



Which Medicines will Support my Recovery from Opioid Addiction?

The purpose of this tool is to share knowledge about cultural activities and medications to support First Nations to recover from opioid addiction. You can use this tool with your health care provider to help decide what medicines might be right for you.

First Nations communities face unequal access to addiction health care. **Opioid agonist therapy (OAT)** medication can be hard to access because it is highly controlled, not all doctors will prescribe it, and some communities lack access to a pharmacy. First Nations leaders continue to work towards a more fair and equal health care system. One where health care services can be accessed in all First Nations communities. It's your right to have access to OAT medications in your community.



THUNDERBIRD
PARTNERSHIP FOUNDATION

Here are some OAT medications that can help:



Suboxone
(sublingual
buprenorphine/
naloxone)



Sublocade
(injectable
buprenorphine)



Kadian
(slow-release
oral morphine)



Methadone

Note: Side-effects may be experienced with any of these medications. For example, people whose recovery plan includes long-term use of Suboxone tablets may experience tooth decay or loss. In this case, Suboxone film or Sublocade may be a better option. Remember to talk to your healthcare provider if you have tooth decay or oral health concerns.

Taking Care of Your Whole Self

First Nations worldview believes that culture supports spiritual expression. One’s spirit desires to live life to the fullest so a connection to spirit is vital and primary to wellbeing. Cultural influence is therefore key to wellness. Ceremonies, for example, attend to the whole person. Other activities may have more precise focus.

Cultural interventions are managed by people who have been endorsed for their skills and knowledge in culture. They live the culture and are known by cultural teachers, the community and the Spirit to lead or support a certain cultural activity. Some interventions, mostly those that are not ceremonial, do not require this type of expertise. The use of sacred medicines for smudging, for example, do not require this type of expertise though it can differ across First Nations cultures. There is not *one* culture – there are many because culture is defined by the land, language and Nation of people.

All interventions require respect and some level of skill as defined by the culture of the people on that land.

- **Opioid agonist treatment (OAT):** a long-acting opioid medicine made to relieve opioid withdrawal symptoms and cravings. It is the most potent therapy known for opioid use disorder. Taking it lowers the chance of a fatal overdose from other opioids. Suboxone, Sublocade, Methadone, and Kadian are all common options for OAT.
- Using OAT supports the physical aspect of one’s being when dealing with addiction. However, the mental, emotional and spiritual aspects of a whole person also need to be supported. Medications such as OAT are best when used along with activities aimed at First Nations people’s mental, emotional and spiritual needs. Culture-based medicines, for example, care for one’s whole being.

Here are some cultural interventions that support wholistic wellness:

- **Culture-based teachings** (e.g., *Seven Grandfather Teachings, identity, clan, Nationhood, Spirit and belief, use of medicines for smudge*)
- **Prayer**
- **Ceremonies** (e.g., *once stable on medication: sweat lodge and other ceremonies*)
- **On-the-land programs** (e.g., *spirit connection, relationship to water/ fire/land, hunting, fishing, hide-making, and medicine gathering*)
- **Connecting with Elders, Knowledge Keepers, and culture-based practitioners**
- **Speaking or learning your First Nations language**

The content presented in this tool was taken from metaphi.ca/wp-content/uploads/OATDecisionAid.pdf and used with permission.



Key Points About OAT Medications

Buprenorphine has a lower chance of side effects and lower risk of overdose than methadone or Kadian. It might not provide enough relief of withdrawal symptoms and cravings for people with very high opioid tolerance. Buprenorphine can be taken as a tablet under the tongue, as a transdermal film placed inside the cheek (*Suboxone*), or as an injection (*Sublocade*).



Suboxone is usually taken once a day. There are many ways to get started on Suboxone, and you do not have to be in withdrawal to get started. The dose can be increased quickly. Take-home doses are usually available much sooner than they are for methadone or Kadian. Suboxone is available at most pharmacies.



