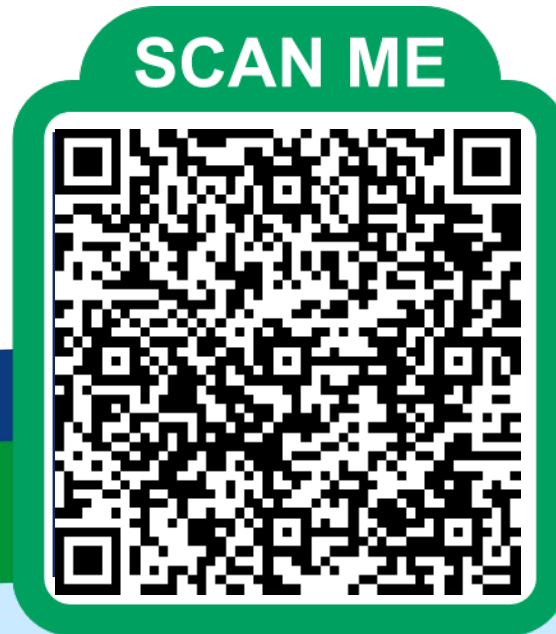


Welcome!

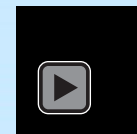
- This session is being recorded.
- All lines are muted, please ask your questions in the chat.
- Please complete the pre-test survey prior to the start of our session.

Visit https://www.surveymonkey.com/r/PreTest_OverviewofSUD_2023

or scan the QR code:



We will get started shortly!



CENTER OF
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IN NURSING FACILITIES



Understanding Substance Use Disorders Related to Nursing Facility Residents

August 31, 2023



CENTER OF
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IN NURSING FACILITIES

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 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.



Today's Presenter

Jenn Azen, MD, MPH

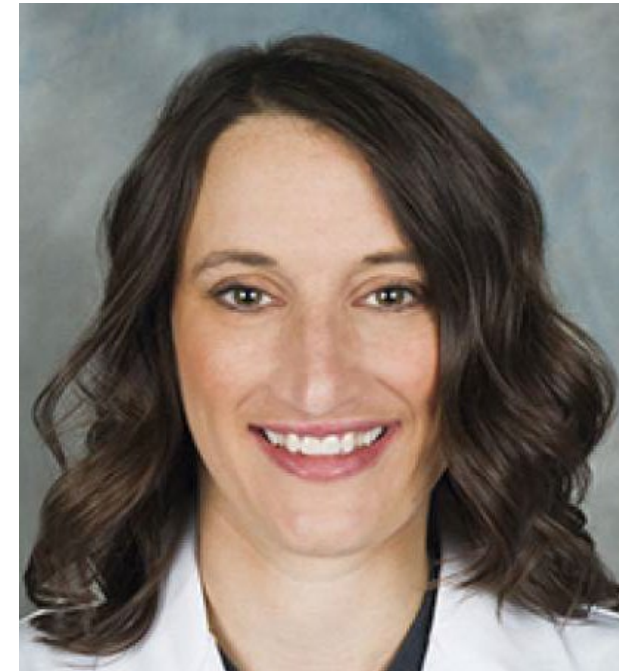
- CLINICAL ASSOCIATE PROFESSOR, UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE, DEPARTMENT OF MEDICINE, DIVISION OF GENERAL INTERNAL MEDICINE
- ATTENDING PHYSICIAN, UW MEDICINE POST-ACUTE CARE SERVICE
- MEDICAL DIRECTOR, UW MEDICAL CENTER ADDICTION MEDICINE CONSULT SERVICE
- PRIMARY CARE PHYSICIAN AND PHYSICIAN EDUCATOR, UW MEDICINE PRIMARY CARE CLINICS

Jenn is a general internist who has practiced in the primary care and post-acute care setting. Her primary care practice is focused on medically complex and geriatric patients. She provides in-home visits to medically fragile patients in private homes, adult family homes, and assisted living.

She currently works in post-acute care with Harborview Medical Center's Bed Readiness Program where she cares for patients with social complexity including substance use disorder. The Bed Readiness Program is designed to improve bed capacity within the hospital by partnering with local skilled nursing facilities.

She previously managed the UW Medical Center Post-Acute Care Consult Service and is now the medical director of the UW Medical Center Addiction Medicine Consult Service.

During her career, she has focused on removing the silos within our healthcare system and better integrating care so patients can gain access to the care that best meets their needs. She believes post-acute and long-term care is vital to our health care system and believes innovation will improve patient and staff experience.



