CANADIAN RESEARCH INITIATIVE IN SUBSTANCE MISUSE | INITIATIVE CANADIENNE DE RECHERCHE EN ABUS DE SUBSTANCE

Guidance on Opioid Use Disorder-Related Withdrawal Management

THIS DOCUMENT DOES NOT SUPERSEDE A PROVIDER'S CLINICAL EXPERIENCE AND DECISION-MAKING SKILLS.

Key Points for Clinicians

- **Withdrawal management (WM) alone is not an effective nor safe treatment for OUD**; offering WM as a standalone option to patients is not recommended unless it is integrated into ongoing and long-term addiction care
- Patients should be clearly informed of the known risks of WM alone and encouraged to consider other treatment options that suit their individual circumstances.
- The following recommendations are intended for clients who make an informed choice to pursue WM over Opioid Agonist Therapy (OAT)
- In order to reduce the risk of fatal overdose among patients who decline long-term OAT, patients and families should be provided with take-home naloxone.

Withdrawal Management Recommendations at a Glance

Section in Guidelines:

● ◆	**Offering Withdrawal Management alone (i.e. detoxification without immediate transition to longer-term opioid agonist therapy) should be avoided**	3.1
	If the patient makes an informed choice to pursue WM alone:	
● ◆	Provide buprenorphine, methadone or slow-release oral morphine for the opioid agonist taper as needed, depending on the patient's informed choice as well as other contextual factors.	3.2
● ◆	Offer an appropriate taper schedule based on the context of withdrawal, and patient specific factors and preferences, rather than non-opioid therapy or symptomatic management. Buprenorphine, methadone or slow-release oral morphine may be used, but in all cases, slower and longer tapers are preferred.	3.3
	If the patient wishes to pursue WM alone, and declines the use of opioids:	
● ◆	Provide withdrawal management using an alpha2-adrenergic agonist, as this approach is associated with fewer withdrawal symptoms and increased likelihood of treatment completion, compared to no treatment whatsoever.	3.4
	In all cases:	
● ◆	Offer treatment either in an outpatient or inpatient setting.	3.5
● ◆	Provide linkages to continuing community-based addiction care, as well as other health, mental health and social supports (as appropriate).	3.6
● ◆	Provide patients with take-home naloxone.	

GRADE Ranking (Quality of evidence): ● High ● Moderate ● Low

Strength of the Recommendation: ◆ Strong ◆ Weak

Source: Ali, F., Law, J., Talbot, A., Bozinoff, N., Robichaud, M., Elton-Marshall, T., & Rush, B. Opioid Use Disorder-Related Withdrawal Management: Guidance Document. Toronto, Ontario: Canadian Research Initiative In Substance Misuse; December 19, 2022. 21 P.

Access the Guidance Document Online **here**:

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