Frequently Asked Questions
About Opioid Agonist Treatment

DOESN'T OAT JUST REPLACE ONE ADDICTION WITH ANOTHER?

When people inject, smoke, or snort a short-acting opioid like heroin, the effects are immediate — it takes less than a minute to go from a state of withdrawal to experiencing intense feelings of pleasure and euphoria. The intense euphoria lasts several minutes and is followed by a period of sedation and calmness that lasts up to an hour. The effects of heroin wear off in about three to five hours, depending on the dose. Because of this, people who are addicted to heroin typically cycle between using and withdrawal several times a day.

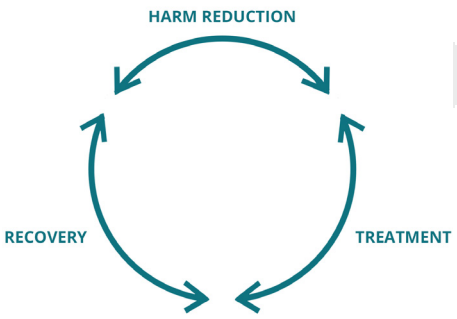
In comparison, Suboxone, methadone, and Kadian are long-acting opioids taken orally, so their effects build up slowly and last for a longer time. At an optimal dose, OAT will not make people feel excessively drowsy or high, and it will reduce or prevent cravings (anxiety, intrusive thoughts, and urges to use drugs) and withdrawal symptoms (fever and chills, diarrhea, and other flu-like symptoms) so that people can function normally. The effects of OAT last for over 24 hours, so, when taken daily, people feel stable — they are not cycling between feeling sick and feeling well throughout the day and can focus on other things. Most people only need to take one OAT dose per day and their optimal dose generally remains stable and does not increase over time.

Opioid agonist treatment is also legal and regulated — people receive a known dose of a pharmaceutical-grade opioid. Many of the harms associated with opioid addiction are not related to the drug itself, but to the criminalization of drugs and people who use them. Research has shown that providing people with an accessible and safer alternative to illegal opioids reduces the risk of serious harms, including overdose death, and allows people to re-engage with the health care system and society.[1]

For all of these reasons, it is not accurate to refer to OAT as replacing one addiction with another, nor as "substitution" or "replacement" therapy. For many people, OAT has a normalizing effect, providing the safety and stability needed to focus on their long-term health and recovery goals.

ARE PEOPLE TAKING OAT TRULY IN RECOVERY?

Although they have similar goals, clinical addiction services and recovery-oriented approaches often operate independently of one another. In the past, clients taking OAT were excluded from recovery-oriented services and programs, as they were not considered to be in "true recovery." Likewise, OAT programs and clinical addiction services have not always been inclusive of recovery-oriented approaches or recovery support service providers.



In recent years, there has been a shift in culture, with the understanding that recovery can be achieved through multiple pathways and that there is no "one-size-fits-all" approach that works for everyone. People with addiction benefit from having access to multiple options — including clinical addiction services and recovery-oriented programs — to support their recovery journey. The "multiple pathways" concept promotes the idea that recovery can be achieved in many different ways, spanning a continuum of abstinence-based, moderation, and harm-reduction approaches, and that the use of prescribed medications like OAT is one pathway to recovery. In this way, recovery is increasingly viewed as a self-defined process that benefits from multiple service providers working together to support clients in achieving their personal goals.

From a clinical perspective, addiction medicine professionals and researchers generally agree that people stabilized on OAT are in remission or recovery from opioid addiction. This is because people stabilized on OAT reduce or stop their use of illegal drugs; do not experience euphoria, excessive sedation, or functional impairments as a result of taking OAT; and do not meet the diagnostic criteria for an opioid use disorder. For most people taking OAT, treatment and recovery consists not only of medication, but also participating in counseling and peer-based support groups. Opioid agonist treatment can help people access, participate, and focus on these other components of their treatment plan that have been proven to support long-term recovery.

SHOULD THE GOAL OF TREATMENT BE TO TAPER OFF OAT AS SOON AS POSSIBLE?

Different people have different needs, preferences, and circumstances that influence how long they take OAT. Research suggests that the best approach is open-ended and individualized — where treatment is provided with no predetermined end date and decisions about length of treatment (and any adjustments) are made between an individual and their prescribing clinician.[1] Most treatment guidelines recommend that OAT should be prescribed at a stable dose for a minimum of 12 months.

WHAT ARE THE RISKS OF RAPIDLY TAPERING OR STOPPING OAT ABRUPTLY?

If a person stops taking their OAT too quickly or against the advice of their prescribing clinician, this can dramatically increase their risk of harm. Because opioid tolerance declines rapidly, just one relapse can result in an overdose death. This risk is especially heightened in B.C. due to the toxic illegal drug supply.

Many serious safety issues can occur when a person suddenly stops taking their prescribed OAT, including relapse to illicit opioid use, and increased risk of HIV and hepatitis C infection and overdose. For this reason, the decision to taper off OAT should only be made by that individual and their prescribing clinician. During a planned taper, patients are monitored closely by their prescriber and pharmacist through frequent medical appointments to ensure their safety and comfort before and after each dose reduction. Research suggests that a slow, stepped, and supervised OAT dose reduction over a period of 12 months or longer is associated with the best outcomes.[1]

All treatment decisions, including when to begin, continue, or taper off of OAT, must be made between the client and their health care provider. Contracted facilities should support clients in tapering off of OAT only with clear documentation that the client has been assessed by their OAT prescriber and counselled on the risks and benefits of OAT cessation.

DO CLIENTS TAKING OAT NEGATIVELY AFFECT OTHER CLIENTS WHO AREN'T ON OAT?

There has been very little research on the impacts of mixing clients taking OAT with those who are not. There have been no studies showing that other clients are positively or negatively impacted by participating in treatment and support services alongside clients prescribed OAT. However, several studies have found that clients taking OAT can experience stigma and discrimination from service providers, staff, and other peers in recovery, and may feel pressured to hide or discontinue their use of OAT to feel accepted.[2-4]

Stigma and discrimination can happen in many different ways, such as:

- Excluding people from accessing or fully participating in programs and services based on their use of OAT
- Directly or indirectly pressuring people to stop or taper OAT
- Using outdated and stigmatizing language to describe OAT and its role in recovery
- Communicating non-evidence-based or incorrect information about OAT and recovery

Stigma and discrimination negatively impact client wellbeing, recovery, and reintegration into the community.[5] Stigma and discrimination can also limit access to life-saving treatment and recovery supports.[6] For these reasons, stigma and discrimination against clients on OAT should be actively addressed. As part of this process, staff and clients should receive education on how recovery and recovery-oriented care can be inclusive of OAT.

WHAT ABOUT CLIENTS ENGAGED IN INJECTABLE OAT PROGRAMS?

There is a small but growing number of people with severe opioid addiction who are enrolled in injectable OAT programs in B.C., and it is possible that these individuals may wish to access supportive recovery services as part of their recovery plan. Accommodating clients engaged in injectable OAT programs in supportive recovery services and programs will require extra planning and careful consideration. Regional health authority colleagues would work closely with service operators to determine if accommodating clients on injectable OAT is safe and feasible for a particular program, and to develop strategies to ensure that both clients and service operators have the supports they need.

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