From trauma to treatment: Reachable moments in caring for hospitalized patients with substance use disorders

Date: October 18, 2025

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Learning Objectives

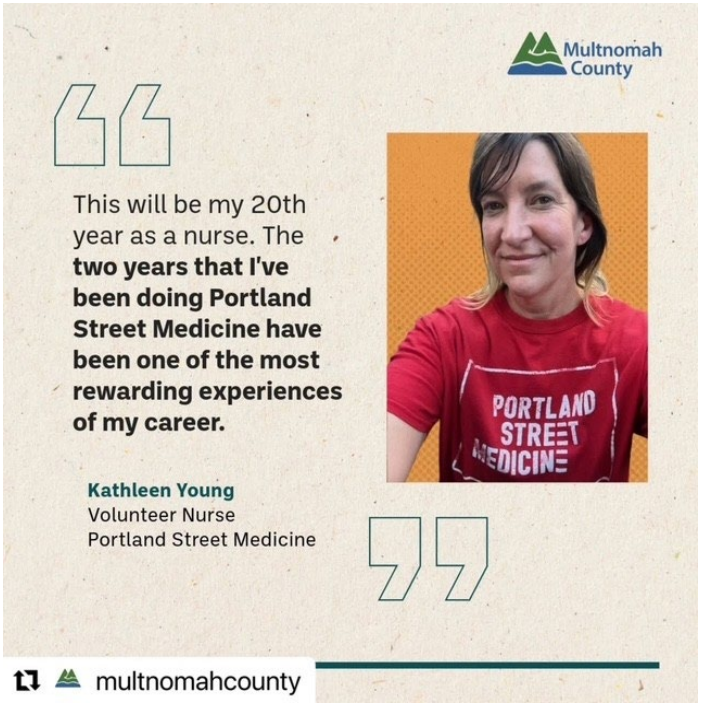
1. Understand the chronic disease model of substance use disorders
2. Increase awareness of stigma's effects
3. Recognize opioid withdrawal and know treatments
4. Understand harm reduction philosophy and nursing practice


Safe space

Background

IMPACT Overdose Awareness Day

Portland Street Medicine



"It's not really a disease"

"I just don't understand how someone could let themselves get to this point"

"If they wanted to quit they would"

"Treatment doesn't work"

"How does someone end up injecting drugs?"

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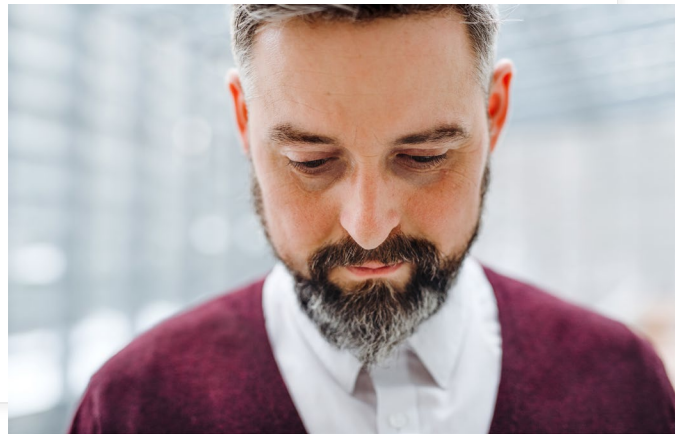
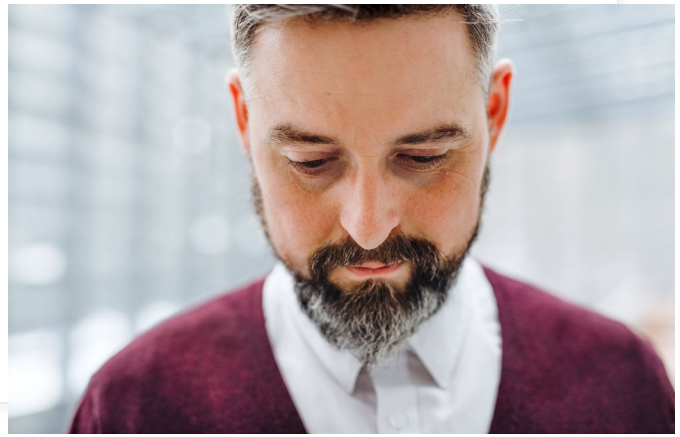
Case study: Steve



