Addiction Stigma Elimination at Novant Health

Welcome to the Novant Health Addiction Stigma Elimination course. This one hour course will help you understand addiction stigma and how to eliminate it in a healthcare setting.

This education is divided into sections with specific details around this topic provided by the Addiction Stigma Elimination Team (ASTE).

You must pass the knowledge check with a score of 80% or higher to complete this course.

To begin, select the Start button above or select a section from the menu below.

- Stigma
- Substance Use Disorder (SUD), Dependence, and Addiction
- Case Study

CARING FOR PREGNANT PATIENTS WITH SUBSTANCE USE DISORDER

- Opioid Use During Pregnancy

FAMILY AND FRIENDS: SHAME, GUILT, DENIAL AND ENABLING

- The Dangers of Shame, Guilt, Denial, and Enabling

TRAUMA-INFORMED CARE

- Trauma-Informed Care

MEDICATION-ASSISTED THERAPY

- Medication-Assisted Therapy

A STIGMA SPIN ON DIVERSION

- Stigma and Diversion
- Consequences of Diversion
- Diversion Prevention
- Novant Health's Position on Diversion
- See Something, Say Something.

ASKING FOR HELP

The Impact of Stigma on Therapy and Counseling

ELIMINATING STIGMA

Eliminating Stigma

KNOWLEDGE CHECK

Knowledge Check

SUMMARY & COURSE COMPLETION

Congratulations!

Introduction

The Goal of this course is to build a culture of understanding around those with substance use disorder or dependence.

This one-hour course includes:

- Definition of stigma and addiction
- Prevalence and origins of substance use disorder (SUD)
- Caring for pregnant patients with SUD

- The role of family and friends
- Trauma-informed care
- Medication-assisted therapy (MAT)
- Diversion recognition
- Asking for help
- Stigma elimination techniques

Course Disclosure Information

DISCLOSURE INFORMATION | COURSE DETAILS | CME DETAILS

Course Director
Susan Doub, MA.Ed, LCMHCS, Manager Behavioral Health Operations

Course Planners
Karen Artz, MHDL, LCMHC, LCAS, CEAP, Counselor
Brittany Collins, LCSW, LCAS, Therapist
Susan Doub, MA.Ed, LCMHCS, Manager Behavioral Health Operations
Melissa Goad, BSN, RN, PMH-BC, Clinical Practice Specialist
Jordan Hall, MSRT, RRT-RCP, NPS, Cardiopulmonary Services Supervisor
Martha Harrelson, MSN, RN, Nurse Manager Mother Baby Unit
Barbara Kirkaldy, Pharmacy Regulatory Specialist DEA
Stephanie Lane, LCSW, Therapist
Thomas Link, MHA, CPHQ, CPH, Clinic Administrator II
Sacha Pollard, PharmD, BCPS, System Pharmacy Director
Heather Replogle, Therapist
Kaitlyn Uhl, MPH, Healthcare Business Analyst Intermediate

None of the planners and faculty for this educational activity have relevant financial relationships to disclose with ineligible companies.

DISCLOSURE INFORMATION | COURSE DETAILS | CME DETAILS

Course medium
Computer-assisted instructional materials

Method of physician participation
Learning module and posttest

Estimated time to complete the educational activity
1 hour

Date of release: 01/01/2022
Revision/Termination date: 01/01/2024

DISCLOSURE INFORMATION | COURSE DETAILS | CME DETAILS

Accreditation & CME Information:
Novant Health is the continuing medical education provider for this activity.

Accreditation Statement:
Novant Health is accredited by the NCMS to provide continuing medical education for physicians.

Credit Designation Statement:
Novant Health designates this enduring material for a maximum of 1 (one) AMA PRA Category 1 Credit TM. Physicians should claim only the credit commensurate with the extent of the participation in the activity.

Policy on Faculty and Sponsor Disclosure:
Novant Health adheres to NCMS Standards regarding industry support of continuing medical education. Disclosure of faculty and commercial support relationships, if any, will be made known at the start of the activity.

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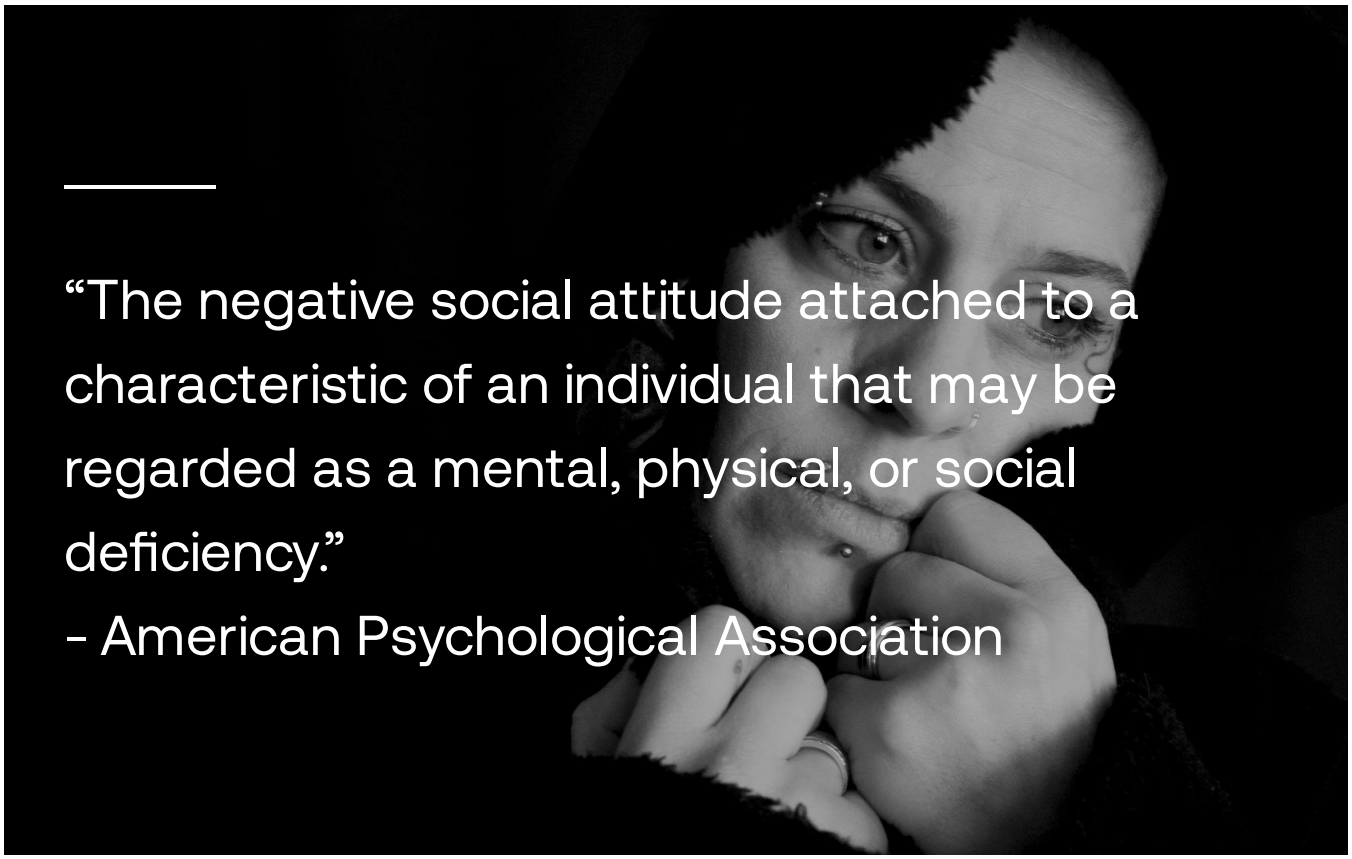
Stigma



Affects of Stigma

Stigma is when a person is viewed and treated poorly based on one aspect of who they are.

Stigma against an individual can be crippling to their self- and social-image and hinder the possibility of change and recovery.

Types of Stigma

Based on research that has been conducted over the last two decades, stigma has been subcategorized into three types:

Self-Stigma	What people with a disorder do to themselves when they internalize the stigma.
Social or Public Stigma	The phenomenon of large social groups endorsing stereotypes about and acting against a stigmatized group.

Structural Stigma	The rules, policies, and procedures of institutions that restrict the rights and opportunities for members of stigmatized groups.

All three types of stigma have an impact on individuals suffering from an addiction, impacting their self-efficacy and ability to seek help, how they are treated by individuals around them, and the policies put in place that help or hinder their ability to access help.

Stigma in Healthcare

In the healthcare setting, stigma towards a patient has been found to:

- Lead to healthcare providers withholding or denying care
- Impede access to treatment

- Exacerbate the disease
- Increase treatment drop out and return-to-use
- Lead to the development of rigid and punitive policies

This is not a comprehensive list of the consequences of stigma towards individuals with addiction; there are many more negative outcomes as a result.

CONTINUE

Substance Use Disorder (SUD), Dependence, and Addiction

Addiction is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication.

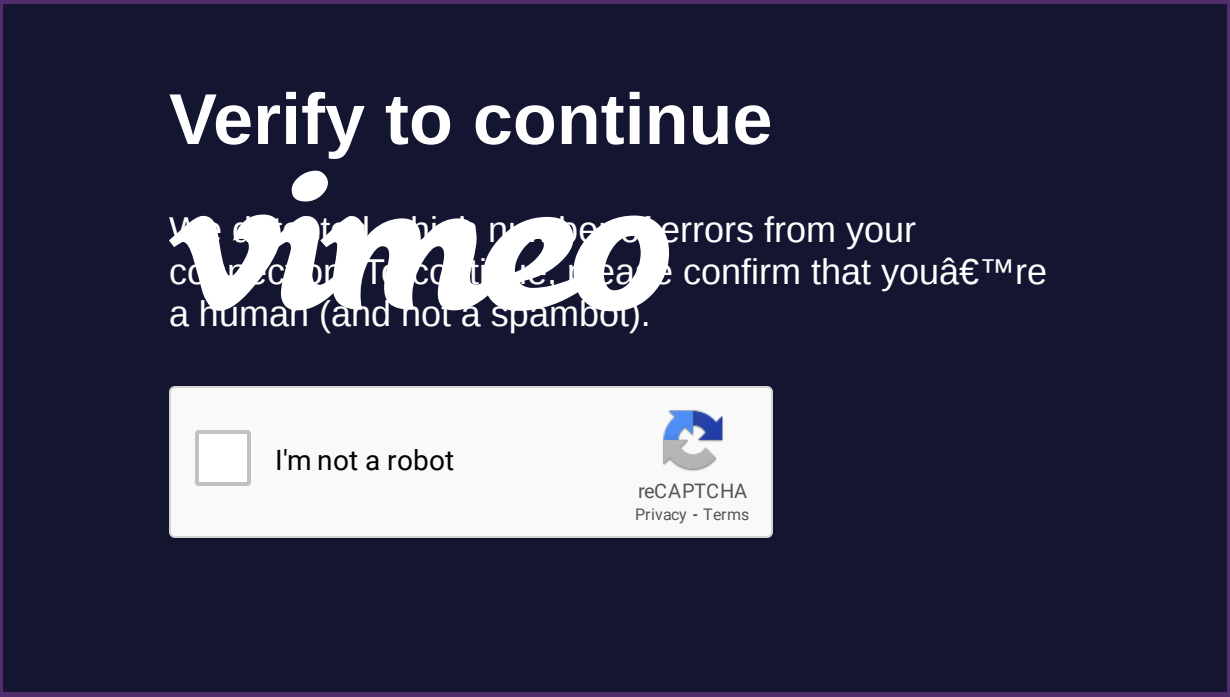
The Affects

Addiction, also referred to as a substance use disorder (SUD) or dependence, affects multiple brain circuits, including those involved in reward and motivation, learning and memory, and inhibitory control over behavior.

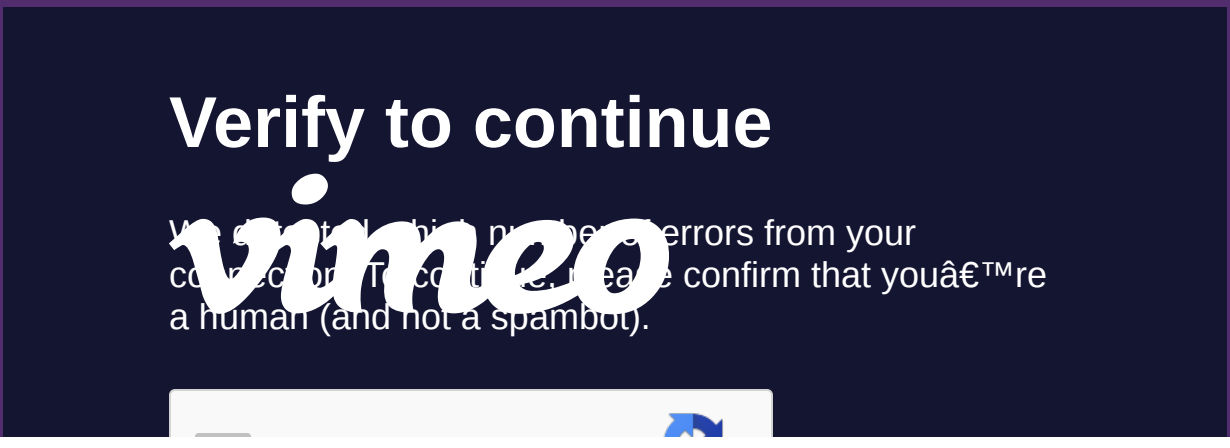
This is why addiction is a brain disease.

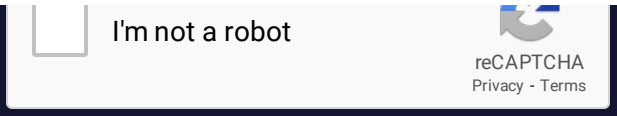
Watch the videos below to learn more.

