AzMAT Mentors Program Resource Guide

The University of Arizona Center for Rural Health

Design & back cover photo: Paul Akmajian | Front cover photo: Rod Gorrell

THE UNIVERSITY OF ARIZONA
MEL & ENID ZUCKERMAN COLLEGE OF PUBLIC HEALTH
Center for Rural Health

Introduction

Thank you for your interest in the AzMAT Mentors Program. The program aims to increase provider capacity to deliver evidence-based treatments for people with substance use disorders and, more specifically, for patients with opioid use disorders (OUD).

This Resource Guide (herein referred to as *The Guide*) offers resources and links to support the provision of medication-assisted treatments (MAT). Additional technical support can be received from the Opioid Assistance and Referral line (1-888-688-4222) or the Arizona Center for Rural Health https://crh.arizona.edu/mentor or via email at coph-crh@arizona.edu.

The Guide is a compilation of national and state resources. Though not exhaustive, these resources were selected to address important questions and topics that Arizona MAT providers indicated were of interest. Most resources are available via the web.

Culturally Responsiveness Statement

Addressing challenges faced by Arizonans with substance use disorders including those who are of the global majority are crucial components of research, policy, and clinical strategies that improve health equity. AzCRH connects diverse partners across Arizona, provides reliable and useful data to inform policies and programs, and assists in finding resources to support rural and underserved populations historically exploited and ignored. We pledge to expand our efforts to address racial injustices and health inequities.

We also recognize and celebrate differences within and between cultural groups and strive to create inclusive environments for all people for whom we interact.

Land Acknowledgment Statement

"We respectfully acknowledge the University of Arizona is on the land and territories of Indigenous peoples. Today, Arizona is home to 22 federally recognized tribes, with Tucson being home to the O'odham and the Yaqui. Committed to diversity and inclusion, the University strives to build sustainable relationships with sovereign Native Nations and Indigenous communities through education offerings, partnerships, and community service."

For more information about Native lands which UArizona resides on, see https://nasa.arizona.edu/

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Ken Miller photo

Table of Contents

Arizona Center for Rural Health

The Arizona Center for Rural Health (AzCRH) is situated in the University of Arizona's Mel & Enid Zuckerman College of Public Health. AzCRH is the designated state office of rural health for Arizona. AzCRHs mission is to "is to improve the health and wellness of Arizona's rural and underserved populations."

Relevant to substance use, AzCRH faculty, staff, and students recognize opioid misuse continues to be a public health priority and fatal overdoses remain high. Research tells us dissimilarities and disparities in opioid misuse deaths, diagnoses, and treatments exist among people in rural areas[1], people of color[2], people with HIV[3], women[4], and people with disabilities[5]. For example, between 2004 and 2013 the proportion of babies born with neonatal abstinence syndrome (NAS) increased from 12.9% to 21.2% among births in rural parts of the country.[6]

AzCRH personnel, in collaboration with federal, state, and local entities, develop resources, training, and programs. We aim to support individuals, families, providers, and communities to address substance use, misuse, and addiction (https://crh.arizona.edu/).

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1   Keys KM, Cerdá M, Brady JE, Havens JR, Galea S. Understanding the rural-urban differences in nonmedical prescription opioid use and abuse in the United States. *Am J Public Health*. 2014; 104(2): e52-e59. doi: 10.2105/AJPH.2013.301709

2   Mossey JM. Defining racial and ethnic disparities in pain management. *Clin Orthop Relat* Res. 2011 Jul; 469(7): 1859–1870. doi: 10.1007/s11999-011-1770-9

3   Cunningham CO. Opioids and HIV infection: From pain management to addiction treatment. *Top Antivir Med*. 2018 Apr; 25(4): 143–146.

4   Goetz TG, Becker JB, Mazure CM. *Women, opioid use and addiction*. FASB J. 2021; 35:e21303. doi: 10.1096/fj.202002125R

5   Kuo Y-F, Raji MA, Goodwin JS. Association of disability with mortality from opioid overdose among US Medicare adults. *JAMA Network Open*. 2019;2(11):e1915638.doi:10.1001/jamanetworkopen.2019.15638

6   Stockwell S. Rural pregnant women and newborns hit hard by opioid crisis. *AJN*. 2017 Mar; 117(3):17. doi: 10.1097/01. NAJ.0000513278.76259.6d

Ken Miller photo

Health Promotion, Resiliency, Strengths, and Trauma Stewardship

One way to reduce harmful affects of substance use, misuse and addiction is to promote health and wellness by improving individual, family and community resilience. Public health professionals often use social ecological models to discuss and understand the relationship between an individual's health and their communities. Golden, et al[1] developed the "inside-out" ecological model which puts policies and environment in the center with individuals on top calling for fair and equitable distribution of resources. Adapted from Golden, et al these are some actions professionals can do to support health promotion:

- Ensure resources are equitably distributed when policies are developed and implemented
  - Example: Access to care. Treating pain.

- Communicate the influence of political, social, and environmental factors on health
  - Example: Paying for care. Geography. Advocating for patients.

- Use existing networks to connect and advocate for more diverse voices to be heard in their organizations
  - Example: Linkages to referral sources.

Researchers examined the protective factors for health specifically for Indigenous/Alaska Native youth[2]. They found individual, family, community, and multi-level protective factors for alcohol, substance use, suicide and depression exist. Commonalities included role modeling, positive adult relationships, opportunities to contribute, and extracurricular activities. These authors recommend that health professionals:

- Identify and use protective factors to improve health

- Provide engagement to identify strengths—rather than focusing solely on deficits

Trauma Stewardship

Laura van Dernoot Lipsky[1] defines trauma stewardship as "a daily practice through which individuals, organizations, and societies tend to the hardship, pain, or trauma experienced humans, other living beings, or the planet itself. By developing the deep sense of awareness needed to care for ourselves while caring for others and the world around us, we can greatly enhance our potential to work for change, ethically and with integrity, for generations to come" (back cover). Here are some strategies to care for ourselves adapted from Lipsky:[1]

- Consider personal control. Take time to connect actions and feelings. Believe in one's capacity to influence these throughout one's lifetime.

- Engage in personally meaningful tasks. Be present, engaged, and active in life.

