

# Medications for Opioid Use Disorder (MOUD) in Primary Care

Thursday, June 26, 2025

2:00 to 3:00 p.m. ET

# Submitting Questions and Comments

- Submit questions by using the questions-and-answer (Q&A) feature.
- If you experience any technical issues during the webinar, please message us through the chat feature or email [bphc-ta@bizzellus.com](mailto:bphc-ta@bizzellus.com).

# Continuing Education (CE)

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# Presenter

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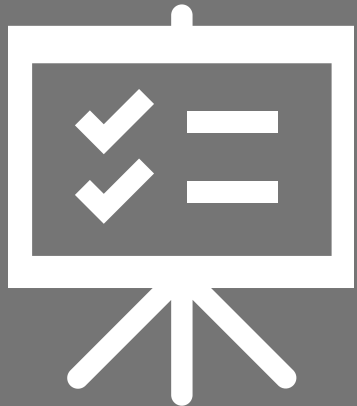
# Objectives

## Participants of this webinar will be able to:

- Identify the available tools for opioid use disorder (OUD) screening that may be integrated into their primary care practices.
- Define treatment options for medication for opioid use disorder (MOUD) with their patients.
- Demonstrate and understand the importance of using non-stigmatizing language in their practices.
- Identify strategies to create plans to coordinate mental health concerns/needs of patients with MOUD.



# Course Outline



- **Background on efficacy of MOUD**
- **Barriers to prescribing MOUD in primary care (poll)**
  - Stigma
  - Fear of diversion
  - Opportunities and topics to be addressed
- **Review of the three approved medications**
  - Buprenorphine
  - Methadone
  - Naltrexone
- **Screening/assessment and integration**

# Medications Approved for the Treatment of OUD are Effective



**OUD is a chronic, treatable condition.**

**Effective, FDA-approved medications help people stop or reduce opioid use.**

**MOUD reduces risk of overdose death and HIV and hepatitis C risk behaviors.**

**MOUD is also safe and effective during pregnancy and breastfeeding.**

# Polling Question #1:

**What are the current barriers to MOUD being provided in your practice?**

- Not enough time
- Not enough support to coordinate care
- Lack of education re: screening and assessment tools
- Fears of the practice becoming “overrun” with patients seeking MOUD
- Other...share your response in the chat





# Polling Question #2:

## What would be most helpful to your practice?

- More training
- More staff
- Electronic health record (EHR) integration of screening and assessment tools
- Awareness of community resources
- Other...share your response in the chat



# Stigma

Alive and Well Even Today



[CDC video: Understanding Addiction to Support Recovery](#)





The chart below can help you choose words to reduce stigma and use person-first language when talking about addiction.

## Talking About Yourself or Others with Substance Use Disorder

Use...	Instead of...	Because...
<ul style="list-style-type: none"><li>▪ <b>Person with a substance use disorder</b><sup>10</sup></li></ul>	<ul style="list-style-type: none"><li>▪ Addict</li><li>▪ User</li><li>▪ Substance or drug abuser</li><li>▪ Junkie</li></ul>	<ul style="list-style-type: none"><li>▪ Using person-first language shows that SUD is an illness.</li><li>▪ Using these words shows that a person with a SUD “has” a problem/illness, rather than “is” the problem.<sup>6</sup></li><li>▪ The terms avoid elicit negative associations, punitive attitudes, and individual blame.<sup>6</sup></li></ul>
<ul style="list-style-type: none"><li>▪ <b>Person with alcohol use disorder</b></li><li>▪ <b>Person who misuses alcohol/engages in unhealthy/hazardous alcohol use</b></li></ul>	<ul style="list-style-type: none"><li>▪ Alcoholic</li><li>▪ Drunk</li></ul>	

[Words Matter](#)

# Fear of Diversion

	Patient education re: expectations
	Pill counts
	Impairment assessment
	Expansion of treatment availability vs. diversion

