

Talking with Patients About Medications for Opioid Use Disorder (MOUD)

March 19th, 2019

12:00pm – 1:00pm

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Objectives

- ▶ Identify two (2) examples of stigmatizing language when talking about a substance use disorders.
- ▶ Describe three (3) reasons a patient might choose to start buprenorphine treatment
- ▶ Specify three (3) reasons to use a shared decision-making model when working with tribal communities.
- ▶ Demonstrate two (2) lessons learned from the clinical case presentation.

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

PEOPLE FIRST.

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Language and Stigma

No other medical condition is shrouded in stigma like that of substance use disorders. This harmful stigma affects those who are suffering, their loved ones, and often numerous others connected to the individual.

Sadly, it is often due to this stigma that those in need of treatment do not seek medical attention.

Stigmatizing Language

Often we use stigmatizing terms every day, not realizing the extent of their negative impact. In order to collectively work to humanize the issue of substance use disorders, the following terminology must be avoided when either discussing or writing about this issue.

Think about the negative sentiment attached to each of the following statements:

“My friend is a ***drug addict***”

“No matter what we do, she can’t seem to get ***clean***”

“Our community has a serious ***drug abuse*** problem”

“He can’t seem to avoid ***relapse***”

Stigmatizing vs. Affirming

Stigmatizing Language

Abuser, Addict, Alcoholic

”Clean”

“Dirty”

Drug Abuse

Relapse

Substance Abuse or Misuse

Drug

Lapse

Opioid Replacement Therapy

Affirming Language

Stigmatizing vs. Affirming

Stigmatizing Language

Abuser, Addict, Alcoholic

”Clean”

“Dirty”

Drug Abuse

Relapse

Substance Abuse or Misuse

Drug

Lapse

Opioid Replacement Therapy

Affirming Language

A person suffering from a substance use disorder

A person in recovery

A person not yet in recovery

Substance Use

Recurrence

Substance Use

Medication OR non-medically used psychoactive substances

Resume OR Experience a recurrence

Medications for addiction treatment

Substance Use Disorders as a Chronic Disease

- ▶ Substance Use Disorders (SUD) are often chronic, relapsing conditions of the brain that cause compulsive drug-seeking and use, despite harmful consequences
- ▶ Chronic diseases must be treated, managed, and monitored over time
- ▶ Compare with hypertension or diabetes

Talking to Patients about MOUD

The Essentials

- ▶ MOUD is standard of care for opioid use disorder
- ▶ Three FDA-approved medications
- ▶ Shared decision-making using motivational interviewing skills

Surgeon General's Report (2016)

- ▶ “Well-supported scientific evidence shows that medications can be effective in treating serious substance use disorders, but they are under-used.”
- ▶ “MAT for patients with a chronic opioid use disorder must be delivered for an adequate duration in order to be effective. Patients who receive MAT for fewer than 90 days have not shown improved outcomes.”
- ▶ “One study suggested that individuals who receive MAT for fewer than 3 years are more likely to relapse than those who are in treatment for 3 or more years.”