- 32 yo male, houseless; Hx of hepatitis C, PTSD
- Admitted with severe back pain lumbar spine, bacteremia
- Toxicology: + fentanyl, +methamphetamine
- Intentional opioid overdose prior to admission
- IMProving Addiciton Care Team (IMPACT) consulted
- Infectious diseases consulted

Case study: Steve

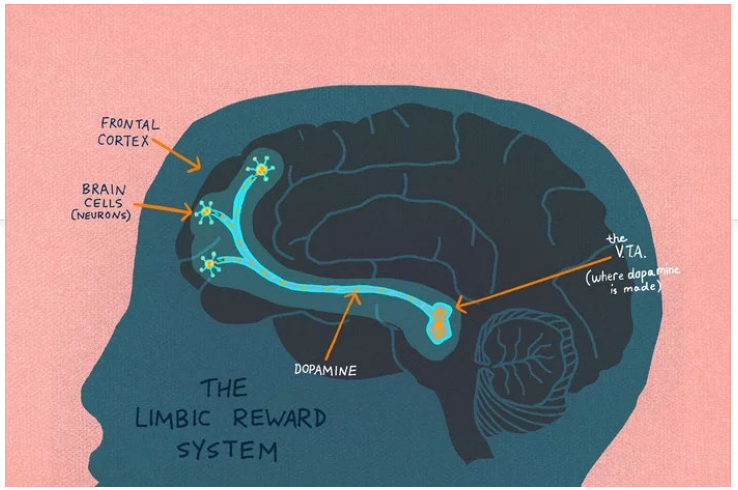


- Severe methamphetamine use disorder, meth via IV
- Mild opioid use disorder, fentanyl via IV
- Vertebral osteomyelitis and epidural abscess of lumbar spine
- Active Hepatitis C
- PTSD

Why do People Use Drugs

- Feel good
- Escape/cope trauma
- Self-medicate
- Celebrate
- Enhance performance
- Stay awake on the streets
- Cultural practices

What is addiction

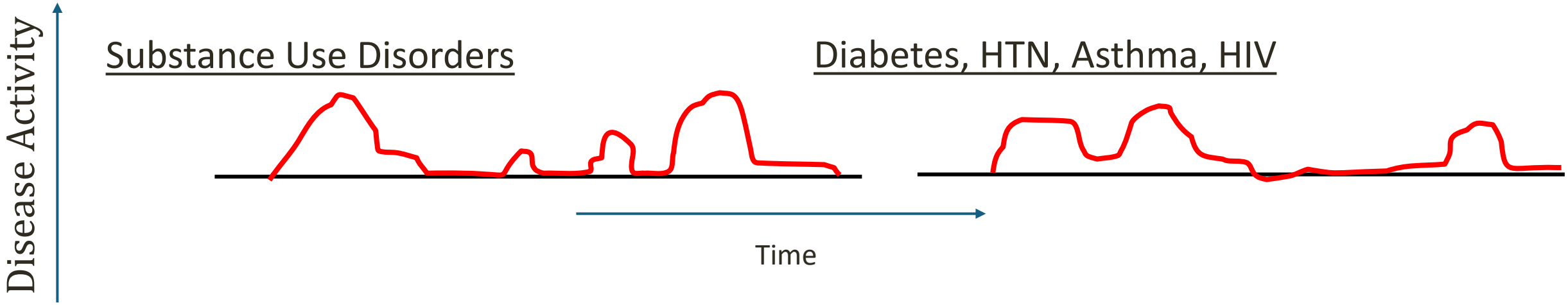


- Outdated view:
  - moral failing, bad choice
- Modern, evidence-based view:
  - Genetic and environmental factors predispose to chronic drug use
  - Leads to structural and functional disruption of motivation, reward, inhibitory control centers
  - Turns drug use into an automatic, compulsive behavior (addiction)

