

Chapter 6

Saskatchewan Health Authority—Delivering Opioid Addiction Treatment Services

1.0 MAIN POINTS

In 2023, 341 people died from opioid drug toxicity in Saskatchewan. Opioids, when used correctly, can be effective medication for acute or chronic pain relief. However, they come with significant risks such as dependence, addiction, overdose, and death.

The Saskatchewan Health Authority budgeted \$4.6 million in 2024–25 for outpatient clinics providing Opioid Agonist Therapy (OAT) and Rapid Access to Addictions Medicine (RAAM) services to clients with opioid use disorder. These clients may also be referred to inpatient services for treatment in a structured, substance-free, live-in environment.

We audited the Saskatchewan Health Authority's processes to deliver opioid addiction treatment services and found it had effective processes, except where it needs to:

- Clearly communicate opioid addiction treatment services available in the province. We found the Government's websites about opioid use disorder and treatment services difficult to navigate, and the Authority lacked information in local facilities (e.g., shelters) about its available treatment services. Lack of sufficient communication can prevent individuals and their families from finding appropriate help and resources when needed.
- Analyze the supply and demand for opioid addiction treatment services across the province to reduce risks to not having services available to clients where and when needed. Differences in prescriber availability within the Regina and Saskatoon OAT programs highlight the need to understand factors possibly contributing toward Regina clients waiting fewer days to receive treatment than in Saskatoon.
- Implement standardized approaches (e.g., work standards, central IT system) for its opioid addiction treatment services to standardize treatment practices and facilitate data collection to make informed operational decisions.
- Offer OAT medication to clients with opioid use disorder during detox services to decrease risks of relapse, illness, or death.
- Complete opioid withdrawal assessments before prescribing OAT medication and provide timely treatment (initial and follow-up) to clients receiving outpatient opioid addiction treatment services.
- Consistently complete discharge/transfer plans for clients receiving inpatient opioid addiction treatment services and provide to community case managers to support recovery and reduce risk of relapse.
- Analyze and report on key performance metrics for its opioid addiction treatment services to assess impact (e.g., rates of patients continuing treatment) and improve client outcomes (e.g., clients reporting improved quality of life).



2.0 INTRODUCTION

Under *The Provincial Health Authority Act*, the Saskatchewan Health Authority is responsible for planning, organizing, delivering, and evaluating healthcare services within the province, including opioid addiction treatment services.

Opioids are a type of medication prescribed for acute pain (e.g., after surgery, for broken bones, burns) and sometimes for chronic pain (lasting longer than three months).¹ When used properly, opioids can help relieve pain. However, anyone who uses opioids, whether obtained by prescription or illegally, is at risk of dependence, overdose, and death. In 2023, the Coroners Service reported 341 people died from opioid drug toxicity in Saskatchewan.²

Using opioids long-term can lead to physical dependence (i.e., the body requires a specific dose of a particular opioid to prevent withdrawal symptoms such as nausea, vomiting, anxiety).³ Opioid use disorder (i.e., addiction) is where individuals find it hard to control the use of opioids—it is a problematic pattern of repeated use significantly affecting an individual's function at work, home, or school. Opioid use disorder is a treatable chronic disease.⁴

Opioid use disorder can be managed by using medication combined with counselling and behaviour therapies. Opioid Agonist Therapy (OAT) is a medication-assisted treatment for people with opioid use disorder to reduce their cravings for opioids and prevent withdrawal symptoms. OAT is typically provided in conjunction with provider-led counselling, substance-use monitoring (e.g., urine screening), and referrals to other clinical treatments as required (e.g., psychologists). OAT medications (like suboxone and methadone) can stabilize the cycle of intoxication and withdrawal as well as reduce opioid cravings.⁵

2.1 Authority-Operated Opioid Addiction Treatment Services in Saskatchewan

As of May 2024, the Saskatchewan Health Authority operated 13 OAT outpatient programs (in 11 communities) throughout the province with over 85 prescribers (i.e., physicians, nurse practitioners) providing treatment to over 4,600 clients.⁶ Individuals can access outpatient OAT programs such as through physician referrals, emergency department visits, community program (e.g., shelters) referrals, and walk-ins.⁷

¹ www.saskhealthauthority.ca/your-health/conditions-illnesses-services-wellness/all-z/opioid-stewardship-program/what-are-opioids (16 October 2024).

² Saskatchewan Coroners Service, *Drug Toxicity Deaths, Saskatchewan, 2016 to 2025*, p. 4. publications.saskatchewan.ca/#/products/90505 (18 March 2025). The Coroners Service reported 175 confirmed deaths involving opioid drugs in 2024 but had yet to conclude on 110 death investigations as of March 2025.

³ www.saskhealthauthority.ca/your-health/conditions-illnesses-services-wellness/all-z/opioid-stewardship-program/what-are-opioids (16 October 2024).

⁴ www.saskhealthauthority.ca/your-health/conditions-illnesses-services-wellness/all-z/opioid-stewardship-program/opioid-use-disorder (19 March 2025).

⁵ Opioids affect the part of the brain that controls breathing, so when a person takes too much of an opioid, breathing slows or stops. Suboxone, taken in pill form, is the trade name for buprenorphine/naloxone. Buprenorphine is a long-acting, synthetic opioid that produces sufficient opioid effects to help people with opioid use disorder to discontinue use without experiencing withdrawal symptoms. Naloxone is added to buprenorphine to deter injection use. Methadone is a long-acting, synthetic opioid that prevents withdrawal, decreases cravings, and blocks euphoria produced by short-acting opioids.

⁶ Adapted from information provided by the Saskatchewan Health Authority. The province's first OAT clinics opened in 1997 (Regina, Saskatoon, and Prince Albert).

