The Royal
Mental Health - Care & Research
Santé mentale - Soins et recherche

RAPID ACCESS ADDICTION MEDICINE (RAAM)CLINIC

Information sheet for clients

You have been referred to this service because you may be experiencing difficulties related to **alcohol and/or opioid use**. The RAAM team will discuss with you how we can help you reduce the harm associated with your substance use. Depending on your goals, the team may offer brief counselling, provide medication, and/or connect you with community resources and supports.

NEW! Access to the RAAM Clinic has changed in response to COVID-19:

- Due to current COVID-19 infection prevention measures, individuals are not able to "walk-in" to the RAAM clinic at this time.
- We want to make access to the RAAM clinic easy for you. You can now connect with us in two ways:
  - You can connect with our RAAM clinic team "virtually" through our digital front door by "checking in" at theroyal.accessRAAM.ca during our clinic hours. You will need a device with a camera that is connected to the Internet (e.g. a mobile phone, computer, or tablet).
  - You can also connect with our RAAM clinic team by calling 613-722-6521 ext. 6508 during clinic hours.

The RAAM Clinic is open Monday-Friday and closed on statutory holidays. You can find our clinic "check-in" hours on our website at theroyal.accessRAAM.ca

QUESTIONS?

Call **613-722-6521 ext. 6508** for more information.

IF YOU ARE ASKED TO COME IN PERSON

Please do not go to the RAAM Clinic in person unless you are asked to come by a RAAM team member.

WHERE DO I GO?

The Royal Ottawa Mental Health Centre, 1145 Carling Avenue, Ottawa. Once you arrive you will be greeted by The Royal's screening team, then a member of the RAAM Clinic will be contacted to bring you to the clinic.

HOW DO I GET THERE BY BUS?

OC Transpo bus numbers 85, 80, and 55 stop on Carling Avenue in front of The Royal.

WHAT SHOULD I BRING?

- Your Ontario Health Card, prescription medications, or a list of your medications if possible.
- A family member, friend or support worker may drive you to your appointment however due to current COVID-19 restrictions **only clients may be present in the clinic area itself.** Your family member, friend, or support worker can join your appointment "virtually."

CRISM 2023-INFORMED CLIENT RESOURCE

My Plan to Cut Down on Drinking

Strategies to help you drink less — use this worksheet on your own or with your care provider

You don't have to quit drinking completely for change to count. Research shows that any reduction in how much or how often you drink lowers your health risks — every little bit helps. This worksheet offers a menu of strategies people use to cut down. Try a few, see what fits your life, and build your own plan below.

Step 1 — Know Your Starting Point

Right now, I drink on about _____

days per week, and on those days I usually have about _____ drinks.

My goal is to drink on no more than _____

days per week, with no more than _____ drinks on any drinking day.

Step 2 — Strategies to Try

Check off the strategies you want to experiment with this week.

PACE & SPACE OUT YOUR DRINKING

- ☐ **Drink every other day,** rather than daily — build in regular days off.
- ☐ **Set a number of alcohol-free days** each week and mark them on a calendar.
- ☐ **Slow your pace** — aim for no more than one drink per hour.
- ☐ **Plan your drinking occasions** ahead of time, rather than drinking on impulse.

REDUCE STRENGTH & AMOUNT

- ☐ **Dilute your drinks** with water, soda, or ice, or add ice to beer, wine, or spirits to slow yourself down.
- ☐ **Choose lower-alcohol or alcohol-free options** when available.
- ☐ **Learn standard drink sizes** and measure or pre-pour drinks at home instead of free-pouring.
- ☐ **Buy only what you plan to drink** for that occasion — avoid keeping extra alcohol in the house.

EAT & HYDRATE

- ☐ **Eat a meal or snack** before and while you drink — food slows how fast alcohol reaches your bloodstream.
- ☐ **Alternate: one non-alcoholic drink** (water, soda, juice) for every alcoholic drink.
- ☐ **Drink a glass of water** before you start.

MANAGE YOUR ENVIRONMENT

- ☐ **Set a spending limit** before you go out.
- ☐ **Identify your triggers** — people, places, times, or feelings — and plan how to handle them.
- ☐ **Practice a polite "no thanks"** for drink offers, so you're ready when it comes up.

TRACK & GET SUPPORT

- ☐ **Keep a daily drink log** (see Step 4 below) to notice patterns.
- ☐ **Replace drinking time** with another activity, hobby, or connection.
- ☐ **Identify one person** you can call or text when an urge hits.