Slide adapted from slide courtesy of Honora Englander, MD

Hall, Lancet 2015
Koob, Neuropsychopharm 2001

Substance Use Disorder: chronic, relapsing illness

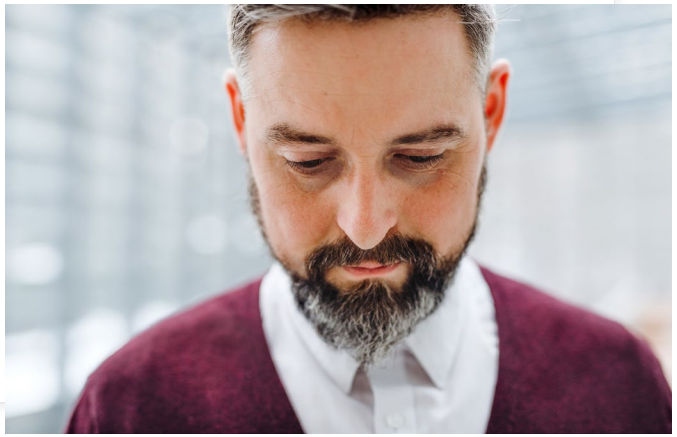


- Genetic and environmental factors
- Behavioral change
- Medication adherence
- WE DON'T CURE, WE TREAT AND MANAGE

Slide Courtesy of Todd Korthuis, MD; Honora Englander, MD

O'Connor, JAMA 1998
Lucas, JAIDS 2005

Case study: Steve
Risk factors



- Childhood poverty and sexual abuse
- Meth and marijuana use started age 12
- Heroin started in later teens
- Houseless
- Estranged from family, no community support
- PTSD

