Quality Standards

Patient Reference Guide

Opioid Addiction

Care for People 16 Years of Age and Older

August 2017



Let's make our health system healthier

Quality standards outline what high-quality care looks like. They focus on conditions where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive.

This guide addresses variations and gaps in care in Ontario that need attention when it comes to managing opioid addiction. It is based on the best available evidence from medical quidelines and was created in partnership with people who have used opioids, their families, and care providers.

This guide is for people living with opioid addiction and their families to help you know what to ask for when receiving treatment and to make sure you receive the highest-quality care.

If you are worried that you might be addicted to opioids, if you are looking for help to manage your opioid use, or if you are currently getting care for opioid addiction...

You can use this guide to work with your care providers to make a care plan that works for you. Use this information to learn what high-quality care looks like and to ask informed questions about what types of care can help.

Care plans can be very different for each person, so it is important to work closely with your care providers.

In this guide, "care provider" refers to anyone who is providing care to you and your family. This can include peer support workers.

Also in this guide, "family" refers to family members, friends, or supportive people (who are not related you).

Here are some things to consider if you or someone you care about is looking for help with opioid use disorder.

Assessment, Diagnosis, Care Plan, Care Team, and Harm Reduction

Assessment

- If you or your care provider are worried that opioids are having a
 negative impact on your life or are putting you at risk of harm,
 the first step is to talk with your care provider about your opioid
 use. They should ask you how often you take opioids and what
 amount you are taking. They will not judge you, and they will
 treat you with care and respect.
- If you are feeling sick because you have not had opioids for a
 while, you might be experiencing withdrawal. You can go to your
 care provider to get help to feel better. If your care provider says
 that you are experiencing moderate withdrawal, they will make
 sure you get medication within 2 hours to help you feel better.

Diagnosis

- If you and your care provider decide that you have opioid addiction, and you want to treat it, your care provider should ask you about your goals for treatment, your physical health, your mental health, and any housing or income concerns you may have.
- Your care provider should also talk to you about possible treatments for your addiction and ways to reduce your risk of harm.

Care Plan

- After doing a detailed assessment, your care provider will work with you to make a care plan that addresses all of your needs. If you choose, your family can help make your care plan.
- If you have opioid addiction and a mental health condition, like depression or anxiety, your care provider should offer or arrange for treatment of both your opioid addiction and mental health condition at the same time.
- When you and your care provider work on your care plan, your care provider will explain
 the different types of treatments available to you. No matter where you seek treatment,
 you should be offered a treatment called opioid agonist therapy; this is sometimes called
 "maintenance therapy."
- Opioid agonist therapy reduces cravings for opioids and blocks the effects of other opioids. Because of this, it makes your care plan more safe and effective.
- The medications used for opioid agonist therapy are either (1) a combination of buprenorphine and naloxone—also called Suboxone—or (2) methadone. Your care provider should talk with you about the differences between these two medications to help you make the best choice for you.
- You should be given opioid agonist therapy within 3 days of being diagnosed with opioid addiction, no matter where you first ask for treatment or where you receive treatment.
- If you are already taking opioid agonist therapy, and you go into a hospital, a residential addiction treatment program, or a correctional facility, your treatment should be continued without stopping at any time.

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- If you are on opioid agonist therapy and you are feeling better, you or your care provider
 may suggest lowering the dose of your medication over time. This is called tapering and
 the goal is to eventually stop your opioid agonist therapy. Tapering may be considered
 when:
 - You feel comfortable with the dose you are on
 - Your health and social functioning have gotten better
 - You want to stop taking opioid therapy

But if tapering your opioid agonist therapy is not a good option for you, your care provider may recommend continuing with your regular opioid agonist therapy.

Care Team

- It is important for you to have a family doctor or nurse practitioner that you see regularly to help you follow your care plan.
- There may be more than one care provider helping you manage your opioid addiction.
 Often, your family doctor or nurse practitioner can provide at least part of your addiction
 treatment. If you need additional help, they can connect you with other care providers
 who can help you with other health or mental health care needs you have. They can also
 connect you with people who can help with things like finding housing, a job, or financial
 support.
- Throughout your care journey, your care provider should give you information about opioid addiction. They should tell you about all of your treatment and harm reduction options, and the different care providers who might be involved in your care. This information should be given to you in a variety of ways, including verbally, written down, or in a video. If you choose to have family involved in your care, they should also be given this information. You should be involved in all decisions made about your care.

Harm Reduction

- Your care provider may talk to you about harm reduction strategies. These are ways to reduce your chances of getting an infection, having an overdose, or dying from using opioids. They include:
 - Information about how to be as safe as possible while taking opioids
 - o Access to safe supplies, like clean needles and alcohol swabs
 - Vaccinations for preventable illnesses like hepatitis B
 - Tests for infections like HIV, hepatitis B, and hepatitis C
 - Referrals to other health care services you might want or need

Not everyone will want or need these services but if you do, you should be able to get them the same day you ask for them.

Naloxone is a drug that helps to reverse the effects of an opioid overdose long enough
for you to get to the hospital. Your care provider should give you naloxone and should
explain to you how to use it in emergencies cases where you or someone you know has
an opioid overdose. If your family is involved in your care, your care provider should also

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give them naloxone and explain how to use it in case they need to administer it to you in an emergency.

Throughout these steps, if you're worried about privacy, be assured that no one will have access to your personal information unless you give your care providers permission to share it.

Everybody is different, and some statements may not apply in your situation. If you have questions about your care, it is important to speak with your care provider.

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Looking for more information?

Please contact us at qualitystandards@hqontario.ca if you have any questions or feedback about this patient reference guide.

A more detailed version of this quality standard, written for care professionals, is available on our website. You can find it at honorario.ca.

About Health Quality Ontario

Health Quality Ontario is the provincial advisor on the quality of health care. We are motivated by a single-minded purpose: **Better health for all Ontarians.**

Our quality standards are concise sets of statements outlining what quality care looks like for conditions where there are large variations in how care is delivered, or where there are gaps between the care provided in Ontario and the care patients should receive. They are based on the best available evidence and are developed in collaboration with clinical experts from across the province, and patients and caregivers with lived experience with the condition being discussed.

For more information about Health Quality Ontario and our quality standards, visit: **hqontario.ca.**

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