Canadian Centre on Substance Use and Addiction

Evidence. Engagement. Impact.

Withdrawal Management Services in Canada: The National Treatment Indicators Report (2015–2016 Data)

Withdrawal Management Services in Canada: The National Treatment Indicators Report (2015–2016 Data) is the seventh in the National Treatment Indicators (NTI) series. It presents aggregate-level descriptive information on individuals who accessed publicly funded community or hospital services for withdrawal management in Canada during 2015–2016.

Key Findings from the 2015–2016 Data

- There were 46,405 community withdrawal management service events across seven jurisdictions, and 11,751 withdrawal management hospitalizations[1] for all jurisdictions except Quebec.
- Males used withdrawal management services more than females. Community services were most commonly accessed by individuals aged 25–34, whereas hospital services tended to be used by individuals 45–54 year of age. These findings highlight the need for tailored treatment services that respond to the unique needs of different genders and ages as recommended by best practice guidelines.
- The values presented in this summary are an underestimate of service use and linkages among services, as not all jurisdictions submitted data. More detailed and accurate data is required to determine whether appropriate services along the continuum of care are available and being used, and to inform targeted future investments and system planning.

Why Does This Matter?

Withdrawal management (WM) services (publicly funded community- and hospital-based services) reduce the severity of withdrawal symptoms, allow for management of medical complications and support the completion of the acute withdrawal phase. As one component of the continuum of care, WM is most successful when combined with timely access to additional care options (e.g., ongoing pharmacological, psychological and recovery supports). An understanding of the use of these services can provide one indicator of need across Canada and aid in system planning.

What Did We Do?

Data were collated at the regional or provincial level according to reporting requirements, and analyzed at the provincial level according to the definitions and data-collection protocols developed by

1 Hospitalization data represent primary diagnosis of withdrawal from a substance (e.g., alcohol, opioids, stimulants, etc.). General and psychiatric hospitals were included.

the Canadian Centre on Substance Use and Addiction (CCSA) in consultation with members of the NTI working group (NTIWG).

As an additional feature to this report, aggregated hospitalization data pertaining to WM for various jurisdictions were provided by the Canadian Institute for Health Information (CIHI) from the Hospital Mental Health Database. CCSA analyzed the jurisdictional and hospitalization data sets. The results of the hospitalization data were checked by CIHI, and the entire report reviewed by the NTIWG, which worked in close consultation with CCSA to produce the final report.

What Did We Find?

Community Services

In 2015–2016, more than 27,915 unique individuals accessed WM services, which accounted for 46,405 WM service events. On average, individuals had between one and two WM admissions during the year, with re-admissions slightly more common among those who received residential WM than those who received non-residential WM.

Total WM services for the provinces included accounted for 24.6% of all treatment services. The distribution of WM service events by gender has been relatively consistent since 2011–2012, with males consistently represented a greater proportion of WM service events than females (Figure 1). Individuals aged 25–34 account for the greatest use of WM services (Figure 2).

Figure 1: Trends in withdrawal management service events by gender from 2011–2012 to 2015–2016[2]