- Choose a healthy lifestyle. Select healthy foods, exercise, avoid alcohol, tobacco, or other drugs, allow time for intentional relaxation, and seek accessible behavioral health services.

- Activate social support. Utilize support from family, friends, and colleagues to help buffer the effects of stressful times or situations.

- Be patient and compassionate. Recognize that transformations, changes, improvements may take time. Be patient and compassionate with others, the planet, and yourself.

[1]van Dernoot Lipsky. *Trauma stewardship: An everyday guide to care for self while caring for others*. Berret-Koehler Publishers; 2009.

1 Golden SD, McLeroy KR, Green LW et al. Upending the social ecological model to guide health promotion efforts toward policy and environmental change. *Health Educ Behav*. 2015; 42(1): 8S-14S. 10.1177/1090198115575098

2 Henson M, Sabo S, Trujillo A, Teufel-Shone N. Identifying protective factors to promote health in American Indian and Alaska Native Adolescents: A literature review. *J. Prim Prev*. 2017; 38(1-2): 5-26. 10.1007/s10935-016-0455-2

Legal and Ethical Practice

Collecting consent for the treatment of substance use disorders is an ethical and legal practice. Protecting substance use information gathered through the provision of treatment is required under 42 C.F.R. Part 2. Additional information about legal and ethical practices and requirements can be found here:
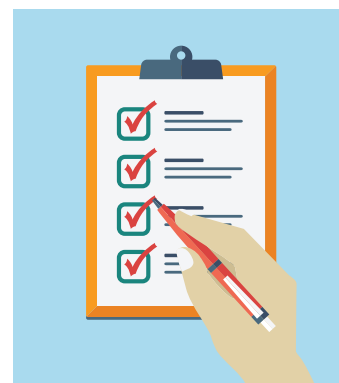
- Center of Excellence for Protected Health Information: https://www.caiglobal.org/index.php?option=com_content&view=article&id=1149&Itemid=1953

- Health Current: Arizona's Health Information Exchange: https://healthcurrent.org/hie/the-network-participants/data-providers-data-types-2/

- Legal Action Center:
    - Health and Human Services Press Release on 42 C.F.R. Part 2 Revised Rule July 2020: https://www.hhs.gov/about/news/2020/07/13/fact-sheet-samhsa-42-cfr-part-2-revised-rule.html
    - Toolkit: https://www.lac.org/resource/the-fundamentals-of-42-cfr-part-2

- Substance Abuse and Mental Health Services Administration (SAMHSA) (last updated April, 2020): https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs

Other legal and ethical issues to consider are diversion and theft. Here are other resources to help minimize these risks.

- Arizona State Board of Pharmacy, Controlled Substances Prescription Monitoring Program: https://pharmacypmp.az.gov/

- Providers Clinical Support System (PCSS): https://pcssnow.org/resource/diversion-abuse-buprenorphine/

- United States Department of Justice, Drug Enforcement Agency Diversion Control Division: https://www.deadiversion.usdoj.gov/

Substance Use Disorders: Intersection of Factors

In 2016, the former Surgeon General released the first-ever report on alcohol, drugs and health. This comprehensive report addresses issues of neurobiology, prevention, treatment, recovery, integrated behavioral health care and policy. It provides concrete strategies for addressing substance use concerns in a variety of settings for diverse populations. Chapter 6 is dedicated to health care systems. In 2018, the current Surgeon General provided a spotlight on opioids which offers reasons for optimism, treatment and recovery information. The links can be found here:

- Visit the Surgeon General's website on alcohol, drugs, and health: https://addiction.surgeon-general.gov/

  o View the 2016 full report: https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf

  o View a 2018 spotlight on opioids: https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

Opioids and Poly-Substance Use

The Arizona Department of Health Services (ADHS) provides real-time data regarding the opioid epidemic. This dashboard links to the Arizona opioid action plan and prescriber education program. This dashboard highlights poly-substance use as an important aspect of drug overdose. Since 2017, ADHS indicates 48% of reported overdoses in Arizona involved more than one drug. As of August 20, 2021, fentanyl (31.6%), heroin (15.4%), benzodiazepines (14.9%), and oxycodone (13.7%) were the most prevalent. These data are updated regularly – please visit the website for the latest numbers.

- ADHS Opioid Epidemic: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php

- Arizona Prevention Resources (scroll down to see a list of resources specific to opioid use disorders): https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource

Substance Use Risk Education

Individuals have low general knowledge of opioids, overdose, and responses to overdose[1]. Importantly, these researchers also found higher knowledge levels were associated with increased odds of a lifetime overdose. This highlights the complicated relationship between information and behavior, and the need for care in how providers communicate with patients about opioids and their risks.

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1   Dunn KE, Barrett FS, Yepez-Laubach C, et al. Opioid overdose experience, risk behaviors, and knowledge in drug users from a rural versus an urban setting. *J. Subst Abuse Treat*. 2016; 71: 1-7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5034762/

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Overview

SBIRT is a public and population health approach for identifying, intervening, and referring people in need of substance use, misuse, and addiction services and supports. It is evidence-based and has been implemented in a variety of settings. SBIRT is effective for addressing harmful alcohol use, but some studies show mixed results[1]. Assessing the patients' severity and responding accordingly is important. While evidence is preliminary, Bernstein and D'Onofrio expanded SBIRT approach to initiate medication for treating nicotine and opioid use. They found promising results for reduction/elimination of use and linkage to OUD care.
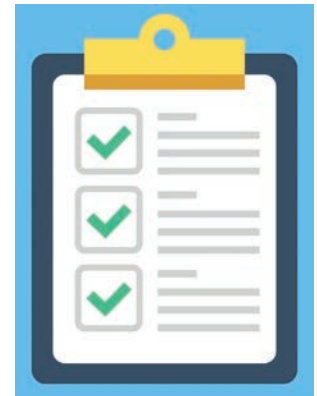
How it works

1. Screening: All patients are screened using screening tools with acceptable specificity and sensitivity. The screening tools identify those who may benefit from additional screening and/or brief intervention/treatment. Screenings can be progressive. That is, screening might start with one question about substance use during a specific time frame and progress to more comprehensive screening if indicated. Based on screening results, providers may:

    a. affirm a patients' healthy behaviors,

    b. offer patients additional screening(s)

    c. offer referral to other services or supports

2. Brief Intervention/Treatment: Based on screening results, providers may offer brief office-based intervention/treatment. Treatments might include: (a) medication such as buprenorphine and (b) behavioral such as Motivational Interviewing[2].

