

CADTH Reference List

Home-Based Withdrawal Management Services for Substance Use Disorder

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Key Messages

- No evidence was identified regarding the clinical effectiveness of home-based withdrawal management services for substance use disorder.
- No evidence was identified regarding the cost-effectiveness of home-based withdrawal management services for substance use disorder.
- One evidence-based guideline regarding the use of home-based withdrawal management services for substance use disorder was identified.

Research Questions

1. What is the clinical effectiveness of home-based withdrawal management services for substance use disorder?
2. What is the cost-effectiveness of home-based withdrawal management services for substance use disorder?
3. What are the evidence-based guidelines regarding the use of home-based withdrawal management services for substance use disorder?

Methods

Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, the Cochrane Database of Systematic Reviews, the International HTA Database, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy comprised both controlled vocabulary, such as the National Library of Medicine's MeSH (Medical Subject Headings), and keywords. The main search concepts were home-based interventions and drug withdrawal. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2016 and December 9, 2021. Internet links were provided, where available.

Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. Open access full-text versions of evidence-based guidelines were reviewed when abstracts were not available.

Table 1: Selection Criteria

Criteria	Description
Population	Individuals with substance use disorder in the community
Intervention	Home-based withdrawal management services for substance use disorder
Comparator	Q1 and Q2: Withdrawal management services for substance use disorder delivered in an inpatient or alternative outpatient setting Q3: Not applicable
Outcomes	Q1: Clinical effectiveness (e.g., harm reduction, adherence, substance use, patient recovery goals, safety [patient harms and benefits]) Q2: Cost-effectiveness (e.g., cost per hospitalization avoided, cost per overdose avoided, cost per quality-adjusted life-year increase) Q3: Recommendations regarding best practices for home-based withdrawal management services (e.g., remote patient monitoring, nurse or counsellor home visit)
Study designs	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines

Results

One evidence-based guideline was identified regarding the use of home-based withdrawal management services for substance use disorder.¹ No relevant health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies or economic evaluations were identified.

Additional references of potential interest that did not meet the inclusion criteria are provided in Appendix 1.

References

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Economic Evaluations

No literature identified.

Guidelines and Recommendations

1. A guideline for the clinical management of opioid use disorder. Vancouver (BC): British Columbia Centre on Substance Use and B.C. Ministry of Health; 2017: https://www.bccsu.ca/wp-content/uploads/2017/06/BC-OUD-Guidelines_June2017.pdf.

See: Summary of Recommendations #2, p.12; Box 1. General Considerations for Home or Unobserved Buprenorphine/Naloxone Inductions, p. 44; Appendix 4: Take-home Dosing Recommendations and Strategies to Reduce Diversion for Oral Agonist Therapy, p. 53-56

Appendix 1: References of Potential Interest

Previous CADTH Reports

2. Tran K, McGill S. CADTH health technology review: treatment programs for substance use disorder. *Can J Health Technol.* 2021;1(6). <https://www.cadth.ca/treatment-programs-substance-use-disorder>. Accessed 2021 Dec 13.
3. Hafizi D, Argáez C. Telehealth and mobile services for substance use disorder: clinical effectiveness, cost-effectiveness and guidelines. (*CADTH Rapid response report: summary of abstracts*). Ottawa (ON): CADTH; 2020: <https://www.cadth.ca/sites/default/files/pdf/htis/2020/RB1423%20Telehealth%20Opioids%20Final.pdf>. Accessed 2021 Dec 13.
4. Ho C, Argáez C. Telehealth-delivered opioid agonist therapy for the treatment of adults with opioid use disorder: review of clinical effectiveness, cost-effectiveness, and guidelines. (*CADTH Rapid response report: summary with critical appraisal*). Ottawa (ON): CADTH; 2018: <https://www.cadth.ca/telehealth-delivered-opioid-agonist-therapy-treatment-adults-opioid-use-disorder-review-clinical>. Accessed 2021 Dec 13.
5. Ho C, Adcock L. Inpatient and outpatient treatment programs for substance use disorder: a review of clinical effectiveness and guidelines. (*CADTH Rapid response report: summary with critical appraisal*). Ottawa (ON): CADTH; 2017: <https://www.cadth.ca/inpatient-and-outpatient-treatment-programs-substance-use-disorder-review-clinical-effectiveness>. Accessed 2021 Dec 13.

