



RECADEMY™

**Treating Fentanyl & High-Potency Synthetic Opioid Use Disorder:
Evidence-Based MOUD Protocols, Induction Strategies, & Harm
Reduction in Real-World Care Settings**

March 31, 2026

Why This Topic Matters

High-potency synthetic opioids, primarily fentanyl and its analogs, now dominate the opioid epidemic and have significantly altered the clinical landscape of opioid use disorder treatment.

Health System Leaders & Clinicians Are Asking:



How should induction strategies evolve in high-fentanyl exposure settings?



When should methadone be prioritized for high-tolerance patients?



How should low-dose or flexible induction strategies be implemented safely and consistently?



How do we embed harm reduction into the core system infrastructure?



How do we manage fentanyl combined with stimulants and other substances?



How do we scale these approaches across large public systems?

Today's Speakers



Brian Hurley, MD, MB
Medical Director,
Bureau of Substance Abuse
Prevention & Control
Los Angeles County
Department of Public Health



Stuart Buttlair, PhD
Vice President, Clinical Excellence &
Leadership
OPEN MINDS

The Changing Clinical Landscape



How has fentanyl exposure changed the way opioid use disorder presents clinically compared to five to seven years ago? And what are frontline clinicians encountering that feels fundamentally different?

Induction Challenges & Precipitated Withdrawal



There is significant concern about precipitated withdrawal among patients with heavy fentanyl exposure. What are you seeing in practice? Is the risk truly higher or is fear of it sometimes delaying initiation unnecessarily?

Induction Challenges & Precipitated Withdrawal



Have you taught outpatient providers strategies/techniques to implement low-dose or watch patients for longer periods of time so that they know whether they're going through withdrawal or not?

Induction Challenges & Precipitated Withdrawal



Many organizations are experimenting with micro-induction or low-dose approaches. Where do you see things fitting into standard care and what guidance would you offer systems trying to implement?

Methadone's Role in High-Tolerance Populations



In this fentanyl era, some patients present with extremely high opioid tolerance. How should systems think about methadone access and integration as part of the balanced MOUD strategy?

Fentanyl & Stimulant Co-Use



We are seeing more fentanyl mixed with stimulants. How does this complicate stabilization and longer-term treatment planning? And what should leaders understand about evidence-based approaches to stimulant use disorder in this context?

Fentanyl & Stimulant Co-Use



Have there been any follow up studies on contingent management?

Harm Reduction as System Infrastructure



How should health systems and public programs think about embedding naloxone distribution, overdose education, and community-based harm reduction services into the core treatment continuum?

High-Risk Transitions of Care



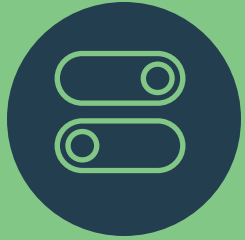
Overdose risk is highest following emergency department discharge, inpatient release, and incarceration. What has your system learned about initiating MOUD rapidly and ensuring continuity during these transitions?

Workforce Competency



What new competencies must today's addiction workforce develop to practice safely and effectively in a fentanyl-dominant environment?

Policy & Financing Alignment



Where are reimbursement and regulatory frameworks still misaligned with what frontline clinicians need to do? If you could change one policy lever tomorrow, what would it be?

Strategic Priorities for Leaders



If you were advising CEOs, Medicaid directors, or public health leaders today, what two or three strategic priorities should they focus on to improve outcomes in the fentanyl era?

Next Webinar: April 21, 2026

Recognizing & Treating Opioid Use Disorder (OUD) As A Chronic Brain Disease:
The Latest Research, Treatment Frameworks & Care Pathways

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