3. Referral: Providers might offer referrals to specialty substance use disorder treatment or other services and supports (e.g., family counseling).

Additional resources for implementing SBIRT can be found below.

General Information

- Center of Excellence for Integrated Health Solutions: https://www.thenationalcouncil.org/integrated-health-coe/

- National Institute on Drug Abuse (NIDA): https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-prevention

- NIDA: Commonly used drug charts: https://www.drugabuse.gov/drug-topics/commonly-used-drugs-charts

- SAMHSA: https://www.samhsa.gov/sbirt

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1   Bernstein SL, D'Onofrio GD. Screening, treatment initiation, and referral for substance use disorders. *Addict Sci Clin Pract*. 2017; 12: 18. 10.1186/s13722-017-0083-z

2   Miller WR, Rollnick S. *Motivational interviewing: Helping people to change (Third Edition)*. Guilford Press; 2013

Professional Training, Evidence-Based Practices, and Technical Assistance Resources

- Addiction Technology Transfer Center: https://attcnetwork.org/centers/northwest-attc/screening-brief-intervention-and-referral-treatment-sbirt

- Motivational Interviewing Trainings
    - Center for Applied Behavioral Health Policy: https://cabhp.asu.edu/motivational-interviewing
    - Motivational Interviewing Network of Trainers: https://motivationalinterviewing.org/

- PCSS: https://pcssnow.org/event/an-sbirt-approach-to-pain-and-addiction/

- SAMHSA Evidence-based Practices Resource Center (search for SBIRT): https://www.samhsa.gov/ebp-resource-center

- SBIRT Education: https://bigsbirteducation.webs.com/

Implementation Toolkits and Examples

- IRETA: https://ireta.org/resources/sbirt-toolkit/

- Massachusetts Clinicians Toolkit: https://www.masbirt.org/products

- SBIRT Oregon:
    - Overview YouTube Video: https://www.youtube.com/watch?v=jt_I2Yg2Ik4
    - Reference sheets: http://www.sbirtoregon.org/clinic-tools/
    - Screening computer application: http://sbirtapp.org/language

Screenings and Assessments

- American Society for Addiction Medicine: https://www.asam.org/Quality-Science/quality/drug-testing

- NIDA: https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-prevention

- NIDA: Initiating Buprenorphine Treatment in the Emergency Room https://www.drugabuse.gov/nidamed-medical-health-professionals/discipline-specific-resources/emergency-physicians-first-responders/initiating-buprenorphine-treatment-in-emergency-department

- SAMHSAs, TIP 59: Appendix D.: https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849?referer=from_search_result

- SAMHSAs, Opioid Overdose Prevention Toolkit. Includes screening and assessment for first responders: https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742?referer=from_search_result

Reducing Stigma

What is stigma?

Stigma is "A social process that is characterized by labeling, stereotyping and separation leading to status loss and discrimination, all occurring in the context of power."[1] It can affect the fair and equal treatment of people living with certain conditions, like substance use and mental health—two of seven health conditions that share common stigma drivers (see below).

What drives stigma?[2]

- Negative attitudes

- Fear

- Beliefs

- Lack of awareness about the condition and stigma

- Inability to clinically manage condition

- Institutional procedures and practices

What are the consequences of stigma in health care?

- Denial of care

- Sub-standard care

- Physical/verbal abuse

- Longer wait times

- Pass patients to junior colleagues

- Undermine access to diagnosis, treatment, and positive health outcomes

- Health care workers may be living with stigmatized condition and reluctant to seek help

What are evidence-based strategies for reducing or eliminating stigma in health care?

- Prevention of substance use and misuse is an evidence-based strategy. By eliminating or reducing substance misuse and addiction we may help eliminate stigma.

- Including people with the stigmatized condition to help improve empathy, and eliminate stereotypes in health care

- Providing information about the condition and associated stigma

- Engaging in participatory learning among participants involved (i.e., health care workers; patients)

- Building skills for health care workers to improve their ability to work with people in stigmatized groups

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1   Link BG, Phelan JC as cited in Nyblade et al., 2019 p. 1

2   Nyblade L, Stockton MA, Giger K. Stigma in health facilities: why it matters and how we can change it. *BMC Medicine*. 2019; 17(25): 1-15. https://doi.org/10.1186/s12916-019-1256-2

- Empowering people to acknowledge and management their substance use disorder to over-come self, social, and structural stigma

- Making structural or policy changes in the health care setting

How do we promote person-first language?

- Recognize people are not their diagnosis or deficiency

- Use terms or phrases such as "person with substance use concern" or "disorder" rather than "substance abuser"

- Reduce the use of language that may be perceived as judgmental. For example, tell the patient their urinalysis drug screen was "negative" for substances rather than it was "clean."

- Allow patients to use their own terms to identify themselves (i.e., I'm recovering addict) but as helping professionals refrain from using these terms

Why is person-first language important?[1]

- The term drug "abuse" is implicitly linked with emotional, physical or sexual abuse

- A study found clinicians were more likely to blame a patient when they were described as a substance abuser versus a person with a substance use disorder

- People who feel stigmatized may be less likely to seek treatment or more likely to drop out

- Using person-first language helps empower patients to seek help and manage their conditions

SAMHSA and others have developed many resources to help educate providers and communities about the stigma associated with substance use disorders. The links below may be helpful.

