

EDUCATION ON OUD TOOL

What is Opioid Use Disorder (OUD)?

Opioid use disorder is characterized by the persistent use of opiate containing substance despite the adverse consequences of its use¹. It is important to think about OUD as a chronic disease that requires continuous treatment.

OUD affects people from all socioeconomic, cultural and racial backgrounds. Individuals with substance use disorders are usually suffering from trauma. Patients with OUD may have elevated levels of anxiety, depression, anger, sadness, and may be at increased risk for having conflicts with hospital staff and providers. It is crucial to use proper tools to de-escalate any conflict and avoid confrontational language and reactions from staff. These patients will need and compassionate and safe environment, with an understanding by staff that substance use disorder is often the result of life-long trauma.

When a patient presents to the hospital or clinic, you have the opportunity to engage her in OUD care. Providing hope and getting her established with the care she needs should be your primary goal.

How is opioid use disorder treated during pregnancy?

The best treatment for opioid use disorder during pregnancy includes opioid replacement medication (medication-assisted treatment or MAT), behavioral therapy, and counseling. The medications that are given are long-acting opioids. This means that they stay active in the body for a long time². These opioids, called methadone and buprenorphine, reduce cravings but do not cause the good feelings that other opioids cause. Behavioral therapy and counseling help people avoid and cope with situations that might lead to relapse³. These medications are effective, life-saving treatments. It is important to understand and talk about these medications in this way.

What can I do to help a woman establish and promote care upon a visit to our clinic or unit?

DON'T

- Use words like “addict”, “crime”, “bad decisions”, “drug problem”, “drug abuse” “clean”, “dirty”, “junkie”, “methadone maintenance”⁴
- Shame or criticize individual for using drugs
- Ask why she is late to care
 - o This includes talking *about* the patient to other providers and staff in a derogatory way or about her drug use or history
- Threaten to restrict care

DO

- Provide a trusting, compassionate, safe environment
- Use stigma-free and non-judgmental language
- Set appropriate boundaries
- Have realistic expectations
- Create an open dialogue with the woman to establish trust.
- Offer easy access to all patient services
- Reassure patient that she will receive the same high-quality care as any other patient
- Accommodate for the woman’s unique needs
- Be mindful of patient confidentiality, even among other staff (security guards, reception, nursing, etc)
- Offer patient hopeful resources
- Use the resources in this toolkit on trauma informed care, stigma
- Understand that methadone and buprenorphine are daily medications that help to keep chronic illness under control

¹ Han B, Compton WM, Blanco C, Jones CM Prescription opioid use, misuse, and use disorders in U.S. adults. *Ann Intern Med.* 2018; 168: 383-384 <https://www.acog.org/Patients/FAQs/Opioid-Use-Disorder-and-Pregnancy?IsMobileSet=false>

² ACOG Opioid use Disorder FAQs <https://www.acog.org/-/media/For-Patients/faq506.pdf?dmc=1&ts=20190509T0049178971>

³ Pincus HA, Blanco C The opioid crisis in America: an overview. in: Weil AR Dolan R Confronting our nation's opioid crisis, a report of the Aspen Health Strategy Group. The Aspen Institute, Washington, DC; 2017: 23-46

⁴ White WL. The rhetoric of recovery advocacy: an essay on the power of language. Available at: <http://www.naabt.org/LANGUAGEBillWhite.pdf>.