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The National **Long-Term Care**
Ombudsman Resource Center



THE IFS AND WHATS OF SUBSTANCE USE DISORDER BASICS

SUBSTANCE USE DISORDER (SUD) 101

April 17, 2024 | 2:00 - 3:30pm ET

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SUD 101:
The If's and What's of Substance Use Disorder Basics
April 17, 2024, 2:00p-3:00p



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Today's Event Host

Nikki Harris, MA, CBHC-BS

COE-NF TRAINING AND EDUCATION LEAD

For the past 20 years, Nikki has provided program implementation, development, management, external and internal trainings, policy development, quality assurance, and managed training coordination and technical support throughout the southeast region.

Previously, she served as the program manager for the Division of Behavioral Health and Substance Use Services within the South Carolina Department of Corrections.

She has a B.A. in Psychology from the University of South Carolina, a M.A. in Counseling from Webster University and is a Certified Behavioral Specialist.



Presenter

Diana Padilla, MCPC, CARC, CASAC-T **RESEARCH PROJECT MANAGER**

Diana has worked in the behavioral health industry for more than 24 years and her vast experience includes service provision to diverse communities with substance use, HIV/HCV, trauma and stress, and other psychosocial conditions.

In her capacity as a research project manager, she develops curriculum, is a senior staff trainer for the Northeast & Caribbean Addiction Technology Transfer Center, (NeC ATTC), and is the SBIRT (Screening, Brief Intervention, and Referral to treatment) Technical Assistance and Implementation Specialist for the center.



Prevalence and Challenges of Substance Use Disorders

Prevalence of Substance Use

- Aging is associated with degeneration-related physical pain which can provide exposure to opioid analgesics (pain relievers), increasing risk of substance use disorder especially for those with complex trauma, medical conditions, and/or mental health problems.
- Alcohol and substance use disorder often goes under-reported, under-detected, and under-treated in older adults.
- A survey of 17,000 Medicare beneficiaries found that 2 out of 5 patients reported taking five or more prescription medications. Most Medicare beneficiaries (90%) take prescription medications, and as many as 55% are nonadherent.

SAMHSA, 2020 National Survey on Drug Use and Health, <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFRPDFWHTMLFiles2020/2020NSDUHFFR1PDFW102121.pdf>, Amaral P. The special case of compliance in the elderly. In: Gerber K, Nehemkis A, eds. Compliance: the dilemma of the chronically ill. New York: Springer, 1986

Substance Use with Nursing Home Residents

- Alcohol and other substance use can increase with residents seeking long-term care in nursing homes.
- For short term residents recovering from an injury, an overdose resulting in medical complications, or other physical health conditions, could result in relapse. Often, they are admitted to nursing homes so medications can be monitored and managed by a licensed nurse which minimizes their chance for relapse.
- The misuse of prescription medications is particularly prevalent, but alcohol, and illicit drugs can be an issue. This generally occurs when residents go on a leave of absence from the nursing home or have visitors purchase for them.

Yang M, Beiting KJ, Levine S. Barriers to Care for Nursing Home Residents With Substance Use Disorders: A Qualitative Study. *J Addict Med*. 2022 Aug 31. doi: 10.1097/ADM.0000000000001061. Epub ahead of print. PMID: 36044314., Le Roux, C., Tang, Y. & Drexler, K. Alcohol and Opioid Use Disorder in Older Adults: Neglected and Treatable Illnesses. *Curr Psychiatry Rep* **18**, 87 (2016). <https://doi.org/10.1007/s11920-016-0718-x>

Staff Related Barriers to SUD Resident Care

One study conducted with nursing home staff (nursing directors, physicians, administrators, etc.) found inconsistencies regarding substance use knowledge and protocols.

Three themes were identified:

- Staff preparedness
- Staff perceptions of addiction
- Overall lack of resources



Challenges to Addressing Substance Use In Nursing Facilities

- Nursing home residents may not be screened for substance use.
- Substance use symptoms in older individuals may be misinterpreted as age related conditions.
- Adults with substance use disorder (SUD) at times, maybe denied admission to residential nursing home care.
- Nursing schools do not routinely teach about substance use disorders (SUD).

Substance Use at Varying Levels of Use

When it is a Substance Use Disorder...



