

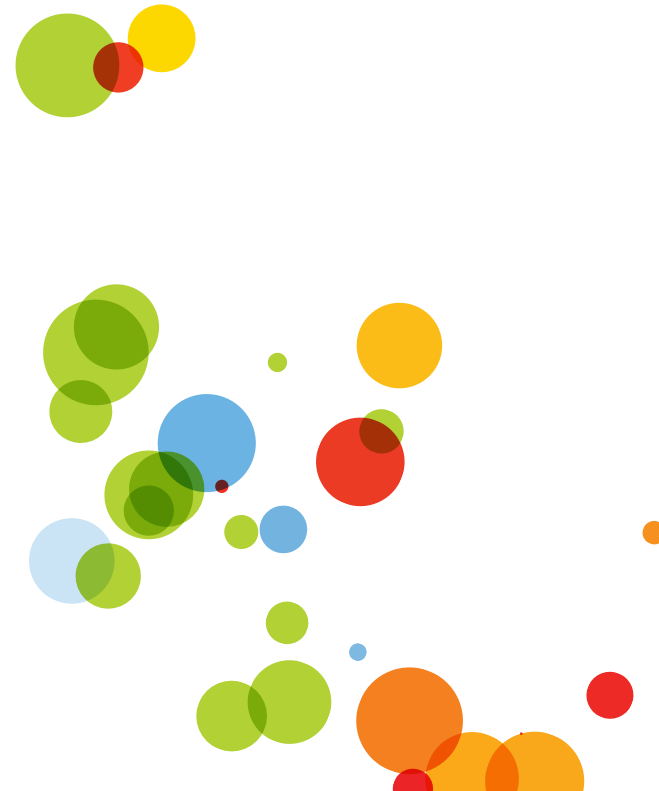
Opioid Use Disorder: A Handbook For Families

Jonathan Holoff and Chris Cavacuiti

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This handbook is dedicated to all the people we have met who are living with opioid use disorder.

Your bravery and perseverance are the inspiration for this book.

ACKNOWLEDGMENTS

This book was prepared by:

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We would like to acknowledge Reckitt Benckiser for providing us with the unrestricted Educational Grant to produce this booklet. The TrueNorth addiction program has site-affiliates across Ontario (www.truenorthmedical.com/locations) and these affiliates helped in many stages of the development and design of this handbook. Addiction Services York Region (ASYR) and Pauline Ingber (Public Health Nurse, Regional Municipality of York) deserve special recognition for their efforts. Finally and most importantly, we would like to acknowledge the many family members of TrueNorth patients that dedicated their thoughts, time and effort throughout this process.

Dear family member,

Witnessing a loved one struggle with an opioid addiction can be an agonizing experience. We feel for you. As a concerned family member, it's understandable that you may feel overwhelmed, however, you should keep two things in mind:

- 1 There are effective treatment options that can help manage an addiction to opioids.**
- 2 You can play an important role in providing your loved one with the best chance of getting better.**

We wrote this handbook as a practical starting point for families affected by opioid addiction (or to use the correct medical name for this illness, “opioid use disorder”). When reading through each section, you should identify the issues that are relevant to you and your family. We encourage you to address these issues in conversation with your family as well as with treatment professionals within your community.

From the outset, we want to emphasize that with proper treatment, people with opioid use disorder can live productive and fulfilling lives. We hope that this fact provides you assurance and encouragement as you assist your family member in receiving the help that they need.

Sincerely,
TrueNorth Medical Centres Staff



note

A WORD ON FAMILIES

We wrote this handbook with an appreciation for the fact that all types of families are impacted by opioid addiction. Thus, when we speak of “family” throughout this handbook, we are also referring to “chosen family.” Chosen family are people that you share a close emotional connection with and consider family even though you are not biologically or legally related.

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Understanding opioids

What are opioids?

Opioids are a large category of drugs. The thing that all opioids share in common is that they all attach to the same type of receptors in the brain. Receptors are special sites in the brain where chemical “messengers” such as opioids are able to attach in order to send instructions from one part of the brain to another.

One place where opioids bind are in the areas of the brain that sense pain. Opioids are able to block pain messages and therefore they are often prescribed by physicians to people who suffer from chronic pain. In addition to acting in the “pain regions” of the brain, opioids also act on the “reward regions” of the brain, where they can produce feelings of euphoria (an intense sensation of pleasure).

Why are opioids so addictive?

For a significant number of people, the level of euphoria they can get from opioids is far higher than what their brains are used to from “natural” rewards like food and sex. This intensely rewarding effect can make opioids susceptible to abuse.

Most (but certainly not all) patients with opioid use disorder have a similar trend in terms of their use of opioids. Most patients that we see start by taking legally manufactured opioids (prescribed for them or someone they know). Over time, they become increasingly dependent on the rewarding effects of opioids and their tolerance increases. With the passing weeks and months, people find themselves increasing their dose and frequency of use in order to get the same desired effects. This results in a vicious cycle that quickly spirals into out-of-control drug use.

At this stage, if someone tries to stop taking opioids, their mood plummets, powerful cravings occur and intense physical withdrawal sets in. The cravings and physical withdrawal can be so unbearable that people will do almost anything to make these symptoms go away. Eventually, most

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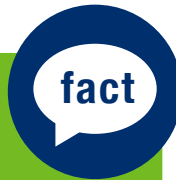
patients resort to buying opioids on the black market. Black market opioids include:

- **Legally manufactured opioids that have been diverted into the black market**
- **Illegally manufactured opioids**

Where do people get opioids?

There are lots of different ways to get opioids and people with opioid use disorder often obtain their drugs from multiple sources. Some of the most common sources are an individual's own prescriptions, taking pills that have been prescribed to family members or friends, and purchasing prescription and illicit opioids on the street.

In the past, heroin was the most common illegally manufactured opioid. However, in recent years, fentanyl has become the most common opioid available in the black market. Fentanyl was first produced in the 1960s by a pharmaceutical company (Janssen Pharmaceutical). Fentanyl continues to be manufactured today as a legal pain killer and is still available by prescription. More recently, black market drug laboratories have discovered how to make fentanyl themselves. The fentanyl produced in these illicit labs lacks any kind of quality control and often contains many dangerous and toxic byproducts. To make matters worse, these black market labs often package their illegal fentanyl to make it look like legal opioid pain medications.

