

CADTH RAPID RESPONSE REPORT: REFERENCE LIST

# Telehealth-delivered Supervised Consumption Services: Clinical Effectiveness, Cost- Effectiveness, and Guidelines

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## Research Questions

1. What is the clinical effectiveness of telehealth-delivered supervised consumption services for individuals who consume illicit drugs?
2. What is the cost-effectiveness of telehealth-delivered supervised consumption services for individuals who consume illicit drugs?
3. What are the evidence-based guidelines regarding the use of supervised consumption services for individuals who consume illicit drugs?

## Key Findings

One evidence-based guideline was identified regarding the use of supervised consumption services for individuals who consume illicit drugs. No relevant literature was identified regarding the clinical or cost-effectiveness of telehealth-delivered supervised consumption services for individuals who consume illicit drugs.

## Methods

### Literature Search Methods

A limited literature search was conducted by an information specialist on key resources including MEDLINE, the Cochrane Library, the University of York Centre for Reviews and Dissemination (CRD) databases, the websites of Canadian and major international health technology agencies, as well as a focused internet search. The search strategy was comprised of both controlled vocabulary, such as the National Library of Medicine’s MeSH (Medical Subject Headings), and keywords. The main search concepts were telehealth-delivered supervised consumption services and individuals who consume illicit drugs. Search filters were applied to limit retrieval to guidelines for Question 3 only. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2015 and August 18, 2020. Internet links were provided, where available.

### Selection Criteria

One reviewer screened literature search results (titles and abstracts) and selected publications according to the inclusion criteria presented in Table 1. Full texts of study publications were not reviewed. Open access full-text versions of evidence-based guidelines were reviewed when abstracts were not available.

**Table 1: Selection Criteria**

<b>Population</b>	Individuals (of all ages) who consume illicit drugs
<b>Intervention</b>	Q1-Q2: Telehealth-delivered supervised consumption services (e.g., mobile apps, phone lines) Q3: Supervised consumption services (i.e., telehealth-delivered or in-person services)
<b>Comparator</b>	Q1-Q2: Care as usual (e.g., in-person supervised consumption services, other types of overdose prevention services); no supervision Q3: Not applicable
<b>Outcomes</b>	Q1: Clinical effectiveness (e.g., mortality, morbidity, and safety [e.g., rate of adverse events]) Q2: Cost-effectiveness (e.g., cost per quality-adjusted life-year gained)

	Q3: Recommendations regarding best practices (e.g., accessibility considerations, usability features, the types of services and features that should be offered)
<b>Study Designs</b>	Health technology assessments, systematic reviews, randomized controlled trials, non-randomized studies, economic evaluations, evidence-based guidelines

## Results

One evidence-based guideline<sup>1</sup> was identified regarding the use of supervised consumption services for individuals who consume illicit drugs. No relevant health technology assessments, systematic reviews, randomized controlled trials, or non-randomized studies were identified regarding the clinical effectiveness of telehealth-delivered supervised consumption services for individuals who consume illicit drugs. No relevant economic evaluations were identified regarding the cost-effectiveness of telehealth-delivered supervised consumption services for individuals who consume illicit drugs.

Additional references of potential interest that did not meet the inclusion criteria are provided in the appendix.

### Health Technology Assessments

No literature identified.

### Systematic Reviews and Meta-analyses

No literature identified.

### Randomized Controlled Trials

No literature identified.

### Non-Randomized Studies

No literature identified.

### Economic Evaluations

No literature identified.

### Guidelines and Recommendations

1. Registered Nurses' Association of Ontario. Implementing Supervised Injection Services. Toronto (ON): Registered Nurses' Association of Ontario; 2018: [https://rnao.ca/sites/rnao-ca/files/bpg/Implementing\\_supervised\\_injection\\_services.pdf](https://rnao.ca/sites/rnao-ca/files/bpg/Implementing_supervised_injection_services.pdf). Accessed 2020 Aug 24. See: *Recommendations 3.1-3.5, p. 14*