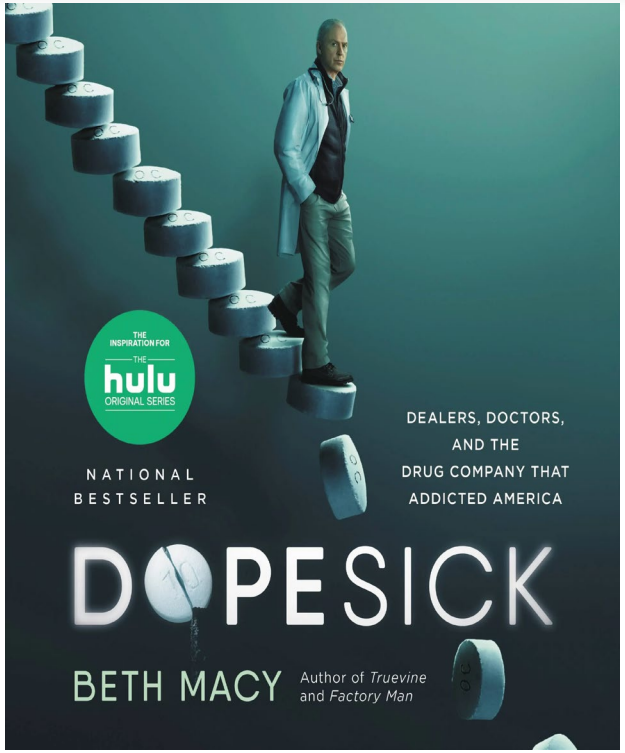
Reframing how we address addiction

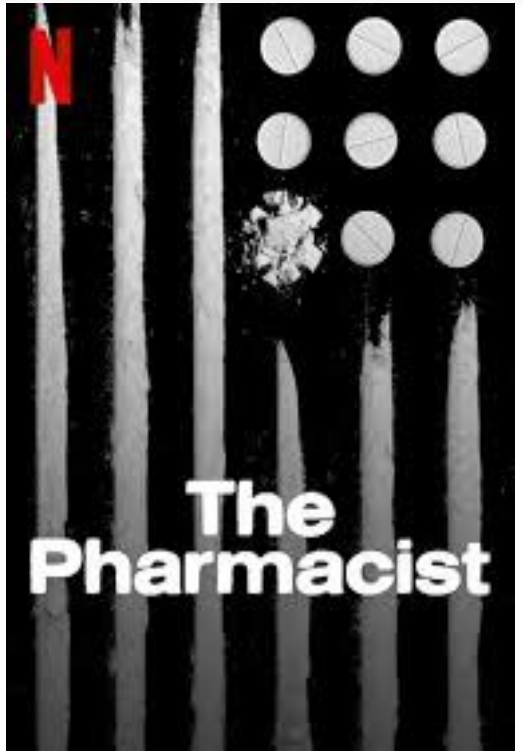
All patients, regardless of their interest in discontinuing use, are worthy of compassionate, high-quality care

A glucose monitor. A heart. Pills spelling out addiction. A stop sign.

Courtesy of Honora Englander, MD

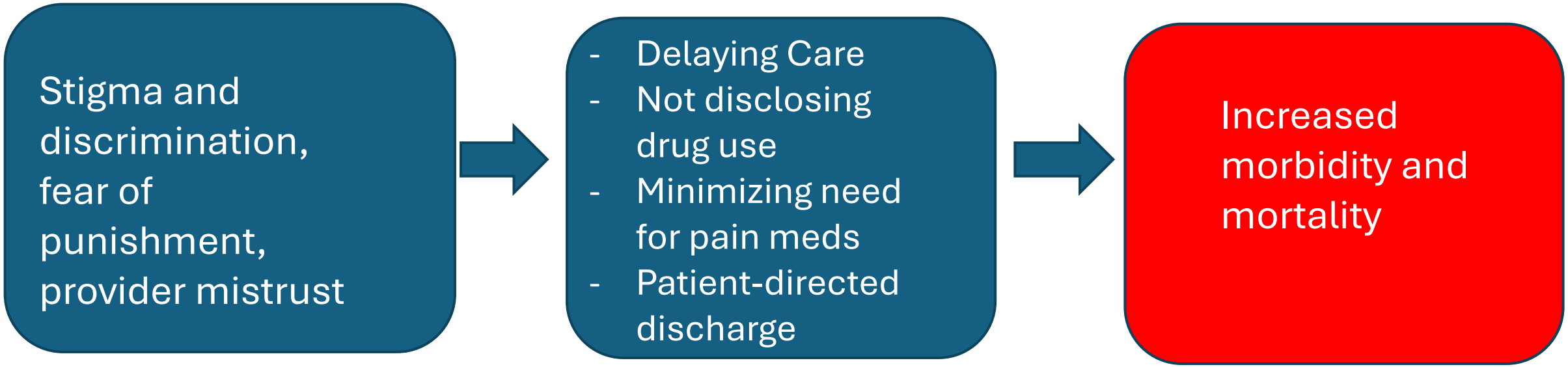
Stigma in healthcare





Fair use of images from HBO Max, Netflix and Hulu

Hospitals as Risk Environments



Slide adapted from Amelia Goff and Dr. Honora Englander

Biancarelli, Drug and Alcohol Dependence, 2019

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Patients' perspective

Negative healthcare experiences

- Feel highly regulated and surveilled
- Experiencing punitive care parameters
- Lack of trust between patients and providers
- Being termed “challenging” or “difficult”

Strategies to avoid stigma

- Delaying healthcare
- Not disclosing drug use
- Minimizing need for pain medication
- Seeking alternative services

Biancarelli, Drug and Alcohol Dependence, 2019

Hospitalization is a critical touchpoint

- At least 1 in 9 hospitalized adults (11.9%) in the US have a substance use disorder (SUD)
- Many do not access care elsewhere

