# Cultivating Quality Care for Patients with Opioid Use Disorder

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# Disease State Overview: Opioid Use Disorder (OUD)

**Every year, the opioid epidemic is estimated to cost over $140 billion in the U.S.,** and every day, a significant number of individuals affected by this epidemic suffer from opioid addiction or OUD. It is the responsibility of health care professionals (HCPs), treatment providers, and policymakers to act in expanding access to evidence-based and effective care for people with OUD.[1,2]

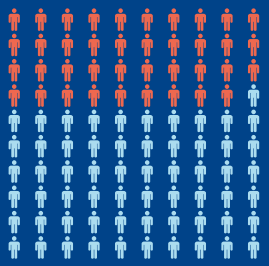
**Improved OUD medication access is crucial to closing the wide gap between treatment need and treatment availability.** Data indicate that medications for OUD (MOUD) are cost effective and cost beneficial.[2] **Such improved access is associated with cost savings of $25,000 to $105,000 per person in their lifetime.[1]**

**From 2005 to 2017, opioid-related emergency department visits more than tripled.[2]** Pharmacotherapy for OUD should be successfully integrated into both outpatient and residential treatment settings. **Some patients with OUD may benefit from different levels of care at different points in their lives.** This may consist of outpatient counseling, intensive outpatient treatment, inpatient treatment, or long-term therapeutic communities.[2]

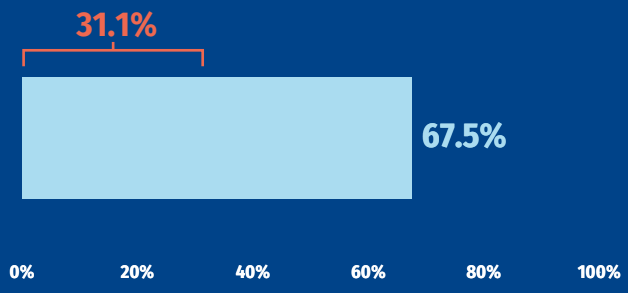
Opioid addiction is linked with high rates of illegal activity and incarceration, and the criminal justice system feels the impact of the epidemic. Between 30% and 45% of inmates report suffering from serious withdrawal symptoms. **Meanwhile, 17% of state prison inmates and 19% of jail inmates report regularly using opioids.[2,4]**

> **No matter the setting, individuals with OUD should have access to evidence-based treatment for OUD.[2]**

**38.7% of diagnosed OUD patients across the U.S. went without any form of pharmacotherapy for OUD in 2021.[3]**



**67.5% of OUD patients received some form of a follow-up visit within 30 days following an opioid-related emergency visit nationally in 2021, yet only 31.1% of such patients received any form of pharmacotherapy for OUD within 30 days that same year.[3]**




Note: Pharmacotherapy for OUD consists of intramuscular naltrexone; methadone; oral or injectable buprenorphine products; or buprenorphine + naloxone. Patients receiving medications for OUD from Outpatient Treatment Programmes without an association to a hospital or community health care provider are not included.

Follow-ups exclude visits in the inpatient and emergency department settings and were examined for 30 days following each patient's most recent emergency department visit from January to September 2021. Pharmacotherapy for OUD was examined for 30 days following each patient's most recent emergency department visit from January to September of 2021.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1. The PEW Charitable Trusts. The High Price of the Opioid Crisis, 2021. Published August 27, 2021. Accessed December 27, 2022. https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2021/the-high-priceof-the-opioid-crisis-2021
2. Substance Abuse and Mental Health Services Administration (SAMHSA). Medications for Opioid Use Disorder. 2021. PEP21-02-01-002.
3. IQVIA data on file.
4. SAMHSA. Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings. 2019. PEP19-MATUSECJS.


**Notes**

Data are provided by IQVIA and come from health care professional and institutional insurance claims, including all physician specialties and all hospital types. IQVIA gathers data on prescription activity from retail and mail pharmacies, as well as long-term care facilities. These data account for nearly 4 billion prescription claims annually, or more than 86% of the prescription universe. Claims undergo a careful de-duplication process to ensure that when multiple, voided, or adjusted claims are assigned to a patient encounter, they are applied to the database, but only for a single, unique patient. Through its patient encryption methods, IQVIA creates a unique, random numerical identifier for every patient, and then strips away all patient-specific health information that is protected under the Health Insurance Portability and Accountability Act (HIPAA).



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# About Drug Addiction and Opioid Dependence

## Addiction[1]

Addiction is a brain disease characterized by a chronic, relapsing physical and psychological dependence on a behavior or substance. Addiction may lead a person to pursue problematic habits, despite harm caused to themself or others.

### Warning Signs of Addiction

- ☐ Ignoring commitments or responsibilities
- ☐ Problems at work, school, or home
- ☐ Unexplained absences
- ☐ Appearing to have a new set of friends
- ☐ Considerable monetary fluctuations
- ☐ Changes in sleep pattern
- ☐ Lapses in concentration or memory
- ☐ Being oddly secretive about parts of personal life
- ☐ Sudden mood swings and changes in behavior
- ☐ Unusual lack of motivation
- ☐ Weight loss or changes in physical appearance
- ☐ Withdrawal from normal social contacts

### Criteria to Assess Severity of Substance Use Disorder (SUD)

- ☐ Lack of control
- ☐ Desire to limit use
- ☐ Time spent procuring opioids
- ☐ Cravings for the drug of choice
- ☐ Lack of responsibility
- ☐ Problems with relationships
- ☐ Loss of interest in other activities
- ☐ Use continues despite dangerous circumstances
- ☐ Use continues despite worsened physical or psychological problems
- ☐ Increased tolerance to drug of choice

## Opioid Use Disorder (OUD)[2]

OUD includes dependence and addiction, consisting of an overwhelming desire to use opioids, increased tolerance to them, and withdrawal symptoms when their use is stopped. The disorder is clinically defined as the repeated occurrence of at least two of the criteria below within a year of opioid use.

### Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Criteria

**Six or more items on the diagnostic criteria indicate a severe condition:**

- ☐ More taken than intended
- ☐ Using in dangerous settings
- ☐ Continued use leading to social and interpersonal consequences
- ☐ Cravings
- ☐ Withdrawal symptoms
- ☐ Decreased social or recreational activities
- ☐ Unable to decrease the amount used
- ☐ Excessive time to obtain or recover from opioids
- ☐ Difficulty fulfilling duties at school or work
- ☐ High Tolerance
- ☐ Continued use despite worsening health

**References**
1. Juergens J. Understanding Drug & Alcohol Addiction. Addiction Center. Accessed December 2022. https://www.addictioncenter.com/addiction/
2. Dvdyk AM, Jain NK, Gupta M. Opioid Use Disorder. StatPearls. Updated June 21, 2022. https://www.ncbi.nlm.nih.gov/books/NBK553166/



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# What is Opioid Use Disorder?