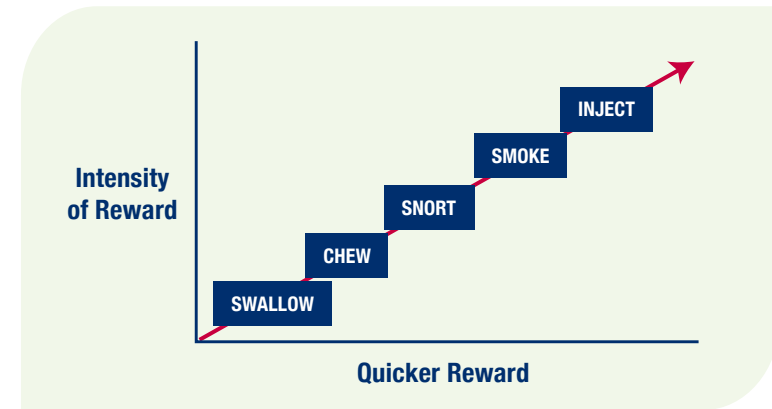


Many individuals with opioid use disorder will have a "preferred" opioid, this is similar to someone with an alcohol problem having a "preferred" brand or type of alcohol. However, if someone with an opioid use disorder cannot get their preferred opioid, they will almost always look for another opioid to satisfy their need.

How do people abuse opioids?

Most individuals with opioid use disorder follow a similar pattern in terms of how they use their opioids. They usually start by swallowing opioids, and then as their level of dependence increases, they move to chewing, then snorting, then smoking and then injecting opioids. People progress from one "route of administration" to another in an attempt to get the drug to the brain more intensely and more quickly (see Figure 1).

Figure 1. Route of Administration





Understanding substance use disorder

Stigma, myths and misconceptions are very common when it comes to substance use disorder. In some cases, these misconceptions can prolong this illness and make it harder for patients to get the treatment they need. Adjusting long held beliefs about substance use disorder can sometimes be difficult for patients and their families. However, it's important for patients and their families to understand how substance use disorder really works. In our experience, helping patients and their families understand the biological, psychological and social factors that lead to addiction can be an important first step on the road to recovery. We hope that this handbook can give you a better understanding of this illness and provide you with a new and more helpful perspective regarding your loved one's drug use.

What is substance use disorder?

Substance use disorder is a chronic disease that involves biochemical and physiological changes in the brain. Chronic diseases are defined by the Chronic diseases are defined by the Centre for Disease Control (CDC) as "conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both." As with most chronic diseases, some people are highly susceptible to substance use disorder while others are not. In fact, substance use disorder displays many similarities with other chronic diseases. Yet for some reason, our society tends to see chronic diseases like high blood pressure and diabetes as medical issues and substance use disorder as a moral issue.

Figure 2. Similarities to Other Chronic Diseases^{1,2,3}

Characteristics	Drug Dependence	Diabetes, Asthma, and Hypertension
Well studied	✓	✓
Chronic disorder	✓	✓
Predictable course	✓	✓
Effective treatments	✓	✓
Heritable	✓	✓
Requires continued care	✓	✓
Requires adherence to treatment	✓	✓
Requires ongoing monitoring	✓	✓
Influenced by behaviour	✓	✓
Tends to worsen if untreated	✓	✓

Sources: 1. McLellan AT et al. *Addiction* 2005;100(4):447-458. 2. McLellan AT et al. *JAMA* 2000;284(13):1689-1695. 3. McLellan AT. *Addiction* 2002;97(3):249-252.



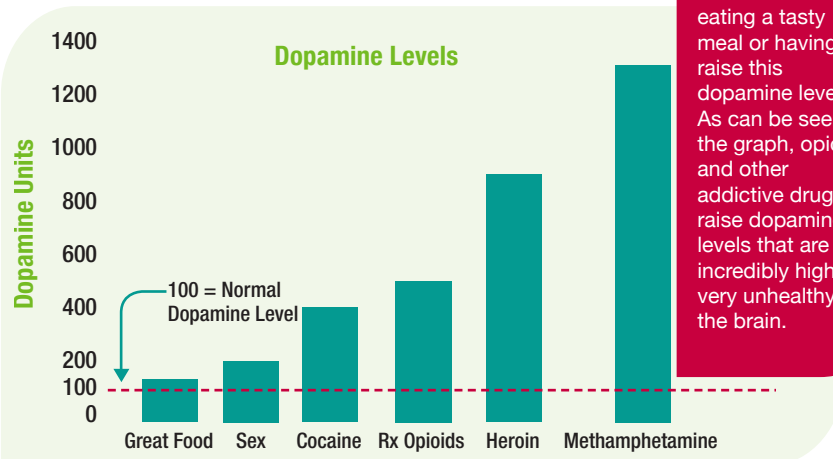
Opioid use disorder

If someone's substance abuse disorder centres around taking opioids, it is called opioid use disorder. Opioid use disorder can arise when a susceptible individual begins taking opioids. Over the span of a few months of drug use, the drug begins to produce gradual changes in their brain. Once these changes in the brain take place they are often very difficult to reverse. For this reason, opioid use disorder is often a chronic illness that requires long-term treatment to be effectively managed and controlled.

How does someone's brain change when they have opioid use disorder?

As already mentioned, taking opioids can lead to feelings of euphoria that are much stronger than one gets from "natural highs" like enjoying food or sex. This is because opioids can cause excessive levels of dopamine (the "feel good" neurotransmitter) to be released in the reward areas of the brain, as well as in the brainstem (a primitive area of the brain that controls basic functions like heart rate and breathing). High dopamine levels can tip the brain's chemistry out of balance, which can cause permanent changes in the brain.