Suen JGIM 2021
Larochelle DAD 2019

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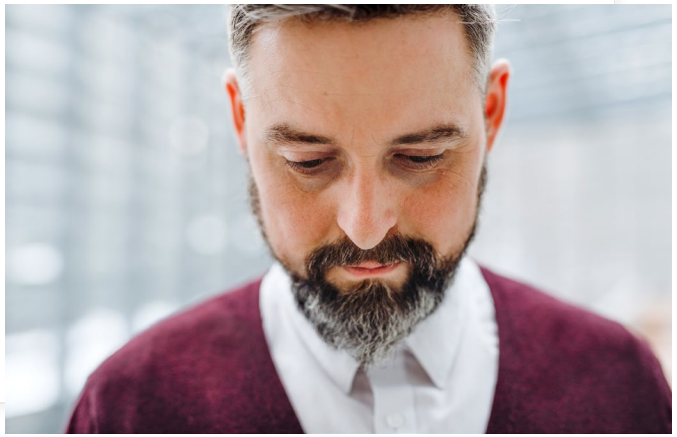
Words matter

Instead of saying this	**Say this**	Rationale
Addict, junkie, former addict	**Person with _____ use disorder, person with active use, in recovery or has disrupted use**	Person first. States the diagnosis, decreases blame, & is less punitive
Medication assisted therapy or opioid replacement therapy	**Medication for substance use disorder/opioid use disorder, opioid agonist therapy**	Highlighting medications used to treat and not "trading" one drug for another
Clean/dirty test results	**Negative/positive**	Non-stigmatizing, clinically similar to any other lab test

WORDS MATTER - TERMS TO USE AND AVOID WHEN TALKING ABOUT ADDICTION | NATIONAL INSTITUTE ON DRUG ABUSE (NIDA) (NIH.GOV)

BOTTICELLI, ET AL, JAMA (2016)

Case study: Steve
Connections to care



- OUD: started on buprenorphine
- Stimulant use disorder: Contingency management
- Osteomyelitis: multidisciplinary care conference for IV abx
- Hepatitis C: Hep C treatment team
- PTSD: Seroquel
- Community peer support