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## Addiction[1]

Addiction is a disease that affects the body and the brain. Addiction affects how a person thinks, feels, and acts. These are some signs someone might have an addiction:

- Avoiding responsibilities
- Problems at work, school, or home
- Missing work or home activities
- Appearing to have new friends
- Big money changes
- Sleep pattern changes
- Forgetting things or not paying attention
- Being secretive about parts of personal life
- Sudden mood or changes in behavior
- Not feeling like doing anything
- Losing weight and looking different

## Dependence vs. Addiction[1]

Dependence is when a person's body is used to a drug. This may cause their body to feel bad if they stop using it.

Addiction is when the drug changes the brain of the person. This makes it hard to stop using the drug despite harm to self or others, without help.

| Symptom Type | Dependence | Addiction |
|---|---|---|
| Physical | ✓ | ✓ |
| Mental | | ✓ |
| Emotional | | ✓ |

**46.3 million**

people 12 and older reported a substance use disorder in the U.S. as of 2021[2]



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# What is Opioid Use Disorder? (Continued)

## Opioid Use Disorder[3]

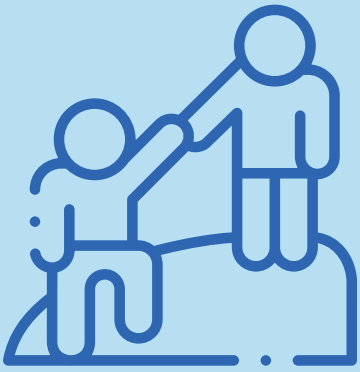
Opioid use disorder is diagnosed using validated criteria when people have a strong desire to take opioids and keep doing so despite bad outcomes. Examples of opioids include heroin, morphine, codeine, fentanyl, and oxycodone.

### Possible Signs of Opioid Use Disorder:

- ☐ More taken than intended
- ☐ Unable to decrease the amount used
- ☐ Using in dangerous settings
- ☐ A lot of time to obtain or recover from opioids
- ☐ Continued use leading to consequences
- ☐ Difficulty doing school or work
- ☐ Cravings
- ☐ High tolerance
- ☐ Withdrawal symptoms
- ☐ Continued use with worsening health
- ☐ Decreased social activities

**9.2 million**

people 12 or older reported misusing opioids in the past year in the U.S. as of 2021[2]



**Taking steps to recover from opioid use disorder may feel hard, but you can get help to feel better**


**References**

1. Juergens J. Understanding Drug & Alcohol Addiction. Addiction Center. Accessed December 2022. https://www.addictioncenter.com/addiction/
2. Substance Abuse and Mental Health Services Administration (SAMHSA). Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, SAMHSA; 2022. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report
3. Dvdyk AM, Jain NK, Gupta M. Opioid Use Disorder. StatPearls. Updated June 21, 2022. https://www.ncbi.nlm.nih.gov/books/NBK553166/





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# Actively Addressing Addiction Stigma

Addiction is a chronic disorder with myriad factors affecting a person's life (e.g., biological, environmental, social, and psychological). Indeed, the degree to which an individual experiences gratification when using a substance or engaging in addictive behaviors is molded by genetics.[1]

> **~50%**
> **of a person's addiction risk is related to genetics.[1]**

**Perceived opioid use disorder (OUD)–related stigma can affect[2,3]:**

- Health care professional (HCP) willingness to screen and prescribe
- Patient harm reduction
- Patient desire to access and remain engaged in care
- Patient self-esteem and mental health

## Stigma Impacts[3]

### Treatment

Some HCPs are uncomfortable working with people who use or misuse drugs. Having access to a trusted HCP can help maintain general well-being and quality of life for patients. When HCPs carry stigma associated with drug use, it may prevent people with OUD from seeking care.

### Harm Reduction

Harm reduction strategies include needle exchanges, addiction medication, and safe drug-use rooms—all designed to decrease risks associated with drug use. However, societal stigma regarding drug use and addiction often precludes these strategies from being more broadly supported and adopted.

### Self-Esteem and Mental Health

Chronic stress associated with discrimination due to addiction stigma may affect the social and mental health of individuals with OUD. People who use drugs sometimes view themselves as "deviants," which may impact their self-worth, and when a person does not have social ties or other people to talk to, they might not reach out for health care or treatment.

> **Stigma is rooted in the misconception that addiction is simply a choice based upon a lack of willpower or moral failing.[4]**

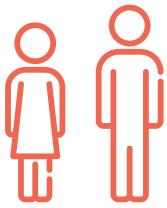
# Actively Addressing Addiction Stigma (Continued)

## How HCPs Can Actively Address Addiction Stigma[2]

Increasing efforts to expand knowledge of OUD within clinics and local communities can transform perceptions of stigma, as well as patients' willingness to seek treatment for addiction. The following efforts to reduce OUD-related stigma can play a powerful role in shaping patient perceptions.

### Stigma surrounding OUD may be reduced by:

1. Educating staff (including administrative staff) about stigma to help patients receive respectful treatment at all care access points



2. Delivering patient-centered care that asks open-ended questions, actively listening, and practicing shared decision-making to engage patients more effectively

3. Adopting person-centered, strengths-based language to improve patient experiences

## Using Person-Centered, Strengths-Based Language[2,5]

| Instead of saying... (deficits-based) | Try saying... (strengths-based) |
|---|---|
| Addict, junkie, drug abuser | Person with OUD |
| Frequent flyer | Utilizes services and support when necessary |
| Hostile, aggressive | Protective |
| Mentally ill | Person with a mental illness |
| Lazy | Ambivalent, working to build hope |
| Manipulative | Resourceful |
| Resistant | Chooses not to, isn't ready for, not open to |
| Suffering with | Working to recover from, experiencing, living with |
| Abuse, drug problem/habit | Addiction (if clinically accurate), use (for illicit drugs) or misuse (for prescription drugs) |
| Clean | Substance-free |

**Note: Language can impact the way that patients managing addiction feel about seeking treatment. Allow them to tell their own stories.**

> **Words have a lot of power and can shape the way we view and treat people. Try focusing on the unique characteristics of a patient rather than their opioid use or OUD.[2]**


**References**

1. Substance use, abuse, and addiction. American Psychological Association. Published June 2008. Updated July 2022. Accessed November 2022. https://www.apa.org/topics/substance-use-abuse-addiction
2. Substance Abuse and Mental Health Services Administration (SAMHSA). Practical Tools for Prescribing and Promoting Buprenorphine in Primary Care Settings. U.S. Dept. of Health and Human Services. 2021. PEP21-06-01-002.
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# Managing Addiction-Related Stigma

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## Understanding Addiction and Stigma

Addiction can affect many parts of a person's life. Stigma is one of the challenges of addiction. It is a false belief that addiction is a choice based on lack of willpower. Stigma can damage the health and well-being of those with opioid use disorder.[1,2]

**About 50%**
**of a person's addiction risk is related to genetics.[1]**

## How Stigma Could Affect You[3]

### Treatment Options

Some health care providers may be uncomfortable working with people with opioid use disorder.