Figure 3. Dopamine "Reward" with Various Activities

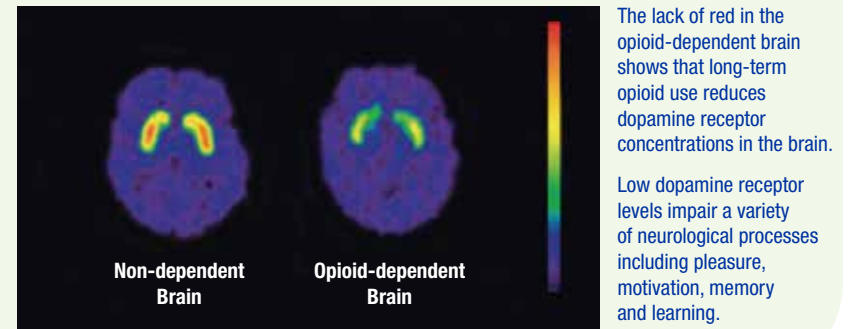


note

The red dashed line indicates the amount of dopamine found in the brain in normal circumstances. Rewarding activities like eating a tasty meal or having sex raise this dopamine level. As can be seen in the graph, opioids and other addictive drugs raise dopamine to levels that are incredibly high are very unhealthy for the brain.

When someone with opioid use disorder stops taking opioids, their dopamine levels plunge. This causes the brainstem to send out powerful neurochemical alarm signals, letting the rest of the brain know that something is terribly wrong. This results in an intense and often completely overwhelming drug craving. This craving is the brainstem's way of trying to tell the rest of the brain to do **whatever is necessary** to raise dopamine levels in the brainstem.

Figure 4. Opioid Dependence Causes Changes in the Brain
Non-Opioid-Dependent and Opioid-Dependent Brain Images



Source: Wang GJ et al. *Neuropsychopharmacology* 1997;16(2):174-182.

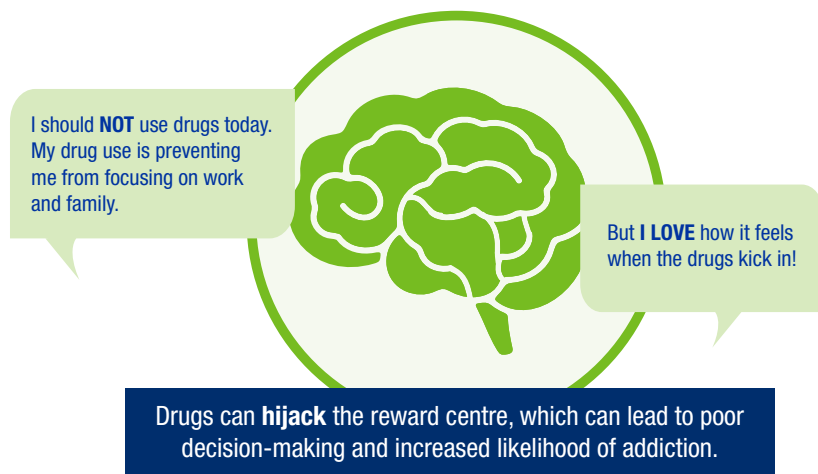
What does opioid use disorder feel like?

The compulsion experienced by someone with opioid use disorder is almost unimaginable to a healthy individual. People with opioid use disorder often experience an almost all-consuming desire to use their drug. They often say that their drug cravings "feel like drowning" and this account is actually quite an accurate description of what is occurring in their brain. Beyond its role in opioid use disorder, the brainstem also controls many of our most basic instincts like breathing. The intensity of drug cravings can be as intense as the desire to take a breath after being under water for a minute or more. So when individuals with opioid use disorder talk about "feeling like they are drowning" they are actually very close to the truth!

The tragedy of opioid use disorder is that opioids hijack our reward system and brainstem, which are the parts of our brain that control our strongest and most primal urges. The smart part of our brain knows that taking another dose of an addictive drug is a bad idea, but the reward system and brainstem are not designed to think, they are designed feel and to send out the alarm signals that keep us alive.

To put it another way, opioids fool the “survival instinct” part of our brain into believing that getting opioids are the single most important thing in the world when it comes to survival. In fact, if you give powerful addictive drugs to lab animals, they will stop eating, drinking, sleeping, and procreating. Even when food and water is readily available, these lab animals will die from thirst and starvation because they cannot tear themselves away from using their drug.

Figure 5. The Brain and Addiction



How do you know if someone has opioid use disorder?

If you are reading this, it's probably because you are concerned about the way someone close to you is using opioids. Close friends and family members, like yourself, are often the first to notice disturbing changes in behaviour and mood that indicate someone has a problem with opioids. In this respect, families serve as an important first line of defense in the treatment of opioid use disorder.

There are many behaviours and symptoms that indicate someone could have an opioid use disorder. Read through the following statements and ask yourself if they apply to someone whose opioid use concerns you.

Do they...

- Take more opioids or use opioids for longer than they were prescribed
- Want to stop or reduce their opioid use, but they are unable to do so
- Spend much of their time trying to get opioids, using opioids, or recovering from using opioids
- Crave using opioids
- Fail to fulfill major life obligations because of their opioid use
- Keep using opioids even though their drug use causes persistent interpersonal problems
- Reduce or give up on work and social activities because of their opioid use
- Take opioids in a dangerous manner
- Keep using opioids, even though opioids are causing them physical or psychological problems



If you checked off any of these boxes it is cause for concern, even if your loved one is prescribed their opioids by a physician. Trust your intuition if you believe that someone close to you has a problem with opioids. It is important to take action quickly, either by confronting your family member directly, or by discussing your concerns with your family doctor or an addiction specialist.

A somewhat condensed and easier way to remember the characteristics of substance use disorder is the “6 C’s”:

Figure 6. The “6 C’s”:



The dangers of opioid use disorder

Long-term consequences and health complications

Opioid use disorder can also lead to serious long-term consequences. It can have a serious impact on one’s ability to maintain work, school, and family obligations. The need for people to satisfy their cravings can reach the point that other activities are completely neglected. This can give rise to many other physical, psychological, interpersonal, financial and legal problems.