Sublocade is usually taken once a month. You get your first injection after taking Suboxone for a few days, and then the buprenorphine stays in your system for three or four weeks. You can take doses of Suboxone if the Sublocade isn’t enough by itself. You may have to go to the community health centre or clinic for your injections, though some pharmacies do injections as well. Sublocade can be helpful for people who wish to simplify treatment, who have barriers getting to a pharmacy, and/or who have no real pharmacy access due to living in a rural or remote area.

Methadone is usually taken once a day. Methadone provides more relief of withdrawals and cravings than buprenorphine. It has a higher chance of side effects and higher risk of overdose compared to buprenorphine. The dose is increased slowly, usually over four to eight weeks. It usually takes at least a month to start getting doses to take home. Methadone is not available at all pharmacies.



Kadian is usually taken once a day. It provides more relief of cravings and withdrawal symptoms than buprenorphine does. The dose can be increased a bit faster than methadone. It usually takes at least a month before take home doses are offered. There is some evidence that Kadian has a lower chance of side effects than methadone.



Frequently Asked Questions



Here are answers to some of the questions you might have about these culture-based activities and medications.

As you go through this with your health care provider, think about your own health, situation, and values, and add your notes in the columns below.
Be sure to ask about anything that's unclear.

Culture-Based Activities

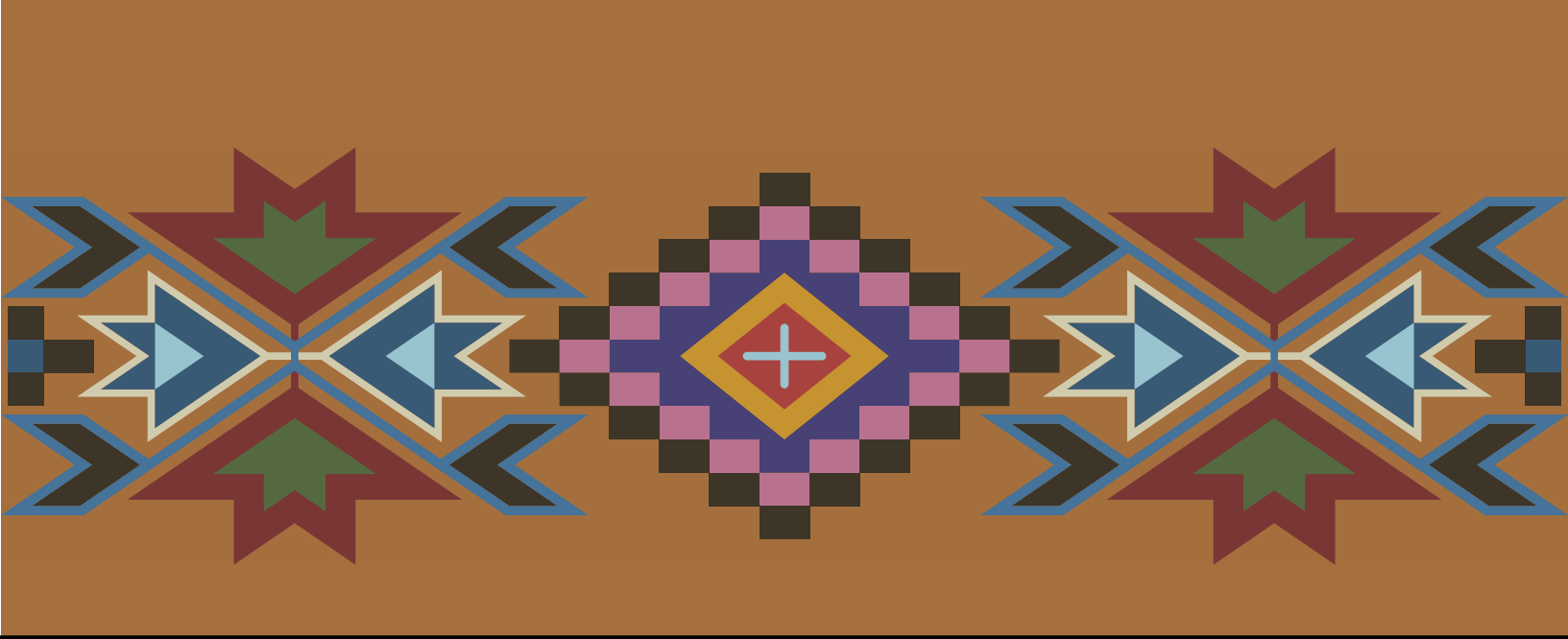
	Culture-Based Teachings	Ceremonies and Prayer	On-the-Land Programs	Connecting with Elders, Knowledge Keepers, and Language	Notes
<i>What is it?</i>	These teachings share knowledge and practices from your community (e.g., <i>Seven Grandfather Teachings, spirit name, clan, Nationhood, Spirit and belief, use of medicines for smudging</i>).	Ceremonies are facilitated in groups and are used for healing, remembrance and marking major events (e.g., <i>sweat lodge ceremony, pipe ceremony, feasting ceremony, smudge</i>). People who are stable on their medication are often more open to ceremonies. First Nations people have a relationship with creation, with one's own spirit and with their ancestors and communicate with them through prayer.	