Find a health care provider you feel comfortable with. Look for someone who talks to you about your treatment plan and options. Speak up and ask questions at any time.

### Harm Reduction (Ways to Reduce Risks of Drug Use)

Needle exchanges, addiction medication, and safe drug-use rooms help to decrease drug-use risks. These options aren't always available due to stigma.

When appropriate, look for harm reduction options to use substances more safely. Ask your health care provider about what's available in your area.

### Self-Esteem and Mental Health

Discrimination may impact your self-worth. You may feel less likely to reach out for treatment.

You are not alone. Reach out to your health care provider if you are feeling depressed or ashamed of drug use.

**It is important to find the right health care professional for you. Find someone who will support and guide you through recovery.[3]**


**References**
1. Substance use, abuse, and addiction. American Psychological Association. Published June 2008. Updated July 2022. Accessed September 2023. https://www.apa.org/topics/substance-use-abuse-addiction
2. Reducing the Stigma of Addiction. Johns Hopkins Medicine. Accessed September 2023. https://www.hopkinsmedicine.org/stigma-of-addiction/
3. Villa L. Addiction and Stigma. American Addiction Centers. Updated June 2022. Accessed September 2023. https://drugabuse.com/addiction/stigma/




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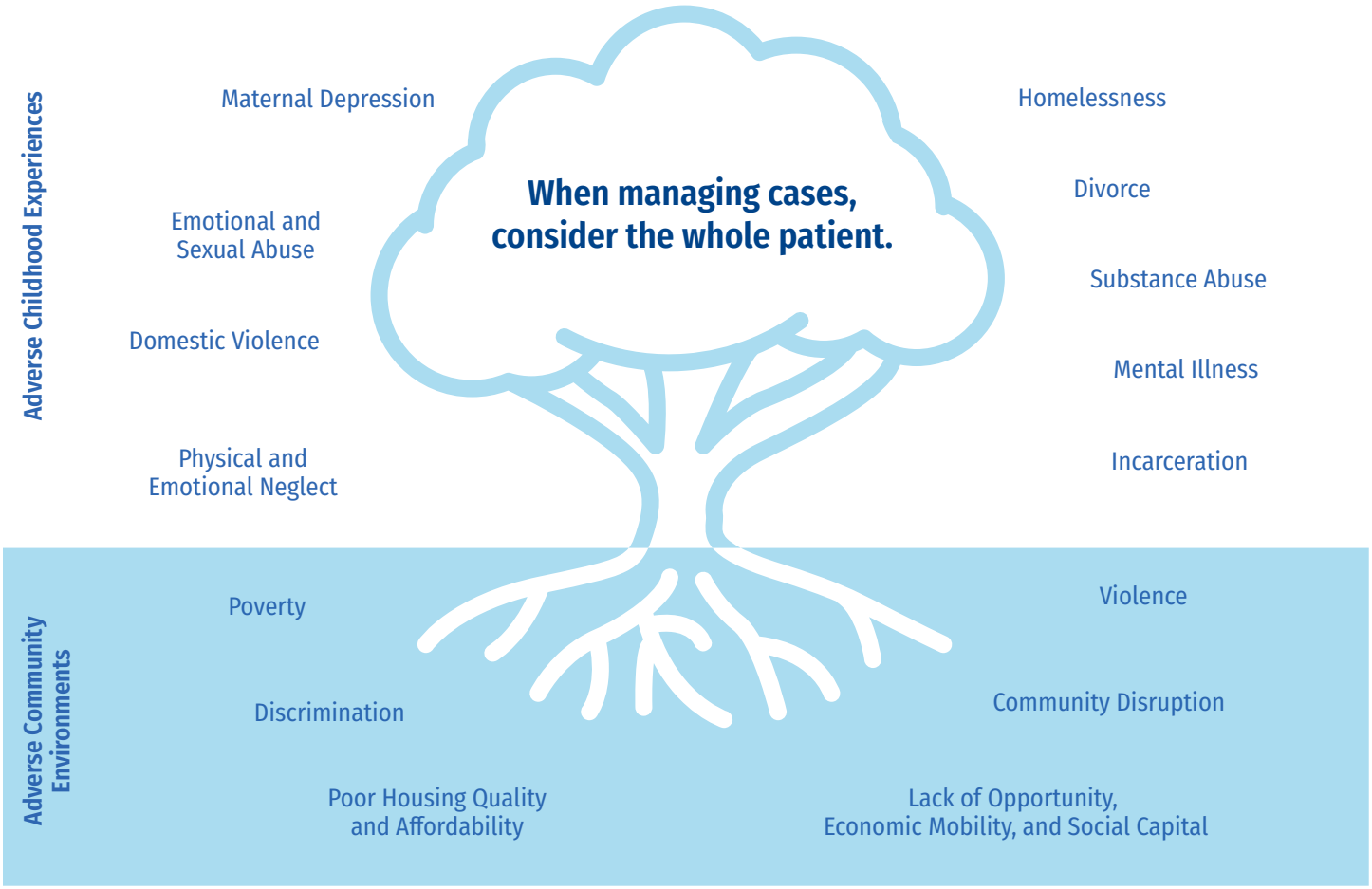
# Comprehensive Case Management

## Considerations for Treating the Whole Patient

Case management should be framed as working directly through community resources to screen for and address the patient's medical, psychosocial, behavioral, and functional needs. In any type of model employed, all care team members should contribute to and endorse the patient's treatment plan, and effectively communicate with one another as the plan is implemented.[1]