Financial Disclosures

CVS stockholder:

My husband is a home infusion pharmacist with CVS and participates in the employee stock plan.



Seattle Skyline from North Lake Union, December 31, 2022.

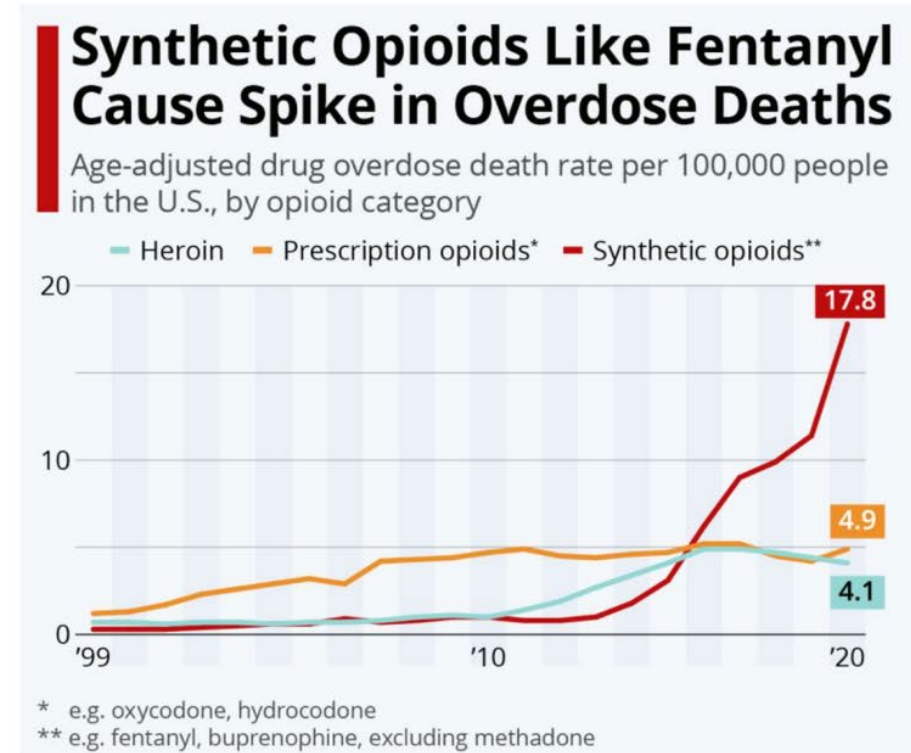
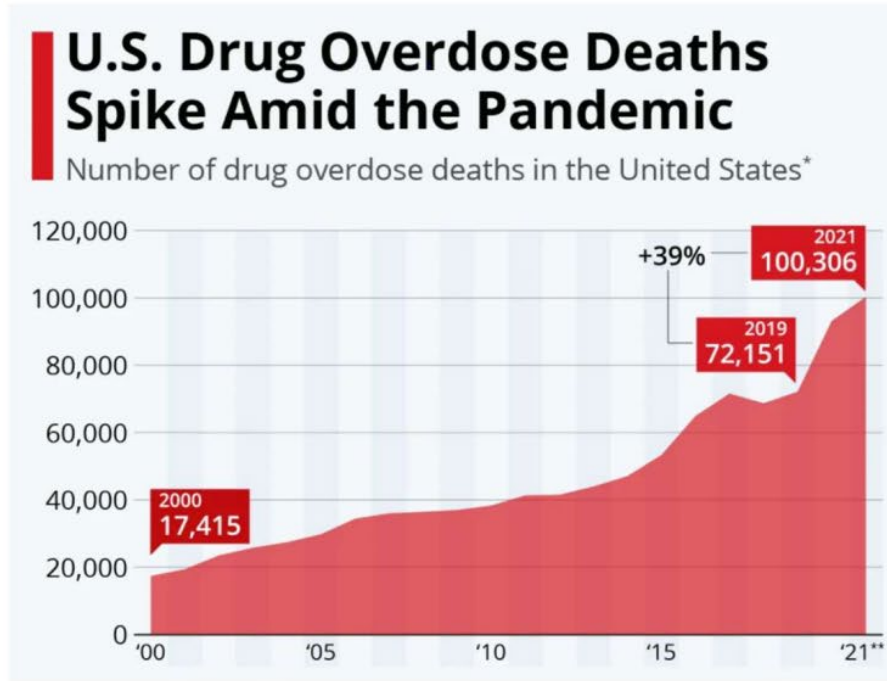
Objectives

