Language & Labels

"I am more than a label. **I am a person.** If you are going to label me, label me as a mother, not a junkie. ... **Addiction is just one brick in my house**; it's not my entire house. ... It's just one of the bricks in the many bricks that I have to have to build me. **So, don't just use that one brick to label my entire person**."

Elizabeth, Hazard, KY

SUPPORTING PATIENTS WITH NON-STIGMATIZING LANGUAGE

The language used by health care professionals has been shown to have a significant effect on the attitudes and behaviors of patients with substance use disorders. Word choice can convey respect and encouragement or mistrust and dismissal. *(J Am Psychiatr Nurses Assoc. 2022;28(1):9-22)*

AVOID	WHY?	INSTEAD SAY
Abuse	Linked with violence and a lack of control rather than a health issue; places blame on the person with addiction.	Opioid use disorder, active addiction, misuse, harmful use, risky use, non-medical use, etc.
Habit	Denies the medical nature of opioid use disorder and implies the problem is simply a matter of willpower.	
Addict, junkie, user, druggie, etc.	Reduces person's identity down to their substance use disorder; implies permanency and no room for change.	Person with opioid use disorder, patient
Clean (e.g., getting or staying clean)	Associates symptoms with filth and implies a person struggling with a dependence on drugs is inherently "dirty" or socially unacceptable.	In recovery, not using substances
Clean/dirty drug screen		Negative/positive result
Medication assisted treatment (MAT)	Implies that medication is supplemental or temporary rather than central to a treatment plan that may also include non-pharmacologic interventions.	Medication for opioid use disorder (MOUD)

People may choose stigmatizing words when telling their own stories; respect this choice without repeating the words.

Table adapted from Partnership to End Addiction and National Institute on Drug Abuse; see links for details.

Find resources to learn more at http://p2p.uky.edu/links

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Showing Support

"When you're early in recovery, the smallest setbacks feel like your world's going to end. So, **just be extra supportive** because small setbacks to some people might be huge setbacks for other people. If I wasn't strong in my recovery, I could have gave up and been like, 'Well, this is it, I'm just going to go use right now so I'm not sick,' ... Just give extra support. **Because we're all people**."

Brielle, Salvisa, KY

UNDERSTANDING SOCIAL DETERMINANTS OF HEALTH (SDOH)

SDOH are the conditions in which people are born, grow, live, work, and age. They may account for up to 55% of health outcomes. Minimizing SDOH-related barriers improves treatment retention and adherence.

SDOH BARRIER	PHARMACY STRATEGY
Transportation barriers may make it hard to get to the pharmacy or appointments	**Offer delivery** if possible and **accept telehealth** prescriptions **Communicate** pharmacy policies to help patients plan ahead
Health literacy: An estimated one-third of the population lacks the skills to understand and apply health-related information	**Avoid and explain jargon** (prior authorization, sublingual, etc.) **Check for comprehension** when counseling on prescriptions or answering questions about insurance
Social isolation: Individuals with OUD face stigma and may engage in behaviors that erode social networks	**Reduce stigma and shame** by creating a welcoming atmosphere for patients with OUD **Refer patients** to community-based support groups
Poverty may be associated with lack of health insurance and other SDOH barriers	**Explain and assist** patients with insurance issues **Identify** patient assistance programs or community resources
Co-occurring mental health disorders: Individuals with co-occurring disorders access OUD treatment at lower rates	**Patient-centered care** includes considering unique patient characteristics such as other mental health diagnoses and ensuring medication plans are appropriate.

Local health departments and www.findhelpnowky.org may help identify community resources.

Adapted from SAMHSA and AAFP; see links for details.

Find resources to learn more at http://p2p.uky.edu/links

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Medication Myths

"A lot of people say Suboxone is just trading one drug for another, and it's gotten a history of 'Oh, they're selling them.' ... 'Well they abused that pain medication, why wouldn't they abuse this the same way?' And that can be the case, but I think **our society has put a stigma** on what we look like and that we're all the same and that we're not going to do right, **and that's not always the case**."