### One component of case management: Addressing adverse childhood experiences (ACEs)

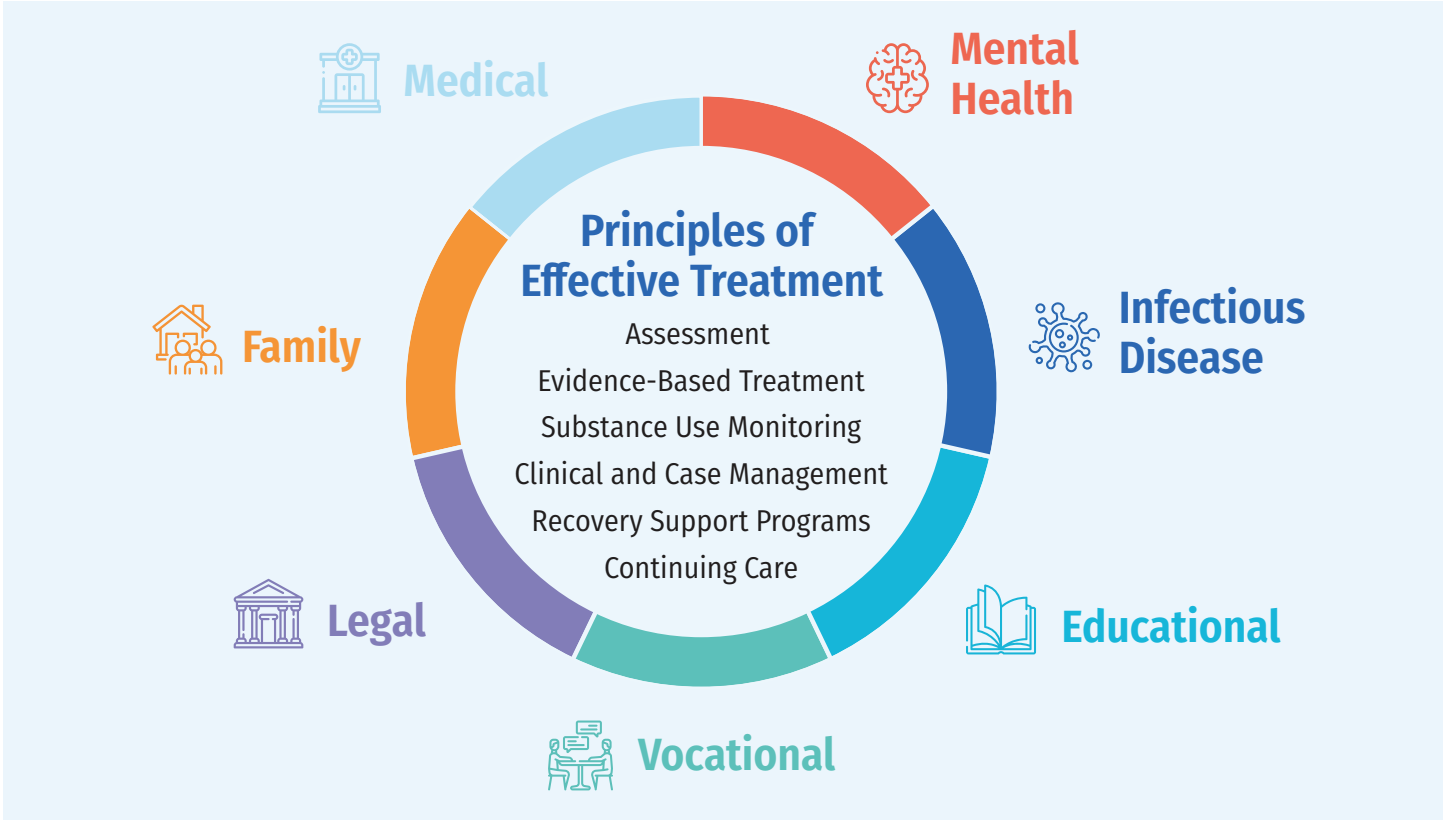
ACEs are potentially traumatic events that occur before a child turns 18 and can interfere with a patient's health, opportunities, and stability throughout their lifetime.[2]




**ACEs can increase risk of disease, early death, and poor social outcomes. Experiencing a high number of ACEs is associated with many of the leading causes of death, like substance use.**

# Comprehensive Case Management (Continued)

## Service Components of Comprehensive Management[3]




Do the patient's ACEs affect their current behavior?

What support is available to the patient, and which support networks resonate most with the patient?

Is the patient able to access drugs for treatment or prevention of infectious diseases?

Can this access be improved?

Is the patient aware of their risk for these diseases?

Is the patient interested in continuing their education, and will this improve their recovery?

What resources does the program have to assist in the educational growth of the patient?

What vocational assistance resources does the patient have access to?

Are other forms of work assistance accessible to the patient?

What laws and regulations guide treatment and support guidelines where the patient lives?

Is the patient aware of any legal support the program can provide?

Does the patient have family members or friends who are willing to support them?

How does family history affect the patient currently?

Does the patient know their treatment options?

Does the patient have health insurance or know how to get it?

Are other medical programs and payment assistance available?

**No matter how a patient enters into care, case management should connect them to the support they need.**


**References**

1. Substance Abuse and Mental Health Service Administration (SAMHSA). Comprehensive Case Management for Substance Use Disorder Treatment. U.S. Dept. of Health and Human Services. 2021. PEP20-02-02-013. Accessed November 17, 2022. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-02-013.pdf
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# Medications for Opioid Use Disorder (MOUD)

Opioid use disorder (OUD) can be treated with lifesaving medications, but such therapies are not available to many of the people who need them.

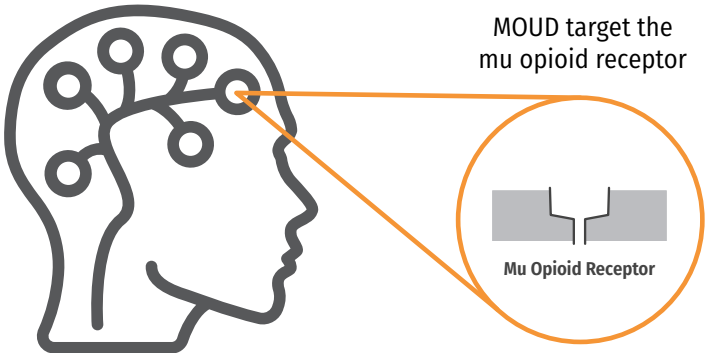
## Potential Barriers to Broader Use of MOUD[1]

- **Addiction stigma**, as it poses significant challenges for patients seeking MOUD.
- Concerns about **diversion of MOUD**, which are rooted in stigma and misunderstanding regarding motivation for use.
- **Insufficient education and training** about OUD for health care professionals, law enforcement, and the judicial system.
- **Delivery and financing** of MOUD that is fragmented among separate addiction treatment delivery settings and care financing streams.
- **Legal and regulatory barriers** limiting broad access to MOUD within the mainstream medical care system.
- **Insurance policies related to coverage and reimbursement** that hinder access to MOUD.

> **There is no one-size-fits-all approach to OUD treatment; identifying the most appropriate course of treatment for each unique patient is essential in helping them on their recovery journey.[2]**

## Understanding MOUD[1]

Repeated use of both prescription and illicit opioids over time alters brain structure and function, which results in tolerance, physical dependence, and may lead to addiction. MOUD may alleviate withdrawal symptoms, reduce opioid cravings, and decrease the response to future drug use in order to make people with OUD less likely to return to drugs or die of an overdose.