<https://youtu.be/MbOAKmzKmJo> (3:17)

DSM-5 Criteria for Substance Use Disorder Diagnosis

Impaired Control

1. Use is longer and more over a period of time
2. Unable to stop
3. Substantial time using the substance
4. Craving

Social Impairment

5. Failed roles at work/school
6. Social problems
7. Decrease in activities (i.e., work, childrearing)

Risky Use

8. Hazardous use
9. Use despite physical problems

Pharmacological Criteria

10. Tolerance
11. Withdrawal

Diagnosis is made separately for each substance.

Substance Use Disorders



Alcohol Use Disorder



Opioid Use Disorder



Tobacco Use Disorder



Marijuana Use Disorder



Stimulant Use Disorder



Sedative Use Disorder

Addiction Policy forum, Types of Substance Use Disorders, <https://www.addictionpolicy.org/types-of-substance-use-disorder>, accessed 2020

Long-Term Effects of Substance Use

- Withdrawal
- Heightened stress-response
- Physical changes to brain regions that govern:
 - Judgement
 - Decision-making
 - Learn and memory
 - Behavior control

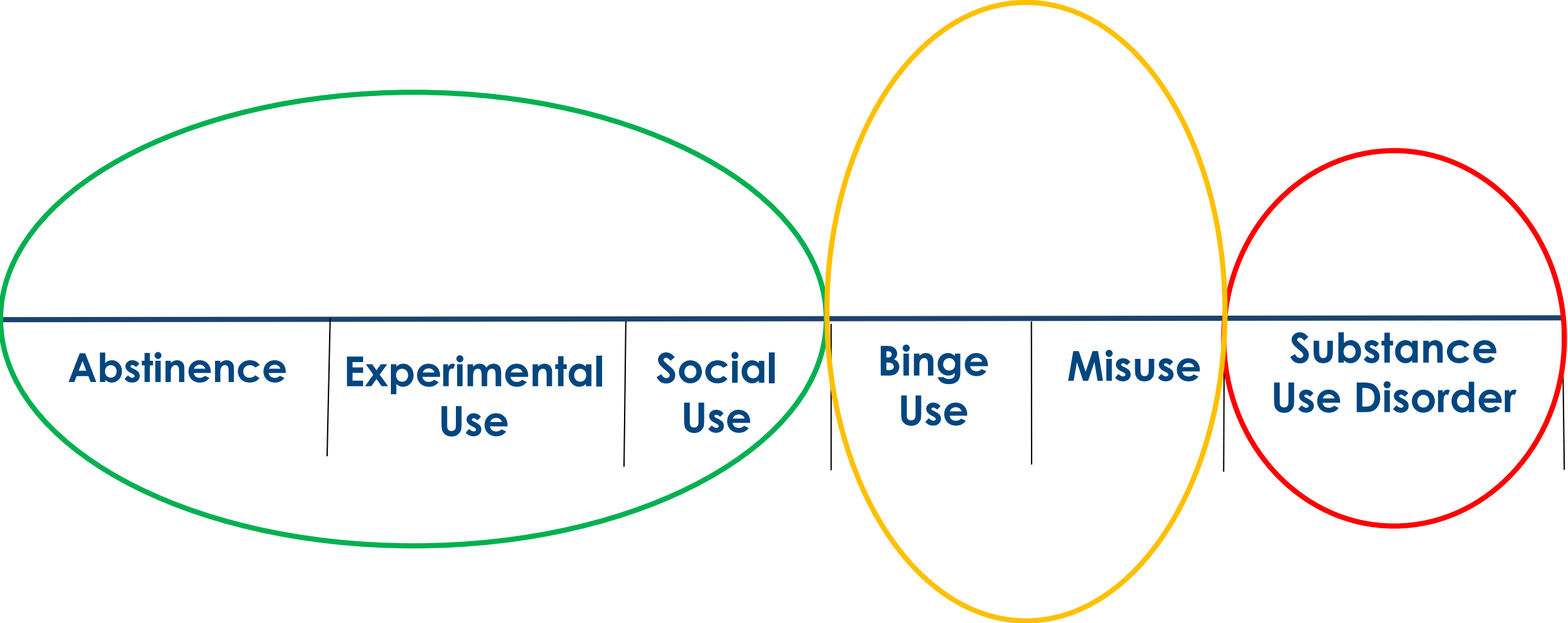
Other Potential Impacts of Substance Use