Page 10 outlined how people with opioid use disorder often progress through routes of administration and eventually end up smoking and injecting their drugs. Unfortunately, as people move from one method of use to the next, the risk of accidental overdose and other complications increases. Smoking opioids can result in lung damage causing respiratory diseases, while injecting opioids can lead to a variety of illnesses.

fact

ILLNESSES COMMONLY ASSOCIATED WITH INJECTION DRUG USE:

Hepatitis B
Hepatitis C
Endocarditis
Skin Abscesses
HIV

Overdose

Individuals with opioid use disorder have a serious risk of overdosing. Opioid overdoses have risen sharply in recent years and drug overdoses have surpassed motor vehicle accidents as the number one cause of accidental death in Canada. In 2017, almost 4000 Canadians died from opioid overdoses. That’s an average of 11 deaths every single day.

There are three accompanying factors that lead to the vast majority of overdoses.

1 Using high potency opioids

Opioids such as fentanyl are over 100 times more potent than morphine. When purchased illegally, opioids can be laced with fentanyl without the user's knowledge. In the first six months of 2018, about 72% of all opioid-related deaths in Canada involved fentanyl.

2 Combining opioid use with alcohol and benzodiazepines

Depressants such as alcohol and benzodiazepines can increase the sedative effects of opioids. This includes interfering with the areas of the brain that control breathing.

3 Effects of tolerance

Someone who uses opioids regularly will develop a tolerance to opioids. This means that they require more and more of the drug in order to achieve the desired effect. If they then stop taking opioids for an extended period of time, they will lose their tolerance. Once tolerance is lost, there is a significant danger that these individuals will overdose if they resume taking opioids at the same level they took before they stopped.

An opioid overdose is an acute medical emergency that can result in death. If treated quickly, an overdose can be reversed by administering a drug called naloxone. Be on the lookout for these common signs of an opioid overdose:

 • decreased level of consciousness

 • pinpoint pupils

 • decreased rate of breathing

fact

IT IS ESSENTIAL FOR ANYONE AT RISK OF AN OPIOID OVERDOSE TO HAVE A NALOXONE KIT ON HAND.

What is naloxone?

Naloxone is a medication that only affects your body if you have consumed opioids. Naloxone works by reversing the effects of an opioid overdose and it can restore breathing with 2-5 minutes.

Where to get a naloxone kit:

Naloxone comes in a small kit that is widely available at most pharmacies across Canada. You don't need a prescription to pick up a naloxone kit and naloxone kits are cost-free in most provinces.

How to use a naloxone kit:

Using a naloxone kit is very easy. When you pick up a naloxone kit from the pharmacy, the pharmacist will review some simple instructions about how to give naloxone to someone who has overdosed on opioids.



An example of a naloxone kit.

What to do in an overdose:

This is the overdose approach recommended by Ontario.ca/ opioidoverdose

5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1		SHOUT & SHAKE their name & their shoulders
STEP 2		CALL 9-1-1 If unresponsive.
STEP 3		GIVE NALOXONE: 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
STEP 4		PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.
STEP 5		IS IT WORKING? If no improvement after 2-3 minutes, repeat steps 3 & 4. Stay with them.

RECOVERY POSITION

If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.



head should be tilted back slightly to open airway

hand supports head

knee stops body from rolling onto stomach

SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

ontario.ca/OpioidOverdose



Treatment


Your family should be aware that there are effective treatment options that can help manage opioid use disorder. Opioid use disorder is commonly treated with medications called opioid agonists. When these medications are carefully prescribed and monitored by an addiction medicine specialist, it is called opioid agonist therapy (OAT).

What are opioid agonists?

Opioid agonists are a type of medication. The two most commonly prescribed opioid agonists are methadone and Suboxone. These medications replace the opioids that your family member has been using.

How does opioid agonist medication help treat opioid use disorder?

Medications help individuals manage their opioid addiction in a number of important ways. Opioid agonist medications can help:

- 
- Reduce the symptoms of opioid withdrawal
 - Reduce opioid cravings
 - Reduce the chance of relapse through maintenance therapy
 - Reduce the risk of overdose in the event of a relapse

In short, the goal of medication is to allow your family member to regain a sense of feeling physically well. When patients are on stable doses of methadone or Suboxone they feel normal, not “high.” Maintaining this sense of physical normalcy is absolutely critical for individuals to cut their cycle of drug use.

How do people begin opioid agonist therapy (OAT)?

In order to start OAT, one needs to meet with a team at a local treatment clinic. This team will include a doctor and might also include a social worker, nurse, or drug counsellor. The point of this meeting is for the treatment team to get to know your family member. It will help them determine if your family member could benefit from OAT.

If the team recommends opioid agonist therapy, then your family member must decide if OAT is right for them. No one can force your family member to begin treatment, however, your loved one is far more likely to accept the treatment they need when they know that they have the support and encouragement of their family.

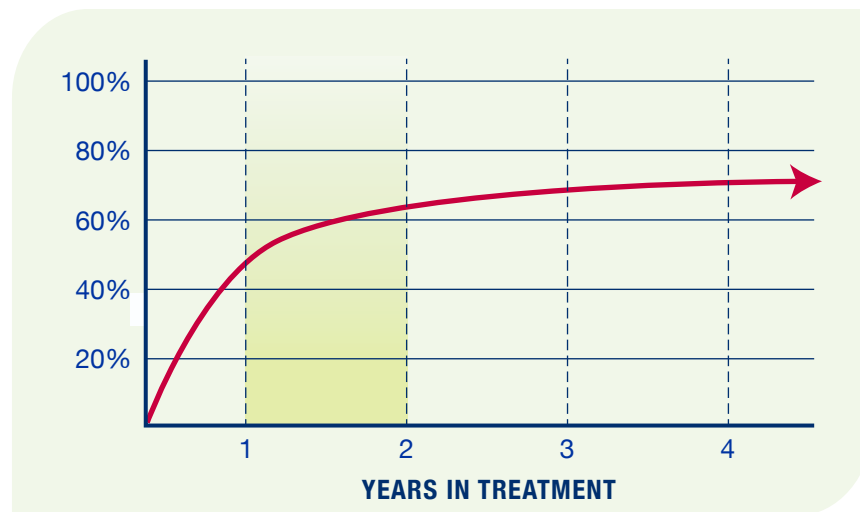
How do people decide which medication is right for them?