> **Treatment using agonist medication is associated with an estimated mortality reduction of up to 50% among patients with OUD.[1]**

### Agonist

A chemical substance that binds to and activates mu opioid receptors on cells, **causing** a biological response.

### Antagonist

A chemical substance that binds to and blocks the activation of mu opioid receptors on cells, **preventing** a biological response.

# Medications for Opioid Use Disorder (Continued)

## MOUD Comparison Guide[2,3]

There are currently three U.S. Food and Drug Administration–approved forms of MOUD: methadone, buprenorphine, and extended-release naltrexone, all safe and highly effective. When choosing a medication for your patient, tailor decisions to medical, psychiatric, and substance use histories; preferences; and treatment availability.

| | Methadone | Buprenorphine | Naltrexone |
|---|---|---|---|
| **Pharmacology** |  **Full Agonist** (Strong Effect) |  **Partial Agonist** (Smaller Effect) |  **Antagonist** (No Effect) |
| **Administration** | **Daily** oral administration as a concentrate, powder, solution, or tablet, unless patients can bring some home | **Daily** oral administration of a tablet or film<br>**OR**<br>**Monthly** subcutaneous injection for patients treated with oral buprenorphine for at least one week | **Monthly** intramuscular injection |
| **Appropriate Patients** | Physiologically dependent on opioids<br>Meet federal criteria for Opioid Treatment Program (OTP) admission | Psychologically dependent on opioids<br>**OR**<br>When diversion or safe medication storage are concerns<br>Must travel large distances to the provider | Abstained from short-acting opioids for at least seven to 10 days and long-acting opioids for at least 10 to 14 days |
| **Location/ Frequency** | **OTP only**: Six or seven days per week initially; take-homes are allowed based on time-in-treatment requirements and patient progress | **Office/Clinic**: Begins daily to weekly, then tailored to patient need<br>**OTP**: Six or seven days per week initially; take-homes are allowed without the time-in-treatment requirements of methadone | **Office/Clinic**: Varies from weekly to monthly |
| **Outcomes** | Treatment retention is higher for patients than treatment without OUD medication and treatment with placebo<br>Overdose mortality is lower for those in treatment than for those who are not | Treatment retention is higher for patients than treatment without medication and treatment with placebo<br>Overdose mortality is lower for those in treatment than for those who are not | Treatment retention is higher for patients than treatment without medication and treatment with placebo<br>Overdose mortality is unknown |

**The use of extended-release injections may reduce inpatient admissions, emergency room visits, and other long-term health system costs.[3]**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# Understanding Your Treatment Options

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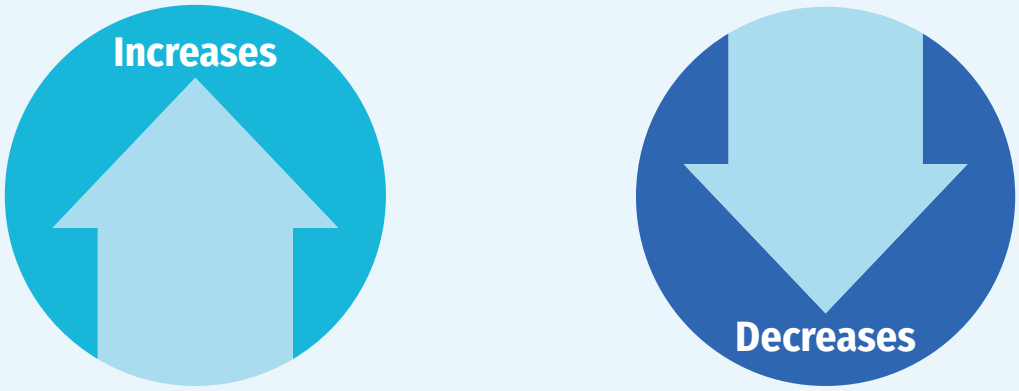
There are multiple approved medications for treating opioid use disorder.[1] You can work with your provider to choose the right type of medication for you. Any journey toward recovery will be challenging. Remember, you can do this. Keep going!

## Potential Benefits of Medications for Opioid Use Disorder[1]:




- **Chances of recovery with ongoing treatment**

- **Withdrawal symptoms**
- **Cravings for illicit opioids**
- **Effects of illicit opioids**

**Note: Potential benefit of each medication may vary.**

## Getting Treatment[2]

### What to Expect at Your Appointment:

You and your provider will work together to make a **treatment plan**.

Your doctor will give you information about **counseling or other support**, if needed.

**Questions** will be asked. Your provider or staff will review your treatment agreement with you. You may be given a copy.

# Understanding Your Treatment Options (Continued)

## Guide to Medications for Opioid Use Disorder[1]

| | Methadone | Buprenorphine | Naltrexone |
|---|---|---|---|
| Effect | Manages withdrawal symptoms<br>Reduces cravings<br>Decreases effects of illicit opioids | Manages withdrawal symptoms<br>Reduces cravings<br>Decreases effects of illicit opioids | Reduces cravings<br>Decreases effects of illicit opioids |
| Form | Oral concentrate, powder, solution, or tablet | Oral tablet or film<br>or<br>Extended-release injection | Extended-release injection |
| Frequency | Taken daily | Oral forms are taken daily<br>Extended-release injectable is given weekly or monthly | Given monthly |
| Getting Started | Treatment can be started if you meet opioid treatment program criteria. Some exceptions may apply. | Oral and injectable forms are started differently based on the medication | When opioids are out of your body (typically seven to 10 days) |

# Understanding Your Treatment Options (Continued)

## Treatment Highlight: Monthly Injectable Medications for Opioid Use Disorder

**If taking daily medication is a challenge for you, talk to your health care provider about other treatment options.**

There are two monthly medications for opioid use disorder:[1]

1. Buprenorphine
2. Naltrexone

### What to expect at your appointment[1]

Your healthcare provider injects the medication.

Your healthcare provider will give you next steps and any needed follow up.

The medication is released in your body all month.


**References**

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# Facilitating Continuity of Care for Opioid Use Disorder

## Examples of Settings of Care

### Hospital Inpatient

The inpatient setting is a wake-up call for many patients, but challenges exist for continued care after discharge. Look out for barriers such as unstable housing or co-occurring pain.[1]

### Office/ Clinic

The office or clinic setting allows for direct patient-provider interaction. This may benefit patients worried about withdrawal or more.[2]

### Emergency Department

Emergency department visits offer access to life-saving treatment for individuals with opioid use disorder (OUD).[3]


### Home/ Telehealth

Treatment at home or via telehealth may be more accessible, especially for patients who lack transportation or have competing priorities, like work and childcare.[4]

### Residential Treatment Centers

Managing this complex population requires attentive care and coordination among health care professionals. Longer-term care settings can provide this.[5]

### Criminal Justice System

People with OUD in the criminal justice setting—drug courts, jails, prisons—may go untreated while incarcerated. Incarceration can cause barriers to treatment access, specifically medication for opioid use disorder (MOUD).[6]

**How are you making sure OUD patients are getting the appropriate continuous care they need?**

## Possible Questions for New Patients

- Why did they come here today?
- Did they get treatment before? Where?
- What treatment has worked for them? What has not worked?
- Do they have transportation for the next visit?
- Where else are they getting help?

