

Assessing and Addressing Opioid Misuse in Medical Practice

Statement of Need:

This information is intended to promote recovery and enhance patient well-being by providing resources and referral information on opioid use disorder (OUD).

- Utilizing medication for OUD reduces overdose deaths, healthcare costs, and helps retain patients in treatment (Fairley et al., 2021)
- Addressing stigma among treatment providers related to OUD, medications for opioid use disorder (MOUD) and use of harm reduction programs, such as fentanyl test strips and Naloxone
- Preventing overdose by the increased use of naloxone in cases of opioid overdose to prevent or reverse respiratory arrest (ASAM, 2020)



Statistics and Key Facts:

- One in seven Americans report experiencing a substance use disorder (CDC, 2023) with 5.6 million people, ages 12 and older, having an opioid use disorder in 2021 (CDC, 2022)
- MOUD is the most effective intervention to treat OUD and is more effective than detoxification, inpatient treatment or intensive outpatient treatment (Wakeman, et al., 2020)
- Studies show individuals who receive methadone and buprenorphine (MOUD) were associated with reductions in overdose and opioid related acute care (Wakeman, et al., 2020)
- When patients do not receive MOUD or psychosocial treatment there is a higher risk of opioid overdose (Bush et al., 2020)

- Women, minorities and individuals with mild versus moderate or severe OUD have a greater risk of receiving no treatment (Bush et al., 2020)
- There are racial and ethnic disparities in Buprenorphine prescribing that must be addressed (Nguyen, 2022)
- A MOUD training program supplementing the Drug Enforcement Administration (DEA) training, increases confidence and use of MOUD among PCPs
- Personalized patient-centered care in office-based treatment with buprenorphine and extended-release naltrexone may increase OUD treatment engagement and retention (Chan et al., 2021)

Stigma

- **Stigma** can negatively affect access to care, such as initiation of MOUD
- PCPs who reported stigmatizing attitudes towards individuals with an OUD are less likely to prescribe MOUD
- Training strategies should address clinician's concerns while incorporating the Chronic Care Model in OUD treatment
- Feelings of **shame and stigma** often make people reluctant to talk about addiction which makes it difficult to get support (Russell, 2018)
- Even among those in recovery, very few people are open about their substance use (Russell, 2018)
- **Increased community support networks** are needed to treat substance use disorders similarly to physical health disorders (Russell, 2018)

Key factors that influence recovery:

- ✓ Education
- ✓ Socioeconomic Status
- ✓ Duration of follow-up
- ✓ Number of stressful events
- ✓ Perceived social support



Screening for Opioid Use Disorder

- **Screening, Brief Intervention and Referral to Treatment (SBIRT)** is an effective tool that can empower primary care providers to identify and treat patients with OUD before costly symptoms emerge
- **DSM-5 TR Opioid Use Disorder Checklist:**
<https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/pcp-tool-kit/dsm5OpiodChkLst.pdf>
- OUD treatment should not be limited to detoxification/withdrawal management
- Emphasis should be given to longer follow ups, family interventions, and management of comorbid illnesses
- Screen for psychiatric and medical comorbidities

Key strategies to address stigma:

Potential strategies to address stigma include:

- ✓ Be mindful of the language used to describe a patient who is experiencing addiction: <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>
- ✓ Attend stigma reduction training: <https://www.samhsa.gov/power-perceptions-understanding/webcasts>
- ✓ Promote harm reduction strategies: <https://www.samhsa.gov/find-help/harm-reduction>

Opioid Use Disorder is characterized by a problematic pattern of Opioid use leading to clinically significant impairment or distress

The following are signs of Opioid use disorder, according to the DSM-5 TR /ICD-10 (The American Psychiatric Association, 2022):

- Using more Opioids than intended
- Trying but failing to quit using Opioids
- Spending a lot of time using Opioids
- Craving Opioids
- Using Opioids even though it causes problems at home, school, or work
- Continuing to use Opioids despite social or relationship problems
- Giving up important activities with friends and family in favor of using Opioids
- Using Opioids in high-risk situations, such as while driving a car
- Continuing to use Opioids despite physical or psychological problems
- Needing to use more Opioids to get the same high
- Experiencing withdrawal symptoms when stopping Opioid use

Referral to Treatment: Your referral options vary based on the results of your assessment.

