



A National Environmental Scan of Public Withdrawal Management Services in Canada

Background

Withdrawal Management Services (WMS) serve as a frontline response for the treatment and management of Opioid Use Disorders (OUD), and are a vital step in the continuum of support for OUD. However, limited information exists regarding the full nature and scope of WMS in the Canadian context, and their treatment of persons with OUD.

With the recent unprecedented increase in opioid overdoses and related deaths in Canada, exacerbated by the COVID-19 pandemic, we conducted a national environmental scan to provide an overview of current organizational practices and characteristics of WMS in Canadian substance use treatment systems to *better inform evidence-based guidelines and other quality improvements*.

Methods

- We conducted a search of government websites and program directories for each Canadian province and territory, and consulted key stakeholders.
- We developed an organizational-level national survey of public and private substance use treatment services providing either WMS on a residential or non-residential basis.
- An online survey was disseminated to program representatives, covering:
 - Background information on general features of the national network of WMS
 - Organizational practices related to the operationalization of WMS
 - Client supports available
 - Clientele demographics and characteristics
 - Gaps in care management.

Findings

- **85 (59.4%)** publicly-funded programs completed the survey.
- Nearly every province and territory had a specialized WMS open to a diverse profile of clients accessing treatment for various substances.
- WMS offered a mix of residential and non-residential WMS, along with a range of clinical, psychosocial, and health professional supports extending beyond immediate substance detoxification.

Response rate by region:

PROVINCE/ TERRITORY	TARGETED	RETURNED	PERCENT
Ontario	45	29	64.4
Quebec	32	18	56.2
Atlantic Region	19	16	84.2
PEI	1	1	
New Brunswick	7	6	
Nova Scotia	8	6	
N.L./Labrador	3	3	
Prairies/North	47	22	46.8
Manitoba	3	3	
BC	17	12	
Saskatchewan	10	6	
Alberta	15	1	
Yukon	2	0	
NWT	0	0	
Nunavut	0	0	
Sub-total (public)	143	85	59.4

Key themes identified:

- Significant differences in accessibility to services for youth compared to adults **(54.2% vs 96.1%, respectively)**.
- **686 total beds** among participating programs.
 - *Ratio of male to female beds: 305 : 235*
- Average length of stay in programs: **7.8 days**

Provision of medical supports for WMS clients:

Nature of Medical Supports	N	%
Physician	66	78.6
Nurse Practitioner	28	33.3
Other nursing professional	32	38.1
Other healthcare professional	32	38.1
Not sure	4	4.8

Implications

- Findings suggest *a strong national capacity for WMS*, with significant services and policies in place to support people with OUD throughout the withdrawal process.
- System planners are encouraged to continue exploring the value of offering appropriate combinations of WMS options to build a more robust and accessible system of care to support the specific needs of communities they serve.
- More comprehensive analyses should also be conducted on the variation of services and models offered.

Source: Rush, B., Ali, F., Bozinoff, N., Talbot, A., Law, J., Elton-Marshall, T., Imtiaz, S., Giang, V., Rehm, J. (2022). A National Environmental Scan Of Public Withdrawal Management Services In Canada. *The Canadian Journal Of Addiction*, 13(4):13-21. Doi:10.1097/Cxa.0000000000000161

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