

Modernizing OUD Care: A Primary Care Guide for the Fentanyl Era

Traditional approaches to Opioid Use Disorder (OUD) treatment risk severe, precipitated withdrawal due to high-potency fentanyl. This guide outlines modern, evidence-based principles for safer Medication-Assisted Treatment (MAT) induction and comprehensive, patient-centered care in primary care settings.

CORE TREATMENT STRATEGIES



Low-Dose Induction is the Safest Approach for Fentanyl Users

This method avoids the high risk of precipitated withdrawal common with traditional induction.



Do NOT Withhold MAT Due to Polysubstance Use

Co-use of benzodiazepines or stimulants is NOT a contraindication; withholding MAT is more dangerous.



Relapse Indicates a Need for Adjustment, Not Failure

Respond by adjusting the buprenorphine dose or considering methadone, not by discontinuing treatment.

Buprenorphine Induction Methods Comparison

Induction Method	Best For...	Key Consideration
Low-Dose ("Microdosing") 	Daily fentanyl users not in severe withdrawal. 	Safest option to avoid precipitated withdrawal.
Traditional 	Patients in moderate withdrawal (COWS ≥ 8-12). 	Must wait for objective withdrawal signs to start.
High-Dose 	High-tolerance users in moderate-to-severe withdrawal. 	Most effective in monitored settings (e.g., ED).

SPECIAL POPULATIONS & ESSENTIAL SUPPORTS



In Pregnancy, MAT is Standard of Care; Detox is Contraindicated

Initiate buprenorphine or refer for methadone immediately; do not delay care for OB clearance.



Integrate Harm Reduction into Every Visit

Always provide naloxone, fentanyl test strips, and safer-use counseling to prevent overdose.



Address Co-occurring Crises to Improve Outcomes

Link patients with unstable housing or severe mental illness to case management and crisis supports.