- Faces and Voices of Recovery: https://facesandvoicesofrecovery.org/resource/words-matter-how-language-choice-can-reduce-stigma/

- Power of perception: https://www.samhsa.gov/power-perceptions-understanding

- Revising the language of addiction: https://news.harvard.edu/gazette/story/2017/08/revising-the-language-of-addiction/

- Shatterproof: https://www.shatterproof.org/about-addiction/stigma/stigma-reducing-language

- This is a one-hour panel discussion about research and practices related to stigma: https://www.youtube.com/watch?v=LuotCdJF2qc&feature=youtu.be

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1   Greenbaum Z. The stigma that undermines care. *Monitor on Psychology*. 2019; 50(6), 46-48.
   https://www.apa.org/monitor/2019/06/cover-opioids-stigma

Primary and Secondary Trauma and Moral Injury

Primary Trauma:

Trauma has significant and lasting effects on our health. The landmark Adverse Childhood Experiences study demonstrated a higher proportion of people with four or more ACEs report substance use/misuse and mental health conditions[1]. If unaddressed, these adverse experiences may continue to negatively influence an individual's physical and emotional health. These are primary traumas. For example, people who experience a greater number of ACEs are also at increased risk for health behaviors such as smoking, heavy drinking, drug overdose, and chronic health conditions (e.g., heart disease).[2] Scientists suggest the mechanism for these issues is toxic stress. Toxic stress is defined as the overactivation of the stress response which can affect attention, executive functioning, impulse behavior and other issues.[2] These are similar to the neurobiological mechanisms of addiction.[3]

Prevention of Primary Trauma

Prevention efforts to interrupt the generational transmission of primary trauma include screening for and educating pregnant and parenting mothers about ACEs during pediatric visits[4]. Racine[5] examined the economics of investing in early childhood interventions. The researcher concluded marginal investments in early childhood interventions, regardless of the setting, produce economic benefits.

Secondary Trauma:

People who care for others may experience secondary trauma. This is especially relevant to first responders, health care providers, military personnel, and family members. Ensuring caregivers also care for their own needs is essential to prevent or reduce secondary traumatic stress (STS)[6]. Scholars suggests empathy can be both a protective and risk factor for STS which can be mitigated by self-care, detachment (ability to detach from work), sense of satisfaction (fulfillment in work and life), and social support.

1 Felitti VJ, Anda RF, Nordenberg D, et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The adverse childhood experiences (ACE) study. *Am. J. Prev. Med*. 1998; 14(4): 245-258. https://doi.org/10.1016/S0749-3797(98)00017-8

2   Jones CM, Merrick MT, Houry DE. Identifying and preventing adverse childhood experiences. Implications for clinical practice. *JAMA*. 2020; 323(1): 25-26. 10.1001/jama.2019.18499

3   U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

4 Murphy A, Steele H, Steele, M et al. The clinical adverse childhood experiences (ACEs) questionnaire: Implications for trauma-informed behavioral healthcare. In: RD Briggs, ed. *Integrated early childhood behavioral health in primary care*. Springer International Publishing; 2016.
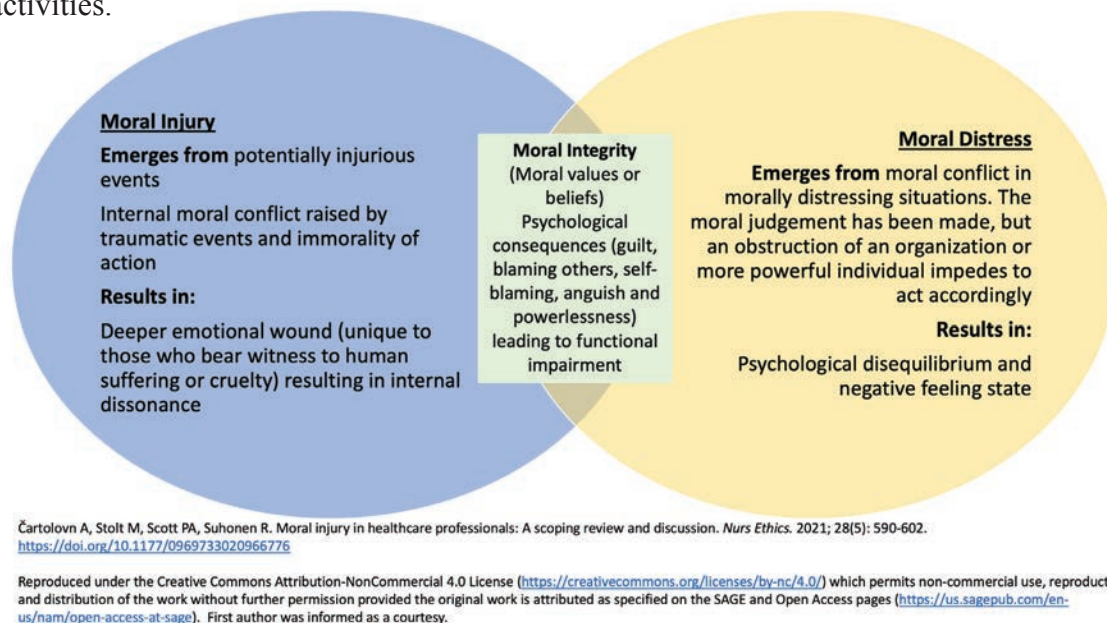
5 Racine AD. The economics of child development. In: RD Briggs, ed. *Integrated early childhood behavioral health in primary care*. Springer International Publishing; 2016.

6   Ludick M, Figley CR. Toward a mechanism for secondary trauma induction and reduction: Reimagining a theory of secondary traumatic stress. *Traumatology*. 2017; 23(1): 112-123. http://dx.doi.org/10.1037/trm0000096

Moral Injury and Distress

The term moral injury emerged from a psychiatrist working with Vietnam veterans who noticed veterans were suffering from something different than post-traumatic stress disorder – moral injury[1]. Researchers and scholars have been (re)examining the topic of moral injury for healthcare providers considering COVID-19. A recent scoping review aimed to define and differentiate moral injury, distress, in healthcare settings to stimulate further investigation. Moral injury can occur when healthcare providers have to make difficult decisions about patient care, engage in or witness actions that are not aligned with values or beliefs, or do not act in a manner aligned with their values or beliefs. This can result in guilt, shame, or anguish.[2] Steps to address moral injury include:

- Reaching out to colleagues following difficult healthcare experiences,
- Listening,
- Encouraging the use of employee assistance programs or behavioral health services,
- Normalizing the issues by addressing them in supervision, meetings, or continuing education activities.