- Understand barriers to care, residents experience in healthcare and skilled nursing environments
- Review epidemiology and neuropathology of addiction
- Be able to differentiate between substance use, substance dependence, and substance use disorder
- Learn language that reduces stigma and builds therapeutic alliance with residents with a substance use disorder
- Gain an understanding of treatment frameworks for substance use disorders



Diablo Lake, North Cascade
National Park, Washington

Epidemiology of Substance Use Disorder

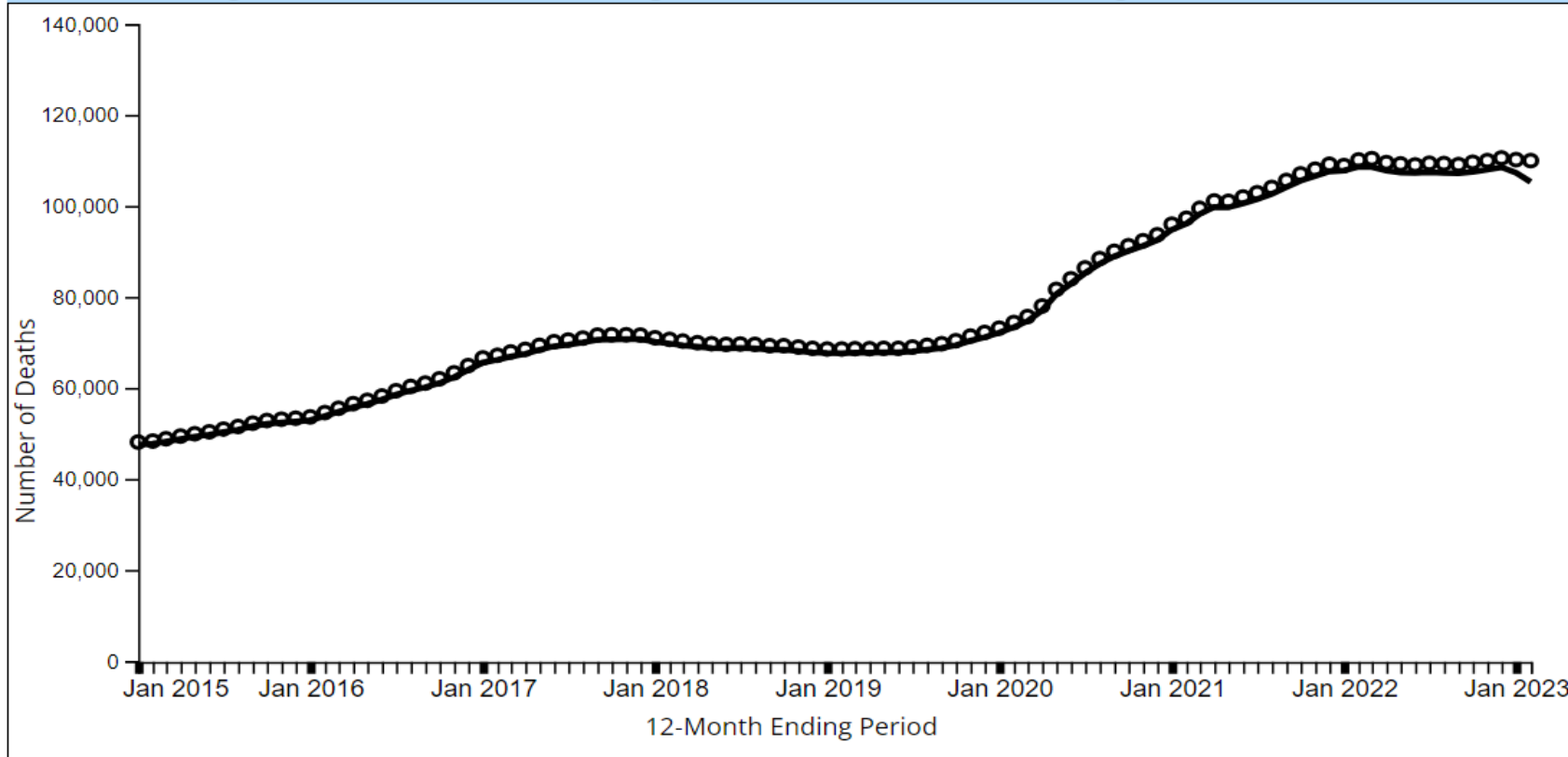


Source: CDC.gov (National Center for Health Statistics)

