Using Plain and Destigmatizing Language to Promote an ED Buprenorphine Induction Program
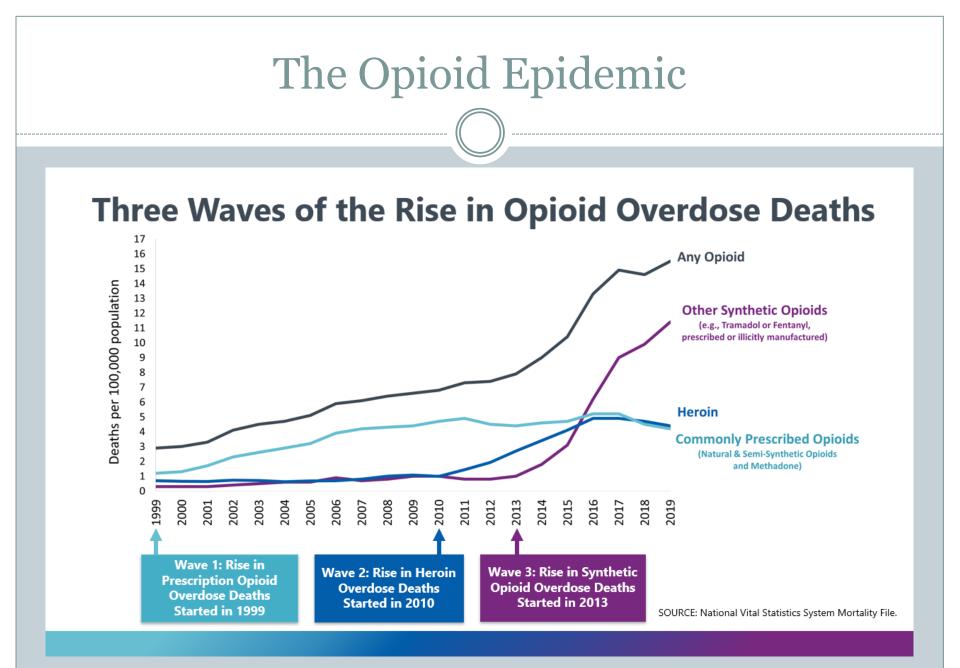
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ED MAT-LINK

MEDICAL COLLEGE OF WISCONSIN

MPH FIELD PLACEMENT

FALL 2021

Introduction

- Misuse of prescription or illicit opioids in the past year:[1]
  - Wisconsin: 4.7%
  - National average: 4.1%

- Nearly 500,000 fatal opioid overdoses between 1999 and 2019[2]

The Opioid Epidemic
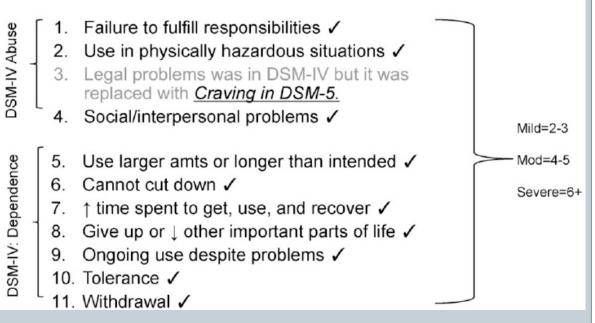

Three Waves of the Rise in Opioid Overdose Deaths

Overdoses

- Since the beginning of the third wave, the yearly number of all fatal drug overdoses has nearly doubled:
  - 2013: 47,055 (13.8 per 100,000)[3]
  - 2020: 93,331 (28.3 per 100,000)[4]

- About 70% of fatal overdoses involve opioids
  - About 70% of fatal opioid overdoses involve synthetic opioids like fentanyl and tramadol

Opioid Use Disorder

- Opioid use disorder (OUD) is a clinical diagnosis in the DSM-5 made when two or more positive diagnostic criteria are met

DSM-5 Criteria for Substance Use Disorder (≥2 items in 12 months)

DSM-IV Abuse
1. Failure to fulfill responsibilities ✓
2. Use in physically hazardous situations ✓
3. Legal problems was in DSM-IV but it was replaced with *Craving in DSM-5.*
4. Social/interpersonal problems ✓

DSM-IV: Dependence
5. Use larger amts or longer than intended ✓
6. Cannot cut down ✓
7. ↑ time spent to get, use, and recover ✓
8. Give up or ↓ other important parts of life ✓
9. Ongoing use despite problems ✓
10. Tolerance ✓
11. Withdrawal ✓

