AzMAT Mentors Program
Guía de Recursos

The University of Arizona Center for Rural Health

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

Introducción

Gracias por su interés en el AzMAT Mentors Program. El programa tiene como objetivo aumentar la capacidad del proveedor para ofrecer tratamientos basados en evidencia para personas con trastornos por consumo de sustancias y, más específicamente, para pacientes con trastornos por uso de opioides (OUD).

Esta Guía de Recursos (en adelante, referido como la Guía) ofrece recursos y enlaces para apoyar la provisión de tratamientos asistidos por medicamentos (MAT). Se puede recibir apoyo técnico adicional de la línea de Opioid Assistance and Referral (1-888-688-4222) El Programa de AzMAT Mentors llegará a su fin en septiembre de 2023. Recomendamos usar los recursos de esta guía y de nuestro sitio web. En particular, considere participar en las capacitaciones y entrenamientos del Providers Clinical Support System. Más información aquí: https://pcssnow.org/ Arizona Center for Rural Health https://crh.arizona.edu/mentor o por correo electrónico coph-crh@arizona.edu.

La Guía es una compilación de recursos nacionales y estatales. Aunque no son exhaustivos, estos recursos fueron seleccionados para abordar preguntas y temas importantes que los proveedores de Arizona MAT indicaron que eran de interés. La mayoría de los recursos están disponibles a través del internet.

Declaración de Sensibilidad Cultural

Abordar los desafíos que enfrenta la gente de Arizona con trastornos por consumo de sustancias, incluyendo las personas de la mayoría global. La gente de la mayoría global son componentes cruciales de la investigación, la política y las estrategias clínicas que mejoran la equidad en la salud. AzCRH conecta a socios diversos en Arizona, proporciona datos confiables y útiles para informar políticas y programas, y ayuda a encontrar recursos para apoyar a las poblaciones rurales y históricamente desatendidas, explotadas e ignoradas. Nos comprometemos a ampliar nuestros esfuerzos para abordar las injusticias basadas en la raza y disparidades de salud.

También reconocemos y celebramos las diferencias dentro y entre los grupos culturales y nos esforzamos por crear ambientes inclusivos para todas las personas con las que interactuamos.

Declaración de Reconocimiento de Tierras

Reconocemos respetuosamente que la Universidad de Arizona se encuentra en la tierra y los territorios de gentes Indígenas. Hoy, Arizona es el hogar de 22 tribus reconocidas a nivel federal, con Tucson siendo es el hogar de los O'odham y los Yaqui. Comprometida con la diversidad y la inclusión, la Universidad se esfuerza por construir relaciones sostenibles con naciones nativas soberanas y comunidades indígenas a través de ofertas educativas, asociaciones y servicio comunitario.

Para obtener más información acerca de las tierras nativas en las que reside UArizona, consulte https://nasa.arizona.edu/

AzMAT Mentores Reconocimiento Laboral

Reconocemos colectivamente el trabajo histórico del cual se construyó nuestro país. Esto incluye el trabajo de personas esclavizadas, personas inmigrantes e indígenas. Reconcomes este trabajo aun si fuera voluntario
o no voluntario. Reconocemos que nuestro país fue construido, definido por, y es continuamente apoyado por comunidades que han sido robadas de sus derechos y oprimidas. Estamos endeudamos con el trabajo y sacrificio de estas personas. Reconocemos nuestra responsabilidad de abordar los sistemas opresivos y nos comprometemos a reparar esas historias.

Actualizado Septiembre de 2023

Reconocemos que muchas personas, académicos, activistas y otros están comprometidos en los esfuerzos para mejorar la equidad y la justicia social. Esta declaración laboral fue inspirada por el trabajo de académicos, activistas, y otros. Nuestra declaración fue adaptada del trabajo de:

1. Dr. Kelly Palmer, Assistant Professor, Mel & Enid Zuckerman College of Public Health, The University of Arizona
2. California State University Long Beach's Labor Acknowledgement by Dr. Betsy Eudey https://www.csulb.edu/sites/default/files/document/labor_acknowledgment.pdf
3. Labor Acknowledgement in Advance of Black History Month by Whitney McGuire, Lawyer and Co-found of Sustainable Brooklyn https://www.youtube.com/watch?v=bu4maCxPCOk&t=7s
4. Fitchburg State University Land and Labor Acknowledgement https://fitchburgstate.libguides. com/c.php?g=1128891&p=8238126
5. The Unpaid Labor Project https://www.unpaidlabor.com/aboutul
6. The University of Chicago Land and Labor Acknowledgement written by Symphony Fletcher https://guides.lib.uchicago.edu/landlaboracknowledgment
7. Divers: Issues in Higher Education News Letter on Labor Acknowledgement and Honoring Sacrifice of Black Americans written by Terah Stewart https://www.diverseeducation.com/demographics/african-american/article/15108677/on-labor-acknowledgements-and-honoring-the-sacrifice-of-black-americans

Reconocimientos

La Guía fue desarrollada a través de un proceso de colaboración entre el personal y los socios de Arizona Center for Rural Health. Estos incluyen:

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Todos los proveedores que han participado

Murphy BS, Mendivil E, Brady B, Cameron E, Clichee D. *AzMAT Mentors Resource Guide, Version 4*. Tucson, AZ: University of Arizona Center for Rural Health; 2023.

Foto de Ken Miller

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Arizona Center for Rural Health

El Arizona Center for Rural Health (AzCRH) es situado en la Universidad de Arizona's Mel & Enid Zucherman Colegio de Salud Publica. AzCRH es la oficina designada del estado para salud rural en Arizona. La misión de AzCRH es "mejorar la salud y bienestar de las poblaciones rurales y desatendidas de Arizona".

La facultad, el personal, y los estudiantes de AzCRH reconocen que el uso ilícito de opioides continua ser una prioridad de la salud pública. De 2019 al 2020 Arizona documento un aumento del 33.6% en el número de personas que fallecieron de una sobredosis. Ese porcentaje es superior a tres de nuestros cinco estados vecinos.[1] Investigaciones nos dicen que existen diferencias y disparidades en las muertes por opioides y el tratamiento entre las personas en las zonas rurales[2], personas de color[2], personas con VIH3, mujeres[4], y persona con discapacidades[5]. Por ejemplo, entre 2004 y 2013 el porcentaje de bebes nacidos con síndrome de abstinencia neonatal (SAN) aumento de 12.9% a 21.2% en las partes rurales de los Estados Unidos[6]. Estas disparidades se deben de resolver ya que existen los tratamientos seguros y efectivos de prevención, tratamientos de reducción de danos, y servicios de recuperación para apoyar a los individuos y sus familias[7]. Es necesario continuar e fuerzos a identificar y derivar pacientes a servicios y apoyos apropiados.

El personal de AzCRH, en colaboración con entidades federales, estatales y locales, desarrolla recursos, entrenamientos y programas. Nuestro objetivo es apoyar individuos, familias, proveedores y comunidades para abordar el uso, el abuso y adición de sustancias (https://crh.arizona.edu/).

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

7 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.

Foto de Ken Miller

Promoción de la Salud, Resiliencia, Fortalezas y Trauma

Una manera de reducir los efectos que dañan en el consumo de sustancias, el mal uso y la adición es promover la salud y el bienestar por medios de mejorar la resiliencia individual, familiar y comunitaria. Los profesionales de la salud pública utilizan modelos ecológicos sociales para discutir y comprender la relación entre la salud de una persona y sus comunidades. Golden et al[1] desarrollo el modelo ecológico "inside-out" ("de adentro hacia afuera") que pone las políticas y el medio ambiente en el centro con individuos altos en la jerarquía, pidiendo una distribución justa y equitativa de los recursos. Adaptado de Golden, et al estas son algunas acciones que pueden hacer los profesionales para apoyar la promoción de la salud:

- Garantizar que los recursos se distribuyan equitativamente cuando se desarrollen e implementen políticas
  - Ejemplo: Acceso a la atención. Tratamiento del dolor.
- Comunicar la influencia de los factores políticos, sociales y ambientales en la salud
  - Ejemplo: Pagar por la atención medica. La geografía..
- Utilizar las redes existentes para conectarse y abogar por personas de diversos orígenes
  - Ejemplo: Vinculaciones a fuentes de referencia.

Los investigadores examinaron los factores de protección de la salud específicamente para los jóvenes Nativos Americanos/Nativos de Alaska[2]. Encontraron que existen factores protectores individuales, familiares, comunitarios y multinivel para el consumo de alcohol, sustancias, suicidio y depresión. Entre los puntos en común se incluyen el modelado a seguir, las relaciones positivas con los adultos, las oportunidades de contribuir y las actividades extracurriculares. Estos autores recomiendan que los profesionales de la salud:

- Identificar y utilizar factores de protección para mejorar la salud
- Proporcionar compromiso para identificar fortalezas, en lugar de centrarse únicamente en los déficits

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

Práctica Legal y Ética

La recopilación del consentimiento para el tratamiento de los trastornos por consumo de sustancias es una práctica ética y legal. La protección de la información sobre el uso de sustancias recopilada mediante el suministro de tratamiento es requerida en virtud de 42 C.F.R. Parte 2.

Puede encontrar información adicional sobre prácticas legales y éticas y requisitos aquí:

- 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://contexture.org/hie-onboarding-arizona/
- Legal Action Center:
    - 42 CFR part 2 - Toolkit https://www.lac.org/resource/the-fundamentals-of-42-cfr-part-2
- Substance Abuse and Mental Health Services Administration (SAMHSA)) (última actualización de abril de 2020): https://www.samhsa.gov/about-us/who-we-are/laws-regulations/confidentiality-regulations-faqs

Otras cuestiones legales y éticas para considerar son la desviación y el robo. Estos son otros recursos para ayudar a minimizar estos riesgos.

