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Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Opioids and addiction

A primer for journalists



Acknowledgments

This resource was developed by the Opioid Resource Hub located in the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH) in collaboration with the Provincial Opioid Education Working Group media subgroup:

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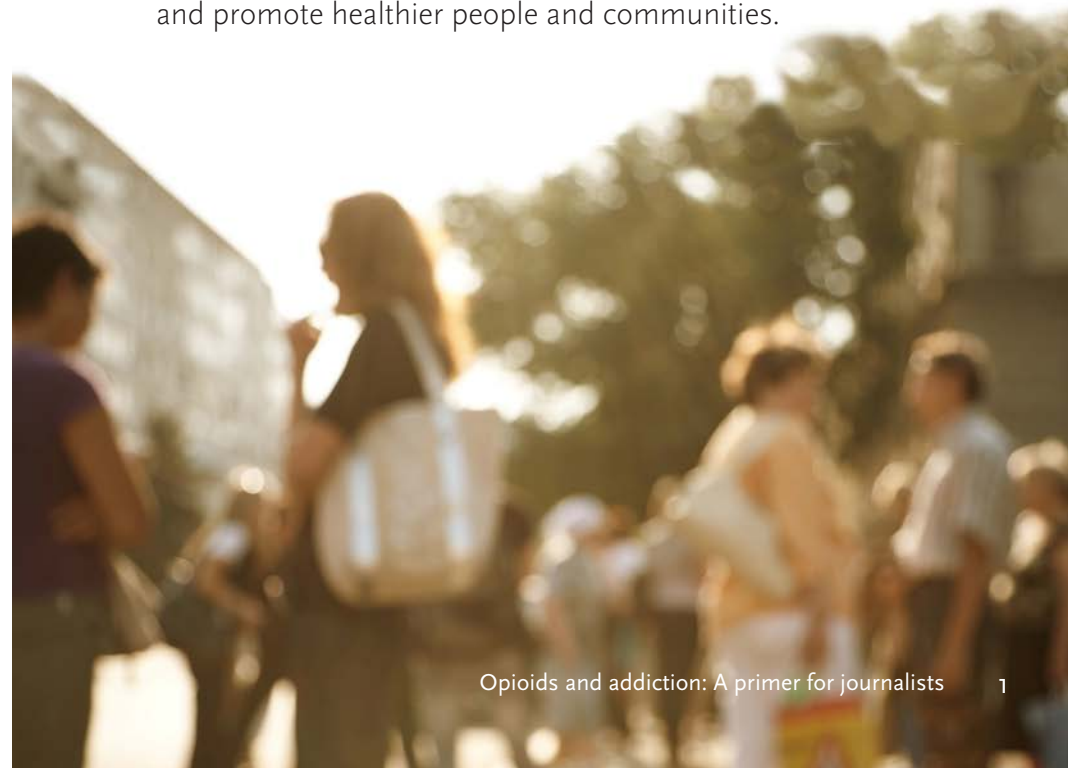
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Why this primer?

Myths and misunderstandings about opioids run rampant in our society. People who are dependent on opioids or are receiving treatment for opioid misuse are widely misunderstood and stigmatized.

Prescription opioid use and addiction are important and controversial subjects, and the news media have a great deal of influence over how these issues are understood by the general public. Journalists have the power to disseminate factual evidence, to sway community perceptions, and to encourage or endorse courses of action by individuals, organizations, and policy makers.

The goal of this primer is to provide journalists with important facts regarding opioid use and addiction, and guidelines for reporting on these topics in ways that encourage understanding and promote healthier people and communities.



Background on addiction

“Addiction cannot be understood from an isolated perspective. It is a complex human condition, a condition rooted in the individual experience of the sufferer and also in the multi-generational history of his or her family and—not least—also in the cultural and historical context in which that family has existed.”

—Gabor Maté, *Fundamentals of Addiction*, 2014, p. xvi

Addiction is not a lifestyle choice and it does not occur in isolation. A range of contributing contextual factors—including genetic vulnerability, stress, mental health problems and particularly trauma—puts us at higher

Canadian research studies have shown that up to 90% of women in treatment for substance use have experienced trauma.

(Jean Tweed Centre, 2013)



risk of substance misuse and relapse. “The greater the environmental stress, as in the case of trauma, the greater that discomfort and the need to escape it” (Gabor Maté, *Fundamentals of Addiction*, 2014, p. xiv).

Although the first intake may be voluntary, the “choice” to “just stop” rarely applies when it comes to addiction. Addiction is not about a person’s character, nor is it a personal choice.

