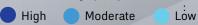
### Recommendations at a glance

#### Approaches to avoid

Withdrawal management alone should be avoided	2.2	Sec
First- and second-line treatment options		tion
Bup/nlx is the preferred first-line treatment for individuals newly starting OAT	2.1	Section in Guidelines
If bup/nlx is ineffective, consider transition to methadone	2.1	lelir
Methadone is recommended if treatment with bup/nlx is not preferable	2.1	les
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	

#### GRADE ranking (quality of evidence)



## CRISM National Guideline

for the Clinical Management of

# OPIOID USE DISORDER