These programs are ways of being and doing that connect a person to the land (e.g., <i>connection and relationship with water, fire, land, beings of creation, medicine gathering, hunting, fishing, hide making</i>).	Learn about First Nations knowledge and culture-based practices through oral stories and language that have been passed down through the ages.	<i>These practices are specific to each First Nation language group and informed by the land in which they live.</i>
<i>How does it support my wellness?</i>	Teachings can support the mental aspect of one's being. When the Meaning of life and one's place in Creation is understood, it brings balance to the whole person.	Ceremonies and prayer connect people to Spirit, Creation and the land. This nurtures the spiritual aspect of one's identity and promotes a sense of Hope towards a shared future.	Connecting to the land is healing in many ways. Through connection to the land, a person can connect to their physical embodied aspect of being. Connecting to the body and the land can be a reminder of personal resilience and strength. This supports a sense of Purpose .	Language is the voice of the culture. It is the true and most expressive means to share the original way of life and way of being in the world. Indigenous languages are a sacred gift from the Creator. Listening to Elders and Knowledge Keepers, hearing and speaking Indigenous languages is more than just a way of communicating. It creates a sense of Belonging .	
<i>Where can I access this?</i>	Culture-based teachings can be accessed in many ways (e.g., <i>Elders, Knowledge Keepers, band offices, cultural centres, friendship centres, online networks and resources</i>).	Ceremonies can be accessed in many places (e.g., <i>Sweat Lodges, Healing Lodges, Pow wows, Longhouses, and sacred societies</i>). Prayer can be practiced individually or in community, and can be supported by the use of sacred medicines to connect to Spirit.	On-the-land programs can be found at treatment centres, community centres, and Health Access Centres.	Connect to Elders, Knowledge Keepers and language in many ways (e.g., <i>community organizations, language revitalization programs, community events and ceremonies, and friendship centres</i>).	

How am I including culture in my life?

Are there cultural ways (i.e., practices or activities) that support my recovery?

Are there cultural activities I haven't yet explored that I want to?

How can I engage more in my culture to support my recovery?



