

# Treatment for Opioid Use Disorder Guideline Checklist

Healthcare Facilities  
Level 2



## 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.<sup>1</sup> 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.<sup>2</sup> 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.<sup>3</sup>

### Access

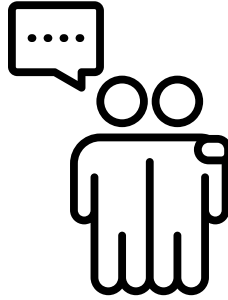
- Change practice workflows to align with principles of [low-barrier treatment](#).
- Minimize delays to MOUD initiation (start patients on medications for opioid use disorder on the same day if possible).
- Do not discharge patients from treatment for initial or ongoing polysubstance use or for ongoing substance use.
- Do not delay or discontinue care due to sporadic engagement.
- Counseling and other adjunct therapies offered but not mandated for treatment.
- Engage patient in creating an individualized follow up plan after visits.
- When possible, utilize a multidisciplinary team approach to support comprehensive care for patients with opioid use disorder (OUD), including but not limited to nurses, pharmacists, substance use disorder professionals, a professional responsible for care coordination, and others, to collaboratively address medical, behavioral and social aspects of whole-person care.

### Treatment

- Offer MOUD in all care settings including but not limited to primary care, behavioral health clinics/programs, mental health clinics, hospitals, (inpatient and emergency departments), and nontraditional care settings (e.g., mobile vans, street medicine teams, syringe service programs, etc.) in accordance with established guidelines (e.g., ASAM, PCSS)
- Provide a range of MOUD options, including long-acting injectable versions of buprenorphine.

## Recovery Support

- Stabilize the patient and reduce harm, death from overdose, as a first priority. Refer to harm reduction services for patients not ready to cease substance use (e.g., [syringe service programs](#)).
- Incorporate peer support services into the care team whenever possible. Bringing their own lived experience to their interactions with patients, peers are able to establish trusting relationships that better support people trying to navigate an often-stigmatizing healthcare system.



## 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-ODU-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/>
- Learn About Treatment [learnabouttreatment.org](http://learnabouttreatment.org)
- Medications for Opioid Use Disorder (MOUD) locator: <https://search.warecoveryhelpline.org>

**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](mailto:bree@qualityhealth.org)**