Kathy, Richmond, KY

A CLOSER LOOK AT BUPRENORPHINE DIVERSION AND MISUSE

IS DIVERSION COMMON?

- Like all controlled substances, buprenorphine can be and is misused. However, studies show a low scope of diversion — 0 to 4.8% — among people receiving buprenorphine for OUD.[1]
- Forensic laboratory reports of buprenorphine decreased between 2019 and 2022.[2] Buprenorphine accounted for only 1.1% of reports in 2022, compared to
  - Methamphetamine: 28.9%
  - Fentanyl: 13.8%
  - Oxycodone: 1.3%
- An evaluation of Medicare data concluded that the risk of misuse and diversion of buprenorphine is low, with 97% of enrollees receiving recommended amounts or less.[3]

OUD = opioid use disorder; MOUD = medication for OUD

WHY IS BUPRENORPHINE MISUSED?

- Use of diverted buprenorphine is highest among people with OUD not receiving MOUD treatment. Studies indicate that misuse is driven by a desire or need to self-treat OUD and a goal of avoiding withdrawal symptoms.[1]
- In several studies, "to get high" was the *least* cited motivation for buprenorphine misuse.[1]

WHAT IS THE RISK?

- In Kentucky, buprenorphine was involved in 2.2% of overdose deaths.[4] Nationally, 93% of buprenorphine-involved deaths involved at least 1 other drug.[5]
- Statistical modeling suggests that policies that could lead to greater diversion of buprenorphine would *decrease* overdoses by reducing use of heroin and fentanyl.[6]

REFERENCES

1. Rubel, SK, et al. *Subst Use Misuse*. 2023;58(5):685-697; **2.** U.S. DEA, NFLIS-Drug 2022 Annual Report; **3.** U.S. HHS-OIG, Data Brief, OEI-02-24-00130; **4.** Freeman, PR, et al. *Subst Abuse Treat Prev Policy.* 2023;18(53); **5.** Tanz LJ, et al. *JAMA Netw Open*. 2023;6(1):e2251856; **6.** Adams JW, et al. *Harm Reduct J*. 2023;20(1):150.

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Customer Care

"When you feel like you are being judged or looked at a certain way ... that can become very frustrating ... So for me, being able to go into a pharmacy and not worry about how they are looking at me or what they are thinking of me – **they welcome me every time I walk in, they treat me like I'm a human being** – that's a big thing for me."

Erin, Winchester, KY

SIMPLE SOLUTIONS: FOCUS ON CUSTOMER SERVICE

Pharmacy practice can be hectic and stressful, and even the best can have a bad day. On the other side of the counter, a patient with opioid use disorder might feel overwhelmed, confused, or frustrated trying to navigate treatment. As simple as it seems, revisiting basic principles of customer service can strengthen relationships, improve trust, and make interactions more effective, efficient, and enjoyable.

BE FRIENDLY AND HELPFUL

- A warm greeting and an openly helpful attitude makes patients feel comfortable and valued
- Take a moment to listen before you speak. It takes patience and practice but will likely save time in the long-run
- Show your appreciation for patients, both for routine business and especially when working together to solve prescription problems
- Remember that no one is perfect, and we all need support and grace at times
- Help patients understand pharmacy policies, the health care system, and insurance issues. What is routine to pharmacy staff may be brand new to a patient

PLAN AHEAD

- Identify and communicate problems before a patient runs out of medication
- Have systems to protect privacy. Let patients know how and where they can communicate sensitive information

STRIVE TO IMPROVE

- Ask for feedback and encourage patients to share opinions and ideas
- When a patient is upset, stay calm and focused. Offer the best solution possible
- Acknowledge mismanaged situations and mistakes. Develop and share plans to improve

Adapted from NPTA; see links for details.

Find resources to learn more at http://p2p.uky.edu/links

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