Hospital management for patients with use disorders

Assessing for withdrawal

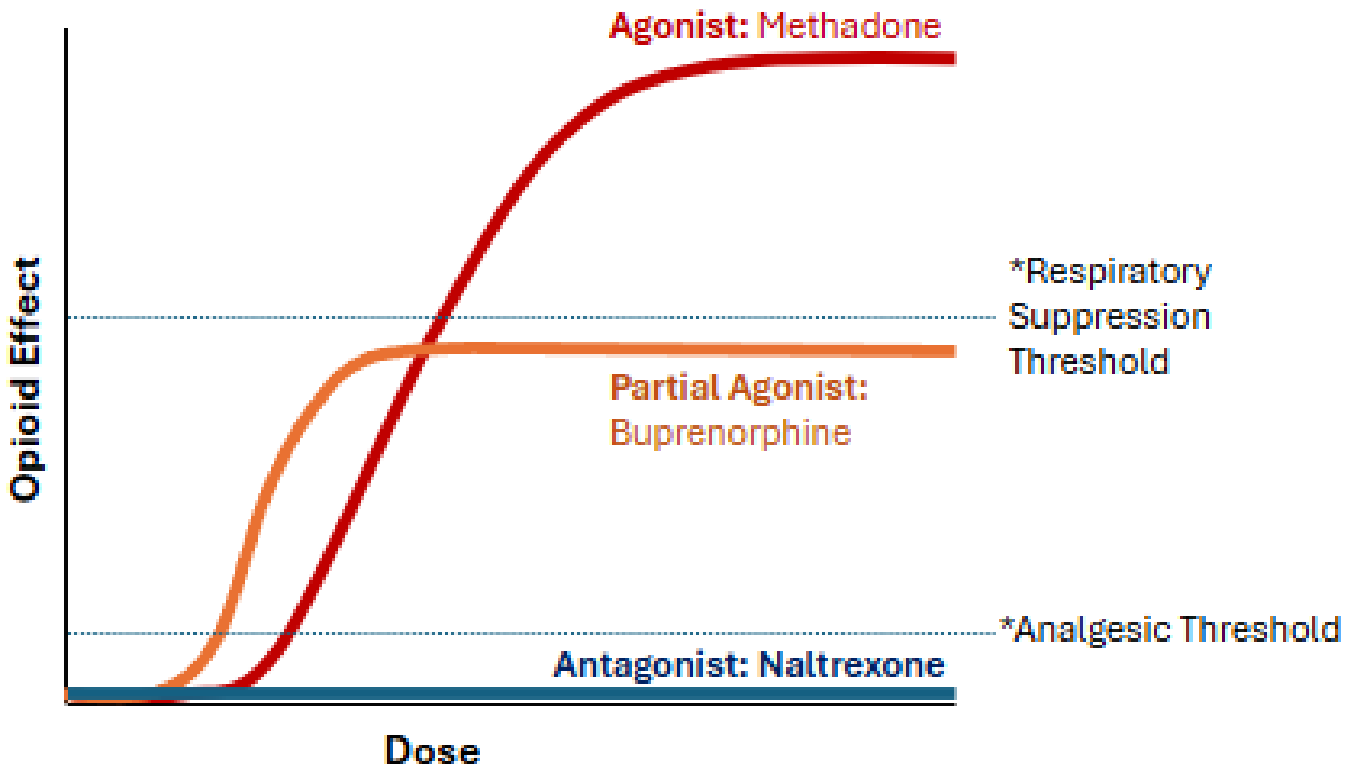
Substance Class	Withdrawal symptoms
Opioids (fentanyl, heroin)	Muscle and bone pain, restlessness, diarrhea, nausea, insomnia, goosebumps, hot/cold flashes, anxiety, headache
Alcohol and Benzodiazapines	Rapid heart rate and high blood pressure, restlessness, nausea, tremors, anxiety, seizures
Stimulants (cocaine, methamphetamine)	Fatigue and hypersomnolence, cognitive impairment, anorexia, restlessness

Treating pain

- Untreated pain is key reason patient with SUD may leave hospital before completing treatment
- Increased tolerance might require higher doses or more potent opioids (those with higher mu receptor affinity)
- May require non-opioid pain strategies
- Methadone and buprenorphine are analgesics