Epidemiology of Substance Use Disorder

Based on data available for analysis on: July 2, 2023

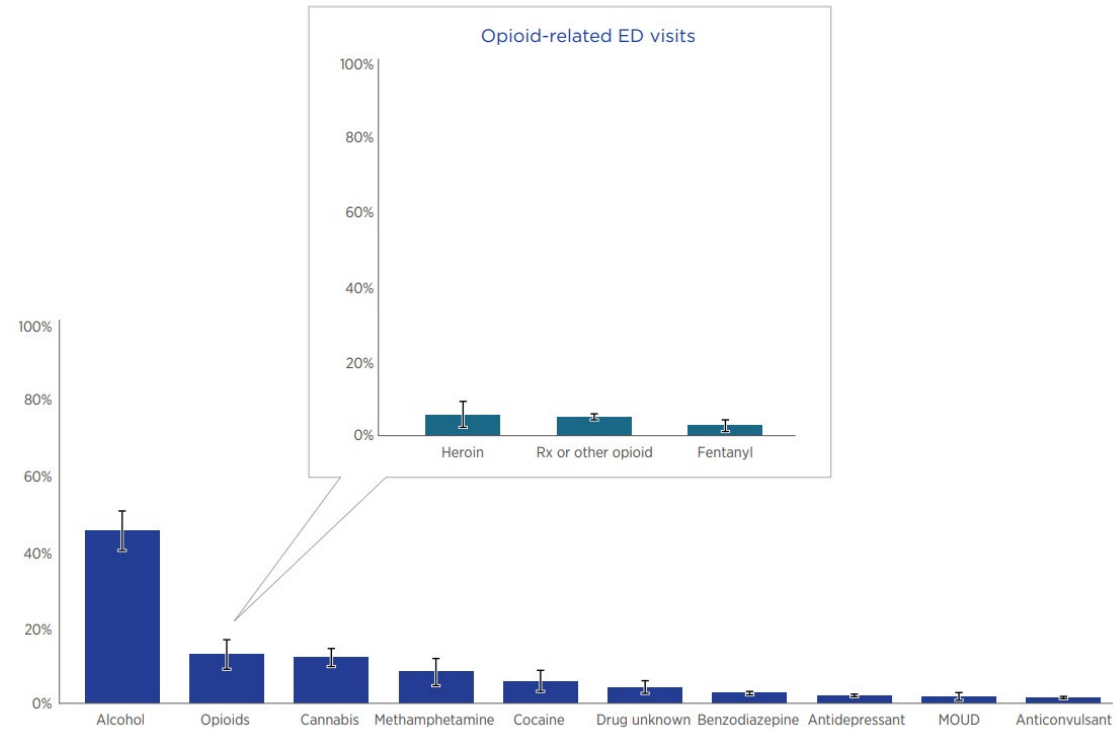
Figure 1a. 12 Month-ending Provisional Counts of Drug Overdose Deaths: United States