Finding the right medication and dosage for an individual is a process, not a one-time decision. Your family member should have regular check-ups with their doctor in order to make sure that their medication is working well.

How long should people stay on OAT?

In general, people who manage to achieve long-term recovery stay on OAT for at least one to two years. Many individuals stay on OAT for far longer. Stopping OAT comes with an increased risk of relapse and any decision to taper off of OAT should only be made by a patient and their doctor.

Figure 7. Chance of Successful Long-Term Recovery



Patients and their families are often worried about the long-term effects of medications and other treatments used to control opioid use disorder. This can result in patients feeling pressured to stop their treatment for an addiction issue. This can be problematic because substance use is a chronic (often lifelong) illness and when people stop treating any chronic condition, their illness almost always comes back full force.

The good news is that the medications (such as methadone and Suboxone) that are used to treat opioid use disorder are safe and effective – and the longer that people stay on treatment, the greater their chance of long-term recovery.

Comparing methadone and Suboxone

As already mentioned, methadone and Suboxone are the two opioid agonist medications that are currently available in Canada to treat opioid use disorder. These medications work equally well, but there are some differences between methadone and Suboxone, which means that some people find that one medication works better for them than the other.

Methadone

What is methadone?

Methadone is a synthetic opioid that patients normally take orally in the form of a drink. When people with opioid use disorder are on methadone, they experience reduced symptoms of withdrawal and drug cravings. This means that they are better able to control and manage their opioid use disorder.



ISN'T GOING ON OAT JUST SUBSTITUTING ONE ADDICTION FOR ANOTHER?

There is widespread misunderstanding about OAT that causes an unfortunate stigma around these medications. The truth is that methadone and Suboxone are well studied and very effective medications. Taking methadone or Suboxone allows patients to function normally and these medications **prevent** patients from becoming intoxicated. In fact, in 2005, methadone and Suboxone were included in the World Health Organization Model List of Essential Medicines that are necessary for a properly functioning healthcare system.

How does methadone work?

The chemical properties of methadone ensure that a low and steady opioid level is maintained in the brain all day long. This prevents the “high” and the withdrawal that people experience when abusing other opioids.

What does it feel like to be on methadone?

Methadone does not cause the intense feeling of euphoria that is associated with many other opioids, however, methadone can still cause a minor high and mild sedation. People taking methadone typically work closely with their prescribing doctor to find a dose that reduces their drug cravings with minimal intoxication or side effects. In fact, people on stable doses of methadone are safe to drive and perform other *safety-sensitive* tasks.

What happens if someone abuses other opioids while on methadone?

It is very difficult for people taking methadone to get high off other opioids. Methadone prescriptions higher than 80 mg/day are often called a “blocking dose.” When someone is on a “blocking dose” of methadone, other opioids are cannot reach the opioid receptors and they stop working.

Suboxone

What is Suboxone?

Suboxone is a tablet that is placed under the tongue until it dissolves. Each Suboxone tablet contains two different medications, buprenorphine and naloxone.

How does Suboxone work?

Buprenorphine – Buprenorphine shares many similarities with methadone. Like methadone, buprenorphine is a long-acting, synthetic opioid. One important difference is that buprenorphine has a “ceiling effect,” meaning that above a certain dose (around 16 mg), taking more

buprenorphine does not lead to significantly greater effects from the medication.

Naloxone – Naloxone was already discussed on page 20 because “naloxone kits” are used to treat opioid overdoses. Each Suboxone tablet contains a very small amount naloxone that makes it difficult for people to misuse their Suboxone prescription.

What does it feel like to be on Suboxone?

If a person has taken a high dose of opioids within 24 hours of beginning Suboxone, they will likely experience symptoms of mild to moderate withdrawal. Once these symptoms get better, continuing to take Suboxone allows people to feel normal. Long-term Suboxone use does not make people high and it will help to significantly reduce their drug cravings.

What happens if someone abuses other opioids while on Suboxone?

If a person relapses and takes another opioid while taking Suboxone, there is far less effect from the other opioid. Just like when someone is on a blocking dose of methadone, it very difficult to get high from other opioids while taking Suboxone.

Figure 8. Methadone and Suboxone comparison table

	Suboxone	Methadone
HOW IS IT TAKEN?	Tablet placed under tongue	Mixed in a drink
HOW OFTEN IS IT TAKEN?	Daily or 3 times weekly	Daily
WHERE IS IT TAKEN?	At first you must go to a clinic or a pharmacy for your dose. Eventually you will be able to take your medication home. Take-home doses are often provided sooner for Suboxone than for methadone.	At first you must go to a clinic or a pharmacy for your dose. Eventually you will be able to take your medication home and only go into the clinic or pharmacy once a week.
SAFETY	Suboxone poses a lower risk for overdose than methadone.	
SIDE EFFECTS	Well tolerated. Slightly fewer side effects than methadone.	

Try to remember the following important points while your family member is receiving treatment:

- **Never pressure them to stop receiving their prescribed treatment, even if you believe that they are better.**
- **People in treatment often experience relapses. This does not mean that treatment has failed. It means that their treatment needs to be adjusted.**
- **Methadone and Suboxone work in different ways. Know which medication your family member is taking. Further information about their medication should be available from their doctor.**
- **Your family member may have to go into a clinic to receive their medication, or they may be allowed to administer their medication themselves. As your family member's treatment progresses, the way that they receive their medication is likely to change.**

Counselling

It is highly recommended to receive counselling services in addition to OAT. While medications like methadone and Suboxone are highly effective, there are aspects of opioid use disorder that cannot be fixed with medication.

Much of your family member's daily activities may have revolved around their opioid addiction. People typically need help to successfully rebuild a life that doesn't centre around drugs. Recovery also provides many individuals the opportunity to address other psychological issues and underlying concerns that may be affecting their health and daily well-being. Drug counsellors can help people work through many of these issues.

