

Treatment for Opioid Use Disorder Guideline Checklist

Clinician Level 1



The current state of the issue

Opioid-related deaths continue to be alarmingly high despite the availability of effective medication treatment. Among those under 50 years of age, drug overdose is the second leading cause of death, increasing 12% in 2024 to exceed 71,000 lives.¹ Highly potent synthetic opioids (HPSO), most commonly fentanyl, are now the majority of the drug supply. Washington state death rates due to fentanyl have risen over 750% between 2018-2022, and in 2022 were almost 90% of all opioid-involved deaths.² Opioid use disorder is a chronic condition and must be managed as such. Medications for opioid use disorder (MOUD), including buprenorphine, methadone, and naltrexone, are the most appropriate, evidence-based treatment in addition to harm reduction.³

Education

- Become familiar with the latest evidence-based guidelines** to reinforce the understanding that OUD is a chronic condition.
- Build skills and confidence to discuss substance use** with patients in a nonjudgmental way without using stigmatizing language (e.g., motivational interviewing) and around prescribing MOUD.
- Understand the legal limitations** for accessing different formulations of MOUD in order to provide informed options counseling on the logistics and care environments.
- Understand the local epidemic** in your community and be aware of populations most impacted by opioid use disorder and overdose.
- Participate in continuing education** on the above topics as needed.
- Advocate for clinic process changes that improve timely access to MOUD**, such as same-day medication prescribing, rapid referral to behavioral healthcare, and educating support staff about stigma and the chronic disease model of substance use disorders.

Screening

- Universally screen people in primary care at least annually for unhealthy substance use using a validated instrument
- Providers not in primary care settings should also consider routinely screening for substance use disorders using validated instruments.

Diagnosis

- If a patient screens positive, or independently brings up concerns about their opioid use**, ask about frequency, amount, and route of opioid use, perform assessment to determine diagnosis of OUD (following DSM-5 criteria)
- Discuss medications for opioid use disorder.**

- Do not delay medication** until a comprehensive assessment can be performed.
- Use an evidence-based patient decision aid to support the conversation**
- Assess and address patient comorbidities**, including poly-substance use and any untreated mental health or physical health conditions.
- Screen and treat for common co-occurring concerns, including but not limited to: Stimulant use, Hepatitis C virus, Sexually transmitted infections (STIs).

Treatment

- Assess possible medication interactions, especially with benzodiazepines, according to evidence based guidelines**
- Write a prescription for and/or provide naloxone for use during an overdose.** For in-person visits, ideally, the patient should leave the appointment with naloxone in their possession.
- Counsel patients that anyone in Washington state can get naloxone through the statewide standing order.
- Offer education on overdose prevention and harm reduction including printed materials. Naloxone can be ordered/found for free.

Management

- Continue to follow up** with patients identified with opioid use disorder **with or without MOUD.**
- Consider referring to an Opioid Treatment Program for patients with complex needs, including those that may require intense support/case management services.
- Refer patients to local community organizations that support people with substance use.
- Stay up to date on local demographic trends and populations most impacted by opioid use, overdoses and deaths in their community and at the state level.

Resources

- The Bree Report is meant to supplement these resources.
- Full Bree Report: <https://www.qualityhealth.org/bree/wp-content/uploads/sites/8/2024/12/Bree-OUD-Treatment-Report-24-HCA-1203.pdf>
- Washington State Standing Order to Dispense Naloxone HCl: <https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-127-StatewideStandingOrderToDispenseNaloxone.pdf>
- StopOverdose.org: <http://www.stopoverdose.org>
- Retention Toolkit: <https://adai.uw.edu/retentiontoolkit/>

Read the full Bree Report on Treatment for Opioid Use Disorder online by scanning the QR code:



Connect with the Bree Collaborative at bree@qualityhealth.org

References: 1. Centers for Disease Control and Prevention. (2024). Understanding the opioid overdose epidemic. Retrieved September 16, 2024, from <https://www.cdc.gov/drugoverdose/epidemic/index.html> 2. Alcohol & Drug Abuse Institute. (2024). Heroin versus fentanyl: What does the data say? University of Washington. Retrieved September 16, 2024, from https://adai.washington.edu/WAdata/heroin_versus_fentanyl.htm 3. Learn About Treatment. (n.d.). Medications for opioid use disorder. Retrieved September 16, 2024, from <https://www.learnabouttreatment.org/treatment/medications-for-opioid-use-disorder/>