Moral Injury

Emerges from potentially injurious events

Internal moral conflict raised by traumatic events and immorality of action

Results in:

Deeper emotional wound (unique to those who bear witness to human suffering or cruelty) resulting in internal dissonance

Moral Integrity (Moral values or beliefs) Psychological consequences (guilt, blaming others, self-blaming, anguish and powerlessness) leading to functional impairment

Moral Distress

Emerges from moral conflict in morally distressing situations. The moral judgement has been made, but an obstruction of an organization or more powerful individual impedes to act accordingly

Results in:

Psychological disequilibrium and negative feeling state

Čartolovn A, Stolt M, Scott PA, Suhonen R. Moral injury in healthcare professionals: A scoping review and discussion. *Nurs Ethics*. 2021; 28(5): 590-602. https://doi.org/10.1177/0969733020966776

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Resources on Primary Trauma:
- Centers for Disease Control and Prevention ACEs website: https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html
- Dr. Nadine Burke Harris's TedTalk on ACEs and health (15 minutes): https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en
- Governor Ducey's Office of Youth, Faith, and Family's initiative dedicated to ACEs: https://goyff.az.gov/content/adverse-childhood-experiences-aces

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1 Čartolovn A, Stolt M, Scott PA, Suhonen R. Moral injury in healthcare professionals: A scoping review and discussion. *Nurs Ethics*. 2021; 28(5): 590-602. https://doi.org/10.1177/0969733020966776

2 Watson P, Norman SB, Maguen S, Hamblen J. Moral injury in health care workers. PTSD: National Center for PTSD website. US Department of Veterans Affairs. https://www.ptsd.va.gov/professional/treat/cooccurring/moral_injury_hcw.asp. Accessed September 24, 2021.

Resources on Secondary Trauma:
- Administration for Children Youth and Families: https://www.acf.hhs.gov/trauma-toolkit/second-ary-traumatic-stress
- Healthcare Toolbox: https://www.healthcaretoolbox.org/self-care-for-providers.html
- The National Child Traumatic Stress Network: https://www.nctsn.org/trauma-informed-care/sec-ondary-traumatic-stress

Resources on Moral Injury/Distress:
- Moral Injury of Healthcare: https://fixmoralinjury.org/
- US Department of Veterans Affairs, National Center for PTSD: https://www.ptsd.va.gov/profes-sional/treat/cooccurring/moral_injury_hcw.asp

Screenings and Treatments:
- American Psychological Association PTSD Treatments: https://www.apa.org/ptsd-guideline/treatments
- Health Care Toolbox: https://www.healthcaretoolbox.org/tools-and-resources/tools-you-can-use-screening.html
- The National Child Traumatic Stress Network: https://www.nctsn.org/treatments-and-practices/trauma-treatments
- U.S. Department of Veterans Affairs – National Center for PTSD: https://www.ptsd.va.gov/PTSD/professional/treat/index.asp

National and State OUD Practice Resources

Agency for Healthcare Research and Quality (AHRQ)

AHRQ developed numerous resources and tools for implementing MAT in rural areas. They also developed the implementation playbook. The playbook helps guide decision making and implementation needs and processes (e.g., staff; training; policies/procedures). Below are the links.

- MAT for opioid disorder playbook: https://integrationacademy.ahrq.gov/products/mat-playbook/medication-assisted-treatment-opioid-use-disorder-playbook

- Opioid and substance use resources: https://integrationacademy.ahrq.gov/products/opioid-substance-use-resources

American Society of Addiction Medicine (ASAM)

In 2020, ASAM revised its 2015 guidelines for the treatment of addiction of opioid use. The 2020 version adds several revisions. One overarching theme was the importance of providing medication treatments even if (a) comprehensive assessment is not complete or (b) the patient does not want to participate or there are no psychosocial treatments available. It was recommended that motivational interviewing or enhancement could be used to support patients in engaging in psychosocial treatments.

- The link to the executive summary for the 2020 update is located here: https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

SAMHSA

SAMHSA has numerous resources to help providers implement MAT. Below are several resources including SAMHSA's MAT treatment improvement protocol (TIP 63) for opioid use disorder medications. TIP 63 provides information for health care and addiction professionals, policy makers, patients, and families.

- Clinical guidance for treatment pregnant and parenting women with opioid use disorder and their infants: https://store.samhsa.gov/product/Clinical-Guidance-for-Treating-Pregnant-and-Parenting-Women-With-Opioid-Use-Disorder-and-Their-Infants/SMA18-5054

- Evidence-based practices resource center (filter>substances>opioids): https://www.samhsa.gov/resource-search/ebp

- Special circumstances for providing buprenorphine (emergencies): https://www.samhsa.gov/medication-assisted-treatment/statutes-regulations-guidelines/special-circumstances

- MAT guidelines: https://www.samhsa.gov/medication-assisted-treatment

- TIP 63: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006?referer=from_search_result
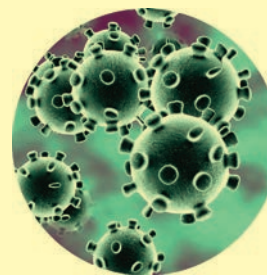
Minimizing Risk/Harm Reduction

Research shows people may move in and out of recovery throughout their lifetime[1]. Minimizing risks or harms associated with substance use is an important aspect of care. Here are some resources for minimizing risk/harm reduction:

- Arizona Health Care Cost Containment System: https://www.azahcccs.gov/Members/BehavioralHealthServices/OpioidUseDisorderAndTreatment/
- Arizona Rural Women's Health Network: http://azrwhn.org/resources-2/opioid-use-disorder/providers
- Arizona Office of Youth, Faith, and Family Rx Drug Toolkit: https://goyff.az.gov/content/arizona-rx-drug-toolkit
- Drug Policy Alliance: https://www.drugpolicy.org/issues/harm-reduction
- Futures Without Violence: https://www.futureswithoutviolence.org/
- Harm Reduction Coalition: https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/
- Sonoran Prevention Works:
  - Fentanyl alert: https://spwaz.org/fentanyl/
  - Frequently Asked Questions: https://spwaz.org/faq/

COVID-19 and OUD

The COVID-19 pandemic continues to disrupt the ways OUD interventions and treatments are provided and estimates suggest overdose is still a public health concern (see Diseases of Despair section for resources on overdose). Numerous agencies and organizations have offered guidance and recommendations to help respond to patients with OUDs. Here are some relevant links.

