# Talking to Patients About MOUD

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Project ECHO®
University of California Los Angeles
Integrated Substance Abuse Programs

# Disclosures

There are no relevant financial relationships with ACCME-defined commercial interests for anyone who was in control of the content of this activity.

# 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.
- Demonstrate two (2) lessons learned from the clinical case presentation.

# SUD Meets Criteria for Chronic Illness

- Common features with other chronic illnesses:
  - Heritability
  - Influenced by environment and behavior
  - Responds to appropriate treatment
  - Without adequate treatment can be progressive and result in substantial morbidity & mortality
  - Has a biological/physiological basis, is ongoing and long term, can involve recurrences

**Source**: https://archives.drugabuse.gov/about/welcome/aboutdrugabuse/chronicdisease/de long-term lifestyle modification
http://www.asam.org/quality-practice/definition-of-addiction

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

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# Person-First Language

| Positive, Person-First Language | Stigmatizing Language |
|---|---|
| • Person with a substance use disorder (SUD)<br>• Person who uses drugs (PWUD)<br>• Substance use / substance misuse<br>• Person in recovery | • Substance Abuse / Substance Abuser<br>• Addict, Alcoholic, Junkie<br>• Recovering "addict, alcoholic, substance abuser, junkie, etc." |
| • Person with justice-involvement; person that is justice-involved | • Criminal, Felon, Convict |
| • Person experiencing homelessness | • Homeless |
| • Positive / Negative | • Clean / Dirty |
| • SUD / OUD pharmacotherapy<br>• Medications for addiction treatment | • Medication Assisted Treatment |
| • Neonatal abstinence syndrome / Neonatal opioid withdrawal syndrome | • Addicted baby |
| • Recurrence of use / recurrence of symptoms | • Relapse |

https://unityrecovery.org/person-first-pledge

# Talking to Patients about MOUD

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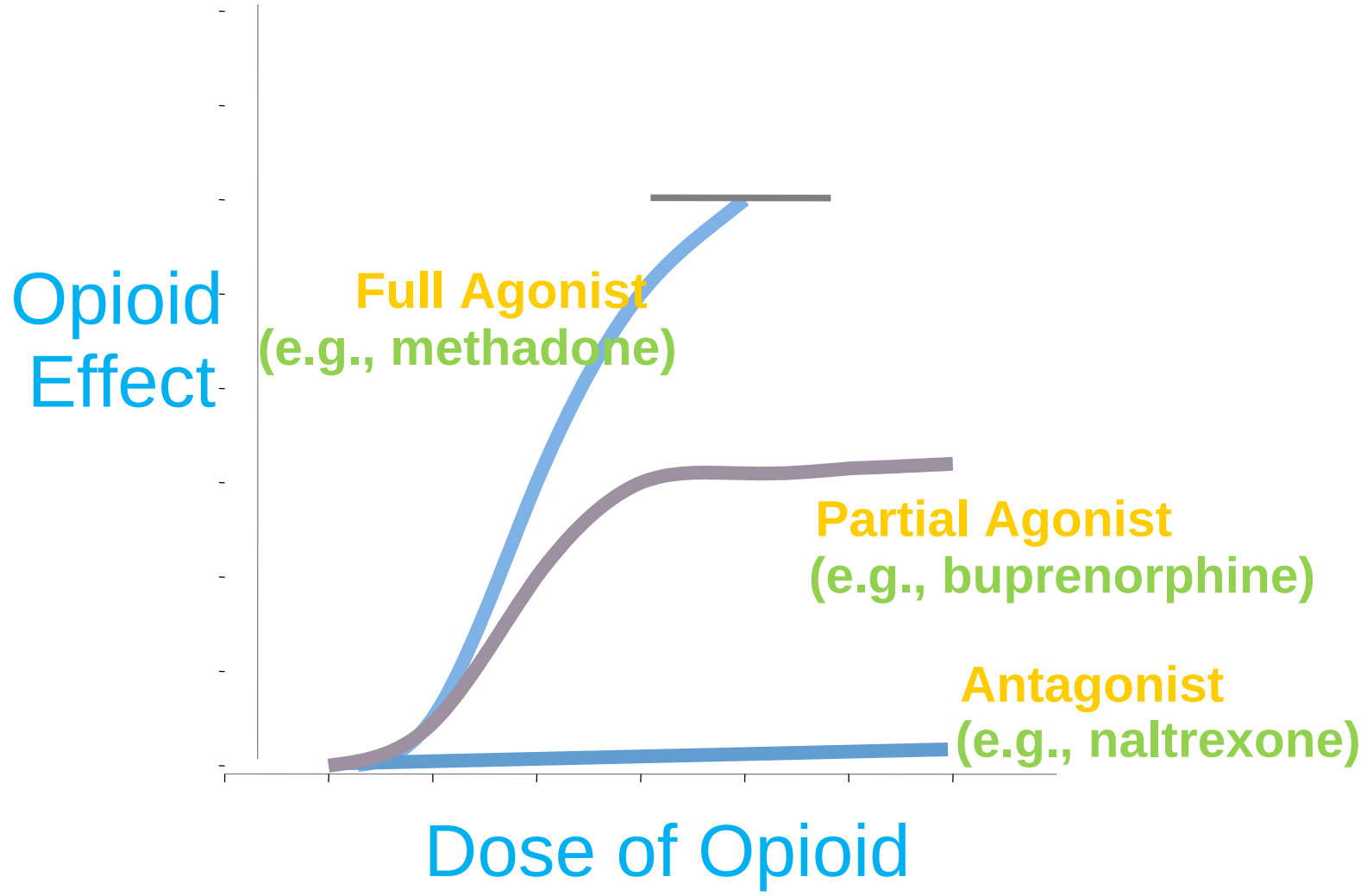
# The Essentials

