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We will get started shortly!







The If's and What's of Substance Use Disorder Basics

CENTER OF

EXCELLENCE

FOR BEHAVIORAL HEALTH
IN NURSING FACILITIES

### **Today's Event Host**

# Nikki Harris, MA, CBHC-BS COE-NF Training and education lead role

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 project 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 and Host**

#### Diana Padilla, MCPC, CARC, CASAC-T Research Project Manager

Diana Padilla 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 and is a Senior Staff Trainer for the Northeast & Caribbean Addiction Technology Transfer Center, (NeC ATTC).

Diana's areas of expertise include culturally and linguistically responsive services, trauma-informed care, community disparities, racial stigma, social determinants of health and more.





# 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, underdetected, 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.



### Substance Use in Nursing Home Residents

- Alcohol and other substance use can increase with residents seeking longterm 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.



# Substance Use: Definitions and Types



### 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.



### Why Do People Take Drugs?

#### To feel good

#### To have novel:

Feelings
Sensations
Experiences
and to share
them



#### To feel better

#### To lessen:

Anxiety
Worries
Fears
Depression
Hopelessness



### Impact of Substances





### 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.



### Continuum of Substance Use

NO USE

EXPERIMENTAL

SOCIAL/RECREATIONAL

REGULAR/DAILY

BINGEING

MILD MODERATE SEVERE

SUBSTANCE USE

DISORDER



### **Substance Use Disorders**



Alcohol Use Disorder



**Opioid Use Disorder** 



Tobacco Use Disorder









### 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



### Recognizing Signs of Substance Use in Nursing Homes Residents

- Frequent leaves of absence with or without facility knowledge
- Unusual odors, neglected appearance, red eyes
- Needles 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



### Steps To Take When Substance Use is Suspected

- Help them safely get to their room
- Talk calmly to resident to see if they will give you any information on what they have consumed.
- Notify physician for any contraindications from other medications. If there are, follow physicians order.
- Notify Resident Representative that if this behavior continues, outings and visitation could be limited
  as it poses a threat to the resident's safety.
- Educate both family and resident that this behavior is against nursing home guidelines and patient could be subject to discharge.
- 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.



### Potential Impact 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



# Support Practices and Language



### Language Matters!



- Use affirming language to inspire hope and motivate.
- Affirming language to promote recovery by advancing evidence based and culturally informed practices.

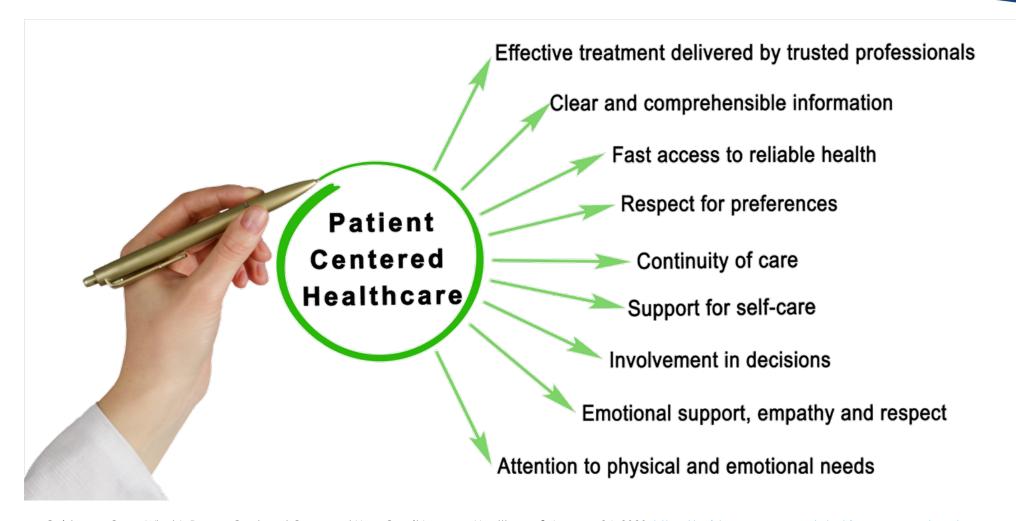


### Benefits of Universal Screening In Nursing Facilities

- 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.



### **Patient Centered Care**





### 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 SUDs may have other medical conditions, including mental health disorders, and 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.



### 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 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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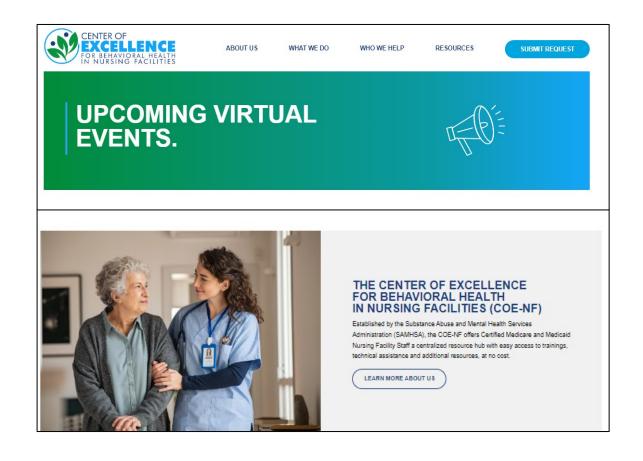
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### **Thank You!**