Sources: Canada's Guidance on Alcohol and Health (CCSA, 2023) · CRISM 2023 national AUD guideline · NIAAA Rethinking Drinking. This worksheet is a self-management tool and does not replace professional care.

Step 3 — My Personal Plan

The 3 strategies I will try this week:

1. _____

2. _____

3. _____

My alcohol-free days this week (circle or check):

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

My biggest trigger, and my plan for it: _____

Someone I can reach out to for support: _____

Step 4 — Weekly Tracking Log

Use this log to track your week. There's no need to be perfect — the goal is to notice patterns, not judge yourself.

Day	Planned to drink?	# of drinks	How I felt / notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

When to Reach Out for More Support

If you're finding it hard to stick to your plan, if urges feel difficult to manage, or if cutting down isn't going the way you'd hoped — that's useful information, not a failure. Bring this worksheet to your next appointment so you and your provider can talk about what's working, what isn't, and whether additional support (counselling, peer support, or medication) could help.

Drinking less is better

We now know that even a small amount of alcohol can be damaging to health.

Science is evolving, and the recommendations about alcohol use need to change.

Research shows that no amount or kind of alcohol is good for your health. It doesn't matter what kind of alcohol it is—wine, beer, cider or spirits.

Drinking alcohol, even a small amount, is damaging to everyone, regardless of age, sex, gender, ethnicity, tolerance for alcohol or lifestyle.

That's why if you drink, it's better to drink less.

Alcohol consumption per week

Drinking alcohol has negative consequences. The more alcohol you drink per week, the more the consequences add up.

0 drinks per week
Not drinking has benefits, such as better health, and better sleep.

No risk

0

During pregnancy, none is the only safe option.

1 to 2 standard drinks per week
You will likely avoid alcohol-related consequences for yourself and others.

Low risk

1 2

3 to 6 standard drinks per week
Your risk of developing several different types of cancer, including breast and colon cancer, increases.

Moderate risk

3 4 5 6

7 or more standard drinks per week
Your risk of heart disease or stroke increases.

Each additional standard drink
Radically increases the risk of these alcohol-related consequences.

Increasingly high risk

7 8 + ++

A standard drink means:

Beer
341 ml (12 oz) of beer
5% alcohol

or

Cooler, cider, ready-to-drink
341 ml (12 oz) of drinks
5% alcohol

or

Wine
142 ml (5 oz) of wine
12% alcohol

or

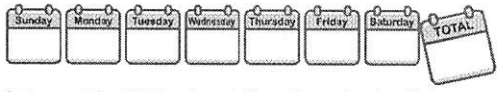
Spirits
(whisky, vodka, gin, etc.)
43 ml (1.5 oz) of spirits
40% alcohol

Aim to drink less

Drinking less benefits you and others. It reduces your risk of injury and violence, and many health problems that can shorten life.

Here is a good way to do it

Count how many drinks you have in a week.



Set a weekly drinking target. If you're going to drink, make sure you don't exceed 2 drinks on any day.

Good to know

You can reduce your drinking in steps! Every drink counts: any reduction in alcohol use has benefits.

It's time to pick a new target

What will your weekly drinking target be?

0 1 2 3 4 5 6

Tips to help you stay on target

- Stick to the limits you've set for yourself.
- Drink slowly.
- Drink lots of water.
- For every drink of alcohol, have one non-alcoholic drink.
- Choose alcohol-free or low-alcohol beverages.
- Eat before and while you're drinking.
- Have alcohol-free weeks or do alcohol-free activities.

Canadian Centre on Substance Use and Addiction

The Canadian Centre on Substance Use and Addiction was commissioned by Health Canada to produce Canada's Guidance on Alcohol and Health.
This document is a summary for the public of the new guidance. For more information, please visit www.ccsa.ca

GABAPENTIN
Medication Information Sheet

What is gabapentin and how does it work?

Gabapentin (Neurontin) is a medication that has been used for seizure disorders. Gabapentin can be used "off-label" (used outside its currently approved indications) as an anti-craving medication for alcohol use disorder for those age 18 years and older. It is not fully understood how gabapentin works to reduce drinking; it may normalize brain chemicals, such as dopamine, that can be disturbed by heavy drinking.

Gabapentin may decrease cravings, reduce heavy drinking and increase abstinence in people with alcohol use disorders. Gabapentin may also reduce "subacute" withdrawal symptoms (symptoms that last beyond alcohol detox), such as sleep, anxiety, or mood problems.

How is gabapentin taken?