Video: What is Addiction?



Video: How Childhood Trauma Affects Health Across a Lifetime - Dr. Nadine Burke Harris

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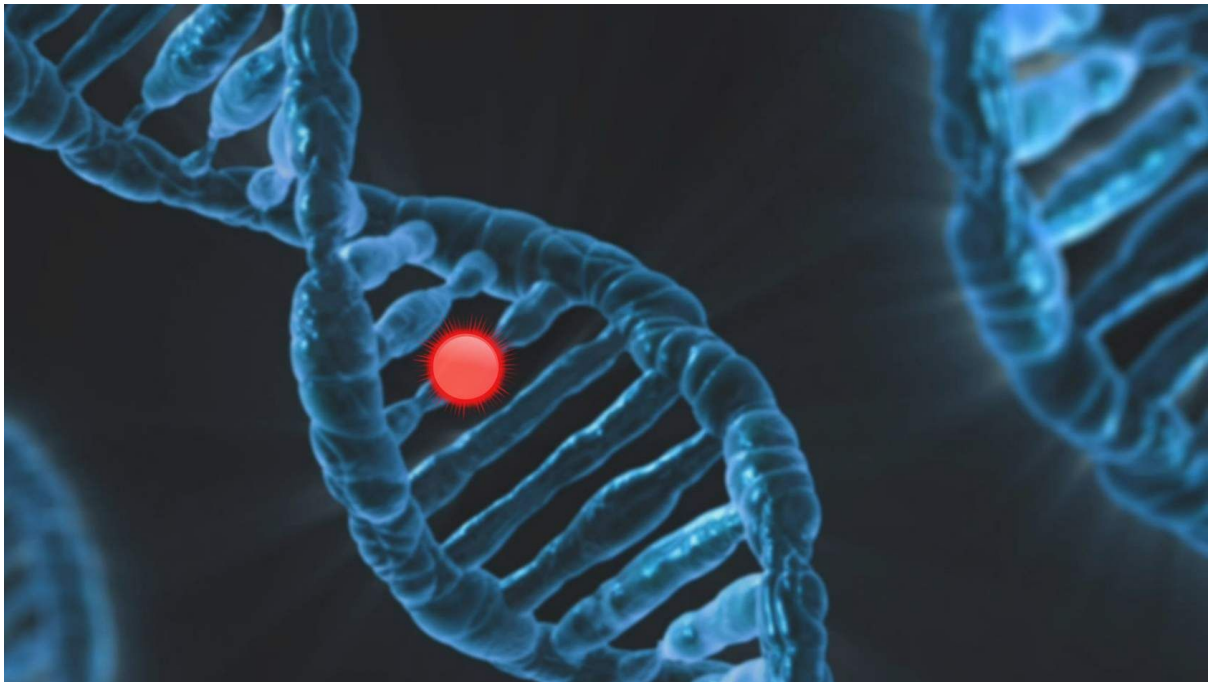
Contributing Factors of Substance Use Disorder

There are six primary factors that increase the occurrence of addiction or drug dependency.

Factor 1

Genetics



Genetic factors account for between 40 and 60 percent of a person's vulnerability to addiction.

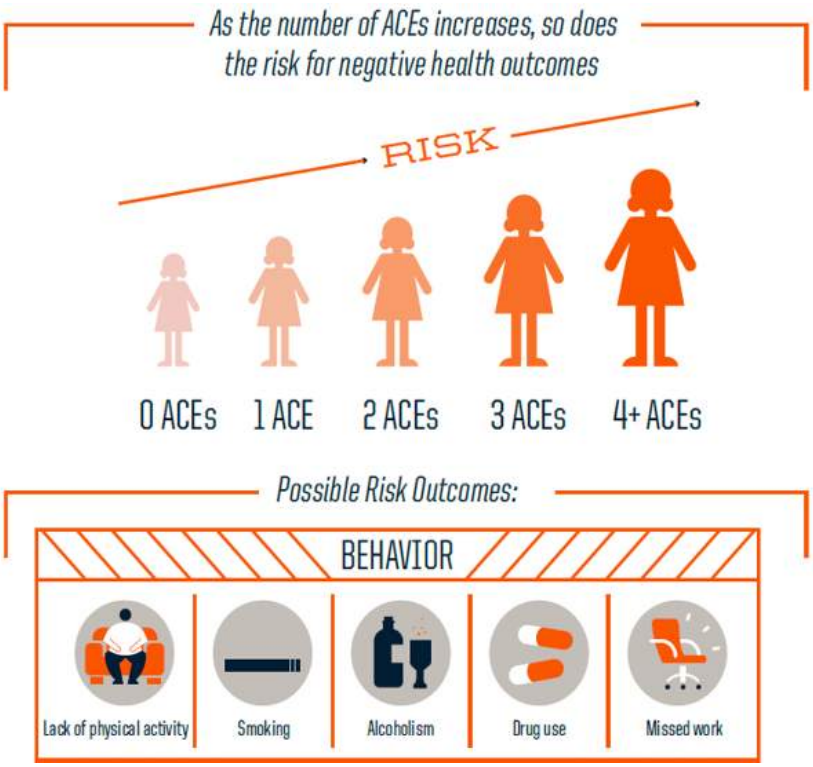
Factor 2

Mental Illness

Nearly 43 million adults in the United States suffered from some form of mental illness. About 20% of adults with mental health disorders had co-occurring substance use disorders, while only 6% of adults without mental illness met the criteria for substance use disorder.

Factor 3

Childhood trauma or Adverse Childhood Experiences (ACE's)



About two-thirds of persons with substance use disorder or dependency have previously experience some type of physical or sexual trauma during childhood.

The Centers for Disease Control and Prevention (or the CDC) found that 64% of people have at least 1 ACE and 12% of the population have 4.

Those with any ACE score are two to four times more likely to use alcohol or other drugs, compared to those with an ACE score of zero.

Those with an ACE score of 5 or higher are seven to 10 times more likely to use illegal drugs.

Factor 4

Early Childhood Use

This primary facto in many complex and severe Substance Use Disorder (SUD) cases, and it is totally preventable!

Prevention is about delaying when use starts as long as possible.

90% of those with SUD were exposed before the age of 18.

There is a 25% chance of SUD if drugs and alcohol are used before age 18 and that lowers to a 4% chance if initiation starts after age 21.

Earlier initiation of use = greater severity of illness

Factor 5

Perscriptions

According to the National Institute of Drug Abuse (or NIDA), 21 to 29 percent of chronic pain patients misuse prescribed opioids, and 8 to 12 of those chronic pain patients develop an opioid use disorder.

A patient's risk of chronic opioid use increases after just 3 days of taking opioids, and continues to increase with each additional day, with the sharpest increase after the 5th and 31st day of therapy.

Visit the Novant Health Opioid Stewardship program page to find out more about how we work to alleviate the opioid crisis in our communities.

Factor 6

Environmental

This refers to the the person's connection (or lack there of) to family, friends and community. Studies have found that a person isolated from human connection and relationships has an increased risk of turning to drugs as a coping mechanism.

Those with a strong support system and relationships, as well as purpose in life are less likely to turn to drug use. Connecting to community and purpose is both a prevention protective factor and a recovery support service foundational principle.

Summary

Understanding the factors that contribute to substance use disorder can help us understand it, treat is, and prevent it.

What are some of the drugs involved in SUD?

These include legal or illegal drugs or medications.

Alcohol

Beer, wine, liquor, and sprits

Barbiturates

Amobarbital (Amytal)

Butobarbital (Butisol)
Pentobarbital (Nembutal)
Secobarbital (Seconal)
Belladonna and Phenobarbital (Donnatal)
Butalbital/Acetaminophen/Caffeine (Esgic, Fioricet)
Butalbital/Aspirin/Caffeine (Fiorinal Ascomp, Fortabs)

Cocaine

Cocaine hydrochloride, freebase, and crack
Other names: C, coke, crack, nose candy, snow, white lady, toot, Charlie, blow, white dust or stardust

Nicotine

Cigarettes, cigars, chewing tobacco/snuff, electronic nicotine delivery systems/vape pens

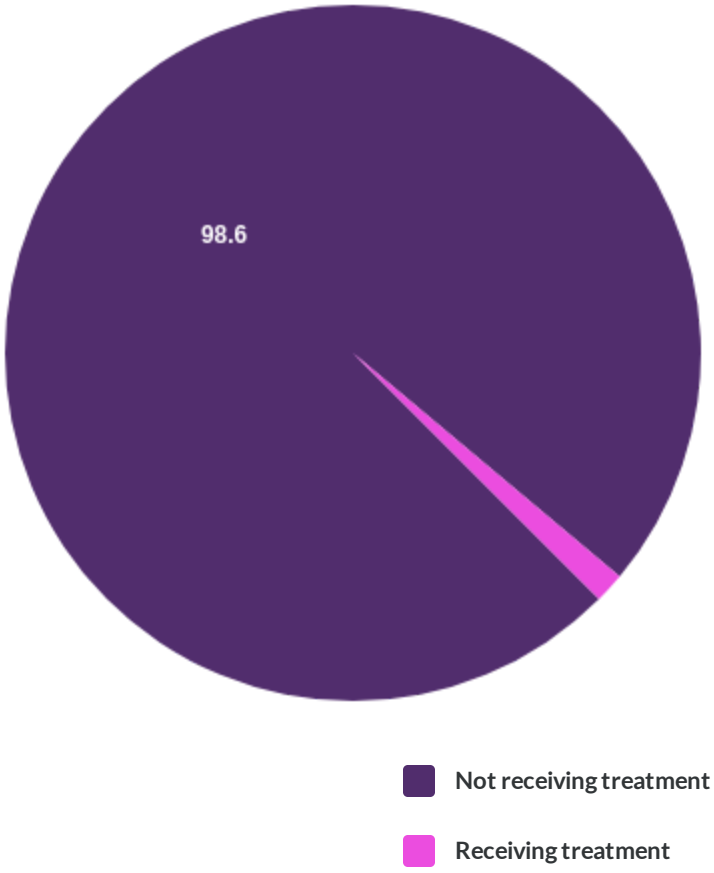
Opiates

Oxycodone (OxyContin®),
Hydrocodone (Vicodin®),
Codeine
Morphine
Fentanyl
Carfentanyl
Dilaudid
Heroin

Substance Use Disorder in the US

In 2018, approximately 20.3 million people (16% of the US population) aged 12 and older had a substance use disorder (SUD) related to their use of alcohol or illicit drugs in the past year.

Only 1.4% (3.7 million people) receive treatment.



Of those, 7.7 million or 37.9% have a co-occurring mental and substance use disorder, and among the over 42 million adults with

a mental illness, almost a fifth of them also had a substance use disorder.

Substance use disorder, particularly that paired with a mental illness, is extremely prevalent throughout the United States.

CONTINUE

Case Study

A 30-year-old woman with a history of heroin dependence is admitted for an emergency appendectomy.

The Case

A 30-year-old woman with heroin dependence is admitted for an emergency appendectomy. She receives IV morphine for acute pain and requests higher doses of the IV opioids. The care team becomes concerned and uneasy with the patient's behavior.

How do you approach this patient with respect to her pain and behavior?

- [ ] Consider her high tolerance to opioids
- [ ] Discuss the pain management plan with her
- [ ] Coordinate the treatment plan with the anesthesiologist
- [ ] Maximize non-narcotic therapies and avoid opioids if possible
- [ ] Consider using buprenorphine for pain control with opioid use disorder
- [ ] Consider substance use disorder
- [ ] Urine drug testing

POSSIBLE SOLUTION

Possible Solution:

Given her history of opioid dependence, this patient has likely developed a tolerance to opioids, meaning her physical requirements for analgesia are higher than expected when compared to an opioid naïve patient. Depending on whether she is actively using heroin, she could also be experiencing opioid withdrawal. Symptoms of opioid withdrawal should be assessed, and the pain management plan should be discussed with the patient and an anesthesiologist.

CONTINUE

Opioid Use During Pregnancy

The numbers

According to 2019 self-reported data, about 7% of women reported using prescription opioid pain relievers during pregnancy. Of those, 1 in 5 reported misuse of opioids.

From 2005 to 2011, an estimated 14%-22% of women filled an opioid prescription during pregnancy. Maternal opioid use disorder rates at delivery more than quadrupled from 1999 to 2014.

One baby is diagnosed with Neonatal Opiate Withdrawal (NOW's), a group of conditions caused when a baby withdraws from certain drugs he's exposed to in the womb before birth, every 19 minutes in the United States or nearly 80 newborns diagnosed every day.

Stigma creates social isolation

Pregnant women are more stigmatized for substance use because their illness may be viewed as a result of their own behavior or moral failure.

Pregnant women must cope with self-stigma and feelings of guilt or shame about the related risks of substance use to the health of their baby.

Pregnant women with substance use disorder often worry about disappointing or embarrassing family and friends. They may self isolate, negatively impacting their physical and mental health.

Negative affects of stigma

Expand each section below to learn more.