Mild=2-3
Mod=4-5
Severe=6+

Treatment Modalities for OUD

- Abstinence-based
- Behavioral counseling
- Medication Assisted Treatment (MAT)
  - Opioid agonists
    - Methadone
    - Buprenorphine
  - Opioid antagonist
    - Naltrexone
- Combination of behavioral counseling and MAT has been shown to be the most effective[6]

Benefits of MAT[7]

- Improves patient survival
- Increases treatment retention
- Decreases use of illicit opiates and other forms of criminal activity for those with substance use disorders
- Facilitates gaining and maintaining employment
- Improved birth outcomes for pregnant women with substance use disorders

Barriers to More Widespread Use of MAT

- Logistical limitations of methadone[8]
  - Short-term dosing
  - Must be physically present at specialized clinic

- Drug Addiction Treatment Act of 2000 (X-waiver)
  - 10% of US physicians currently X-waivered[9]
  - Nearly 50% of counties without a single X-waivered physician[8]

- Stigma[10]
  - Public
  - Providers

ED MAT-Link

- New program within the Froedtert & the Medical College of Wisconsin system
  - Provides access to short-term buprenorphine prescriptions in the Emergency Department (ED)
  - Connections to primary care services and community resources
  - Take-home naloxone
  - Increase number of X-waivered physicians in Froedtert system
- Partnership with West Allis Fire Department (WAFD) through their Mobile Integrated Healthcare (MIH) team

ED as an Opportunity for Addressing OUD

- Being seen in the ED for a non-fatal opioid overdose is associated with a 1.1% 1-month and 5.5% 1-year mortality risk[11]

- Many patients with OUD rely on the ED as their primary source of care

- The ED is a vital safety net for disadvantaged populations

Field Placement Activities

- Informal literature review on best practices for measuring opioid recovery and pre-hospital interventions

Treatment Effectiveness Assessment (TEA)

The TEA asks you to express the extent of changes for the better from your involvement in the program to this point (or how things are if it's your first TEA or baseline) in four areas: substance use, health, lifestyle, and community. For each area, think about how things have become better and circle the results on the scale below: the more you have improved, the higher the number – from 1 (not better at all) to 10 (very much better). In each area write down the one or two changes most important to you in the Remarks section. Feel free to use the back of this page to add details, explain remarks, and make comments.

Substance use: How much better are you with drug and alcohol use? Consider the frequency and amount of use, money spent on drugs, amount of drug craving, time spent being loaded, being sick, in trouble and in other drug-using activities, etc.

None or not much				Better				Much better	
1	2	3	4	5	6	7	8	9	10

Remarks:

Health: Has your health improved? In what way and how much? Think about your physical and mental health: Are you eating and sleeping properly, exercising, taking care of health problems or dental problems, feeling better about yourself, etc?

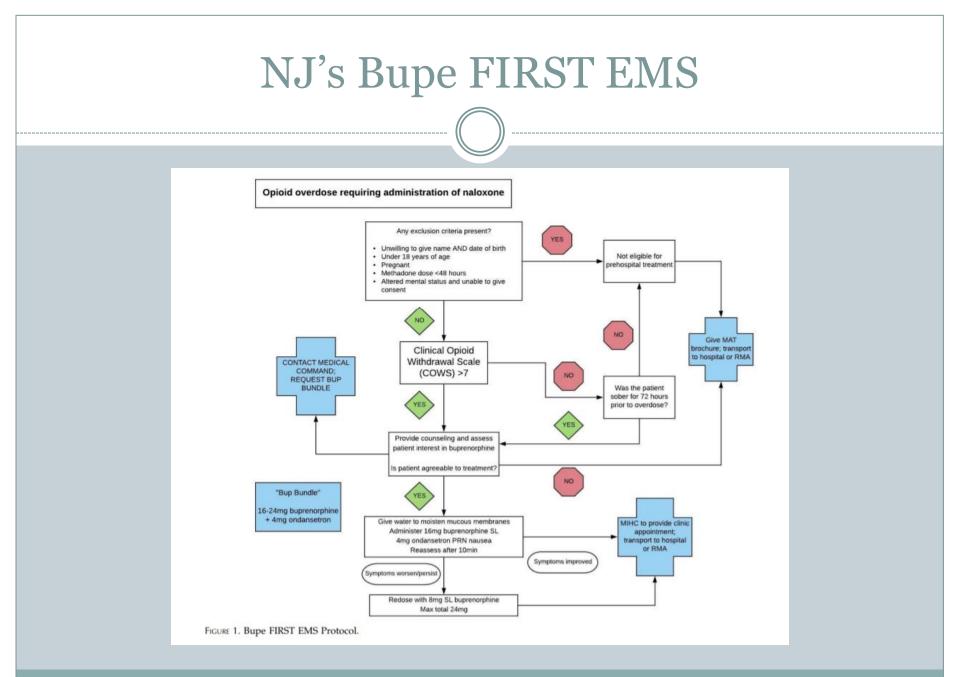| None or not much				Better				Much better	
1	2	3	4	5	6	7	8	9	10