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

# Know the Medicines

- Buprenorphine
- Methadone
- Naltrexone

# How Do Opioids Work?



# Methadone

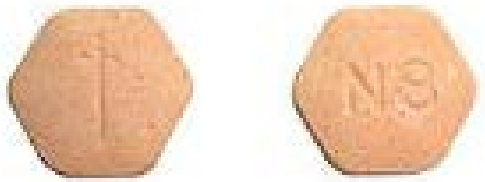
Dolophine ®  Methadose ®

# 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

Buprenorphine/
Naloxone




# 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


1½ Inch
ADMINISTRATION NEEDLES
2 Inch
NEEDLE
For Preparation Only

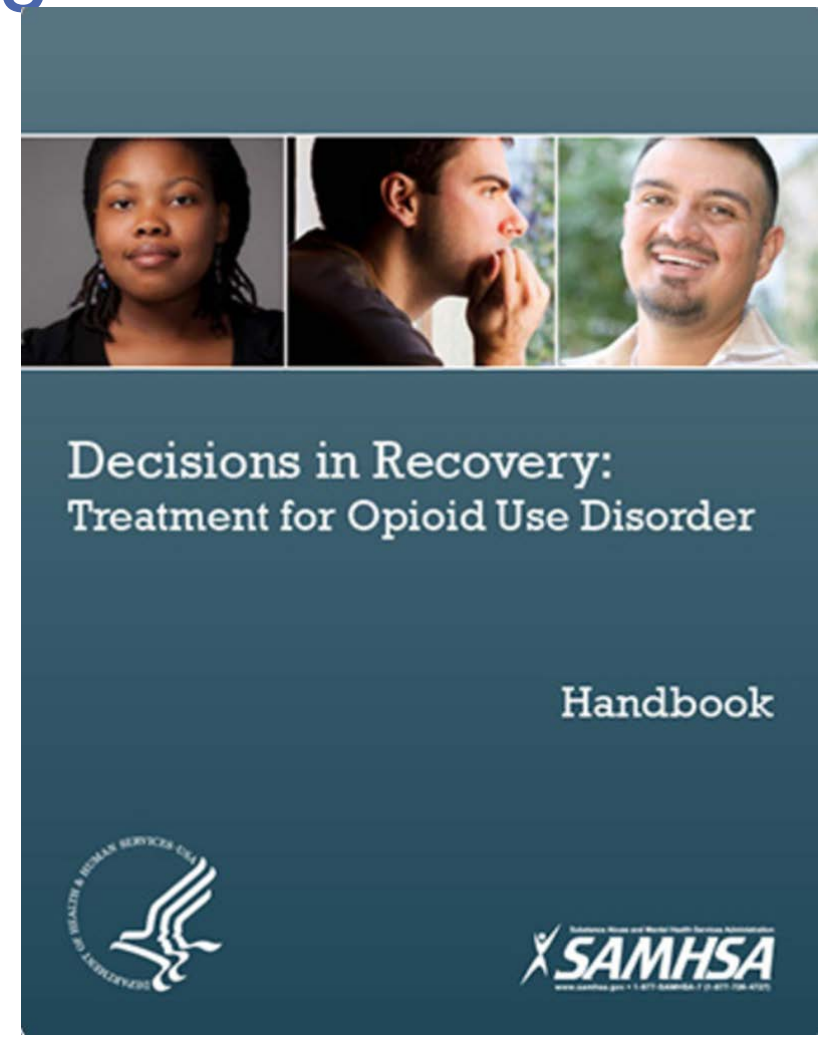
# Why choose naltrexone?

- 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

# Why choose no medication?

# Shared Decision-Making Model

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




https://store.samhsa.gov/product/Decisions-in-Recovery-Treatment-for-Opioid-Use-Disorders/SMA16-4993

# What do you say when a patient asks…

"How long should I take buprenorphine?"

# What do you say when a patient who has been taking buprenorphine for 90 days says….

"I think I've had enough treatment.

I'm ready to taper off."

# A MOUD patient who has been doing well on monthly office visits for 6 months is a no-show for a prescription appointment.

- What do you do?
- What do you say?
- What role does the MAT team play?

# Summary

- Person-first language can reduce stigma and increase fact-based discussions about opioid use disorder
- Clinicians should be prepared to discuss the pros and cons of evidence-based treatments for OUD
- Using a shared decision-making model increases patient participation and engagement in treatment

# Case Discussion

- What question do you have about a patient you are working with?

# Join us for MAT ECHO
# 12-1pm, Fourth Monday of the Month

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