



CDC Clinical Practice Guideline for Prescribing Opioids for Pain — United States, 2022

Recommendation 12

Clinicians should offer or arrange treatment w/ evidence-based meds to treat pts w/ OUD. Detoxification on its own, w/o meds for OUD, is not recommended for OUD because of increased risks for resuming drug use, OD, and OD death (recommendation category: A; evidence type: 1).

Implementation Considerations

- Although stigma can reduce the willingness of persons w/ OUD to seek treatment, OUD is a chronic, treatable dz from which persons can recover and continue to lead healthy lives.
- If clinicians suspect OUD, they should discuss their concern w/ their pt in a nonjudgmental manner and provide an opportunity for the pt to disclose related concerns or problems.
- Assess for the presence of OUD using DSM-5 criteria.
- If pts meet criteria for OUD, particularly if moderate or severe, offer or arrange for pts to receive evidence-based treatment w/ meds for OUD.
- Clinicians should not dismiss pts from their practice because of OUD because this can adversely affect pt safety.
- Medication treatment of OUD has been assoc w/ reduced risk for OD and overall deaths. Identification of OUD represents an opportunity for

a clinician to initiate potentially life-saving interventions, and the clinician should collaborate w/ the pt regarding their safety to increase the likelihood of successful treatment.

- For pregnant persons w/ OUD, medication for OUD (buprenorphine or methadone) is the recommended tx and should be offered as early as possible in pregnancy to prevent harms to both the pt and the fetus.
- Clinicians unable to provide treatment themselves should arrange for pts w/ OUD to receive care from a substance use disorder treatment specialist (e.g., an office-based buprenorphine or naltrexone treatment provider), or from an opioid treatment program certified by SAMHSA to provide methadone or buprenorphine for pts w/ OUD.
- All clinicians, and particularly clinicians prescribing opioids in communities w/o sufficient treatment capacity for OUD, should obtain a waiver to prescribe buprenorphine for OUD.
- Clinicians prescribing opioids should identify treatment resources for OUD in the community, establish a network of referral options that span the levels of care that pts might need to enable rapid collaboration and referral, when needed, and work together to ensure sufficient treatment capacity for OUD at the practice level.
- Although identification of an OUD can alter the expected benefits and risks of opioid tx for pain, pts w/ co-occurring pain and OUD require ongoing pain mgmt that maximizes benefits relative to risks.