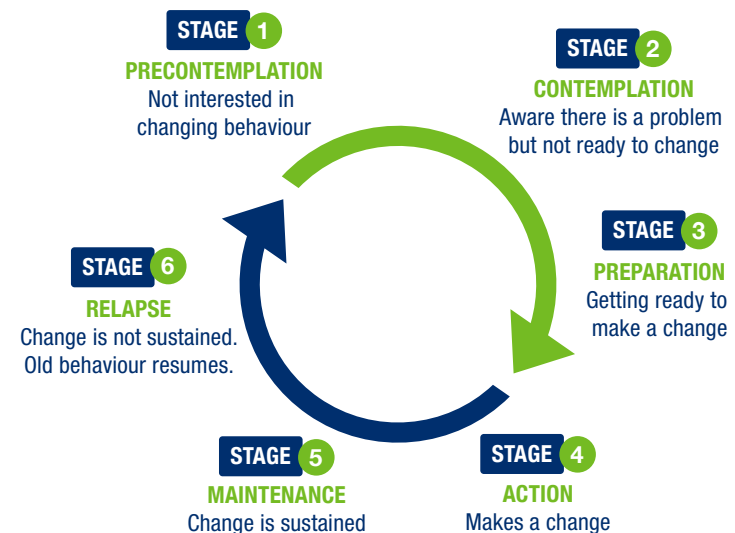
Helping your family member get help for their opioid use disorder

Addiction to prescription and illicit opioids has received a lot of attention over the past few years. It is now widely recognized as a public health crisis across Canada. In spite of increased public awareness, many people with opioid use disorder still don't get the help that they need. There are many reasons why people don't receive treatment. This section is here to help you identify and address the barriers that may be preventing your loved one from entering treatment.

Personal and psychological barriers

While it may be tempting for you to try and force your loved one into treatment at all costs, this strategy is destined to fail. In order to stop using opioids, your family member must decide for him or herself to implement significant changes in their life. Arriving at this decision is a process that doesn't occur overnight. In fact, people who are able to overcome an opioid use disorder often progress through six stages of change:

Figure 9: The Stages of change model



Source: Prochaska & Di Clemente

Figure 10. The Stages of Change

- STAGE 1 PRE-CONTEMPLATION** - People in the pre-contemplation stage are not interested in changing, nor do they want any help. They tend to underestimate the magnitude of their problem with opioids. When confronted about their opioid use, they are likely to underestimate the pros and overestimate the cons of stopping their drug use.
- STAGE 2 CONTEMPLATION** - People in the contemplation stage are increasingly aware that their opioid use is a problem. They consider quitting and shift their focus back and forth between the pros and cons of quitting. Some people end up getting stuck in this stage for the rest of their life, while others are able to move past it. The good news is that people in the contemplation phase are more receptive to information about their opioid use, which can help them progress to the next stage of change.
- STAGE 3 PREPARATION** - People in the preparation stage are determined to make a change. It is important that people in this phase don't jump straight to action. Rather, they must come up with a comprehensive plan that addresses the major life changes they are about to undertake. As a family member, your involvement in this stage can be very important.
- STAGE 4 ACTION** - People in the action stage have initiated their plan to address their opioid use. This stage typically involves receiving treatment and includes the active involvement of professionals including doctors, counsellors, or other addiction specialists. Family support can take on many forms during this transition period.
- STAGE 5 MAINTENANCE** - People in the maintenance stage have abstained from abusing opioids for a prolonged period of time. During this stage, it is critical that individuals continue their treatment plan. For some people, treatment can last for a few years, while for others it will last for even longer. Maintenance is an active process that requires effort, but this process gets easier over time, allowing individuals to devote more time and energy to other aspects of their life.
- STAGE 6 RELAPSE** - A relapse is an episode where someone resumes their addictive behaviour of abusing opioids. High relapse rates are an unfortunate reality of opioid use disorder and most people who overcome an opioid use disorder will relapse along their road to long-term recovery. If a relapse occurs, your family member's treatment team needs to know about it, so they can discuss what went wrong and determine how to fix it. A person may experience many relapses before they are able to maintain long-term abstinence from abusing opioids.

STAGE OF CHANGE	HOW YOU CAN HELP DURING THIS STAGE
STAGE 1 PRE-CONTEMPLATION	Get informed; talk to your family doctor or a drug counsellor Confront your family member about their opioid use
STAGE 2 CONTEMPLATION	Share information and resources with your family member Provide them with some time and space to think
STAGE 3 PREPARATION	Discuss the practical considerations of entering treatment Consider the potential challenges ahead and address them with your family (see page 33)
STAGE 4 ACTION	Implement the plan that your family has prepared Maintain open lines of communication and tackle issues proactively when they arise
STAGE 5 MAINTENANCE	Never pressure your family member to stop treatment just because you think they are better Encourage your family member to broaden their recovery to other parts of their life
STAGE 6 RELAPSE	Contact your family member's physician/treatment counsellor Understand that relapses are common Try to remain hopeful. Remind yourself that it's not your fault

Locating the treatment resources in your community

All too often, people addicted to opioids continue to use for years or even the rest of their lives without seeking treatment. Most people will need help entering into treatment for their opioid problem. The fact that you are reading this handbook means that you may have reached out to treatment resources in your area in order to help your family member get help. If you are still unsure of where to turn, then the three types of resources listed below are all good places to start.

Telephone and online resources

If you live far away from your family member and need information about treatment options in a different location, then consult the list of phone numbers at the end of this handbook. Most of these phone resources are available 24/7. They are there to help inform and connect you with local opioid treatment services.

Family doctor

Your family doctor is also there to discuss specific concerns you have about your family member's opioid use. Understand that anything you discuss with your family doctor is strictly confidential, so you should feel safe to talk about your concerns without violating the privacy of your family member.

