

PROVIDER RESOURCES

American Academy of Family Physicians Needle Exchange Program statement of support

<https://www.aafp.org/about/policies/all/needle-exchange.html>

Prescribing Opioids, Medication-Assisted Treatment

- The Centers of Disease Control and Prevention released guidelines for prescribing opioids for chronic pain in March 2016.
- The Comprehensive Addiction and Recovery Act (CARA), passed in 2016, addresses several areas of overdose prevention, substance use disorder treatment, and opioid abuse prevention and intervention. Included in these provisions is the expansion of buprenorphine prescribing privileges to nurse practitioners and physician assistants. This bolsters a decision by the Obama Administration to increase the number of patients a practitioner can treat with buprenorphine from 100 to 275. More information about providing buprenorphine-assisted treatment, including Buprenorphine Waiver Management can be found through the Substance Abuse and Mental Health Services Administration (SAMHSA).

Co-Prescribing

- The CDC recommends that providers consider prescribing naloxone to all patients on long-term opioid regimens and to anyone at risk of experiencing or being present at an opioid overdose. This is also endorsed by the American Medical Association. Find more information about naloxone co-prescribing through the CDC opioid prescribing guidelines or Prescribe to Prevent, an advocacy and education group.

Providing Care to People Who Inject Drugs

- Use normalizing, destigmatizing language with patients seeking care for substance use disorders (including medication-assisted treatment) or harm reduction resources, including syringe exchange services.
- Ask about frequency of sharing syringes and other injection equipment and discuss relevant risks and risk reduction strategies, regardless of pursuit of treatment.

- Discuss health risks to people who inject drugs (including abscesses, endocarditis, and sepsis, and bloodborne diseases like HIV and Hepatitis C), regardless of pursuit of treatment.
- If a patient is interested in treatment, ask questions about the use of harm reduction methods while pursuing treatment.
- Acknowledge that you have received similar questions from other patients and that you are interested in providing such information and connections to care.
- If a patient who injects drugs has limited access to syringe exchange services, consider prescribing syringes. Though some pharmacies sell syringes to the public, it is up to pharmacists' discretion and customers may face stigma and suspicion.

Supporting Syringe Exchanges and Overdose Prevention Work

- Encourage the pharmacies you work with to sell syringes, based on patient need.
- Ask the pharmacies you work with about availability of naloxone, public demand, and available educational resources. Check pharmacy participation in the standing order at NaloxoneSaves.org.
- Discuss how to identify and reverse an opioid overdose with patients receiving long-term opioid prescriptions, patients who use illicit opioids, and anyone who may experience or be present for an opioid overdose (including patients and their families). Discuss legal protections provided by the Good Samaritan Law and refer to patient education information at NaloxoneSaves.org.
- Syringe exchanges respond to the health issues in the communities they serve. If a syringe exchange is operating in your area, ask staff if they are seeing any specific health issues among participants and what information or resources might be needed.
- If your healthcare center is able, consider donating sterile syringes, biohazard containers, alcohol pads or safer sex supplies to syringe exchange programs.

CDC Recommendations to Providers

- Follow CDC opioid prescribing guidelines.
- Screen patients for substance use disorder, including the misuse of prescription medications, suicide risk and depression. If needed, provide or link to mental health services, and connect people who inject drugs (PWID) or who show signs of opioid use disorders to medication-assisted treatment.

- Test PWID for HIV and hepatitis and treat them if they are infected. Vaccinate patients for hepatitis A and B, if appropriate.
- Prescribe sterile syringes to PWID, or refer them to syringe exchange programs (SEPs) or pharmacies that provide sterile syringes, where permitted by law.
- Provide or refer PWID to HIV risk reduction counseling. Consider prescribing pre-exposure prophylaxis (PrEP) for PWID at very high HIV risk.
- Prevent overdose deaths by providing naloxone or referring PWID to pharmacies or community-based programs that provide it, where permitted by law.