

# O.A.T.

Opioid Agonist Treatment comes in a variety of forms

## Suboxone® (Buprenorphine/ Naloxone)



### FORM + HOW IT'S TAKEN:

One pill, daily. Placed under the tongue to dissolve. Absorbed - do not swallow! Naloxone added to discourage misuse. Lasts between 24-36 hours.

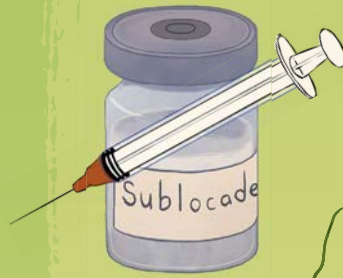
**PROS:** Most pharmacies have it. Easier to get 'carries'. Lower risk of overdose because it's a partial agonist. It is considered the first line of treatment: Usually easier and faster to find the correct dose than other forms of OAT.

**CONS:** Need to be in withdrawal in order to find the correct dose for you. Risk of onset of sudden and severe withdrawal symptoms if used with other opioids.

**OPTIONS:** Microdosing can help prevent precipitated withdrawal. Microdosing means you will be prescribed small doses of suboxone every day, gradually increasing the dose, for 6-7 days.

## Sublocade®

(Extended release injectable buprenorphine)



**FORM + HOW IT'S TAKEN:** Injection, once a month. Injected under your skin in the stomach area, with a freezing solution. Once inside the body it turns into a gel that gradually dissolves and releases buprenorphine at a controlled rate all month.

**PROS:** Lasts for one month. No need for 'carries'. No daily pharmacy visits. More stable levels of medication as it is slow release. No worries about loss or theft of your medication supply.

**CONS:** May make a visible bump for some people as it dissolves. Requires specially trained service provider to administer. Can be painful to get.

**OPTIONS:** It requires an extra manufacturer course to be completed by your service provider.

## Kadian®

(Slow release oral morphine - SROM)

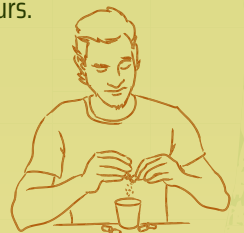


### FORM + HOW IT'S TAKEN:

Capsules containing 'beads'. Beads are mixed with thicker liquid, like yogurt or apple sauce or with water. Requires daily ingestion witnessed by pharmacist. Lasts about 24 hours.

**PROS:** You don't have to stop using opioids to start Kadian.

**CONS:** Daily trips to pharmacy for witnessed ingestion. Risk of overdose. Difficult to obtain carries (but not impossible). If consecutive doses are missed, prescription is cancelled.



## iOAT

Injectable OAT (hydromorphone or diacetylmorphine)



### FORM + HOW IT'S TAKEN:

Injection. Injectable hydromorphone or medically prescribed heroin. Supervised self-administration (intravenous, intramuscular, or subcutaneous). A prefilled syringe is given to you to inject yourself with, under observation of service providers. May be co-prescribed oral OAT as an option to improve flexibility.

**PROS:** Access to controlled supply in a clinical environment up to 3 times per day. Access to health care team, for dose adjustments and other primary care needs.

**CONS:** Requires several trips a day to have injection supervised.

**OPTIONS:** For injection drug users only, for those who are not benefiting from Suboxone, Methadone, or Kadian.

## Methadone

(Methadose®, Metadol-D®)



### FORM + HOW IT'S TAKEN:

Syrupy liquid form. Usually provided in a cup either cherry flavoured or diluted in Tang or Crystal light (Metadol-D).

Requires daily ingestion witnessed by pharmacist. Lasts between 12-24 hours.

**PROS:** You don't have to stop using opioids to start Methadone. Can get 'carries' but it may take a while.

**CONS:** To taper off Methadone requires slow dose reductions over several weeks or months. Risk of overdose due to loss/lack of tolerance. Potentially lethal, and risk of toxicity is compounded by alcohol and benzodiazepines.