Remarks:

Lifestyle: How much better are you in taking care of personal responsibilities? Think about your living conditions, family situation, employment, relationships: Are you paying your bills? Following through with your personal or professional commitments?

None or not much				Better				Much better	
1	2	3	4	5	6	7	8	9	10

Remarks:

Community: Are you a better member of the community? Think about things like obeying laws and meeting your responsibilities to society: Do your actions have positive or negative impacts on other people?

No or not much				Better				Much better	
1	2	3	4	5	6	7	8	9	10

Remarks:

Name: _____ Date: _____ First TEA?: [__]

NJ's Bupe FIRST EMS

FIGURE 1. Bupe FIRST EMS Protocol.

Field Placement Activities

- Design process for a logo and slogan for ED MAT-Link
  - Desire to expand the visibility and reach of ED MAT-Link within the community by creating effective and memorable marketing materials
  - Logo that was clean, simple, and recognizable on business cards, memos, posters, or merchandise and did not include images of drugs or drug paraphernalia
  - Slogan that was concise and avoided stigmatizing words or triggering references but could complement the logo

Field Placement Activities

- Design process for a logo and slogan for ED MAT-Link
  - Created documents with multiple sample logos and slogans to have a variety of options
  - Presented ideas for review in large and small group settings
  - Met with a graphic designer to turn our ideas into final products
  - Reviewed design draft with partner organizations and with the community through Shereese and Nicole

Deliverable #1 – Logo and Slogan

Connecting services, saving lives

Field Placement Activities

- Weekly ED MAT-Link meetings
  - Discussed tasks of program planning, implementation, and evaluation

- ED MAT-Link Grand Rounds
  - Opportunity to see how to effectively communicate a new program to community members and stakeholders

- Ride alongs with WAFD
  - Worked on a multidisciplinary team with a community paramedic and peer recovery counselor to visit community members with OUD
  - Used unique perspective as MD/MPH student

Field Placement Activities

- Informal literature review on plain and destigmatizing language
  - Plain language is that which can be understood and acted upon the first time it is read[12]
    - It emphasizes the use of an informal tone and common terms to improve access to message content
  - Important because half of American adults have literacy levels defined as "below basic" or "basic"[13]
    - Can be even worse in healthcare settings due to an unfamiliar vocabulary, complicated healthcare and insurance systems, and stress/anxiety associated with receiving medical care

Field Placement Activities

- Wanted to take the opportunity to look at how our language stigmatizes those who use opioids
  - Stigmatizing language: "addict," "abuse," "alcoholic," and "abuser"[14]
  - Destigmatizing language (person first): "person with substance use disorder," or "person with OUD"
  - Those who are labeled with stigmatizing terms are more likely to have their behaviors negatively perceived by others and are often viewed more negatively than those with physical or psychiatric illnesses[15]

Field Placement Activities

- Wanted to take the opportunity to look at how our language stigmatizes those who use opioids
  - Skinner's operant conditioning and Bandura's theory of social learning show how the use of stigmatizing language can be reinforcing and perpetuate this cycle[16]
  - Prominent examples of stigmatizing language in professional settings:
    - Substance Abuse and Mental Health Services Administration (SAMHSA), Substance Abuse, Journal of Substance Abuse, Journal of Substance Abuse Treatment, Substance abuse counselor, and Healthy People 2020
  - Breaking this cycle using destigmatizing language should be our goal to help reduce stigma towards those with OUD

Field Placement Activities

- Design process for community/ED flyers promoting ED MAT-Link
  - 3 ED flyers targeting specific roles involved in ED MAT-Link implementation
    - Nursing: Perform COWS assessment on patients in withdrawal
    - Physicians/APPs: Review COWS and ED MAT-Link workflow. Discuss buprenorphine induction with patient
    - Pharmacists: Which supply of Narcan to use based on insurance status
  - 1 community pull-tab flyer giving information about ED MAT-Link and a contact phone number

Deliverable #2 – Community and ED Flyers

Is your patient exhibiting the following signs or symptoms of opioid withdrawal?

