

HOW TO CULTIVATE  
A WELL-INFORMED  
AND WELCOMING  
CLINIC FOR OUR  
PATIENTS WITH  
OPIOID USE  
DISORDER

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# Medication Assisted Treatment (MAT) for Everybody

# Webinar Reminders

## 1. Everyone is muted.

- Press \*7 to unmute and \*6 to re-mute yourself.

## 2. Remember to chat in questions!

## 3. Webinar is being recorded and will be sent out via email and posted to the program page.

# The essentials of creating a welcoming clinic for our patients with Opioid Use Disorder (OUD)

- ▶ MAT team members – train for discipline and role in MAT
- ▶ Departments and their function around MAT care
- ▶ Security, front desk and call centers – the face of the clinic
  - ▶ Informational updates
  - ▶ FAQs for New Employee Orientation
  - ▶ Non-stigmatizing language
  - ▶ Other Departments
    - ▶ Dental
    - ▶ Behavioral Health
    - ▶ Other programs
      - ▶ Tobacco Cessation
      - ▶ Diabetes



**Less than 1 in 10**

people with a substance use disorder who receive any treatment

Even fewer receive evidence-based treatment



**Less than 30%**

of specialty addiction treatment facilities offer either methadone or buprenorphine, two of the critical medications to treat opioid use disorder

# Why build a Medication Assisted Treatment Program?

- ▶ Offering multidisciplinary, whole person care supports stabilization and better outcomes
- ▶ Does not rely entirely on provider for care for patients with multiple medical, behavioral health and social needs
- ▶ A well-developed MAT program can expand to meet capacity needs for MAT care
- ▶ A strong program will be useful when applying for grant monies for MAT programs.

# A Guide to Acronyms and Terms

- ▶ **MAT** – Medication-Assisted Treatment or Medications for Addiction Treatment. Also, Medications for Opioid Use Disorder (MOUD).
- ▶ **OD** – Opioid Use Disorder
- ▶ **Stigma** – barrier to care communicated by language, judgmental attitude and because of this judgment, decrease in quality of care.
- ▶ **Diversion** – trading, sharing, stealing, selling, buying illegal or prescribed controlled medications and substances.
- ▶ **Misuse** – replaces the word abuse. Taking more than prescribed, using non-prescribed opioids including IV heroin.



# Common terms

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**Harm-reduction – The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs. Ex. Needle exchange, Opioid Replacement Therapy.**

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**Abstinence – directed – SUD treatment which is focused on abstinence from all drugs and alcohol. “Clean and Sober”. Does not include tobacco or caffeine.**

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**Level of Care (LOC) – using American Society of Addiction Medicine criteria for assessing whole person needs and best LOC for stabilization.**

# Opioids

## ► Opioid or Opiate?

**Opiate** refers to natural or slightly modified components of opium such as heroin. The term **opioid** was originally used for synthetic opiates such as oxycodone. “**Opioid**” is now used for the entire class of drugs.

- **Opioid receptors** are distributed widely in the brain, in the spinal cord, on peripheral neurons, and the digestive tract.
- What do we mean when we say **full-agonist opioid**? *Full agonist opioids* activate the opioid receptors in the brain fully resulting in the *full opioid* effect.



# Opioids – cont'd

- ▶ **Some common opioids: hydrocodone (Vicodin, Norco) Morphine (MS Contin) Hydromorphone (Dilaudid), Methadone, Tramadol, Fentanyl and Heroin. These opioids have varying length of half-life. A shorter acting drug such as heroin can drive the severity of the OUD.**
- ▶ **Methadone is a long-acting full-agonist opioid which has been the primary treatment as Opioid Replacement for Opioid Use Disorder. Methadone clinics are highly regulated and require daily dosing in the initial stage of treatment. Methadone is one of the treatments for OUD and can be an excellent level of care.**

# Buprenorphine and Methadone

- ▶ Why would a patient choose or be referred to methadone for treatment of their OUD?
  - ▶ Methadone is considered a higher level of care because of the required daily dosing, frequent Urine Drug Screens and breathalyzing for alcohol and a slow approach to 'take-homes' at the highly regulated Methadone clinics (NTP).
  - ▶ If a patient continues to struggle with MAT program adherence including taking buprenorphine as prescribed, a referral to a Narcotic Treatment Program (NTP) for more frequent dosing of buprenorphine or methadone can be indicated. A patient might choose to switch to methadone at the time of this referral. Some patients report better management of cravings with methadone.
  - ▶ The full-agonist also continues to numb emotional and psychological pain which some patients with severe trauma symptoms prefer.
  - ▶ <https://pcssnow.org/resource/methadone-buprenorphine-opioid-agonist-substitution-tapers/>

# Opioid Dependence + Behaviors = Opioid Use Disorder

**Opioid Dependence is Physiologic**  
– tolerance causes need to increase quantity to sustain effect; withdrawal symptoms when opioid is stopped.

**Addictive Behaviors involve misuse**  
such as taking more than prescribed or continued, compulsive use in the face of increasing consequences to health and wellness, diversion and relapse driven by craving and triggers.