Simon, AMERSA, 2020
Marie, Pain Manag Nurs, 2021

Medications for Opioid Use Disorder (MOUD) Treatment



Walsh, Clin Parmacol Ther, 1994

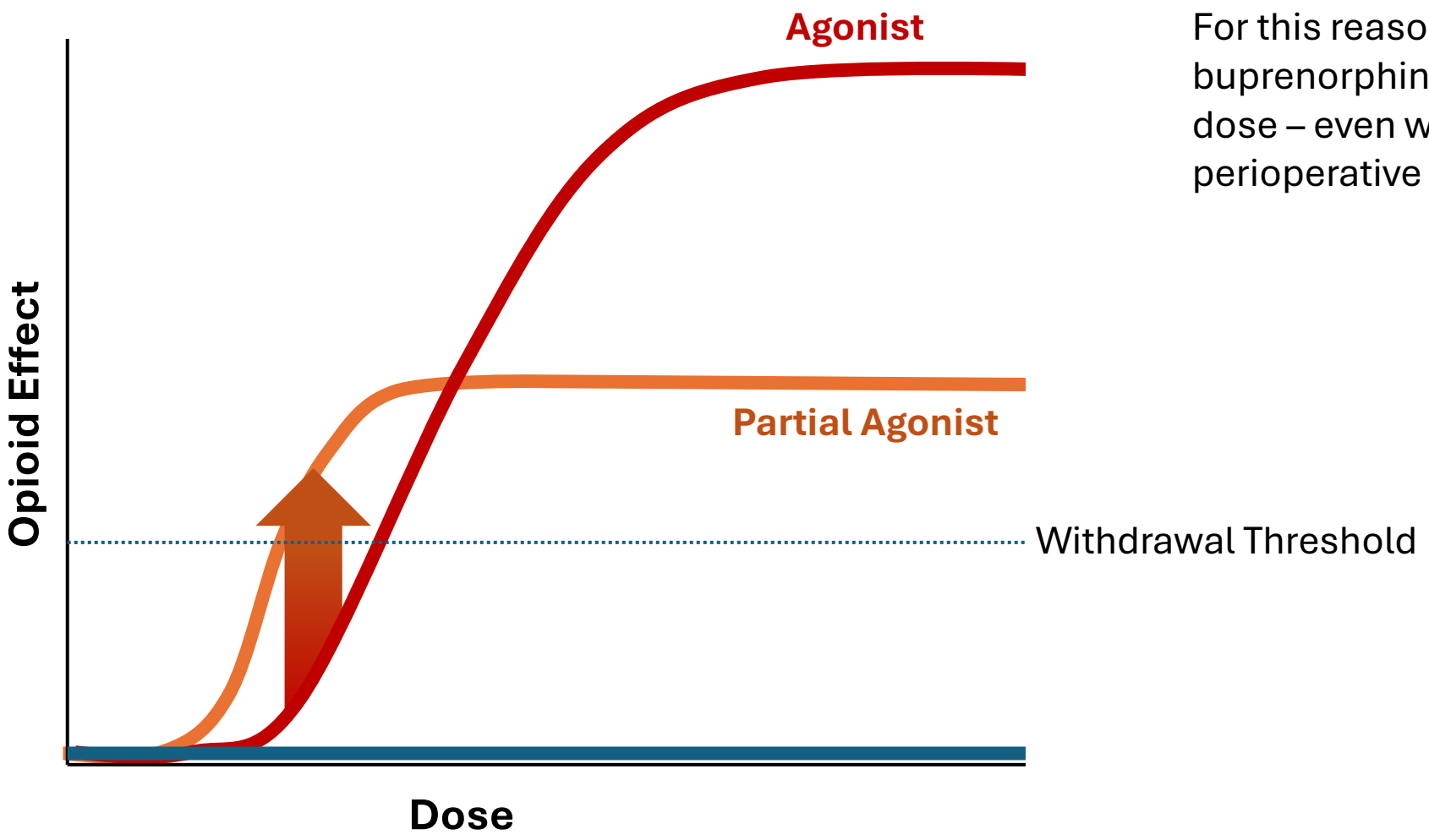
Medications for Opioid Use Disorder (MOUD) Treatment

- MOUD reduces patient directed discharge, more than opioid analgesia or other symptom-based treatments
- MOUD reduces risk of **all-cause death** (and overdose deaths) in those with opioid use disorder

Alrawashdeh, Journal Gen IM, 2023
Larochelle, Annals IM, 2018

If a person is in withdrawal from full agonists (fentanyl, heroin, oxycodone…)

Using Buprenorphine can treat the withdrawal and make patients feel better, including treatment of pain



For this reason, if patient is already taking buprenorphine, continue it at their regular dose – even with new acute pain or perioperative state

Gowing, Cochrane, 2017
Kohan, Reg Anesth Pain Med, 2021

Supportive Medications

Medication	Indication
Tizanidine 2-4 mg every 6h PRN	Muscle spasms
Clonidine 0.1-0.2 mg TID PRN	Sweating or agitation
Hydroxyzine 25-50 mg every 4h PRN	Anxiety
Ondansetron 4 mg every 8h PRN	Nausea
Hyoscyamine 0.125mg every 6h PRN	Abdominal cramping
Loperamide 2 mg QID PRN	Diarrhea

Slide adapted from Dan Hoover

Why use medication for opioid use disorder (MOUD)?

- Medication is life saving treatment
- Methadone and buprenorphine treat acute withdrawal
- People on MOUD are more likely to reclaim their lives (work, relationships, etc.)