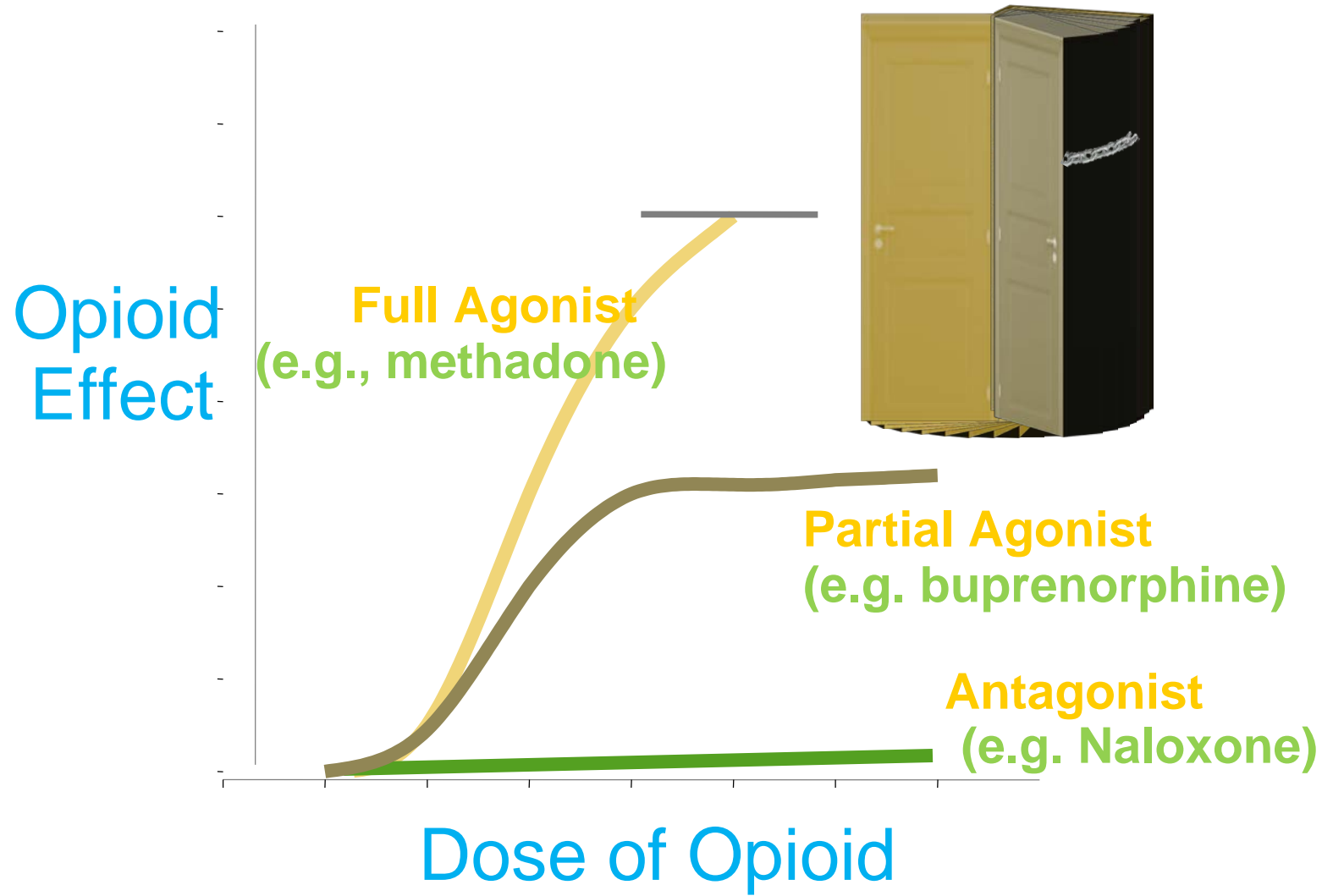
FACING ADDICTION IN AMERICA

*The Surgeon General's Report
Alcohol, Drugs, and Health*

Know the Medicines

- ▶ Buprenorphine
- ▶ Methadone
- ▶ Naltrexone

How Do Opioids Work?