Source: SAMHSA.gov

Epidemiology of Substance Use Disorder

Figure 4.A Top ten substances involved in drug-related ED visits, 2022

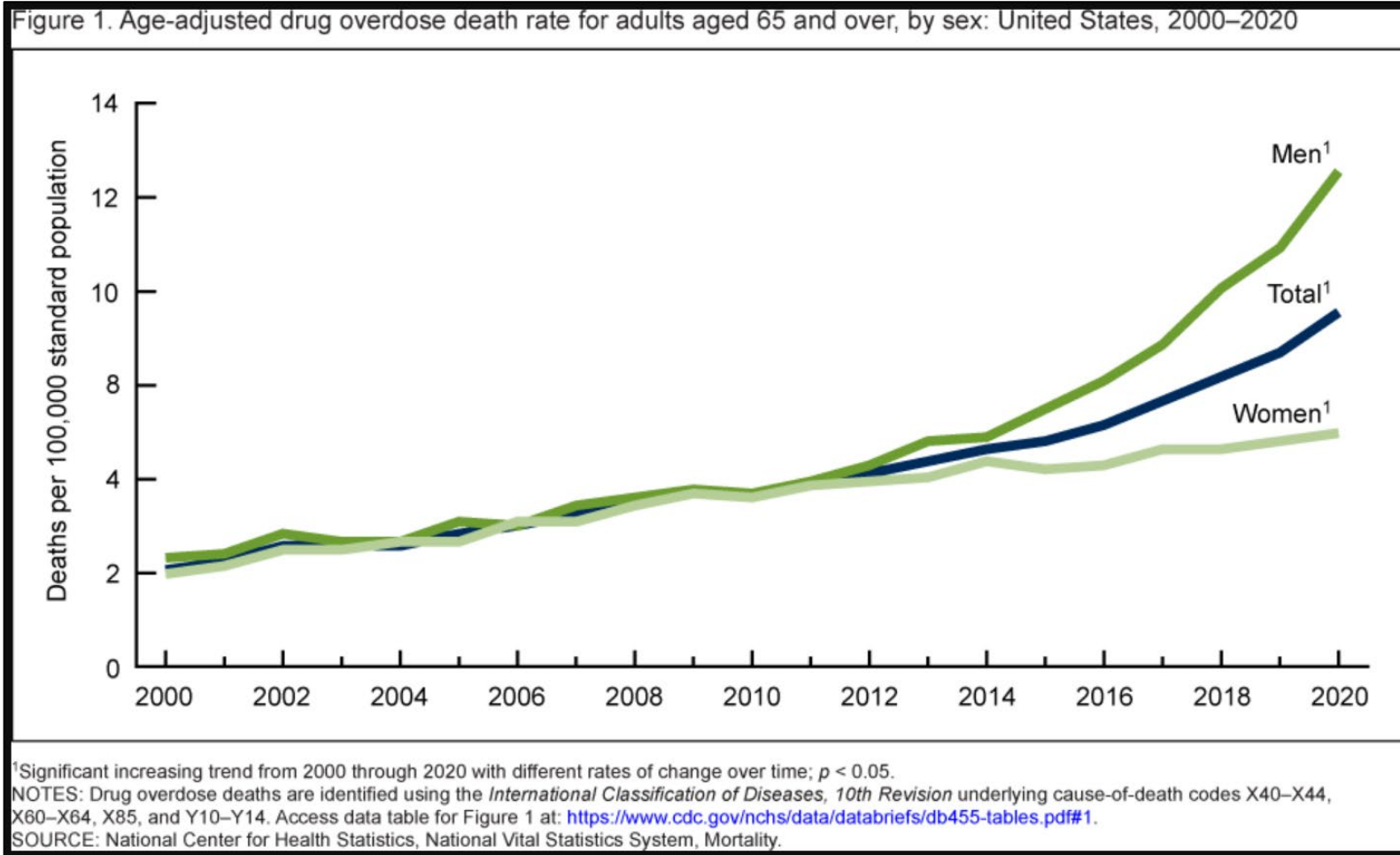


Note: Opioid includes heroin, fentanyl, and other prescription opioids. See Appendix B for other drug definitions. Multiple substances can be reported in a single ED visit, so percentages can add up to more than 100 percent.

In 2022, alcohol was the substance most reported (45.0%) in drug-related ED visits, followed by opioids (12.7%) and cannabis (12.0%). Among 4.2 percent of drug-related ED visits, an unknown drug was reported as at least one of the substances involved. Within opioids, heroin (5.6%) and Rx or other opioids (5.0%) were reported significantly more often than fentanyl (2.7%).

Source: SAMHSA.gov

Epidemiology of Substance Use Disorder



Source: CDC.gov

Barriers to Residents with SUD in Healthcare

Community

- Access to substance use treatment is limited
- Avoidance due to poor treatment
- Missed/delayed diagnosis

Hospital

- Difficulty with pain management
- Perceived and actual biased treatment by staff and providers

Post-Acute and Long-Term Care

- Stated discrimination
- Limited SUD formalized training for staff
- Limited access to medication assisted treatments

The Gap Between OUD Prevalence and OUD Treatment Nationally

87% of people with an opioid use disorder (OUD) living in the United States do not receive treatment

Krawczyk, et al., Internal Journal of Drug Policy, 2022

How do we get to a better place?



My niece in West Texas

- Understand substance use disorder as a disease
- Meet people where they are in their recovery
- Lead with compassion and kindness
- Understand their goals
- Guide with boundaries