> **"According to SAMHSA, patients experiencing OUD should have access to mental health services as needed, medical care, and addiction counseling, as well as recovery support services, to supplement treatment with medication."[5]**

# Facilitating Continuity of Care for Opioid Use Disorder (Continued)

## Care Coordination[7]

The approach to OUD treatment can influence patient experience and retention. Health care professionals working with individuals with OUD should "meet people where they are at." This may entail using client-specific approaches from intake through the care continuum—providing what a person needs when the person needs it.

| Example Successful Treatment Models[7] | |
|---|---|
| **Team-Based Approach** | ☐ Meet to discuss difficult cases<br>☐ Practice "warm hand-offs" by directly introducing the patient to new providers<br>☐ Diversify the care team with health care professionals from different specialties and sites of care |
| **Rapid Access to Addiction Medication** | ☐ Aim to start patients on MOUD during the first visit<br>☐ Guarantee patients a follow-up appointment within 72 hours<br>☐ If a patient cannot be seen right away, offer "front of line" access for the next day |
| **Multiple Sites of Care** | ☐ Offer a number of locations and options for OUD-related appointments, including mobile clinics, if available<br>☐ Suggest telehealth or home medication delivery to individuals lacking access to transportation |
| **Integrated Social Support** | ☐ Form contacts with local behavioral health, housing, and employment organizations<br>☐ Assess if mental health, housing, or employment services are needed<br>☐ Provide referrals or offer to set up appointments for those seeking such services |
| **Peer Counselors** | ☐ Recruit volunteers, such as OUD patients in recovery, as "peer counselors" to be someone the patient can identify with and reach out to for support<br>☐ Have peer counselors check in with individuals on MOUD regularly, especially in the early stages of treatment |
| **Flexible Treatment Schedules** | ☐ Allow broad dosing schedules<br>☐ Provide treatment on demand, as appropriate |


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# Staying in Treatment

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## Why Treatment Matters[1]

- Medication for opioid use disorder (MOUD) might help you feel better and stay in recovery.
- People who take medicine for addiction for at least one or two years have a better chance for long-term success.

> **Don't let common myths about medication for opioid use disorder stand in the way of your recovery.[1]**

## Myths and Facts about MOUD

| Myths | Facts |
|---|---|
| **MOUD trades one addiction for another[1]** | MOUD can help with addiction. MOUD with counseling bridges the biological and behavioral parts of addiction. |
| **MOUD should not be a long-term treatment[1]** | You can take MOUD for a short term or long term basis. People who use MOUD for at least 1–2 years have more success long-term. |
| **Most insurance plans don't cover MOUD[1-4]** | All Medicaid programs and most Medicare plans cover MOUD. Most commercial (or employer-sponsored) insurance plans also cover MOUD. |
| **MOUD increases risk of overdose[1]** | MOUD may help prevent overdoses. Using opioids one time after detoxification can lead to overdose. |
| **There is no proof that MOUD is better than abstinence[1]** | MOUD is evidence-based and, along with counseling, is the recommended course of treatment for opioid addiction. |


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# Understanding Opioid Use Disorder Relapse

## Relapse and Opioid Use Disorder (OUD)[1]

Relapse happens gradually. Sometimes it begins weeks or even months prior to re-initiating substance use.

> **It is important that HCPs approach individuals experiencing addiction relapse with compassion, not shame.**

## Stages of Relapse[1]

Addiction relapse is a gradual process, rather than a single event. Understanding the stages of relapse can help health care professionals (HCPs) recognize early warning signs of relapse:

### Emotional Relapse

An emotional relapse occurs when an individual remembers their last relapse and doesn't want to repeat it. At this stage, the person may be in denial of their relapse risk.

**Early Warning Signs:**

- Isolation
- Fixation on other people's problems
- Disrupted sleeping or eating patterns
- Bottled-up emotions
- Lack of participation/attendance at meetings

**Prevention:**

- Help individuals acknowledge any denial of relapse risk
- Emphasize the importance of self-care

### Mental Relapse

In a mental relapse, the desire to use opioids re-emerges. During this time, the individual may be conflicted between their desire to use opioids and their desire to stay abstinent.

**Early Warning Signs:**

- Cravings
- Dwelling on people/places or positives associated with past drug use
- Lying or bargaining
- Seeking opportunities to relapse
- Thinking of ways to control drug use

**Prevention:**

- Stress that cravings and continuing thoughts of substance use are a normal part of recovery
- Talk to your patients to identify situations that heighten risk of relapse and discuss how they can be avoided

### Physical Relapse

The final stage of relapse is resuming substance use. Physical relapse often occurs when the individual with OUD believes their substance use will not be caught.

**Early Warning Signs:**

- A single "lapse", or using drugs once
- Being stuck in the mental relapse phase for a long time

**Prevention:**

- Ensure that patients in recovery understand what types of situations create high risk of relapse and help them learn to avoid those situations

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# Drug Addiction Relapse



## The Five Rules of Recovery[1]


**Substance Abuse and Mental Health Services Administration's National Helpline is a free, confidential 24/7/365 treatment referral and information service (in English and Spanish) for individuals and families facing mental health issues and/or substance use disorders.**
**Call: 1-800-662-HELP (4357)**

# Drug Addiction Relapse (Continued)

## The Stages of Relapse[1]

### Emotional Relapse

When you are focused on your last relapse and don't want to repeat it.

**Early signs:**

- Bottling up emotions
- Cutting yourself off from others
- Not eating or sleeping well

### Mental Relapse

Part of you wants to use, but part of you doesn't. It can feel like you are battling with yourself.

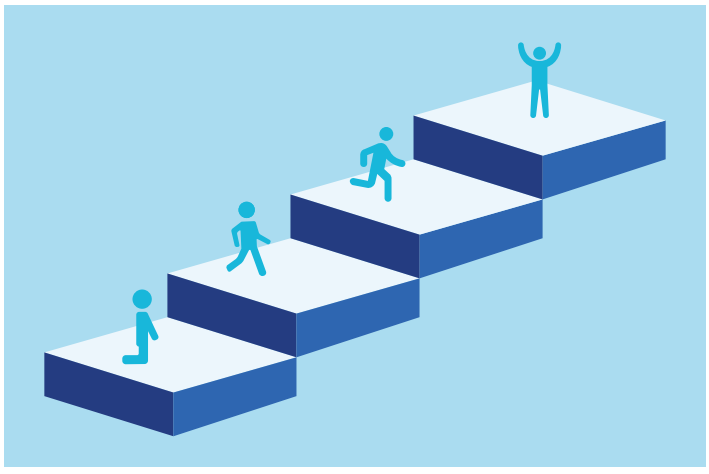
**Early signs:**

- Craving drugs or alcohol
- Bargaining with and lying to those around you
- Thinking about or planning drug use

### Physical Relapse

When you actually use drugs again. Most relapses take place when you think you won't get caught. Talk to your provider about making a backup plan.