The daily total dose of gabapentin is slowly increased to avoid side effects. By increasing the dose gradually, it allows your body time to develop tolerance to the optimal dose of 1800mg daily. Here is an example of how to start gabapentin:

Day	Morning	Afternoon	Evening	Total
1	-	-	300mg	300mg
2	300mg	-	300mg	600mg
3	300mg	300mg	300mg	900mg
4	300mg	300mg	600mg	1200mg
5	600mg	300mg	600mg	1500mg
6	600mg	600mg	600mg	1800mg

If at any point side effects are intolerable, with the help of your physician, you can decrease or maintain the dose until the side effects improve and then resume the scheduled dose increases. Please talk to your physician if you find yourself taking less or more gabapentin than you were prescribed.

What happens if I stop taking gabapentin suddenly?

If you want to stop taking gabapentin, it is important to discuss this with your physician or pharmacist and gradually reduce the dose over time (over at least one week). If you stop gabapentin abruptly, it is possible to have withdrawal symptoms, the most severe of which could be a seizure. Here is an example of how to stop gabapentin:

Day	Morning	Afternoon	Evening	Total
1	600mg	300mg	600mg	1500mg
2	300mg	300mg	600mg	1200mg
3	300mg	300mg	300mg	900mg
4	300mg	-	300mg	600mg
5	-	-	300mg	300mg
6	-	-	300mg	300mg
7	-	-	-	Discontinue

What happens if I miss a dose of gabapentin?

If a dose is missed, it should be taken as soon as possible. However, if it is within 4 hours of the next dose, the missed dose is not to be taken and you should return to the regular dosing schedule.

Gabapentin Medication Information Sheet

What are the side effects of gabapentin?

Most common:

- Drowsiness (19%)
- Dizziness (17.1%)
- Coordination problems (12.5%)
- Fatigue (11%)
- Tremor (6.8%)
- Blurry/double vision (5.9%)

Rare, but serious potential side effects include an increase in suicidal thoughts.

Caution should be taken with adults over 65 and those with kidney problems.

It is important to avoid activities requiring mental alertness or physical coordination (e.g. driving), until you know how gabapentin will affect you.

What will happen if I drink alcohol while taking gabapentin?

Mixing alcohol and gabapentin can be dangerous as it may cause sedation and respiratory depression (decreased breathing).

Can I take other medications with gabapentin?

Gabapentin should be used with caution if combined with other sedating medications.

Gabapentin has very few drug interactions. Speak with your pharmacist to ensure that it is safe to take gabapentin with your other medications.

What will happen if I become pregnant while taking gabapentin?

Gabapentin crosses the placenta and may cause birth defects and adverse pregnancy outcomes. If you become pregnant, please see your physician to discuss the risks and benefits of continuing gabapentin.

Should I take gabapentin with a meal?

Gabapentin can be taken with or without food.

If I take gabapentin, does it mean that I don't need other treatment for my alcohol use disorder?

No. Standard treatment for alcohol use disorders includes medications as well as psychosocial treatments, such as motivational interviewing and cognitive behavioural therapy.

Dosage and Cost

The most effective dose based on research studies is 1800 mg per day, although your physician many prescribe a lower or higher dosage. The monthly cost is around $35 at a dose of 1800mg daily. Gabapentin is covered by Ontario Drug Benefits and most private insurance plans.

Acamprosate

What is acamprosate, and how does it work?

Acamprosate (Campral) is a medication that has been available for the treatment of alcohol dependence for a number of years in Canada, and longer in Europe. Acamprosate is started after a person has stopped alcohol use. Acamprosate is believed to restore the balance of brain chemicals, which has been disturbed by regular, heavy drinking. It is believed that this imbalance and discomfort makes some people return to drinking. Acamprosate may make it easier for people not to drink and helps to prevent relapse. Even if you do start drinking again, you should continue taking the medication.

How is acamprosate taken?

Acamprosate is normally started after a few days of abstinence, typically at a dose of 666 mg TID.

What are the side-effects of acamprosate?

Like most medications, acamprosate can cause side-effects, but they are usually mild and resolve within the first few weeks of treatment. The most common side-effects are gastrointestinal symptoms (such as loose bowel movements or mild diarrhea). You should tell your physician if you experience these or any other unexpected effects.

If you have kidney problems you should discuss this with your physician to see if this medication can be used. Sometimes a lower dose of acamprosate can be used.

What will happen if I drink alcohol while taking acamprosate?

Acamprosate does not:

- reduce effects of alcohol such as impaired coordination and judgment
- affect your blood alcohol level or "sober you up" if you drink
- change the way the body metabolizes (breaks down) alcohol, so it will not make you feel sick if you drink.

Can I take other medications with acamprosate?

Acamprosate can be taken with most medications. It has not been shown to interact significantly with other medications.

