

Information for Physicians

Opioid agonist treatment has reliably and consistently proven effective in treating opioid addiction. It reduces illicit opioid use, criminal and other high-risk activity, HIV and hepatitis transmission, and deaths from overdose.

Methadone was first used to treat opioid addiction in the 1960s. Compared with abstinence-based treatment modalities, methadone maintenance treatment is the most rigorously studied and has yielded the best results.

Suboxone® (buprenorphine in combination with naloxone) was approved for use in opioid agonist treatment in Canada in 2007. It has been part of opioid agonist treatment for a number of years in the United States and Europe. Research to date indicates it is at least as effective and safe as methadone and is now considered to be the first-line treatment for opioid dependency by many providers.

Alberta Health Services's Opioid Dependency Program (ODP) clinics are available in Edmonton and Calgary.

Physical dependence versus addiction

Physical dependence is a purely physiological reaction of the body to substances such as opioids, and is characterized by tolerance and withdrawal. Addiction is a condition in which a person continues to use a substance or engage in a behaviour in spite of mounting negative consequences and a progressive reduction in their quality of life. Substance addiction is also characterized by compulsive drug-seeking behaviour, and often includes changes in the brain that are characterized by the patient's inability to maintain control. Opioid agonist treatment is effective in helping people who are addicted to opioids.

Why methadone or Suboxone®?

Both medications have a very long half-life. Tolerance to both develops very slowly and they have minimal side effects. They have a high affinity to the opioid receptors in the brain. Prescribed in adequate doses, they both prevent cravings and the high produced by other opioids. The patient can be maintained on a stable dose for years without significant adverse effects.

Suboxone® further reduces injection abuse potential, because it is combined with naloxone.

Benefits of opioid agonist treatment

Patients stabilized on methadone or Suboxone® are able to live functional and productive lives. They experience no cravings, drowsiness or withdrawal symptoms. Many studies have shown that opioid agonist treatment has a number of direct benefits to both the patient and the community. These benefits include

- abstinence from or reduced use of intravenous opioids and other abusive substances
- reduced risk of overdose and death
- reduced risk of contracting or transmitting hepatitis B or C, sexually transmitted diseases (including HIV) and other infections
- reduced criminal involvement
- increased employment
- improved family stability
- improved overall health

Methadone improves pregnancy outcomes and is the recommended standard of care for pregnant women addicted to opioids. There is insufficient research to date on the safety of Suboxone® during pregnancy.

Should patients have the goal of abstinence to be appropriate for opioid agonist treatment?

Absolute abstinence from other drugs is not required. Abstinence is a goal that is strived for, but opioid agonist treatment should be continued as long as the patient is benefitting from it.

What is the proper dose of these medications?

Dose amounts vary with the individual, but a proper dose is when the client can go 24–36 hours without experiencing sedation, physical withdrawal symptoms or cravings. The initiation and management of patients on opioid agonist treatment are guided by standards and guidelines provided by the College of Physicians and Surgeons of Alberta.

How long do patients remain in treatment?

Patients stay on opioid agonist treatment for as long as they need to. Generally, the longer patients spend in treatment, the greater their chance of success. Patients may voluntarily withdraw from treatment at any time, but they are encouraged to stay in treatment for at least one year. Some may remain on their medication indefinitely. An individual tapering regime is set up if a patient decides to withdraw.

Can patients work and drive while on methadone or Suboxone®?

Yes. At the correct dose, neither methadone nor Suboxone® impairs motor skills, mental capacity or the ability to operate cars or machinery. People on these medications are fully functional.

Methadone and pain management

People who are receiving methadone treatment may also need (and should receive) appropriate treatment for chronic or acute pain. Given that some people may have developed tolerance to the analgesic effects of opioids, frequent reassessment is advised to ensure their pain is being managed effectively. ODP physicians are available for consultation with a client's family physician or other specialist when pain management is a concern.

About the Opioid Dependency Program

The Opioid Dependency Program (ODP) is offered through Alberta Health Services, and provides opioid agonist treatment to people who are addicted to opioids and unable to achieve abstinence without additional support. When abstinence is not attainable, opioid agonist treatment can allow people with opioid addictions to regain balanced and productive lives.

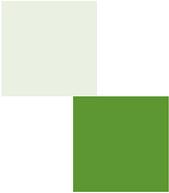
The program provides

- medical addiction assessments
- stabilization of the patient on the most effective dose of methadone or Suboxone®
- counselling
- ongoing support and monitoring (e.g., prescription management, urine testing)
- links to community pharmacists for dosing
- links to other addiction treatment services
- links to other social and health support systems



What does ODP offer to Alberta physicians?

Primary care physicians are essential partners in opioid agonist treatment in Alberta. ODP is willing to work in partnership with interested physicians.

- Physicians can attend ODP clinics as observers to learn more about opioid maintenance treatment.
 - ODP physicians can provide in-service sessions to medical groups looking for more information.
 - The ODP offers individual consultation for physicians who have opioid-dependent patients. Physicians can refer opioid-addicted patients to their local addiction services office for screening and referral, if appropriate. Pregnant women, HIV-positive patients, clients transferring from other clinics who are already using methadone or Suboxone® (Calgary clinic only), and clients referred from the corrections system have priority access. Contact the ODP clinic nearest you for more information.
 - The ODP fully supports the transfer of patients from the clinic to primary care physicians and will remain available for consultation. Patients can be directly referred back to the program if re-stabilization is required.
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Where to get more information

To find out more about opioid addiction or opioid maintenance treatment, go to ahs.ca/stopODs or contact the Opioid Dependency Program nearest to you.

Bonnyville Opioid Dependency Program

Room 201, 4902 – 50 Avenue
Bonnyville, AB. T9N 2H4
Phone: 780-826-8034
Fax: 780-826-8057

Calgary Opioid Dependency Program

#2130 Sheldon Chumir Health Centre
1213 – 4th Street SW
Calgary, AB. T2R 0X7
Phone: 403-297-5118
Fax: 403-297-4985

Cardston Opioid Dependency Treatment Clinic

Cardston Health Centre
2nd Floor, 144 – 2 Street W
Cardston, AB. T0K 0K0
Phone: 403-653-5283
Fax: 403-653-5289

Edmonton Opioid Dependency Program

10010 – 102A Avenue
Edmonton, AB. T5J 0G5
Phone: 780-422-1302
Fax: 780-427-0777

Fort McMurray Opioid Dependency Program

451 Sakitawaw Trail
Fort McMurray, AB. T9H 4P3
Phone: 780-793-8300
Fax: 780-793-8301

Grande Prairie Opioid Dependency Program

11333 – 106 Street
Grande Prairie, AB. T8V 6T7
Phone: 780-833-4991 Fax: 780-833-4715

High Prairie Opioid Dependency Program

5101 – 38 Street
High Prairie, AB. T0G 1E0
Phone: 780-536-2136
Fax: 780-536-2148

Rural Opioid Dependency Program

Box 1000
Ponoka, AB, T4J 1R8
Phone: 1-844-383-7688
Fax: 403-783-7610



For a complete listing of treatment clinics for opioid dependence in Alberta, visit DrugSafe.ca

For more information and to find an addiction services office near you, please call the 24-hour addiction helpline at 1-866-332-2322.