Opioid treatment clinics

You can also directly reach out to opioid treatment specialists. Helping people enter into treatment is an important part of their job. They should be able to advise you about how to approach a family member who is resistant to entering treatment.

note

Some treatment centres provide an inclusive approach to families throughout the treatment process. These programs recognize that families can be an important asset to the "treatment team." If your family member provides consent, then these treatment programs will interact directly with your family while your family member undergoes treatment.

Self-reported barriers to treatment

The table on the next page categorizes some of the most common self-reported barriers to entering treatment. Here's how you can use it:



- Go through the list and check off any of the barriers that might apply to your family member.



- Go through that list again and check off the barriers that you or other members of your family are able to help overcome.



- Write the barriers that you check off in a notebook and discuss possible solutions to each barrier with your family.

Adapted from: Rapp RC, Xu J, Carr CA, et al. Treatment barriers identified by substance abusers assessed at a centralized intake unit. *J Subst Abuse Treat* 2006;30(3):227-235.

EXAMPLE

For instance, maybe your family member doesn't want to enter treatment because he or she has children to care for at home. In this case, you would check off the first box shown below.

Time conflict	Does this barrier apply to my family member?	Can I help them to address this barrier?
I have responsibilities at home	✓	
Doesn't fit my time schedule		

Next, ask yourself if you or other family members can help. If the answer is yes, then check off the next box as well.

Time conflict	Does this barrier apply to my family member?	Can I help them to address this barrier?
I have responsibilities at home	✓	✓
Doesn't fit my time schedule		

If you check off both boxes, don't stop there... Identifying a barrier doesn't solve it! Expand on this barrier by discussing a solution to this barrier with your family. Make sure to be specific.

For example: "Uncle Eric can pick up the kids from school on Mondays, Tuesdays, and Wednesdays" or, "I can drop off groceries and a prepared meal every Sunday." It's important to write down whatever is agreed upon in these conversations.

Absence of a Problem	Does this barrier apply to my family member?	Can I help them to address this barrier?
I don't think I have a problem with drugs		
No one told me I have a problem with drugs		
My drug use is not causing any problems		
I don't think treatment will make my life easier		
I can handle my drug use on my own		
I don't think I need treatment		

Negative Social Support	Does this barrier apply to my family member?	Can I help them to address this barrier?
Friends tell me not to go		
People will think badly of me		
My family member doesn't want me to go		
My family will be embarrassed		
I will lose my friends if I go to treatment		

Fear of Treatment	Does this barrier apply to my family member?	Can I help them to address this barrier?
I had a bad experience with treatment		
Afraid of what happens in treatment		
Afraid of the people I might see		
Too embarrassed to go to treatment		

Privacy	Does this barrier apply to my family member?	Can I help them to address this barrier?
I don't like to talk in groups		
I hate being asked personal questions		
I don't like to talk about personal life		

Time	Does this barrier apply to my family member?	Can I help them to address this barrier?
I have responsibilities at home		
It doesn't fit my time schedule		

Poor Treatment	Does this barrier apply to my family member?	Can I help them to address this barrier?
Moving too far away		
I don't know where to go		
Difficulty getting to and from treatment		

Admission Difficulty	Does this barrier apply to my family member?	Can I help them to address this barrier?
Waiting lists		
It doesn't fit my schedule		

Relapse and relapse prevention

A drug relapse occurs when someone begins abusing opioids again after a prolonged period where they were clean.

The best way to prevent a relapse from occurring is to make sure your family member has a sensible plan in place before beginning treatment. A good treatment plan should address all of their “barriers to treatment,” as discussed in the previous section. If these issues aren’t addressed before beginning treatment, then they can contribute to your family member relapsing while in treatment.

Finally, you need to be aware that relapses are common. Most people that overcome opioid use disorder experience relapses along the way. Because relapses are so common, it is important not to blow them out of proportion. While a relapse is certainly a setback, it should only be viewed as a bump in the road to recovery.

When to take a step back

Sometimes the best thing for you to do is take a step back. People with a substance use disorder often feel that family members are over-intruding into their personal life. This can lead to resentment, conflict and rebellion, fuelling further drug use.

Another important consideration is your own well-being. There may be times when your stress and anxiety related to your loved one’s opioid use becomes intolerable. See the “compassion fatigue” section for more about recognizing and respecting your own limits.

tips

OTHER TIPS THAT YOUR FAMILY MEMBER SHOULD FOLLOW IN ORDER TO AVOID A RELAPSE INCLUDE:

- Remain on opioid agonist therapy
- Find other “highs” and pleasures in life
- Keep busy with work or school, friends and family
- Identify triggers for their drug use, and have a strategy to deal with them

FIVE HELPFUL POINTERS FOR FAMILY MEMBERS:



1. BUY A NOTEBOOK

Do your best to stay organized by keeping your notes and all of your related information in one place.



2. GET IN THE HABIT OF ASKING YOURSELF THE FOLLOWING QUESTION:

“Which stage of change is my family member currently in?”

Answering this question can help you establish your current priorities.



3. MAINTAIN GOOD FAMILY COMMUNICATION

and work together as a team.



4. RECOGNIZE WHEN THINGS AREN'T GOING WELL

Turn to opioid treatment professionals for help and advice.



5. TAKE CARE OF YOURSELF

Set realistic limits for yourself based on your strengths, limitations, and personal needs.

The impact of opioid use disorder on family life

You already know all too well that your loved one isn't the only person harmed by their opioid use disorder: their drug use affects you and your entire family. This section addresses the impact of substance use disorder on families. It also outlines coping mechanisms and strategies, along with other forms of support that can help your family to overcome these significant challenges.

Emotional strain and anxiety

Ultimately, your family member's opioid use disorder is a problem that is beyond your complete control. Struggling with this simple fact can take a high mental toll on families and often leaves them feeling anxious and overwhelmed. Family members may also experience a wide range of other feelings too. It's important to keep in mind that each member of your family will have their own set of thoughts and concerns, which are likely to be slightly different from your own.