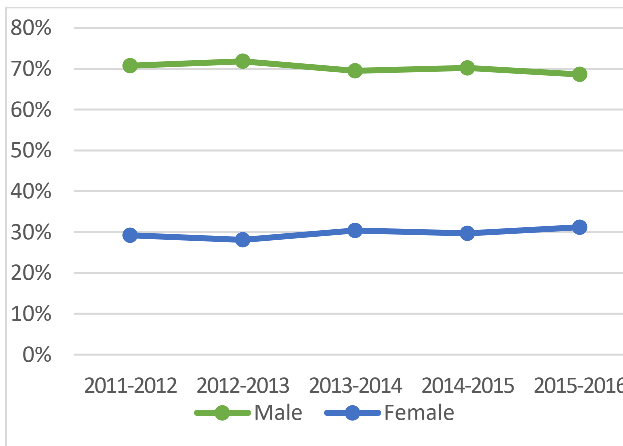
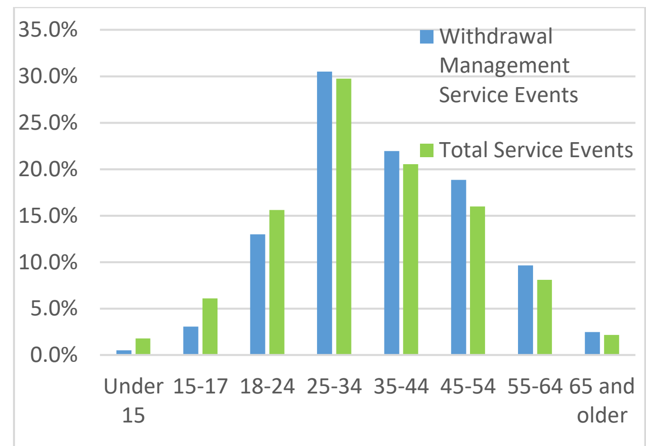


Figure 2: Withdrawal management service events and total service events by age[3]



Hospitalizations

In 2015–2016, there were 11,751 hospitalizations for WM for substance use, accounting for 30% of hospitalizations for substance-related disorders. The average length of stay for WM hospitalization was five days. Males represented 70.8% (*n* = 8,316) and females 29.2% (*n* = 3,435) of these

2 Jurisdictions that contributed data to this trend analysis included Alberta, Saskatchewan, Manitoba, Ontario, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador. Data is missing from Prince Edward Island for the 2012–2013 fiscal year and from Nova Scotia for the 2015–2016 fiscal year.

3 Jurisdictions that contributed data to this analysis include Alberta, Saskatchewan, Manitoba, Ontario, Prince Edward Island, and Newfoundland and Labrador.

hospitalizations. In terms of age, the highest percentage of WM hospitalizations[4] occurred among those aged 45–54 years (26.1%), followed by those aged 55–64 years (21.4%).

What Does This Study Mean for You?

The NTI project highlights the need for more rigorous treatment data by collecting common categories of treatment system data across Canada. It illustrates the type of treatment information that is currently being collected, and helps to identify information gaps. The intent of this year's report is to contribute to the system-level information required by decision makers to plan, implement, monitor and evaluate services and supports for substance use WM in Canada.

Not all jurisdictions submitted data, so the values presented in this summary are an underestimate of the WM service events occurring nationally. Moreover, most individuals with a substance use disorder do not receive specialized treatment, further confirming that the data in this report underrepresent the true volume of individuals who might access WM treatment. We must also note that not all facilities where individuals can seek treatment are captured in this report. CCSA and the NTIWG will continue to work with all jurisdictions to improve and enhance data collection to provide a nationally representative picture, as well as to identify additional sources of information to include in future reports (e.g., privately funded treatment centre data).

Not all substance use disorders require WM as part as treatment. For example, WM is not recommended as a stand-alone strategy for those using opioids. More detailed and accurate data are required to be able to ascertain whether the appropriate services along the continuum of care are available and being used. It is also important to consider the efficacy of these services to ensure quality care for Canadians. Sex, gender, sexual orientation, cultural identity, mental and physical needs, age, goal of treatment outcome and involvement of family all need to be considered to ensure the effectiveness of WM.

Where Can You Learn More?

For more information, and a detailed analysis of each of the participating jurisdictions please see the full report, *Withdrawal Management Services in Canada: The National Treatment Indicators Report (2015–2016 Data)*. Please visit our website for reports of previous years' data and to learn more about how to participate in the project.

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CCSA was created by Parliament to provide national leadership to address substance use in Canada. A trusted counsel, we provide national guidance to decision makers by harnessing the power of research, curating knowledge and bringing together diverse perspectives.

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4 Data reflects age at admission and not discharge. Hospitalizations are based on date at discharge where data is collected by fiscal year, April 1, 2015, through March 31, 2016.