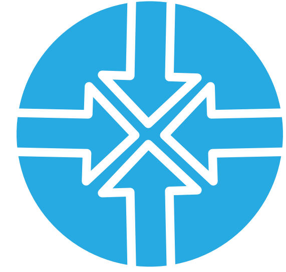
- Arizona State Board of Pharmacy, Controlled Substances Prescription Monitoring Program: https://pharmacypmp.az.gov/
- United States Department of Justice, Drug Enforcement Administration Diversion Control Division: https://www.deadiversion.usdoj.gov/

Cambios en los requisitos para el tratamiento del OUD

Para recetar buprenorfina para el tratamiento del trastorno por uso de opioides, un registro de la DEA ahora es suficiente. Los solicitantes de registro nuevos o renovados de la DEA deben cumplir con ciertos requisitos de capacitación. Para obtener más información sobre los requisitos de capacitación y la lista de organizaciones aprobadas que ofrecen horas de CME, visite:

https://www.samhsa.gov/medications-substance-use-disorders/training-requirements-mate-act-resources

Trastornos por Consumo de Sustancias: Intersección de Factores



En 2016, el ex Cirujano General publicó el primer informe sobre alcohol, drogas y salud. Este informe completo aborda cuestiones de neurobiología, prevención, tratamiento, recuperación, atención integral de salud conductual y política. Proporciona estrategias concretas para abordar las preocupaciones relativas al consumo de sustancias en una variedad de entornos para diversas poblaciones. El capítulo 6 está dedicado a los sistemas de atención de la salud. En 2018, el actual Cirujano General brindó un foco en opioides que ofrece razones para el optimismo, el tratamiento y la información de recuperación. Los enlaces se pueden encontrar aquí:

- Visite el sitio web del Cirujano General sobre alcohol, drogas y salud: https://addiction.surgeongeneral.gov/
    - Ver el informe completo de 2016: https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf
    - Ver un foco de 2018 sobre los opioides: https://addiction.surgeongeneral.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

Uso de opioides y múltiples substancias

El Departamento de Servicios de Salud de Arizona (ADHS) proporciona datos en tiempo real sobre la epidemia de opioids. Este tablero se vincula al plan de acción de opioides de Arizona y al programa de educación para prescriptores. Este tablero destaca el uso de múltiples substancias como un aspecto importante de la sobredosis de drogas. Desde 2017, ADHS indica 48% de las sobredosis reportadas en Arizona involucraron más de un medicamento. Al 20 de agosto de 2021, el fentanilo (31.6%), la heroína (15.4%), las benzodiacepinas (14.9%) y la oxicodona (13.7%) eran los más prevalentes. Estos datos se actualizan regularmente– por favor visite el sitio web para las últimas estadísticas.

- ADHS Opioid Epidemic: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/index.php
- Arizona Prevention Resources (desplazarse hacia abajo para ver una lista de recursos específicos para los trastornos del uso de opioides): https://goyff.az.gov/content/arizona-substance-abuse-prevention-resource

Educación Sobre el Riesgo de Uso de Sustancias

Las personas tienen un bajo conocimiento general de opioides, sobredosis y respuestas a sobredosis[1]. Es importante destacar que estos investigadores también encontraron niveles de conocimiento más altos se asociaron con mayores probabilidades de sobredosis de por vida. Esto pone de relieve la complicada relación entre información y comportamiento, y la necesidad de atención en la forma en que los proveedores se comunican con los pacientes acerca de los opioides y sus riesgos.

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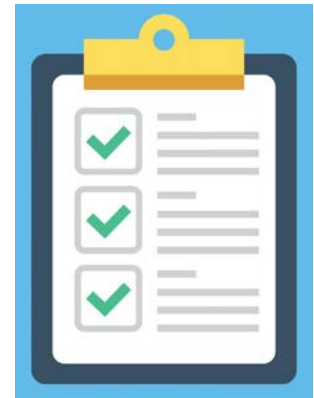
1 Dunn KE, Barrett FS, Yepez-Laubach C, et al. Opioid overdose experience, risk behaviors, and knowledge in drug users from a rural versus an urban setting. *J. Subst Abuse Treat*. 2016; 71: 1-7. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5034762/

Detección, Intervención Breve y Derivación al Tratamiento (SBIRT)

Visión general



SBIRT (examen, breve intervención, y referencia al tratamiento) es un enfoque de salud pública y poblacional para identificar, intervenir y referir a las personas que necesitan uso de sustancias, mal uso y servicios y apoyos de adicciones. Está basado en evidencia y se ha implementado en una variedad de entornos. SBIRT es efectivo para abordar el consumo nocivo de alcohol, pero algunos estudios demuestran resultados mixtos1. Es importante evaluar la gravedad de los pacientes y responder apropiadamente. Mientras que la evidencia es preliminar, Bernstein y D'Onofrio expandieron el enfoque de SBIRT para iniciar medicamentos para el tratamiento de la nicotina y el uso de opioides. Encontraron resultados asegurando la reducción/eliminación del uso y la vinculación con la atención de OUD.

Cómo funciona

1. Examen de detección: Todos los pacientes son examinados utilizando herramientas de cribado con una especificidad y sensibilidad aceptables. Las herramientas de cribado identifican a aquellos que pueden beneficiarse de exámenes adicionales y/o una breve intervención/tratamiento. Las pruebas de detección pueden ser progresivas. Es decir, el cribado podría comenzar con una pregunta sobre el uso de sustancias durante un período de tiempo específico y avanzar hacia un cribado más completo si se indica. Según los resultados de la detección, los proveedores pueden:
   a. afirmar los comportamientos saludables de un paciente,
   b. ofrecer a los pacientes exámenes de detección adicionales
   c. ofrecer referencia a otros servicios o apoyos
2. Intervención/Tratamiento Breve: Basado en los resultados de la detección, los proveedores pueden ofrecer una breve intervención/tratamiento basado en la oficina. Los tratamientos pueden incluir: (a) medicamentos como buprenorfina y (b) comportamiento como Entrevista Motivacional 2.
3. Referencia: Los proveedores pueden ofrecer referencias al tratamiento del trastorno por consumo de sustancias especiales u otros servicios y apoyos (por ejemplo, asesoramiento familiar).

A continuación, encontrará recursos adicionales para implementar SBIRT.

"Información general

- 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

Entrenamiento Profesional, Prácticas Basadas en Evidencias y Recursos de Asistencia Técnica

- Addiction Technology Transfer Center: https://attcnetwork.org/centers/northwest-attc/screening-brief-intervention-and-referral-treatment-sbirt
- Entrenamientos de entrevistas motivacionales
    - Center for Applied Behavioral Health Policy: https://careercatalyst.asu.edu/programs/motivational-interviewing/
    - Motivational Interviewing Network of Trainers: https://motivationalinterviewing.org/
- SAMHSA Evidence-based Practices Resource Center (search for SBIRT): https://www.samhsa.gov/ebp-resource-center
- SBIRT Education: https://bigsbirteducation.webs.com/

Herramientas y ejemplos de implementación

- IRETA: https://ireta.org/resources/sbirt-toolkit/
- Massachusetts Clinicians Resources: https://masbirt.org/resources/
- SBIRT Oregon:
    - Descripción general YouTube Video: https://www.youtube.com/watch?v=jt_I2Yg2Ik4
    - Hojas de referencia: http://www.sbirtoregon.org/clinic-tools/
    - Aplicación informática de detección. En Inglés y Español: http://sbirtapp.org/language

Exámenes de detección y evaluaciones

- 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. Incluye exámenes de detección y evaluación de los socorristas: https://www.samhsa.gov/resource/ebp/opioid-overdose-prevention-toolkit

Reducir el Estigma

¿Qué es el estigma?

El estigma es "Un proceso social que es caracterizado de los estereotipos negativos y la separación que causa la perdida de estatus y la discriminación. Todo esto ocurre en el contexto del poder" [1]. El estigma puede afectar el trato justo e igualitario de las personas que viven con ciertas condiciones, como el consumo de sustancias y la salud mental. Consumo de sustancias y la salud mental son dos de las siete condiciones de salud que comparten estigma común (ver más abajo).

¿Qué impulsa el Estigma?[1]

- Actitudes negativas[2]
- Miedo[2]
- Creencias[2]
- Falta de conciencia sobre la condición y el estigma[2]
- Incapacidad para controlar clínicamente la condición[2]
- Procedimientos y prácticas institucionales[3]

¿Cuáles son las consecuencias del estigma en la atención médica?

- Denegación de atención
- Atención subentender
- Abuso físico/verbal
- Tiempos de espera más largos
- Pasar pacientes a colegas junior
- Socavar el acceso al diagnóstico, el tratamiento y los resultados positivos de salud
- Los trabajadores de la salud pueden estar viviendo con una condición estigmatizada y reacios a buscar ayuda

¿Cuáles son las estrategias basadas en la evidencia para reducir o eliminar el estigma en la atención médica?

- La prevención del uso y el uso indebido de sustancias es una estrategia basada en la evidencia. Al eliminar o reducir el uso indebido de sustancias y la adicción, podemos ayudar eliminar el estigma.
- Incluyendo a las personas con la condición estigmatizada para ayudar a mejorar la empatía y eliminar los estereotipos en el cuidado de la salud
- Proporcionar información sobre la afección y el estigma asociado
- Participar en el aprendizaje participativo entre los participantes involucrados (es decir, trabajadores de la salud; pacientes)
- Desarrollar habilidades para que los trabajadores de la salud mejoren sus habilidades para trabajar con personas en grupos estigmatizados
- Empoderar a las personas para que reconozcan su trastorno por consumo de sustancias para superar el estigma de sí mismo, social y estructural.
- Hacer cambios estructurales o de política en la atención de la salud.

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

3 Tyndall M, & Dodd Z. How structural violence, prohibition, and stigma have paralyzed north American responses to opioid overdose. AMA J Ethics. 2020;22(8):E723-728. doi: 10.1001/amajethics.2020.723

¿Cómo promovemos el idioma de 'persona primero'?

- Hay que reconocer que las personas no son su diagnóstico o deficiencia
- Usar términos o frases como "persona con preocupación por el consumo de sustancias" o "trastorno" en lugar de "abusador de sustancias"
- Reducir el uso del lenguaje que puede ser percibido como juicioso. Por ejemplo, dígale al paciente que su análisis de orina fue "negativo" para sustancias en lugar de que estaba "limpio".
- Permitir que los pacientes utilicen sus propios términos para identificarse (es decir, estoy en recuperación adicto) pero como ayudar a los profesionales a abstenerse de usar estos términos

¿Por qué es importante el idioma de la persona primero? [1]

- El término "abuso" de drogas está implícitamente relacionado con el abuso emocional, físico o sexual
- Un estudio encontró que los médicos eran más propensos a culpar a un paciente cuando fueron descritos como un abusador de sustancias frente a una persona con un trastorno por consumo de sustancias
- Las personas que se sienten estigmatizadas pueden ser menos propensas a buscar tratamiento o más probabilidades de abandonar
- El uso del lenguaje persona-primera ayuda a empoderar a los pacientes para buscar ayuda y manejar sus condiciones

Otros Recursos

SAMHSA y otros han desarrollado muchos recursos para ayudar a educar a los proveedores y comunidades sobre el estigma asociado con los trastornos por consumo de sustancias. Los siguientes enlaces pueden ser útiles.

- 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
- Esta es una discusión en panel de una hora sobre la investigación y las prácticas relacionadas con el estigma: 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

Trauma Primaria y Secundaria y el Daño Moral

Trauma Primaria:

Las personas que cuidan a otras personas pueden tener un trauma secundario. El histórico estudio Adverse Childhood Experiences demostró una mayor proporción de personas con cuatro o más ACE reportan el uso de sustancias/mal uso y condiciones de salud mental[1]. Si no se abordan, estas experiencias adversas pueden seguir influyendo negativamente en la salud física y emocional de un individuo. Estos son traumas primarios. Por ejemplo, las personas que experimentan un mayor número de ACE también tienen un mayor riesgo de padecer comportamientos de salud como el tabaquismo, el consumo excesivo de alcohol, la sobredosis de drogas y las enfermedades crónicas (por ejemplo, enfermedades cardíacas).[2] Los científicos sugieren que el mecanismo para estos problemas es el estrés tóxico. El estrés tóxico se define como la sobre activación de la respuesta al estrés que puede afectar la atención, el funcionamiento ejecutivo, el comportamiento de los impulsos y otros problemas.[2] Estos son similares a los mecanismos neurobiológicos de la adicción.[3]

Prevención de la Trauma Primaria

Los esfuerzos de prevención para interrumpir la transmisión generacional del trauma primario incluyen la detección y la educación de las madres embarazadas y de crianza sobre las ACE durante las visitas pediátricas[4]. Racine [5] examinó la economía de invertir en intervenciones de la primera infancia. El investigador concluyó que las inversiones marginales en intervenciones de la primera infancia, independientemente del entorno, producen beneficios económicos.