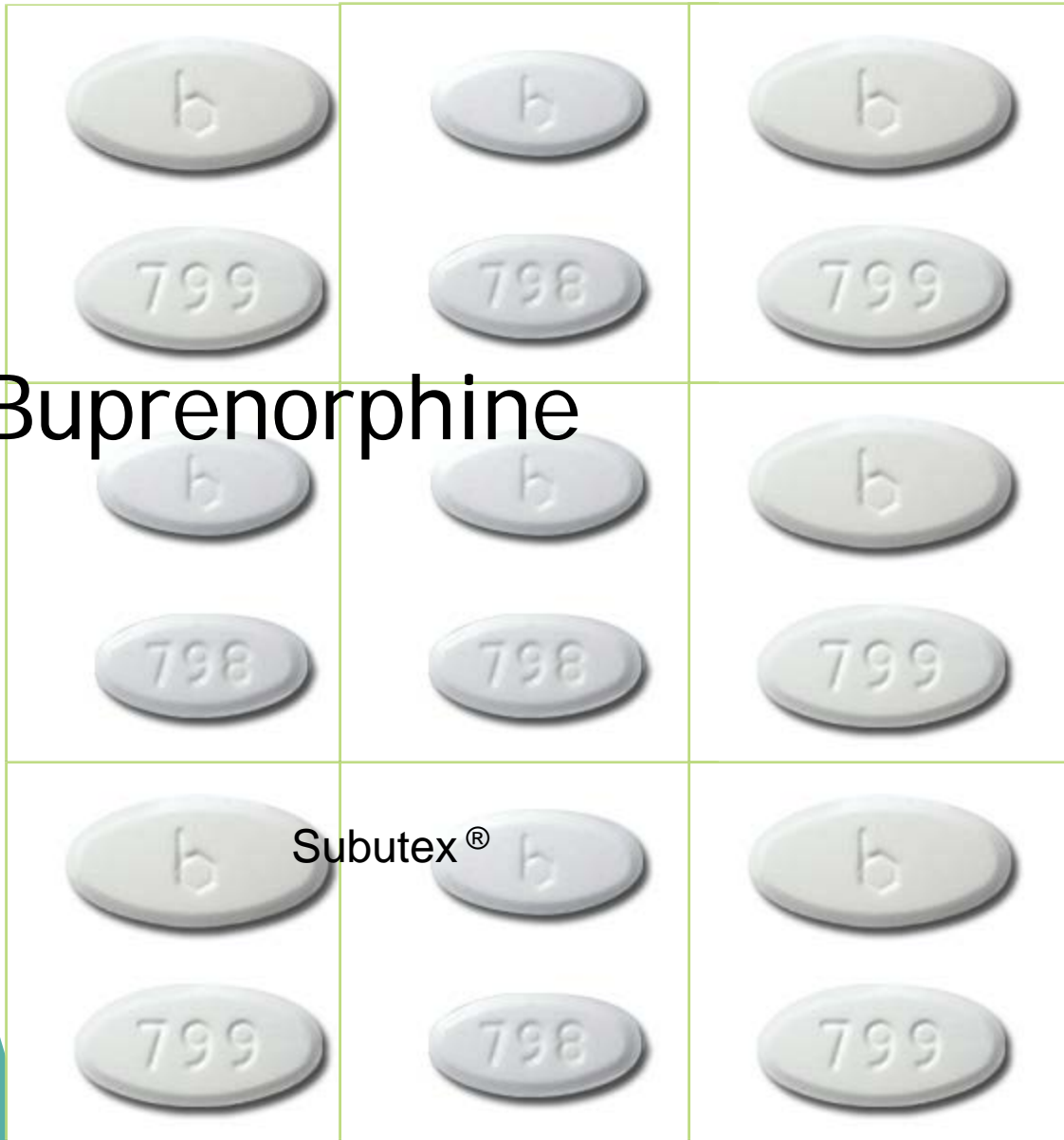
Methadone



Dolophine[®] Methadose[®]

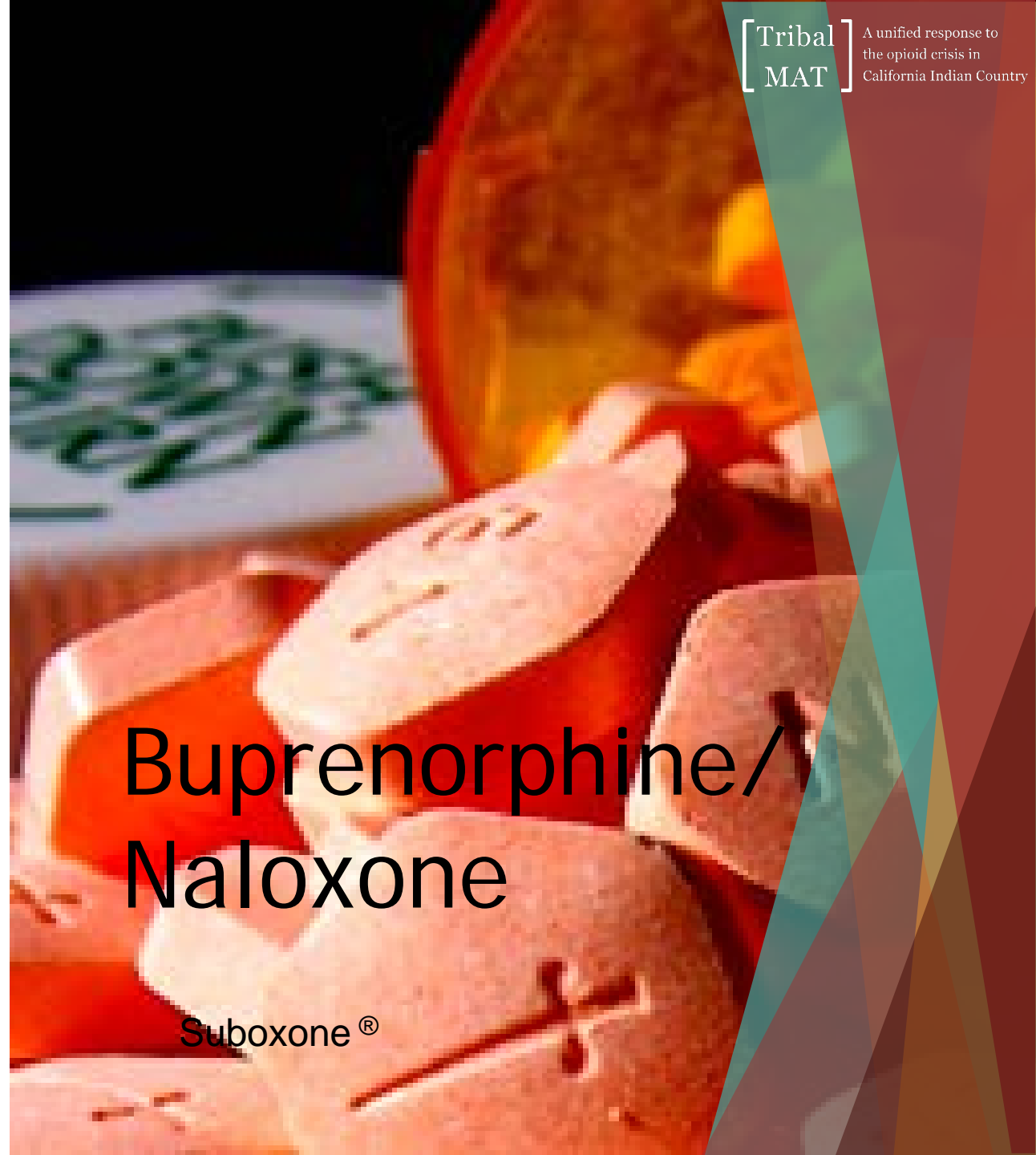
Why Choose Methadone?