NAUSEA	**VOMITING**
DIARRHEA	**SWEATS**
CHILLS	**MUSCLE PAINS**
ANXIETY	**CRAVINGS**
HYPERTENSION	**TACHYCARDIA**

Record a COWS score in their chart here:

ED MAT LINK

Does your patient have a COWS score ≥8? Discuss the option of buprenorphine induction with the patient and follow the workflow below:
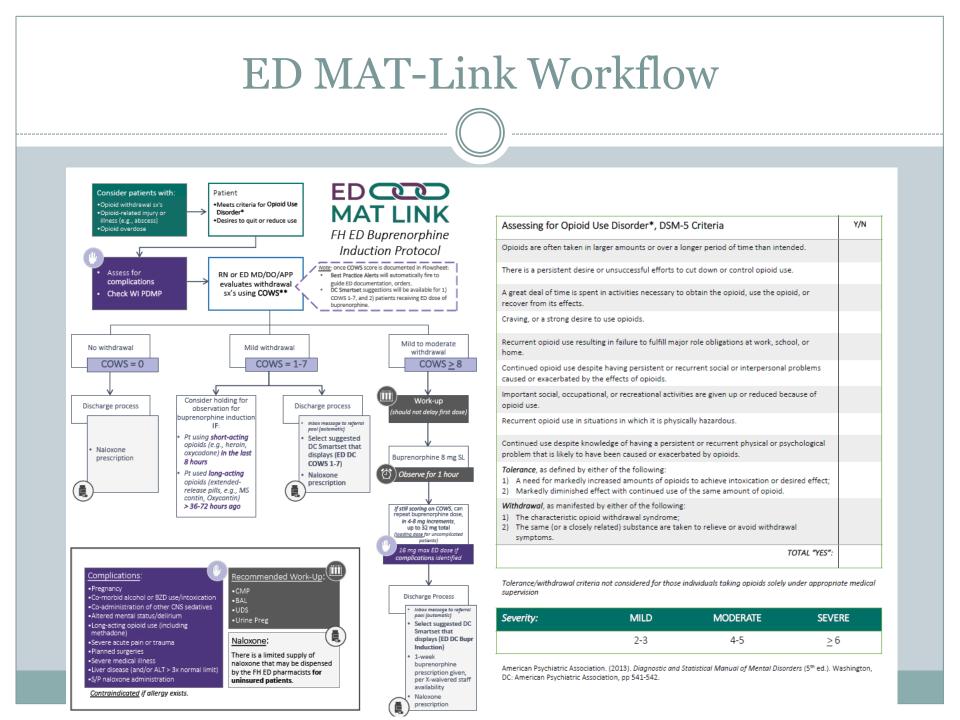

SCAN FOR WORKFLOW

ED MAT LINK

Has a patient expressed interest in receiving take-home naloxone (Narcan®)?

For **uninsured** patients: Use SOR-funded Narcan® supply

For **insured** patients: Use Narcan® Direct supply

ED MAT LINK

ED MAT-Link Workflow

FH ED Buprenorphine Induction Protocol

Consider patients with:
- Opioid withdrawal sx's
- Opioid-related injury or illness (e.g., abscess)
- Opioid overdose

Patient
- Meets criteria for **Opioid Use Disorder***
- Desires to quit or reduce use

- Assess for complications
- Check WI PDMP

RN or ED MD/DO/APP evaluates withdrawal sx's using COWS**

Note: once COWS score is documented in Flowsheet:
- **Best Practice Alerts** will automatically fire to guide ED documentation, orders.
- DC Smartset suggestions will be available for 1) COWS 1-7, and 2) patients receiving ED dose of buprenorphine.