Environmental disruptions

Family member's lives can become profoundly disordered after a loved one develops an opioid use disorder. Many families are unaccustomed to dealing with disarray, while many other families were already stretched to their limits before their loved one started using opioids. Either way, you and your family are now dealing with a new set of challenges, which may include:

- Financial strain from added costs or job loss
- Potential legal issues stemming from your loved one's opioid use
- Shifting family dynamics as family members take on new roles

Stigma

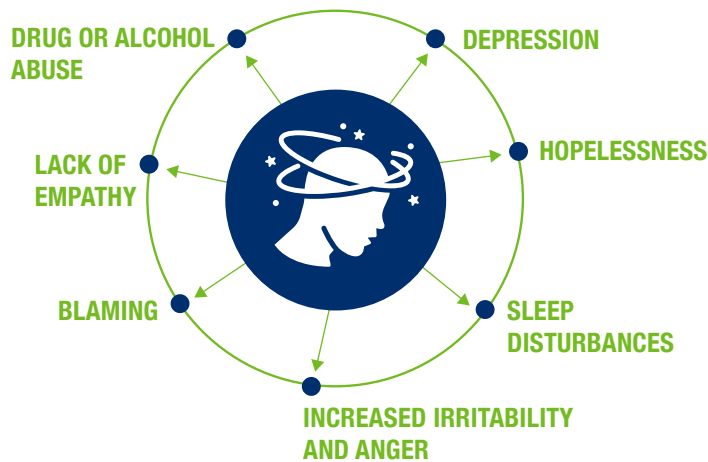
The reality is that stigma still persists in our society when it comes to substance use disorder. This is yet another issue that families may have to contend with in their time of crisis. Families are sometimes made to feel ashamed or even blamed by those around them for their loved one's opioid use disorder. Experiencing stigma can be very painful for family members and it can cause them to feel isolated at a time when they need support.

Compassion fatigue

Compassion fatigue is a term that describes a sense of helplessness and hopelessness that caregivers sometimes experience. Family members can experience compassion fatigue when they are caring for a loved one whose substance use disorder and other problems are seemingly endless and insurmountable.

Compassion fatigue can lead to many other symptoms. You should be on the lookout for these signs in yourself, as well as other family members who are taking on a significant caregiver roll.

Figure 11: Symptoms of Compassion Fatigue:



Caring for the caregiver

So far, this section has outlined many of the immense challenges that families can face when a loved one is addicted to opioids. Caring family members like yourself have a difficult job, involving personal sacrifices that all too often are underappreciated or go entirely unrecognized. The rest of this section focuses on your well-being in the face of these challenges.

General tips to ensure you remain healthy

- **Maintain your normal routine to the extent that is possible**
- **Do not become isolated**
- **Talk to trusted friends and family about what you are experiencing**
- **Maintain a Healthy Diet**
- **Get plenty of sleep**
- **Avoid overusing alcohol and drugs in order to cope**

Social interactions

Some people find it important to have one or two trusted friends whom they talk with openly about all their concerns, while many others prefer to remain more private about their family issues. No matter your personality type, you should realize that social support can come in lots of different forms. Many people can even experience tangible social support without directly talking about their serious family issues. Participating in recreational activities which you enjoy, attending a local event, or even watching a TV show with a friend are examples of social activities that can provide meaningful comfort, while still maintaining family privacy.

Support groups

Support groups like Nar-Anon are for families affected by addiction. They are a compassionate place where you can talk to people that are going through similar experiences to your own. Talking with a local addiction

specialist is a good place start if you want to learn more about the groups and other forms of family supports that are active in your community.

Resources

Helplines

Alberta

24/7 Substance Abuse Helpline: 1-866-332-2322

British Columbia

24/7 Alcohol and Drug Information Referral Service (ADIRS)

Toll Free: 1-800-663-1441 / Lower mainland: 604-660-9382

Manitoba

Addictions Helpline: 1-855-662-6605

New Brunswick

Tele-Care: 811 / Toll Free: 1-800-244-8353

Newfoundland and Labrador

Mental Health and Addictions System Navigator: 1-877-999-7589

Northwest Territories

Helpline: 1-800-661-0844

Nova Scotia

Addictions Services: 1-866-340-6700

Nova Scotia

Addictions Services Provincial Line: 1-866-340-6700

Nunavut

Hamatsiaqtut Helpline: 1-867-979-3333 / Toll Free: 1-800-265-3333

Ontario

ConnexOntario, Addiction, Mental Health, and Problem Gambling Services:

1-866-531-2600 / Drug and Alcohol Helpline: 1-800-565-8603

Prince Edward Island

Addiction Services: 1-888-299-8399

Quebec

Drugs: Help and Referrals: 1-800-265-2626

Saskatchewan

24/7 HealthLine: 811

Yukon

24/7 Alcohol and Drug Services Helpline: 1-855-667-5777

Mental Wellness and Substance Use Services: 1-866-456-3838

Online treatment and resource directory

Government of Canada: Get Help with Problematic Substance Use

<https://www.canada.ca/en/health-canada/services/substance-abuse/get-help/get-help-with-drug-abuse.html>

Indigenous resources

Addiction treatment resources for First Nations and Inuit

<https://www.canada.ca/en/indigenous-services-canada/services/addictions-treatment-first-nations-inuit.html#a8>

BC

Northern Health Mental Health and Addictions

<https://www.northernhealth.ca/services/mental-health-substance-use>

Youth

InformAlberta.ca

<https://informalberta.ca/public/common/viewComboList.do?comboListId=1003351>

Kelty Mental Health Resource Centre

A provincial resource centre that provides mental health and substance use information, resources and peer support to children, youth and their families from across B.C.

Toll-Free: 1-800-665-1822

Lower Mainland: 604-875-2084

Manitoba: Youth Addictions Centralized Intake Service

Toll-Free Line: 1-877-710-3999

Good2Talk

Is a free, confidential and anonymous helpline (24/7/365) for post-secondary students (17-25) in Ontario that provides professional counselling and information and referrals on mental health, addictions and well-being.

Toll-Free: 1-866-925-5454

LigneParents

Helpline for parents. Call 24 hours/day, 7 days/week toll-free anywhere in Quebec.

Toll-Free: 1-800-361-5085

