Recommendations at a glance

Approaches to avoid

		Section in Guidelines
●	Withdrawal management alone should be avoided	2.2

First- and second-line treatment options

		Section in Guidelines
●	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

		Section in Guidelines
●	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)

● High ● Moderate ● Low

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

CRISM National Guideline

for the Clinical Management of

OPIOID USE DISORDER

CIHR IRSC
Canadian Institutes of Health Research
Instituts de recherche en santé du Canada

CRISM-ICRAS
Canadian Research Initiative in Substance Misuse
Initiative Canadienne de Recherche en Abus de Substance