Mild Use

DSM-5 TR Opioid Use Disorder Mild
2-3 symptoms present

- ✓ Screen patient for continued or increased use within **14 days**

Moderate Use

DSM-5 TR Opioid Use Disorder Moderate
4-5 symptoms present

- ✓ Ensure the patient has a follow-up appointment within **14 days** with you or a substance use provider to address use

Severe Use

DSM-5 TR Opioid Use Disorder Severe
6 or more symptoms present

- ✓ Refer patient to be seen within **14 days** for treatment with a substance use provider
- ✓ Patients discharging from an ED or higher levels of care for an Opioid use disorder need to be seen within **7 days**

Consider **virtual visits** for follow-up appointments.
Find a substance use provider: [Find your plan | Find Care \(werally.com\)](#)

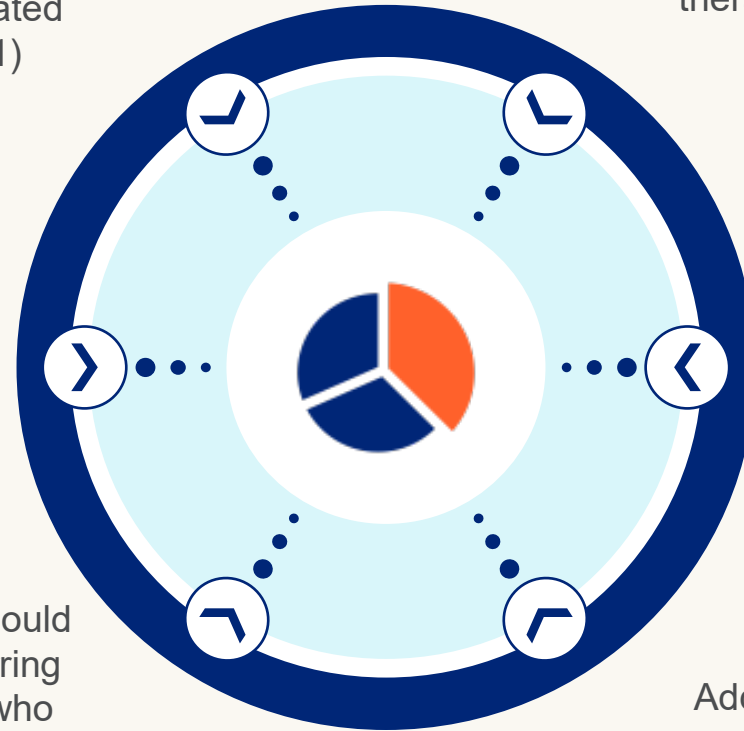


OUD Treatment Best Practices

MOUD is a best practice that reduces healthcare costs and opioid related overdose (Fairley et al., 2021)

Therapy along with 12-Step attendance was associated with reduced opioid use at subsequent visits (Hefner, 2022)

Assertive community treatment (ACT) should be considered for patients with co-occurring schizophrenia and opioid use disorder who have a recent history of, or are at risk of, repeated hospitalization and/or homelessness (ASAM, 2021)



Pharmacotherapy should include concurrent cognitive behavioral therapy (CBT) or another evidence-based therapy, rather than clinical management alone or nonspecific counseling services

Treatment plans should include multi-disciplinary collaboration between all care providers. This includes medical (primary care, pediatrics) and BH (psychiatry, SUD, counselors, therapists, etc.)

Addiction treatment for OUD should include an assessment for pharmacotherapy, exploration of harm reduction alternatives including use of naloxone

Special Populations: Pregnancy and Prenatal Development

Before Birth

Opioid use during pregnancy can increase the risk of neonatal abstinence syndrome (NAS) in some newborns (CDC, 2022)

- NAS is a group of conditions that can occur when newborns withdraw from certain substances, including opioids, that they were exposed to before birth

Treatment Plan

Creating a treatment plan for opioid use disorder (OUD), that may include a medication for opioid use disorder (MOUD)

- Prescribing methadone or buprenorphine, before or during pregnancy can help increase the chances of a healthy pregnancy (SAMHSA, 2023)

Co-Morbidities

Buprenorphine may be prescribed to people who are pregnant and have an OUD (SAMHSA, 2023)

- Buprenorphine and methadone are considered the treatments of choice for OUD in pregnant and breastfeeding people (SAMHSA, 2023)

Initiate Early

Treatment with Methadone or Buprenorphine is recommended and should be initiated as early as possible during pregnancy

- People who are physically dependent on opioids should receive treatment using Methadone or Buprenorphine rather than withdrawal management or psychosocial treatment alone (SAMHSA, 2023)

Detoxification from opioids during pregnancy is not recommended. Taking MOUD as prescribed during pregnancy has benefits that outweigh the risks. It is important for healthcare providers and pregnant women to work together to manage medical care, including substance use, during pregnancy and after delivery.