Trauma secundario:

Las personas que cuidan a otras personas pueden experiencar un trauma secundario. Esto es especialmente relevante para los primeros respondedores, los proveedores de atención médica, el personal militar y los miembros de la familia. Asegurándose que los cuidadores también cuiden sus propias necesidades es esencial para prevenir o reducir el estrés traumático secundario (STS)[6]. Los estudiosos sugieren que la empatía puede ser tanto un factor protector como de riesgo para el STS que puede ser mitigado por el cuidado personal, el desapego (capacidad de separarse del trabajo), el sentido de satisfacción (cumplimiento en el trabajo y la vida) y el apoyo social. Para ver mas recursos visita: https://ovc.ojp. gov/program/vtt/what-is-vicarious-trauma

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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.

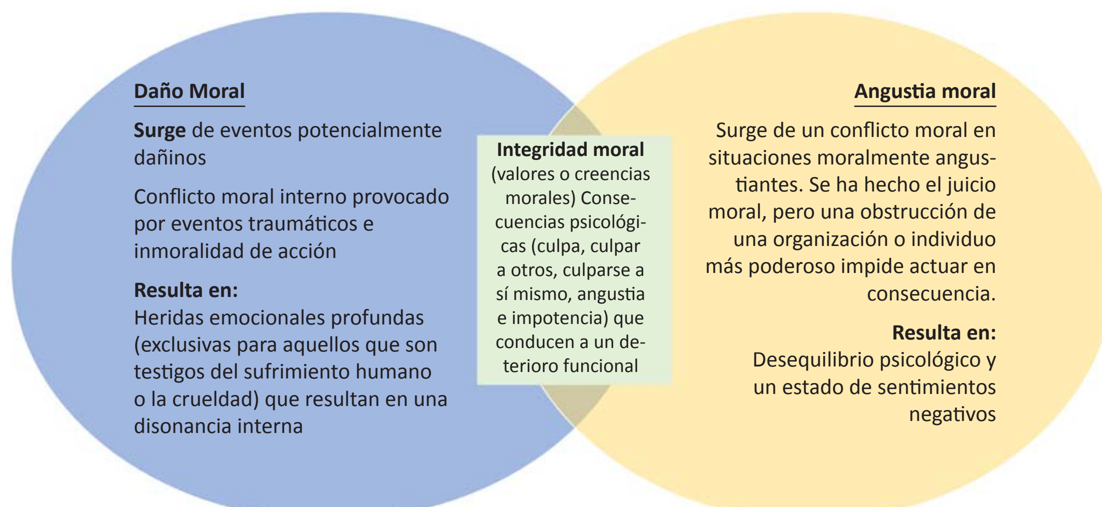
5 Racine AD. The economics of child development. In: RD Briggs, ed. *Integrated early childhood behavioral health in primary care.* Springer International Publishing; 2016.

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

El Daño Moral y Angustia

El término daño moral lo creo un psiquiatra trabajando con veteranos de la guerra de Vietnam. El psiquiatra noto que los veteranos estaban sufriendo de algo diferente, que no era Trastorno de estrés postraumático. El psiquiatra concluyo que los veteranos estaban sufriendo de daño moral[1]. Investigadores y académicos han estado reexaminando el concepto del daño moral para proveedores de salud considerando COVID-19. Una reciente revisión tuvo el objetivo de definir y diferenciar el daño moral y la angustia en las áreas médicas para estimular mas investigaciones. El daño moral puede ocurrir cuando los proveedores de atención médica tienen que tomar decisiones difíciles sobre la atención del paciente, participar o presenciar acciones que no están alineadas con los valores o creencias, o no actúan de una manera alineada con sus valores o creencias. Esto puede resultar en culpa, vergüenza o angustia.[2] Pasos para abordar daño moral son:

- Hablar con colegas después de situaciones difíciles en el trabajo,
- Prestar atención,
- Alentar el uso de programas de asistencia a los empleados o los servicios de salud conductual,
- Normalizar los problemas abordándolos en supervisión, reuniones o actividades de educación continua.



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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Recursos sobre Trauma Primario:

- Centers for Disease Control y Prevention ACEs Sitio web: https://www.cdc.gov/violenceprevention/aces/index.html
- Dr. Nadine Burke Harris's TedTalk en ACEs y la salud (15 minutos): 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 iniciativa dedicada a ACEs: https://goyff.az.gov/content/adverse-childhood-experiences-aces

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.

Recursos sobre Trauma Secundario:

- Administration for Children Youth and Families: https://www.acf.hhs.gov/trauma-toolkit/secondary-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/secondary-traumatic-stress

Recursos del Daño Moral y Angustia

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

Exámenes de detección y tratamientos:

- 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

Recursos de Práctica de OUD Nacionales y Estatales

Agency for Healthcare Research and Quality (AHRQ)

AHRQ desarrolló varios recursos y herramientas para implementar MAT en las zonas rurales. También desarrollaron el libro de prácticas de implementación. El manual de estrategia ayuda a guiar las necesidades y procesos de toma de decisiones e implementación (por ejemplo, personal; capacitación; políticas/procedimientos). A continuación, se muestran los enlaces.

- MAT para el manual de estrategia sobre el trastorno de opioides: https://integrationacademy.ahrq.gov/products/mat-playbook/medication-assisted-treatment-opioid-use-disorder-playbook
- Recursos para el uso de opioides y sustancias: https://integrationacademy.ahrq.gov/products/opioid-substance-use-resources

American Society of Addiction Medicine (ASAM)

En 2020, ASAM revisó sus directrices de 2015 para el tratamiento del uso de opioides. La versión 2020 añade varias revisiones. Un tema general fue la importancia de proporcionar tratamientos de medicamentos incluso si (a) la evaluación integral no está completa o (b) el paciente no quiere participar o no hay tratamientos psicosociales disponibles. Se recomendó que las entrevistas o mejoras motivacionales pudieran utilizarse para apoyar a los pacientes en la participación en tratamientos psicosociales.

- El enlace te directa al resumen ejecutivo de la actualización 2020 se encuentra aquí: https://www.asam.org/Quality-Science/quality/2020-national-practice-guideline

SAMHSA

SAMHSA tiene varios recursos para ayudar a los proveedores a implementar MAT. A continuación, se presentan varios recursos, incluido el protocolo de mejora del tratamiento MAT de SAMHSA (TIP 63) para medicamentos para el trastorno por uso de opioides. TIP 63 proporciona información para profesionales de la atención de la salud y las adicciones, responsables políticos, pacientes y familias.

- Orientación clínica para el tratamiento de mujeres embarazadas y padres con trastorno por uso de opioides y sus bebés: https://www.samhsa.gov/sites/default/files/faqs-for-oud-prescribing-and-dispensing.pdf
- Prácticas basadas en la evidencia con respecto a los opioides: https://www.samhsa.gov/resource-search/ebp
- Medicaciones para el trastorno de opioides: https://www.samhsa.gov/medications-substance-use-disorders
- TIP 63: https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP21-02-01-002

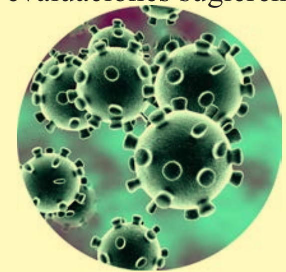
Minimizar la reducción de riesgos/daños

La investigación muestra que las personas pueden entrar y salir de la recuperación a lo largo de su vida[1]. Minimizar los riesgos o daños asociados con el consumo de sustancias es un aspecto importante de la atención. Estos son algunos recursos para minimizar la reducción de riesgos/daños:

- 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:
    - https://spwaz.org/media-and-publications/

COVID-19 y el trastorno por uso de opioides

La pandemia de COVID-19 continúa interrumpiendo las formas en que las intervenciones y los tratamientos de trastorno por uso de opioides son facilitadas. Adicionalmente, las evaluaciones sugieren que la sobredosis continúa siendo un problema de salud publica (consulte la sección 'Diseases of Despair' para obtener recursos sobre la sobredosis). Varias agencias y organizaciones han ofrecido orientación y recomendaciones para ayudar a responder a los pacientes con trastorno por uso de opioides. Aquí hay algunos enlaces relevantes.



- Advancing Health Equity, Addressing Disparities (AHEAD AZ). https://crh.arizona.edu/programs/ahead-az
- State Office of Rural Health: https://crh.arizona.edu/programs/sorh
- 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/people-who-are-immunocompromised.html
- University of Arizona Mobile Health Units. https://www.publichealth.arizona.edu/outreach/primary-prevention-mobile-health-unit
- 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.

Otros recursos

- 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/resources/

Buprenorphine Induction and Dosing

- ASAM, Induction without withdrawal: https://elearning.asam.org/products/induction-without-withdrawal-buprenorphinenaloxone-micro-dosing#tab-product_tab_overview
- California Society of Addiction Medicine Education Center, Simplifying treatment of pain and opioid use disorder: Transition with microdoses of buprenorphine: https://cme.csamasam.org/content/simplifying-treatment-pain-and-opioid-use-disorder-transitioning-microdoses-buprenorphine-0#group-tabs-node-course-default1

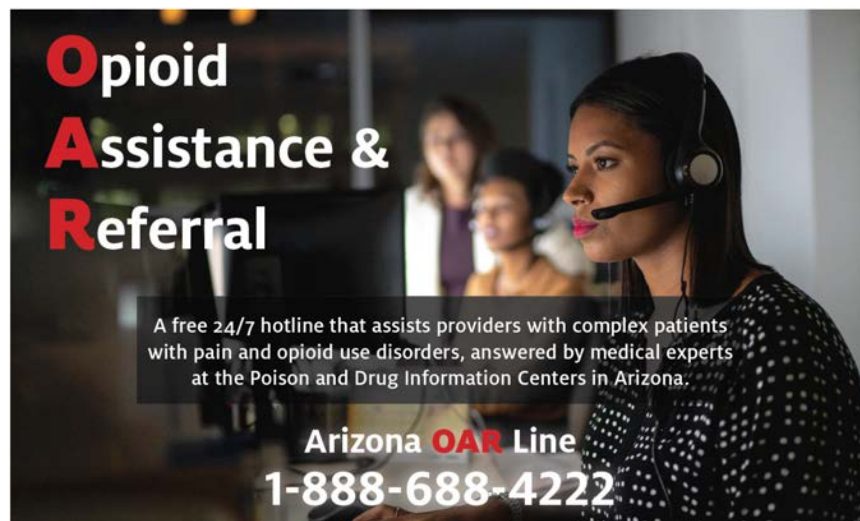
Tiras reactivas de fentanilo, programas de servicio de jeringas y naloxona

