Alosa Health

Balanced information for better care

Helping patients break the hold of addiction

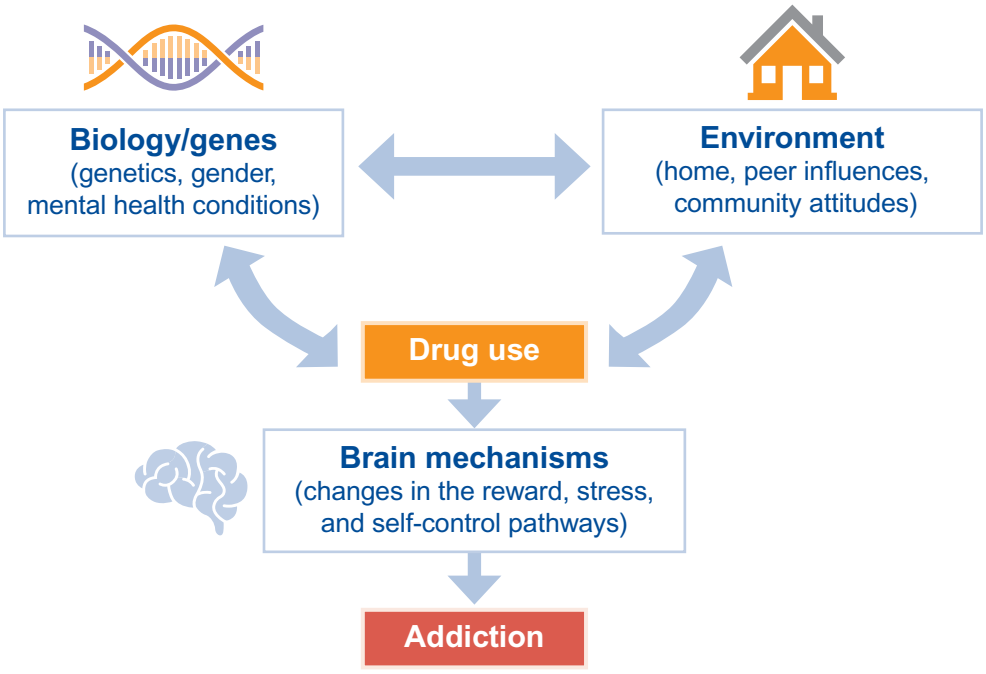
Identifying and addressing opioid use disorder in primary care

OUD is a chronic, recurring, treatable medical condition

Nearly 3 million Americans have opioid use disorder.[1]

Even though medical treatment greatly improves outcomes, only 1 in 10 people with OUD receives treatment.[2]

FIGURE 1. Addiction results from physiologic changes in the brain caused by drug use, against a background of biological and environmental factors.[3]



Addiction to opioids can be managed with effective medications.

The goals of medications for the treatment of OUD are to:

1. **Relieve withdrawal symptoms**
2. **Block effects of other opioids**
3. **Reduce cravings**
4. **Restore normal function**

Defining opioid use disorder (OUD)

It is problematic opioid use that leads to significant impairment or distress.

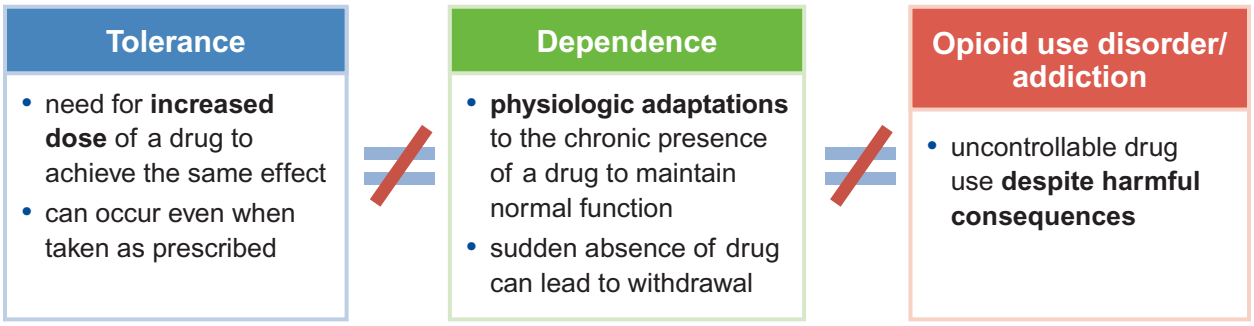
TABLE 1. OUD is marked by at least two of the following over the past 12 months:[4]

❑	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

Opioid dependence does **not** equal opioid addiction.

FIGURE 2. How tolerance, dependence, and OUD differ[5]



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.

Managing OUD in primary care

The Substance Abuse and Mental Health Administration recommends **SBIRT** (**S**creening, **B**rief **I**ntervention and **R**eferral to **T**reatment) to identify and manage patients who may have OUD.