Tell your physician or pharmacist about the medications you are currently taking, so they can see if there may be possible interactions.

What will happen if I become pregnant while taking acamprosate?

If there is a possibility of becoming pregnant, use an effective method of birth control while taking acamprosate. If you miss a menstrual period, report this to your physician at once and take a pregnancy test.

If you become pregnant, you will need to alert your physician to discuss ongoing treatment options. Your physician will help you abstain from alcohol during pregnancy. Your health should be monitored throughout your pregnancy, as should the health of your baby after delivery. Even though acamprosate should not be used during pregnancy, animal studies have not shown any ill effects, nor is there evidence that acamprosate causes birth defects.

4745a / 11-2013

Addiction Medicine Service | Alcohol Research and Treatment Clinic

camh
Centre for Addiction and Mental Health

Should I take acamprosate with a meal?

Acamprosate can be taken with or without food. Many people find that taking the medication after a meal helps to decrease gastrointestinal symptoms. Since acamprosate is usually taken three times a day, most people find it convenient to take it with meals; this also makes it easier to remember to take the medication.

Is it OK to crush the pills?

Acamprosate pills should not be crushed because they have a coating to make sure the medication is not absorbed until it has passed through the stomach. Destroying this coating can cause stomach upset.

What happens if I stop taking acamprosate suddenly?

Acamprosate does not cause physical withdrawal symptoms when it is stopped.

What happens if I miss a dose?

If you miss a dose of acamprosate, don't double the dose at the next scheduled time. There should be at least two hours between doses. If this is not possible, skip the dose and wait until your next scheduled dose.

If I take acamprosate, does it mean that I don't need other treatment for alcohol dependence?

No. Research has shown that acamprosate is most effective when combined with counselling and/or mutual support groups.

What is the relationship of acamprosate to AA and other mutual support groups?

There is no problem with participating in support groups while taking acamprosate. The medication is most likely to be effective for you if your goal is to stop drinking altogether. If other group members caution against taking any medications, refer them to the pamphlet "The AA Member—Medications and Other Drugs," which states that AA members should not "play doctor" and advise others on medication provided by medical practitioners or treatment programs.

Dosage and cost

The usual dosage is 666 mg three times per day. The dosage of 333 mg three times per day is sometimes used. The daily cost will be around $6.

Naltrexone

What is naltrexone, and how does it work?

Naltrexone (Revia) is a medication used to treat alcohol dependence. Naltrexone is an opioid antagonist medication, which means that it blocks the effects of drugs known as opioids (for example, morphine, heroin, oxycodone [OxyNeo], codeine [in Tylenol 1, 2 and 3]). If you are using opioids, whether prescribed, over the counter or illegal, naltrexone is probably not an option for you. It is important to discuss this with your physician. You must be off opioids for seven days before starting naltrexone.

Exactly how naltrexone works in alcohol dependence is not understood, but it is thought that naltrexone reduces alcohol's pleasurable effects and so helps people to abstain from alcohol. Patients taking part in studies of the effectiveness of naltrexone for alcohol dependence reported that the medication can:

- reduce your urge or desire to drink
- help you remain abstinent
- interfere with your desire to continue drinking more if you slip and have a drink.

Counselling was an important component of these studies, and it is patients who are willing to take the medication every day as prescribed and take part in counselling who do best in treatment with this medication.

Naltrexone does not treat alcohol withdrawal symptoms. Many patients need to undergo alcohol withdrawal management ("detox") before starting this medication.

How is naltrexone taken?

Naltrexone is taken once daily in the evening.

Is it possible to become addicted to naltrexone?

No. Naltrexone is not habit forming or a drug of abuse. It does not cause patients to become physically or psychologically dependent.

What are the side-effects of naltrexone?

Naltrexone is well tolerated by most people. The most common side-effect is nausea. In one study of naltrexone for alcohol dependence, the side-effects reported included:

- nausea (10%)
- headache (7%)
- depression (5 to 7%)
- dizziness (4%)
- fatigue (4%)
- insomnia (3%)
- anxiety (2%)
- sleepliness (2%)

These side-effects were usually mild and lasted a short time. Among those who experienced nausea, many found it severe enough to make them stop the medication. Some patients are started on a lower dose of naltrexone for a few days to help minimize this side-effect.
Most patients report that they are largely unaware of being on naltrexone. The medication usually has no psychological effects, and users do not feel either "up" or "down."

Naltrexone can rarely have toxic effects on the liver. You should call your physician immediately if you experience vomiting, yellowness of the skin/eyes, dark urine, loss of appetite, fever, upset stomach or light-coloured stools. Your liver function will be monitored while you are on this medication. You should report any side-effects to your physician.

