Treatment for Opioid Use Disorder
Guideline
Checklist
Healthcare Facilities
Level 3

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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]

Access

☐ **Outpatient facilities and programs should expand to include drop-in visits**, and/or weekend/night hours without appointment requirements.

☐ **Employ staff with dedicated time** to facilitate access to the appropriate level of care or external referral as needed.

Treatment

☐ **Ensure each facility or program has a provider available and trained to initiate and/or continue MOUD**, <u>OR</u> the ability to provide referral for same-day access to MOUD.

☐ Evaluate the effectiveness of programs offered at the facility at regular intervals (e.g., annually) and/or participate in external evaluations. See the **Bree Collaborative's Evaluation Framework** for more details.

☐ Assure that appropriate systems and structures are in place to share information between and across physical and behavioral health providers, while respecting privacy and confidentiality

Recovery Support

- ☐ **Build capacity to provide a range of medical, harm reduction, treatment, and social services on site to minimize the need for transitions of care.**
- ☐ **Build referral capacity with an accredited Opioid Treatment Programs where you can refer patients when appropriate.** Opioid Treatment Programs can help stabilize a patient through additional MOUD options including methadone or more intensive support services, such as counseling. OTPs should be seen as specialty care services.
  - ☐ **Care for people referred to OTPs should be shared with patient permission between the program and referring PCP,** unless the program also provides primary care services.

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/
- Learn About Treatment 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

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/