

Top 10 Quick and Easy Ways to Enhance Access to Medications for Opioid Use Disorder Care

- 1.** Treat people, not diseases. When we identify people by their illness (e.g., addict, diabetic), we provide inferior care. Use a person-first, harm reduction approach to your interactions with patients and staff (e.g., “person living with substance use disorder” instead of “addict”).
- 2.** Avoid penalizing patients for polysubstance use during treatment for Opioid Use Disorder (OUD) (e.g., do not discharge patients for drug testing showing polysubstance use). Medications for Opioid Use Disorder (MOUD) treats OUD but not other substance use. Treating OUD greatly reduces the chances of overdose death and other opioid-associated harms regardless of other substance use.
- 3.** Openly discuss safer use strategies during clinical encounters with patients (e.g., sharing locations of Syringe Service Programs (SSPs), avoid using alone, moving from injecting to snorting).
- 4.** Offer telehealth MOUD services to your patients.
- 5.** Escalate dose of buprenorphine/naloxone when clinically indicated.
- 6.** Redefine success for each patient. One person’s success may be simply using opioids in a more controlled fashion whereas for another, it is ceasing opioids completely.
- 7.** Start MOUD on the first day of presentation to care, as you would start medication immediately for someone with a new diagnosis of diabetes.
- 8.** Always proactively welcome patients back after lapses in care.
- 9.** Provide MOUD services that are not contingent upon a patient’s willingness to engage in behavioral health services.
- 10.** Ask patients what was difficult for them in prior treatment settings and how you/your team can best support them in working toward their goals.