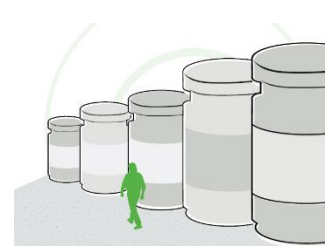


## QUALITY STANDARD PLACEMAT FOR Opioid Use Disorder

This document is a resource for health care providers and synthesizes content from the [Opioid Use Disorder quality standard](#).



### People Suspected to Have Opioid Use Disorder

#### Quality Statement (QS)\* 1: Identifying and Diagnosing Opioid Use Disorder

Screen patients who are at risk of opioid use disorder and, if appropriate, make an assessment for a possible diagnosis of opioid use disorder. See [CEP's Opioid Use Disorder Tool](#) for tips on how to screen.

\*The quality statements are provided in full on page 2.

### Provide Holistic Treatment for People With Opioid Use Disorder

#### QS 2: Comprehensive Assessment and Collaborative Care Plan

Perform a comprehensive assessment and complete a care plan with patients as soon as possible. Continue to reassess the person during subsequent visits and adjust the plan as needed until the goals of the plan are met.

#### QS 3: Addressing Physical Health, Mental Health, Additional Addiction Treatment Needs, and Social Needs

Provide support and referrals to address physical health, mental health, additional addiction treatment needs, and social needs. Referrals may include peer-support groups, cultural supports, and vocational and skills training supports. See [ConnexOntario](#) for information on treatment services and supports for substance use and mental health conditions.

#### QS 4: Information to Participate in Care

Provide evidence-based information tailored to meet patient learning needs in a format and at times that are most appropriate for them.

Include the family in discussions and decision-making when family is involved in the person's care and the person consents.

#### QS 10: Concurrent Mental Health Disorders

Facilitate concurrent treatment for people who also have a mental health disorder.

### Ensure Access to Opioid Agonist Therapy (OAT) for People With Opioid Use Disorder

For more information about OAT, please refer to CAMH's "[Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder](#)."

#### QS 5: Opioid Agonist Therapy as First-Line Treatment

Provide information about why adding OAT into their care plan is recommended. Respect patient decisions to forgo stabilization and OAT. If they decline OAT, inform them of the harms associated with immediate opioid cessation and encourage a slow taper with buprenorphine/naloxone or methadone. Provide take-home naloxone along with instructions on overdose prevention and contact information for harm reduction services. This information can also be given to a family member if they are involved in the person's care and the person consents.

#### QS 6: Access to Opioid Agonist Therapy

If the person you are treating agrees to OAT, start them on buprenorphine/naloxone or methadone as soon as possible. Buprenorphine/naloxone should be the treatment of choice in most cases, especially if methadone is not locally available. If you are unable to prescribe OAT, refer the person to a care provider or organization that can initiate treatment within 3 days of diagnosis.

#### QS 7: Treatment of Opioid Withdrawal Symptoms

For people presenting with moderate or severe symptoms of opioid withdrawal (see [Clinical Opiate Withdrawal Scale](#)), offer treatment within 2 hours of presentation. If buprenorphine/naloxone is not available on-site, write a patient-specific prescription to be filled in the community for witnessed ingestion on site or at the pharmacy. Buprenorphine/naloxone is the first-line treatment for withdrawal symptoms.

Once the acute withdrawal has been treated, discuss the person's goals for long-term treatment and harm reduction and refer them to appropriate resources as necessary. If the person opts for OAT, offer them bridging treatment with buprenorphine/naloxone to use until their follow-up appointment, which should occur within 3 days.

#### QS 9: Tapering Off of Opioid Agonist Therapy

If clinically appropriate, support a person wishing to stop OAT in a collaborative slow taper to discontinuation.

### Facilitate Access to Harm Reduction Services for People With Opioid Use Disorder

#### QS 8: Access to Take-Home Naloxone and to Overdose Education

Provide patients, and families where appropriate, with take-home naloxone and instructions on how to administer the medication and how to respond in the case of opioid overdose.

#### QS 11: Harm Reduction

Offer all patients who use opioids information on harm reduction. Offer people safe supplies if requested, or refer them to a location that provides safe supplies if they are not on hand. Where appropriate, encourage infectious disease testing and vaccinations. Provide information on and offer to facilitate access to supervised consumption services for those likely to benefit from them.

