

FAQS FOR PATIENTS AND THEIR FAMILIES

If you are thinking about asking your doctor or nurse practitioner about injectable opioid agonist treatment (iOAT) with injectable hydromorphone or injectable diacetylmorphine (prescription heroin) or already receiving iOAT, you might have questions about this treatment. You will find answers to commonly asked questions below. Family members and other loved ones may also find their questions answered below.

How do I know if I'm eligible for iOAT?

You and your prescriber will work together to determine if iOAT is a good fit for you. Generally, iOAT is considered for individuals with severe opioid use disorder who inject opioids, have tried oral OAT before, and continue to experience health and/or social problems. There are many circumstances that you and your prescriber should consider together when determining what approach will be the best fit for you, including individual circumstances and risks that may or may not indicate iOAT would be a good fit for you.

Do I have to have tried Suboxone, methadone, and Kadian before I can try iOAT?

There is no minimum number of treatments you have to have tried before iOAT may be considered. Your prescriber will try to match you with the treatment that is best for you in terms of your specific health and social needs, treatments you've tried before, and the least demanding treatment that works for you.

What are the goals of iOAT?

Each person will have different goals for themselves when they start iOAT. These goals may also change once you've been on iOAT for a while. Generally, goals include survival, reduction in the harms related to drug use, stabilization, and increased quality of life.

If I try this treatment and don't like it, is this my only chance to try it?

This guideline recommends that people should be able to move between oral OAT (methadone, Suboxone, or Kadian) and iOAT as needed. For example, some people try iOAT, go back to oral OAT, and then want to try iOAT again. Other people do really well on iOAT and then decide they want to try switching to oral OAT (for example, so they don't have to go to the clinic three times a day), but find it doesn't work as well so they go back to iOAT and then try again a few months later.

Why is prescription heroin (diacetylmorphine) not available as an option for me?

Currently, there is only one program in Canada that offers prescription heroin. Because of barriers to prescribing heroin, hydromorphone was studied (in the SALOME trial) and found to be as effective as heroin for treating severe opioid use disorder. Many people and organizations are working on reducing the barriers so that people can be prescribed heroin, but for the time being, hydromorphone is far more available.

Does hydromorphone work as well as diacetylmorphine? Does it feel the same?

During the SALOME trial, people were randomly assigned to receive either hydromorphone or diacetylmorphine (heroin), without knowing which one they were getting. After six months, participants couldn't tell which medication they were receiving and 82% said that they would start injectable hydromorphone treatment if it was the only treatment available. However, clinical practice has shown that some people do report that hydromorphone doesn't feel exactly the same and that they would prefer diacetylmorphine. Hopefully in the future diacetylmorphine will be available to prescribe across Canada.

Why can't I take oral hydromorphone?

To date, there is no evidence to support oral hydromorphone as an effective treatment for opioid use disorder. It was tested in the SALOME trial and they found that people who were doing well on injectable hydromorphone did poorly when they were switched to oral hydromorphone.

Is iOAT only for people who have tried oral OAT and not benefited?

Injectable opioid agonist treatment is generally considered for individuals with severe opioid use disorder who inject opioids and have continued to experience significant health and/or social consequences related to their opioid use disorder despite past experience or attempts with appropriately dosed oral OAT, multiple attempts at oral OAT without being able to achieve a therapeutic dose, or other circumstances and risks that suggest the patient may benefit from iOAT. Often, individuals receiving iOAT will also be prescribed oral OAT to make sure they feel comfortable between doses.

What will treatment look like?

Once you and your prescriber decide that iOAT is a good option for you, you will "titrate" (increase your dose slowly) up to a point where you are comfortable and aren't having cravings or experiencing any withdrawal symptoms. This usually takes two or three days. After that, you will go to the iOAT program multiple times each day to receive your dose. Most people go 2 or 3 times per day.

Along with your doses of injectable medication each day, you might get methadone or slow release oral morphine to make sure you're comfortable overnight. You will also get connected with other services, depending on what your needs are, like housing, employment, chronic pain management, or trauma therapy.

If a patient presents for their dose intoxicated, their dose will be postponed or withheld for their safety. If this happens multiple times, their treatment might need to be optimized as described above.

What if patients want to attend for iOAT more often than three times per day?

Clinical experience has shown that, generally, patients do not want to attend more than three times per day. Attending multiple times per day is a substantial time commitment that can be disruptive to other life activities. Additionally, once patients are stabilized, they tend to attend less frequently, working with their prescriber to decrease the number of injections per day. In some jurisdictions, where high potency

hydromorphone is not covered, additional injections may be needed to ensure that patients can receive their needed doses.

Will patients who overdose on fentanyl-laced cocaine be offered iOAT?

Injectable opioid agonist treatment is indicated for patients with opioid use disorder who have not benefited from oral OAT. Stimulant users who do not have concurrent opioid use disorder would not be considered for iOAT. Due to the increasingly contaminated drug supply, there may be individuals who have experienced an opioid overdose but who do not have opioid use disorder and iOAT would not be indicated in this circumstance.

What if I use other drugs while on iOAT?

Hydromorphone and diacetylmorphine (prescription heroin) are opioids that work the same way as other opioids. They depress (or slow down) your central nervous system. If you're experiencing cravings or withdrawal symptoms while on iOAT, talk to your health care providers. They may be able to increase your dose or add methadone or slow-release oral morphine to make you more comfortable and get rid of your cravings or withdrawal symptoms.

Benzodiazepines such as lorazepam (Ativan), alprazolam (Xanax), temazepam (Restoril), and clonazepam (Klonopin) are also central nervous system depressants. Mixing these drugs with iOAT or oral OAT (like Kadian, methadone) can lead to overdose. Combining various over-the-counter depressants with iOAT will intensify the effect. It is very dangerous to mix these medications. Combining alcohol (another central nervous system depressant) with iOAT also significantly increases risk of overdose.

Stimulants like cocaine and meth will raise your metabolism rate, which may mean your iOAT meds are metabolized faster which could potentially bring on withdrawal symptoms (feeling dopesick). You might also have a higher risk of dose intolerance (overdose) with your normal iOAT dose when you stop using stimulants.

Can I travel while I'm on iOAT?

If you need to travel, talk to your doctor in advance about medication options for your trip. Generally, your doctor will suggest that you switch a few days before you leave to an oral OAT medication, to make sure that you're at the right dose and feeling okay. If you have to go out of town without notice (like due to a family emergency), talk to your doctor right away.