FIGURE 3. Identifying patients with risky behaviors can be as easy as 1-2-3[6]

1. SCREENING

Ask all patients about substance use at least annually.
Example, *"How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"*

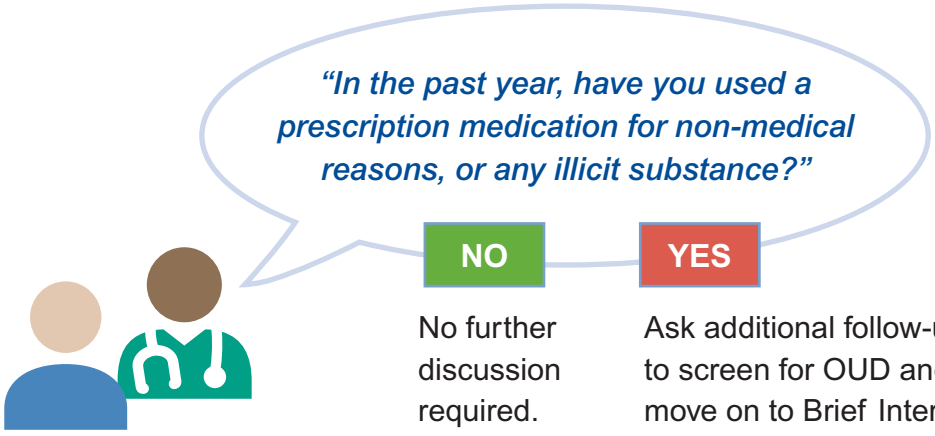
2. BRIEF INTERVENTION

Discuss your concerns, assist with goal setting, and arrange follow-up.
Use motivational interviewing techniques to encourage safer behavior and engage the patient in effective treatment.

3. REFER TO OR INITIATE TREATMENT

Screening for substance misuse or use disorder

Universal screening of all patients in primary care normalizes the question and gives all patients an opportunity to disclose use. **Ask a simple question to open the conversation:**



A formal tool like the Drug Abuse Screening Test (DAST-10) provides a format for asking about drug use and opening the conversation to gather information required to diagnose OUD.

DAST-10

Engage patients with problematic opioid use

Initiate a brief intervention.

Comprised of one or more 5- to 15-minute conversations, a brief intervention can motivate the patient to change substance use patterns.

Tips for effective, collaborative brief intervention conversations:

- Ask the patient for permission to share information about problematic opioid use.
- Provide information, then elicit the patient's own views.
- Ask if the patient would be interested in resources.
- Summarize and confirm the plan with the patient.
- Schedule follow-up, even in patients who are not ready to start treatment.

Discuss harm reduction strategies with all patients.

Like wearing seat belts, simple steps can help all patients reduce risks to their health.

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

Recommend or provide immunizations
(hepatitis, pneumococcus, tetanus)

Screen for infections
(especially HIV, hepatitis C)

Other harm reduction strategies:

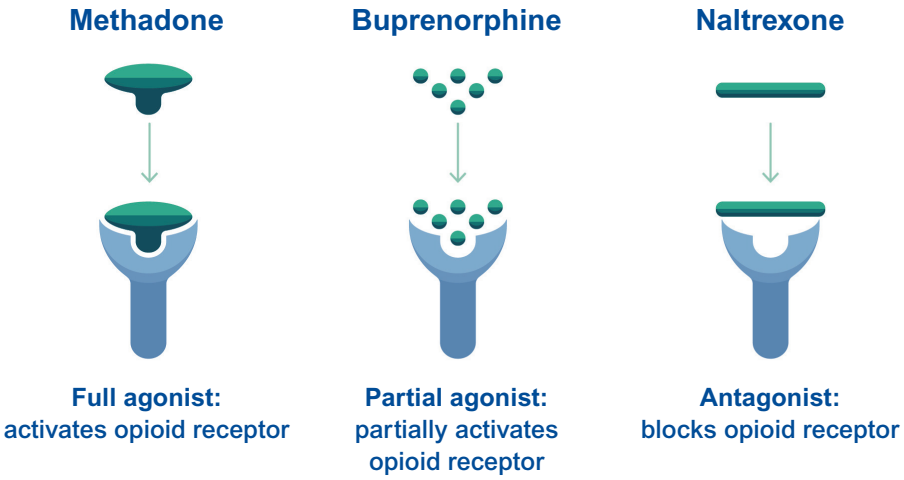
- Recommend **www.neverusealone.com** (1-800-484-3731) to prevent overdose.
- **Discuss sterile injection practices** to reduce risk of infections, link with a syringe exchange program (if available), or prescribe insulin needles.
- **Recommend fentanyl test strips,** if available.
- Evaluate whether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

Use "person-first" language to reduce stigma.