“Getting rid of the idea that people choose to become addicted is an important step in understanding and helping people with addictions.”

—Centre for Addiction and Mental Health, n.d.[a]

Use doesn’t necessarily mean addiction

Not all people who use drugs develop addiction problems. Using for the first time at an earlier age is linked to a higher risk of future dependence. Problematic drug use is strongly linked to environmental factors.

What is withdrawal?

Withdrawal is a symptom of addiction. It refers to the symptoms a person experiences when, after a period of regular use, the quantity of substance in the person's brain is reduced. Withdrawal symptoms vary depending on the substance.

It is also true that a person taking opioids for pain may become physically dependent on the drug without being addicted. Stopping opioids abruptly can cause withdrawal, which is a very uncomfortable and unpleasant experience. Physical dependence also means that a person's tolerance may change over time (meaning they will need a higher dose to achieve the same effect—see next section) but they do not crave the drug.

Opioid withdrawal involves a range of extremely uncomfortable psychological and physical symptoms, including:

- cravings
- insomnia
- fatigue
- chills
- nausea
- diarrhea
- muscle pain.

What is tolerance?

Tolerance is the need for a higher dose to produce the same effect. People who use opioids can develop a tolerance.

A person's body gets used to a certain dose or amount of a substance, and the person needs to use more in order to get the same effect. The effects of opioids include respiratory depression and analgesic (or pain-killing) effects. Opioids can also make people feel euphoric, or high. A tolerance to the euphoric effect happens faster.

If people with tolerance stop taking the drug, they lose their tolerance. If they then start taking the same amount again, there is a high risk of overdose.

How does addiction work?

Addiction involves psychological dependence and means that the drug is at the centre of the person's thoughts, feelings and activities. The person may have to use more and more of the drug just to feel normal. They may want to stop, but can't. This is addiction.

Another way of describing addiction is the presence of the

four C's:

Craving

Loss of **C**ontrol of amount or frequency of use

Compulsion to use

Use despite **C**onsequences

(Centre for Addiction and Mental Health & St. Joseph's Health Centre, 2010).

Addiction treatment

Addiction treatment works and recovery is possible, but addiction treatment is not a quick fix. The true nature of addiction treatment is long term and relapse is common. In fact, relapse rates for drug addiction are similar to relapse rates for treating chronic conditions such as type 1 diabetes, hypertension and asthma. Treatment for addiction does not often involve going to a residential facility. Residential treatment may not be the appropriate treatment choice, or there may be exclusionary criteria. Some facilities, for example, do not allow pharmacological treatment such as methadone. Wait list times may be burdensome, and people may be forced to consider private residential treatment, which is very expensive.

Treatment usually involves changes beyond addressing the substance use, and can be undertaken while the person is working or going to school.

A person can seek treatment at any time and does not have to “hit rock bottom” first. In fact, the earlier a person seeks treatment, the better the outcome.

A harm reduction approach views any movement toward decreased harm, regardless of how small, as a positive move.

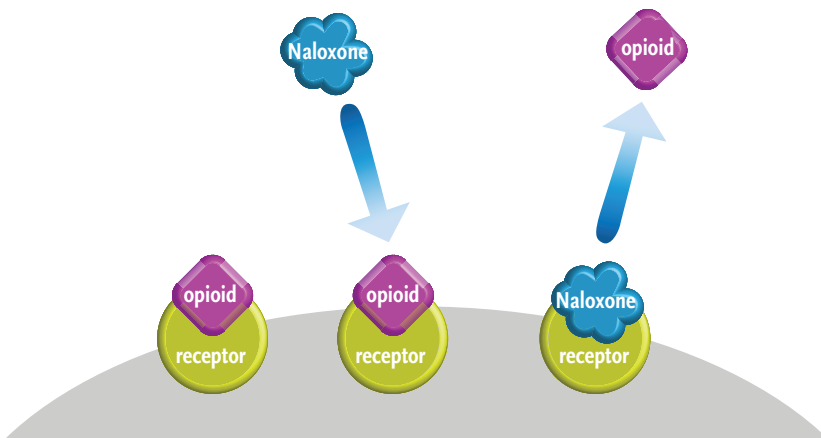
(Centre for Addiction and Mental Health, n.d.[b])

Harm reduction

Harm reduction strategies aim to increase awareness of the risks of behaviour, and provide tools and resources to decrease a person’s risk to themselves or others. Harm reduction does not require complete cessation or abstinence from an activity. Success is measured in terms of individual and community quality of health, not in the levels of substances a person is or is not using.

