Addiction Medicine

Eight Things Clinicians and Patients Should Question

by
Canadian Society of Addiction Medicine

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Choosing Wisely Canada™
In collaboration with the Canadian Medical Association

1. **Don't use withdrawal management as a stand-alone treatment for opioid use disorder.**

   High rates of relapse to opioids after withdrawal management is well established and results in an increased risk of overdose death, blood-borne illness infections, and non-fatal overdoses associated with significant long-term morbidity. Therefore, withdrawal management as a stand-alone treatment should be avoided, and patients must be carefully counselled regarding the significant risks of pursuing this course. Opioid agonist therapy is the gold standard for the management of opioid use disorder.

2. **Don't order urine drug screens for patients with substance use disorder without a clear clinical rationale.**

   There is insufficient evidence regarding the utility of urine drug screening and its effect on health outcomes at the individual and community level. Furthermore, results must be interpreted with caution as they have limitations in sensitivity and specificity. Nevertheless, urine drug screens may be considered when confirming substance use at baseline, helping to assess clinical stability before and during the prescription of take-home doses, ensuring medications are being taken, when screening for illicit substances during treatment to evaluate safety and treatment response, and/or if it is in alignment with patient treatment goals.

3. **Don't routinely request confirmatory urine drug tests where a point of care test is sufficient.**

   While confirmatory urine drug tests such as gas or liquid chromatography/mass spectrometry offer higher sensitivity and specificity and can provide qualitative and quantitative information, they are much more costly and can take days to weeks for results. This delay in results impacts the utility of confirmatory urine drug tests. Point-of-care immunoassays, in contrast, can provide real-time data to inform treatment and support shared decision-making.

4. **Don't routinely witness urine collections.**

   Witnessed or supervised urine drug screens remain a core component of many addiction treatment programs. There is insufficient evidence linking witnessing urine samples to improved patient-centred clinical outcomes.

5. **Don't prescribe benzodiazepines for opioid withdrawal symptoms.**

   There is limited evidence to support the use of benzodiazepines to manage opioid withdrawal symptoms during the induction of opioid agonist therapy. Moreover, concurrent opioid and benzodiazepine use is associated with an increased risk of respiratory depression, hypotension, and cardiac arrest. Benzodiazepines should not be routinely used for the treatment of opioid withdrawal.

6. **Don't wait for liver enzyme results to initiate naltrexone at standard doses.**

   Naltrexone is an evidence-based intervention for substance use disorders, including alcohol use disorder. Naltrexone is contraindicated in acute hepatitis and liver failure. In patients without suspected liver disease, pre-initiation liver function screening should not delay naltrexone treatment initiation. Based on available research, there is minimal risk of hepatoxicity associated with naltrexone prescribed at standard dose to treat alcohol use disorder (50mg). Additionally, the delay in treatment may result in patients being lost to care and not receiving an intervention that has the potential to support recovery. Periodic monitoring of liver enzymes is recommended for the alcohol use disorder population as part of comprehensive care.

7 **Don’t witness or dispense buprenorphine/naloxone daily unless there is a specific reason.**

Rates of buprenorphine detection in overdose deaths in Canada are rare, highlighting the relative safety of this medication for the treatment of opioid use disorder. Given the reassuring safety profile of buprenorphine and the low propensity for harm associated with diversion, more recent guidelines support flexibility in moving towards unwitnessed take-home doses for most buprenorphine prescriptions.

8 **Don’t routinely discontinue buprenorphine peri-operatively or in the context of acute pain requiring additional opioid analgesia.**

Given the lack of evidence supporting improved outcomes with the discontinuation of buprenorphine in the context of acute pain and the high mortality risk associated with untreated opioid use disorder, buprenorphine should not be routinely discontinued in the context of acute pain or surgery.

How the list was created

The Canadian Society of Addiction Medicine- La société médicale Canadienne sur l'addiction (CSAM-SMCA) policy committee developed the Choosing Wisely Canada Addiction Medicine Recommendations above with input from addiction medicine providers working in diverse clinical settings across Canada.

The policy committee suggested an initial list of recommendations based on members' clinical experience to limit addiction medicine interventions which could lead to patient harm, lack sufficient evidence and result in excess healthcare resource utilization. This list was shared with the CSAM-SMCA Board of Directors and the greater addiction medicine community through the META: PHI ListServ for review and additions.

A literature review for twelve initial recommendations followed to inform the evidence base and recommendation strength. These twelve recommendations were presented at the 2020 Family Medicine Forum, where conference attendees were encouraged to comment on, ask questions about, and vote on recommendations using a survey tool.

A Choosing Wisely Canada subcommittee of the CSAM-SMCA policy committee members was established in 2021 to further review and refine the recommendations to a final list of nine. The list of nine recommendations was sent out to the greater CSAM-SMCA membership in 2021 for input and review. Feedback and additional literature provided by CSAM-SMCA members were reviewed and integrated where applicable with input from the greater CSAM-SMCA Policy Committee. One recommendation was removed after review by the Choosing Wisely program as it did not fit the spirit of the Choosing Wisely recommendations. Please find the final list of eight recommendations above.

Sources

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About the Canadian Society of Addiction Medicine

The Canadian Society of Addiction Medicine is a national society of medical professionals and scientists committed to helping Canadians understand, accept, and recover from substance use disorders.

CSAM Canadian Society of Addiction Medicine | SMCA La société médicale canadienne sur l'addiction

About Choosing Wisely Canada

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

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