# Opportunities and Topics to be Addressed



**Telehealth  
prescribing for  
opioid use  
disorder**



**Removal of the  
X-waiver**

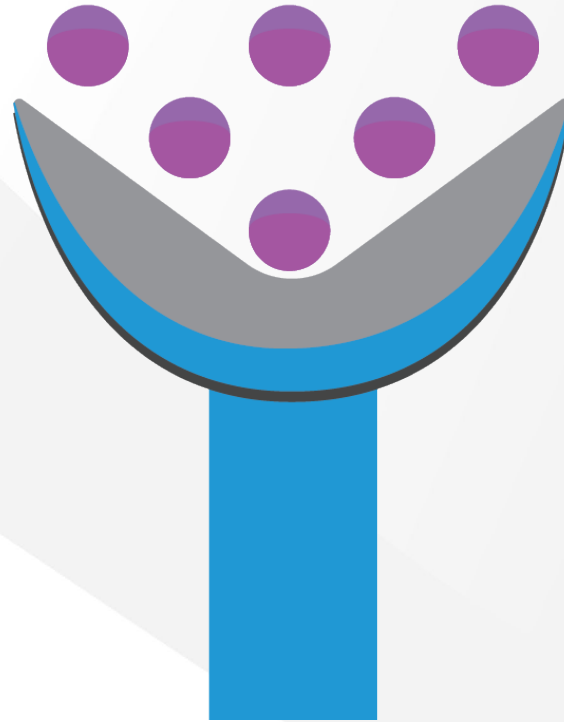


**Methadone dose  
requirements from  
an approved  
program rather than  
practitioners' offices**

# OUD Medications and How They Work



**Methadone**



**Buprenorphine**



**Naltrexone**

## Discussing Options for Integrated Care

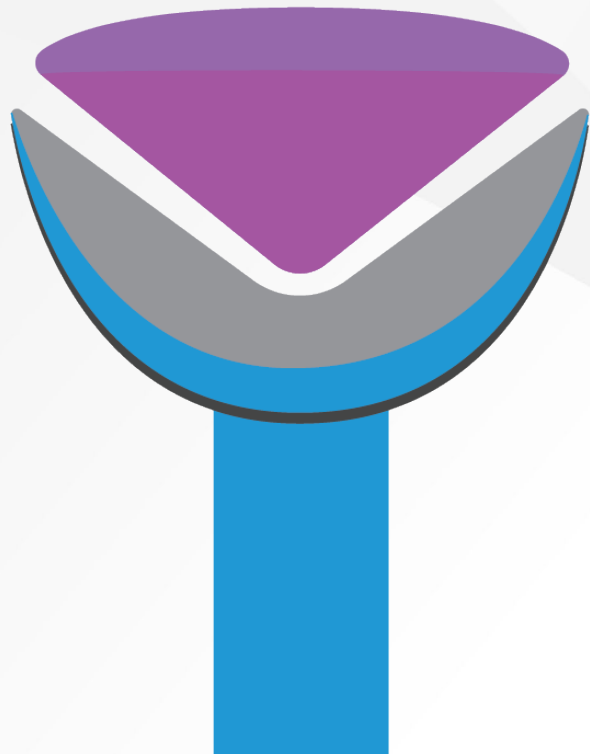


The one most likely to fit the patient's needs will most likely be successful.

Being able to stick with treatment is a key factor.

Why not just detox?