**Recovering from addiction is hard. Relapse may happen. Don't let setbacks get you down. If you are thinking about drug use, your health care team can help.**

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# Living a Healthier Life with Addiction

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## Remember HALT[1]

These are common relapse triggers. You can help manage HALT by taking care of yourself. Get enough sleep, eat regular healthy meals, and make time for fun.

**H**ungry
**A**ngry
**L**onely
**T**ired

## Tips for Creating a Healthy Lifestyle in Recovery[2,3]

### Eat Healthy[3]

- ☐ Eat regular meals and snacks
- ☐ Don't go without food for more than five hours
- ☐ Drink plenty of water

### Get Regular Physical Activity[3]

- ☐ Physical activity builds strength and stamina
- ☐ It creates a sense of well being
- ☐ Routine physical activity reduces cravings

### Find Ways to Manage Stress[3]

- ☐ Yoga or meditation
- ☐ Drawing
- ☐ Keeping a journal or diary
- ☐ Gardening

### Change Daily Routines[4]

- ☐ Try doing tasks in a different order
- ☐ Avoid places that remind you of drug use

### Build New Social Circles[4]

- ☐ Try to meet other recovery minded people
- ☐ Build relationships that don't remind you of drugs
- ☐ Stay away from high-risk places, like bars or clubs

### Get Help[2]

- ☐ Fearing relapse is normal, but assistance is available
- ☐ Share your successes and struggles with friends and family
- ☐ Reach out to a health care provider if you need help

**Recovery from addiction is more than just stopping substance use. It means changing your daily life. Building healthy habits can help you stay in recovery.[3]**


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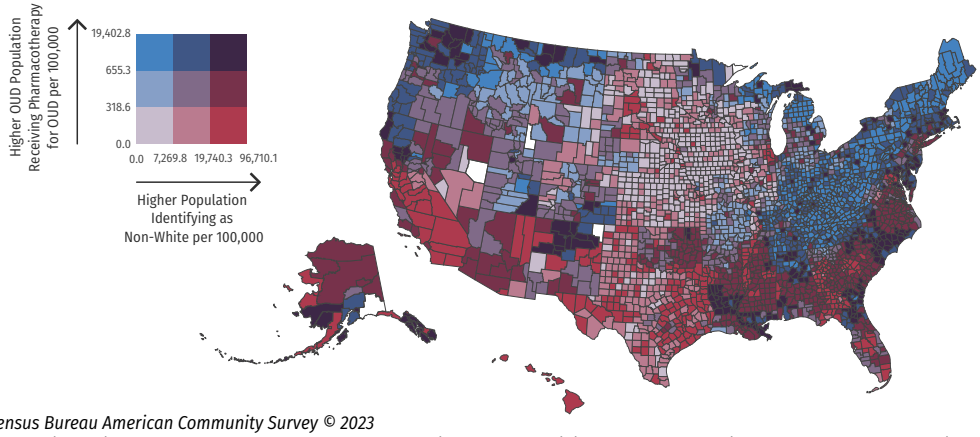
# Opioid Use Disorder (OUD) and Social Determinants of Health (SDoH)

SDoH—including, but not limited to, health care access, gender inequality, mental health, race/ethnicity, socioeconomic status, and transportation—can be a barrier to providing care for those with OUD.[1] Pursuing community-based solutions that address SDoH to improve the lives of those struggling with OUD is critical in effectively responding to the opioid crisis.[2]

**Black and Latino OUD patients are up to 30% less likely to receive medication for OUD (MOUD), even though patients of all backgrounds may benefit from MOUD.[3]**

## Overlay of Population Identifying as Non-White per 100,000 and OUD Population Receiving Pharmacotherapy for OUD per 100,000, Nation, by County, 2020



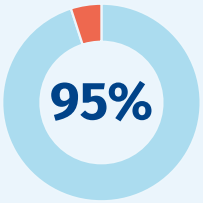

*Data sources: IQVIA and U.S. Census Bureau American Community Survey © 2023*
Note: Pharmacotherapy for OUD consists of intramuscular naltrexone; methadone; oral, implantable, or injectable buprenorphine products; or buprenorphine + naloxone. OUD patient population receiving pharmacotherapy for OUD per 100,000 is plotted on the y-axis; population identifying as non-white is plotted on the x-axis. Counties with coloring that fall along the diagonal (see above) have a strong correlation between the variables shown, however this does not necessarily indicate that the OUD patients receiving pharmacotherapy for OUD identified as non-white.

## Spotlight: Massachusetts Access to Recovery (ATR)[4]

ATR is a six-month program in Massachusetts that provides care for individuals in recovery from substance use disorder.

ATR offers a variety of recovery support services to participants, such as access to basic needs, career services, recovery coaching, and housing services that may help address inequities in determinants of health.

Care Coordinators work one-on-one with participants to assess their needs, guide them through their recovery path, connect them to resources in the community, and provide them with support throughout the program.




**of participants have successfully refrained from using drugs and alcohol at the 6-month discharge from ATR.**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# Culturally Competent Care for Behavioral Health Patients

## Implementation Strategies

### Organizational Level

**Community Outreach[1]**

- ☐ Network with community leaders and identify needs for specific communities[1]
- ☐ Integrate community health workers to help patients navigate the health care system[1]

**Staff Education[2]**

- ☐ Use multiple methods: live interactions with patients, case study reviews, and virtual education[2]
- ☐ Schedule continuous education that includes periodic knowledge assessments[2]

**Measurement and Tracking**

- ☐ Implement data collection measures to track patient satisfaction and health care disparities[2]
- ☐ Sustain cultural competence by identifying and implementing evidence supported practices[3]

### Individual Level

**Incorporation of Culturally Specific Concepts[4]**

Use the American Psychological Association Cultural Formulation Interview tool to assist in making person-centered cultural assessments that inform treatment planning.

**Cultural and Linguistic Matching[1]**

Match patients with a health care professional who understands their cultural background and speaks their language.

**Use of Appropriate Written and Visual Materials[1]**

Utilize appropriate reading level, culturally, and linguistically adapted materials to enhance patient self-efficacy and engagement.

