

## THE INITIAL CONVERSATION ABOUT OPIATE USE

"Mrs. \_\_\_\_\_, I'm concerned about your relationship with the Oxycontin. I'd like to talk to you about that. I think it was 2 months ago you ran out early."

It seems like you are requiring more medication and yet your life seems to be getting worse.

I'd like ask you a few questions about your experiences and let's see if we can help each other. The human brain is very complicated. Many substances and some behaviors elicit a strong response in the brain and we can lose some control over those. Opiates can do that. This is not your fault. Millions of people have this experience and it goes along with being human.

The brain changes that take place with this disease are powerful.

"I am not sure that the Vicodin is helping you anymore. Let's talk about this medication and the good and not so good things it can do to a person."

Often time's opiates stop working or even make the pain worse.

Discuss opiate induced hyperalgesia

Discuss the symptoms of withdrawal and the dangers of overdose. Someone in the US dies of an overdose of prescription opiates every 30 minutes.

Explain the brain reward system anatomy and chemistry as simply as possible.

## ADMINISTER AN OPIATE MISUSE QUESTIONARRE

### DISCUSS THE RESULTS

"Doctor, are you saying I am a junkie?"

"I don't use words like 'junkie.' I am saying you have a disease like diabetes or high blood pressure. When people develop this disease it is not their fault."

"The disease of addiction is not about being weak, stupid, silly, dishonest, lazy or crippled. People with this disease are not evil or second class citizens. They are human like anyone else and deserve a fighting chance to get well. "

"No one deserves the pain and humiliation this disease brings"

"You are not responsible for having this disease. There is nothing you did to cause this."

## DISCUSSING TREATMENT

“Treatment works.”

“Recovery is about making important personal changes.”

“People with this disease can’t quit by themselves.”

“Let’s talk about treatment. There are several medications that help greatly to overcome withdrawal and there are others to help with craving and the desire to use opiates again.”

“It is our responsibility to work together toward your recovery.”

“Treating this disease requires a team and you and I are two members of the team.”

“This is an illness that responds to medical treatment and many kinds of therapy. It does not respond to will power alone.”

“You may have heard of Suboxone”, which is buprenorphine and naloxone. This is a pretty safe medication that really helps people recover. It is a controlled substance however and patients on it must be seen regularly and must follow an active recovery program that we can talk about getting you into.”

“If you take buprenorphine you must be held accountable to us and others. If you make a mistake we will be here for you if you wish to continue trying to remain in recovery.”

“Treating addiction is like treating any chronic disease like high blood pressure, diabetes and even cancer.”

“We need to work together on this.”

“With help you will do well”

“You can expect improvement in most areas of your life.”

“If you are willing to work, recovery is likely.”

Giving them away or selling them is illegal. “I don’t want you to get in trouble.”

## PATIENT OFFERS RESISTANCE

“What is your idea of a person with the disease of addiction?”

Leave the door open. Stay engaged with the patient

If the patient refuses the diagnoses of Substance Use Disorder (addiction), your reply can be; “We can agree to disagree about that.”

Prescribe a limited amount of opiates and see the patient back in one to two weeks.

Continue to check Urine Drug Screens. Discuss the results.

Ask to speak to other friends and family.