Poor treatment outcomes and reduced quality of care

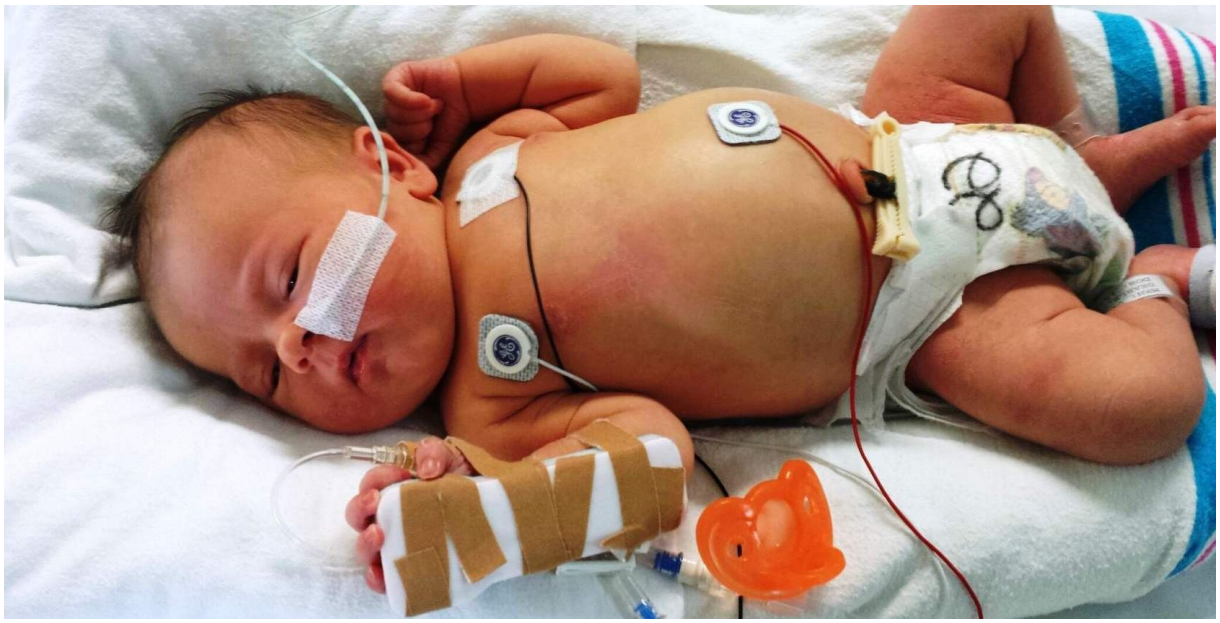
Healthcare professionals' negative attitudes toward substance use disorder in pregnancy diminishes the woman's feelings of empowerment or self-advocacy which in turn may negatively affect treatment outcomes and quality of care for the mother and infant.

Fear of mistreatment or even criminalization

Pregnant and postpartum women struggling with substance use disorder may avoid seeking prenatal care out of fear of mistreatment or even criminalization.

Long term health challenges for the infant

Care providers' stigma toward a new mother with substance use disorder can negatively impact bonding, breastfeeding and developmentally appropriate care, leading to long-term health challenges for the infant.



Video: Beyond Labels - Substance Use Disorder Stories

Listen to stories of two mothers who have been affected by stigma related to their substance use disorders.

How can we ensure pregnant women with substance use disorders get the care they need?

1. Create safe, caring, and supportive environments and relationships that are free from stigma.

2. Eliminate blaming and shaming pregnant women with substance use disorders, as this only drives them away from care and support.

3. Inform women with a Substance Use Disorder that help is available and encourage them to seek treatment.

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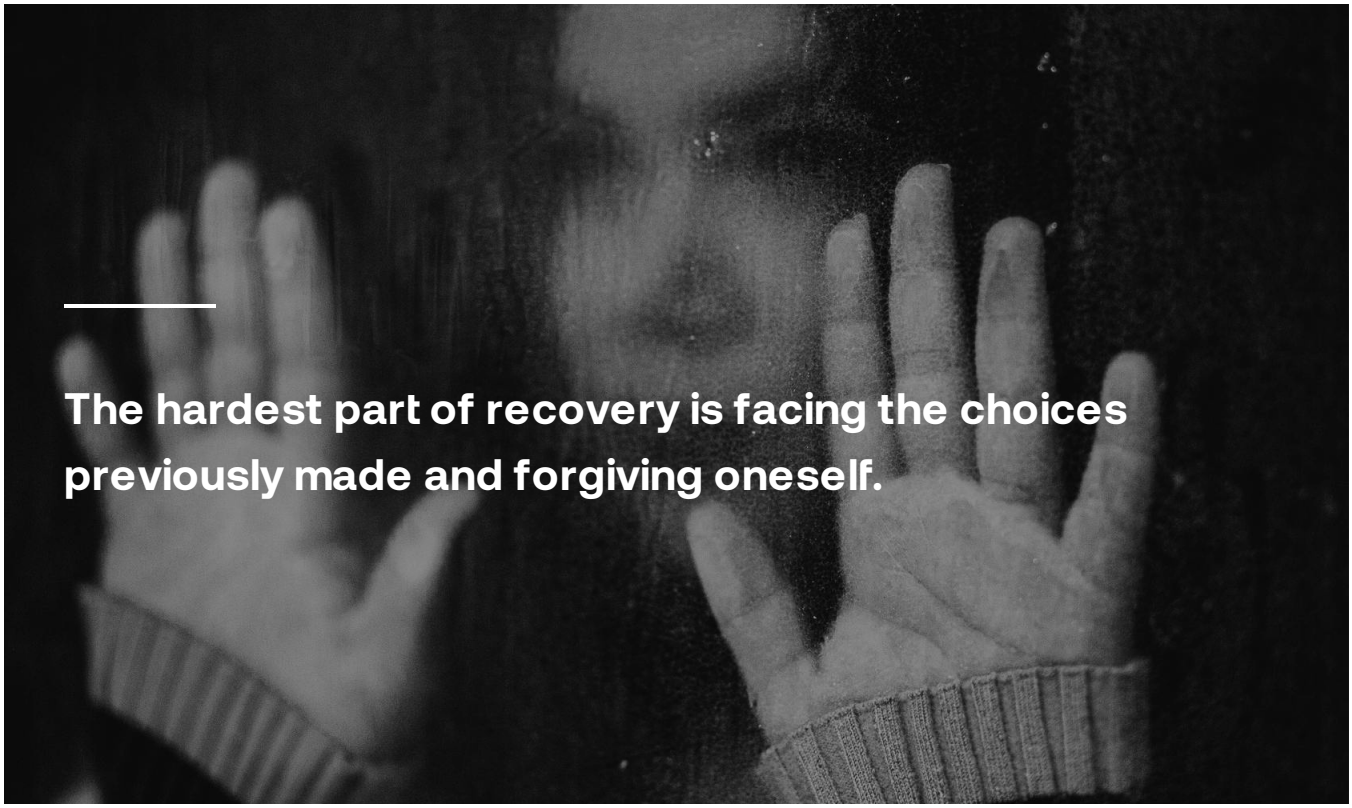
The Dangers of Shame, Guilt, Denial, and Enabling



Addiction and guilt are a vicious cycle

Addiction tricks, manipulates, and forces people to do things they would not normally do in order to satisfy the raging dependence. When someone is in the throws of addiction, their brain's primal drive to eat, sleep, find shelter, reproduce,

and even breath is all replaced by the substance. The brain requires the substance to survive; otherwise they are literally suffocating. Additionally, the person struggling with addiction will often use the substance to numb feelings of guilt and shame that are derived from substance misuse and its repercussions.

Ask anyone living in recovery, and most will say that the hardest part of the recovery process is facing the choices previously made while in active addiction and forgiving themselves. Facing that guilt has been found to be a major trigger for return to use. Guilt tells the suffering individual to stop trying because their failures are far too great to overcome, so they might as well give up. Guilt and shame can be powerful and spiteful emotions.

Dangers of shame

The shame of addiction makes afflicted individuals feel so awful that they self-medicate it with a substance or activity.

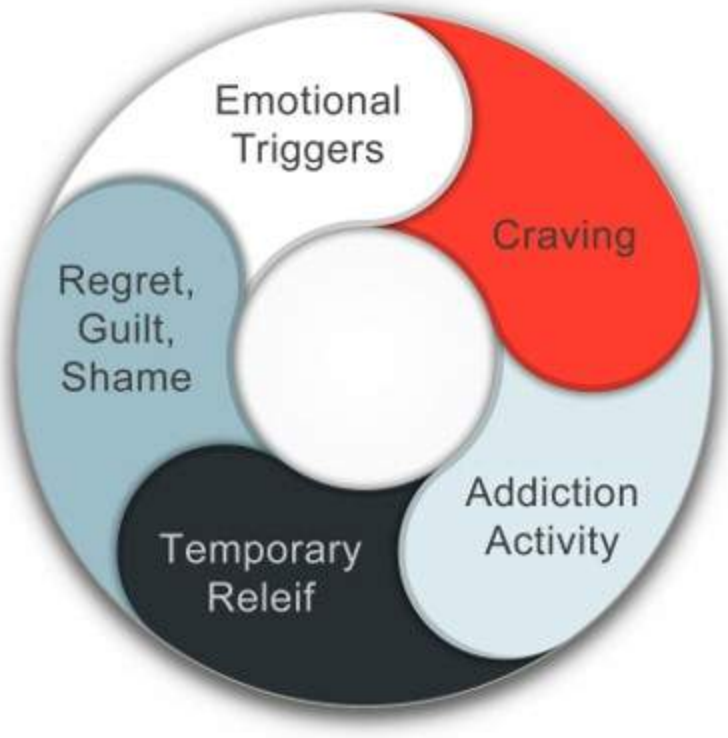
That then makes the shame temporarily go away so it reinforces the addictive behavior. However, the feelings of giving in to that addiction seeps in and the shame quickly returns, driving the individual to self-medicate once again.

With each instance of the vicious cycle, one's self-esteem takes a blow. Feelings of being out of control, powerless, hopeless, disgusted, angry, or disappointed take over. Afflicted individuals mentally beat themselves up for not being strong enough to resist the urge to use, making them feel guilty and worthless.

By this point, the addiction has negatively impacted other areas of life such as personal relationships, professional workplace efficiency and connections, finances, and community.

People who suffer with addiction will also experience the judgmental, condemning remarks or glances of other people and the media.

These fuel the powerful shame of addiction.



> I define shame as the intensely painful feeling or experience of believing that we are flawed and therefore unworthy of love and belonging – something we've experienced, done, or failed to do makes us unworthy of connection.
>
> **Brené Brown, author and researcher**

Addiction is a family disease

While it's difficult to calculate the number of families today who suffer from addiction, we know that addiction is an equal

opportunity disease, reaching people across age, race, gender and socioeconomic status. Families of all shapes and sizes are affected: from the transitional nuclear family, to single-parent families, stepfamilies, foster families, multi-generational families, and multi-cultural families world-wide.

Living in the midst of an addiction leaves family members feeling traumatized and overwhelmed, like they've been lied to and betrayed. There are arguments and confrontations, slamming of doors and sleepless nights. Non-addicted family members tend to over-function, or over-compensate, for the addicted family member, leaving everyone exhausted.

Parents, spouses, children and siblings may play different roles (protector, persecutor, blamer, family hero, mascot, lost child) to survive the stress of substance misuse. Often families may be in denial that their loved one has an addiction, do not know what to do to help their loved one, and/or may enable or sabotage their loved one unknowingly. The stigma of addiction often prevents families from asking for help.

Denial and it's role in addiction

Denial is simply a refusal to accept some reality of one's life and/or circumstances.

It is often an unconscious process, and a way for our minds to protect us from being aware of thoughts or feelings that are too difficult to accept.

Denial can be a mask the substance user wears to help them avoid accepting responsibility for their actions and consequences.

Often, at the core of denial is terrible shame, self-hatred, low self-worth, and feelings of inadequacy or unworthiness.

Denial sounds like:

IN ACTIVE ADDICTION	IN RECOVERY
"I don't have a drinking or drug problem." "I still have a job and family." "I'm not as bad as that guy."	

“If I really thought I had a problem, I could quit.”
“It only affects me, not anyone else.”

IN ACTIVE ADDICTION | IN RECOVERY

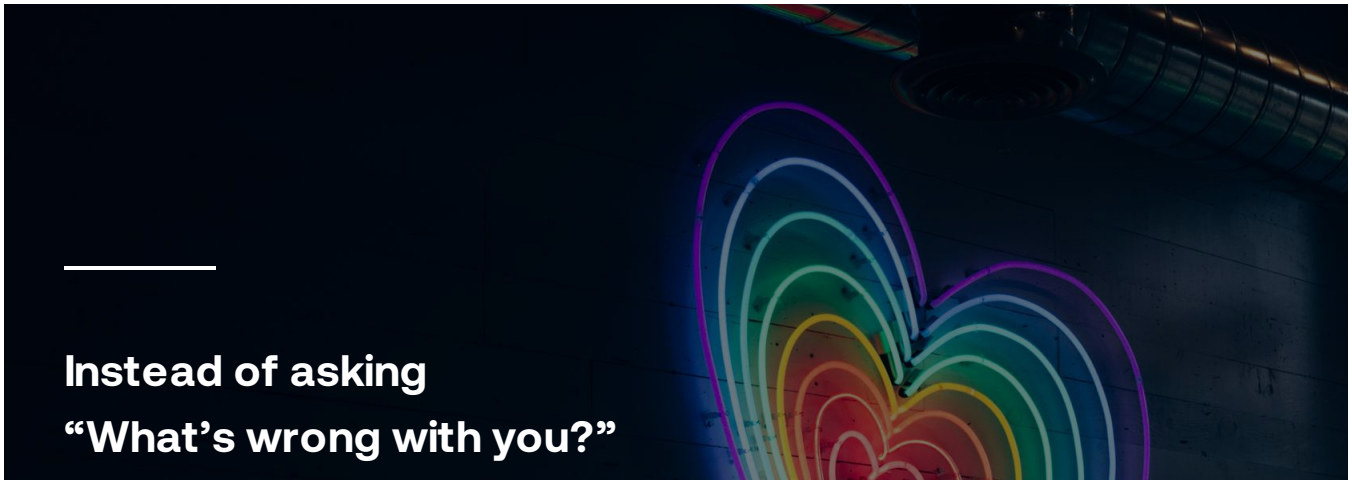
“Cocaine is the only problem, not the drinking.”
“I don’t need support from others, I can do this on my own.”
“Getting a sponsor and going to meetings isn’t going to work for me.”
“I can still be around others who are using and be fine.”
“After treatment, I don’t have to do anything to maintain my recovery.”