- American Medical Association: https://www.ama-assn.org/delivering-care/public-health/covid-19-policy-recommendations-oud-pain-harm-reduction
- ASAM: https://www.asam.org/Quality-Science/covid-19-coronavirus
- Center for Disease Control and Prevention: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/other-at-risk-populations/people-who-use-drugs/QA.html
- Drug Enforcement Administration: https://www.deadiversion.usdoj.gov/coronavirus.html
- SAMHSA: https://www.samhsa.gov/coronavirus

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1   U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016.

Other Resources

- National Institute of Environmental Health Sciences, Opioids and Substance Use: Workplace Prevention and Response: https://tools.niehs.nih.gov/wetp/index.cfm?id=2587
- Opioid Response Network: https://opioidresponsenetwork.org/index.aspx

Fentanyl Test Strips, Syringe Service Programs, and Naloxone

- Fentanyl Test Strips. Arizona's SB 1486 decriminalizes fentanyl testing strips. This allows people who use drugs to test unregulated drugs which is an important evidence-based risk/harm reduction method.

- Syringe Services Program. Arizona's SB 1250 allows Arizona organizations to host syringe service programs (SSPs). SSPs effectively prevent overdose and disease by offering people who inject drugs safe disposal of and access to sterile injection equipment, overdose prevention tools, and links to care for substance use disorder treatment/recovery and infectious disease.

  o Center for Disease Control and Prevention. Syringe Services Program (SSP): https://www.cdc.gov/ssp/index.html

- Naloxone. Ensuring people who use drugs, and their family and friends have access to the potentially life-saving opioid reversal drug, naloxone, is critical. This includes offering naloxone to patients who overdose or are at-risk for overdose and prescribed opioids.

  o Arizona Center for Rural Health:

    - Community naloxone trainings: https://crh.arizona.edu/programs/naloxone

    - First responder training: https://crh.arizona.edu/samhsa-first-responders-initiative

  o Arizona Department of Health Services: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioids/index.php#naloxone-info

  o Canyonlands Healthcare: https://naloxone-az.org/

  o Sonoran Prevention Works: https://spwaz.org/

Arizona SUD and OUD Resources

Arizona SUD and OUD stakeholder organizations created trainings and resources around prevention, treatment, and other service support. Some of these include the following:

- Arizona Center for Rural Health Prescription Drug Overdose Prevention Program: https://crh.arizona.edu/programs/prescription-drug-misuse-abuse-initiative

- Arizona Center for Rural Health First Responders: https://crh.arizona.edu/samhsa-first-responders-initiative

- Arizona Health Care Cost Containment System: https://www.azahcccs.gov/Members/Behavioral-HealthServices/OpioidUseDisorderAndTreatment/MAT.html

- Arizona Opioid Prescribing Guidelines: https://www.azdhs.gov/audiences/clinicians/index.php#clinical-guidelines-and-references-rx-guidelines

- Arizona Pain and Addiction Curriculum: https://www.azdhs.gov/audiences/clinicians/arizona-pain-addiction-curriculum/index.php

- Arizona Smokers Helpline: https://ashline.org/

- Arizona State University, Center for Behavioral Health Policy: https://cabhp.asu.edu/medication-assisted-treatment

- Be Connected Arizona: A project for service members, veterans, families and communities https://beconnectedaz.org

- Comprehensive Pain and Addiction Center (CPAC): https://uahs.arizona.edu/strategic-initiatives/comprehensive-pain-and-addiction-center

- Governor's Office of Youth, Faith, and Family: https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource?progid=68f68697-c5d9-46f8-8065-7fd834e73d10

- Opioid Assistance and Referral Line: https://www.azdhs.gov/oarline/

- Substance Abuse Coalition Leaders of Arizona (SACLAz): https://saclaz.org/coalition-map/

Indigenous Communities

There are 22 nationally recognized Indigenous/Native American tribes in Arizona. Many Indigenous communities experience substantial rates of opioid use overdose and have developed relevant and effective responses to substance use, misuse, and addiction. Below are resources to help address substance use among Indigenous/Native American tribes.

- Arizona Center for Rural Health Tribal Health Initiatives: https://crh.arizona.edu/programs/tribal-health
- Arizona Department of Health Services Tribal Liaison: https://www.azdhs.gov/director/tribal-liaison/index.php
- Tribal Epidemiology Centers: https://tribalepicenters.org/
- Indian Country ECHO – Substance Use Disorder: https://www.indiancountryecho.org/program/substance-use-disorder/
- Indian Health Service, Opioid Crisis Data, Understanding the epidemic: https://www.ihs.gov/opioids/opioidresponse/data/
- National American Indian & Alaska Native Addiction Technology Transfer Center: https://attcnetwork.org/centers/national-american-indian-and-alaska-native-attc/home
- SAMHSA TIP 61: Behavioral Health Services for American Indians and Alaska Natives: https://store.samhsa.gov/product/TIP-61-Behavioral-Health-Services-For-American-Indians-and-Alaska-Natives/SMA18-5070?referer=from_search_result

The Two-Eyed Seeing Framework[1]

The Two-Eyed Seeing Framework refers to the strengths of both Indigenous and Western cultures. In one eye we see the worldview strengths of Indigenous cultures and in the other eye we see the worldview strengths of Western cultures. By recognizing the strengths of both we offer an equitable and holistic perspective to education, research, and healthcare. AzMAT Mentors Program highlight these authentic attributes as described by Wright et al. for engaging in collaborative consultations:

- Knowledge and appreciate of spiritual wellness
- Effective communication skills
- Building trusting and equitable relationships
- Patience in the process
- Taking a strengths-based perspective
- Honest with one another
- Open to change
- Engage in self-reflection on own values, perspectives, and beliefs
- Acknowledge and value commonalities and differences in perspectives

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1 Wright AL, Ballantyne GM, Jack SM et al. Using Two-Eyed Seeing in research with Indigenous people: An integrative review. Int J Qual Methods. 2019; 18: 1-9. https://doi.org/10.1177/1609406919869695

How to Respectfully Interact with Indigenous Peoples and Land[1]

- Acknowledge the traditional lands
    - Generally done at the beginning of a meeting/ event.
- Introduce yourself
    - Who you are
    - Share where your ancestors were from prior to coming to the United States. Latin American or Canada.
    - Be aware of cultural safety
    - Recognize that one needs to be aware and challenge unequal power balance at a community, personal and societal level. In a cultural safe environment, every person knows their cultural background is respected.
- Engage and respect four knowledge domains:
    - Emotional (heart)
    - Spiritual (spirit)
    - Cognitive (mind)
    - Physical (body)
- Be mindful of your own prejudices and microaggressions
    - A microaggression is a "brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, which communicate hostile, derogatory, or negative slights, invalidations, and insults to an individual or group because of their marginalized status in society."

