

Programs for the Treatment of Opioid Addiction

Key Messages

- Numerous types of opioid programs exist in Canada and internationally; many are multidisciplinary, combining opioid agonist therapies and psychosocial treatments.
- Ideally, patients would be seen with no wait times and be accepted into treatment immediately. Survey results found wait times for opioid programs in Canada varied from immediate service to about three months. Timely access to opioid programs can be heavily influenced by the prevalence of opioid use in the region, the types of services provided, jurisdictional setting (urban versus rural), and staff vacancies.
- Facilitators to timely access include walk-in style programming, transportation initiatives, increased staffing, lowered stigma, flexible appointment times, telehealth programs, and integrated treatment services.
- Barriers to timely access include transportation and rural and remote locations, no-shows and scheduling difficulties, staffing and spacing, funding and demand of services, lack of training, lack of integration of care, and stigma.
- Most services appear to accept patients with a diagnosed substance use disorder from the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Prioritization criteria commonly considers patients at high risk, such as pregnant individuals, adolescents, and individuals with HIV.
- Communication and integration of service were noted as improving transitions between care settings, including from the emergency department to primary care, primary care to specialized clinics, and from correctional settings to the community.

Context

Canada consumes the second-highest number of opioids per capita, according to statistics from 2011. Over-prescribing and

consumption of opioids, paired with the addictive nature of opioids, has led to high rates of misuse, addiction, and overdose. Between January 2016 and September 2018, more than 10,300 apparent opioid-related deaths occurred in Canada.

Technology

Treatment through opioid addiction programs can include both pharmacological and non-pharmacological treatments. Pharmacological interventions include opioid agonist therapy, such as buprenorphine/naloxone and methadone. These therapies are taken daily to prevent the symptoms of opioid withdrawal, but they do not produce the euphoric high of other opioids. Non-pharmacological treatments include counselling, psychological therapies (such as cognitive behavioural therapy), and psychosocial support.

Issue

In Canada, limited availability of specialized treatment services and the rising demand for opioid addiction treatment programs limits accessibility. Guidance and inventories of programs are available; however, there is interest in understanding the front-line practices and approaches to providing care for individuals with opioid addiction. There is a need to gain perspective on different program practices, availability, and wait times, and to gain a better understanding of the care of patients through different care setting transitions. Some of these practices may influence policies or programs that jurisdictions choose to implement, or practices within existing programs. To support these needs, CADTH conducted an Environmental Scan to gain direct stakeholder feedback on the current context surrounding opioid addiction programs and care setting transitions.

Methods

The Environmental Scan report summarizes Canada-specific information obtained through a survey of key informants and stakeholders. A limited literature search, including international resources, was also performed.

Results

Nineteen survey responses were received from 10 jurisdictions. No responses were received from Saskatchewan, Quebec, and

Nunavut. Literature from Canada, the US, Australia, New Zealand, and many European countries was included. Grey literature – including government websites and program websites – were reviewed for additional information.

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