# Opioid Use Disorder QUALITY STATEMENTS

## Quality Statement 1: Identifying and Diagnosing Opioid Use Disorder

People at risk of opioid use disorder are asked about their opioid use and are further assessed, as appropriate.

## Quality Statement 2: Comprehensive Assessment and Collaborative Care Plan

People diagnosed with or identified as having opioid use disorder have a comprehensive assessment and a care plan developed in collaboration with their care providers.

## Quality Statement 3: Addressing Physical Health, Mental Health, Additional Addiction Treatment Needs, and Social Needs

People with opioid use disorder have integrated, concurrent, culturally safe management of their physical health, mental health, additional addiction treatment needs, and social needs.

## Quality Statement 4: Information to Participate in Care

People with opioid use disorder are provided with information to enable them to participate in their care. If their family is involved, they are also provided with this information.

## Quality Statement 5: Opioid Agonist Therapy as First-Line Treatment

People with opioid use disorder are informed that treatment that includes opioid agonist therapy is safer and more effective than treatments that do not include opioid agonist therapy.

## Quality Statement 6: Access to Opioid Agonist Therapy

People diagnosed with or identified as having opioid use disorder have access to opioid agonist therapy as soon as possible, within a maximum of 3 days.

## Quality Statement 7: Treatment of Opioid Withdrawal Symptoms

People with opioid use disorder who are in moderate or severe withdrawal from opioids are offered relief of their symptoms with buprenorphine/naloxone within 2 hours.

## Quality Statement 8: Access to Take-Home Naloxone and to Overdose Education

People with opioid use disorder and their families have immediate access to take-home naloxone and to overdose education.

## Quality Statement 9: Tapering Off of Opioid Agonist Therapy

People who have achieved sustained stability on opioid agonist therapy who wish to taper off are supported in a collaborative slow taper if clinically appropriate.

## Quality Statement 10: Concurrent Mental Health Disorders

People with opioid use disorder who also have a mental health disorder are offered concurrent treatment for their mental health disorder.

## Quality Statement 11: Harm Reduction

People who use opioids have same-day access to harm reduction services. A comprehensive harm reduction approach includes education, safe supplies, infectious disease testing, vaccinations, appropriate referrals, and supervised consumption services.

Note: This resource can be used to support care providers in the provision of care. It does not override the responsibility of care providers to make decisions with patients, after considering each patient's unique circumstances. Grouping/directionality of statements may not be applicable for everyone, and clinical judgment should be used.

## Resources

- [Opioid Use Disorder Quality Standard](https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/opioid-use-disorder) and [Patient Guide](#)  
<https://www.hqontario.ca/evidence-to-improve-care/quality-standards/view-all-quality-standards/opioid-use-disorder>
- [Tools for Implementation: Opioid Use Disorder](https://quorum.hqontario.ca/en/Home/Posts/Opioid-Use-Disorder-Quality-Standard-Tools-for-implementation)  
<https://quorum.hqontario.ca/en/Home/Posts/Opioid-Use-Disorder-Quality-Standard-Tools-for-implementation>
- [CAMH document "Opioid Agonist Therapy: A Synthesis of Canadian Guidelines for Treating Opioid Use Disorder"](https://www.camh.ca/-/media/files/professionals/canadian-opioid-use-disorder-guideline2021-pdf.pdf)  
<https://www.camh.ca/-/media/files/professionals/canadian-opioid-use-disorder-guideline2021-pdf.pdf>
- [META:PHI COVID-19 Opioid Agonist Treatment Guidance](http://www.metaphi.ca/wp-content/uploads/2021/10/COVID19_OpioidAgonistTreatmentGuidance.pdf)  
[http://www.metaphi.ca/wp-content/uploads/2021/10/COVID19\\_OpioidAgonistTreatmentGuidance.pdf](http://www.metaphi.ca/wp-content/uploads/2021/10/COVID19_OpioidAgonistTreatmentGuidance.pdf)
- [Rapid Access Addiction Medicine Clinics](http://www.metaphi.ca/raam-clinics/)  
<http://www.metaphi.ca/raam-clinics/>
- [Opioids | Public Health Ontario](https://www.publichealthontario.ca/en/diseases-and-conditions/mental-illness-substance-use/opioids). Documents and resources related to opioids  
<https://www.publichealthontario.ca/en/diseases-and-conditions/mental-illness-substance-use/opioids>
- [Evidence on Opioids | CADTH](https://www.cadth.ca/opioids)  
<https://www.cadth.ca/opioids>