- Tiras reactivas de fentanilo. Arizona's SB 1486 despenaliza las tiras reactivas de fentanilo. Esto permite que las personas que usan drogas prueben medicamentos que no son regulados. Esto es un importante método de reducción de riesgos / daños basados en evidencia.
- Programas de servicio de jeringas. Arizona's SB 1250 permite a las organizaciones de Arizona acomodar programas de servicios de jeringas. Los servicios de jeringas previenen eficazmente el sobredosis y las enfermedades al ofrecer a las personas que se inyectan drogas la eliminación segura y el acceso a equipos de inyección estériles, herramientas de prevención de sobredosis y enlaces para la atención del tratamiento / recuperación de trastornos por uso de sustancias y enfermedades infecciosas.
  - o Center for Disease Control and Prevention. Syringe Services Program (SSP): https://www.cdc.gov/ssp/index.html
- Naloxona. Es fundamental garantizar que las personas que consumen drogas, y sus familiares y amigos tengan acceso al fármaco de reversión de opioides que posiblemente salve vidas, la naloxona. Esto incluye ofrecer naloxona a pacientes con sobredosis o con riesgo de sobredosis y opioides recetados.
  - o Arizona Center for Rural Health:
    - Community naloxone trainings: https://crh.arizona.edu/programs/naloxone
  - 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 y Recursos de OUD

Las organizaciones interesadas de Arizona SUD y OUD crearon entrenamientos y recursos en torno a la prevención, el tratamiento y otro apoyo de servicio. Algunos de estos incluyen lo siguiente:

- Arizona Center for Rural Health Overdose Data to Action (OD2A): https://crh.arizona.edu/programs/prescription-drug-misuse-abuse-intitiative
- Arizona Health Care Cost Containment System: https://www.azahcccs.gov/Members/BehavioralHealthServices/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://libguides.asu.edu/CenterAppBehHea
- 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
    - Comprehensive Pain and Addiction Center resource hub- organization strategies to promote well-being, here: https://cpac.arizona.edu/education
- 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/



Comunidades Indígenas

Hay 22 tribus Indígenas/ Nativas Americanas reconocidas a nivel nacional en Arizona. Muchas comunidades tribales experiencian tasas sustanciales de sobredosis de uso de opioides y han desarrollado respuestas relevantes y efectivas al uso de sustancias, mal uso y adicción. A continuación, se presentan los recursos para ayudar a abordar el uso de sustancias entre las tribus Indígenas/ Nativas Americanas.

- 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
- TedTalk, Decolonizing Substance Use & Addiction, Len Pierre: https://www.ted.com/talks/len_pierre_decolonizing_substance_use_addiction
- 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

El Two-Eyed Seeing Framework[1]

El Two Eyed Seeing Framework es un marco conceptual que se refiere a las fortalezas de las culturas Indígenas y occidentales. Se puede ver las fortalezas de las culturas Indígenas al mismo tiempo que se ven las fortalezas de las cultural occidentales. Al reconocer las fortalezas de ambos, se ofrece una perspectiva equitativa y holística para la educación, la investigación y la atención médica. El programa de AzMAT Mentors resalta estos atributos auténticos como lo describen Wright et al. para participar en consultas colaborativas:

- Conocimiento y apreciación del bienestar espiritual
- Habilidades de comunicación efectiva
- Construyendo relaciones de confianza y equitativas
- Paciencia en el proceso
- Adopción de una perspectiva basada en las fortalezas
- Honrados unos con otros
- Abiertos al cambio
- Participar en la autorreflexión sobre los propios valores, perspectivas, y creencias
- Reconocer y valorar los puntos en común y las diferencias en las perspectivas

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

Cómo interactuar respetuosamente con los pueblos y la tierra indígenas[1]

- Reconozca las tierras originales
    - Generalmente hecho al comienzo de una reunión / evento
- Presentarte
    - Quien eres
    - Hay que reconocer que es necesario ser consciente y desafiar el equilibrio de poder desigual a nivel comunitario, personal y social. En un ambiente culturalmente seguro, todas las personas saben que se respeta su origen cultural.
- Compromiso y respeto por estos dominios:
    - Emocional (corazón)
    - Espiritual (espíritu)
    - Cognitivo (mente)
    - Físico (cuerpo)
- Sea consciente de sus propios prejuicios y microagresiones
    - Una micro agresión es una "indignidad verbal, conductual o ambiental diaria, breve y común, sea intencional o no, que comunica desaires hostiles, derogatorios o negativos, invalidaciones e insultos a un individuo o grupo debido a su estatus marginalizado en la sociedad." *

    * This quote was translated into Spanish. The original quote states, "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/

Opioid use disorder and behavioral health services for people who are AI/AN in Northeastern Arizona

BACKGROUND

In Northeastern Arizona, for the American Indian/Alaska Native (AI/AN) population, there are a multitude of healthcare service delivery organizations available to help individuals with opioid use disorder (OUD), including the (a) Indian Health Service, (b)Tribal Healthcare Organizations, and (c) Tribally Operated Health Programs, each with its unique structure and service delivery type. Their services range from clinical treatment and management to prevention-focused health promotion (see Table 1). This quick guide is designed for two purposes: (1) to provide an overview of these healthcare delivery organizations and (2) to help the AI/AN population and individuals serving them living in rural Northeast Arizona (Apache and Navajo County) navigate the different types of resources available for individuals with OUD.

A. INDIAN HEALTH SERVICE (IHS)

The IHS, an agency within the United States Department of Health and Human Services, is responsible for providing federal health services to people who are AI/AN. Its goal is to raise their health status to the highest possible level.[1] The IHS provides a comprehensive health service delivery system for approximately 2.6 million AI/AN people who belong to 574 federally recognized tribes in 37 states, including OUD services.[1] IHS facilities usually have the highest level of in-patient care compared to the other two health service delivery types covered in the next sections.

The IHS is divided into twelve regions, known as areas, throughout the U.S. Each area is comprised of regional tribes with a centrally located area office acting as a headquarters. Three IHS areas operate in Arizona, with two serving the AI/AN population in Northeastern Arizona, the Navajo Area and Phoenix Area. The Navajo Area Office is located in St. Michaels, AZ and the Phoenix Area Office located in Phoenix, AZ. The Navajo Area includes all of the Navajo Reservation, while the Phoenix Area includes Hopi and White River tribes.

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

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IHS 6
IHS 9
IHS 3
IHS 4
IHS 7
IHS 8
IHS 1
IHS 10
IHS CAH 5
COCONINO
ARIZONA
NAVAJO
YAVAPAI
APACHE
GILA
IHS 2
IHS 11
Ft Apache Reservation
GREENLEE
GRAHAM

U.S. Indian Health Service Sites in Navajo and Apache County:

1. Chinle Comprehensive Health Care Facility
PO Box "PH" | Chinle, AZ 86503
Phone: 928-674-7001
ihs.gov/navajo/healthcarefacilities/chinle/

2. Cibecue Health Center
West Cromwell Road | Cibecue, AZ 85911
Phone 928-332-2560
ihs.gov/phoenix/healthcarefacilities/whiteriver/

3. Dennehotso Health Station
Highway 160 | Dennehotso, AZ 86535

4. Four Corners Regional Health Center
US Hwy 160 & Navajo Route 35 HC 61 Box 30 | Teec Nos Pos, AZ 86514

5. Hopi Health Care Center
PHS Indian Health Services | PO Box 4000 | Polacca, AZ, 86042
Phone: 928-737-6000
ihs.gov/phoenix/healthcarefacilities/hopi/

6. Inscription House Health Center
PO Box 7397 | Shonto, AZ 86054
Phone: 928-672-3000
ihs.gov/navajo/healthcarefacilities/inscriptionhouse/

7. Kayenta Health Center
P.O. Box 368 | Kayent, AZ 86033
Phone:

8. Pinon Health Center
Navajo Route 4 (2 miles East of Pinon) | Pinon, AZ 86510
Phone: 928-725-9500
ihs.gov/navajo/healthcarefacilities/pinon/

9. Rock Point Field Clinic
Rock Point, AZ

10. Tsaile Health Center
PO Box C21 | Tsaile, AZ 86556
Phone: 928-724-3600
ihs.gov/navajo/healthcarefacilities/tsaile/

11. White River Indian Hospital
200 W. Hospital Drive | Whiteriver, AZ, 85941
Phone: 928-338-4911
ihs.gov/phoenix/healthcarefacilities/whiteriver/

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B. TRIBAL OPERATED HEALTHCARE ORGANIZATIONS (PL-638 SITE)

Another type of health service model is the Tribally Operated Healthcare model, also known as a PL-93-638 organization. Through the Indian Self-Determination and Education Assistance Act (ISDEAA), tribal organizations are authorized to contract with the federal government to administer and operate certain programs for tribal members, like education and health services. So, PL-93-638 facilities are operated by tribally approved non-profit organizations with a local board of directors. These organizations provide healthcare services that IHS would otherwise provide.

Tribal Operated Healthcare Organizations Sites:

1. Dilkon Health Clinic
Navajo Route 60 | Dilkon, AZ 86047

2. LeChee Health Facility
PO Box 4810 | Page, AZ 86040
Phone: 928-698-4900
https://tchealth.org/lechee/index.html

3. Nahat'aDziil Health Center
Chih Toh Boulevard | Sanders, AZ 86512
Phone: 928-688-5600
https://www.fdihb.org/nahatadziil

4. Sacred Peaks Health Center
6300 North Highway 89 | Flagstaff, AZ 86004
Phone: 1-866-976-5941
https://tchealth.org/sacredpeaks/index.html