- Physical health issues
 - Alcohol induced dementia
 - Cirrhosis of the liver
 - Stomach or intestinal bleeding
- Problems with family and friends
- Changes in behavior
- Money problems

Substance Use Terms and Levels of Use

- **Substance Use** (SU) refers to the consumption or use of psychoactive substances such as alcohol, tobacco, illicit drugs, or prescribed medications.
- **Substance Misuse** is the inappropriate use of prescribed, legal or illicit substances, (*alcohol, tobacco, medications, etc.*)
- **At-risk Substance Use** refers to consuming at levels resulting in harmful or hazardous (*health related problems, exacerbated mental health issues, psychosocial impact*) consequences.
- **Substance Use Disorder** (SUD) is a cluster of cognitive, behavioral, and physiological symptoms indicating continued use of the substance despite significant substance-related problems.

Potential Progression of Substance Use



Recognizing Signs of Substance Use in Nursing Home Residents

- Frequent leaves of absence with or without facility knowledge
- Unusual odors, neglected appearance, red eyes
- Needle marks or new needle marks
- Changes in behavior such as:
 - Unexplained drowsiness
 - Slurred speech
 - Lack of coordination
- Mood changes, particularly after interaction with visitors or absences from the facility

Substance Use, Misuse and Disorders

- Most older adults who misuse substances do not meet DSM-5 criteria for a specific SUD but may be engaging in risky use of substances.
- Become informed about age related physiological changes with older adults to reduce barriers to substance use screening.
- Providers can engage residents (*all ages*) in illness management and education regarding substance misuse and health and wellness.
- Use a “person centered approach” to address and intervene for risky substance use.

Benefits of Universal Screening In Nursing Facilities

- Facility staff never know who is “at-risk,” unless they ask.
- Help identify residents in need of a specialized care plan.
- Provides an opportunity for education, early intervention and referral to treatment.
- Alerts physician to risks for interactions with medications or other aspects of care.
- Proven beneficial in reducing high risk behavior of people who do not meet the SUD criteria.

Support Practices and Language

Question

There is no difference between the terms, substance use and substance abuse:

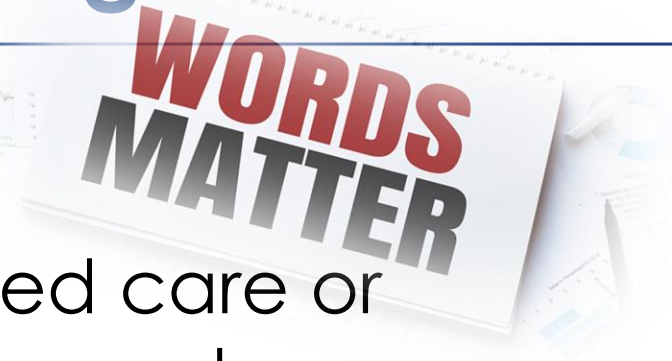
- a) True
- b) False

Referring to a person as a “substance abuser” versus a person with a “substance use disorder” resulted in subjects offering more punitive judgments and viewing the person’s substance use as willful misconduct.

Stigma Free - Recovery Oriented Language

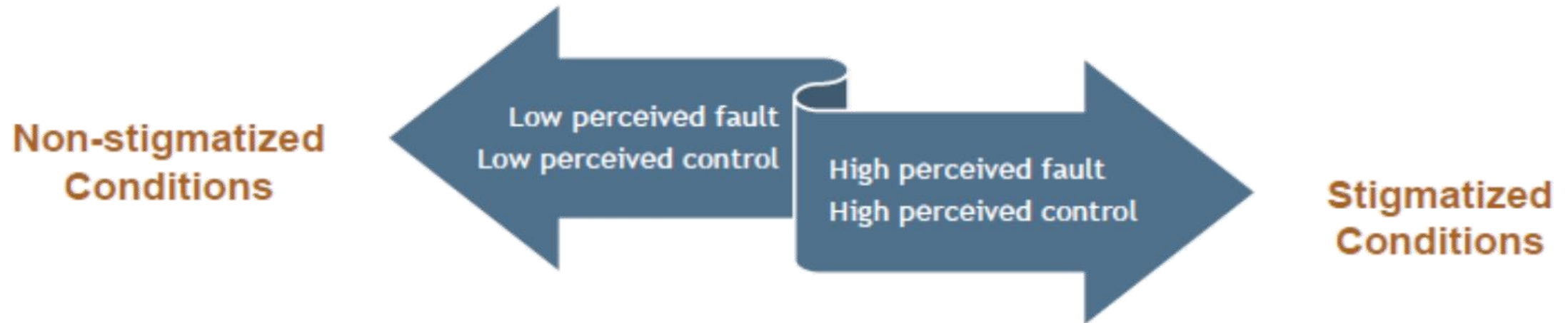
Why is it important?