**Continuity of Care[1]**

Offer patients continued support through referrals to specialty facilities, telephone calls, home visits, and in-clinic follow-ups.

**Communities need and benefit from culturally appropriate evidence-supported practices.[3]**


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# Caring for All Patients with Opioid Use Disorder (OUD)

OUD affects people of all backgrounds. Acknowledging your patients' different social identities will help you understand the barriers they may face in accessing treatment.


## Understanding Different Social Identities[2]

| Factors to Consider | | |
|---|---|---|
| Key historical events | → | Major historical events may have lingering affects among individuals from different racial/ethnic groups. |
| Sociopolitical issues | → | Current changes in legislation may affect individuals who belong to specific communities. |
| Basic values and beliefs | → | A patient's cultural values, traditions, and beliefs may affect the way you communicate with them. |
| Cultural practices | → | Cultural norms may shape a patient's willingness to access treatment. |

# Caring for All Patients with Opioid Use Disorder (OUD) (Continued)

## Providing Patient-Centered Care[1]

Patient-centered care is treatment, recovery planning, and decision making that is respectful of a patient's unique circumstances, wishes, values, and needs. It is centered around the goals of the patient, rather than the health care professional (HCP), program, or system. Understanding your patient's story helps you provide patient-centered care.

### Questions to help better understand your patient:[3]

1. What do you call your condition?
2. What do you think has caused it?
3. Why did it start when it did?
4. What does your condition do to your body?
5. How severe is your condition?
6. What do you fear most about your condition?
7. What are the major problems your condition has caused?
8. What are the most important results you hope to receive from treatment?

## Shared Decision-Making[4]

Shared decision-making aims to help people in treatment have informed, meaningful, and collaborative discussions with HCPs. When discussing treatment options with your patient, practice shared decision-making:

**Seek** your patient's participation → **Help** your patient explore and compare treatment options → **Assess** your patient's values and preferences → **Reach** a decision with your patient → **Evaluate** your patient's decision

**Patient-centered care is rooted in compassion, empowerment, and shared decision-making and the belief that people can and do recover.[1]**


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# Opioid Use Disorder Stories

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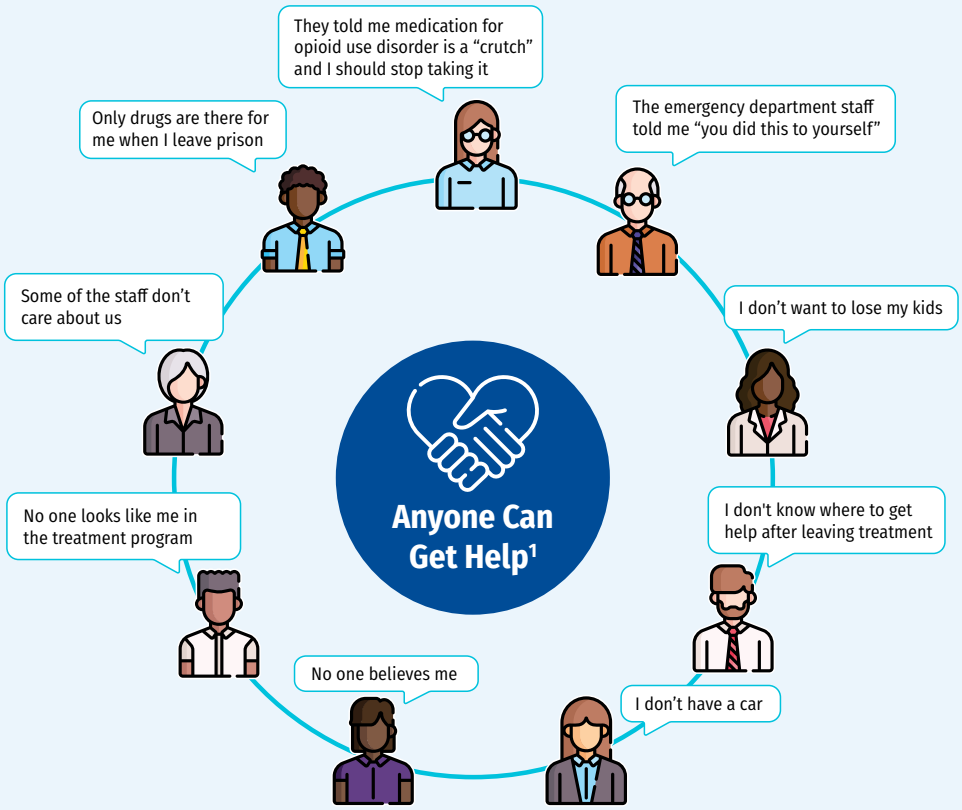
Opioid use disorder affects people of all backgrounds. No matter what you're going though, you can overcome challenges and find the support you need.




## Mary Ann[2]

"If you feel like you need help, my recommendation is to seek help. It's not that easy, but once you make that decision and make that first step, there's no looking back."

Mary Ann did not have a stable job after leaving the Unites States Navy. She started drinking and using substances. It took over her life, and she lost her daughter.

Mary Ann was focused on getting her daughter back. She got help at a Veterans Affairs facility and began a treatment program. After completing the program, Veterans Affairs helped her find housing and a job to get back on her feet.

# Opioid Use Disorder Stories (Continued)

## Shannon[1]

Everyone around Shannon told her medication for opioid use disorder is just a "free high." She believed this myth and stopped her medication.

Shannon got connected to a patient-centered recovery team. She was able to start treatment without shame. Shannon learned to trust herself and her own unique path for recovery.

> **"[My doctors] are the two best MOUD providers I've ever had in my seven years of being on this journey. They care. They honestly care about me"**

## Roberto[1]

Roberto became addicted to opioids at a young age. He tried many treatment programs. None of the programs kept him away from his addiction.

Roberto felt alone and unable to talk about his problems. After entering a treatment program for Latino men, he was able to get the support he needed to take steps toward recovery.

> **"My mind is not set up to do the right thing, but they teach us."**

## Joseph[1]

Joseph was released from jail and had a hard time getting back on his feet. He had trouble staying substance-free. He had no one to come out to, but drugs were always there.

Joseph got connected to a care team who supported his reentry and recovery process. Joseph believes it's important to have a care team who understands him and provides all-around support.

> **"I've got a whole team over there . . . going to that clinic, that's probably the best decision I've made."**

## Brian[1]

Brian was prescribed painkillers after a car accident, leading to opioid addiction. He found a nearby treatment facility but left after several bad experiences. He later overdosed three times within three months.

In the hospital, Brian met a social worker. He started taking medication for opioid use disorder, and got professional help for the first time to start his recovery process.

> **"This guy [social worker] walked into my hospital room and asked me what I wanted. Did I want to start medication? No one had ever asked me that question before."**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