Clinical Management of Opioid Use Disorder, developed by the Canadian Research Initiative in Substance Matters (CRISM).[8]

Scope

We developed this updated clinical practice guideline to help provide optimal access to evidence-based care for people with opioid use disorder. It is primarily intended for physicians, nurse practitioners, pharmacists, clinical psychologists, social workers, medical educators, clinical care case managers with or without specialized experience in addiction treatment, and other allied health care professionals who provide care for people with opioid use disorder.

Updates to the 2018 recommendations are based on recent scientific evidence regarding treatment approaches and strategies available in Canada for the general adult population who receive a diagnosis of opioid use disorder (aged ≥ 18 yr), regardless of the severity of the disorder.

In accordance with the previous scope of the 2018 guideline,[8] this update focuses solely on oral formulations, including special considerations for pregnant people and for people who use oral naltrexone. Injectable opioid agonist therapy, extended-release agonists, and antagonists are outside the scope of this update. For recommendations on injectable opioid agonist therapy, please refer to the 2019 national guideline.[9]

The nature and the extent of research needed to provide recommendations on extended-release agonists and antagonists, as well as specific treatment protocols (e.g., take-home and medication induction protocols and dosages), warrant evaluation in separate projects.

Not enough evidence was available to address emerging issues requested by health care providers and people with living or lived experience with opioid use disorder (PWLLE) whom we consulted, such as alternative prescribing ("safer supply") recently implemented after COVID-19 risk mitigation strategies. Therefore, we have begun a separate project to identify future steps toward generating the evidence needed to guide recommendations in this area.[10]

Recommendations

Following the Grading of Recommendations, Assessments, Development and Evaluation (GRADE) approach[11] (Box 1), we formulated 8 recommendations (Table 1). Three of the initial 11 recommendations from 2018 did not change; 8 were revised with minor and major changes. Specifically, we consolidated 4 recommendations into 1, split 1 recommendation into 2, moved 1 recommendation to become a special consideration, and changed 2 other recommendations.

We considered the balance of benefits and risks, values and preferences, cost, and availability of resources when making recommendations. To weigh these, we relied on scientific evidence and input from health care providers and PWLLE, to understand and incorporate their values and preferences.

This guideline highlights the importance of adhering to the highest standards of care (Box 2). Clinicians and health care professionals are encouraged to apply these to all clinical recommendations.

Box 1: GRADE approach[11]

The Grading of Recommendations Assessment, Development and Evaluation (GRADE) approach to formulate and determine the strength of recommendations involves key factors such as the certainty of evidence, the balance between benefits and harms, values and preferences, and costs and resources.

Certainty of evidence

The GRADE system initially categorizes the evidence according to study design: meta-analyses and randomized controlled trials are considered high-quality evidence, quasi-experimental studies moderate-quality evidence, and observational studies are low quality. This rating permits lowering the confidence level by considering the risk of bias, inconsistency across studies, indirectness, and publication bias. The confidence level can be upgraded given a large effect size or a dose–response effect. The final rating is interpreted as below:

- **High:** The body of evidence has very few limitations and variations. We are very confident that further research will not change the estimated effect.
- **Moderate:** There are only a few studies with no major limitations. Further research may change the estimate.
- **Low:** There are major limitations and variations in the studies' findings. We are uncertain about the estimated effect, and further research is very likely to change the estimate.

Going from evidence to recommendations: other factors

The GRADE process classifies each recommendation as "strong" or "weak." Importantly, a weak recommendation does not necessarily imply low-quality evidence and a strong recommendation does not necessarily suggest high-quality evidence. Other factors are considered in the process and are applied as described below:

- **Balance between benefits and harms:** The greater the net benefit, the more a strong recommendation is expected. The smaller the net benefit and the lower the certainty for that benefit, the more probable a weak recommendation is justified.
- **Values and preferences:** Patients' perspectives, beliefs, expectations, and goals for health and life. The greater the variability in values and preferences, or uncertainty in values and preferences, the more a weak recommendation is relevant.
- **Cost and resources:** The higher the cost of an intervention (the more resources consumed), the less a strong recommendation is assured.

Strength of recommendations: the significance

- **A strong recommendation:**
  - *For clinicians and patients:* Most people should follow the recommended course of action, but only a small number would not. Formal decision-support tools would not be necessary.
  - *For policy-makers:* The recommended course of action can be adopted as a policy, and variability between individuals and regions would be inappropriate.
- **A weak recommendation:**
  - *For clinicians and patients:* Most people should follow the recommended course of action, but a substantial number might not. Different choices may be appropriate for different patients, and formal decision-support tools can help make decisions.
  - *For policy-makers:* Policy-making will require substantial debate and involvement of many key partners.