Substance Use vs Substance Use Disorder

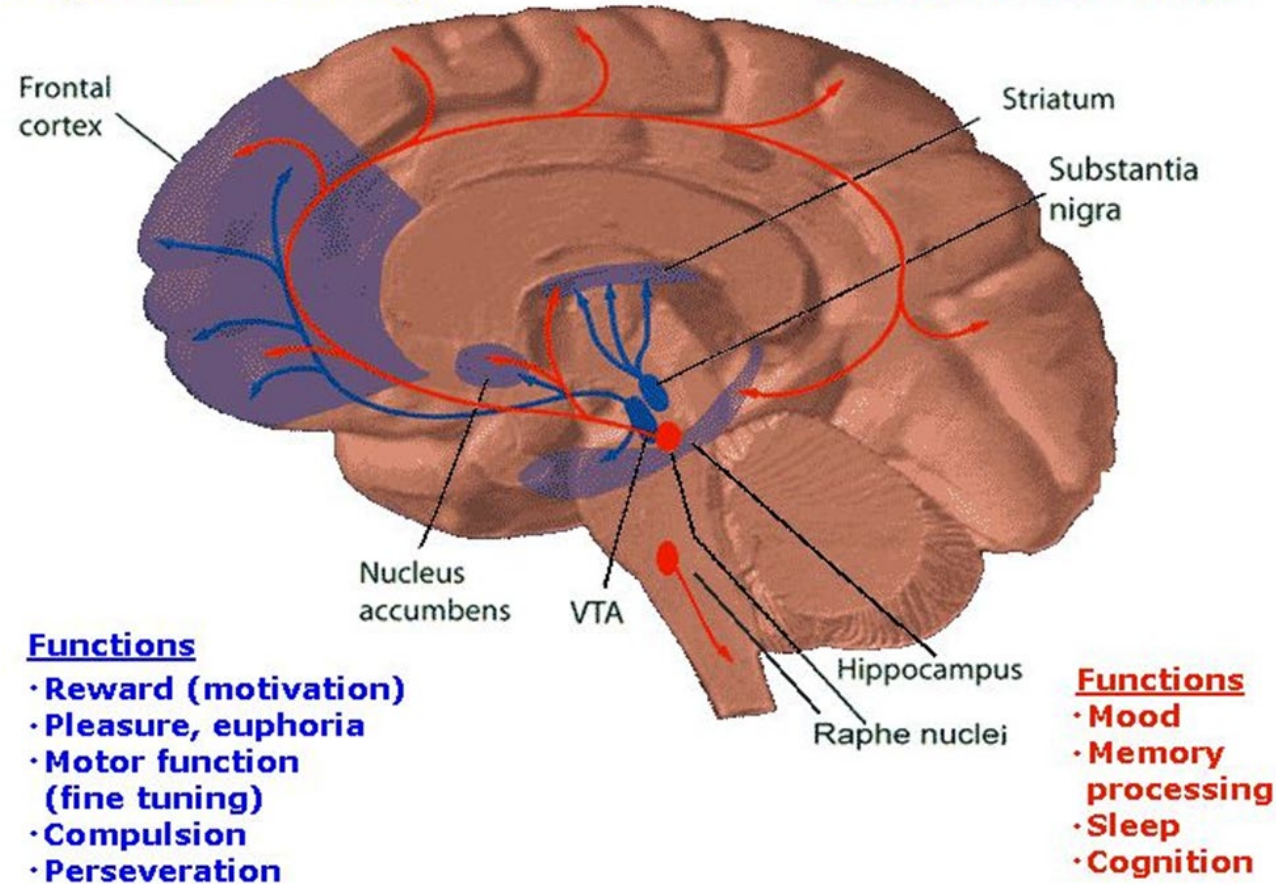
- Not all substance use leads to disordered use, even if there is dependence.
- DSM has diagnostic criteria for Substance Use Disorder

Loss of Control	Social Impairments	Health Impairments	Pharmacology
Use of substances in increased amounts or for longer than intended	Interference of substance use with social obligations	Continued use in physically hazardous situations (driving)	Need to increase use to achieve same effect (tolerance)
Persistent wish or unsuccessful attempt to cut down or control substance use	Continued use despite interpersonal or social problems (legal, loss of relationships)	Continued use despite psychologic or physical problems	Withdrawal of substances
Excessive time spent to obtain, use, or recover from substances	Elimination or reduction of important activities due to substances		
Strong desire or urge to use substances			
SEVERITY	MILD: 2-3 components	MODERATE: 4-5 components	SEVERE: 6+ components