What will happen if I drink alcohol while taking naltrexone?

Naltrexone does not:

- reduce effects of alcohol such as impaired

co-ordination and judgment
- affect your blood alcohol level or "sober you up" if you drink
- change the way the body metabolizes (breaks down) alcohol, so it will not make you feel sick if you drink.

Naltrexone may decrease the pleasure you feel from drinking alcohol compared to what you have experienced in the past, and may decrease the desire to drink more.

Can I take other medications with naltrexone?

Naltrexone may block the desired effects of medications that contain opioids. Examples include:

- opioid-containing painkillers, such as acetaminophen with codeine (e.g., Tylenol 1, 2 and 3),
- oxycodone (e.g., Percocet, OxyNeo) and morphine
- cough and cold medications containing codeine, such as Benylin with Codeine and Co-Actifed
- opioid-containing medications for diarrhea, such as Lomotil.

Ask your physician or pharmacist about safe alternatives to these medications.

If you take a small dose of an opioid-containing medication while you are on naltrexone, there will be little or no effect. If you take a large dose of opioid, it is possible to overdose and suffer serious harm.

When naltrexone is taken with medications that don't contain opioids, there is likely to be little impact. However, discuss any medications you are taking with your physician and pharmacist so they can evaluate possible interactions.

The clinic will give you a wallet card to carry, which explains that you are on naltrexone, to help ensure that in an emergency you will get appropriate pain treatment.

What will happen if I become pregnant while taking naltrexone?

There are no studies on the use of naltrexone in pregnancy. For that reason, if there is a possibility of becoming pregnant, use an effective method of birth control while taking naltrexone. If you miss a menstrual period, report this to your physician at once and take a pregnancy test. If you become pregnant, you will need to alert your physician to discuss ongoing treatment options. Your physician will help you abstain from alcohol during pregnancy. Your health should be monitored throughout your pregnancy, as should the health of your baby after delivery.

Should I take naltrexone with a meal?

Naltrexone can be taken with or without food. Some people like to time their dose with meals to help them remember to take the medication.

If I take naltrexone, does it mean that I don't need other treatment for alcohol dependence?

No. Research has shown that naltrexone is most effective when combined with counselling and/or mutual support groups.

What is the relationship of naltrexone to AA and other mutual support groups?

You can participate in support groups while taking naltrexone. In fact, one study showed that people who attended mutual support groups, such as AA, while taking naltrexone had better outcomes. Naltrexone is most likely to be effective for you if your goal is to stop drinking altogether.

If other group members caution against taking any medications, you should refer them to the pamphlet "The AA Member—Medications and Other Drugs," which states that AA members should not "play doctor" and advise others on medication provided by medical practitioners or treatment programs.

Dosage and cost

The usual dosage is 50 mg a day, though your physician may prescribe a lower or higher dosage. The daily cost will be around $6.

4745d / 11-2013

DISULFIRAM
Medication Information Sheet

What is disulfiram and how does it work?

Disulfiram (Antabuse) is a medication that causes a toxic reaction (flushing, headache, nausea, vomiting, high heart rate, and low blood pressure) when combined with alcohol. It is very effective at preventing drinking when it is given under supervision by a family member, and is a good choice for patients who plan to not drink alcohol and for whom return to alcohol use would lead to serious social harm (i.e. the loss of job or spouse). Many report taking a disulfiram dose prevents them from thinking about having a drink as the effect of consuming alcohol would be very unpleasant.

Who should not take disulfiram?

Disulfiram should not be taken by patients with cirrhosis (severe liver disease). It should not be taken by patients who have consumed alcohol or any product containing alcohol within the last 24 hours. It should not be taken by patients with psychosis or with significant heart disease.

How is disulfiram taken?

Disulfiram is taken once daily.

Is it possible to become addicted to disulfiram?

No.

What are the side effects of disulfiram?

Disulfiram is well tolerated by most people. The most common side effects include: headache, fatigue, sexual dysfunction, acne and a metallic taste. In rare cases, disulfiram can cause severe toxic hepatitis (life-threatening injury to the liver). Your physician will usually order liver tests before starting disulfiram and repeat them after you have been taking it for two months.

What will happen if I drink alcohol while taking disulfiram?

Severe and life threatening reactions can occur if disulfiram is taken with alcohol, medications or foods that contain alcohol. This would include products that may include alcohol such as mouthwash, cold medications, topical products and food sauces. Do not use these products or drink alcohol for two weeks after stopping disulfiram.