Special Populations: Adolescents/Young Adults

- MOUD with **Buprenorphine/naloxone** is FDA approved to treat moderate to severe OUD in adolescents (Weesner, 2022)
- Determine whether a youth's family is a protective versus risk factor. Determine the **risks versus benefits** of their involvement
- A history of **traumatic events** (witnessing violence at home or in the community) and child abuse are risk factors for teen use
- Screen for other **risk** factors
- **Find providers for adolescent MOUD and psychosocial treatments**

American Academy of Child and Adolescent Psychiatry Recommendations:

- Increase use of valid screening and assessment tools and youth access to MOUD
- Offer evidenced-based psychosocial treatment to youth with OUD and their caregivers (AACAP, June 2020)



ASAM National Practice Guidelines 2020 Focused Update

ASAM recommends that “Clinicians should consider treating adolescents who have opioid use disorder using the full range of treatment options, including pharmacotherapy” (Kampman, 2015, p. 365)

Special Populations: Age, Race, Ethnicity and Pain Management

Pain Management

- **Methadone or Buprenorphine** should be considered for patients with untreated opioid use disorder who are experiencing pain. **The OUD and pain should be managed concurrently** (ASAM, 2020)
- Before prescribing opioid medications for pain **consider alternative treatments** such as non-opioid medications with pain modulating properties, behavioral approaches, physical therapy, and procedural approaches (e.g., regional anesthesia) (ASAM, 2020)
- **Risk factors** for opioid misuse for patients in pain management includes a history of multiple opioid prescriptions and/or opioids at high doses, physical health problems, chronic pain, chronic health problems, past or current substance abuse, a family history of use/abuse, history of mental illness

Age, Race, Ethnicity and Social Determinants of Health

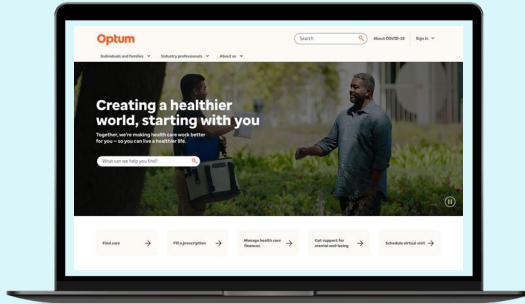
- **Older Adults** may have increased vulnerability to opioid misuse due to chronic physical health problems, mental health problems, cognitive changes, injuries and chronic pain
- There are **racial–ethnic disparities** in the receipt of buprenorphine and Vivitrol among Medicaid patients diagnosed with opioid use disorder (Hollander et al., 2021). Among those that are in treatment, Black, American Indian, Alaskan Native/Asian/Hawaiian/Pacific Islander, and Hispanic individuals are prescribed buprenorphine at a lower rate than White individuals (Dunphy et al., 2022)
- Individuals who live in **rural** communities or who are **homeless** may have limited access to medical care. Abuse of opioids may increase the severity of their medical conditions and interfere with treatment



Assess and address the reason for use:

- For those using Opioids to self medicate, encourage alternative treatment options for pain management
- Individuals with pain may also be at risk of anxiety, depression and medication misuse. The use of opioids or benzodiazepines (prescribed or non-prescribed) needs to be assessed and addressed

Additional Resources: Providers



Reimbursement for SBIRT: [Coding for Screening and Brief Intervention Reimbursement | SAMHSA](#)

DSM-5 Opioid Use Disorder Checklist:
<https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/pcp-tool-kit/dsm5OpiodChkLst.pdf>

Words Matter: Preferred Language for Talking About Addiction- <https://nida.nih.gov/research-topics/addiction-science/words-matter-preferred-language-talking-about-addiction>

Stigma Reduction Training-
<https://www.samhsa.gov/power-perceptions-understanding/webcasts>

Harm reduction strategies: <https://www.samhsa.gov/find-help/harm-reduction>

[Parents & Educators | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)- Provides resources for parents and educators on educating teens on the dangers or substance use

[Live and Work Well](#) - Provider search and treatment/recovery resources

American Association for the Treatment of Opioid Dependence ([AATOD](#)),
Frequently Asked Questions

National Alliance on Mental Illness ([NAMI](#))

[OTP Directory \(samhsa.gov\)](#) - Opioid treatment program directory by state

American Society of Addiction Medicine ([ASAM](#)) - Provides medical education and resources on the treatment of SUDs, including OUD and updated information on MOUD prescriber requirements- 2020 Focused update

Primary Care Opioid Risk Screening Tool for chronic pain patients: [Opioid Risk Tool \(nih.gov\)](#)

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