

for HIV prevention.

- Evaluate whether **pre-exposure prophylaxis (PrEP)** is indicated
- **Recommend fentanyl test strips**, if available.
- **Discuss sterile injection practices** to reduce risk of infections, link with a syringe exchange program (if available), or prescribe insulin needles.
- **Recommend [www.neverusealone.com](http://www.neverusealone.com)** (1-800-484-3731) to prevent overdose.

### Other harm reduction strategies:

**Prescribe intranasal naloxone (e.g., Narcan) to prevent overdose**



**Recommend or provide immunizations** (hepatitis, pneumococcus, tetanus)



**Screen for infections** (especially HIV, hepatitis C)



## Discuss harm reduction strategies with all patients

# Opioid dependence does NOT equal opioid addiction

### Tolerance

- need for **increased dose** of a drug to achieve the same effect
- can occur even when taken as prescribed



### Dependence

- **physiologic adaptations** to the chronic presence of a drug to maintain normal function
- sudden absence of drug can lead to withdrawal



### Opioid use disorder/ addiction

- uncontrollable drug use **despite harmful consequences**



A patient who becomes physically dependent on opioids prescribed for chronic pain or for the treatment of OUD, and takes them as prescribed with no impairment of daily life, is not considered to have an addiction.

Visit [AlosaHealth.org/OD](http://AlosaHealth.org/OD) for more information and resources.

# Diagnosing opioid use disorder (OUD)

It is problematic opioid use that leads to significant impairment or distress marked by at least two of the following over the past 12 months:

- using opioids at higher doses or longer than intended
- unsuccessful attempts to control or reduce use
- significant time lost obtaining, consuming, or recovering from opioids
- cravings for opioids
- failure to fulfill obligations because of opioid use
- persistent social or interpersonal problems caused by opioids
- opioid use displaces social, work, or recreational activities
- using opioids in hazardous situations (e.g., while driving)
- use continues despite physical or psychological problems caused or worsened by opioids
- tolerance: a reduced effect of the drug despite increasing dosages (in patients taking opioids other than as prescribed)
- withdrawal (in patients taking opioids other than as prescribed)

Mild: 2-3 criteria; Moderate: 4-5 criteria; Severe: 6 or more criteria

**It only takes 5 minutes to obtain an X-waiver and start prescribing buprenorphine for OUD.**

Since April 2021, prescribers no longer need to complete required education if prescribing buprenorphine for OUD to fewer than 30 patients concurrently.



**SAMSHA X-waiver application**



Balanced information for better care

**These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition.**

This material was supported by the Pharmaceutical Assistance Contract for the Elderly (PACE) Program of the Pennsylvania Department of Aging, the Office of Drug Surveillance and Misuse Prevention of the Pennsylvania Department of Health, through funding from the Centers for Disease Control and Prevention, and an unrestricted educational grant from Aetna.