- Stigma discourages people from seeking needed care or disclosing their substance use due to fear of bias and judgement.
- Replace stigmatizing language with preferred and empowering language that doesn't equate people with their condition or negative connotations.
- Use person-first language and let individuals choose how they are described, normalizing in conversation.



Language With Them, With Us

For people with substance use or mental health disorders, stigma disproportionately influences health outcomes and mental well-being.



Nursing Resident Scenario

Leslie (61-years-old) is approved for and leaves the facility for holiday and returns with her daughter 15 minutes later than expected.

The attending nurse takes her slowly and safely back to her room. The nurse notices the smell of alcohol and that Leslie is not responding clearly to her question about her visit with family. It seems that she has slightly slurred speech and is not coherent.

After following the appropriate protocols for resident safety and clinical care, Leslie is stable and sleeping. The next day, she is able to converse.

What steps can the attending nurse take then?

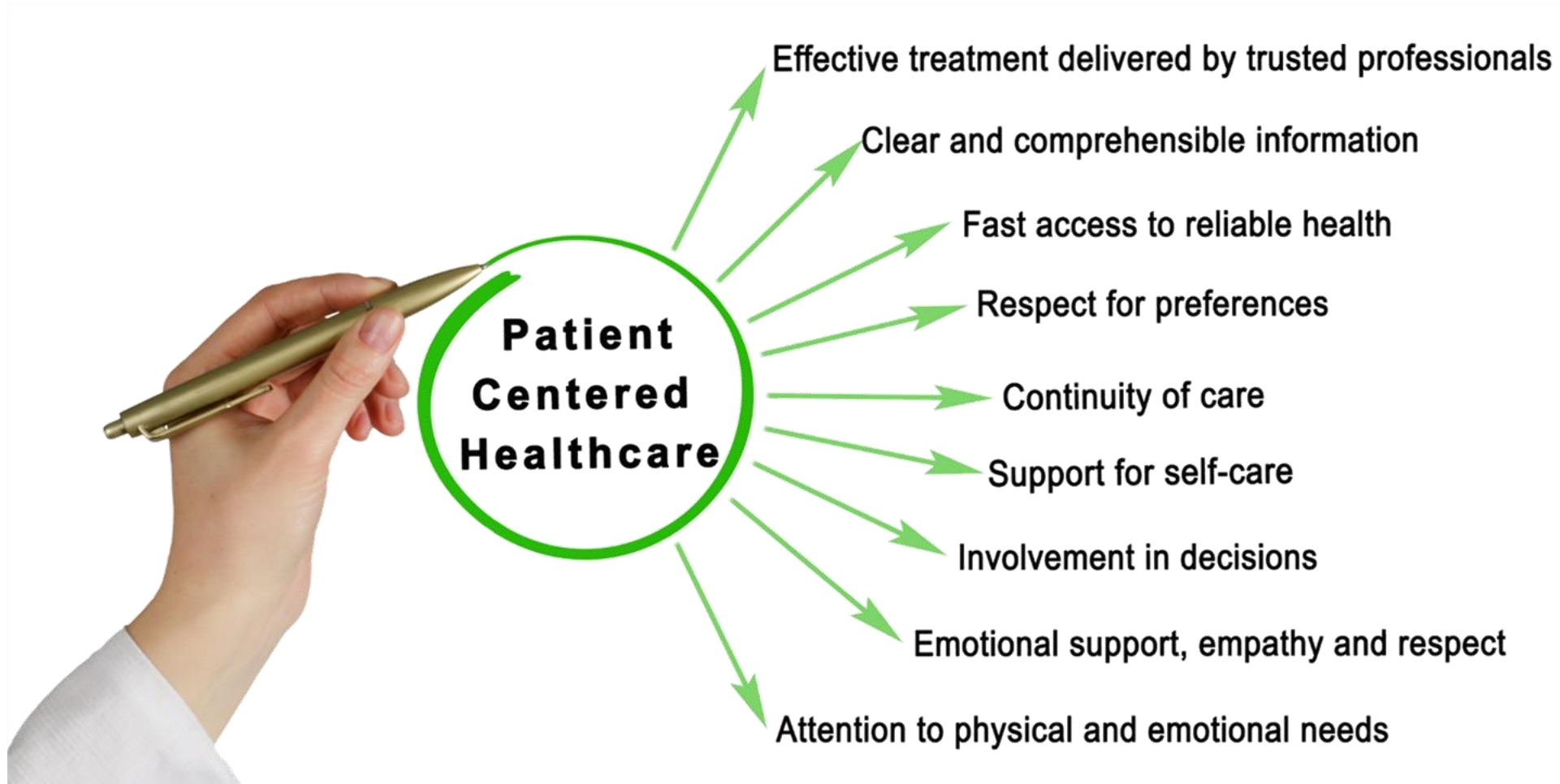
Steps To Take When Substance Use is Suspected