Medications



	Buprenorphine		Methadone & Kadian		Notes
	Suboxone	Sublocade	Methadone	Kadian	
What does it do?	Helps opioid withdrawal symptoms and cravings.				
How much do we know about it?	Used in Canada since mid-2000s and has lots of research evidence.	Approved for use in 2019 – not many studies yet.	Has been used since the 1960s and has the most research evidence for OAT.	Has been around since the 1990s mostly as a treatment for chronic pain – there are some studies, but evidence isn’t as strong for OAT use.	
How do I take it?	Tablet that dissolves under the tongue.	Injection under the skin of the belly.	Drink (often orange- flavoured and coloured).	Capsule that you swallow whole or open and sprinkle into a cup or food.	
How often do I take it?	Usually once a day.	Usually once a month.	Usually once a day.		
Where do I take it?	Dose is taken at the pharmacy at first, then usually at home within weeks.	Usually done at a clinic.	Dose is taken at the pharmacy every day for at least one month, then take-home doses start gradually.		
How do I start it?	Various ways: Can be started in withdrawal 12–18 hours after last opioid use OR started at a ‘micro’ dose and increased very gradually.	Buprenorphine tablets must be taken at a dose of 8 mg or more for at least a day or two before the first injection.	A first dose can be taken anytime - sometimes it is combined with Kadian at the start of treatment.	A first dose can be taken anytime.	
How fast can I increase my dose?	The dose can be increased every day.	There is one standard dose of the injection.	The dose can be increased every three to five days.	The dose can be increased every two days.	
When will I start feeling better?	A helpful dose can be reached within a few days if it is started in withdrawal.	A good dose is already achieved from the tablets when a first injection is offered.	It can take one to two weeks to start feeling better, and one month to reach a dose that feels really helpful.		
How do I get it?	Many health care providers prescribe it and most pharmacies have it.	Not all health care providers do injections, so a special clinic may be the way to go.	Not all health care providers prescribe it, and it may not be available at all pharmacies. It may be necessary to go somewhere new, especially for those who live in a small or remote community.		
How much does it cost?	Fully covered (covered by the Non-Insured Health Benefits (NIHB) program; fully covered through FNHA Health Benefits in BC).			Fully covered by the Non-Insured Health Benefits (NIHB) program once approval form is submitted by prescriber.	
	Fully covered through FNHA Health Benefits in BC without the need for approval form.				
What are the side effects?	All opioids can cause sweating, constipation, dry mouth, headache, itchiness, and weight gain as side effects.				
	All opioids can cause hormone changes. This can lead to a lower sex drive, irregular periods, erectile dysfunction, or a higher chance of getting pregnant.				
	Buprenorphine has the mildest side effects (although the injection can leave a bump on the skin and can cause brief pain and itchiness on the belly).		Kadian and methadone can both make you feel sedated or high at higher doses.		
	Long term use of Suboxone tablets is often reported to worsen dental and oral health.			Kadian's side effects are mostly milder than methadone's side effects.	
What are the risks?	All opioid medications (especially methadone) can affect how other medications work. Make sure your health care provider knows about everything you’re taking.				
		Sublocade isn't advised as a first choice for people who are pregnant.	Methadone and Kadian both have a risk of overdose, especially when taken with alcohol or benzos (like Xanax or Valium).		
			Methadone can be risky for people with certain kinds of heart problems (mostly related to irregular heart rhythms).		
Are these medications causing or supporting addiction?	The most direct answer is no. Like any chronic health condition that needs medication to recover and stay well, the medications listed in this brochure help manage the sickness of withdrawals and reduce the drug cravings.				
How well does it work?	Buprenorphine is a 'partial' opioid agonist. It might not fully relieve withdrawal symptoms and cravings, when there has been a very high opioid tolerance.		Methadone and Kadian are both full opioids. They may be more likely than Suboxone or Sublocade to fully relieve withdrawal symptoms and cravings.		
	If Sublocade isn't enough by itself, Suboxone can be taken at the same time.				
What would happen if I used opioids while taking it?	Blocks the high from other opioids more than methadone and Kadian.		Reduces the effect of other opioids.		



Should people who are taking these medications participate in ceremony?

The answer depends on the person's readiness. If the person is not stable on the medication or struggling with other things in their life, they may still be feeling a desire for other drugs and alcohol. In these cases, they may not be able to participate in the ceremony which often requires sitting for long periods of time.

If a person is having early signs of psychosis or hallucinations, then it may be misunderstood in ceremony. This could cause stigma and fear of others or by others.

Medication and ceremony can work very well together. Doing so should be mindful of the person's readiness to join in, first and foremost.

Medication and other cultural activities may be fitting. This includes the use of medicines for smudging, being part of a talking circle, or connecting with land and creaton.

