

Is this program for you?

Are you worried about your opioid use?

Have you experienced an opioid overdose?

Are you pregnant and not sure what to do in regards to opioid use?

Have you experienced negative effects because of your opioid use? For example, you've run out of money, you are unable to work, have lost housing or have damaged relationships?

If you answered yes to any of the above questions, you may be a candidate for OAT.

Come and see one of our clinicians to explore your treatment options.

Buprenorphine (Suboxone®) is considered the first line treatment for those with opioid use disorder (opioid addiction)

What are the advantages of Buprenorphine (Suboxone®) over Methadone?

- less risk of overdose
- milder side effects
- shorter time to get to an effective dose (1 to 3 days with Suboxone® vs 2 to 12+ weeks with methadone)
- fewer drug interactions
- you can usually get carries faster when on Suboxone®

To learn more

To learn more, talk to your family doctor or contact your local mental health & substance use office.



Opioid Agonist Treatment (OAT)



Do you or someone you know use opioids?

Information for
Clients & Family

What is an Opioid?

Opioids are a class of drugs that act on the nervous system to relieve pain.

They come in prescription and non-prescription forms, including:

- morphine
- Tylenol® with codeine (T3's)
- hydromorphone (Dilauded®)
- oxycodone (Percocet®, Oxyne®)
- heroin
- fentanyl

What is Opioid Agonist Treatment?

OAT is an evidence-based treatment that uses prescribed medications to treat people who have opioid use disorder (opioid addiction). These medications provide stable, long-acting relief from withdrawal and cravings, and help people lead a stable life. These medications also reduce the risk of overdose, even if someone were to continue to use opioids.

When starting OAT, you will meet with a team of health care professionals (including a physician or a nurse practitioner) who will work alongside you to determine the best medication based on your needs. Buprenorphine/naloxone (Suboxone®) or methadone are the two most common OAT medications prescribed.

It is recommended that OAT medications be prescribed long-term (at least 1 year), then are slowly tapered. OAT can also be combined with counselling or other treatment programs. Your team will help you to identify treatment goals and support you in achieving those goals.

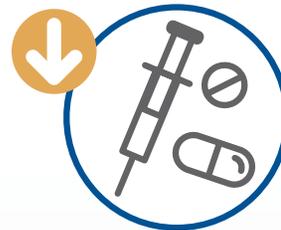
What are the benefits of being on this program?



People are more likely to get connected to other health and substance use services.



People are less likely to die from an overdose.



People are less likely to use 'street' opioids.



People are less likely to share needles (and less likely to acquire HIV or Hepatitis C)

Facts about Opioid Use Disorder (opioid addiction and OAT)

- It is recommended that withdrawal management (detox) not be used as a primary treatment option for opioid addiction.

Without using OAT long-term, with medications like buprenorphine (Suboxone®) or methadone, the relapse rates to opioids are more than 90%.

If someone goes through withdrawal at a detox centre, or detoxes while in jail, their tolerance to opioids can decrease quickly, and this puts them at very high risk of overdose and death, if they relapse.

- Research shows buprenorphine (Suboxone®) or methadone are the most effective treatment for opioid use disorder (opioid addiction).
- Evidence suggests that those who remain on buprenorphine (Suboxone®) or methadone for at least 12 months have a much greater likelihood of remaining opioid free in the long-term.