Non-Randomized Studies

Alternative Comparator - Alternative Home-based Withdrawal Management Service

6. Nadkarni A, Velleman R, Bhatia U, Fernandes G, D'Souza E, Murthy P. Home-detoxification and relapse prevention for alcohol dependence in low resource settings: An exploratory study from Goa, India. *Alcohol.* 2020; 82:103-112. [PubMed](#)

Guidelines and Recommendations

Unclear Methodology

7. The ASAM national practice guideline for the treatment of opioid use disorder: 2020 focused update. Rockville (MD): American Society of Addiction Medicine (ASAM); 2020: https://sitefinitystorage.blob.core.windows.net/sitefinity-production-blobs/docs/default-source/guidelines/ngp-jam-supplement.pdf?sfvrsn=a00a52c2_2. Accessed 2021 Dec 13.
See: Initiation, p. 41-42; Summary of Recommendations – Buprenorphine, #4, p.44
8. Guidelines & Protocols Advisory Committee. Opioid use disorder: diagnosis and management in primary care. Victoria (BC): BCGuidelines.ca; 2018: <https://www2.gov.bc.ca/assets/gov/health/practitioner-pro/bc-guidelines/opioid-use-disorder.pdf>. Accessed 2021 Dec 13.
See: Figure 1: Overview of buprenorphine/naloxone induction, p.6; Planning and preparation for induction of buprenorphine/naloxone, p.7-8; Induction of Buprenorphine/ Naloxone, p. 9-10; Long-term care (maintenance), p.11
9. Provincial guidelines for biopsychosocialspiritual withdrawal management services: adult. Victoria (BC): British Columbia Ministry of Health; 2017: <https://www.health.gov.bc.ca/library/publications/year/2017/adult-withdrawal-management-services-guidelines-final.pdf>. Accessed 2021 Dec 13.
See: Spotlight on Home / Mobile Withdrawal Management, p. 11; Home / Mobile Withdrawal Management, p.37; Home / Mobile Withdrawal Management, p. 39; 10.1 Home-based withdrawal, p.67-68
10. Provincial guidelines for biopsychosocialspiritual withdrawal management services: youth. Victoria (BC): British Columbia Ministry of Health; 2017: <https://www.health.gov.bc.ca/library/publications/year/2017/youth-withdrawal-management-guidelines-final.pdf>. Accessed 2021 Dec 13.
See: Spotlight on Home / Mobile Withdrawal Management, p. 15; Home / Mobile Withdrawal Management, p.44; Home / Mobile Withdrawal Management, p.46; 10.1 Home-based withdrawal, p. 76

Methods Not Specified

11. Manning V, Arunogiri S, Frei M, et al. Alcohol and other drug withdrawal: practice guidelines. 3rd ed. Richmond (AU): Turning Point; 2018: <http://s3-ap-southeast-2.amazonaws.com/turning-point-website-prod/drupal/inline-files/Alcohol-and-Drug-Withdrawal-Guidelines-2018.pdf>. Accessed 2021 Dec 13.
See: 6.2 Non-Residential withdrawal settings (home-based withdrawal), p.23

Additional References

12. Substance Abuse and Mental Health Services Administration (SAMHSA). Practical tools for prescribing and promoting buprenorphine in primary care settings. (*SAMHSA Publication No. PEP21- 06-01-002*). Rockville (MD): National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration; 2021: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep21-06-01-002.pdf. Accessed 2021 Dec 13.
See: Induction Process, p. 16-18
13. Rush B, Furlong A. Rapid access models for substance use services: a rapid review. Ottawa (ON): Canadian Centre on Substance Use and Addiction; 2020: <https://www.ccsa.ca/sites/default/files/2020-10/CCSA-Rapid-Access-Models-Substance-Use-Services-Rapid-Review-Report-2020-en.pdf>. Accessed 2021 Nov 23.
14. Meister S, Maloney-Hall B, Urbanoski K, National Treatment Indicators Working Group. Withdrawal management services in Canada: the national treatment indicators report. 2015-2016 data. Ottawa (ON): Canadian Centre on Substance Use and Addiction; 2019: <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-National-Treatment-Indicators-Report-2019-en.pdf>. Accessed 2021 Nov 23.
15. Vancouver Coastal Health. More substance use clients STARTing to detox at home. 2017; <http://www.vch.ca/about-us/news/news-releases/more-substance-use-clients-starting-to-detox-at-home>. Accessed 2021 Dec 13.