⁷ Outpatient treatment services do not require an overnight stay at a treatment facility—it can be a standalone option for someone with lower risk substance use or it can be part of a long-term treatment program.

The Authority also has Rapid Access Addiction Medicine (RAAM) outpatient clinics located in four communities.⁸ Counsellors at these clinics provide quick access to care for those struggling with substance use disorder, including to opioids, by connecting clients to appropriate community healthcare providers (e.g., physicians, nurses, addiction counsellors) for ongoing care and support.

Clients can also be referred to inpatient treatment services for addictions, including opioid use disorder. These services provide time-limited treatment in a structured, substance-free, live-in environment. Individuals accessing these services may be clients with more complex and/or chronic substance use (e.g., use multiple substances) and where outpatient treatment services may not have been effective.^{9,10} At October 2024, the Authority operated 12 inpatient addiction treatment facilities across Saskatchewan where it directly provided treatment services to clients.

See **Figure 3** for more details about the Authority's outpatient and inpatient services across the province.

The Authority also provides funding to service providers (e.g., community-based organizations) providing inpatient mental health and addictions services in 21 facilities across the province (e.g., Pine Lodge Addiction Recovery in Regina, Possibilities Recovery Centre in Saskatoon)—these facilities were not within our audit scope as they are not operated by the Authority.

In 2024–25, the Saskatchewan Health Authority budgeted over \$306 million on mental health and addictions services, including \$4.6 million specifically related to OAT and RAAM clinics across the province.¹¹

2.2 Importance of Opioid Addiction Treatment Services

Opioids are causing a growing number of overdoses and deaths in Canada. The Government of Canada views this trend as a national public health crisis.

In Canada, almost 51,000 apparent opioid toxicity deaths were reported between January 2016 and September 2024. On average, 21 deaths and 15 opioid-related poisoning hospitalizations per day occurred during this period across Canada.¹²

Consistent with other jurisdictions, drug toxicity deaths continue to rise in Saskatchewan due to the prevalence of drug use and drug toxicity linked to substances such as fentanyl and other opioids.^{13,14} The Saskatchewan Coroners Service tracks the number of opioid toxicity deaths. As shown in **Figure 1**, from 2018–24, the number of confirmed opioid toxicity deaths has risen significantly, peaking in 2023 with 341 deaths.

⁸ The province's first RAAM clinic opened in 2019 (Prince Albert).

⁹ www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/addictions-treatment (19 March 2025).

¹⁰ Inpatient addiction treatment facilities accept clients addicted to various substances. These facilities tend to treat more clients with alcohol or crystal meth addictions than clients with opioid use disorder.

¹¹ Adapted from information provided by the Saskatchewan Health Authority.

¹² health-infobase.canada.ca/substance-related-harms/opioids-stimulants/ (19 March 2025).

¹³ Government of Saskatchewan, *Saskatchewan's Action Plan for Mental Health and Addictions 2023–2028*, p. 4.

¹⁴ Fentanyl is a very potent opioid pain reliever typically used in a hospital setting to help control severe pain. Fentanyl is 20 to 40 times more potent than heroin and 100 times more potent than morphine—making the risk of accidental overdose very high. Fentanyl is often added to other illegal drugs without people knowing.

**Figure 1—Saskatchewan Coroners Service Confirmed Opioid Toxicity Deaths 2018–24**

	2018	2019	2020	2021	2022 ^A	2023 ^A	2024 ^A
Saskatchewan Toxicity Deaths	114	123	257	316	279	341	175

Source: Saskatchewan Coroners Service, *Drug Toxicity Deaths, Saskatchewan, 2016 to 2025*, p. 4. publications.saskatchewan.ca/#/products/90505 (18 March 2025).

^A Statistics for 2022, 2023, and 2024 are preliminary until the Saskatchewan Coroners Service has concluded on all death investigations.

Of the 175 accidental opioid toxicity deaths in Saskatchewan confirmed by the Coroners Service in 2024, the data showed:

- 100 (57%) were male
- 75 (43%) were female
- 97 (55%) were Indigenous
- 136 (78%) were aged 20–49
- 108 (62%) involved fentanyl

The impact of opioid use disorder extends beyond the individual, affecting friends and family who may experience emotional and financial stress as a result.

Societal costs are also significant. In 2020, the overall cost of substance use in Canada was \$49.1 billion, with \$7.1 billion attributed to opioids. Costs include lost productivity, healthcare (e.g., hospitalizations, emergency department visits, paramedic services), criminal justice (e.g., policing, courts, correctional services), and other direct costs such as fire damage and social assistance.¹⁵

Without effective processes to deliver opioid addiction treatment services, people with opioid use disorder are at an increased risk of overdose or death.

3.0 AUDIT CONCLUSION

We concluded, for the 12-month period ended December 31, 2024, the Saskatchewan Health Authority had, other than the following areas, effective processes to deliver opioid addiction treatment services in Saskatchewan.

The Saskatchewan Health Authority needs to:

- **Clearly communicate the opioid addiction treatment services available in the province**
- **Analyze the supply and demand for opioid addiction treatment services across the province**
- **Implement standardized approaches (e.g., work standards, IT system) for its opioid addiction treatment services**

¹⁵ www.csuch.ca/substance-use-costs/current-costs/ (7 November 2024).

- Offer OAT medication to clients with opioid use disorder during detox services
- Complete opioid withdrawal assessments before prescribing OAT medication and provide timely treatment to clients receiving outpatient opioid addiction treatment services
- Consistently complete discharge/transfer plans for clients receiving inpatient opioid addiction treatment services
- Analyze and report on key performance information related to delivering opioid addiction treatment services

Figure 2—Audit Objective, Criteria, and Approach

Audit Objective:

To assess whether the Saskatchewan Health Authority had effective processes, for the 12-month period ended December 31, 2024, to deliver opioid addiction treatment services in Saskatchewan.