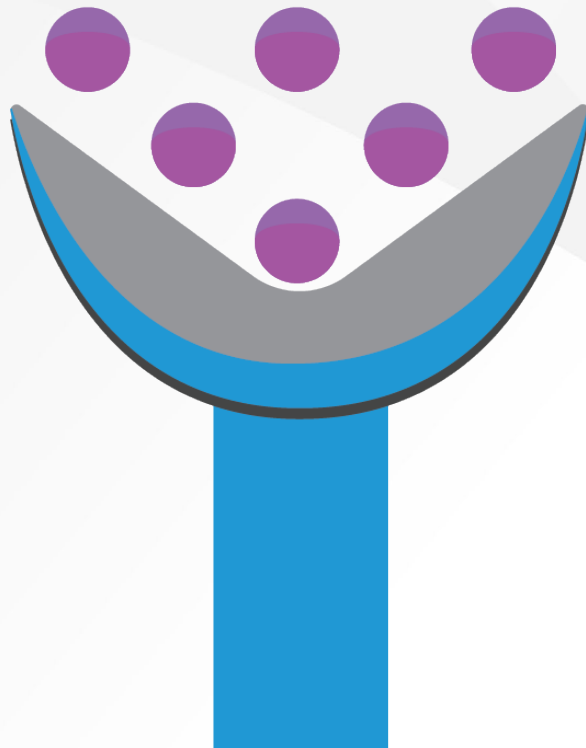
# Medication-Specific Information: Methadone



## Methadone

- Only available through licensed clinics.
- Gradual build-up to reach therapeutic dose.
- Daily presentation to clinic initially.
- Potential for overdose if mixed with ethyl alcohol (ETOH) or other sedatives.
- Should not be stopped abruptly.
- It works!

# Medication-Specific Information: Buprenorphine



## Buprenorphine

- Prescribed from an office by anyone with a Drug Enforcement Agency (DEA) license.
- Available in pills, tablets, or long-acting injection.
- Effective dose may be reached in a few days.
- Withdrawal may be experienced if other opioids have been used recently, but this can be managed.
- Should not be stopped abruptly.



# Medication-Specific Information: Long-acting Naltrexone



## Long-acting naltrexone

- This blocks the effects of opioids on the brain.
- It is given in monthly injections.
- First dose can only be given after opioids are out of the system.
- Abrupt cessation does not lead to withdrawal but may lead to cravings, relapse, and overdose.

# Screening and Assessment

Evidence-based tools that are available:

- TAPS  
(demonstration)
- DAST Drug Abuse Screening Test-10
- S2Bi Screening to Brief Intervention

## TAPS

Tobacco, Alcohol, Prescription medication, and other Substance use Tool

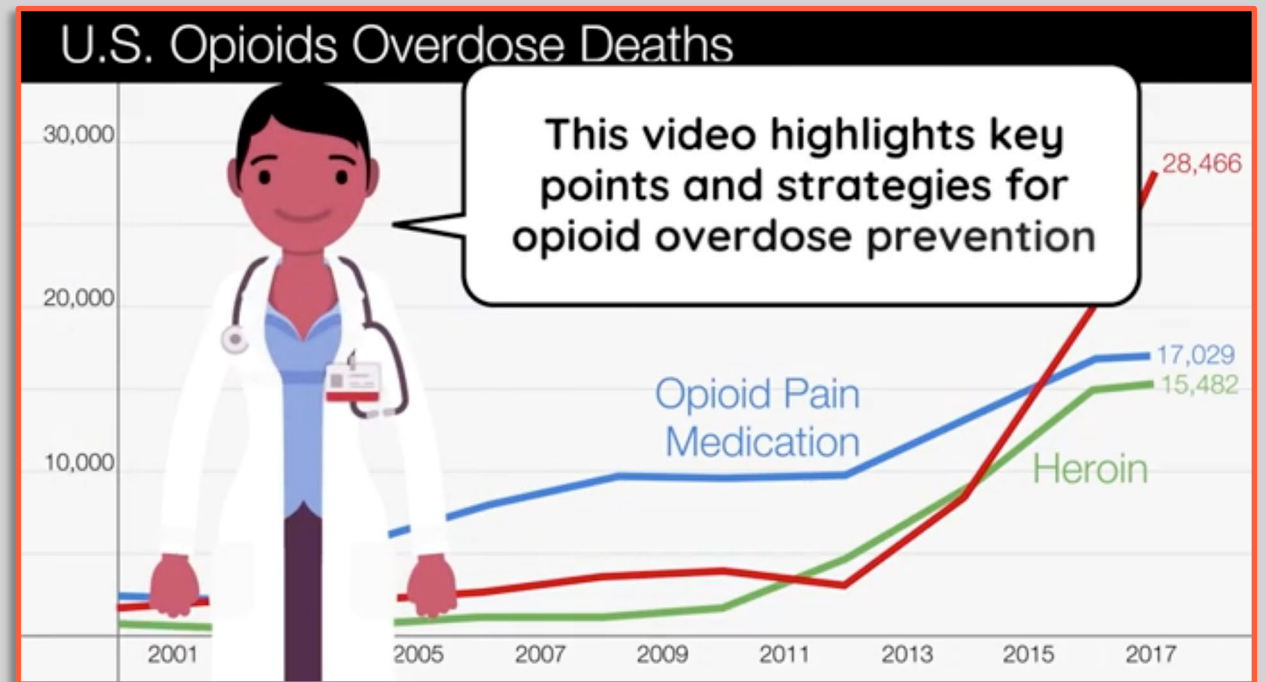
The Tobacco, Alcohol, Prescription medication, and other Substance use (TAPS) Tool consists of a combined screening component (TAPS-1) followed by a brief assessment (TAPS-2) for those who screen positive.