5. Sage Memorial Hospital
US Route 191 & State Route 264| Ganado, AZ 86505
Phone: 928-755-4500
https://sagememorial.com/

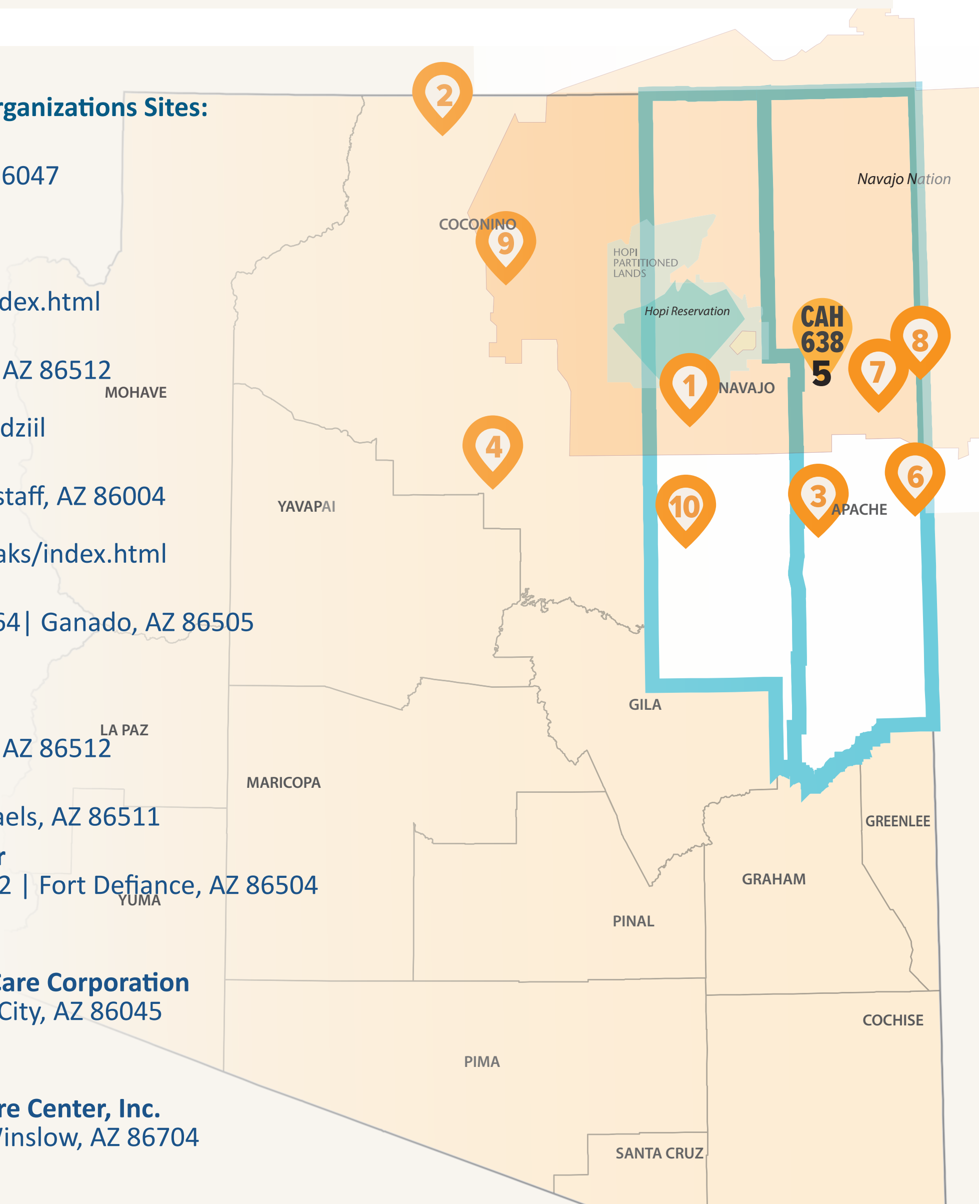
6. Sanders Health Clinic
Post Office Box 489 | Sanders, AZ 86512

7. St. Michael's Health Clinic
Post Office Box 370 | St. Michaels, AZ 86511

8. Tsehootsooi Medical Center
Corner of Navajo Routes 7 & 12 | Fort Defiance, AZ 86504
Phone: 928-729-8000
www.fdihb.org

9. Tuba City Regional Health Care Corporation
167 North Main Street | Tuba City, AZ 86045
Phone: 1-866-976-5941
https://tchealth.org/

10. Winslow Indian Health Care Center, Inc.
500 North Indiana Avenue | Winslow, AZ 86704
Phone: 928-289-4646
https://www.wihcc.com/



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C. TRIBAL OPERATED DEPARTMENTS OF HEALTH

A separate but equally important group of healthcare organizations are tribe's respective departments of health. Structured according to each tribes needs and funding sources, tribal departments of health work primarily in the prevention and health promotion areas, relying on IHS or PL-93-638 organizations for intensive in-patient treatments. Typically, health departments do not operate or have hospital structures. However, depending on the tribe, some employ acute care providers, in-patient behavioral health treatment programs, and licensed clinical psychologists.

Hopi Department of Behavioral Health Services

The Hopi Department of Behavioral Health Services provides counseling services for individuals and families experiencing psychological and social difficulties utilizing a multidisciplinary team approach.[3] The services within the Department include a mental health program, substance use disorder program, family/child mental health program, and the "I'm for Life" Grant Program (Substance Abuse and Mental Health Services Administration - Native Connections Grant).[3]

- Hopi Department of Behavioral Health Services: hopi-nsn.gov/department-behavioral-health-services/

Navajo Department of Health

The Navajo Department of Health is committed to the health and well-being of the Navajo People. The Department has 14 separate programs funded by various agencies.[4] The Department of Health delivers a variety of health services in the areas of nutrition, aging, substance use disorder, outreach, and emergency medical services, working in close partnership with state, federal, and local partners.[5]

Division of Behavioral & Mental Health Services

- The Navajo Nation Department of Behavioral and Mental Health Services (DBMHS) coordinates and develops quality culturally-responsive behavioral treatment services across the Navajo Nation. It specializes in comprehensive alcohol and substance use prevention, education, treatment, and after-care services.[6]
- Navajo Tribal Brochure of Services Available: https://www.nndbmhs.org/wp-content/uploads/2020/08/DBMHS_Programs-Brochure_Download.pdf

White Mountain Apache Behavioral Health Services (WMABHS)

Services at WMABHS are available at low or no cost to members of the White Mountain Apache Tribe and those living on the Fort Apache Reservation.[7] WMABHS has multiple locations on the Fort Apache Reservation. It offers credentialed clinical staff to work with individuals, groups, and families. WMABHS offers resources, treatment, and healing for the whole person: mental, emotional, and social.[7]

- White Mountain Apache Behavioral Health Services Website: https://www.wmabhs.org/services

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TABLE 1. SERVICES BY HEALTHCARE DELIVERY SERVICE ORGANIZATION.*

Types of Healthcare Organizations	Clinical Providers (M.D.s, D.O.s, N.P.s, etc.)	OUD Medication Assisted Treatment (MAT Services)	Community Prevention Programs (SUD/OUD Outreach Services)	In-patient clinical SUD/OUD Services	Outpatient clinical SUD/OUD Services	Peer Support Programs	AA, Group Therapy	Residential Substance Use Care	Traditional/ Cultural Based Services
Indian Health Service Facilities	X	X	X	X	X	X	X	X	X
Tribal Healthcare Organizations (PL-638)	X	X	X	X	X	X	X	X	X
Hopi Department of Health			X		X	X	X		X
Navajo Department of Health			X		X	X	X	X	X
White Mountain Apache Behavioral Health Services			X		X	X	X		X

*All information was taken from respective websites prior to 8/31/2022. Contact information can be found listed by each organization throughout the guide.
Acronyms: AA = Alcoholics Anonymous, DO = Doctor of Osteopathic Medicine, MAT= medication assisted treatment, MD = Medical Doctor, NP = Nurse Practitioner, OUD = Opioid Use Disorder, SUD = Substance Use Disorder

A map of these and other health care facilities is available here: https://crh.arizona.edu/sites/default/files/2022-08/20220817_RuralSafetyNetMap.pdf

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References:
[1] Indian Health Service (IHS). About IHS. Accessed August 30, 2022. https://www.ihs.gov/aboutihs/
[2] Indian Health Service (IHS). Title I. Office of Direct Service and Contracting Tribes. Accessed August 31, 2022 https://www.ihs.gov/odsct/title1/
[3] The Hopi Tribe. Department of Behavioral Health Services. Updated August 2022. Accessed August 31, 2022 https://www.hopi-nsn.gov/department-behavioral-health-services/
[4] Navajo Department of Health. Navajo Nation Division of Behavioral and Mental Health Services. Updated 2022. Accessed August 31, 2022. https://ndoh.navajo-nsn.gov/
[5] The Navajo Nation. Official Site of the Navajo Nation. Updated 2022. Accessed August 30, 2022. http://www.navajo-nsn.gov/
[6] Navajo Department of Health. Navajo Nation Division of Behavioral and Mental Health Services - Treatment and Services. Updated 2022. Accessed August 31, 2022. https://www.nndbmhs.org/
[7] Apache Behavioral Health Services. Services. Updated 2018. Accessed August 30, 2022. https://www.wmabhs.org/services

Enfermedades de la Desesperación: Uso de Sustancias, Riesgo de Suicidio y Sobredosis

El consumo de sustancias se asocia con un mayor riesgo de suicidio. En los Estados Unidos, los factores de riesgo de suicidio y sobredosis involuntaria son:[1]

- dos veces más alto para los hombres en comparación con las mujeres,
- más alto para las personas que se identificaron como blancas o nativas americanas,
- más alto en la mediana edad (41-64 años), y
- más alto para las personas con otras condiciones de salud mental.

Los estudiosos reconocen la relación entre el consumo de sustancias y la pobreza.[2] Comunidades impactadas dependen de los trabajos de fabricación o servicio (incluidos los militares) poniendo a las personas en riesgo de heridas. Las heridas que resultan en dolor crónico, incapacidad para trabajar y limitan el apoyo social pueden aumentar el riesgo de uso incorrecto de opioides recetados y sobredosis[2].

Las personas que se identifican como lesbiana, gay, bisexual o transgénero (LGBT) corren un mayor riesgo de suicidio si hacen mal uso de las sustancias.[3] Para las poblaciones LGBT, el mal uso de sustancias puede ser un mecanismo de afrontamiento para la victimización experimentado, lo que puede aumentar el riesgo de suicidio.

Empleo anterior: Cirujano General Vivek H. Murthy, MD dijo que la soledad es un importante problema de salud pública. Mientras escucha a sus pacientes, el Dr. Murthy indica que las personas que se mueven en recuperación de mal uso y adicción informaron relaciones de confianza ayudaron a facilitar su recuperación.[4]

Estos son algunos recursos para abordar el suicidio y la sobredosis:

- ADHS, Información de Naloxone: https://www.azdhs.gov/prevention/womens-childrens-health/injury-prevention/opioid-prevention/opioids/index.php#naloxone-info
- 988 Suicide & Crisis Lifeline: https://988lifeline.org/chat/?utm_source=google&utm_medium=cpc&utm_campaign=MC_Vibrant_Phase2_Traffic_Search_GO_GY&gclid=EAIaIQob- ChMIyMrqnffo_gIVfhCtBh2scAPrEAAYASAAEgLHgfD_BwE
- 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

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.

Servicios y Apoyos Para Familias y Pares

Servicios

Los especialistas en apoyo a la familia y entre pares ofrecen a las personas y familias servicios de apoyo durante todo el proceso de tratamiento y recuperación. Son personas entrenadas con “experiencia vivida” que brindan apoyo para promover la recuperación y la resiliencia. Consulte más información sobre capacitación y certificación para especialistas en apoyo a la familia y entre pares. Incluir este tipo de experiencia puede ampliar los tipos de servicios ofrecidos en su consultorio.

