

Recommendations at a glance

Approaches to avoid

- Withdrawal management alone should be avoided 2.2

First- and second-line treatment options

- Bup/nlx is the preferred first-line treatment for individuals newly starting OAT 2.1
- If bup/nlx is ineffective, consider transition to methadone 2.1
- Methadone is recommended if treatment with bup/nlx is not preferable 2.1
- If individuals stabilized on methadone desire treatment simplification, consider transition to bup/nlx 2.1

Adjunct or alternative treatment options

- In patients for whom bup/nlx and methadone are ineffective or contraindicated, consider OAT with SROM (must be prescribed by or in consultation with a specialist) 2.1
- When withdrawal management is pursued, offer supervised slow outpatient or residential OAT taper rather than rapid taper, and transition to long-term treatment 2.2
- For individuals with successful, sustained response to OAT who desire cessation, initiate slow taper (over months to years) 2.2
- Psychosocial treatment and supports should be routinely offered 2.4
- If cessation of opioid use is achieved, oral naltrexone can be considered as an adjunct to OAT 2.3
- Information and referral to take-home naloxone programs and other harm reduction services should be routinely offered 2.0

Section in Guidelines

GRADE ranking (quality of evidence):

● High ● Moderate ● Low

*OAT: Opioid Agonist Treatment/Therapy; bup/nlx: buprenorphine/naloxone;
SROM: slow-release oral morphine