Disulfiram should never be given to a person in a state of alcohol intoxication or without their knowledge. Relatives supervising the dispensing of disulfiram should be instructed accordingly.

Rare but serious side effects include: skin reactions, seizures, and heart problems.

Can I take other medications with disulfiram?

Yes. However, it should not be combined with certain antibiotics, such as metronidazole (Flagyl). Disulfiram is processed by the liver and some medications may increase or decrease its effect. Speak with your pharmacist to ensure that it is safe to take disulfiram with your other medications.

What will happen if I become pregnant while taking disulfiram?

If you are looking to become pregnant or are at risk of becoming pregnant, then disulfiram may not be the medication for you. If you are a person that could become pregnant and you do not want to be pregnant at this time, then please have a conversation with your provider about birth control options and emergency contraception.

If I take disulfiram, does it mean that I do not need other treatment for alcohol use disorder?

Alcohol use disorder is a chronic disease that requires medical treatment and psychosocial treatments, such as motivational interviewing and cognitive behavioural therapy.

Dosages and Cost

The dosage may range from 125mg to 500mg a day. The monthly cost if around $50. This medication is not covered by the Ontario Drug Benefits program but should be covered by most private plans.

Only certain kinds of pharmacies carry this medication. Your treatment team can direct you to one.

Topiramate

What is topiramate, and how does it work?

Topiramate (Topamax) is a medication that has been available for a long time to treat migraines and seizures. Based on new research findings, topiramate is now being used "off-label," or outside of its currently approved indications, to treat alcohol dependence. Specific circumstances, which your physician will discuss with you, may make this medication the first-choice treatment option.

Exactly how topiramate works in alcohol dependence is not known, but it is thought to reduce alcohol's pleasurable effects and so helps people to abstain from alcohol. Topiramate can:

- reduce the number of heavy drinking days
- help you remain abstinent.

Counselling was an important component of these studies, and it is patients who are willing to take the medication every day as prescribed and take part in counselling who do best in treatment with this medication.

Topiramate can improve your liver function, if you've previously had liver problems. Topiramate does not treat alcohol withdrawal symptoms. Many patients need to undergo alcohol withdrawal management ("detox") before starting this medication.

Is it possible to become addicted to topiramate?

No. Topiramate is not habit forming or a drug of abuse.

How is topiramate taken?

The dose of topiramate is increased gradually to avoid dose-dependent side-effects while the body adapts to tolerate the recommended dose, which is reached after about eight weeks. The following chart is an example of this.

Week	Morning (mg)	Afternoon (mg)	Daily (mg)
1	0	25	25
2	0	50	50
3	25	50	75
4	50	50	100
5	50	100	150
6	100	100	200
7	100	150	250
8	150	150	300

What are the side-effects of topiramate?

The side-effects reported included:

- skin numbness or tingling (51%)
- headache (24%)
- taste disturbance (23%)
- fatigue (22%)
- loss of appetite (20%)
- insomnia (19%)
- difficulty with concentration or attention (15%)
- nervousness (14%)
- difficulty with memory (13%)
- drowsiness (12%)
- diarrhea (12%)
- dizziness (12%)
- itching (10%)
- nausea (10%)
- indigestion (9%)
- flu-like symptoms (9%)
- sinusitis (8%)
- muscle pain (8%)
- injury (4%).

While these side-effects were usually mild and lasted a short time, some were severe enough to cause 19% of people to stop taking the medication.

The medication usually has no psychological effects, and users do not feel either "up" or "down." You will have blood tests done before starting treatment, and regularly during treatment, to determine your suitability for beginning and continuing on topiramate. You should report any side-effects to your physician.

There are some important potential side-effects, some of them rare, to be aware of, including:

- cognitive side-effects, including difficulty with concentration, attention, memory and language, which may arise either during the phase of dose increases or with long-term use
- loss of appetite and weight loss
- osteoporosis, a condition in which bones can break more easily
- kidney stones, which can cause abdominal pain or blood in the urine (this risk can be reduced by remembering to drink plenty of water)
- decreased sweating and increased body temperature
- glaucoma, resulting in problems with eyesight and/or eye pain, within a few days to one month after starting the medication—if this occurs, stop the topiramate immediately.

What will happen if I drink alcohol while taking topiramate?

Topiramate does not:

- reduce effects of alcohol such as impaired co-ordination and judgement
- affect your blood alcohol level or "sober you up" if you drink
- change the way the body metabolizes (breaks down) alcohol, so it will not make you feel sick if you drink.

Can I take other medications with topiramate?