Audit Criteria:

Processes to:

1. **Make opioid addiction treatment services accessible**
 - Make individuals aware of opioid addiction treatment services (e.g., how to access, where to access, options available)
 - Determine supply and demand for opioid addiction treatment services
 - Address barriers (e.g., language, cultural, transportation) to accessing opioid addiction treatment services
2. **Provide appropriate opioid addiction treatment services to clients**
 - Provide services that meet acceptable standards (e.g., evidence based, culturally relevant, qualified staff)
 - Use standardized tools (e.g., forms, guidance) to assess the needs of clients
 - Deliver suitable and timely treatment (i.e., initial, interim, follow-up)
3. **Evaluate performance of opioid addiction treatment services**
 - Analyze key performance information (e.g., wait times, service utilization) and make adjustments where necessary
 - Periodically report results to senior management, the public, and partners (e.g., Ministry of Health)

Audit Approach:

To conduct this audit, we followed the standards for assurance engagements published in the *CPA Canada Handbook—Assurance* (CSAE 3001). To evaluate the Saskatchewan Health Authority's processes, we used the above criteria based on our related work, review of literature including reports of other auditors, and consultations with management and an independent consultant. Authority management agreed with the above criteria.

We examined the Authority's policies and procedures, websites, and other key documents related to delivering opioid addiction treatment services. We also interviewed key Authority staff and visited four outpatient and two inpatient facilities providing services to clients. We tested a sample of client files to assess opioid addiction treatment services delivered. In addition, we used an independent consultant with subject matter expertise in the area to help us identify good practice and assess the Authority's processes.



4.0 KEY FINDINGS AND RECOMMENDATIONS

4.1 Clear Communication About Opioid Addiction Treatment Services Needed

The Saskatchewan Health Authority does not clearly communicate opioid addiction treatment services available in the province to the public.

The Authority provides both outpatient and inpatient services to assist those with opioid use disorder. **Figure 3** provides details about these services available across the province.

Figure 3—Saskatchewan Health Authority Opioid Addiction Treatment Services

Type of Service	Opioid Treatment Service Description	Hours and Location
Outpatient Services		
Opioid Agonist Therapy (OAT) Programs	<p>Direct clinical and counselling services for opioid use disorder available at clinics by walk-in or appointment</p> <p>Therapy provided includes a combination of medication, counselling, and other community supports (e.g., Elders)</p>	<p>Hours vary by location Closed on weekends</p> <p>Located in:</p> <ul style="list-style-type: none">• Kamsack• Kindersley^C• La Loche• La Ronge• Meadow Lake• Moose Jaw• North Battleford• Prince Albert• Regina• Saskatoon• Swift Current• Yorkton
Rapid Access Addiction Medicine (RAAM) Clinics	<p>Walk-in service</p> <p>Direct services include quick diagnosis and short-term treatment of alcohol and substance use disorders (including opioid use disorder), counselling, and community supports (e.g., housing, income assistance)</p> <p>Opioid use disorder clients may transition to OAT programs for ongoing therapy</p>	<p>Hours vary by location Closed on weekends</p> <p>Located in:</p> <ul style="list-style-type: none">• North Battleford• Prince Albert• Regina• Saskatoon
Inpatient Services		
Addictions Brief and Social Detox Centres^A	<p>Offers social detox with case management, including goal setting and treatment planning</p> <p>Social detox is a recovery-based program focusing on the management of physical withdrawal symptoms while engaging in the recovery process (usually about a one week stay)</p>	<p>Open 24/7</p> <p>Located in:</p> <ul style="list-style-type: none">• La Ronge (social detox only)• Meadow Lake (social detox only)• Prince Albert• Regina• Saskatoon

Type of Service	Opioid Treatment Service Description	Hours and Location
Addictions Treatment Centres^B	<p>Typically four to six-week addictions treatment programs</p> <p>Provides services, such as group-based programming, through understanding of addiction and recovery to help individuals struggling with substance abuse</p>	<p>Clients admitted on weekdays (clients stay at facility)</p> <p>Located in:</p> <ul style="list-style-type: none"> • Île-à-la Crosse/La Loche (Family Health Unit) • North Battleford (Hopeview Recovery Centre) • Prince Albert (Family Treatment Centre) • Saskatoon (Calder Centre)

Source: Adapted from information provided by the Saskatchewan Health Authority.

^A Brief detox is an alternative to overnight incarceration or admission to emergency rooms. It is a safe place to stay for a short period of time (one-night stay) to recover from intoxication or drug abuse. Clients can self-refer to brief detox by walk-in or phone. Our audit did not assess processes within brief detox given its limited impact on long-term opioid addiction recovery.

^B The Saskatchewan Health Authority also provides funding to service providers (e.g., community-based organizations) providing inpatient mental health and addictions services in 21 facilities across the province—these facilities were not within our audit scope. Information about inpatient addiction treatment centres in Saskatchewan can be found at www.saskatchewan.ca/residents/health/accessing-health-care-services/mental-health-and-addictions-support-services/addictions-treatment#inpatient-services (24 March 2025).

^C The Saskatchewan Health Authority added an OAT program in Kindersley, effective September 2024.

The Authority uses its website, along with the Government of Saskatchewan's website, to inform individuals about opioids, opioid use disorder, and opioid addiction treatment services. We found these websites difficult to navigate, which may result in unnecessary complications for someone searching for where and how to get help for opioid use disorder (e.g., clinic name, location, contact information, operating hours).