Language to avoid	Recommended language
addict, abuser, user, junkie	a person with OUD
clean/dirty urine	urine that is positive/negative for opioids or other substances
treatment failure	return to use, recurrence

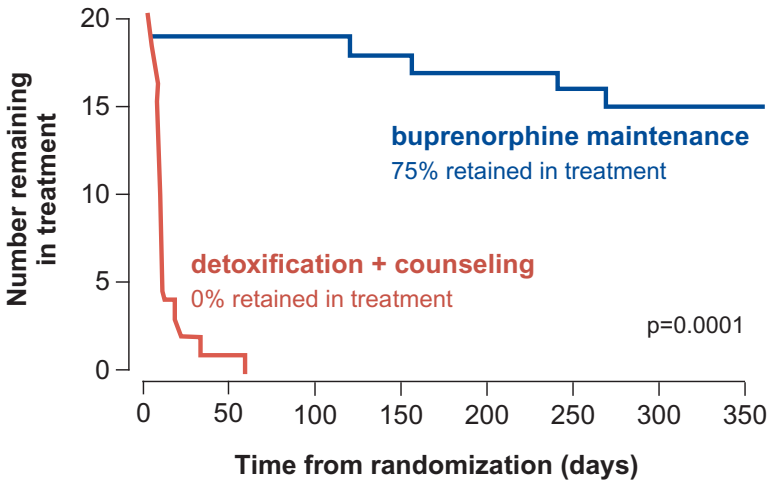
Effective medications can save lives

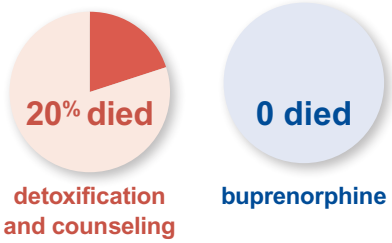
Three medications are FDA-approved to treat OUD.



Medications to treat OUD can improve retention in treatment, decrease opioid misuse, and reduce the risk of death.

FIGURE 4. In a randomized trial, buprenorphine kept more patients alive and engaged in treatment compared to detoxification and counseling.[7]





No patients treated with buprenorphine died within one year, *compared with 20% of those receiving detoxification and counseling.*

Medication for OUD is more effective than detoxification and abstinence-based treatment alone.[8]

Key points

- Opioid use disorder is a **chronic, treatable disease** that affects millions of Americans.
- It is defined by **problematic opioid use** that leads to **significant impairment or distress.**
- Patients with prescribed, chronic opioid use may have **tolerance and withdrawal without having or developing an addiction to opioids.**
- **Screen all primary care patients** for opioid and other substance use disorders.
- **Identify patients with OUD and initiate treatment** using SBIRT: Screening, Brief Intervention, and Referral to Treatment.
- **Ensure that naloxone (e.g., Narcan) is available** to patients with OUD and those who take high-dose opioids to prevent overdose; it can be life-saving.
- **Medications** like buprenorphine are safe and a highly effective strategy to help manage OUD for many patients.

Visit AlosaHealth.org/OUD
for links to a comprehensive evidence document and other resources.

References:

(1) NIDA. Overview. National Institute on Drug Abuse website. https://nida.nih.gov/publications/research-reports/medications-to-treat-opioid-addiction/overview. January 21, 2022. Accessed April 6, 2022. **(2)** Substance Abuse and Mental Health Services Administration. Key substance use and mental health indicators in the United States: Results from the 2020 National Survey on Drug Use and Health. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration;2021. HHS Publication No. PEP21-07-01-003, NSDUH Series H-56. **(3)** National Institute on Drug Abuse. Drug misuse and addiction. https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/drug-misuse-addiction. Published July 13, 2020. Accessed February 23, 2022. **(4)** American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders, 5th Ed.,* Text Revision. Arlington, VA: American Psychiatric Publishing; 2022. **(5)** Szalavitz M, Rigg KK, Wakeman SE. Drug dependence is not addiction-and it matters. *Ann Med.* 2021;53(1):1989-1992. **(6)** Substance Abuse and Mental Health Services Administration. Medications for opioid use disorder. Treatment Improvement Protocol (TIP) Series 63 Publication No. PEP21-02-01-002. Rockville, MD: Substance Abuse and Mental Health Services Administration;2021. **(7)** Kakko J, Svanborg KD, Kreek MJ, Heilig M. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a randomised, placebo-controlled trial. *Lancet.* 2003;361(9358):662-668. **(8)** Sees KL, Delucchi KL, Masson C, et al. Methadone maintenance vs 180-day psychosocially enriched detoxification for treatment of opioid dependence: a randomized controlled trial. *JAMA.* 2000;283(10):1303-1310.

About this publication

These are general recommendations only; specific clinical decisions should be made by the treating clinician based on an individual patient's clinical condition. More detailed information on this topic is provided in a longer evidence document at AlosaHealth.org.

This material is provided by **Alosa Health**, a nonprofit organization which is not affiliated with any pharmaceutical company.

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