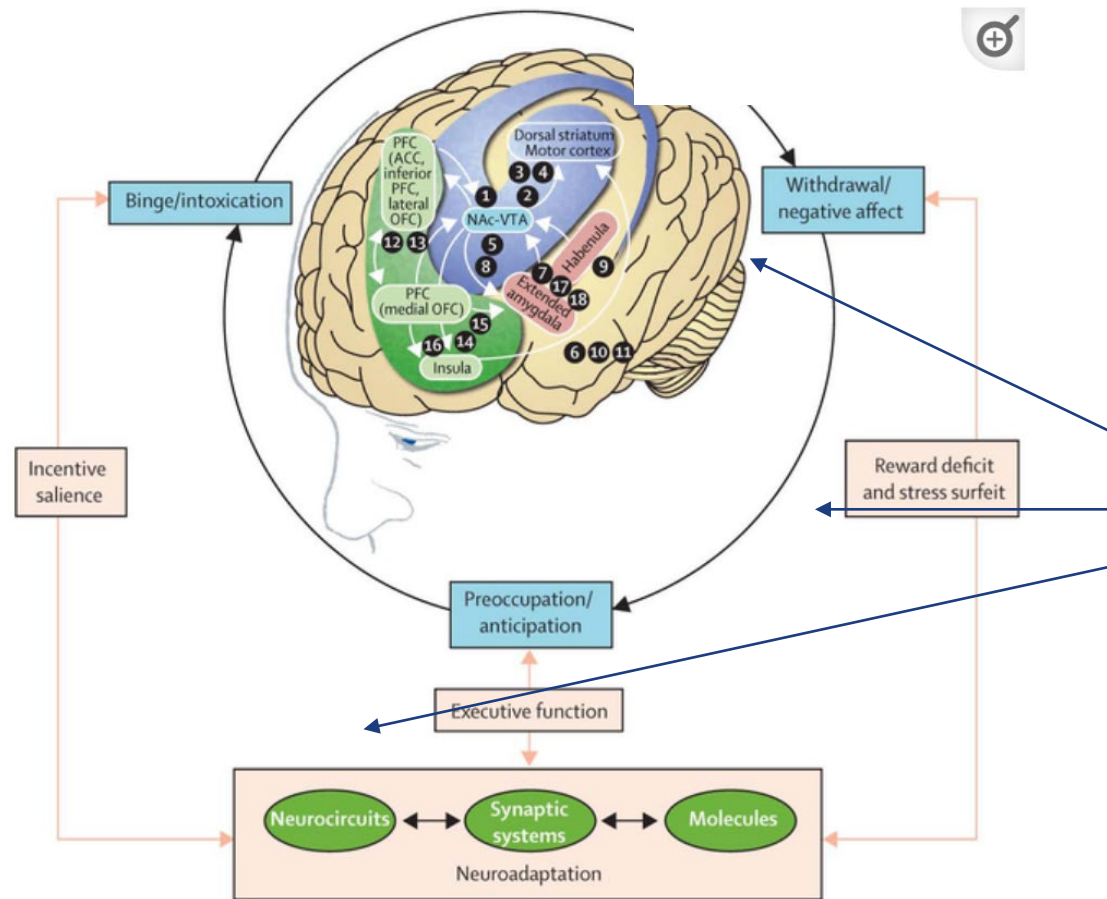
Neurobiology of Addiction

Dopamine Pathways

Serotonin Pathways



Neurobiology of Addiction



When we meet the resident!

Building Therapeutic Alliance with SUD Residents

- Before meeting the resident, **center yourself** and remove bias that you may have felt when reading the chart or receiving report
- Remember **SUD is a disease** that requires tremendous motivation to manage
- **Many residents have underlying trauma or have been traumatized by their substance use.**
 - Substances are often used to modulate emotions, particularly in residents who have been traumatized
 - Hyperarousal is common in traumatized brains
 - Emotional dysregulation is a result of this hyperarousal



Regency Suspension Bridge,
San Saba County, TX

Building Therapeutic Alliance with SUD Residents

- **Avoid ABUSE** use substance use disorder, as it helps to reframe as a treatable disease and minimizes shame associated with the word abuse.
- (Named Substance) use disorder in early remission is often the diagnosis code
- **Avoid** the term “**drug seeking**”
- Ask residents about their goals with the disease



Ironworkers Memorial Bridge, Vancouver, BC

Building Therapeutic Alliance with SUD Residents

Look for commonality and humanity in the resident

- SUD often takes so much from the resident
- Their unique skills are often ignored due to the dysfunction the SUD has created

Explore purpose and what thriving means to the resident

- Hopelessness is common in addiction
- Helping residents to visualize goals can be transformative
- Using goals can help to establish a shared plan to recovery

Building Therapeutic Alliance with SUD Residents

Explore how the facility can best help them meet their goals

- If the resident agrees, would regular testing help them to stay accountable?
- Would they benefit from connecting to mutual support?
- Would they like to explore structured treatment once discharged?
- Do they need help establishing boundaries with certain visitors?