We reviewed websites maintained in other jurisdictions (e.g., Alberta, British Columbia, Nova Scotia) and found their websites provide easily accessible information about opioid addiction treatment services within their provinces. For example, their websites included information about different treatment options (e.g., virtual OAT, mental health services), clinic details (e.g., hours of operation, location, phone numbers), helplines, and online appointment booking.

In addition, we found the Authority did not use formal communication methods (e.g., pamphlets, posters) within local facilities (e.g., shelters, emergency rooms) to make individuals aware of available opioid addiction treatment services. However, we found some clinics periodically met with community-based organizations to increase awareness of the opioid addiction treatment services available within a community, such as presenting on understanding opioids or on outpatient programs like OAT or RAAM.

A lack of clear and easily accessible information about available opioid addiction treatment options can prevent individuals and their families from finding appropriate help and resources when needed. Not knowing how or where to get help can lead to untreated opioid use disorder, possibly resulting in increased societal harms (e.g., accidental deaths).

- 1. We recommend the Saskatchewan Health Authority provide clear and easily accessible information to the public about opioid addiction treatment services available in the province.**



4.2 Supply and Demand of Opioid Addiction Treatment Services Not Analyzed

The Saskatchewan Health Authority does not analyze the provincial supply and demand for opioid addiction treatment services to determine whether services are appropriately located.

The Ministry of Health is responsible for providing the Authority with funding to operate its opioid addiction treatment services. To assist with understanding baseline demand, the Authority provides the Ministry with quarterly wait-time reports for the four most active OAT programs (Kamsack, Prince Albert, Regina, and Saskatoon).¹⁶ For example, all four programs had a combined average client wait time of 4.5 days in June 2024. However, we found the quarterly reports unreliable due to errors and inconsistencies—see **Section 4.11** for our analysis of these reports.

The Authority separates the operational responsibility for its opioid addiction treatment services across the province between two units (i.e., Mental Health and Addictions Services and Primary Health Care) and it does not have a central IT system associated with addictions treatment. Having decentralized services with client data maintained in multiple IT systems limits the Authority's ability to have aggregate and comparable data for assessing supply and demand for the addiction treatment services it provides.

We visited six addictions treatment facilities and found staff address fluctuations in demand for services on an ad hoc basis. To address changes in demand, staff consider reallocating existing funding within their budgets or communicate with Authority management about needs for further resources (e.g., additional staff, physical space to accommodate more clients). For example, we found one facility formally requested a social worker position to assist clients receiving addiction treatment services—the facility hired a temporary social worker in 2024.

As the Authority did not analyze supply and demand for opioid addiction treatment services across the province, we analyzed available data to identify circumstances that may warrant further analysis by the Authority. Overall, we found most opioid overdose hospitalizations and drug toxicity deaths occur in Saskatoon and Regina. Accordingly, we found it reasonable for the Authority to have varied opioid treatment services (i.e., outpatient and inpatient) in these communities.

However, we identified the following examples of other circumstances illustrating the need for the Authority to further analyze supply and demand for outpatient opioid addiction treatment services:

- The Authority's OAT programs in Saskatoon (1,856 clients), Prince Albert (1,024 clients), and Regina (860 clients) served about 80% of the Authority's active opioid clients at May 2024. These three communities also had the most opioid medication prescribers among the Authority's 11 communities with OAT programs.

¹⁶ Wait times represent the number of days from a new client's initial point of contact with an OAT program to the date of their first treatment.

As we describe in **Section 4.11**, our testing of client files found those clients tested that started or restarted OAT in 2024 had to wait an average of 1.75 days in Regina and 4.75 days in Saskatoon between their initial contact with an OAT program and their first appointment with a prescriber. We found that while Regina had more prescribers than Saskatoon (23 compared to 18), prescribers within the Saskatoon OAT program had more total weekly hours available for clients than prescribers in Regina (49 hours compared to 20 hours). Differences in prescriber availability within the Regina and Saskatoon OAT programs highlights a need for further data analysis (e.g., number of clients, number of prescribers, hours available for clients, wait times) to understand factors possibly contributing toward Regina clients waiting fewer days to receive treatment than in Saskatoon.

- Lloydminster and Estevan are two communities with a higher number of average drug toxicity deaths (average deaths of almost nine and three per year, respectively) between 2022 and 2024 that do not have OAT programs in their communities. Certain communities with OAT programs like Meadow Lake and North Battleford had fewer drug toxicity deaths, suggesting their OAT programs may benefit their population. The Authority may want to conduct further analysis to determine whether Lloydminster and Estevan may benefit from having OAT programs available.

Lack of analysis of supply and demand for opioid addiction treatment services increases the risk of the Authority not having services available to clients where needed. This increases the risk of clients not receiving timely treatment—untreated opioid use disorder can result in hospitalization or death.

2. We recommend the Saskatchewan Health Authority analyze provincial supply and demand for its opioid addiction treatment services.

4.3 Barriers to Accessing Opioid Addiction Treatment Services Identified and Actioned

The Saskatchewan Health Authority identified barriers to accessing opioid addiction treatment services in the province and had reasonable actions to address barriers within their control.

Through a review of its outpatient opioid treatment programs in May 2024, the Authority identified barriers to effective opioid addiction treatment. We found the Authority's clinics also used client surveys and feedback forms to help identify barriers to accessing addiction treatment services specific to their clients.

Figure 4 sets out key barriers the Authority identified, along with examples of actions taken to address them. For example, the Authority identified an opportunity to explore using virtual OAT treatment and expects to start piloting this treatment approach in June 2025.

