

Opioid Dependency Treatment Intensity Continuum

Identifying Treatment Options Along the Continuum

Lower Intensity

Higher Intensity

Withdrawal Management¹

Opioid Agonist Treatment (OAT)

Designated Narcotic Drugs (DND)

People may use different medications along the treatment continuum at various times depending on their preferences, comorbidities, treatment goals, efficacy of the medications, and life circumstances. Health care providers and individuals need to work together to explore the available treatment options and determine the most suitable intervention based on the individual's unique needs. Taking a personalized approach is crucial for successful treatment outcomes, reducing the risk of unregulated opioid use, and minimizing potential harm.

- Tapered OAT
- Symptomatic treatment (e.g., Alpha-adrenergic agonists, etc.)

- Buprenorphine/naloxone
- Buprenorphine formulations

- Methadone
- Slow-Release Oral Morphine

- Hydromorphone²
- Fentanyl³

Bed-based Substance Use Treatment, Withdrawal Management Services, Physicians & Nurse Practitioners, Addiction Medicine Physicians

¹Harmful or lethal if used alone, used after addiction consultation for tolerance, or non-established opioid use disorder (OUD).

Opioid Dependency Program (ODP), Rapid Access Addiction Medicine (RAAM), Bed-based Substance Use Treatment, Emergency Department/ Hospital Induction & Continuation, Physicians & Nurse Practitioners, Addiction Medicine Physicians

Opioid Dependency Programs (ODP) licensed to provide Narcotic Transition Services (NTS), Approved Hospital or facility designated under the Mental Health Act,⁴ Emergency Department⁴

Opioid Use Disorder (OUD) & Chronic Non- Cancer Pain (CNCP)

CNCP can happen anytime. Treatment is personalized and may vary depending on preference, treatment goals and life circumstances.

For individuals with comorbid OUD and CNCP and/or acute pain, withdrawal management, opioid agonist treatment, and hydromorphone (short and long-acting) may be initiated, increased, or used in combination with other pain management strategies to manage CNCP and/or acute pain. Fentanyl patches may be initiated or maintained if the purpose is to treat the individual's pain condition and not their OUD.

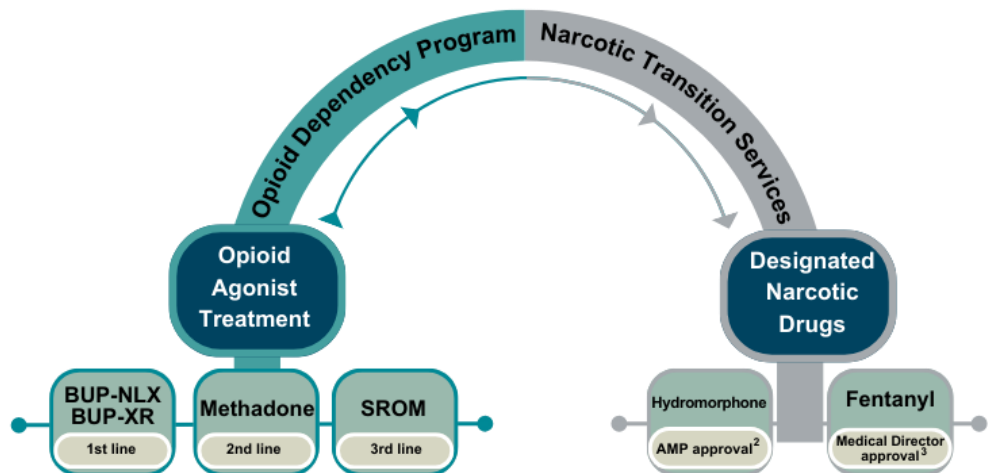
Harm Reduction

It is important to provide evidence-informed harm reduction strategies for all those undergoing opioid dependency treatment, regardless of the intensity of the treatment. These strategies should include, but are not limited to:

1. Safer use education (e.g., not using alone, doing a test dose first, using sterile equipment)
2. Access to sterile equipment for injection, smoking, snorting, and/or bumping
3. Access to Supervised Consumption Services and/or DORS app
4. Community Based Naloxone (CBN) Kits

Recovery-Oriented Systems of Care (ROSC)

Recovery-oriented systems of care offer a wide range of services that prioritize an individual's needs. These services are designed to be easily accessible, promote resilience, and are rooted in community. These services include prevention, intervention, harm reduction, treatment, and recovery. Treatment for opioid use disorder is just one aspect of recovery-oriented systems of care, with options available across the intensity continuum.



² Needs approval from an NTS Addiction Medicine Physician (AMP).

³ Fentanyl requires additional approval from the Provincial Medical Director, Addictions (PMDA)

It must be prescribed, administered or dispensed within the location at which NTS is provided. Transdermal patch formulations will not be approved for the treatment of OUD.

⁴ Hospital-based Exemption within the MHSR include:

- Prescribing and administering DND is permitted to stabilize a patient suffering from opioid withdrawal during the patient's admission to a hospital for other indications, only during the patient's admission.
- For continuity of care, a patient receiving licensed NTS can continue being administered DND if they are an inpatient of an approved hospital, admitted to an Emergency Department, or are lawfully detained at a facility designated under the Mental Health Act.