helpful	It can take one to two weeks to start feeling better, and one month to reach a dose that feels really helpful

	Buprenorphine		Methadone	Kadian
	Suboxone	Sublocade		
<b>How do I get it?</b>	Many health care providers prescribe it and most pharmacies have it	Not all health care providers do injections – you might have to go to a special clinic	Not all health care providers prescribe it, and not all pharmacies have it – you might have to go somewhere new, especially if you live in a small or remote area	Not all health care providers prescribe it for OAT, but most pharmacies have it – you might have to go somewhere new, especially if you live in a small or remote area
<b>How much does it cost?</b>	About \$10–12 per day (covered by Ontario Drug Benefits)	\$550 per month (covered by Ontario Drug Benefits with a Limited Use code)	About \$6 per day (covered by Ontario Drug Benefits)	Varies by dose – an average dose (about 800 mg) would be about \$21 per day (covered by Ontario Drug Benefits)
<b>What are the side effects?</b>	<p>All opioids can cause sweating, constipation, dry mouth, headache, itchiness, and weight gain as side effects</p> <p>All opioids can cause hormone changes, which could lead to a lower sex drive, irregular periods, erectile dysfunction, or a higher chance of getting pregnant</p> <p>Kadian and methadone can both make you feel sedated or high at higher doses</p> <p>Buprenorphine has the mildest side effects (although the injection can leave a bump on the skin and can cause brief pain and itchiness on the belly)</p> <p>Kadian’s side effects are mostly milder than methadone’s</p>			
<b>What are the risks?</b>	<p>All opioid medications (especially methadone) can affect how other medications work – make sure you tell your health care provider about everything you’re taking</p> <p>Methadone and Kadian both have a risk of overdose, especially when taken with alcohol or benzos (like Xanax or Valium)</p> <p>Methadone can be dangerous for people with certain kinds of heart problems (mostly related to irregular heart rhythms)</p> <p>Sublocade isn’t recommended as a first choice for people who are pregnant</p>			
<b>How well does it work?</b>	Buprenorphine is a “partial” opioid agonist – it might not fully relieve your withdrawal and cravings, especially if you have very high opioid tolerance If Sublocade isn’t enough by itself, you can take Suboxone at the same time		Methadone and Kadian are both full opioids – they may be more likely than Suboxone or Sublocade to fully relieve withdrawal and cravings	
<b>What would happen if I used opioids while taking it?</b>	Blocks the high from other opioids more than methadone and Kadian	Blocks the high from other opioids more than methadone and Kadian	Reduces the effect of other opioids	Reduces the effect of other opioids

## PERSONAL STORIES

"Going through opiate withdrawal, I had 3 choices. Tough it out and go cold turkey (I highly do not recommend this method!!), methadone, or Suboxone. I knew I didn't want to get high anymore and wanted to change my life. I know many people on methadone and they still got high every day. I heard from others about Suboxone and how you can't get high on it or you get really sick. That was appealing to me more for reassurance if I did go get high." — **Angela**

"I was on methadone for 7 years, and while very high doses twice a day took care of my withdrawal and helped me stay off other opioids, it never took care of the cravings, and I was very depressed, unmotivated, and still in extreme physical pain – the reason for the opioids in the first place. After a relapse to fentanyl (the only available option), I found someone willing to prescribe Kadian alongside methadone. The addition of Kadian provided the extra relief I needed for withdrawal. It eventually eliminated my opioid cravings, and it has also helped with my depression and my ulcerative colitis. I have attempted multiple medical-assisted opioid treatments, but this is the most successful treatment for me. By choosing my own path, I was able to take ownership over my well-being and I am the healthiest I have ever been." — **Ashley**

"Methadone was the only option when I started my recovery. I am glad it was an option and it helped with opiates, but it was hard to earn carries while working on cutting back other substances. Getting there before closing and sampling was a challenge living so far away from the clinic. Being on Sublocade, I now just need to come to the doctor's office once a month. The injection does sting a little, but not for long, and using ice beforehand helps. I no longer have to worry about getting to town every day and risk running into people who are still using." — **Victoria**

"I just want to emphasize that being on OAT will affect your life for a long time. They did not educate me enough on how hard and how long the withdrawal is from methadone or Suboxone before signing up – the first time I quit Suboxone, I was still having chills three months after. This means you're stuck to a doctor and a pharmacy for a long time. Counselling and proper mental health care were much more important for me than OAT. If I could go back, I would have done a treatment program rather than signing up for Suboxone." — **Kayla**

"I wasn't given a choice when I started on OAT 15 years ago, but methadone works for me in a really positive way. Maybe Suboxone would have worked for me, but I would be scared to go through withdrawal to start it. Methadone has definitely made my life much better." — **Sue**

"I wasted years of my life and missed out on so many things because of my addiction. I talked to my doctor and was put on Suboxone for the first 6 weeks of recovery, but it wasn't the right fit for me – the pain and withdrawal symptoms were persistent – so my doctor put me on methadone and it worked a lot better for me. I felt stronger, steadier, and more able to put the work into recovery. I was ok going for observed doses at first. I had a feeling of pride after earning my take-home carries – for me, that was part of the incentive. Methadone maintenance has absolutely saved my life, and take-home methadone carries allow me to have a life." — **Lorilee**

"When I made the decision to recover from years of opiate use, the option of methadone was very stigmatizing and time-consuming. I didn't want to wait at the pharmacy every morning just so that I could function. My family doctor and I came up with a plan to wean off opiates with Kadian. It was tough in the beginning, but after a few days we were able to get to the correct dose and I started to feel normal again. After 8 months of titrating my dosages down slowly, I was able to come off Kadian. Although therapy was also a big component of my recovery, there is no way I could have gotten to my appointments without Kadian. Giving people who suffer from substance use disorder more options in their recovery empowers them to make better decisions and to be a part of the way forward in the decision-making process." — **Jason**

## YOUR FEELINGS

Knowing about the differences between the three medications is an important start. Most people also have their own preferences, concerns, and values that will help them decide. How much do these things matter to you?

	Not Important	Somewhat Important	Very Important
Not having to go to the pharmacy every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Suboxone/Sublocade
Taking a medication with a lot of evidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Methadone/Suboxone
Taking a cheaper medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Methadone
Not being in withdrawal before starting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Methadone/Kadian
Increasing my dose quickly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Kadian/Suboxone
Fewer side effects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Suboxone/Sublocade
Fewer risks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Suboxone/Sublocade
Less stigma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Kadian/Suboxone/Sublocade
Not having to go to a special clinic or pharmacy for my medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Suboxone
Being able to get high from other opioids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Methadone/Kadian

## ABOUT YOU

There are some things about your health and life that might affect your decision. Go through these questions with your health care provider to see if any of the options might be a problem for your health:

- Do you have any problems with your liver? **You should avoid SROM.**
- Do you have any problems with your heart? **You should avoid methadone.**
- Do you have any problems with your kidneys? **You should avoid SROM.**
- Do you take benzos (like Valium, Xanax, or Ativan)? **You should avoid SROM and methadone.**
- Do you drink alcohol? **You should avoid SROM.**
- Are you pregnant? **You should avoid Sublocade.**

## YOUR DECISION

Now that you've thought about the differences between the medications, your feelings about what's important to you, and your health, you might have an idea of which medication you'd like to try. Which way are you leaning right now?

- Suboxone**       **Methadone**  
 **Sublocade**       **Kadian**

## NEXT STEPS

Do you understand all the options?      **Yes**       **No**

Do you know which benefits and side effects matter most to you?      **Yes**       **No**

Do you have enough support and advice to make a choice?      **Yes**       **No**