**Figure 4—Key Barriers to Accessing Outpatient Opioid Addiction Treatment**

Barrier	Examples of Actions to Address Barrier
Lack of clinical space (clinics are small and often housed within existing healthcare facilities, such as hospitals)	Exploring the use of virtual OAT programs—the Authority indicated it expects to start a related pilot program in June 2025
Lack of clinic resources (e.g., funding, vacant positions)	Funding requests submitted to management of the Authority or the Ministry of Health for additional resources Partner with community-based organizations, where available, to provide support services (e.g., housing, income assistance)
Client transportation to clinics	Partner (Indigenous Services Canada) provides transportation services for Kamsack OAT clients living on-reserve Exploring the use of virtual OAT programs

Source: Adapted from information provided by the Saskatchewan Health Authority.

Virtual OAT is used in other jurisdictions (e.g., Alberta) and would enable clients to receive treatment remotely (e.g., over the internet) to improve access for clients living in remote areas or who have difficulty arranging transportation to appointments. Virtual services would also help alleviate concerns for clinics operating in small spaces, as fewer clients may need to physically visit clinics. However, the Authority's implementation of virtual OAT can also create new barriers for clients, such as lack of access to technology (e.g., smartphones, internet) to connect with virtual services. Additionally, while virtual OAT may expand clients' access to prescribers, it may not reduce transportation barriers for all clients (e.g., those in rural areas needing access to pharmacies for administration of OAT medication). The Authority needs to consider how to mitigate such barriers when implementing virtual OAT, such as partnering with community-based organizations (e.g., shelters), where available, to help provide clients with access to technology.

The Authority also identified the inability to consistently communicate with clients (e.g., booking appointments, follow-up) as a treatment barrier. However, this barrier is outside of the Authority's control, as clients or potential clients may be transient or not have access to a phone. We found the Authority mitigated this barrier by having clinics in more accessible locations within a community (e.g., near shelters, in hospitals, along bus routes) where clients can check-in more readily.

Our discussions with staff at inpatient clinics identified similar barriers, such as lack of client transportation and an inability to consistently communicate with clients. We found inpatient clinics took reasonable actions to address these barriers (e.g., accessibly located in their community, communicating with other service providers to contact clients).

Identifying and taking action to address barriers to treatment improves the Authority's ability to provide accessible and timely opioid addiction treatment services.

4.4 Opioid Addiction Treatment Standards Vary with Multiple IT Systems Used

The Saskatchewan Health Authority's opioid addiction treatment services are not centrally managed across the province and different IT systems are used to maintain medical records for clients, which can impact the Authority's ability to make informed operational decisions. The Authority is working toward standardizing processes as part of a provincial OAT program by 2028.

The Authority separates the operational responsibility for its opioid addiction treatment services across the province. Its Mental Health and Addictions Services unit is responsible for opioid addiction treatment in Regina and Saskatoon, while responsibility for these services in northern and rural Saskatchewan belongs to the Authority's Primary Health Care unit.

Additionally, each of the Authority's outpatient opioid addiction treatment facilities maintain their own work standards guiding the services they provide to clients (e.g., intake assessments, treatment plans). Having separate work standards for facilities providing similar services can lead to inconsistent service delivery and increased administrative burden on staff to maintain the standards.

Our review of work standards for three outpatient opioid treatment facilities we visited found the standards did not always align with good practice (i.e., College of Physicians and Surgeons of Saskatchewan's *Opioid Agonist Therapy Standards and Guidelines for the Treatment of Opioid Disorder*). While we found one facility's standards aligned with the Guidelines, two of the facilities' standards did not include guidance about clients' continuum of care (i.e., referrals to other services) as expected.

Additionally, our comparison of the standards between the three facilities found some inconsistencies. For example, one facility's standards did not outline requirements associated with assessing clients' opioid withdrawal symptoms, whereas the other facilities did. One of these other facilities also had a more detailed work standard (i.e., providing staff with detailed treatment guidance depending on a client's opioid withdrawal score).¹⁷

Authority management indicated it expects to develop a provincial OAT program—including work standards applying to all facilities by 2028.

Additionally, we found each of the three outpatient opioid facilities we visited used a different IT system to maintain medical records for their clients. Maintaining medical records within multiple IT systems limits the Authority's access to comparable and timely data. For example, use of multiple IT systems can complicate the Authority's ability to accumulate data for analyzing key performance information (e.g., wait times) or changes in demand for services (e.g., trends associated with clients accessing opioid treatment services).

¹⁷ Opioid withdrawal assessments provide a score by assessing a client's level of opioid withdrawal to determine the right time to start the client on medication. Assessments also help physicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids. Assessments rate items such as sweating, restlessness, resting pulse rate, tremors, pupil size, anxiety or irritability, and bone or joint aches.



Without provincial standards, there is an increased risk of the Authority providing inconsistent treatment services to clients. Additionally, having one IT system for delivering opioid addiction treatment services would enable the Authority to have a complete picture of opioid addiction treatment services throughout the province.

3. We recommend the Saskatchewan Health Authority implement standardized approaches (e.g., work standards, IT system) for its opioid addiction treatment services across the province.

4.5 Appropriate Space Provided for Treatment Services

The Saskatchewan Health Authority has appropriate space at its facilities (outpatient and inpatient) to provide opioid addiction treatment services to its clients.

The Saskatchewan Alcohol and Drug Services Program Guidelines sets out criteria for providing adequate space for provision of treatment services at inpatient facilities. For example, the Guidelines require:

- Private individual counselling space
- Private space to accommodate group activities
- Fully accessible space for persons with physical impairments
- Waiting and/or client lounge space
- Separate washrooms for staff and clients
- Separate treatment and administrative space

While specific guidelines do not exist for outpatient facilities, good practice recommends outpatient facilities are accessible, have appropriate space (i.e., privacy), easy patient flow, and a welcoming reception and waiting area (i.e., non-stigmatizing).