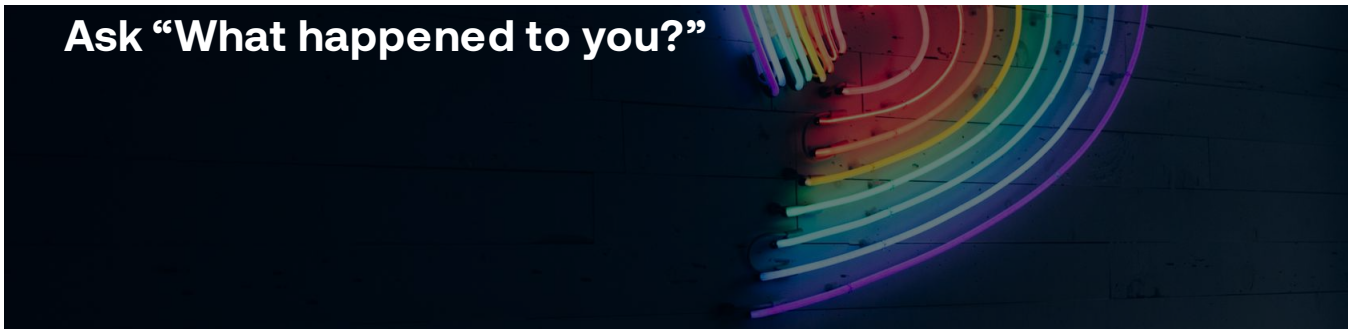
Denial and Stigma

The negative stigma surrounding addiction can lead to guilt and shame, which further perpetuates the addict’s denial and prevents them from getting the treatment they need.

To break down both the stigma of addiction and the denial associated with it, we must:

- Educate ourselves about the disease model of addiction
- Work to eliminate the false perceptions we have about addiction and addicts
- Assist substance users and their loved ones in coping with the shame and guilt
- Create more resources for accessing and providing treatment
- Connect substance users and their loved ones to supports in the community
- Show empathy





The Power of Empathy

Empathy is responding to others in a meaningful and caring way and is the strongest remedy for shame. Being empathetic allows us to use our own experiences to connect with a story that someone is sharing with us, and to be able to see, hear and feel another’s situation. When we understand, share the feelings of others or put ourselves in someone else’s shoes.

Team members in direct patient care should practice empathy with all patients. As Novant Health team members, instead of asking “What’s wrong with you?” we should be asking “What happened to you?”

The most helpful thing you can do to help is to stay engaged. There’s so much isolation, shame and stigma with substance misuse, not only for the person addicted, but for the family members as well. There’s a sense—on the part of the person afflicted and everyone who loves him or her—that they did

something wrong when in fact, they didn't cause it, they can't control it, nor can they cure it.

Be a non-judgmental, sympathetic listener.

We all must continue to share our stories in order to fight the stigma of addiction.
If not us, then who?

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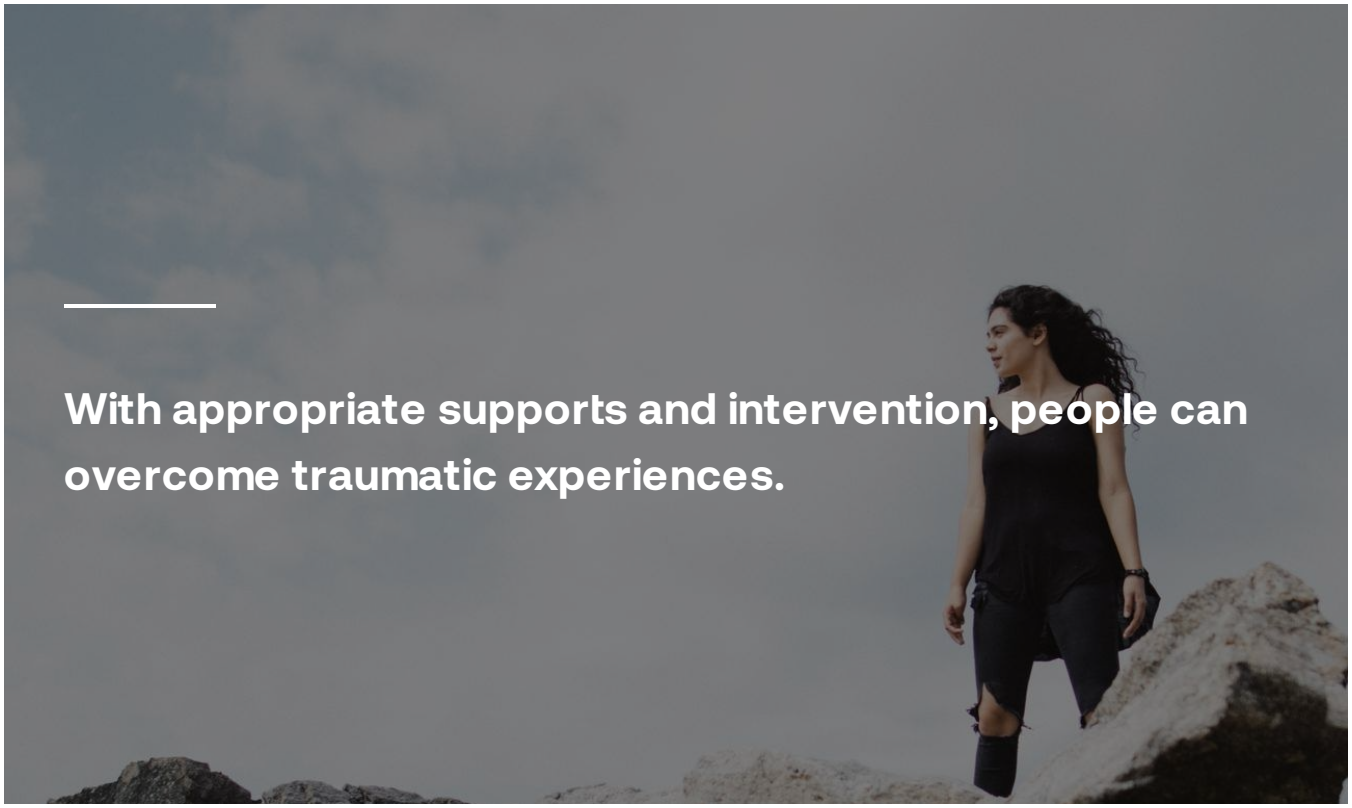
Trauma-Informed Care



What is trauma?

Trauma is a widespread, harmful and costly public health problem. It occurs as a result of violence, abuse, neglect, loss, disaster, war and other emotionally harmful experiences.

Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography or sexual orientation. It is an almost universal experience of people with mental and substance use disorders.

The three E's of trauma

EVENTS | EXPERIENCE OF EVENTS | EFFECTS

Events may include circumstances of actual or extreme threat of physical or psychological harm, and can occur singularly or repeatedly over time.

EVENTS | **EXPERIENCE OF EVENTS** | EFFECTS

The individual's experience of these events is subjective as to whether it was traumatic or not.

The same event may be traumatic for one individual and not for another.

How the individual assigns meaning to and is disrupted physically and/or psychologically by an event will contribute to whether or not is experienced as traumatic.

EVENTS | EXPERIENCE OF EVENTS | **EFFECTS**

The long-lasting adverse effects of the event may occur immediately or may have a delayed onset, and some individuals may not even make the connection between the event and their trauma symptoms.

Substance Abuse and Mental Health Services Administration's (SAMHSA) Concept of Trauma and Guidance for a Trauma-Informed Approach

Select the **Trauma Guidance** button to open this excellent resource about trauma-informed care.

TRAUMA GUIDANCE

What is trauma-informed care

Trauma-Informed Care (TIC) is an approach in the human service field that assumes that an individual is more likely than not to have a history of trauma. Trauma-Informed Care recognizes the presence of trauma symptoms and acknowledges the role trauma may play in an individual's life- including service staff.

The four R's (key assumptions) of trauma-informed care

REALIZE	RECOGNIZE	RESPOND	RESIST

Realize the widespread impact of trauma

REALIZE | RECOGNIZE | RESPOND | RESIST

Recognize the signs and symptoms

REALIZE | RECOGNIZE | RESPOND | RESIST

Respond by fully integrating knowledge about trauma

REALIZE | RECOGNIZE | RESPOND | RESIST

Resist re-traumatization

Six key principles of trauma-informed care

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific.

Key 1

Safety

Throughout the organization, team members and those they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety. Understanding safety as defined by those served is a high priority.

Key 2

Trustworthiness and Transparency

Organizational operations and decisions are conducted with transparency with the goal of building and maintaining trust with patients and family members, among team members and others involved in the organization.

Key 3

Peer Support

Peer support and mutual self-help are key vehicles for establishing safety and hope, building trust, enhancing collaboration, and utilizing their stories and lived experiences to promote recovery and healing.

The term "Peers" refers to individuals with lived experiences of trauma. Peers have also been referred to as "trauma survivors."

Key 4

Collaboration and Mutuality

Importance is placed on partnering and the leveling of power differences between team members and patients and among those in clinical support roles demonstrating that healing happens in relationships and in meaningful sharing of power and decision-making.

Key 5

Empowerment, Voice, and Choice

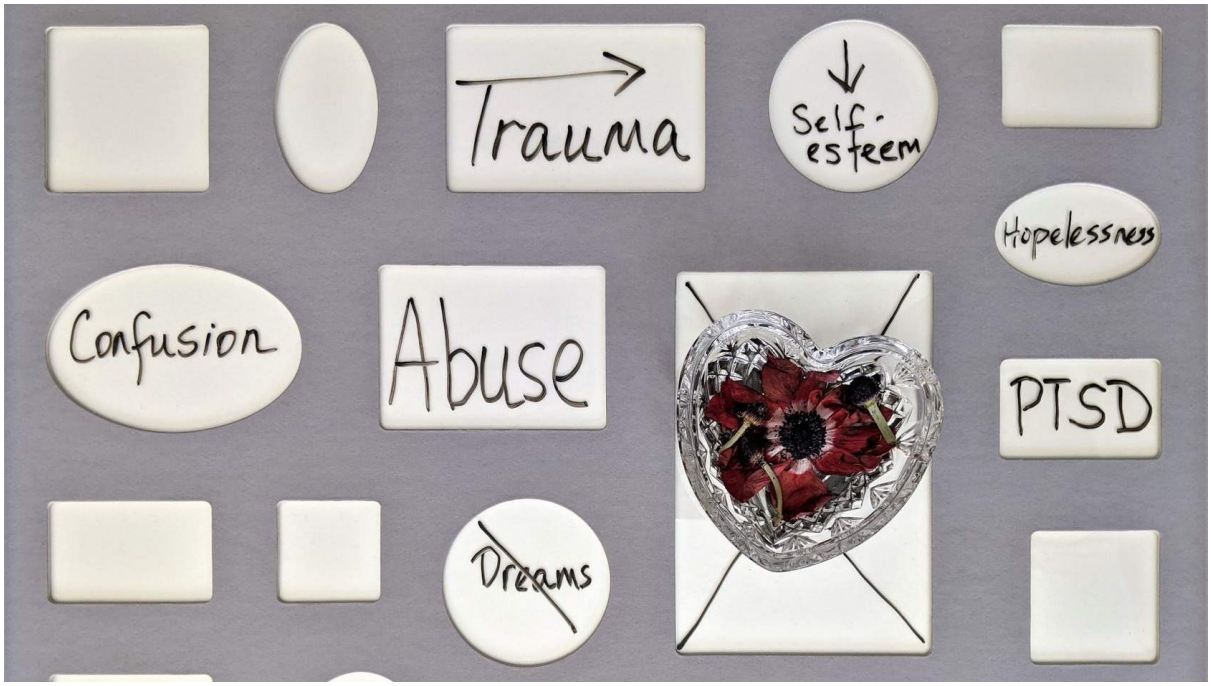
Throughout the organization individuals' strengths and experiences are recognized and built upon. Fostering a belief in the primacy of the people served, in resilience, and in the ability to everyone to heal and promote recovery from trauma. Understanding the experience of trauma may be a unifying aspect in the lives of those who provide support within the organization. Patients are supported in shared decision-making, choice, and goal setting to determine the plan of action they need to heal and move forward

Key 6

Cultural, Historical, and Gender Issues

Actively moving past cultural stereotypes and biases, offering access to gender responsive services, leveraging the healing value of traditional cultural connections, incorporating policies, protocols, and processes that are responsive to the racial, ethnic and cultural needs of those we serve. As well as recognizing and addressing historical trauma.

Summary



Developing a trauma-informed approach requires systematic alignment with the six key principles described previously.

Understanding trauma-informed care means shifting from “What is wrong with you?” and replacing it with “What happened to you?”

CONTINUE

Medication-Assisted Therapy

How does MAT work?

MAT uses office-based medications to assist in the treatment of patients with Opioid Use Disorder.

This treatment includes psychosocial supports based on a management plan that focuses on the patient's clinical need.

MAT is life-saving. It has an estimated mortality reduction of up to 75% among people suffering from OUD. It has a weak effect of the brain, no organ damage associated, and patients report feeling "normal".

Individualized MAT plans include:

- **Medication** prescribed to the patient for treatment
- **Monitoring** of medication adherence and drug use with objective sources such as Urine Drug Screens and a state prescription drug monitoring program
- **Therapy & Rehabilitation** programs for substance use disorder to address motivation, teach coping skills, provide reinforcement, improve interpersonal functioning, and foster compliance with pharmacotherapy
- **Self-Help Groups** and **Social Supports** such as Narcotics Anonymous

Medications approved for treatment of Opioid Use Disorder

There currently are three medications that are FDA approved for treatment of Opioid Use Disorder: Naltrexone, Buprenorphine and Methadone.

All 3 medications are FDA pregnancy category C.

Select each section below to learn more.