Harm reduction

A yellow bicycle helmet

A pile of colorful condoms

A close-up of a seat belt

Harm reduction: History and philosophy

- Started as grassroots movement for social justice
- Evidence-based
- Led by people who use drugs, who are teaching and influencing public health policy

ACT UP march for syringe exchange programs

What is harm reduction

Ways we can **decrease negative consequences** associated with substance use

Supports people who use drugs to be safer and healthier without judgment, coercion, or discrimination

Shame-Free, Honest Framework

- **Meeting people where they are**
- Compassion, not judgement
- Honest conversations about risks
- Frankly discussing the details of safer use
- Persons who use drugs: leaders of change

Goals of Harm Reduction

- Increasing access to evidence-based prevention and treatment programs
- Decrease infections: HIV, Hepatitis C
- Encourage positive change
- Improve policies related to substance use
- Save lives

Providing Harm reduction Care

- Increase provider/nurse satisfaction & decrease burnout
- Improve patient-provider/nurse rapport
- Improve patients' experience and ultimately outcomes
- Foster culture & systems level change

A heart shaped word cloud

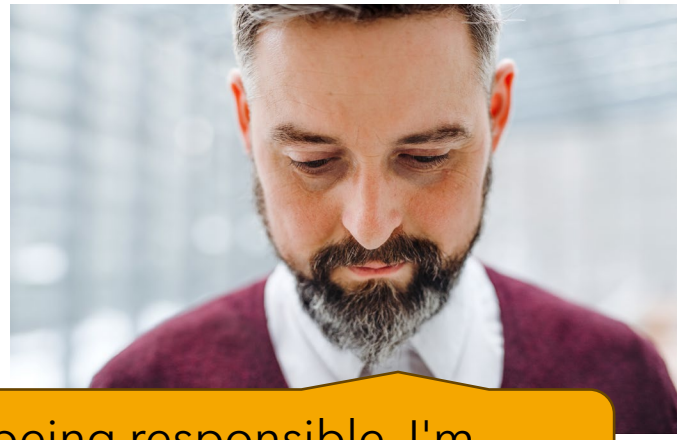
"Staff reported that providing harm reduction services "builds a lot of trust" and "helps patients understand that we're playing on the same team"

Fraimow Wong, JAMA 2024

Harm Reduction Examples

- Medications for substance use disorders
- HIV/HepC testing and treatment
- Decrease use, safer use
- Connection to peer mentors
- Connection to community resources
  - housing, employment, food
- Naloxone distribution and training

Outcomes for Steve
Trauma to successful outcomes



"I'm being responsible. I'm proud of myself"

- Completing treatment for epidural abscess at SNF
- Perfect attendance for mobile contingency management for stimulant use disorder
- Connected to Hep C treatment post hospital discharge
- Attended Ortho, Hep C and Infectious diseases follow up appointments
- Got his OHP card, working on getting his Oregon ID
- Working with community peer for housing and employment
- Connected to housing

"They have a gym here and I've started working out. It feels good."

"Just got done setting up a peer support appointment. This town is really friendly...lots of good resources. I feel really accomplished."

Conclusions

- Addiction is a treatable, chronic disease
- Stigma is real and we have the power to decrease it
- Opioid withdrawal and OUD can be managed with medications
- Harm reduction saves lives and nurses can incorporate in practice

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Registration Open!
SUD in Emergency Departments
SUD in Hospital Care

Be part of a community of peers while learning best practices for caring for people with Substance Use Disorders

Substance Use Disorders in Emergency Departments

The goal of this ECHO is to improve services provided to people with substance use disorder accessing emergency departments for care. We address clinical care, patient and provider experience, and stigma towards people who use drugs.

Virtual meetings Tuesdays, 12-1 p.m.. PST, February 1- May 5, 2026

Substance Use Disorders in Hospital Care

The goal of this ECHO program is to help clinical teams build or improve systems of care that effectively treat addiction in hospital and emergency department settings.

Virtual meetings Wednesdays, 12-1 p.m. PST, September 17- December 10, 2025

Go to www.oregonechonetwork.org/addictionmed to register!

Thank you!!

Please reach out with any questions, comments, or suggestions!

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