## Appendix — Further Information

### Previous CADTH Reports

2. Telehealth and Mobile Services for Substance Use Disorder: Clinical effectiveness, Cost-Effectiveness and Guidelines. (*CADTH rapid response report: summary of abstracts*). Ottawa (ON): CADTH; 2020: <https://www.cadth.ca/sites/default/files/pdf/htis/2020/RB1423%20Telehealth%20Opioids%20Final.pdf>. Accessed 2020 Aug 24.
3. Treatment programs for opioid use disorders: a review of guidelines. (*CADTH rapid response report: summary with critical appraisal*). Ottawa (ON): CADTH; 2018: <https://www.cadth.ca/sites/default/files/pdf/htis/2018/RC1010%20Treatment%20Programs%20for%20Opioid%20Use%20Disorders%20Final.pdf>. Accessed 2020 Aug 24.
4. Programs for the reduction or discontinuation of opioids or opioid substitution therapy: a review of the clinical effectiveness. (*CADTH rapid response report: summary with critical appraisal*). Ottawa (ON): CADTH; 2018: <https://www.cadth.ca/sites/default/files/pdf/htis/2018/RC1009%20Opioid%20Addiction%20Programs%20Final.pdf>. Accessed 2020 Aug 24.
5. Telehealth-delivered opioid agonist therapy for the treatment of adults with opioid use disorder: a review of clinical effectiveness, cost-effectiveness, and guidelines. (*CADTH rapid response report: summary with critical appraisal*). Ottawa (ON): CADTH; 2018: <https://www.cadth.ca/sites/default/files/pdf/htis/2019/RC1026%20opioid%20agonist%20therapy%20Final.docx.pdf>. Accessed 2020 Aug 24.

### Non-Randomized Studies

#### *Alternative Intervention*

6. Gaddis A, Kennedy MC, Nosova E, et al. Use of on-site detoxification services co-located with a supervised injection facility. *J Subst Abuse Treat*. 2017 11;82:1-6. [PubMed: PM29021106](#)

### Evidence-Based Guidelines

#### *Unclear Methodology*

7. Guidance for injectable opioid agonist treatment for opioid use disorder. British Columbia Centre on Substance Use. Vancouver (BC): BC Centre on Substance Use (BCCSU); 2019: [https://www.bccsu.ca/wp-content/uploads/2019/03/BC\\_iOAT\\_Guideline.pdf](https://www.bccsu.ca/wp-content/uploads/2019/03/BC_iOAT_Guideline.pdf). Accessed 2020 Aug 24. See: *Models of Care for BC*, p. 23-26; Appendix 3
8. Supervised Consumption Services: Operational Guidance. Vancouver (BC): BC Centre on Substance Use (BCCSU); 2017: <https://www.bccsu.ca/wp-content/uploads/2017/07/BC-SCS-Operational-Guidance.pdf>. Accessed 2020 Aug 24. See: *Summary of Recommendations*, p. 7

## Clinical Practice Guidelines

9. Bruneau J, Rehm J, Wild TC, et al. Telemedicine Support for Addiction Services: National Rapid Guidance Document. Version 1. Montreal (QC): Canadian Research Initiative in Substance Misuse; 2020: <https://crism.ca/wp-content/uploads/2020/05/CRISM-National-Rapid-Guidance-Telemedicine-V1.pdf>. Accessed 2020 Aug 24.  
*See: Recommendations 5-7, p. 13*
10. Hyshka K, Dong K, Meador K, et al. Supporting people who use substances in shelter settings during the COVID-19 pandemic. Version 1. Edmonton (AB): Canadian Research Initiative in Substance Misuse; 2020: <https://crism.ca/wp-content/uploads/2020/06/CRISM-Guidance-Supporting-People-Who-Use-Substances-in-Emergency-Shelter-Settings-V1.pdf>. Accessed 2020 Aug 24.  
*See: Section 3.2, p. 23-26; Section 3.3.4, p. 30-36; Section 4.2, p. 44*

## Additional References

11. Harm Reduction Nurses Association (HRNA). Position statement: safer injection. 2018; [https://www.hrna-aiirm.ca/wp-content/uploads/2018/11/HRNA\\_positionstatement\\_EN\\_181113.pdf](https://www.hrna-aiirm.ca/wp-content/uploads/2018/11/HRNA_positionstatement_EN_181113.pdf). Accessed 2020 Aug 24.
12. Young S, Fairbairn N. Expanding supervised injection facilities across Canada: lessons from the Vancouver experience. *Can J Public Health*. 2018 04;109(2):227-230.  
[PubMed: PM29981039](#)