Opioid Use Disorder (OUD) Simulation Pre-Work

NOSTIGMA
Building pathways to equitable care

Effective Strategies for Communication with Patients

Establish Trust	Trust helps a person to feel safe. Over time, the person may feel more comfortable talking about information that is critical to their health
Person-First Language	Use person first language, i.e. a person with opioid use disorder, a person in recovery, or a person being treated for substance use disorder
Be Authentic and Present	Give the person your full attention, respond to their questions and concerns
Listen and Validate Concerns	• Listen intently to the person's concerns • Validate what you have heard, by confirming with the person • Ask open ended questions • Ask clarifying questions if needed
Be Empathetic	• Try to understand how chronic OUD and pain maybe impacting the person's quality of life • Validate concerns and emotions • Consider sharing a positive experience • Use empathetic statements "I understand this must be difficult for you"
Be Professional and Nonjudgmental	• Help to normalize the situation by keeping a professional manner • Explain to the person why you need to ask specific questions • Explain you are asking out of concern for their health, so you understand the how to help decrease their risks • Screen all persons for OUD, so it becomes a routine part of your practice. "How many times in the past year have you used an illegal drug or used a prescription medication for nonmedical reasons?"
Emphasize Safety	Show concern for the person's safety and work collaboratively to find safe approaches to improve their overall health
Be Supportive	Use effective communication to help set effective and achievable goals. Be aware of your nonverbal communication cues, such as facial expressions and tone of voice.
Use Direct Communication	• When helping patients manage their pain, you might encounter discordance between a patient's desired treatment options and the clinically recommended treatment regimen. Address these challenges directly with your patients and focus on improving quality of life. • Explain recommendations and compare risks and benefits to the patient's expectations • Discuss alternative plans to reach goals of improved function and lessened pain
Positive Attitude	Positive attitudes and knowledge about OUD lead to better treatment outcomes for patients

Some Facts About OUD

SUD is a complex brain disorder and mental illness that presents as a pattern of behavior involving compulsive use of a substance despite harmful physical, social, and/or psychological consequences.

Signs of acute opioid withdrawal include tachycardia, sweating, restlessness, dilated pupils, bone or joint discomfort, runny nose or tearing, gastrointestinal upset, tremor, yawning, anxiety, irritability, and piloerection of skin (gooseflesh skin).

Patients with mental health conditions, such as depression and anxiety, are more likely to experience OUD and overdose than other patients, especially if they are also taking a benzodiazepine.

Adverse childhood experiences (ACEs) are potentially traumatic events that occur during childhood, including child abuse, neglect, and other violence. Having a history of an ACE is a risk factor for several psychiatric disorders, including substance use disorder.

Many patients who have OUD report a history of childhood trauma. ACEs have been associated with younger age of opioid initiation, injection drug use, and lifetime overdose in adults treated for OUD.

Individuals with ACEs are more likely to report chronic pain symptoms that interfere with daily activities and are also more likely to be prescribed multiple prescription medications.

Patients with chronic pain and depression are at elevated risk for suicide.

Some Facts About Treatment for OUD

Medication-assisted treatment (MAT) is the best evidence-based treatment option for OUD, but stigmatizing attitudes affect retention and adherence to the treatment regimen.

MAT includes the use of buprenorphine, naltrexone, or methadone, in combination with cognitive behavioral therapy. MAT is safe to use for months, years, or even a lifetime.

Buprenorphine (Suboxone, Subutex, Sublocade) is considered the first-line MAT. It is thought to be safer than methadone for overdose risk since it is a partial opioid agonist and has a lower potential for respiratory depression. It suppresses and reduces cravings for opioids. Buprenorphine can be prescribed by healthcare providers without a waiver.

Methadone is a long-acting full opioid agonist and requires outpatient visits for supervised administration. Some patients may be allowed to take methadone at home. The length of treatment is a minimum of 12 months. Methadone helps to reduce craving and withdrawal and blocks the effects of opioids.

Naltrexone is an alternative treatment for highly motivated patients, patients with mild OUD, and patients whose occupation (pilots, healthcare workers, public safety) do not permit the use of methadone or buprenorphine. Naltrexone blocks the euphoric and sedative effects of opioids and prevents feelings of euphoria.

Particularly Vulnerable Populations with OUD

Lesbian, gay, bisexual, transgender and queer (LGBTQ+) individuals are two times more likely to have OUD than their non-LGBTQ+ peers.

Opioid overdose deaths are rising two times faster in Black, Indigenous and People of Color (BIPOC) than in White individuals.

Youth who identify as a sexual or gender minority (LGBTQ+) are twice as likely to experience homelessness than their non-LGBTQ+ peers. LGBTQ+ youth who are also BIPOC are at an ever higher risk of homelessness.

Human Trafficking Concerns

An estimated 24.9 million people in the world are victims of human trafficking in which victims are forced into labor. One such type of human trafficking is sex trafficking in which victims are coerced or forced into sexual acts.

OUD is common among victims of sex-trafficking. Traffickers often exploit individuals with OUD by coercing them into trafficking in exchange for opioids.

Sex trafficking inflicts trauma on these victims which can lead to increased opioid use as a coping mechanism.

LGBTQ+ homeless youth are 2 times more likely to be sex trafficked than non-LGBTQ homeless youth.

The National Human Trafficking Hotline provides resources to victims of sex and labor trafficking to allow them to get help and stay safe. Phone, text, and online chat is available 24/7, 365 days per year. Help is available in over 200 languages.

NATIONAL HUMAN TRAFFICKING HOTLINE

CONTACT THE NATIONAL HUMAN TRAFFICKING HOTLINE

Do you **want to get out of the life**?

Are you being **forced to work** against your will?

Or **threatened or tricked** by your boss?

Do you know someone who may be?

CALL
1-888-373-7888

TEXT
"BeFree" (233733)

- ✓ Get help.
- ✓ Report a tip.
- ✓ Find services.
- ✓ Learn about your options.

LIVE CHAT
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24/7 • Toll free • Confidential • 200+ languages

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Harm Reduction

Harm reduction approaches have been proven to prevent death, injury, disease, overdose, and substance misuse. Talk to your patients about the serious risks of respiratory depression associated with concurrent use of opioids and benzodiazepines.

Naloxone distribution is associated with decreased opioid overdose deaths at the community level. Naloxone should be offered to patients and their family members when the following factors that increase risk for opioid overdose are present:

- History of nonfatal overdose
- History of substance use disorder
- Higher opioid dosages (> 50 MME/day)
- Concurrent benzodiazepine use
- High risk of returning to a dose to which tolerance is no longer expected

Fentanyl is 50 times more potent than heroin and overdose deaths related to fentanyl have quadrupled in the past decade. Fentanyl is added to other substances because it is cheap to manufacture, so individuals sometimes do not know what they are consuming. Fentanyl strips are distributed by many states and can be used by individuals prior to using a substance. If positive, individuals can choose to take additional precautions to reduce harm such as use less, go slow, snort or smoke instead of inject, and stagger use with a trusted friend.

Harm associated with injecting drug use includes HIV, viral hepatitis, and bacterial and fungal infections. Needle exchange programs can help to reduce infectious disease transmission among people who use drugs, including those who inject drugs by equipping them with new supplies, accurate information, and facilitating referral to resources.

Many people with OUD need help connecting to community recovery services. Recovery support services, including recovery coaches and peer navigators, reduce ED utilization in patients with OUD by connecting patients with community resources. A warm handoff can facilitate healing and help remove some of the burden from the person. At minimum, providing the person with a list of recovery support services in their community should be part of their discharge instructions.

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