- 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
- 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/

Apoyos

Las familias, los socios y los amigos de las personas que hacen mal uso del alcohol o las drogas pueden beneficiarse de participar en grupos de apoyo u organizaciones de defensa. Estos son algunos recursos:

- 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/

La Sensibilidad a la Cultural y Lingüística

Abordar las necesidades culturales y lingüísticas de los pacientes es un importante acceso a la atención. Para apoyar esto, el Office of Minority Health (OMH) ofrece capacitación y recursos para mejorar la equidad sanitaria, incluidas las normas para los servicios organizativos apropiados para la cultura y la lengua (CLAS) (ve Office of Minority Health, Think Cultural Health enlace a continuación). La aplicación de CLAS puede mejorar los resultados de salud y reducir la renta variable en la atención. Asimismo, SAMHSA destaca aspectos clave de la competencia cultural (TIP 59). Estos y otros recursos están vinculados aquí:

- 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

¿Como pueden tomar acción los proveedores?

Las disparidades en la atención médica afectan la forma en que las personas pueden obtener acceso a la atención, buena calidad de atención y las opciones de tratamiento—cuando es sobre la crisis de los opioides, nada cambia. Aunque los grupos demográficos, como las personas que se identifican racialmente como blancos y aquellos que se identifican como hombres, experiencian índices más altos de trastorno por uso de opioides—la gente Negra, Indígenas y de color con trastorno por uso de opioides experiencian una desventaja al obtener atención medica[1]. Las comunidades Indígenas y Negras tienen un aumento en las muertes por sobredosis[1]. El racismo médico en los Estados Unidos es un factor que contribuye a las disparidades en la atención médica entre las poblaciones Negras, Indígenas y otra gente de color. Es importante notar, que los proveedores pueden ayudar a reducir las disparidades tomando ciertas medidas. Matsuzaka y Knapp desarrollaron un marco de referencia antirracista para el tratamiento del uso de sustancias para que los proveedores lo consideren en su practica[2]:

- Explore la conciencia racial y las actitudes hacia poblaciones Negras, Indígenas y otras poblaciones de color
- Utilice un enfoque que no sea daltónico
- Proteja contra las microagresiones
- Comprender cómo la raza y el racismo interactúan con factores socioculturales, políticos, económicos e institucionales para influir los trastornos por uso de sustancias y el tratamiento de poblaciones Negras, Indígenas y otras poblaciones de color
- Adaptar las estrategias de evaluación que traen resultados equitativos en el tratamiento y la recuperación

El programa de AzMAT Mentors prioriza la importancia de practicar la receptividad cultural y lingüística cuando los proveedores de atención médica interactúan entre unos. Numerosos grupos han pedido aumentar el número de profesionales de la salud de diversos orígenes. Solo el 6% de los médicos en practica pertenecen a grupos raciales / étnicos menos representados (p. Ej., Afroamericanos, latinos, Indígenas / nativos de Alaska).[2] Entre los psiquiatras de diversos orígenes, se ha observado que pueden sufrir microagresiones por parte de los pacientes o las familias.[2] No es el enfoque de AzMAT Mentors, pero es importante notar que durante la colaboración es posible que los proveedores puedan necesitar discutir apoyos y estrategias para abordar microagresiones u otros problemas culturales o lingüísticos para asegurar su salud y bienestar.

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1 Volkow N. Access to addiction services differs by race and gender. National Institute on Drug Abuse website. https://www.drugabuse.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

Tipos de Prestación de Servicios y Financiación

Atención integrada de la salud conductual

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] Los sistemas integrados prevendrán o reducirán los costos individuales, sociales y económicos del uso indebido de sustancias y la adicción.[1] Para obtener más información acerca de la atención de salud conductual integrada, consulte estos recursos:

- 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

Salud móvil y telemedicina para tratar los trastornos por uso de opioides

La pandemia de COVID-19 ha introducido cambios en las políticas para el tratamiento de las personas con trastornos por uso de opioides. Estos incluyen componentes de salud móviles para programas de tratamiento por uso de opioides y cambios en las reglas para telesalud / telemedicina. Aquí hay algunos recursos:

- 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/faq/coronavirus_faq.htm
- Project ECHO: https://telemedicine.arizona.edu/echo

Facturación por Servicios

Un aspecto importante para mantener la detección, el tratamiento y las derivaciones de trastornos por uso de sustancias es la facturación por los servicios. Además, la consulta interprofesional se puede pagar utilizando códigos de terminología procesal vigente (CPT). A continuación, se muestran algunos recursos que pueden resultarle útiles.

- American Academy of Pediatrics: CPT Codes for Interprofessional Consultation, https://publications.aap.org/aapnews/news/6286?autologincheck=redirected
- Center for Medicaid and Medicare SBIRT Services guide: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243489
- Center for Medicaid and Medicare The Mental Health Parity and Addiction Equity Act. https://www.cms.gov/marketplace/private-health-insurance/mental-health-parity-addiction-equity

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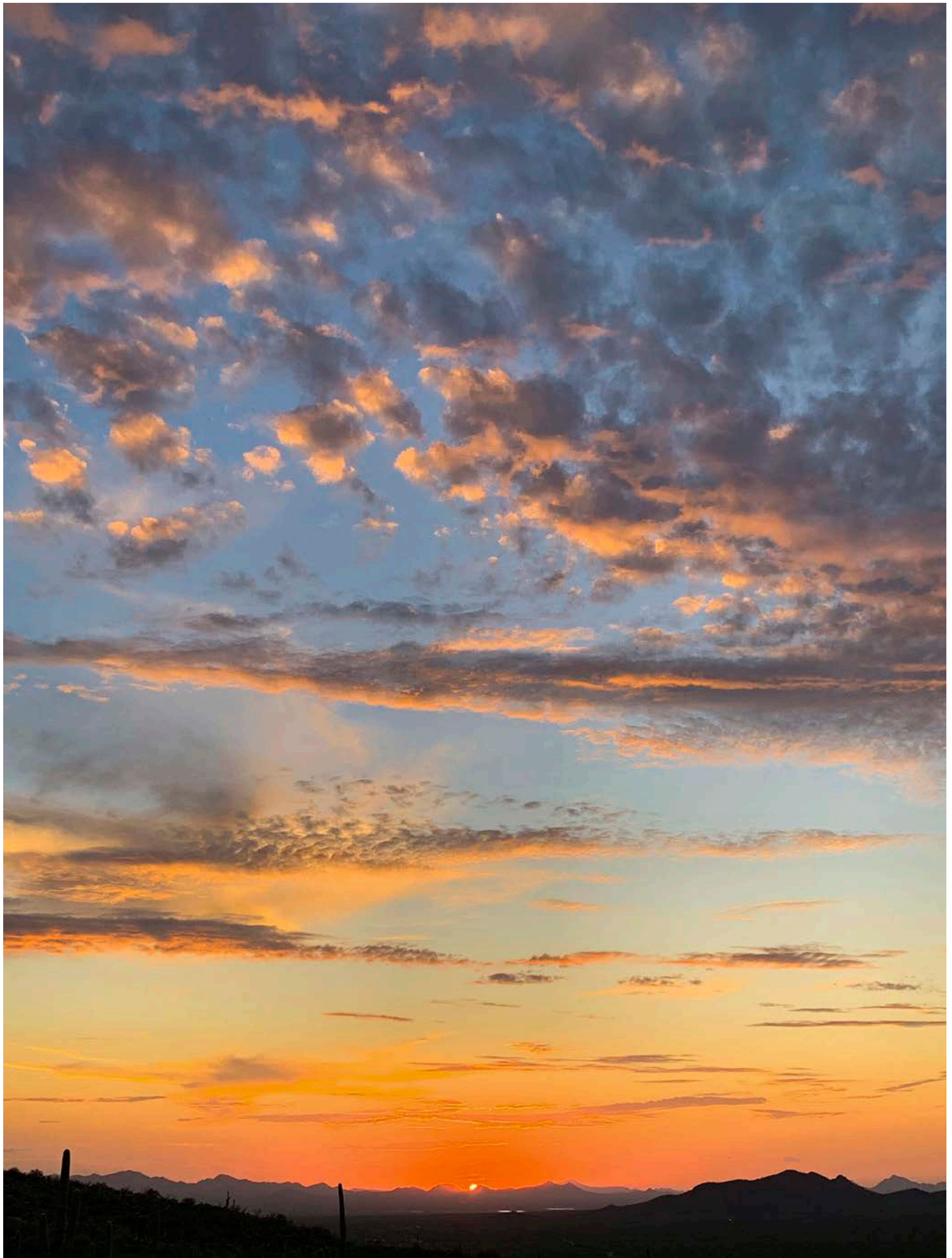
1 U.S. Department of Health and Human Services (HHS), Office of the Surgeon General. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. Washington, DC: HHS, November 2016

Organizaciones de Membresía Relevantes

Hay organizaciones miembros que ofrecen acceso a información y oportunidades para el coto. Puede haber cargos asociados con la membresía.

- American Society of Addiction Medicine: https://www.asam.org/
- American Association for the Treatment of Opioid Dependence, Inc. (AATOD): https://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



AzMAT Mentors Program Provider Collaboration Quick Guide #1
Helping Providers Start Conversations about Substance Use

The AzMAT Mentors Program aims to increase capacity for offering substance use disorder/opioid use disorder (SUD/OUD) prevention, harm reduction, treatment, and recovery. This is a tool for experienced medication assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. Please consider using this during collaborative consultations if your collaborator indicated a high priority in clinical care.

Reflect on personal values and beliefs about people who use drugs or are in recovery.

- **Reason #1.** Providers in AzMAT Mentors demonstrate a commitment to offering SUD/OUD treatments. Yet, taking time to reflect on our values and beliefs about people who use drugs or are in recovery ensures that implicit or explicit biases are acknowledged and considered.
- **Reason #2.** People who use drugs or are in recovery come from diverse backgrounds. It's important to consider our values and beliefs based on stereotypes or other factors to help reduce stigma.
    - **TIP**: Research shows reflection may lead to improved clinical skills.[1] Take 10-15 minutes to jot down a few notes in response to these prompts and reflect on the responses:

> I **think** people who use drugs or are in recovery [.....]
>
> I **value** [.....] about people who use drugs or are in recovery
>
> I **view** people who use drugs or are in recovery as [.....]
>
> I **know** the types of services and supports that are most effective for people who use drugs or are in recovery include [.....]

Develop a screening, brief intervention/treatment, and referral workflow for all patients[2-3]

- **Screening is recommended**[4-5] and maybe an effective way to start a conversation about substance use. There are many screening/assessment tools. Here is a link to screenings/assessments that may be appropriate for your setting https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools. Consider checking with payors to determine their requirements for reimbursing screening services. Here is a PDF link that is a two single-question screening tool: https://www.icsi.org/wp-content/uploads/2021/11/Brief-Screen-FINAL.pdf. This tool serves as a simple screening tool that is easy to follow for new and experienced providers.
- **Brief Interventions/Treatments are** effective[3] for addressing substance use concerns. Depending on screening/assessment results different interventions may be needed. Develop a risk stratification strategy based on severity. Examples:
    - – Brief provider-directed advice
    - – Brief provider-directed interventions/treatments. Behavioral and/or pharmaceutical.
- **Referrals provide** additional services and support to patients based on a variety of issues (substance use, mental health, social determinants of health, family/peer support). Types of referrals include standard (send referral with limited support/follow up) and warm handoffs (help patient link to care/follow up).