Personal Stories

“Going through opiate withdrawal, I had 3 choices. Tough it out and go cold turkey (I highly do not recommend this method!!), methadone, or Suboxone. I knew I didn’t want to get high anymore and wanted to change my life. I know many people on methadone and they still got high everyday. I heard from others about Suboxone and how you can’t get high on it or you get really sick. That was appealing to me more for reassurance if I did go get high.” – Angela

Without my treatment at Walgwan Centre and my experience at 15 and I would not know where I’d be. Support is the main thing we need. We need our own traditional ways still living strong. It’s us, this generation has to step up and clear our minds from the poison.

(Participant testimony, Land-for-Healing, p 31, 2014 Thunderbird Partnership Foundation)

“I am very happy to be out here with the Elders and having them teach us and sharing our Eeyou culture. I have learned a lot and I get to know myself being here. It’s like I found who I really am. The fact that I try to quit alcohol and drugs is very helpful to be out here on the land. We are always together in the bush. I am happier being with him when we are out on the land.”

(Participant testimony, Land-for-Healing, 56, 2014 Thunderbird Partnership Foundation)

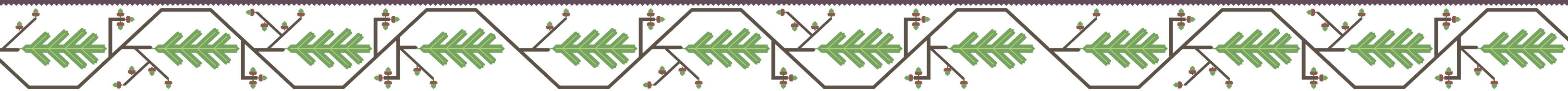
“I just want to emphasize that being on OAT will affect your life for a long time. They did not educate me enough on how hard and how long the withdrawal is from methadone or Suboxone before signing up – the first time I quit Suboxone, I was still having chills three months after. This means you’re stuck to a doctor and a pharmacy for a long time. Counselling and proper mental health care were much more important for me than OAT. If I could go back, I would have done a treatment program rather than signing up for Suboxone.” – Kayla

“I was on methadone for 7 years, and while very high doses twice a day took care of my withdrawal and helped me stay off other opioids, it never took care of the cravings, and I was very depressed, unmotivated, and still in extreme physical pain – the reason for the opioids in the first place. After a relapse to fentanyl (the only available option), I found someone willing to prescribe Kadian alongside methadone. The addition of Kadian provided the extra relief I needed for withdrawal. It eventually eliminated my opioid cravings, and it has also helped with my depression and my ulcerative colitis. I have attempted multiple medical-assisted opioid treatments, but this is the most successful treatment for me. By choosing my own path, I was able to take ownership over my well-being and I am the healthiest I have ever been.” – Ashley

“As we participate in traditional/cultural activities, our senses are stimulated and the experience becomes imprinted in our mind creating a memory and an experience. These events create the healing properties of the land-based activities.”

(Land-for-Healing, 58, SLBTFHP Report Thunderbird Partnership Foundation)

“I remember it making me so sick and drowsy but it actually took away the ... way of wanting more of those highs I was getting. I think I remember being happy that I didn’t want any more of those things.” (Participant 6, Healing Journey, Madden et al., 2024)



Your Decision

This tool informed you about cultural activities and medications that have supported First Nations to recover from opioid addiction. Based on what you now know and your personal thoughts, you can make more informed decisions.

The circles below are for you to mark your choices for your health care provider.

Notes

Culture-Based Activities

Place a check mark beside all the culture-based activities you would like to explore.



Traditional teachings



Ceremonies, Prayer



On-the-land programs



Connecting with Elders, knowledge keepers, or language

Medications

Place a check mark beside the medication you think is the best option for you.



Suboxone



Sublocade



Methodone



Kadian

Next Steps

<i>Do you understand all the options?</i>	Yes	No
<i>Do you have enough support and advice to make choices about your treatment?</i>	Yes	No
<i>Do you have access to cultural activities in your community?</i>	Yes	No
<i>Do you need support to access cultural activities in your community, and outside of it?</i>	Yes	No
<i>Do you know which benefits and side effects of medications matter most to you?</i>	Yes	No



thunderbirdpf.org