- Talk calmly to resident to elicit information of what they may have consumed, (see screening opportunities on last slide).
- Notify physician for any contraindications from other medications. If there are, follow physicians order.
- Notify Resident Representative that if substance use related behavior continues, outings and visitation could be limited as it poses a threat to the resident's safety.
- Inform family and resident on nursing home guidelines and risk of discharge, and how substance use can impact the care plan and outcomes.
- If patient becomes disruptive or violent, call local police department and have doctor complete an emergency transfer.
- If you are concerned that patient has alcohol or illegal substances on their person, remember you cannot search them without their permission or family's if applicable. If you suspect an illegal substance, then you notify local law enforcement, and they can perform the search legally.
- Educate associates to closely monitor patient for any significant change and report to supervisor.
- Update care plan.

Tips for Nursing Home Staff to Support Residents with SUD

- Ensure staff at all levels in the nursing facility can recognize the signs and symptoms of substance use.
- Be supportive. If you think someone needs help for substance use, notify the director of nursing and the administrator for further evaluation and care planning.
- Recognize that people with substance misuse and SUDs may have other medical conditions, including mental health disorders, and engage the director of nursing or interdisciplinary team for further evaluation and care planning.
- Everyone can play a role to help residents in the recovery process.

Patient Centered Care



Guideway Care, What Is Person Centered Care, and How Can it Improve Healthcare? January 24, 2020, <https://guidewaycare.com/what-is-person-centered-care-and-how-can-it-improve-healthcare/>

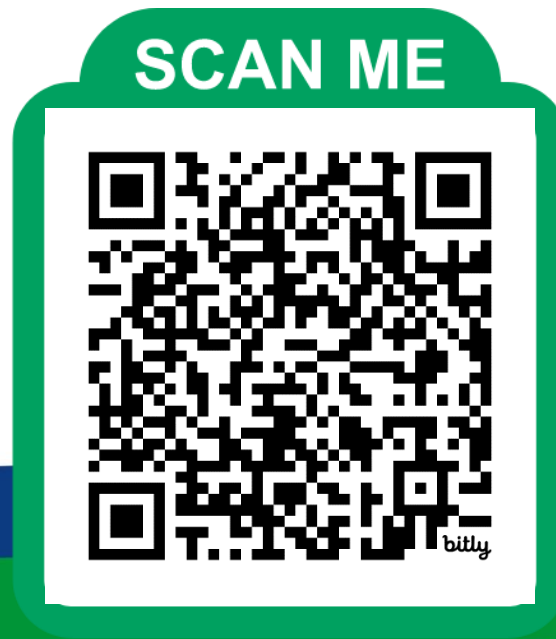
What You Can Do Going Forward

- Facilitate screening for substance use and identify level of use as part of their admission process, i.e., **SBIRT, AUDIT** (alcohol screen).
- Engage resident in a brief intervention, or dialogue for reducing substance use.
- Provide substance use prevention, intervention and treatment supports.
- Train entire nursing home team to recognize and screen for substance use.
- Strengthening efforts to educate residents and their caregivers about medicine use and encouraging them to be active partners in their healthcare is essential to guard against medicine use related problems.

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