This tool:

- Combines screening and brief assessment for commonly used substances, eliminating the need for multiple screening and lengthy assessment tools
- Provides a two stage brief assessment adapted from the NIDA quick screen and brief assessment (adapted ASSIST-lite)
- May be either self-administered directly by the patient or as an interview by a health professional
- Uses an electronic format (available here as an online tool)
- Uses a screening component to ask about frequency of substance use in the past 12 months
- Facilitates a brief assessment of past 3 months problem use to the patient

# Screening and Assessment Continued

- Drug testing
- Prescription drug monitoring (PMP) systems
- Integration into routine practice
- Assessing risk of overdose and education on naloxone use
- Impairment assessment



# Respectful Treatment Is the Expectation

## Patient-facing information:

- Video: [4 Steps to Reverse Opioid Overdose](#)

## Professional resources:

- [Screening for Substance Use](#)
- Supplies: Fentanyl test strips

*Everyone gets screened without judgment.*



# Conclusion



**Medications for OUD are safe and effective.**



**Integration of screening and assessment for all SUDs should be a routine part of patient management.**



**Toolkits and other resources are available for your use without cost.**

# Q&A



# Accessing Training and TA Opportunities



## EMAIL US

[bphc-ta@bizzellus.com](mailto:bphc-ta@bizzellus.com)



## VISIT THE TA PORTAL

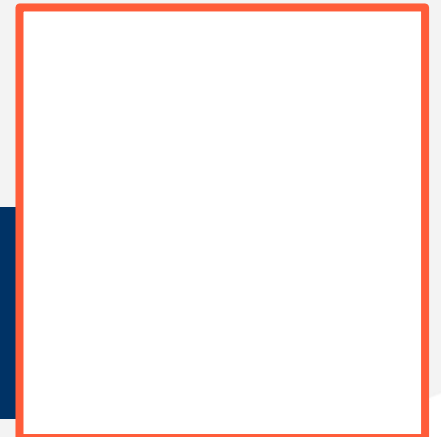
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# Health Center Satisfaction Assessment

We'd love your feedback on today's session!

Please take 2 minutes to complete the Health Center TA Satisfaction Assessment.

**Thank you for your time!**



<https://www.surveymonkey.com/r/MOUDWebinar>

# Resources/References

Centers for Disease Control and Prevention. (2022, February 17). Understanding Addiction to Support Recovery. YouTube. <https://youtu.be/xnJ814OsZJo?si=yrr-u6AcKLPr7GHN>

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Thank You!

