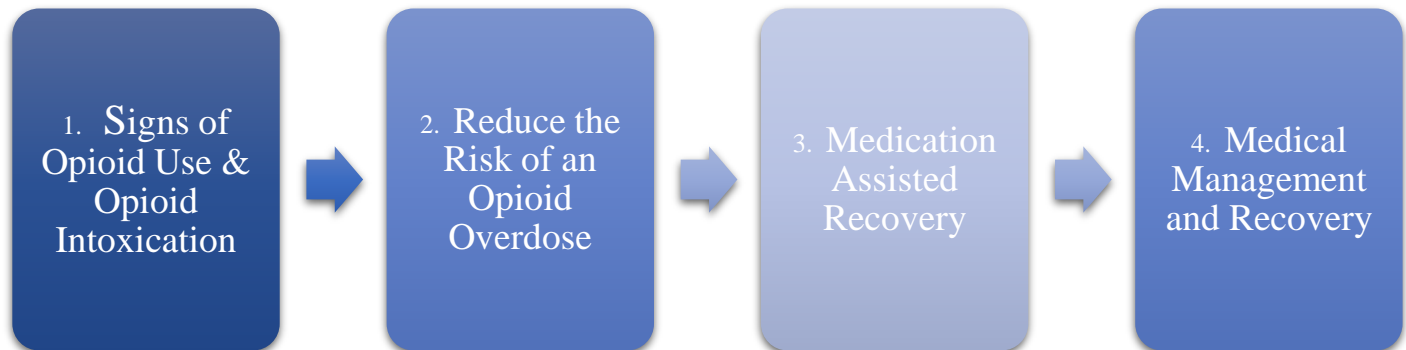


Guideline: Harm Reduction for Opioid Use Disorder

The purpose of this guideline is to reduce the risk of an opioid overdose and increase access to care for people with an opioid use disorder (OUD). Organizations working with or encountering people with an OUD should have policies and procedures designed to prevent and respond to an opioid overdose.



1. Signs of Opioid Use or Opioid Intoxication

- How to confirm opioid use or opioid intoxication:
 - ✓ self-reported opioid use;
 - ✓ positive toxicology test;
 - ✓ observable signs of opioid intoxication (drowsy, “nodding off,” slurred speech, fingernails or lips are blue or purple, yawning, vomiting or making gurgling sounds, unconscious and cannot be awakened); and/or
 - ✓ a formal screening (e.g., Diagnostic & Statistical Manual 5th Edition Opioid Use Disorder checklist).

2. Reduce the Risk of an Opioid Overdose

- If the person is unresponsive call 911. After calling 911, administer naloxone.
 - ✓ Naloxone is a prescription medication approved by the Food and Drug Administration (FDA) to reverse overdose effects of opioids such as heroin, morphine, oxycodone, hydrocodone and other opioids. A step to reducing the risk of an opioid overdose is to increase access to this life-saving medication. If naloxone is not available, visit the IDHS/SUPR Drug Overdose Prevention Program (DOPP) page at <https://www.dhs.state.il.us/page.aspx?item=58142> to find an Overdose Education and Naloxone Distribution (OEND) provider and step by step instructions on how to reduce the risk of an overdose.
- If the person self-reports opioid use and is alert, with no indicators of intoxication, link them to a resource for Medication Assisted Recovery (MAR) as quickly as possible. Visit <https://helplineil.org/> for access to Illinois organizations equipped to treat OUD with medication and to OEND providers.
- During the initial phase of MAR, persons may experience withdrawal symptoms, increasing the risks of an overdose. Persons may also continue to use opioids once the effects of the last dose decrease. All persons on MAR should work closely with the prescribing physician to address withdrawal symptoms.
- People on MAR who are overmedicated (medication dose is too high) or under-medicated (medication dose is too low) are at risk of an opioid overdose. The symptoms of overmedication are similar to opioid intoxication. Individuals who are under-medicated will experience withdrawal symptoms (muscle twitching, yawning, diarrhea, vomiting, dilated pupils, abnormal pain and increased cravings to use opioids). To relieve their symptoms and avoid an opioid overdose, close

medication monitoring by the prescribing physician is recommended.

- Every organization that provide services to persons with an OUD should have policies and procedures and training for all staff to ensure that everyone is equipped to reduce the risk of an opioid overdose.

3. Medication Assisted Recovery (MAR)

- MAR is the use of evidence-based FDA approved medications (e.g., methadone, buprenorphine, naltrexone, disulfiram, acamprosate) by individuals with a substance use disorder (SUD) to support their recovery. IDHS/SUPR recognizes that individuals who identify in recovery and take medications to manage their SUD *are* in recovery.
- Research shows that the use of FDA approved medications coupled with psycho-social and recovery-oriented services is an effective treatment for an OUD. These medications helps stabilize brain functioning and relieve or decrease cravings and withdrawal symptoms, allowing people to focus on their recovery process (<https://narronline.org/>).
- Organizations working with or encountering people with an OUD should discuss and offer, directly or through a referral options, access to these FDA approved medications. If the person refuses a referral to MAR, follow harm reduction best practices.
- The medication first approach is a critical step in preventing an opioid overdose. While highly recommended, treatment, housing, or other recovery supports should not be a condition of MAR. Visit <https://www.nomodeaths.org/medication-first-implementation> for more information on the medication first approach.
- Effective MAR interventions for OUD are person-centered and based on the results of:
 - ✓ a medical screening to rule out medical problems associated with opioid use or, if applicable, a physical examination following federal regulations;
 - ✓ applicable laboratory tests; and
 - ✓ patient involvement.
 - ✓ opioid use disorder is a chronic, relapsing disease that significantly impacts a person’s physical, emotional, and social wellbeing. Therefore, medication in conjunction with behavioral interventions, such as substance use treatment and peer services, is strongly recommended.

4. Medical Management and Recovery

- As outlined by the Substance Abuse & Mental Health Services Administration (SAMHSA TIP 63), medical management includes a process whereby healthcare professionals provide medication, access to basic brief supportive counseling, monitoring of drug use and medication adherence, and referrals, when necessary, to substance use disorder treatment and other services to address the patient’s medical, mental health, comorbid addictions, and psycho-social needs.
- While on MAR, people with an OUD may use opioids if withdrawal symptoms are experienced. To reduce the incidence of this, medication management to monitor withdrawal symptoms is recommended throughout the continuum of care to prevent any ongoing use of opioids or the recurrence (relapse) of opioid use once recovery is achieved. The prescribing physician determines how often medication management is conducted.

Consensus Study from the National Academies of Sciences, Engineering, and Medicine (2019).

OVERVIEW OF CONCLUSIONS

“Opioid use disorder is a treatable chronic brain disease. FDA-approved medications to treat opioid use disorder are effective and save lives. Long-term retention on medications to treat opioid use disorder is associated with improved outcomes. A lack of availability of behavioral interventions is not a sufficient justification to withhold medications to treat opioid use disorder. Most people who could benefit from medication-based treatment for opioid use disorder do not receive it, and access is inequitable across subgroups of the population. Medication-based treatment is effective across all treatment settings studied to date. Withholding or failing to have available all classes of FDA-approved medication for the treatment of opioid use disorder in any care or criminal justice setting is denying appropriate medical treatment. Confronting the major barriers to the use of medications to treat opioid use disorder is critical to addressing the opioid crisis.”

To read the full text of the committee’s conclusions, visit https://www.nap.edu/resource/25310/032019_OUDconclusions.pdf