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1 Antoine A, Mason R, Mason R, Palahicky S, Rodriguez de France C. *Pulling Together: A Guide for Curriculum Developers*. BCampus; 2018. https://opentextbc.ca/indigenizationcurriculumdevelopers/

Diseases of Despair: Substance Use, Suicide Risk, and Overdose

Substance use is associated with increased suicide risk. In the US, risk factors for suicide and unintentional overdose are:[1]

- twice as high for men compared to women,
- higher for people who identified as white or Native American,
- higher in midlife (41-64 years of age), and
- higher for people with other mental health conditions.

Scholars acknowledge the relationship between substance use and poverty.[2] Poorer communities rely on manufacturing or service jobs (including military) putting people at risk for injury. Injuries that result in chronic pain, inability to work, and limit social support may increase risk for misusing prescribed opioids and overdose[2].

People who identify as lesbian, gay, bisexual, or transgender (LGBT) are at higher risk for suicide if they misuse substances.[3] For LGBT populations, substance misuse may be a coping mechanism for victimization experienced, which may increase suicide risk.

Former Surgeon General Vivek H. Murthy, MD said loneliness is a significant public health concern. While listening to his patients, Dr. Murthy indicates people who move into recovery from misuse and addiction reported trusted relationships helped facilitate their recovery.[4]

Here are some resources to address suicide and overdose:

- ADHS, Naloxone Information: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioids/index.php#naloxone-info
- Arizona Suicide Prevention Coalition: https://www.azspc.org/
- Be Connected Arizona: A project for service members, veterans, families and communities https://beconnectedaz.org
- Consensus Recommendations on the Treatment of Opioid Use Disorder in the Emergency Department: https://www.annemergmed.com/article/S0196-0644(21)00306-1/fulltext
- National Suicide Prevention Hotline: https://suicidepreventionlifeline.org/; 1-800-273-8255
- NIDA, Opioid Reversal with Naloxone: https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio
- SAMHSAs, First responder training: https://www.samhsa.gov/dtac/first-responders-training
- SAMHSAs, Office of Behavioral Health Equity: https://www.samhsa.gov/behavioral-health-equity
- Youth.gov, LGBT Behavioral Health: https://youth.gov/youth-topics/lgbtq-youth/health-depression-and-suicide

www.BeConnectedAZ.org
1-866-4AZ-VETS (429-8387)

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1 Bohnert ASB. & Illgen, MA. Understanding links among opioid use, overdose, and suicide. *N Engl J Med*. 2019; 380(1): 71-79. 10.1056/NEJMra1802148

2 Dasgupta N, Beletsky L, & Ciccarone, D. No easy fix to its social and economic determinants. *Am J Public Health*. 2018; 108(2): 182-186. 10.2105/AJPH.2017.304187

3 Mereish EH, O'Cleirigh C, Bradford JB. Interrelationships between LGBT-based victimization, suicide, and substance use problems in a diverse sample of sexual and gender minority men and women. *Psychol Health Med*. 2014; 19(1): 10.1080/13548506.2013.780129

4 Murthy VH. *Together: The Healing Power of Human Connection in a Sometimes Lonely World*. HarperCollins Publishers; 2020.

Family and Peer Services and Supports

Services

Family and peer support specialists offer individuals and families supportive services throughout the treatment and recovery process. They are trained individuals with "lived experience" who provide support to promote recovery and resilience. Check out more information about training and certification for family and peer support specialists. Including this type of expertise may extend the types of services offered in your practice.

- Arizona Health Care Cost Containment System Office of Individual and Family Affairs – see resources under peer run or family run organizations: https://www.azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html

- Arizona Complete Health – information on training and other requirements for peer support specialist: https://www.azcompletehealth.com/providers/resources/provider-manual/pm_section_15.html

- College of Medicine, Family & Community Medicine – recovery support specialist institute: https://www.fcm.arizona.edu/workforce-development-program/about-us

- Peer and Family Career Academy: https://www.azpfca.org/

Supports

Families, partners, and friends of people who misuse alcohol or drugs may benefit from engaging in support groups or advocacy organizations. Here are some resources:

- Al-Anon Family Groups: https://al-anon.org/

- Arizona Caregiver Coalition: https://azcaregiver.org/

- Families for Sensible Drug Policy: http://fsdp.org/

- Mental Health America of Arizona: https://www.mhaarizona.org/copy-of-position-statements

- Nar-Anon Family Support: https://www.nar-anon.org/

- Partnership to End Addiction: https://drugfree.org/

- What's your grief? https://whatsyourgrief.com/

- White Bison Wellbriety Movement: https://wellbriety.com/about-us/

- Wildcat Anonymous: https://wildcatsanon.arizona.edu/

Cultural and Linguistic Responsiveness

Addressing patients' cultural and linguistic needs is an important element of access to care. To support this, the Office of Minority Health (OMH) offers training and resources to improve health equity, including standards for organizational cultural and linguistic appropriate services (CLAS) (see Office of Minority Health, Think Cultural Health link below). Applying CLAS may improve health outcomes and reduce inequities in care. Likewise, SAMHSA highlights key aspects of cultural competence (TIP 59). These and other resources are linked here:
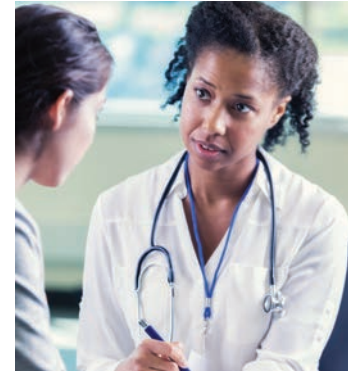
- Health Resources and Services Administration, Culture, Language, and Health Literacy: https://www.hrsa.gov/about/organization/bureaus/ohe/health-literacy/culture-language-and-health-literacy