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▶ **TIPS:** (1) Assess the support needed to make implementing this workflow **feasible**. (2) Offer advice and strategies for implementing this workflow **efficiently**. (3) Communicate **pragmatic** implementation methods.

Practice increases skills and confidence

- **Consider using** Motivational Interviewing[6] or the **Ask – Tell - Ask**[7] methods:
  - **Ask permission** by saying: "I'd like to talk with you about your results from the alcohol and drug use screening would that be okay with you?"
  - **Tell the patient** in simple terms what you want them to know such as: "I'm concerned about your alcohol and drug use. The screening shows you are using alcohol and drugs in unhealthy ways which might be putting your health and wellness at risk."
  - **Ask for more information** using open ended questions such as "I'm curious to hear more about your thoughts regarding your alcohol or drug use…"

  ▶ **TIP**: Conduct a role-play to practice using this model. Offer feedback on strengths and areas for improvement.

Please visit the AzMAT Mentors website at: https://crh.arizona.edu/mentor

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1 Livingston JD, Milne T, Fang ML, Amari E. The effectiveness of interventions for reducing stigma related to substance use disorders: A systematic review. *Addiction*. 2011 Aug 4; 107(1): 39-50. https://doi.org/10.1111/j.1360-0443.2011.03601.x

2 Screening, Brief Intervention, and Referral to Treatment Model. Rural Health Information Hub. Accessed December 3, 2021. https://www.ruralhealthinfo.org/toolkits/moud/2/initiating/sbirt

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, 2016. https://addiction.surgeongeneral.gov/

4 Screening for unhealthy alcohol use. US Preventative Services Task Force. November 13, 2018. Accessed December 3, 2021. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions

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AzMAT Mentors Program Provider Collaboration Quick Guide #2
Improving Cultural Humility to Better Serve Diverse Populations

The AzMAT Mentors Program aims to increase capacity for offering substance use disorder/opioid use disorder (SUD/OUD) prevention, harm reduction, treatment, and recovery. This is a tool for experienced medication assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. Please consider using this during collaborative consultations if your collaborator indicated a **high priority in patient-centered strategies**.

Cultural Humility vs. Cultural Competence

The term cultural competence is not all encompassing to the discussion about culture. It was used throughout the flyer to match the literature referenced. AzMAT Mentors values the practice of **cultural humility** as it is a **lifelong process of reflection and critique** which allows us infinite opportunities to learn about diverse cultures, and identities.

Why is Cultural Competency in Healthcare Important?

Cultural competence in healthcare recognizes that healthcare decisions are shaped by an individual's age, race, ethnicity, sex, gender, socioeconomic status, patient literacy skills and language[1]. There are differences in racial, ethnic and gender prevalence rates which influences access to care[2]. Striving to cultivate inclusive environments that encourages patients from diverse backgrounds to seek and remain in health care is an important aspect of patient-centered care.

What are Components of Cultural Competency?

The Substance Abuse and Mental Health Services Administration (SAMHSA) highlights key aspects of cultural competence in its Treatment Improvement Protocol[3]. Here is a synthesis of a few that you can discuss during your collaborator consultations:

Physical Environment:

- When was the last time you checked your clinic's environment through a culturally competent lens? Consider the following:
  - **Forms and signage.** Are they accessible in languages spoken by the populations served? When was the last time they were reviewed?
  - **Descriptive images.** Are they used to complement written instructions? Do they include alternative text for people with visual impairments?
  - **Spaces.** Are they warm, inviting and culturally relevant? If you have decorations, do they reflect the populations the organization serves?
  - **Accessibility.** Are the buildings, rooms/restrooms, and technology accessible to everyone?

(over)

Communication and Engagement:

- Handshakes, facial expressions, greetings and friendly short conversation may be the first step to building patient-provider rapport. Yet, there may be cultural differences in communication. Be sure never to assume specific communication patterns based on a patient's cultural context. Consider:
  - **Engaging translators.** Make time so patients feel engaged with the translator.
  - **Pacing yourself.** Slow down or speed up while speaking to match the patient's pace.
  - **Keeping it simple.** Use accessible language (plain and break down concepts).
  - **Using pictures.** Some folks prefer images over words. Use images to help communicate key points.
  - **Remembering it may be the first time.** Do not overwhelm patients with too much information.
  - **Checking yourself.** Use the teach-back method where you kindly ask patients to explain back what you were explaining.
  - **Making safety first.** Create environments where the patient feels safe to ask questions or offer additional information.

Providers are encouraged to check out the full SAMHSA TIP-59 and specifically:
Appendix C 'Tools for Assessing Cultural Competence'.

Feel free to visit the AzMAT Mentors Program webpage which includes other resources:
https://crh.arizona.edu/mentor

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AzMAT Mentors Program Provider Collaboration Quick Guide #3
Reducing Substance Use Disorder Stigma

The AzMAT Mentors Program aims to increase capacity for offering opioid use disorder (OUD) prevention, harm reduction, treatment, and recovery. This is a tool for experienced medication assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. Please consider using this during collaborative consultations if your collaborator indicated **a high priority in community and social resources**.

Impact of Stigma in Healthcare.

People with OUD often face discrimination, even in healthcare settings. Harmful narratives that people with OUD are dangerous or untreatable can come from the stigma placed on them. Stigma is created from stereotypes, prejudice, biases, and in discrimination. Stigma may result in implicit or explicit biases or negative perceptions which may result in barriers accessing services and inequitable or suboptimal care.[1-2] There are different types of stigma (Figure 1), it's widespread, and can be harmful in healthcare. For example:

- The National Institute of Health states that 75% of primary care physicians appeared to have high levels of stigmatizing beliefs about people with OUD.[3]
- Those experiencing SUD do not seek medical care for fear of mistreatment.[4] Stigma may be blamed for decreases in patient willingness to seek SUD treatment and feelings of negative emotions.[4,5]
- Patients seeking care for SUD report experiencing overt and covert blame, verbal, and physical abuse due to their substance use in the medical setting.[4]

Public or social stigma
- Collective prejudice (emotional) and discrimination (behavioral) towards a specific group.

Courtesy stigma
- Stigma experienced by associates of stigmatized group.

Structural stigma
- Policies or institutional actions that restrict opportunities (intentionally or not).

Self-stigma
- Member of the stigmatized group internalizes the public sterotype or prejudice.

Figure 1. Types of Stigma.

Notes. Exposure to multiple sources of stigma can have a larger, cumulative effect. Figure based on the work of Wogen & Restrepo.[2]

Reducing stigma is essential to the public health response. Remember SUD/OUD may be a symptom of **underlying pain**. Offer care, and compassion, opposed to alienation and judgment.[4, 7]

Solutions for Addressing Stigma.

With understanding and tools, providers can successfully address stigma. Here are some solutions: [1,5]

- **Self-stigma:** Providers are encouraged to engage patients in participate in behavioral interventions and employment skills training.

(over)

- **Social stigma:** Providers are encouraged to share positive stories of people who experience SUD.
- **Structural Stigma:** Providers are encouraged to take part in educational critical reflection, have contact with people who have SUD, participate in multi-cultural training, and behavioral interventions.

  ▶ **TIP:** Consider taking the test, Implicit Association Test (IAT), founded in 1998. The test measures implicit bias at multiple levels of sex, gender, religion, race, etc.

  Note: The University of Arizona's College of Medicine requires this test to be taken by personnel as part of their Diversity, Equity, and Inclusion (DEI) training. While there is no specific measure for SUD/OUD, the AzMAT Mentors Program recommends this test as an evidence-based reflection strategy for implicit bias across sociocultural structures that can intersect with stigma of an individual's SUD/OUD.

Importance of Word Choice. Providers can show leadership with their word choice to destigmatize SUD/OUD. Use non-stigmatizing language that is science-based to give people dignity and respect. [4,6,7] Avoid words such as abuser, addict, or substance abuser. Instead use person-first language such as: person experiencing substance use disorder or person with substance use disorder. Additional person-first language suggestions are available in the Addictionary developed by the Recovery Research Institute.

Reflection and practice. Research shows reflection may lead to improved clinical skills.6 We invite you to take a few minutes to reflect on these prompts and record your responses:

The National Institute of Health states that 75% of primary care physicians appeared to have high levels of stigmatizing beliefs about people with OUD.[3]

- **Prompt:** What do you imagine when you hear a person described as: "addict," "substance abuser," "user," "former addict?"
- How does your perception change when you hear them described as a person with substance use disorder or a person in recovery?
- **Reflect:** What, if any, differences did you imagine about these two people? How, if at all, might you recommend different treatment plans?

Other Resources:

- The National Institute of Drug Abuse (NIH) offers free CME courses on word choice topics for physicians, physician assistants, registered nurses, nurse practitioners:
  1. Words Matter - Terms to Use and Avoid When Talking About Addiction
  2. Your Words Matter – Language Showing Compassion and Care for Women, Infants, Families, and Communities Impacted by Substance Use Disorder
- Center for Rural Health, AzMAT Mentors Program website : https://crh.arizona.edu/mentor

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AzMAT Mentors Program Provider Collaboration Quick Guide #4
Treating Perinatal Opioid Use Disorder (OUD)

The AzMAT Mentors Program aims to increase capacity for offering opioid use disorder (OUD) prevention, harm reduction, treatment, and recovery. This quick guide is for experienced medication-assisted treatment (MAT) providers to use when collaborating with less experienced MAT providers. The commitment of healthcare providers for treating perinatal OUD is critical to improve access to care and health outcomes for this vulnerable population. If this is an area that aligns with a new MAT provider's goals, please consider using this tool.

Challenges:

The perinatal period is defined as pregnancy and the first year postpartum.[1] People with perinatal OUD may experience physical dependency and be at-risk for adverse birth and health outcomes.[2] Providers report patients with OUD present with complex medical and mental health comorbidities, which may extend beyond one provider's expertise.[2] Furthermore, stigmatization and fear of criminalizing pregnant patients influences treatment recommendations.[2] Gaps in training and inconsistent best practice guidelines present challenges for clinical decision making.[2]

Pregnancy is a positive motivator for making changes.[2] Providers can offer holistic substance use treatment approaches and foster positive health outcomes.[2,3] We present resources for (1) offering MAT to patients who are pregnant, (2) providing care plans and additional support, (3) using person-first and gender affirming language, and (4) accessing links to other resources and supplemental tools. [4]

Resources:

1. Offering MAT to patients who are pregnant

The American College of Obstetricians and Gynecologists (ACOG), Substance Abuse Mental Health Services Administration (SAMHSA), and the Arizona Department of Health Services (ADHS) recommend methadone or buprenorphine, in conjunction with behavioral therapy, as the first line of OUD treatment for individuals who are pregnant.