- ▶ Accessibility - Able to get to an approved program daily
- ▶ Pregnant and post-partum women
- ▶ Have severe or chronic pain
- ▶ People being treated for HIV/AIDS
- ▶ People who do best with structured programs
- ▶ Few long-term side effects
- ▶ Counseling promotes lifestyle changes



Buprenorphine

Subutex®



Buprenorphine/
Naloxone

Suboxone®

Why choose buprenorphine?

- ▶ Best treated in doctors' offices
- ▶ Pregnant and postpartum women
- ▶ People being treated for HIV/AIDS
- ▶ Able to follow a treatment plan
- ▶ Motivated to try buprenorphine for MAT



Naltrexone

Revia[®] or Depade[®]

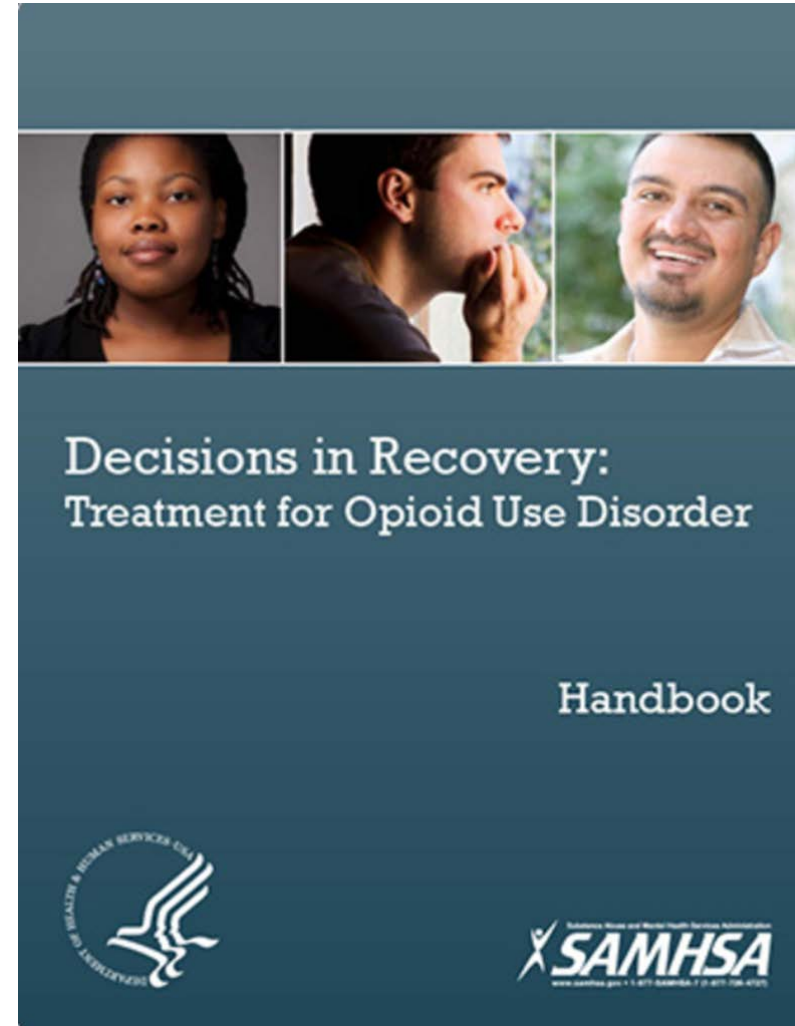
Why choose naltrexone?

- ▶ Able to stop using for 7-10 days
- ▶ Mandated by court or employer
- ▶ Comorbid alcohol problems
- ▶ Motivated to eliminate all opioids now
- ▶ Re-entering from prison or jail

When to choose no medication?

Shared Decision-Making Model

- ▶ Associated with better outcomes and patient satisfaction across medical care
- ▶ Patient-centered, non-hierarchical and collaborative approach



Cultural Considerations

- ▶ Know histories of communities of color.
- ▶ Invite Conversation:
 - ▶ What does your culture mean for you? Your health?
 - ▶ How do you interact with cultural activities?
- ▶ Acknowledge and respect AIAN belief systems.
- ▶ Be aware of AIAN trends in health.