Naltrexone

Naltrexone is an opioid antagonist. It is available in a pill or a monthly intramuscular injection given into the gluteal muscle.
Naltrexone is:

- Not for patients with current opioid use or active opioid withdrawal as it will cause opioid withdrawal
- It may be prescribed by any individual licensed to prescribe medications
- It may be administered by qualified staff as an “office based treatment”
- There is minimal potential for misuse and diversion

Buprenorphine

Buprenorphine is a partial opioid agonist. It is administered as a sublingual daily medication or a monthly long acting injection.

Most sublingual formulations also include naloxone to dissuade IV misuse of the drug.

Buprenorphine can be prescribed out of a provider's office after completing special waiver training. Any physician or advanced practice clinician that obtain the federal waiver can prescribe buprenorphine.

For more information see this SAMHSA article: Become a Buprenorphine Waivered Practitioner.

Methadone

Methadone is a full opioid agonist that can be administered for Opioid Use Disorder.

Patient's must attend a SAMHSA-certified Opioid Treatment Program to receive methadone for this indication.

This method of administration may be less convenient for patients than outpatient prescriptions of naltrexone or buprenorphine.

Benefits of Buprenorphine

Buprenorphine is a highly effective treatment that can help patients improve their physical health, social relationships and quality of life. Treatment goals can range from harm reduction to complete abstinence and remission from illicit drugs and substances. Patients receiving medication assisted treatment experience an exponential decrease in risk of overdose and relapse compared to patients not receiving treatment or receiving treatment without medication.

Buprenorphine is considered the “gold” standard for treating Opioid Use Disorder – recommended by CDC, WHO, and NIDA.

Select each tab below for more information on the benefits of Buprenorphine.

SAFER PHARMACOLOGY	EASY TO INITIATE	CAN BE PRESCRIBED BY PCP

Buprenorphine has a safer pharmacology as compared to methadone due to its partial agonist activity.

It has a high affinity for the mu receptor, blocking full agonist opioids such as heroin or morphine, with a minimal risk for respiratory suppression.

This helps to block cravings for opioids and prevent euphoria if they are ingested. Compared to methadone, buprenorphine has relatively few drug interactions.

SAFER PHARMACOLOGY	EASY TO INITIATE	CAN BE PRESCRIBED BY PCP

Buprenorphine is easier to initiate than naltrexone since patients don't have to be abstinent from opioids for a prolonged period of time before starting, often leading to better treatment success.

SAFER PHARMACOLOGY	EASY TO INITIATE	CAN BE PRESCRIBED BY PCP

Another benefit of buprenorphine is its ability to be prescribed by a patient's primary care physician, if they have been waivered (see more about the waiver process).

This allows a stable patient to be treated for their opioid use disorder like any other chronic condition.

Patients may have an easier time maintaining a job and family relationships than if they are dependent on attending an opioid treatment program for daily methadone dosing.

Novant Health Guidance and Care Pathway

Select the "Care Pathway" button to view Novant Health guidance on education assisted treatment for patients with Opioid Use Disorder.

CARE PATHWAY

Understanding Buprenorphine

Buprenorphine is just substituting one substance for another.

- ◯ True
- ◯ False

SUBMIT

Patients must stay on Buprenorphine indefinitely.

- ◯ True
- ◯ False

SUBMIT

Patients can continue using other substances to get high.

- ◯ True
- ◯ False

SUBMIT

Patients can receive the medication without commitment to sobriety.

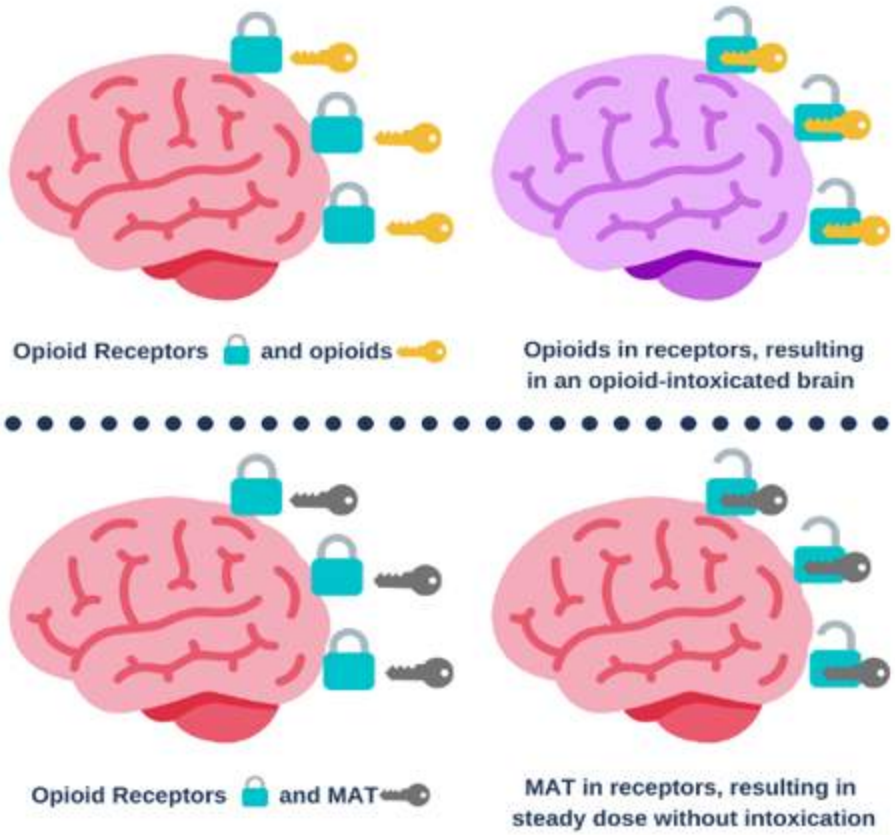
- ◯ True
- ◯ False

SUBMIT

MAT bias and misconceptions

The treatment model for addiction in America grew up not through the mainstream healthcare system but through a 12-step model that emphasizes abstinence from all drugs and alcohol.

Through the lens of the disease model, we know medication is often a component for long-term recovery from substance use disorder – similar to anyone suffering from diabetes or high blood pressure.



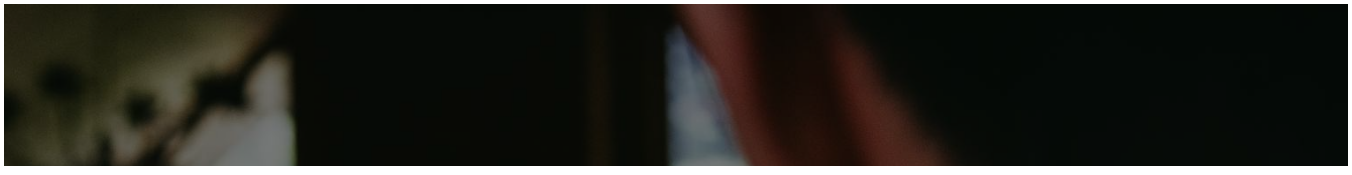
With 2 out of 3 FDA-approved medications containing a small amount of opioids to reduce cravings and withdrawal symptoms some purists within the addiction field believe this is trading “one addiction for another”

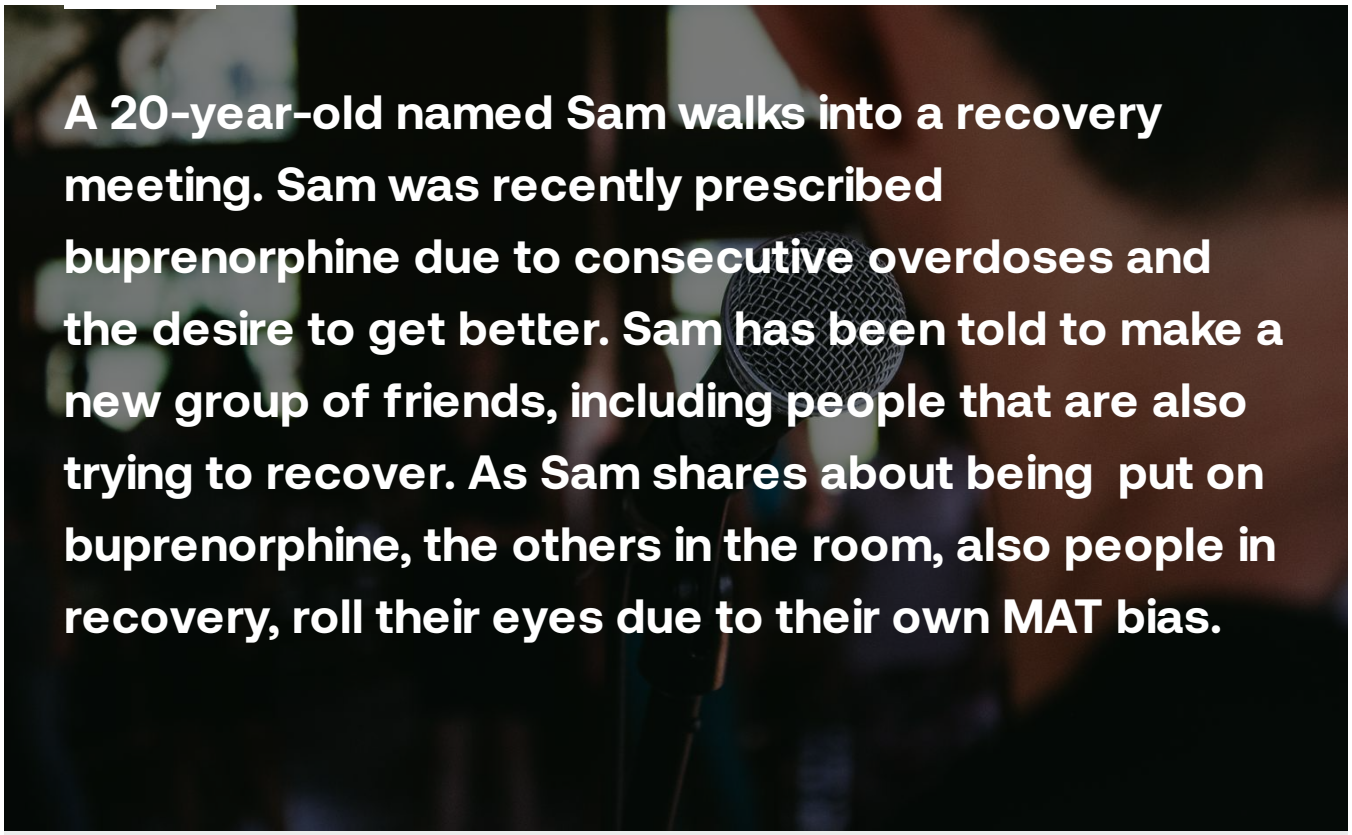
The combination of behavioral therapy AND medications to treat opioid use disorder has been shown to be the most effective treatment for people with opioid use disorder and keeping patients involved in their recovery.

Patients on MAT are 4 times more likely to stay involved in their treatment.

Stigma stemming from the recovery community

Stigma against those utilizing medication-assisted therapy is also found in the recovery community itself.





A 20-year-old named Sam walks into a recovery meeting. Sam was recently prescribed buprenorphine due to consecutive overdoses and the desire to get better. Sam has been told to make a new group of friends, including people that are also trying to recover. As Sam shares about being put on buprenorphine, the others in the room, also people in recovery, roll their eyes due to their own MAT bias.

Food for Thought:

Do you think that experience made Sam feel separated from this group of peers?

Do you think Sam will come back to this meeting?

Does this MAT bias help or hinder Sam's chances of recovery?

MAT resources

Addiction medicine and behavioral health referrals:

- Forsyth Medical Center Behavioral Health Inpatient
- Forsyth Medical Center Behavioral Health Outpatient Assessment Center
- Presbyterian Medical Center Behavioral Health Inpatient
- Presbyterian Medical Center Behavioral Health Outpatient Assessment Center
- Prince William Medical Center Behavioral Health Inpatient
- Rowan Medical Center Behavioral Health Inpatient
- Thomasville Medical Center Behavioral Health Inpatient
- Psychiatric Recovery Counseling Matthews

Select the buttons below to open additional useful tools and information on this topic:

Novant Health Opioid Stewardship

OPIOID STEWARDSHIP

Novant Health Medication Assisted Treatment Care Pathway

CARE PATHWAY

Novant Health Tapering Guide

TAPERING GUIDE

Provider's Clinical Support System

SUPPORT

North Carolina Hospital Association (NCHA) ED Opioid Treatment Pathway

TREATMENT PATHWAY

CDC Non-Opioid Treatments For Chronic Pain

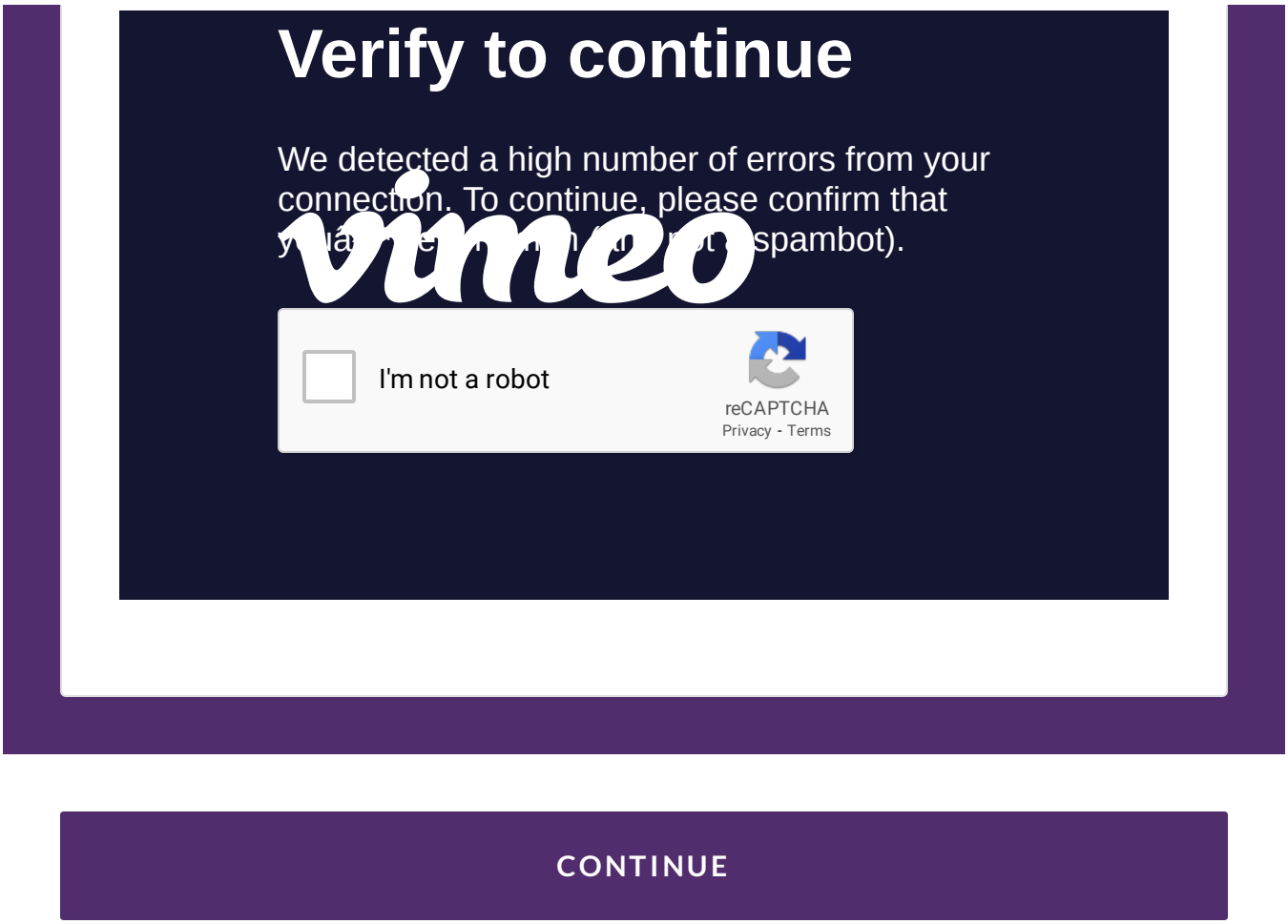
NON-OPIOID TREATM...

CONTINUE

Stigma and Diversion

What is Drug Diversion?

Drug diversion is the illegal distribution of misuse of prescription medication for purposes not intended by the prescriber. By it's very nature, drug diversion is a covert activity and many cases remain undiscovered or unreported.


Verify to continue
We detected a high number of errors from your connection. To continue, please confirm that
spambot).
vimeo
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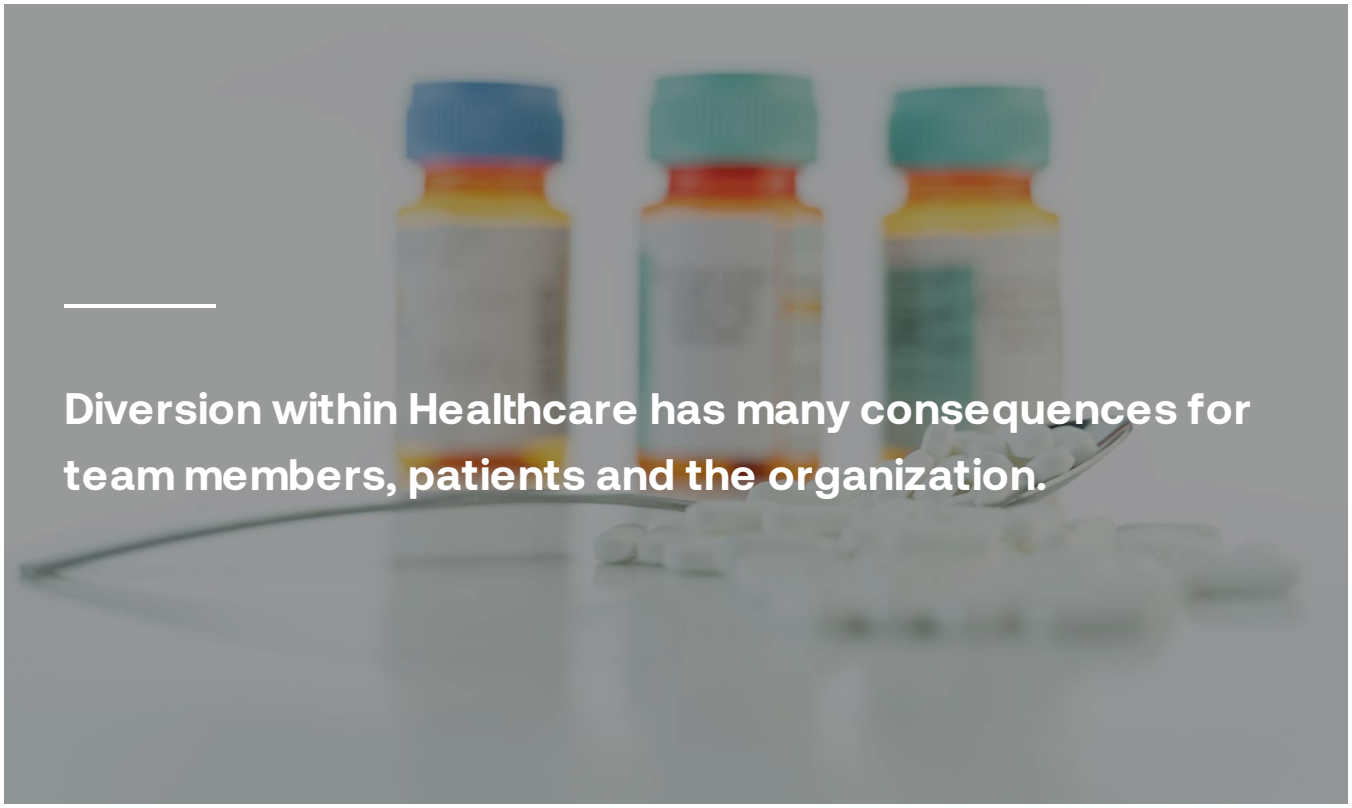
reCAPTCHA
Privacy - Terms

CONTINUE

Consequences of Diversion

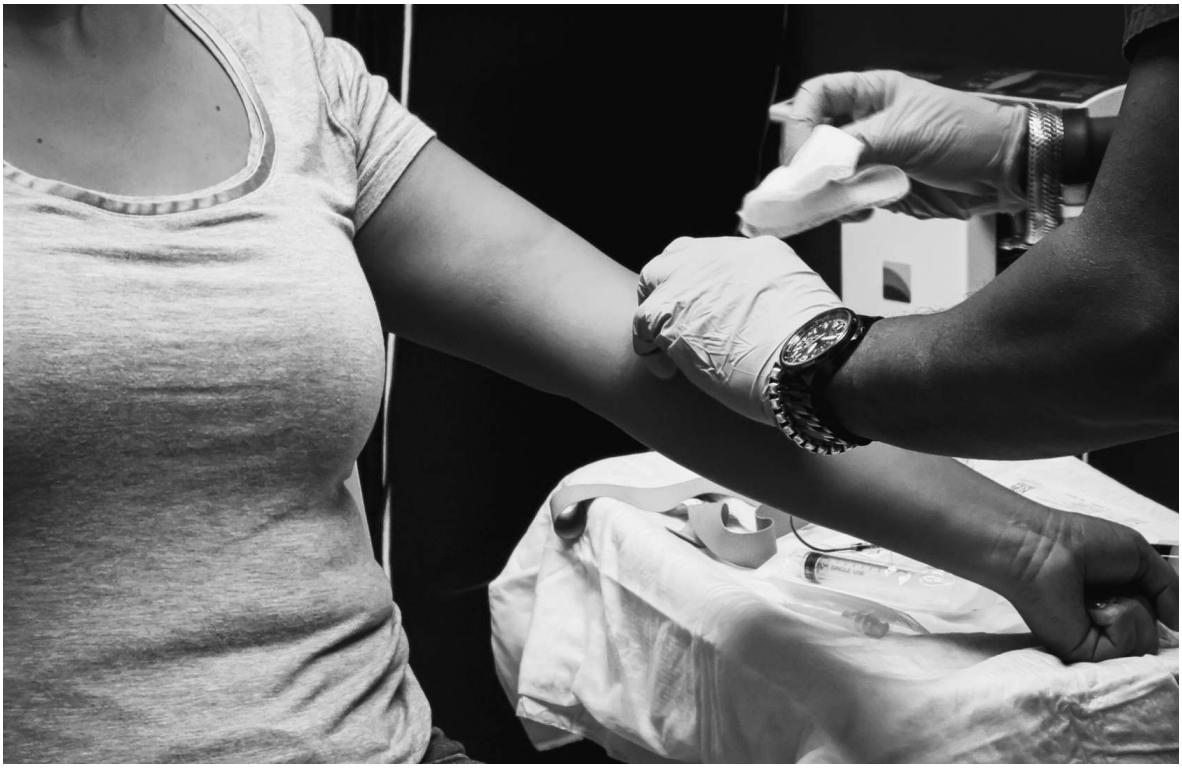


Consequences of Diversion

Select the Start button or the arrows to scroll through these consequences

Consequence 1

Decreased Patient Safety

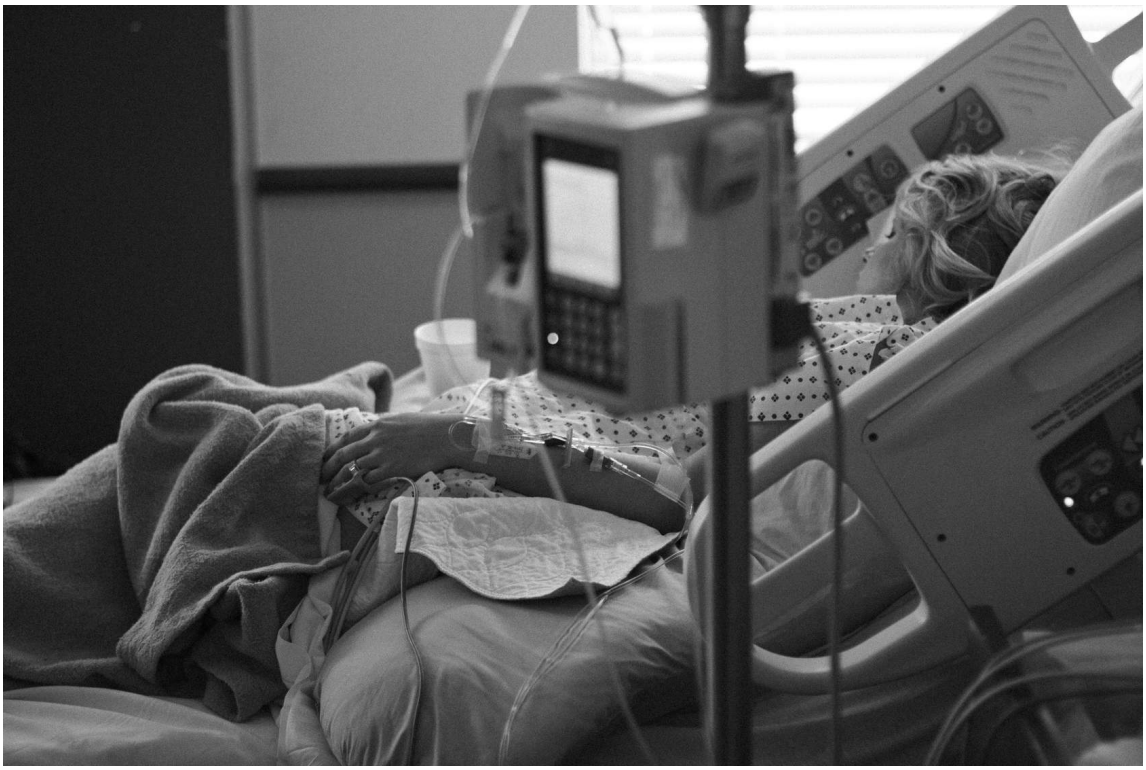


Medications not received by the intended patient

Some diversion cases have led to patient infections

Consequence 2

Increased Risk



Substandard care by impaired professionals

Liability for damages

Consequence 3

Compromised Healthcare Professional Safety

Addiction and related complications

Criminal risks and loss of license

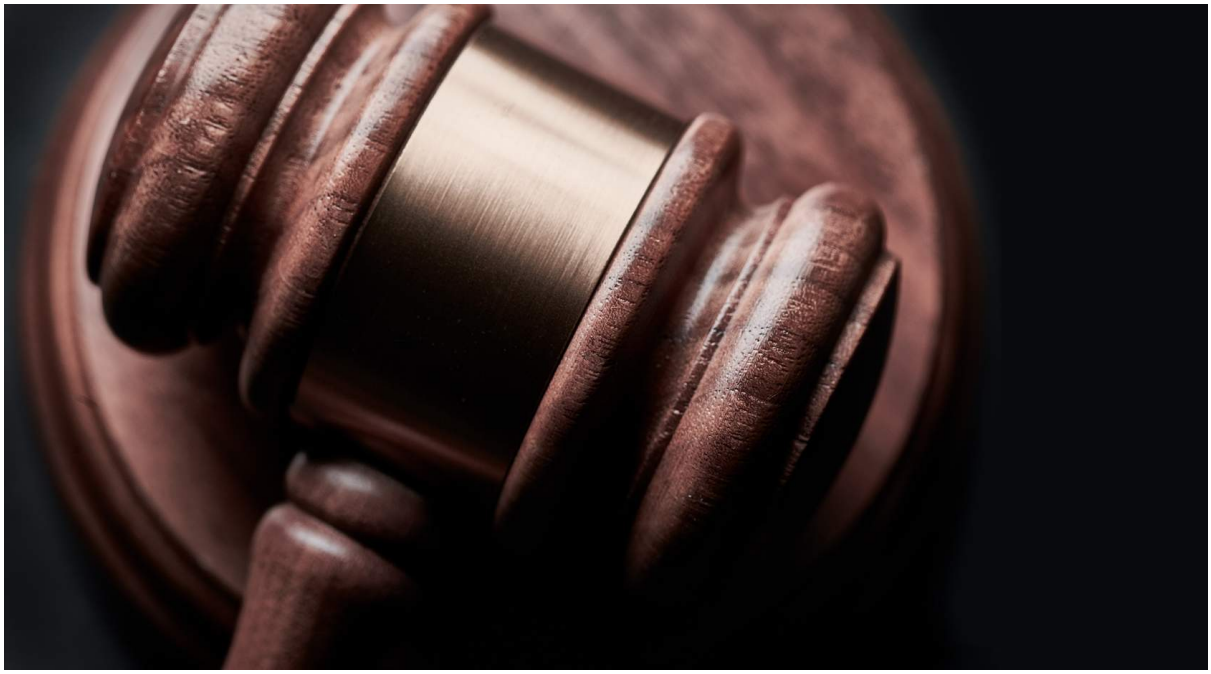
Consequence 4

Diminished Reputation

Loss of public trust

Consequence 5

Compliance Findings



Regulatory findings and fines

Summary

The consequences of drug diversion reach far beyond the person diverting.