- Medicaid.gov translation and interpretation services: https://www.medicaid.gov/medicaid/financial-management/medicaid-administrative-claiming/translation-and-interpretation-services/index.html

- Think Culture Health: https://thinkculturalhealth.hhs.gov/about

- National Health Law Program - state law requirements to address healthcare language needs: https://healthlaw.org/resource/summary-of-state-law-requirements-addressing-language-needs-in-health-care-2/

- NIDA, Substance Use and SUDs in LGBTQ Populations: https://www.drugabuse.gov/drug-topics/substance-use-suds-in-lgbtq-populations

- SAMSHA, Office of Behavioral Health Equity: https://www.samhsa.gov/behavioral-health-equity

- SAMHSA TIP 59: https://store.samhsa.gov/product/TIP-59-Improving-Cultural-Competence/SMA15-4849?referer=from_search_result

How Can Providers Take Action?

Healthcare disparities affect the way in which people can access care, quality of care and treatment options—the opioid crisis is no different. Although demographics like people who racially identify as white and those who identify as men experience higher rates of OUD, Black, Indigenous and People of Color (BIPOC) with OUD experience a disadvantage when accessing care[1]. Indigenous and Black communities are experiencing a rise in overdose deaths[1]. Medical racism in the United States is a contributing factor to healthcare disparities among BIPOC, so providers can help reduce disparities by taking action. Matsuzaka and Knapp developed an antiracist framework for substance use treatment for providers to consider[2]:

- Explore racial consciousness and attitudes toward BIPOC

- Use a non-color-blind approach

- Protect against microaggressions

- Understand how race and racism can interact with sociocultural, political, economic, and institutional factors to influence SUD and treatment for BIPOC

- Tailor assessment strategies that bring equitable results in treatment and recovery

The AzMAT Mentors Program prioritizes importance of practicing cultural and linguistic responsiveness when healthcare providers interact with each other. Increasing the number of healthcare professionals from diverse backgrounds has been called for by numerous groups. Only 6% of practicing physicians are from underrepresented racial/ethnic groups (e.g., African American, Latiné, American Indian/Alaska Native).[2] Among psychiatrists of diverse backgrounds, it has been noted they may experience microaggressions from patients or the families.[2] While not the focus of the AzMAT Mentors Program, during collaboration providers may need to discuss supports and strategies for addressing microaggressions or other cultural or linguistic issues to ensure their continued health and wellbeing.

1 Volkow N. Access to addiction services differs by race and gender. National Institute on Drug Abuse website. https://www.drug-abuse.gov/about-nida/noras-blog/2019/07/access-to-addiction-services-differs-by-race-gender. Published July 16, 2019. Accessed September 14, 2021.

2 Matsuzaka S, Knapp M. *Anti-racism and substance use treatment: Addiction does not discriminate, but do we?* J Ethn Subst. 2020; 19(4): 567-593. 10.1080/15332640.2018.1548323

3 Moreno FA, Chhatwal J. *Diversity and inclusion in psychiatry: The pursuit of health equity*. Focus (AmPsychiatr Publ). 2020 Jan;18(1):2-7. https://doi.org/10.1176/appi.focus.20190029

Service Delivery Types and Financing

Integrated Behavioral Health Care

Integrated behavioral health care is defined as: "The systematic coordination of general and behavioral health care. Integrating services for primary care, mental health, and substance use related problems together produces the best outcomes and provides the most effective approach for supporting whole-person health and wellness."[1] Integrated systems will prevent or reduce the individual, social, and economic costs of substance misuse and addiction.[1] For more information about integrated behavioral health care check out these resources:

- Agency for Healthcare Research and Quality: https://integrationacademy.ahrq.gov/about/what-integrated-behavioral-health

- American Colleges of Physicians recommendations for integrating mental health, substance use, and other behavioral condition into primary care: https://annals.org/aim/fullarticle/2362310/integration-care-mental-health-substance-abuse-other-behavioral-health-conditions

Mobile Health and Telemedicine to Treat OUD

The COVID 19 pandemic has ushered in policy changes for the treatment of people with OUD. These include mobile health components for opioid use treatment programs and changes to the rules for telehealth/telemedicine. Here are some resources:

- American Psychological Association Office and Technology Checklist for telepsychological services: https://www.apa.org/practice/programs/dmhi/research-information/telepsychological-services-checklist

- Arizona Service Provider Directory: https://telemedicine.arizona.edu/servicedirectory

- DEA Finalizes Measure to Expand Medication-Assisted Treatment: https://www.dea.gov/press-releases/2021/06/28/dea-finalizes-measures-expand-medication-assisted-treatment

- DEA COVID-19 pandemic: https://www.deadiversion.usdoj.gov/coronavirus.html

- Project ECHO: https://telemedicine.arizona.edu/echo

Billing for Services & Interprofessional Provider to Provider Consultation

An important aspect for sustaining substance use disorder screening, treatment, and referrals is billing for services. Also, interprofessional consultation can be paid for using CPT codes. Here are a few resources that may be useful.

- American Academy of Pediatrics: CPT Codes for Interprofessional Consultation, https://www.aappublications.org/news/2019/01/04/coding010419

- Center for Medicaid and Medicare SBIRT Services guide: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489

- National Council for Behavioral Health, Parity: https://www.thenationalcouncil.org/topics/parity/

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1 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016

Relevant Membership Organizations

There are membership organizations that offer access to information and opportunities for collaboration. There may be fee associated with membership.

- American Society of Addiction Medicine: https://www.asam.org/
- American Association for the Treatment of Opioid Dependence, Inc. (AATOD): http://www.aatod.org/
- Arizona AATOD chapter, Arizona Opioid Treatment Coalition: https://aotc-arizona.org/
- Arizona State University, Medication-Assisted Treatment Echo: https://chs.asu.edu/project-echo/join/medication-assisted-treatment