- ACOG and SAMHSA recommend that parents who are pregnant and experiencing OUD should continue most medications for opioid use disorder (MOUD) treatment through the perinatal period. Discontinuation of treatment is highly discouraged.
- There is not enough information about the use of naltrexone to treat OUD during pregnancy. ACOG advises careful consideration of continuing naltrexone during pregnancy.
  - To review more of ACOG's recommendations and conclusions click here: https://tinyurl.com/ACOG-CG
  - To review more of SAMHSA's clinical guidance recommendations, click here: https://tinyurl.com/SAMHSA-CG
  - To review ADHS prescribing guidelines, click here: https://tinyurl.com/RX-guidelines
  - Review SAMHSAs Medications to Treat Opioid Use During Pregnancy information sheet for providers, click here: https://tinyurl.com/OUD-Pregnancy

Specific guidance for each perinatal stage:

- MAT during pregnancy
  - Dosing for MAT should be focused on pregnancy opioid cravings in order to assist in preventing relapse.[5]
  - The birthing parent should be counseled that medication dosage is not associated with Neonatal Opioid Withdrawal Syndrome (NAS).[5]

- Treatment consisting of opioid agonist pharmacological medication, like buprenorphine or methadone are recommended.[5,6, 7, 10]

- MAT in the peripartum period
  - Use of various pain management methods is recommended to reduce peripartum opioid use.[5]

  Options include:
    - Doula support, massage, position changes
    - Neurlaxial, regional, and/or local anesthesia
    - Early epidural
    - NSAIDs and acetaminophen in postpartum period
    - Epidural maintained for the first 24 hours of postpartum period
    - C-section: preoperative gabapentin and/or acetaminophen
    - Nonopioid adjunctive medications (i.e. ketamine, dexmedetomidine)
- Encourage breastfeed/ chestfeeding. It is safe with MAT and reduced NAS if the birthing parent is not actively using other illicit substances or not confirmed to have any medical conditions known to prevent breastfeeding.[5]
- Buprenorphine or methadone treatment should be continued during delivery and postpartum.[5]

2. Providing care plans and support to improve treatment delivery

According to the CDC (https://tinyurl.com/CDC-pregnancy-opiods), a **plan of safe care** should be created with the healthcare team of the expecting parent for optimal results for both infant and parent. Developed collaboratively, safe care plans aim to "strengthen the family, keep the child safe, and link the family with services in their community." See these resources for guidance on creating a plan for safe care:

- The National Center on Substance Abuse and Child Welfare has a list of recommended resources to better help create a plan of safe care, click here: https://tinyurl.com/safety-plans
- SAMHSA has a webinar titled Learning Exchange Lessons from Implementation of Plans of Safe Care found on YouTube ®, click here: https://www.youtube.com/watch?v=3h7tL03Zu2A

Emphasize **psychosocial needs** for patients. Provide support in finding availability and access to patient resources (e.g., transportation, safe housing, economical support). To find resources, click here: https://tinyurl.com/CPAC-Learning-Hub

3. Using Person-First and Gender Affirming Language

Pregnancy can be experienced by women, transgender men, and non-binary folks. Being aware of a person's gender identity and offering gender-affirming care is important for person-centered care.[8] This involves asking patients about their gender identity, preferred pronouns, and using appropriate and inclusive words. The use of inclusive language helps enhance patient-provider relationships for positive health outcomes. Here are some examples of person-first and gender affirming language.

- **Pregnancy.** Use terms such as a "parent who is expecting," "parent experiencing pregnancy," "patient who is pregnant," and/or "patient in labor" alongside women-centered language.
- **Feeding.** Use terms such as "parent who is chest feeding," or "body feeding" alongside the term woman who is breastfeeding.[8, 9]
- **Person-first** and **gender-neutral terms**. These terms can be used alongside can be used alongside woman-centered language, such as:
  - Women and people who are pregnant
  - Women and people who are birthing
  - Women and people who are breast/chestfeeding
  - Women and people who are in postnatal period
- **Person-first language** when discussing **substance use**. When discussing substance use consider reviewing these resources:

- "Words Matter" developed by the National Institute on Drug Abuse, click here: https://tinyurl.com/words-matter-NIDA
- Refer to the AzMAT Mentors Tool 3 on stigma for more ideas, click here: https://crh.arizona.edu/mentor

4. Additional Resources

- Arizona opioid addiction treatment services, including neonatal abstinence syndrome resources, click here: https://www.azdhs.gov/opioid/#community
- Academy of Perinatal Harm Reduction, Provider Education + Training, click here: https://tinyurl.com/perinatal-ed
- CDC articles and key findings about opioid use during pregnancy, click here: https://tinyurl.com/CDC-pregnancy
- CDC: Treatment for Opioid Use Disorder Before, During, and after Pregnancy, click here: https://tiny.one/CDC-perinatal
- American Society of Addiction Medicine (ASAM) 2020 National Practice Guidelines for MAT for pregnant patients (starts on page 49), click here: https://tinyurl.com/ASAM-guidelines
- Use the Rural Health Information Hub provides examples of models addressing OUD in pregnant women, click here: https://tinyurl.com/rural-maternal
- For more ways to improve perinatal care, click here: https://tinyurl.com/perinatal-care
- The American Rescue Plan Act of 2021 expanded Medicaid postpartum coverage. This extends coverage for postpartum patients on AHCCCS for 12-months after delivery. click here for more details: https://tinyurl.com/American-rescue-plan and https://tinyurl.com/AZextension

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Disclaimers:
The information on this tool is designed for educational purposes only. This information does not substitute, nor does it replace, the advice of a medical professional, including diagnosis or treatment. Always seek the guidance of a qualified health professional with questions you may have regarding any medical condition.

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AzMAT Mentors Program Provider Collaboration Quick Guide #5
Wellness and Well-being for Healthcare Providers

The AzMAT Mentors Program increases capacity for offering substance use disorder/opioid use disorder (SUD/OUD) prevention, harm reduction, treatment, and recovery. This quick guide is a tool for all medication assisted treatment (MAT) providers to prioritize their personal wellness and well-being. We recommend experienced providers use this when collaborating with less experienced MAT providers.

Well-being and Wellness

The well-being and wellness of healthcare workers is crucial. Well-being involves, "… global judgments of life satisfaction and feelings ranging from depression to joy".[1] Wellness can be understood not only as the lack of disease, illness, and stress, but rather as the existence of a constructive sense of direction in life, fulfilling and enjoyable work and leisure activities, nurturing relationships filled with joy, a physically fit body, a conducive living environment, and an overall state of happiness. [2]

- Read more on the different dimensions of wellness, here: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5508938/
- Read more on the different dimensions of well-being and some improvement strategies, here: https://www.berkeleywellbeing.com/what-is-well-being.html

Impact of Burnout

Professional burnout and job dissatisfaction existed well before the COVID-19 pandemic. Yet, the decline of job satisfaction and reports of provider burnout increased between 2020 and 2021.[3] In the past 10 years, emotional exhaustion, depression and depersonalization scores have increased,[3] and stress levels are higher among people of color and women in the healthcare field compared to their white counterparts. Stress appears to be related to excessive workloads and provider mental health concerns,[4] and providers may be exposed to high doses of stressors over significant periods of time. This can harm their physical, mental, and emotional wellness.[5]

Physician burnout negatively impacts healthcare organizations through physician disengagement, turnover, and reducing the quality of patient care.[6] Provider burnout also affects other health care staff members, potentially creating a cycle of dissatisfaction with one another.[7] The financial costs from provider burnout include medical errors, replacing staff,[7] and physician turnover which leads to hiring expenses and revenue loss during recruitment, training, and the period it takes for a new doctor to become proficient in a new organization.[8] It is important to address burnout and find ways to reduce its impact on healthcare providers.

Relevant Resources

- American Medical Association's (AMA) burnout assessment https://cloud.e.ama-assn.org/21-1617-HSP-Well-Being
- AMA On demand webinar: Proactively addressing burnout by investing in the well-being of clinicians https://cloud.e.ama-assn.org/21-1617-HSP-Well-Being
- AMA Steps Forward ®Program, offers real world solutions to challenges physicians face today. Look in their practice innovation topics: burnout https://www.ama-assn.org/practice-management/ama-steps-forward
  - Check out these Toolkits, modules, playbooks and podcasts relevant to aiding burnout in medical professionals https://www.ama-assn.org/practice-management/ama-steps-forward/listening-campaign-engage-physicians-uncover-sources-burnout

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Reasons for Optimism

Posttraumatic Growth

People who work in jobs that may be traumatic in nature (healthcare) can grow after traumatic experiences.[9] Posttraumatic growth involves positive psychological change following a struggle with difficult life circumstances.[10] If an individual or organization experiences ***disruption*** (traumatic experience) followed by ***dysregulation*** of individual and organizational systems,[9] posttraumatic growth can follow if there are enablers such as personal and professional relationships, supportive organizational culture that includes occupational support, work relationships and attentive companionship.[9] Here are a few suggestions for individuals or organizational leaders to facilitate posttraumatic growth:[10]

- **Be intentional.** Understanding how individuals and the organization, as a whole, have been affected. Reflect on lessons learned and offer compassion.
- **Identify examples.** Giving your organization examples of individuals, other organizations, or anecdotal stories of overcoming adversity to show growth after a traumatic event helps build morale.
- **Learn.** Shaping your view of the situation as not just traumatic with negative effects, but a chance to grow and learn.
- **Assess.** Thinking about how the experience can connect the individual or the whole organization with humanity and insight.
- **Reflect.** Articulating what is missing within your organization, what is most important among individuals and what are some reasons to be optimistic about.
- For more details on these suggestions, please visit this journal article: https://jamanetwork.com/journals/jama/fullarticle/2771807

Wellness and Well-being Strategies

Mindfulness

Mindfulness is a "process of intentional paying attention to experiencing the present moment with curiosity, openness and acceptance of each experience without judgment".[12] Having a mindful mindset can lead to improved mood, lower stress, and allow individuals to respond to stimuli more effectively.[12]

No Cost Resources

- Bringing mindfulness to healthcare TedTalk® by Bob McClure, watch on YouTube® here: https://www.youtube.com/watch?v=vYY45U0uII4
- Comprehensive Pain and Addiction Center, resource hub strategies to promote well-being, here: https://cpac.arizona.edu/education
  - Scroll down to Arizona Rural Opioid Response-Implementation and click 'Learn More'
- The Schwartz Center provides healthcare workers with a handful of resources such as:
  - Preventing and managing stress for healthcare workers
  - COVID-specific resources for healthcare workers
  - Coping with workplace violence
  - Resources for healthcare leaders
  - Resources for the families of healthcare workers

All resources can be found on the Schwartz Center website, found here: https://www.theschwartzcenter.org/mentalhealthresources/

Mindfulness Podcasts

- The Mindful Physician
  Official Website, here: https://themindfulphysician.libsyn.com/webpage/category/podcasts
- The Happy Nurse
  Official Website, here: https://healthpodcastnetwork.com/show/the-happy-nurse/
- Thoughtful Wellness Revolution
  Explore wellness by highlighting BIPOC leaders and changemakers in the wellness industry.
  Spotify®: https://open.spotify.com/show/7GjAZCwtd22l2m0KAqjJmD
  Apple®: https://podcasts.apple.com/us/podcast/thoughtful-wellness-revolution/id1582592975

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https://crh.arizona.edu/mentor

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