Scroll down to continue.

Complete the content above before moving on.

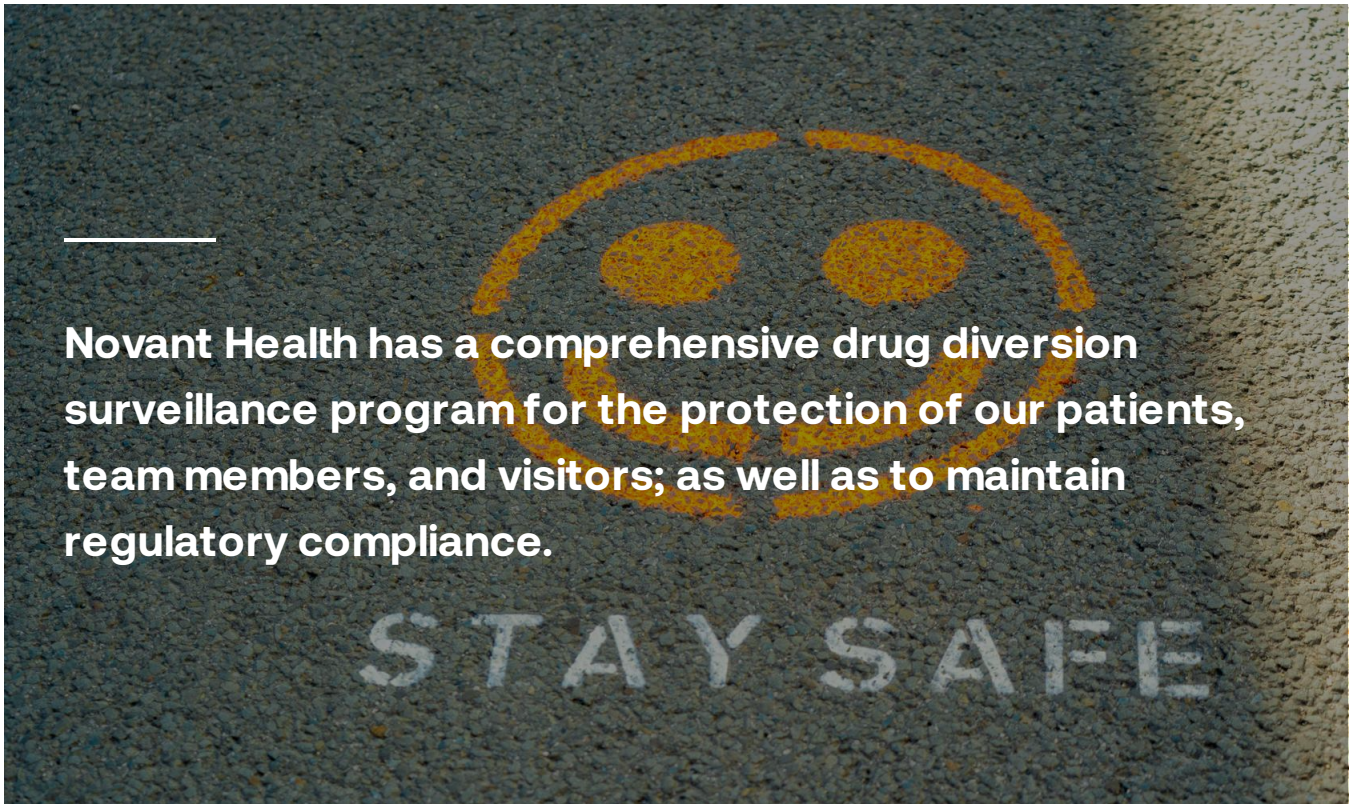
Diversion Prevention

Warning Signs of Potential Drug Diversion

Play the video below to learn more.

CONTINUE

Novant Health's Position on Diversion



Novant Health Drug Diversion Policy

Select the Diversion Policy button to review this policy.

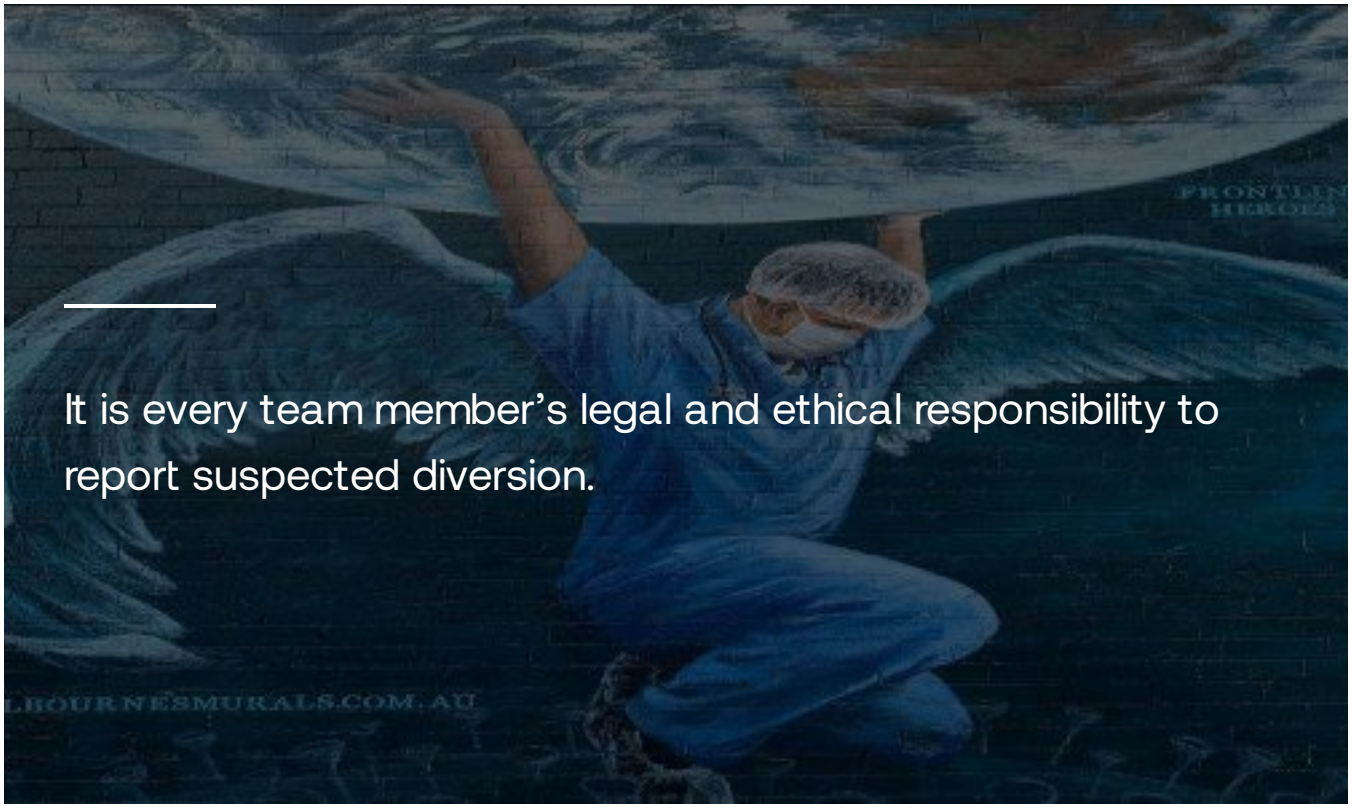
DIVERSION POLICY

Each Novant Health facility has a multidisciplinary diversion committee that reports to a system-level diversion steering committee.

The diversion steering committee reviews facility data, identifies trends and gaps, and implements best practices across the system.

CONTINUE

See Something, Say Something.



It is every team member's legal and ethical responsibility to report suspected diversion.

It is OUR Responsibility to Identify and Report Suspected Diversion.

By being aware of your surroundings and reporting diversion, you could improve the safety and welfare of diverting team members, our patients, and the public we serve. Be part of the solution!

Report witnessed or suspected diversion to:

A Leader

Your department leader or a leader on duty

Confidential Novant Health Alert Line	Call 1-800-350-0094 or visit the Alert Line website
e-RL: Electronic reporting liaison	Use this option if patient harm is suspected or involved

CONTINUE

The Impact of Stigma on Therapy and Counseling

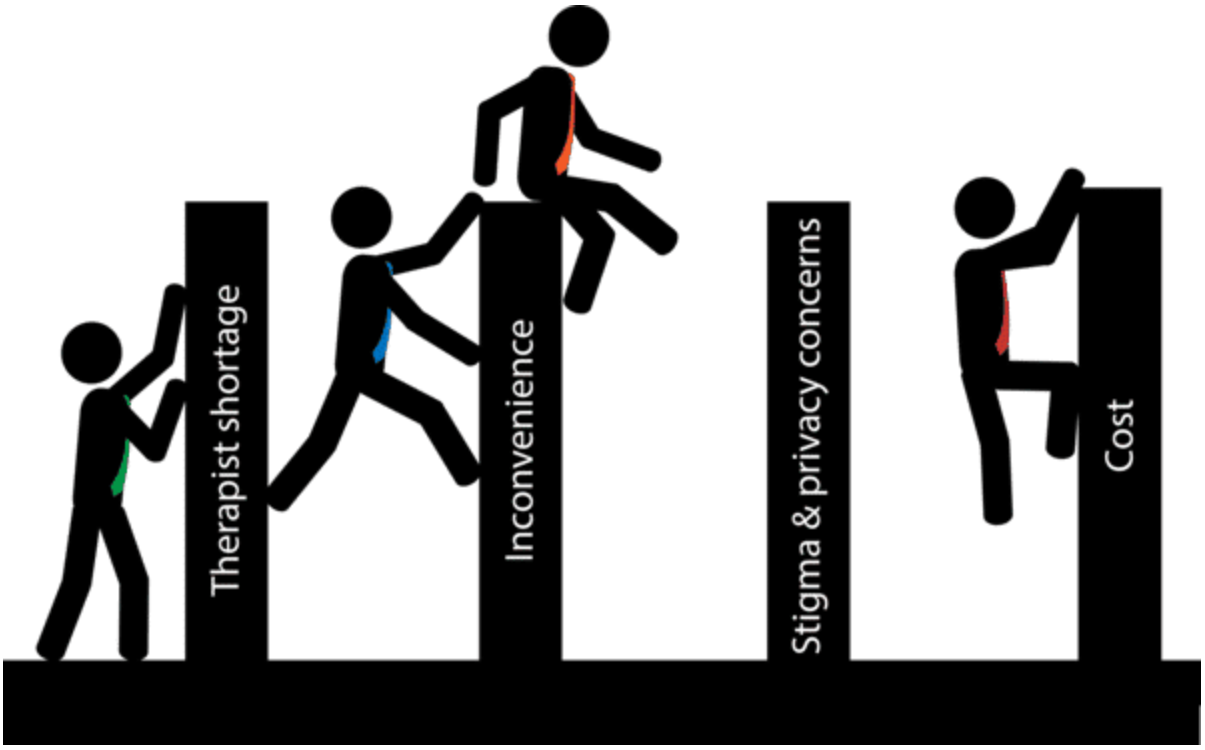
Fear hinders people from asking for help

According to the World Health Organization, nearly two-thirds of people with a known mental disorder (including addiction or substance use disorder) never seek help for treatment due to fears around stigma and discrimination.

Fear:

- of what family, friends and even health care professionals think and believe about them.
- of failing and disappointing their family and friends.
- that they cannot sustain the skills to cope with life and its challenges.
- of disrespectful treatment by health care providers.
- that any request for services will not be confidential, especially in their place of employment.
- that they may lose their job if anyone finds out they have a substance use disorder and/or mental health complication.

Stigma creates barriers to treatment



Barriers to treatment

Among other things, the stigma associated with therapy, counseling, and simply asking for help is a huge barrier to receiving treatment. Not only does this impact individuals suffering from addiction, but also those with other mental, emotional, and psychological illnesses. Stigma is about more than hurting someone's feelings; it is about prejudice, discrimination, and violating a person's human rights.

Stigma is not the only barrier, however, that can prevent someone from asking for help. Additional barriers include Cost of treatment, Lack of medical insurance, and Lack of access

to treatment programs. As the stigma and stereotypes associated with mental health and substance use disorders are addressed and eliminated, these barriers will become smaller and easier to overcome.

