



Withdrawal Management Practices and Services in Canada: A Cross-Sectional National Survey on the Management of Opioid Use Disorder

Background

As Canada continues to battle an opioid overdose crisis, marked by an increasingly toxic drug supply and a lack of access to substance use services, we sought to gain a better understanding of Withdrawal Management (WM) programs in Canada and their involvement with individuals with OUD. We conducted a national environmental scan, with the aim of applying the results towards *improving and standardizing the evidence-base for best WM practices in Canada*.

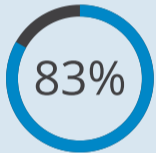
This environmental scan identifies features and practices specific to opioid WM, the in-house provision of, or access to OAT and related harm reduction equipment, and looks specifically at current guidelines related to WM and OUD.

Methods

- Between July 2019 and March 2020, we conducted a cross-sectional survey using an online, self-report questionnaire that was distributed to program representatives working within public and private WM programs in Canada.
- The questionnaire was comprised of both quantitative and open-ended questions, focusing on operational program information, including:
 - Funding source
 - Clientele demographics
 - Information on services provided.
 - OUD treatment procedure
 - Follow-up services provided
 - Admission and discharge process
 - Treatments activities
 - Impact of the opioid overdose crisis
 - OAT provision or referral process
 - Barriers to implementing OAT

Findings

- Approximately **14,171** opioid-related admissions occurred amongst the participating 147 WM programs.



of programs reported offering services for clients with OUD as either a primary or secondary-presenting problem.



of respondents highlighted that the opioid overdose crisis had impacted their community and individual programs.



of respondents inducted clients on OAT either in-house or referred them to another program within their organization.

Barriers to facilitating Opioid Agonist Therapy in-house:

- Lack of on-site physicians or nurses
- Inability for medical staff to access prescribing support
- Lack of safe storage capacity
- Lack of knowledge among medical staff to prescribe OAT
- Insufficient support from allied health professionals
- Insufficient access to medical resources
- Lack of capacity for community discharge
- Inability for staff to access education and training

Implications

- Findings indicate that the majority of the participating WM programs are following recommended practices to maximize client safety.
- The overdose crisis has resulted in increases in individuals seeking WM for opioid use, as well as corresponding increases in community involvement in prevention activities.
- Significant variations exist in the operation of WM programs in Canada and how they support clients with OUD.
- *There is a crucial need to standardize clinical guidelines outlining evidence-based service delivery and care for the management for OUD in a variety of treatment settings and jurisdictions in Canada, in order to ensure appropriate provision of WM for individuals with OUD.*

Source: Ali, F., Russell, C., Law, J., Talbot, A., Elton-Marshall, T., Bozinoff, N., Imtiaz, S., Rehm, J., Giang, V., Rush, B. (2023). Withdrawal Management Practices and Services in Canada: A Cross-Sectional National Survey on the Management of Opioid Use Disorder. *The Canadian Journal of Addiction*, 14(1):6-14. Doi:[10.1097/CXA.000000000000167](https://doi.org/10.1097/CXA.000000000000167)

Access the CRISM Environmental Scan Report here