We visited four outpatient and two inpatient facilities and found the Authority provided appropriate space for opioid addiction treatment services that met the key components of the Guidelines and good practice (e.g., separate offices for addiction counsellors, private rooms for medical assessments). We also found during site visits that the Authority maintains culturally safe environments (e.g., access to Elders, smudge rooms).

Having appropriate space for opioid addiction treatment services helps ensure clients feel safe and will participate in the treatment process.

4.6 Standards Established for Outpatient Treatment Services, But Withdrawal Assessments Performed Inconsistently

The Saskatchewan Health Authority does not consistently assess clients' opioid withdrawal symptoms prior to prescribing OAT medication.

Outpatient clinics use a multidisciplinary approach that includes healthcare professionals such as physicians, registered nurses, registered psychiatric nurses, addiction counsellors, and social workers to provide opioid addiction treatment services to clients.

Outpatient opioid addiction treatment services are guided by the College of Physicians and Surgeons of Saskatchewan's *Opioid Agonist Therapy Standards and Guidelines for the Treatment of Opioid Disorder* and Saskatchewan's *Opioid Substitution Therapy: Guidelines for Addiction Counsellors*.

The Guidelines set out key assessments and tests healthcare staff must complete before prescribing clients' OAT medications (e.g., suboxone, methadone).¹⁸

See **Figure 5** for the key assessments and the purpose of each assessment.

Figure 5—Key Assessments Required Before Prescribing OAT Medications

Assessment Type	Purpose
Intake assessment	To collect information about the effect of drug use on a client's life and to identify strengths that can provide a foundation for recovery. The comprehensive intake assessment includes information such as medical history, mental health (including suicidal ideation), substance use history, social issues (e.g., living arrangements), and legal issues.
Urine drug test	To analyze a client's urine for the presence of medications and illicit drugs. OAT medications can potentially interact with a variety of other medications. Unmanaged drug-to-drug interactions may cause preventable illness, hospitalization, and death.
Opioid withdrawal assessment	To assess a client's level of opioid withdrawal to determine the right time to start the client on medication. The assessment also helps physicians determine the stage or severity of opiate withdrawal and assess the level of physical dependence on opioids. The assessment rates items such as sweating, restlessness, resting pulse rate, tremors, pupil size, anxiety or irritability, and bone or joint aches.

Source: Adapted from College of Physicians and Surgeons of Saskatchewan, *Opioid Agonist Therapy Standards and Guidelines for the Treatment of Opioid Disorder*.

We tested 30 client files and found staff completed intake assessments, as well as urine drug tests, for all clients prior to physicians prescribing OAT medication. However, we did not find evidence of staff completing opioid withdrawal assessments for 16 clients. Our further review of these clients' files did not identify any resulting complications associated with their OAT medications.

¹⁸ Suboxone is the trade name for the buprenorphine/naloxone product and is taken in pill form. Buprenorphine is a long-acting, synthetic opioid that produces sufficient opioid effects to allow clients with opioid use disorder to discontinue use of opioids without experiencing symptoms of withdrawal. Naloxone is added to deter injection use. Methadone is a long-acting, synthetic opioid that prevents withdrawal, decreases cravings, and blocks euphoria produced by short-acting opioids.



Not consistently performing and documenting opioid withdrawal assessments limit healthcare staffs' ability to determine a client's level of opioid dependence to help determine the right time to start a client on medication. For example, administering suboxone medication too early may induce precipitated withdrawal symptoms (rapid and intense onset of withdrawal symptoms).

4. We recommend the Saskatchewan Health Authority consistently assess opioid withdrawal symptoms before prescribing Opioid Agonist Therapy (OAT) medication to clients receiving outpatient opioid addiction treatment services.

4.7 Outpatient Treatment Services Not Always Timely

The Saskatchewan Health Authority does not consistently provide timely outpatient opioid addiction treatment services (initial and follow-up) to clients with opioid use disorder.

When staff at an outpatient facility assess a client as having opioid use disorder, good practice recommends the client have access to a healthcare professional (physician, nurse practitioner) to be prescribed OAT medication within a maximum of three days of the assessment.¹⁹

Physicians and nurse practitioners are given approval by their respective governing bodies (i.e., College of Physicians and Surgeons of Saskatchewan, College of Registered Nurses of Saskatchewan) before they are able to prescribe OAT medication to clients.

Once clients receive a prescription for OAT medication, the College of Physicians and Surgeons of Saskatchewan's *Opioid Agonist Therapy Standards and Guidelines for the Treatment of Opioid Disorder* expect healthcare staff to reassess clients as follows:

- Within three days of the first dose of suboxone to determine whether withdrawal symptoms persist, and the dose requires adjustment
- At least once a week during the first 14 days of prescribing methadone to assess possible methadone toxicity

During our testing of 30 client files, we found:

- The average wait time to see a healthcare professional for an OAT medication prescription was 3.5 days in 2024. However, two outpatient facilities had average wait times of 4.0 and 4.75 days, which is beyond the recommended good practice of three days.
- Healthcare staff (e.g., physicians, nurses) did not reassess 11 clients within prescribed timeframes. For example, staff provided one client with a six-month supply of methadone but had not scheduled follow-up appointments during this time to assess the effects of treatment (e.g., elimination of opioid cravings, management of side effects). Our further review of these clients' files did not identify any resulting complications associated with their OAT medications.

¹⁹ Health Quality Ontario, *Quality Standards, Opioid Use Disorder—Care for People 16 Years of Age and Older*, p. 6.

- All healthcare professionals who prescribed OAT medication were approved to do so by their respective governing body.

Not providing treatment (i.e., seeing a physician to have a prescription for OAT medication) within three days delays the ability for a client to start the recovery process and long waits increase the risk a client will not return to the clinic. Not reassessing clients after a first dose as required by the Guidelines increases the risk that clients' response to the medication is not monitored and treatment is not adjusted as necessary.

