for HIV prevention.

- Evaluate whether pre-exposure prophylaxis (PrEP) is indicated
  - Recommend tentanyl test strips, it available.
- a syringe exchange program (if available), or prescribe insulin needles.
- prevent overdose.

   Discuss sterile injection practices to reduce risk of infections, link with
  - Recommend www.neverusealone.com (1-800-484-3731) to

### Other harm reduction strategies:

Screen for infections (especially HIV, hepatitis C)



Recommend or provide immunizations (hepatitis, pneumococcus, tetanus)



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



# Discuss harm reduction strategies with all patients

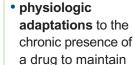
# Opioid dependence does NOT equal opioid addiction

Dependence

#### **Tolerance**

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





 sudden absence of drug can lead to withdrawal

normal function



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.

### Diagnosing opioid use disorder (OUD)

It is problematic opioid use that leads to significant impairment or distress marked by <u>at least two</u> 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.

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