# Why is there a focus on trauma care in MAT?



- ▶ A full-agonist opioid when given to treat physical pain is effective in that it changes the perception of pain.
- ▶ An opioid also numbs emotional and psychological pain. The numbing characteristics can 'turn off' the symptoms of trauma. The relief which comes from opioid use and misuse is often the beginning of addiction.
- ▶ When a patient seeks help for Opioid Use Disorder, we must help them discover and heal the root cause which is often childhood and/or adult trauma.
- ▶ Many MAT programs screen for childhood trauma with the Adverse Childhood Experiences screen. The ACE scores in MAT programs are often high.

# Return of the Felt Experience


- ▶ When our patients discontinue the misuse of full-agonist opioids and have started on Buprenorphine, a partial-agonist, there will be a return of emotions and sensations. It has been described as an emotional 'thawing out' or 'tingling to life'. This is important to remember in the context of sensitivity to trauma and other untreated behavioral health diagnoses.
- ▶ The return of painful emotions and sensations can trigger relapse.
- ▶ Behavioral Health members of the MAT team must be ready to respond with more care and support.
- ▶ Recovery must include educating our patients and offering the early in recovery tools for self-regulation.

# Addiction or Substance Use Disorder?

- ▶ *Addiction is a chronic, progressive, relapsing disease.* We use this term in Medicine – American Society of Addiction Medicine, Addictions RN, Addictionologist.
- ▶ Substance Use Disorder – in Behavioral Health (DSM-5) measured on a continuum of mild to moderate to severe. Opioid Use Disorder, Stimulant Use Disorder, Alcohol Use Disorder, etc.







When a flower doesn't bloom  
you fix the environment in which it grows,  
not the flower.

Discover simple ways to  
change language,  
teach trauma sensitivity  
and empathy

# Stigma – in our thinking, attitude and our language

- ▶ Stigma is shaped by our thinking – a bias and perception that substance users are “bad” and immoral rather than ill with a chronic condition requiring care and treatment. Often there is more than one chronic condition such as mental health disorders which also require care.
- ▶ Stigma is communicated by tone, interpersonal attitude, body language.
- ▶ Stigma is communicated by words.
- ▶ Stigma becomes internalized by the person seeking help. The person views themselves as bad, as dirty, as weak which fuels the shame of stigma.



# Stigmatizing language no longer used

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**“Abuse”** as in Substance Abuse, is no longer part of the medical lexicon. Was identified as the only diagnosis which had the word abuse. **“Misuse”** or **“Use”**.

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**“Addict”** – rather, *person with substance use disorder* or *people who inject drugs* or *opioid users*. Still used in 12 Step culture as a part of the recovery process.

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**“Drug-seeking”** – can be re-framed as **“relief-seeking”**. Focus on the person rather than the behavior.

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**“Nodding Out”** – a street term that is used to describe sedation caused by too many opioids or combining opioids with other sedating drugs.



Stigma is a secondary injury of substance use and can require treatment

# The Stigma Injury – how to treat

- ▶ Begin with acknowledgement of the injury caused by stigma
  - ▶ Symptoms can be fear of Emergency Departments, distrust of medical providers; feelings of shame and dishonesty.
  - ▶ If not treated, the person internalizes the shame and low-self worth caused by stigma

## *OFFER HIGH DOSES OF:*

- ▶ The language of dignity
- ▶ Empathy/Compassion
- ▶ Kindness
- ▶ Respect
- ▶ Listening

# Urine Drug Screens - Labs

- ▶ In medicine, we do not refer to lab results as “clean” or “dirty”, we use medical language at all times to support the dignity of our patients.
- ▶ We say positive or negative. Consistent or Inconsistent.



# The Human Suffering *Craving*

- ▶ “We need three things to survive (besides oxygen): food, water and dopamine. If you deprive study subjects of water for three days, then put them in a functional MRI and place water on their lips, the relative size of the craving is like a baseball. Do the same with food, and it is like a basketball. ...Then, take someone with an addiction to opioids, *up to one year after their last use*, and talk about OxyContin while they are in a functional MRI, and the relative size of that craving is the size of a baseball field.” (Corey Waller MD, 2016)



# Craving



# Human Suffering

## *Opioid Withdrawal*

- ▶ 11 primary symptoms - Clinical Opiate Withdrawal Scale (COWS)
  - ▶ Elevated heart rate
  - ▶ Pupil dilation
  - ▶ Hot and cold sweats
  - ▶ Intense over-all body aches, especially in back and legs
  - ▶ Runny nose and tearing eyes
- ▶ Intense intestinal distress – cramping and diarrhea
- ▶ Severe anxiety and agitation
- ▶ Severe restlessness
- ▶ Tremors
- ▶ Yawning
- ▶ Gooseflesh