5. We recommend the Saskatchewan Health Authority provide timely outpatient opioid addiction treatment services (initial and follow-up) to clients with opioid use disorder.

4.8 Referrals Provided to Other Treatment Services

The Saskatchewan Health Authority's staff at outpatient opioid addiction treatment facilities refer clients to other treatment services (e.g., inpatient treatment facilities, income assistance) to help address other areas of concern (e.g., housing, mental health) in clients' lives.

The College of Physicians and Surgeons of Saskatchewan's *Opioid Agonist Therapy Standards and Guidelines for the Treatment of Opioid Disorder* encourage staff to consider client referrals to other treatment services, based on individual needs, alongside opioid addiction treatment services. For example, other treatment services may include:

- Individual/group counselling
- Referrals to community-based services
- Social needs assistance (e.g., employment, housing)

The Guidelines also state a client's decision to decline such treatment, or the absence of the available treatment should not preclude or delay treatment of opioid use disorder.

During our testing of 30 client files, we found 12 clients had referrals to other services such as detox, 28-day inpatient treatment facilities (e.g., Pine Lodge—a community-based organization), and to psychiatrists. We also found staff offered other wraparound services (e.g., help clients apply for income assistance, look for jobs). We also found all clients had access to addiction counsellors during treatment at the outpatient facilities.

Additionally, we found staff at outpatient facilities coordinated other treatment services for their clients. For example, in one facility, an obstetrician-gynecologist visited the facility once a month to provide PAP smears (screening procedure for cervical cancer) to its female clients. Another facility provided their staff a compilation of all necessary resources (e.g., housing resources, pregnancy supports, cultural supports, justice supports, employment supports) to help them provide standardized and similar information to their clients.



Providing clients with other available treatment services and supports to address other areas of concern (e.g., housing, mental health) may lead to more successful treatment outcomes.

4.9 Inpatient Standards Established for Treatment Services, But Discharge Plans Lacking

The Saskatchewan Health Authority does not consistently complete discharge/transfer planning for clients receiving inpatient opioid addiction treatment services.

The Saskatchewan Alcohol and Drug Services Program Guidelines set out a minimum standard of care for inpatient addiction treatment facilities to ensure service quality is consistently delivered across the province. For example, the Guidelines require facilities to document:

- Basic client information (e.g., name, address, date of birth, referral source, previous involvement in recovery programs) at admission
- Client history (e.g., substance use, medical/psychiatric, family/interpersonal, legal)
- Individualized client plan (e.g., strengths and needs to be addressed during recovery, short- and long-term goals, results and outcomes) periodically reviewed by the client and inpatient facility case manager
- Detoxification program (e.g., types of services provided, medical examination and supervision, referral to post-detox services)
- Discharge/transfer planning (e.g., evaluation of client's progress toward recovery outcomes, plan for aftercare/ongoing recovery, review with client's community case manager)

We tested files for six inpatient clients with opioid use disorder and found the Authority maintains appropriate documentation of the requirements set out in the Guidelines (e.g., client history, medical examinations, establishment of recovery goals), except for discharge/transfer planning. One inpatient facility did not maintain evidence of discharge/transfer planning for two of three client files tested from that facility. We did not see evidence of evaluation of the client's progress toward recovery, a plan for aftercare, or involvement of the client's community case manager before discharge.

Discharge/transfer planning encourages a collaborative approach between the client, the inpatient facility case manager, and the community case manager to support a client's successful long-term recovery. Lack of planning for discharge from inpatient addiction treatment for opioid use disorder can leave clients unsupported on their recovery journey, increasing their risk of relapse.

6. We recommend the Saskatchewan Health Authority consistently complete discharge/transfer plans for clients receiving inpatient opioid addiction treatment services.

4.10 Not Consistently Providing Detox Medications

The Saskatchewan Health Authority did not consistently provide OAT medications to clients with opioid use disorder attending inpatient social detox facilities.

Good practice recommends individuals with opioid use disorder not be offered withdrawal management (i.e., detox) alone.²⁰ Research shows clients going through detox without transitioning to an OAT program may experience increased rates of relapse, lower rates of retention in treatment, and higher rates of illness, death, and other adverse events.

We tested six clients with opioid use disorder who attended an inpatient treatment facility for social detox services and found four were not receiving OAT medication while in social detox. While these clients received medical assessments prior to admission to the inpatient facility, we found facility staff did not offer OAT medication as an option for these clients.

Not providing OAT medications to clients with opioid use disorder while receiving detox services increase their risk of relapse, illness, or death.

7. We recommend the Saskatchewan Health Authority offer Opioid Agonist Therapy (OAT) medications to clients with opioid use disorder while receiving social detox services.

4.11 Opioid Treatment Information Not Analyzed

The Saskatchewan Health Authority does not analyze and report sufficient information to determine whether it is effectively delivering opioid addiction treatment services in the province. The Authority should establish key performance indicators (e.g., number of clients receiving OAT each month, client satisfaction) to assess its services provided to clients.

The Authority's outpatient and inpatient facilities track various ad hoc information about opioid addiction treatment services, but staff track information inconsistently between facilities. For example:

- One OAT program tracks and summarizes the number of new starts and restarts each month but does not analyze the information. For example, the number of new clients went from a high of 78 in July 2024 to a low of 32 in September 2024. We found no analysis of the results. Another OAT program did not analyze or summarize data about its monthly client numbers.
- One inpatient facility in Regina set a 70% occupancy rate target and monitored progress against the target. At November 2024, it was meeting its target with an occupancy rate of 72.8%.