Topiramate should not be taken with valproic acid, as the combination may increase ammonia levels, leading to impaired consciousness and/or cognitive function, lethargy or vomiting. If topiramate is used in conjunction with other anti-epileptic medications, it should be tapered slowly to avoid seizures.

Follow your physician's or pharmacists's directions if you are using topiramate with amitriptyline, anti-epileptic medications, some diabetes medications, diuretics ("water pills"), sleep or anxiety medications, antipsychotic medications or opioid pain medications.

You should discuss any medications you are currently taking with your physician and pharmacist so that possible interactions can be evaluated.

What will happen if I become pregnant while taking topiramate?

You should not take topiramate while pregnant. If there is a possibility of becoming pregnant, use an effective method of birth control while taking topiramate. If you miss a menstrual period, report this to your physician and take a pregnancy test.

Should I take topiramate with a meal?

Topiramate can be taken with or without food. Some people like to time their dose with meals to help them remember to take the medication.

What happens if I stop taking topiramate suddenly?

It is recommended that you do not stop taking topiramate suddenly, and that the dose of topiramate be tapered while it is being discontinued.

If I take topiramate, does it mean that I don't need other treatment for alcohol dependence?

No. Research has shown that topiramate is most effective when combined with counselling and/or mutual support groups.

What is the relationship of topiramate to AA and other mutual-support groups?

You can participate in support groups while taking topiramate. In fact, one study showed that people who attended mutual support groups, such as AA, while taking topiramate had better outcomes. Topiramate is most likely to be effective for you if your goal is to stop drinking altogether.

If other mutual-support group members caution against taking any medications, you should refer them to the pamphlet "The AA Member—Medications and Other Drugs," which states that AA members should not "play doctor" and advise others on medication provided by legitimate, informed medical practitioners or treatment programs.

Cost

The cost will depend on the dosage, and will be in the range of $5 per day at the highest dosage.

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BUPRENORPHINE/NALOXONE
Medication Information Sheet

What is buprenorphine/naloxone and how does it work?

Buprenorphine/naloxone (Suboxone) is a medication used to treat patients with opioid use disorder. It works as a substitute for opioids and helps by decreasing cravings for opioids, decreasing opioid withdrawal symptoms, and reducing the risk of returning to opioid use and the associated harm (including overdose and death).

How is buprenorphine/naloxone taken?

Buprenorphine/naloxone is placed under the tongue and dissolves within 2 to 10 minutes. Do not chew or swallow the tablets as the medication will not be as effective. You should not eat or drink until the tablet is completely dissolved.

Is it possible to become addicted to buprenorphine/naloxone?

People who take buprenorphine/naloxone develop a physical dependence on the medication. This means that if they do not take the medication after being on it regularly, they will experience withdrawal symptoms (sweats, chills, muscle aches, nausea, vomiting and anxiety). Physical dependence happens with all opioid medication (i.e., morphine, hydromorphone).

Physical dependence is different from addiction (loss of control over the substance use resulting in negative consequences in a person's life).

What are the side effects of buprenorphine/naloxone?

Most common:

- Constipation (10%)
- Nausea (10%)
- Sweating (10%)
- Headache (7%)

When can I start buprenorphine/naloxone?

Buprenorphine/naloxone is often started once you have stopped opioids for 12-24 hours and are in moderate withdrawal from the opioids being used. This means you may feel temporarily unwell before receiving your first dose. You can work with your prescriber on how to start if you are unable to tolerate moderate opioids withdrawal.

Waiting until you feel withdrawal prevents something called **precipitated withdrawal**. Precipitated withdrawal is the sudden severe withdrawal symptoms brought on by buprenorphine/naloxone being administered too close to a person's last use of opioids.

Your doctor will ask you questions and look for physical signs to determine when your body is ready for the medication. **It is important to be accurate about your last use of opioids to reduce the risk of precipitated withdrawal.**

What will happen if I use other substances while on buprenorphine/naloxone?

While taking buprenorphine/naloxone, you will generally have a decreased effect if you use other opioids. However, taking large doses of opioids or potent opioids such as fentanyl can result in overdose and death.

Combining buprenorphine/naloxone with alcohol and other "downers" like lorazepam, clonazepam and diazepam can cause profound sedation and risk of overdose and death.

Can I take other medications with buprenorphine/naloxone?

Avoid using any opioid medications while taking buprenorphine/naloxone and be cautious with medications that cause drowsiness. Please ensure that your physician, dentist, and pharmacist are aware that you are taking buprenorphine/naloxone.

What if I become pregnant while taking buprenorphine/naloxone?