# Human Suffering Losses

- ▶ Overdose deaths – 114 every day
- ▶ Orphaned children
- ▶ Grandparents raising families
- ▶ Babies born with opioid dependence
- ▶ Children in Foster Care
- ▶ Overwhelmed agencies such as Law Enforcement, CPS and Emergency Services
- ▶ Heart broken families and communities
- ▶ Incarceration
- ▶ Felonies
- ▶ Medical challenges – HCV, HIV, Endocarditis, abscesses and cellulitis





# The Solution – Access to Care Addiction Treatment Starts Here

- ▶ To increase access to care –  
Open doors to treating Opioid Use Disorder
  - ▶ Develop a Medication-Assisted Treatment program
  - ▶ Community Outreach and Education
  - ▶ No Wrong Door – have an effective referral system
  - ▶ Keep barriers to a minimum



# The Solution – Medications of MAT

- ▶ **Buprenorphine - Suboxone, Sublocade** – partial agonist opioid, high affinity for receptors, low activating, long-acting 37-hour half-life. Relieves cravings, relieves withdrawal, no euphoria. Normalizes the brain. Combined with naloxone is brand name Suboxone. Taken through skin – sublingual or transdermal. Also Subcutaneous injectable and implants.
- ▶ **Naloxone – Narcan** – Opioid antagonist. Opioid overdose reversal treatment.
- ▶ **Naltrexone** – monthly injection of long-acting opioid antagonist. Vivitrol. Blocks effects of opioids. Minimal relief of opioid cravings but effectively saves lives. This medication useful treating OUD with co-occurring Alcohol Use Disorder.



**Sublocade™**  
(buprenorphine extended-release)  
injection for subcutaneous use Ⓢ  
100mg-300mg



# Suboxone, Narcan, Vivitrol

# The Solution: Recovery and Wellness



*Whole Person Care*

Case Management for social services

Behavioral Health

Medical needs

Recovery Support – referrals to Outpatient, Intensive Outpatient, Residential Treatment

- ▶ Partner with the patient
  - ▶ Return to values
  - ▶ Healers and Artists
  - ▶ Life Directions
  - ▶ Restored Relationships



# Clinic Culture Training all departments and all-staff meetings

Arrange

Arrange to send MAT team members to department meetings to educate about MAT and stigma.

Discuss

Discuss how the MAT program will impact their workflow.

Answer

Answer questions about addiction and MAT care approaches.  
• Educate about Harm Reduction

Address

Address stigma and language with support rather than judgement and being corrective.

Develop

Develop FAQs about MAT and Handouts on Non-stigmatizing language

# Pathway of Care for our OUD patients



*Focus on stabilization with medication, monitoring and recovery tools*

- ▶ Screening and referral
- ▶ Importance of assessment – level of care
- ▶ Begin with medical stabilization
- ▶ Starting Buprenorphine (induction)
- ▶ Right dose of medication
- ▶ Hand off to Behavioral Health and SUD team
- ▶ Treatment Agreement with Treatment Plan
- ▶ Education and Support

## Staff Training Recommendations and Links

- ▶ **Addiction 101 – with Dr. Corey Waller:**  
<https://www.youtube.com/watch?v=bwZcPwIRRcc&t=1s>
- ▶ **SBIRT Training:**  
[https://psattcelearn.org/courses/4hr\\_sbirt/](https://psattcelearn.org/courses/4hr_sbirt/)
- ▶ **Or invite UCLA SBIRT trainers to provide SBIRT training in the community. Counties or local hospitals might want to host.**
- ▶ **Motivational Interviewing:** <http://berg-smithtraining.com/mi.htm>
- ▶ **Core Competencies for Behavioral Health Clinicians:**  
<https://www.nationalcomplex.care/research-policy/resources/toolkits/coach/>

**Coming soon! California MAT Nurses' Weekly Forum**  
**Every Monday 12:15 - 1:00 for 12 weeks. January 13 – Mar 23.**



## Staff Training Recommendations

- ▶ **MAT-S – SUD Counselors can now receive additional certification:**  
<https://ccappcredentialing.org/index.php/career-ladder/speciality-certifications/mats>
- ▶ **Project Echo: Hub & Spoke meets 4<sup>th</sup> Monday of every month 12-1. Offers didactic and virtual case reviews:**  
<https://echo.unm.edu/about-echo/model/>
- ▶ **Videos from our Experts- Boston Medical Center OBAT:**  
<https://www.bmcobat.org/resources/?category=8>
- ▶ **Narcan training in-services for all clinic staff:**  
[https://www.dhcs.ca.gov/individuals/Documents/NDP\\_Flyer\\_v2.pdf](https://www.dhcs.ca.gov/individuals/Documents/NDP_Flyer_v2.pdf)
- ▶ **ASAM training:**  
[https://www.changecompanies.net/etraining/asam\\_a\\_ccreditation.php](https://www.changecompanies.net/etraining/asam_a_ccreditation.php)
- ▶ **Smart Phone App: NARCAN NOW – free app with an excellent training video**

# Your feedback is needed!

- Please complete our 2-question poll.
- If you have any additional comments or suggestions, please fill out our post-session evaluation: <https://www.tfaforms.com/4775736>
- We value your feedback and will use it to help design future ATSH webinars. Thank you!