²⁰ Canadian Research Initiative in Substance Matters. *Update to the National Guideline of the Canadian Research Initiative in Substance Matters for the Clinical Management of Opioid Use Disorder*, pp. 24–25. crism.ca/wp-content/uploads/2024/11/2024-Update-to-CRISM-Update-to-National-OD-Guideline-20241111.pdf (18 March 2025).



- One inpatient facility in Saskatoon tracked its wait list each day, broken down by male and female. At December 12, 2024, there were 104 individuals on the wait list (70 female, 34 male) for social detox. Other inpatient facilities do not track wait lists at this level of detail.

We found each facility uses the information collected for its own internal purposes—the information is not reported to senior management and the Authority does not use it to assess performance of its opioid addiction treatment services across the province, such as whether its services meet client demand (see **Section 4.2** for lack of analysis of provincial supply and demand for opioid addiction treatment services).

Each quarter, the Authority provides the Ministry of Health with wait-time reports for the four most active OAT programs (Kamsack, Prince Albert, Regina, and Saskatoon). See **Figure 6** for the wait-time results (for new clients waiting for first treatment) reported to the Ministry of Health at June and September 2024.

Figure 6—OAT Wait Times (in Days) at June and September 2024^A

OAT Program	June 2024	September 2024
Kamsack	12.6	1.0
Prince Albert	0	0
Regina	2.0	2.0
Saskatoon	0.8	4.7

Source: Adapted from the Saskatchewan Health Authority's quarterly wait-time reporting provided to the Ministry of Health.

^A Wait times represent the number of days from a new client's initial point of contact with an OAT program to the date of their first treatment.

However, we found the reports unreliable as we found errors and inconsistencies. For example:

- One program calculated wait times using business days rather than calendar days (as recommended by good practice) and did not report the actual wait time (i.e., rounded up wait time).
- The reports only consider new starts—they do not also consider wait times for clients restarting their OAT treatments. Some clients may restart treatment after an extended period has elapsed (e.g., up to six months). The Authority uses the same intake process for clients regardless of whether they are a new client or someone restarting their OAT treatments.
- The reports included an inaccurate total wait time for the Authority. For example, in June 2024, it did not include the correct wait time for Saskatoon (i.e., 0.8 days instead of 3.4 days) and noted the wait time for the four facilities was 17.45 days (the sum of each facility's wait time), instead of 4.5 days (the average of the facilities' wait times).

The Ministry of Health noted it uses the quarterly reports to help it establish a baseline for future service decisions. Inaccurate reporting could affect future decisions on service delivery.

Good practice recommends clients wait no more than three days between initial client contact with an OAT facility to first appointment with a prescriber (physician, nurse practitioner). During our testing of client files, for clients that started or restarted OAT in 2024, we found clients waited an average of 3.5 days (Kamsack: 4 days, Regina: 1.75 days, Saskatoon: 4.75 days).

Other than some OAT facilities, we found the Authority does not assess performance of its other opioid addiction treatment services—such as monitoring wait times for other outpatient services (e.g., Rapid Access to Addiction Medicine) or inpatient services.

We also found the Authority does not track, analyze, or report other key information to senior management related to delivering opioid addiction treatment services in the province.

Good practice recommends collection, analysis, and reporting of additional key performance information to measure the effectiveness of the Authority's delivery of opioid addiction treatment services. See **Figure 7** for key performance indicators the Authority may consider analyzing and reporting to senior management and the Ministry of Health. Having one IT system could help the Authority collect appropriate data for making decisions about opioid addiction treatment services in the province (see **Section 4.4**).

Figure 7—Potential Key Performance Indicators Related to Opioid Addiction Treatment Services

Performance Indicator	Importance of Indicator
Number of individuals entering the health system with opioid use disorder	Provides a baseline for assessing how many clients with opioid use disorder access OAT (and how many people with opioid use disorder are left untreated).
Number of clients receiving OAT each month ^A	Increasing availability of OAT represents an essential component of a comprehensive health system response to toxic drugs.
Number of clients receiving OAT for the first time ^A	The number of clients receiving OAT for the first time helps describe improved OAT access for people who may not have been previously offered treatment.
Percentage of clients continuing OAT for 12 months ^A	Clients who continue with OAT (or take it consistently without interruption) experience improved health outcomes, including reductions in toxic drug-related poisoning.
Wait time for access to outpatient and inpatient clinics	Wait lists or wait times help assess ability to meet client demand for services.
Client satisfaction (e.g., percentage of clients receiving treatment for opioid use disorder who reported improved quality of life and functional outcomes such as return to work and/or work retention) ^B	Centralized process to collect and report client satisfaction surveys can help assess client services and outcomes.

Source: Office of the Provincial Auditor of Saskatchewan.

^A British Columbia Ministry of Mental Health and Addictions, *Building a Mental Health and Substance Use System of Care—Data Snapshot (September 2024)*. www2.gov.bc.ca/assets/gov/health/mental-health/building_a_mental_health_and_substance_use_system_of_care_snapshot.pdf (20 March 2025).

^B Examples of indicators associated with client satisfaction taken from quality standards developed by Health Quality Ontario at www.hqontario.ca/portals/0/documents/evidence/quality-standards/qs-opioid-use-disorder-clinician-guide-en.pdf (24 March 2025).



Once the Authority determines its key performance indicators for analysis and reporting to senior management, it should consider what information, if any, to report publicly. As referred to in **Figure 7**, we found examples of another jurisdiction (i.e., British Columbia) reporting publicly about information it monitors in relation to OAT programs.

Without consistently tracking, analyzing, and reporting key information, the Authority is unable to sufficiently analyze trends and assess whether its opioid addiction treatment services meet clients' needs and have an impact.

8. We recommend the Saskatchewan Health Authority consistently track, analyze, and report key performance information related to delivering opioid addiction treatment services in the province.

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