Examples of harm reduction include needle exchanges, opioid replacement therapy such as methadone maintenance treatment, and naloxone distribution programs. Naloxone,

an opioid antagonist can be administered during an overdose to reduce the effects. As an antagonist, Naloxone blocks opioids from attaching to the receptor, and knocks off opioids that were already attached, essentially putting the person into withdrawal. If someone is not experiencing an opioid overdose, administering Naloxone will not hurt them. It's important to note that Naloxone does not last very long, and 911 should still be called for an overdose.



The brain's opioid receptors have a higher affinity for Naloxone than for opioids. When Naloxone is administered, it displaces opioids that are attached to the receptors, reversing opioid overdose.

Opioids and opioid replacement therapies

Opioids are depressant drugs, like alcohol, meaning they slow down the part of the brain that controls breathing.

OPIOIDS 101	
Methadone	is a synthetic opioid used to treat addiction to other opioids.
Buprenorphine	(or buprenorphine hydrochloride) is another medication used to treat opioid addiction. Trade names include Subutex and Suboxone.
Opium	is the drug that comes directly from the poppy plant.
Opiates	are drugs derived from the poppy, including codeine and morphine.
Opioids	include all opiates, as well as synthetic and semi-synthetic opioids. Examples include heroin, oxycodone and fentanyl.

For opioid addiction, opioid replacement therapy is the gold standard of treatment. This means a person is prescribed buprenorphine or methadone. When combined with counselling and other social and community supports, opioid replacement therapy is a very effective, medically recognized treatment for opioid addiction.

Methadone maintenance treatment (MMT)

Methadone is a narcotic controlled by Health Canada under the *Controlled Drugs and Substances Act* (CDSA).

To prescribe MMT, physicians must obtain special exemption from Health Canada under section 56 of the CDSA. MMT is primarily provided by physicians in group or solo practices. MMT case management is primarily delivered by addiction treatment agencies working in collaboration with physicians.

“ My son died from an opioid overdose. Since his death, I continue to fight for effective treatments and options. To see my son struggle with and eventually die from opioid drug addiction has been the most devastating experience of my life. We could not find effective help for my son. I know that, had there been an MMT program available for Pete, he would be alive today. ”

—Betty-Lou Kristy, lived experience / family advocate
(Centre for Addiction and Mental Health, 2009, p. 39)



In Ontario, the College of Physicians and Surgeons of Ontario (CPSO) is responsible for:

- Methadone Maintenance Treatment (MMT) Program Standards and Clinical Guidelines
- physician recruitment and maintaining a central registry of authorized physicians (about 400; CPSO, 2014)
- a quality assurance program including physician audits.

In Ontario, MMT is prescribed to approximately 41,000 people.

(CPSO, 2014)

Other treatment options

Other treatment options for opioid addiction include:

- Withdrawal management: can include residential or day/evening treatment programs
- Narcotics Anonymous: 12-step, abstinence-based program
- Alternative addiction self-help: can include self-help support groups.

For information on treatment options in Ontario, contact ConnexOntario: www.drugandalcoholhelpline.ca.

Barriers to treatment

There are many obstacles to getting help. Below are some barriers to treatment:

- People seeking help for addiction often face judgment, stigma and discrimination
- People may not know what help is available.
- Appropriate addiction services may not exist, or may not exist close enough to access.
- There are often long wait lists for services covered under provincial health insurance.
- Some services are not covered under provincial health insurance. They are expensive and most people cannot afford this option.
- Services are almost always provided in English or French, making them inaccessible to people who speak other languages.



The use of prescription opioids for other than their medical purpose is called “abuse.” Although heroin is given a lot of attention, some of the most commonly abused opioids are prescription drugs.

When are opioids prescribed?

Doctors and dentists prescribe opioids to people with severe short-term or chronic pain.

Doctors may also prescribe opioids (for example, methadone or buprenorphine) to treat addiction to other opioids, including heroin and prescription painkillers (Centre for Addiction and Mental Health, 2012).

Opioids can be effective tools for pain management. However, it is important to note that some types of opioids are stronger than others. For example fentanyl, commonly prescribed in transdermal patch form, is a highly potent synthetic opioid intended to deliver pain relief for an extended period of time. Fentanyl is also imported illicitly and mixed in with other substances, which may explain the rise in fentanyl-related overdose deaths in Ontario. From 2008 to 2013, the annual number of deaths more than doubled from 45 to 100.

Just because opioids are prescribed does not mean they are not dangerous. High prescription rates have been strongly linked with increased risk of dependence, accidental overdose and death resulting from opioid use.

“Ontario is in the midst of a public health crisis—a crisis stemming from the inappropriate prescribing, dispensing and illicit use of opioids and other narcotics.”