Do not abruptly stop taking buprenorphine/naloxone if you become pregnant as withdrawal symptoms may effect your pregnancy. For patients already on a stable dose of buprenorphine/naloxone prior to pregnancy, continuation of this treatment is recommended. Initiation of buprenorphine/naloxone treatment may be considered on a case-by-case basis with appropriate monitoring.

If I take buprenorphine/naloxone, does it mean that I don't need other treatment for my opioid use disorder?

No. Treatment for opioid use disorder with buprenorphine/naloxone is most effective when combined with contingency management and community reinforcement.

Dosage and Cost

The usual effective dose of buprenorphine/naloxone is between 8 and 16 mg daily. Some patients may need doses lower than 8 mg while others may require up to 24 mg. A 2 mg tablet of buprenorphine/naloxone costs about $2.75 while an 8 mg tab costs $4.82.

Buprenorphine/naloxone is fully covered by the Ontario Drug Benefit Program and fully/partially covered by private insurance plans and the Trillium Drug Benefit Program.

Sublocade Treatment:
What to Know and Expect

WHAT IS SUBLOCADE?

- Sublocade (or *the shot*) is one way of taking buprenorphine, a medication used to treat addiction to opioids (heroin, fentanyl, or pain pills). Many people know buprenorphine by the brand name Suboxone, which is a tablet taken daily under the tongue.
- Sublocade is buprenorphine taken as a monthly injection. Once injected into the body, the liquid buprenorphine turns into a solid gel, called a depot. The depot gradually releases buprenorphine at a steady rate throughout the month.

WHAT IS IT LIKE TO TAKE SUBLOCADE?

- A health care professional will give you the medication as an injection in your abdomen every four weeks.
- The injection may be uncomfortable. Some people describe a hot or burning feeling when the medication is injected. Using an ice pack on the area before and after the injection usually helps to make it less painful.
- After the injection, the medication forms a small bump under the skin. The bump can last from four weeks up to a few months, but it will gradually go away.
- After the injection, most people feel completely normal, but some people feel a little bit sleepy for a few days. Over the month, most people feel very level and don't notice any withdrawal symptoms. If you do notice withdrawal symptoms, these can be managed by speaking with your health care provider.
- If you miss a dose, it can be given up to two weeks late.

IS SUBLOCADE RIGHT FOR ME?

- Sublocade can be a good choice for people who...
    - ...don't want to attend a pharmacy every day or every week.
    - ...travel frequently.
    - ...don't like the taste or feel of Suboxone.
    - ...experience withdrawal symptoms or cravings on Suboxone. (The concentration of buprenorphine in the blood is higher and more constant with Sublocade than with Suboxone. This means it may be more effective at relieving withdrawal symptoms and cravings, especially in people who have higher opioid tolerance, such as those who use fentanyl.)
- Sublocade can be given to people who take Suboxone 8mg or higher.
- Sublocade has not been studied in pregnancy. Talk to your health care provider about birth control and pregnancy testing before starting Sublocade.

HOW ARE SUBLOCADE AND SUBOXONE DIFFERENT?

	SUBLOCADE	SUBOXONE
How it's taken	Monthly injection.	Daily pill dissolves under the tongue.
Side effects	Can cause soreness and a bump where the needle goes in.	Can cause nausea or dry mouth, may have an unpleasant taste.
Starting	Must be on a Suboxone dose of at least 8mg before starting. Starts working within 1 day.	How it's started and the dose are adjusted based on opioid use. Can take a few days to find the right dose.
Dose	Injections every 28 days. 300mg for the first 1 or 2 injections, then 100mg. No pharmacy pick-up required.	Usually taken once a day. Doses range from 2mg to 24mg. Medication is typically picked up from a pharmacy every 1–4 weeks.
Withdrawal	Mild symptoms may occur in the first month only, usually in the days leading up to the next injection.	Symptoms are often noticeable 24 hours after a dose or when the next dose is due.
Missed doses	If an injection is missed, it can be given up to 2 weeks late without changing the dose.	If more than a week is missed, the dose may need to be adjusted.

WHAT IF I TAKE OPIOIDS WHILE I'M ON SUBLOCADE?

- Taking an opioid while on Sublocade will not make you sick.
- People who use opioids have reported that they get less of a high when they are on Sublocade. Some people appreciate this, because it further helps them to reduce their use.
- Sublocade can be helpful for people who continue to use opioids:
  - Because Sublocade helps to control cravings and withdrawal symptoms, you won't have to keep taking your usual opioid to avoid being sick. You can still take it if you want to, but it becomes your choice.
  - Sublocade makes you less likely to die of an overdose if you keep using opioids.