



Compass SHARP in Practice Microlearning Series



Module 13: Addressing Stigma in OUD Care

Welcome to Compass SHARP in Practice, a quick high-yield learning session made for busy healthcare professionals like you. In each episode, our Compass coaches will explore a real-world case, define a clinical goal, and walk through practical strategies to improve care. Whether you're tuning in via video, audio, or reading the summary, we hope to sharpen your skills and build knowledge that helps you better care for your patients.

A Patient Case

A 42-year-old male patient with known opioid use disorder presents for hernia repair. His chart labels him as “drug seeking.” During rounds, staff minimize his pain reports and delay medication administration, assuming exaggeration. Frustrated and distrustful, he leaves the hospital before medically advised, and his recovery suffers.

This scenario is far too common. Stigmatizing language and bias—even when unintentional—erode trust and drive patients away from care.

Goal

Our goal in this module is to promote compassionate, equitable, and stigma-free care for surgical patients with opioid use disorder.

First, use person-first, non-judgmental language. Replace labels like “addict” or “abuser” with “a person with opioid use disorder.” This shift recognizes the condition as a treatable medical illness, not a moral failing. Use person-first language not only in conversation but also in charting—it sets the tone for how subsequent clinicians interact with the patient.

Second, build trust through consistency and empathy. Explain pain management options openly, validate the patient’s experiences, and set expectations collaboratively. Patients with opioid use disorder often fear undertreatment of pain or judgment when requesting medication. Proactive transparency prevents misunderstandings and fosters trust.

Third, ensure access to equitable pain management and harm reduction resources. Patients in recovery or with active opioid use disorder still deserve appropriate pain control. Multimodal strategies, cautious opioid use when necessary, and naloxone co-prescribing reflect high-quality, evidence-based care, not risk avoidance.



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Back to the Case

Let's revisit our hernia repair patient.

This time, the care team discusses his opioid use disorder openly and respectfully, with the patient's permission. They develop a multimodal pain plan and use shared decision-making to determine when opioid therapy is needed. The team communicates consistently and ensures naloxone is provided at discharge.

The patient feels heard, adheres to treatment, completes recovery without complications, and regains trust in healthcare. By changing our words and attitudes, we change outcomes.

Takeaways

- Replace stigmatizing terms in documentation and educational materials.
- Offer stigma awareness training for all clinical staff as a routine part of education.
- Ensure naloxone is routinely provided to patients with opioid use disorder or those at elevated risk of overdose.
- Reinforce that compassionate pain control is essential to both equity and opioid stewardship.

Thank You

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Thank you for all you do caring for your patients.