—Dr. Jack Mandel, president, College of Physicians and Surgeons of Ontario (September 2010)

Opioid-related deaths result in 21,927 years of potential life lost annually, more than that due to alcohol use disorders, pneumonia, HIV/AIDS and influenza.

(Institute for Clinical Evaluative Sciences, 2014a)

Risks of taking opioids

Opioids are very strong medications that may lead to addiction, whether they are prescribed by a doctor or not (Centre for Addiction and Mental Health, 2012). People of all ages and backgrounds can develop problems with opioids. Opioid misuse continues to be on the rise, particularly among youth.

“Among users of opioid pain relievers, 5.2% (or 243,000 Canadians representing 0.9% of the total population) reported abusing them. Among adult users of opioid pain relievers, 3.1% (corresponding to 0.5% of the total adult population) abused such drugs, an increase over the 2011 rates” (Canadian Alcohol and Drug Use Monitoring Survey, 2012).

“Ontario and Quebec exhibited the highest and lowest rates of high-dose opioid dispensing, respectively [. . .] Ontario dispensed 1,382 high-dose opioid units per 1,000 people—more than one unit per person.”

—Institute for Clinical Evaluative Sciences, 2014b

Risk of opioid overdose

Opioids can cause an overdose, even if you take them just once. An overdose can happen when a person:

- takes a type of opioid that their body isn't used to
- relapses or starts using after a period of not using
- switches to a more potent opioid

- changes where they get their opioids
- takes opioids while taking other medications or drugs that are also depressants, such as alcohol, anxiety or sleeping pills, Gravol, Benadryl or ketamine
- takes a higher dose than they're used to
- is sick or tired, has liver or kidney damage, or has an illness that affects their breathing
- uses a drug in a way they don't normally use (for example, crushing, smoking, snorting pills or injecting instead of swallowing).

“ [My son] Pete’s addiction started innocently enough when he was prescribed opioid painkillers for gastrointestinal flare-ups. But the prescribed treatment soon morphed into a trap that consumed him. . . . He couldn’t just stop . . . even when he desperately wanted to. The physical withdrawal symptoms made it impossible for him to stop using. . . . This can happen to anyone and we need to rid society of the stereotype that only people lacking character and willpower can succumb to such an illness. ”

—Betty-Lou Kristy, lived experience / family advocate (CAMH, 2009, p. 54)

BEST PRACTICE CHECKLIST FOR REPORTING ON ADDICTION AND OPIOIDS

- ✓ As with many diseases, addiction does not discriminate, and people who use drugs are as diverse as any other group of people. Addiction affects our mothers, fathers, siblings and friends. Continue to find stories that reflect the diversity of people affected by drug use, abuse and addiction.
- ✓ Opioid replacement therapy such as methadone maintenance treatment helps to improve social functioning and promote healthier communities by reducing homelessness, increasing the likelihood of employment, reducing time spent in jail and reducing reliance on social assistance.
- ✓ Continue to use terms such as “person with lived experience” or “person with an addiction” rather than “addict.”
- ✓ Profile people with lived experience to humanize the issue. Recovery is a unique journey and every individual’s story is different. Highlight different types of recovery journeys and avoid making generalizations based on one person’s story.
- ✓ Prescribed does not mean safe. Prescriptions, even when used as directed, can lead to dependence.
- ✓ Put statistics and trends in context rather than demonizing a specific drug.
- ✓ Provide resources for support (for example, the Drug & Alcohol Helpline and local sources for addiction counselling).
- ✓ Match perspectives by interviewing both the person with lived experience to capture the human interest story and a frontline professional who can explain trends, best practices and context.

Resources

Breakaway Addiction Services
www.breakawayaddictions.ca

Canadian Centre on Substance Abuse
www.ccsa.ca

Centre for Addiction and Mental Health
www.camh.ca

College of Physicians and Surgeons of Ontario
www.cpso.on.ca

ConnexOntario Health Services Information
www.connexontario.ca

Ontario Harm Reduction Distribution Program
www.ohrdp.ca

Opioid Resource Hub
<https://www.porticonetwork.ca/web/opioid-resource-hub>

Further reading

Canadian Centre on Substance Abuse. (2013). *First Do No Harm: Responding to Canada's Prescription Drug Crisis*. Available: <http://www.ccsa.ca/resource%20library/canada-strategy-prescription-drug-misuse-report-en.pdf>

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Opioid Resource Hub at CAMH provides resources on opioid awareness, treatment and education for a wide variety of audiences. <https://www.porticonetwork.ca/web/opioid-resource-hub>

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