No withdrawal
COWS = 0

Mild withdrawal
COWS = 1-7

Mild to moderate withdrawal
COWS ≥ 8

Discharge process
- Naloxone prescription

Consider holding for observation for buprenorphine induction IF:
- Pt using **short-acting** opioids (e.g., heroin, oxycodone) **in the last 8 hours**
- Pt used **long-acting** opioids (extended-release pills, e.g., MS contin, Oxycontin) **> 36-72 hours ago**

Discharge process
- Inbox message to referral pool (automatic)
- Select suggested DC Smartset that displays (ED DC COWS 1-7)
- Naloxone prescription

Work-up
(should not delay first dose)

Buprenorphine 8 mg SL

⏰ Observe for 1 hour

If still scoring on COWS, can repeat buprenorphine dose, in 4-8 mg increments, up to 32 mg total (loading dose for uncomplicated patients)

16 mg max ED dose if complications identified

Discharge Process
- Inbox message to referral pool (automatic)
- Select suggested DC Smartset that displays (ED DC Bupr Induction)
- 1-week buprenorphine prescription given, per X-waivered staff availability
- Naloxone prescription

Complications:
- Pregnancy
- Co-morbid alcohol or BZD use/intoxication
- Co-administration of other CNS sedatives
- Altered mental status/delirium
- Long-acting opioid use (including methadone)
- Severe acute pain or trauma
- Planned surgeries
- Severe medical illness
- Liver disease (and/or ALT > 3x normal limit)
- S/P naloxone administration

Recommended Work-Up:
- CMP
- BAL
- UDS
- Urine Preg

Naloxone:
There is a limited supply of naloxone that may be dispensed by the FH ED pharmacists **for uninsured patients.**

Contraindicated if allergy exists.

Assessing for Opioid Use Disorder*, DSM-5 Criteria	Y/N
Opioids are often taken in larger amounts or over a longer period of time than intended.	
There is a persistent desire or unsuccessful efforts to cut down or control opioid use.	
A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.	
Craving, or a strong desire to use opioids.	
Recurrent opioid use resulting in failure to fulfill major role obligations at work, school, or home.	
Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.	
Important social, occupational, or recreational activities are given up or reduced because of opioid use.	
Recurrent opioid use in situations in which it is physically hazardous.	
Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.	
Tolerance, as defined by either of the following: 1) A need for markedly increased amounts of opioids to achieve intoxication or desired effect; 2) Markedly diminished effect with continued use of the same amount of opioid.	
Withdrawal, as manifested by either of the following: 1) The characteristic opioid withdrawal syndrome; 2) The same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms.	
TOTAL "YES":	

Tolerance/withdrawal criteria not considered for those individuals taking opioids solely under appropriate medical supervision

Severity:	MILD	MODERATE	SEVERE
	2-3	4-5	≥ 6

American Psychiatric Association. (2013). _Diagnostic and Statistical Manual of Mental Disorders_ (5th ed.). Washington, DC: American Psychiatric Association, pp 541-542.

Clinical Opiate Withdrawal Scale (COWS)***

RESTING PULSE RATE				
0 HR ≤ 80	1 HR 81-100	2 HR 101-120	4 HR > 120	
SWEATING				
0 None	1 Subjective report of chills or flushing	2 Flushed or observable moisture on face	3 Beads of sweat on brow or face	4 Sweat streaming off face
RESTLESSNESS				
0 Able to sit still	1 Reports difficulty sitting still, but is able to do so	3 Frequent shifting or extraneous movements of legs/arms	5 Unable to sit still for more than a few seconds	
PUPIL SIZE				
0 Pupils pinned or normal size for room light	1 Pupils possibly larger than normal for room light	2 Pupils moderately dilated	5 Pupils so dilated that only the rim of the iris is visible	
BONE OR JOINT ACHES				
0 Not present	1 Mild diffuse discomfort	2 Pt reports severe diffuse aching of joints/muscles	4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort	
RUNNY NOSE OR TEARING				
0 Not present	1 Nasal stuffiness or unusually moist eyes	2 Nose running or tearing	4 Nose constantly running or tears streaming down cheeks	
GI UPSET				
0 No symptoms	1 Stomach cramps	2 Nausea or loose stool	3 Vomiting or diarrhea	5 Multiple episodes of diarrhea or vomiting

COWS (continued)

TREMOR			
0 None	1 Tremor can be felt, but not observed	2 Slight tremor observable	4 Gross tremor or muscle twitching
YAWNING			
0 None	1 Yawning 1-2 times during assessment	2 Yawning ≥ 3 times during assessment	4 Yawning several times/minute
ANXIETY OR IRRITABILITY			
0 None	1 Pt reports increasing irritability or anxiousness	2 Pt obviously irritable and anxious	4 Pt so irritable or anxious that participation in the assessment is difficult
GOOSEFLESH SKIN			
0 Skin is smooth	3 Piloerection of skin can be felt or hairs standing up on arms	5 Prominent piloerection	
		TOTAL SCORE:	

Severity:	MILD	MODERATE	MODERATELY SEVERE	SEVERE
	5-12	13-24	25-36	> 36

Wesson DR, Ling W. The Clinical Opiate Withdrawal Scale (COWS). *J Psychoactive Drugs*. 2003;35(2):253-259.