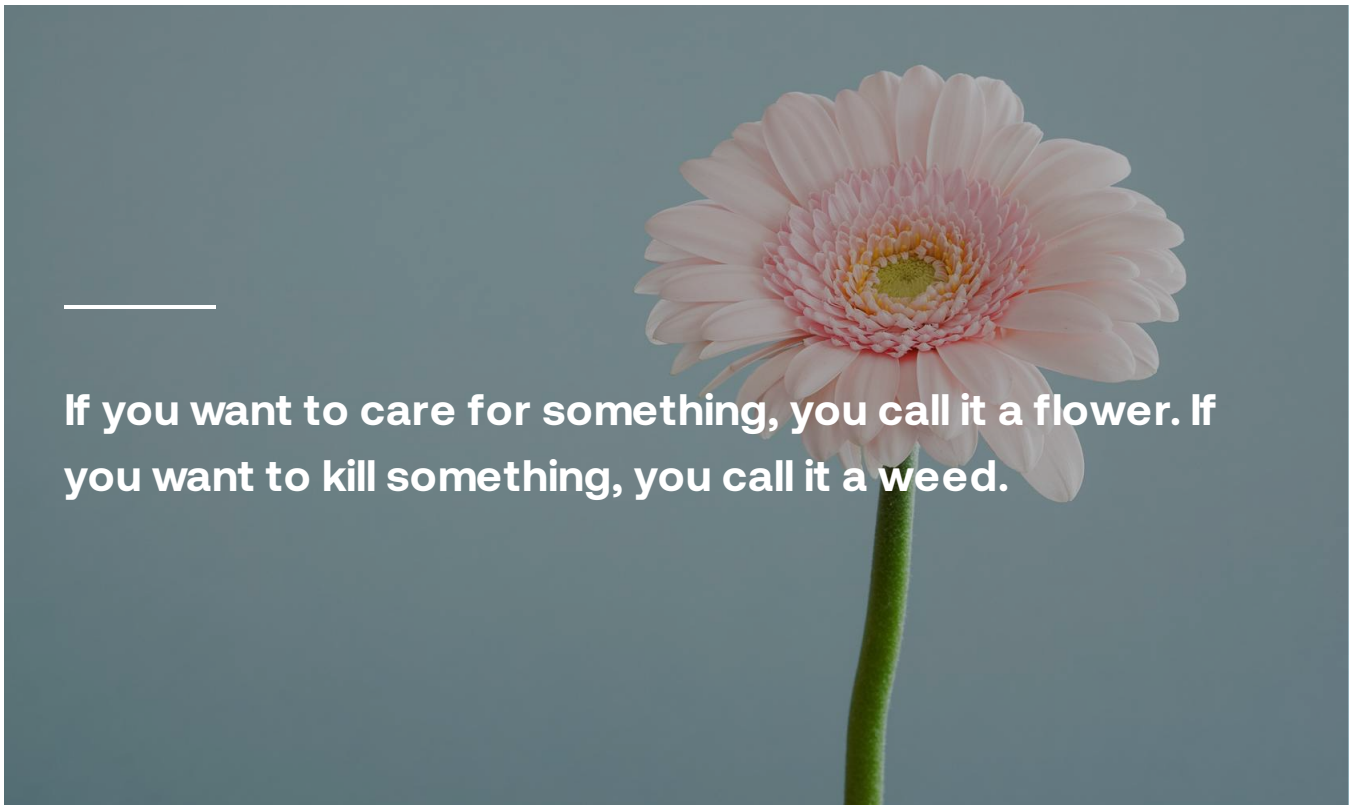
Labels and stereotypes

Mental Health and Substance use disorders have language and words that have been used in society to describe the person and their behaviors and are frequently words with a negative association- illness, issue, problem, disorder, disease. The media, movies, and social media have also added to the stigma. This labeling language can affect the way the person feels about themselves and how others perceive and even treat them.

Internalization of the negative beliefs of others creates shame which negatively impacts the ability to seek out and receive treatment.

CONTINUE

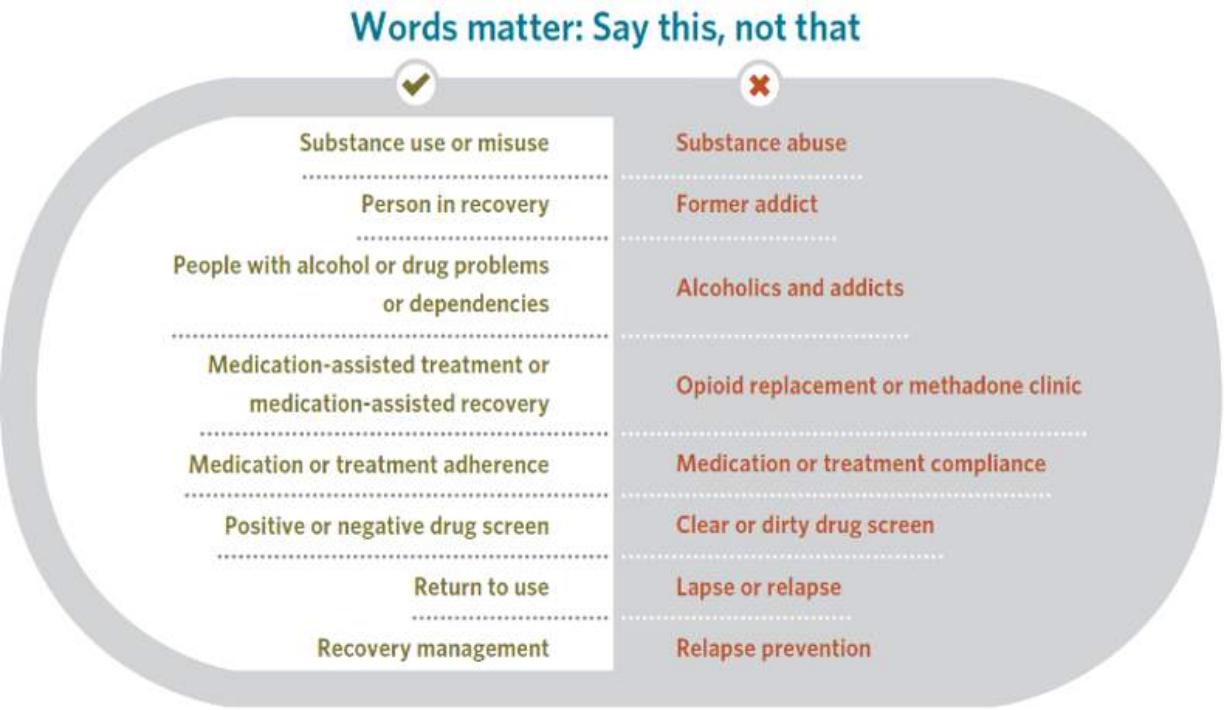
Eliminating Stigma



Words matter

In 2018, Novant Health initiated a Words Matter campaign: Stay this, not that, which encourages team members to rethink how they speak about patients with addiction.

For example, rather than saying “addict,” say “person with a drug problem or dependency.” Instead of saying “substance abuse,” say “substance use or misuse.” Just by changing the words we use, we can make a huge impact on how we look at addiction.



Stigma-elimination quick tips:

- Offer compassionate support.
- Listen while withholding judgment.
- Display kindness to people in vulnerable situations.

- See a person for who they are, not what drugs they use.
- Do your research; learning about drug dependency and how it works.
- Treat people with drug dependency with dignity and respect.
- Replace negative attitudes with evidence-based facts.
- Speak up when you see someone mistreated because of their drug use.
- Avoid hurtful labels.

"Have open hearts and open minds to see each other more clearly, because it is hard to hate up close.

It’s hard to hate somebody whose life you understand."

James Comey

For more information and education, visit the Novant Health Addiction Stigma Elimination SharePoint Site.

CONTINUE

Knowledge Check

An 80% score or better on this knowledge check is required to pass this course.

Question

01/10

Which of the following are NOT one of the consequences of stigma in the healthcare setting?

- Prevent access to treatment
- The disease gets better with more stigma
- Increase in treatment drop out and return-to-use
- Development of rigid and punitive policies

Question

02/10

Which of the following is NOT a benefit of using buprenorphine?

- Can continue using other substances to get high
- Holding jobs, rejoin families, becoming productive members of society
- Life-saving – has an estimated mortality reduction of up to 75% among people suffering from OUD
- 4 times more likely to stay involved in their treatment

Question

03/10

Which of the following are key principles of Trauma Informed Care?

Select all that apply.

- [ ] Empowerment, Voice and Choice
- [ ] Trustworthiness and Transparency
- [ ] Peer Support
- [ ] Collaboration and Mutuality

Question

04/10

Opioid Use Disorder in pregnancy has been linked to all the following complications for the baby EXCEPT:

- Preterm birth
- Feeding problems
- Normal birthweight
- Breathing problems

Question

05/10

Which of the following is NOT a way to eliminate stigma towards individuals with an addiction or substance use disorder?

- Share one's own story and experiences of stigma and addiction
- See the person for the drugs they use, not who they are
- Avoid terms like "abuse," "addict," "dirty," or "relapse"
- Speak up when you see someone stigmatizing another

Question

06/10

Reflecting to the case study of the patient with an opioid tolerance, which of the following is the best way to care for that patient?

- Discharge with no prescription or pain management consult
- Avoid maximizing non-narcotic therapies
- Do not consider buprenorphine for pain and OUD management
- Coordinate a treatment plan with the patient and potentially consulting with a pain management specialist / anesthesiologist

Question

07/10

What barriers must be overcome in the community to support persons suffering from mental and behavioral health disorders?

- Labels and Stereotypes
- Stigma and associated discrimination
- Barriers to treatment
- All of the above

Question

08/10

Genetic factors can account for what percent of a person's vulnerability to addiction?

- 10-20%
- 30-40%
- 50-60%
- 90-100%

Question

09/10

What percentage of individuals with Substance Use Disorder seek treatment?

- 1.4%
- 10%
- 20%
- 60%

Question

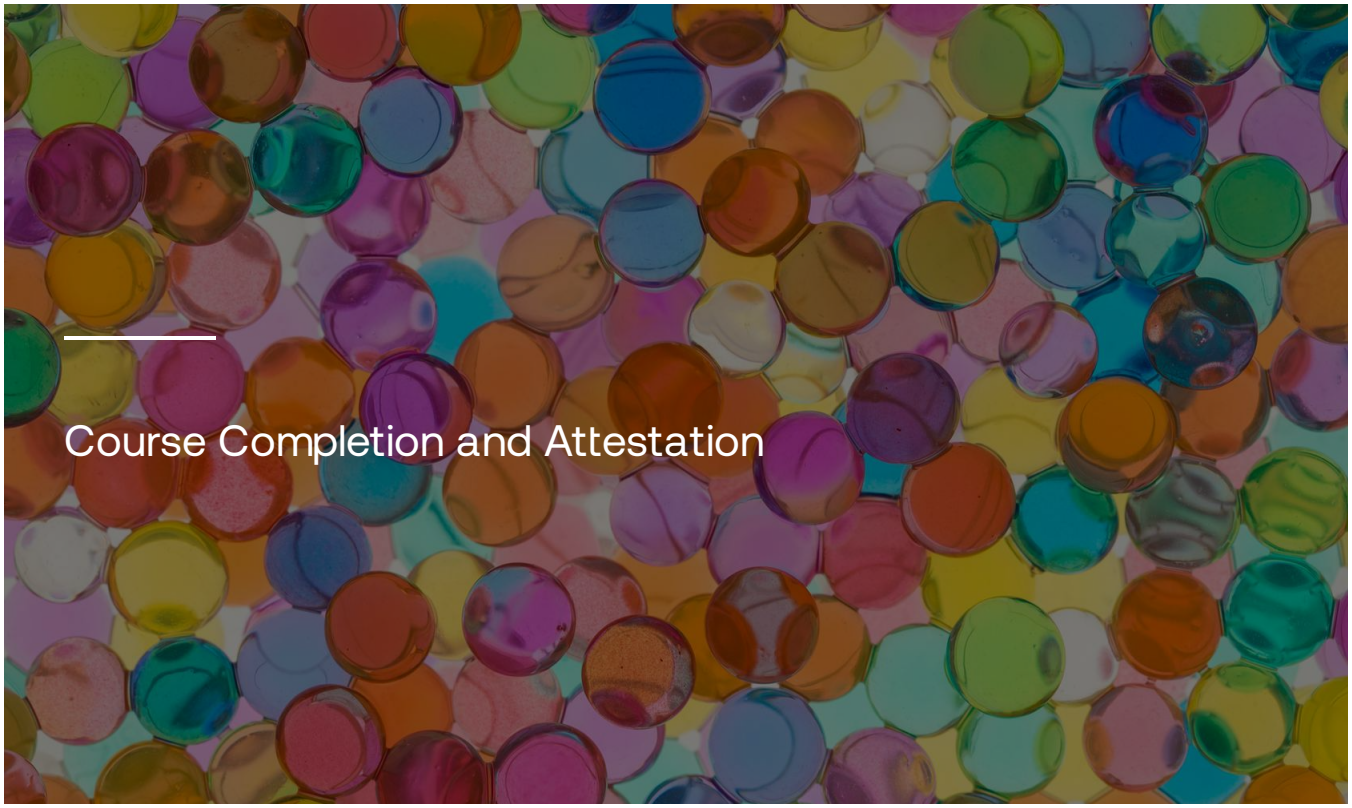
10/10

Which of the following is appropriate if you suspect a team member of drug diversion?

Select all that apply

- [ ] Report suspicion to a department leader or leader on duty
- [ ] Contact the confidential Novant Health alert line 1-800-350-0094 or https://novanthealth.alertline.com/gcs/welcome
- [ ] Monitor the team member's controlled substance activity closely and confront them about it when you have enough evidence

Congratulations!



You have completed this course.

Please read the statement below and select the **Submit** button as your electronic signature.

"I acknowledge that I understand the information shared in this online course and will appropriately apply it in my job duties. If I have any questions about the information in this course, I will follow up with my leader for guidance."

SUBMIT