

Patient Reference Guide

Opioid Use Disorder (Including Opioid Addiction)

Care for People 16 Years of Age and Older



Quality standards outline what high-quality care looks like. They focus on conditions or topics 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 use disorder. It is based on the best available evidence and was created in partnership with people who have used opioids, their families, and care providers.

The quality standard, available on our website, contains more information. You can find it at hqontario.ca.

In this guide, we use the following terms:

- **Family:** Family members, friends, or other supportive people not necessarily related to you
- **Care provider:** Anyone who is providing care to you and your family. This includes peer support workers

This guide is for people with opioid use disorder and their families. It can help you know what to ask for and ensure you receive the highest-quality care.

You might have opioid use disorder if you have trouble controlling your use of opioids or if opioids are having a negative impact on your life. Opioid use disorder includes opioid addiction.

If you're ready to make a change, different kinds of help are available, and you don't have to do it alone. Your care providers will work with you to decide what kind of help is best for you, and you don't have to do anything you don't want to do.

If you think you might have opioid use disorder, if you are looking for help to manage your opioid use, or if you are currently getting care for opioid use disorder...

You can use this guide to work with your care providers to make a care plan that works for you, including access to culturally appropriate care. Use this information to ask informed questions and learn more 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 to make the best care plan for you.

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



Assessment and Diagnosis

- If you or your care provider are worried that opioids are having a negative impact on your life, the first step is to talk with your care provider about your opioid use. These opioids might be ones you are using recreationally or ones that were prescribed to you. Your care provider should ask you how you take opioids, how often you take them, and what amount you are taking. Your care provider should not judge you and should treat you with care and respect. The purpose of this conversation is to help you get better, not to get you in trouble.
- If you are diagnosed with or identified as having opioid use disorder, and if you are ready to make a change, your care provider will do an assessment with you. They should ask about things like your use of opioids and any other drugs or alcohol, your physical health, your mental health, and other concerns you may have.
- 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 or severe withdrawal, they should make sure you get medication within 2 hours to help you feel better.
- Your care provider should talk with you about different types of treatment for opioid use disorder and ways to reduce your risk of harm.



Your Care Plan

- After doing an assessment with you, your care provider should work with you to make a care plan that addresses all of your needs. If you choose, your family can also help make your care plan.
- If you have opioid use disorder and a mental health condition, like depression or anxiety, your care provider should offer or arrange for treatment of both your opioid use disorder and your mental health condition at the same time.
- When you and your care provider work on your care plan, your care provider should explain the different types of treatment 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.
- 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.
- If you are on opioid agonist therapy and you are feeling better, you or your care provider may suggest slowly 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 and stayed better for 1 year or more
 - You want to stop taking opioid agonist therapy
 - You have adequate supports available, like friends, family, or a peer support group

Opioid Agonist Therapy

- Opioid agonist therapy reduces cravings for opioids and blocks the effects of other opioids. Because of this, it makes your care plan safer and more effective.
- There are two medications used for opioid agonist therapy. One is a combination of buprenorphine and naloxone, which is also called Suboxone. The other is 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 offered opioid agonist therapy within 3 days of being identified as having opioid use disorder, no matter where you first ask for treatment or where you receive treatment.
- Tapering is not a good option for everyone. The tapering process is different for each person, depending on how long opioids have been negatively impacting your life and how severe your opioid use disorder is. If you are thinking about tapering, talk with your care provider.
- If tapering your opioid agonist therapy would likely not be a good option for you, your care provider may recommend continuing with your regular opioid agonist therapy. However, you always have the right to taper your opioid agonist therapy if you want to.



Your Care Team

- If you and your care provider have discussed your treatment options for opioid use disorder, and:
 - You understand that a treatment that includes opioid agonist therapy is safer and more effective than treatments that do not include opioid agonist therapy,
 - But, you decide that opioid agonist therapy is not right for you,Then your care provider should offer you a supervised, slow opioid agonist taper.
- On a slow opioid agonist taper, your care provider will put you on buprenorphine/naloxone or methadone and slowly lower the dose of your medication over a minimum of 1 month. This is done to prevent you from feeling sick, which happens when you stop taking opioids too quickly. Your care provider should also offer you regular counselling and support while you lower your dose and for 6 months after that.
- It is important for you to have a family doctor or nurse practitioner you see regularly to help you follow your care plan.
- There may be more than one care provider helping you manage your opioid use disorder. Often, your family doctor or nurse practitioner can provide at least part of your treatment, including buprenorphine/naloxone. If you need additional help, they can connect you with other care providers who can help you with other physical health, mental health, or additional addiction treatment needs you may have. They can also connect you with people who can help with things like finding housing, a job, or financial support.
- Your care provider should give you information about opioid use disorder. 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, and you give your permission to share information with them, 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 with you about harm reduction. Harm reduction strategies 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
 - Access to safe supplies, like sterile needles and alcohol swabs
 - Vaccinations for preventable illnesses like hepatitis B
 - Tests for infections like human immunodeficiency virus (HIV), hepatitis B, and hepatitis C
 - Referrals to other health care services you might want or need
- Not everyone will want or need harm reduction services, but if you do, you should be able to get them the same day you ask for them.



Naloxone

- 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 to take home, and they should teach you how to use it in case you or someone you know has an opioid overdose. If your family is involved in your care, your care provider should also give them naloxone to take home and explain how to use it in case they need to give it to you in an emergency.

Throughout your care journey, rest assured that your privacy will be protected. No one will have access to your personal information, including medical information, unless you give your care providers permission to share it.

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

Looking for more information?

Please contact us at qualitystandards@hqontario.ca or **1-866-623-6868** if you have any questions or feedback about this patient reference guide.

The quality standard, available on our website, contains more information. You can find it at hqontario.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. They focus on conditions or topics 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 topic being discussed.

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