Deliverable #2 – Community and ED Flyers

Field Placement Activities

- Creating a branding package with our graphic designer featuring templates for business cards, memos, flyers, and social media posts

- Small group discussions about interest in creating ED MAT-Link social media accounts

  - Milwaukee County lacks social media accounts providing comprehensive access to community resources and harm reduction education

  - Given the resources necessary to consistently engage with social media accounts and the end of the Field Placement approaching, it was not felt appropriate to start social media accounts at this time if they could not be done properly

Field Placement Activities

- Finally, we reviewed a set of questions WAFD MIH plans to ask community members with OUD
  - Provided opportunity to apply MPH coursework and lessons on plain and destigmatizing language

1. Do your parents or immediate family members use drugs?
2. How old were you the first time you tried drugs?
   a. What was the first drug you tried?
3. If you had the choice, what drug would you choose to use?
4. What challenges do you face in getting drugs?
   a. How far do you have to travel to get drugs?
   b. How often do you have to get drugs?
5. Have you ever used needles from a needle exchange programs?
6. Do you use clean needles?
7. Have you ever used Narcan?
   a. Was this for yourself or someone around you?
   b. Do you know if anyone has had to use Narcan on you?
8. Do people feel like their knowledge on harm reduction has improved?
   a. What do you know about the risks of sharing needles?
   b. After using the harm reduction kit do you feel like you know more about why using clean needles is important?
   c. How often do you use a new needle or a steri-cooker?
      i. What would it take to use clean needles or steri-cookers more often?
   d. Have you ever received information on communicable diseases (those that can be shared through blood)?

Recommendations

- Social media accounts can be helpful in destigmatizing substance use disorders, especially when they use:[16]
  - Solution-focused language
  - Positive drug stories
  - Narratives that are sympathetic to those with substance use disorders

Competencies

Design a population-based policy, program, project or intervention.

- Participation in the weekly ED MAT-Link meetings. Discussions revolved around barriers to program planning and implementation.
- Participation in the small group design meetings to draft questions for the MIH team to use to assess the OUD community. Application of principles of program evaluation, including process, outcome, and impact evaluations.

Perform effectively on interprofessional teams.

- Worked on a multidisciplinary design team involving healthcare workers, social workers, public health workers, a substance abuse counselor, and a graphic designer to create public health communication materials.
- Provided unique perspective during ride along experiences with a community paramedic and peer recovery counselor. As an MD/MPH student, I was able to bridge medical and public health perspectives and provide context on the hospital course of those with non-fatal opioid overdoses.
- Able to serve in both a leadership and supporting role throughout the Field Placement.
- Facilitated timely completion of objectives and followed-up with other group members to keep objectives on track.

Competencies

Select quantitative and qualitative data collection methods appropriate for a given public health context.

- Performed informal literature reviews on opioid use, pre-hospital interventions, best practices for measuring opioid recovery, buprenorphine, and public health communication strategies that guided Field Placement and related tasks.
- Participation in the small group design meetings to draft questions for the MIH team to use to assess the OUD community. Involved used of quantitative and qualitative measures.

Communicate audience-appropriate public health content, both in writing and through oral presentation.

- Creation of logo, slogan, and community/healthcare posters communicating ED MAT-Link information within the context of plain language and destigmatizing language.
- Presentation of material drafts during the design process to the ED MAT-Link team.
- Development of a summary Powerpoint and subsequent presentation.

Apply basic theories, concepts and models from social, scientific and behavioral disciplines that are used in public health research and practice.

- Utilization of operant condition and Bandura's theory of social learning to guide development of ED MAT-Link communication materials with destigmatizing language.
- Application of program evaluation principles (process, outcome, and impact evaluations) to propose questions for the MIH team to use with community members with OUD.

Conclusion

- Overall, a great Field Placement experience

  - Some issues with coordinating the design process, but I learned how to more effectively communicate expectations

  - Improved knowledge of public health, addressing OUD, and harm reduction strategies

  - Learned from great mentors (thanks Dr. Hernandez-Meier and Nicole Fumo for this opportunity!)

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