Help the resident to establish regular achievements and establish rewards for meeting milestones

- This works on the same neurobiology pathway as addiction but provides positive reinforcement for healthy behaviors.
- Accomplishment is powerful and has often been lacking in their lives due to addiction.

Building Therapeutic Alliance with SUD Residents

Always be clear with boundaries and expectations

- Utilize resident's goals for treatment in care planning for their sustained remission
- Engage resident in establishing a treatment plan for their SUD
- Utilize resident's stated treatment plan in establishing boundaries when they struggle.
- Avoid punishment, but focus on redirection

When managing addictive substances, have clear and collaborative discussions with resident

- Resident will respond better when they feel that they have a sense of control
- Often prn meds create tension between staff and resident
- Consider scheduling meds to reduce this tension and lessen the “rewarding effects” of the medication

Treatment of Substance Use Disorder Concepts

Medication Assisted Therapy

- Great evidence for Opioid Use Disorder
 - Buprenorphine, naltrexone, methadone
- Good evidence with Alcohol Use Disorder (Underutilized)
 - Naltrexone, acamprosate, other non-FDA approved meds

Mutual Support

- 12-step recovery programs (AA/NA)
- SMART recovery
- Peer based, group setting
- Available online or in-person
- May be willing to meet at facility

Treatment of Substance Use Disorder Concepts

Behavioral Based Recovery

- Typically requires an assessment by treatment program to triage needs
- Inpatient Substance Use Treatment
 - Voluntary locked facility
 - Variable length (28-day, 60-day, 90-day, 6-month)
- Outpatient Substance Use Treatment
 - Intensive Outpatient (2-4 hours, 3-5 days per week)
 - Outpatient Treatment (1-2 hours, 2-3 days per week)
 - Relapse prevention

Contingency Management

- Monetary incentive to engage in treatment, succeed with treatment
- Best evidence-based treatment for methamphetamine use disorder
- Utilizes the neurobiology of addiction.

Clean and Sober Living

- Must be in a recovery program
- Peer-based, eviction possible with return to use

Conclusions

- Substance use disorder is a growing cause of death and **IS** impacting residents greater than 65.
- Substance use disorder is a disease, not a moral problem.
- Demonstrating empathy and compassion can be key in helping residents recover from substance use disorder.
- Work to support the resident's goals, not our goals for the resident. This will help to develop a therapeutic alliance.
- Treatment can work and supporting residents in recovery is key.
- Supporting residents in post-acute rehab can be a critical time in a resident's recovery process...AND IT CAN BE REWARDING!!!



Maple Loop Trail,
North Cascades National Park, Washington

Questions & Answers

NEXT STEPS:

**SAVE
THE DATE**

Join us for the next session:

An Overview of Opioid Use Disorders Related to Nursing Facility Residents

September 28, 2023

1-1:30 p.m. EST



Theo Azen, 9 weeks

Please complete the post-test and evaluation survey.

Visit https://www.surveymonkey.com/r/PostTest_OverviewofSUD_2023

or scan the QR code:





4 Ways Nursing Homes Can Promote Substance Use Recovery

Nursing facilities are admitting an increasing number of residents with Substance Use Disorders (SUD).¹ Facility staff can support residents and promote their recovery in the following ways:

OPTION 1

Provide space in the nursing facility for peer-led support group meetings. Peer-run groups are widely recognized as a valuable resource for individuals with a SUD or a history of substance use and can help with their recovery. Peer leaders can be identified through local support groups such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA).

Having space in nursing facilities for these groups eliminates transportation barriers and provides an opportunity for residents with SUDs to obtain support without leaving the facility.

OPTION 2

Coordinate with a resident's family member or friend to provide transportation to a local [recovery support group meeting](#).



OPTION 3

Provide access to online virtual recovery support group meetings. [Virtual meetings](#) eliminate the need for transportation and allow residents flexibility in participation.

OPTION 4

Coordinate with activity services to provide leisure outlets that support wellness in the recovery process, such as meditation, yoga, exercise, reading, journaling, and/or art activities. These activities provide meaningful outlets for residents.

Nursing facilities have an opportunity to provide a safe space for residents as they continue their recovery process.

Source:
¹ Barriers to Care for Nursing Home Residents With Substance Use Disorders: A Qualitative Study - <https://pubmed.ncbi.nlm.nih.gov/36044314/>

This material was prepared by the Center of Excellence for Behavioral Health in Nursing Facilities. This work is made possible by grant number 1H12GM001155 from the Substance Abuse and Mental Health Services Administration (SAMHSA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Substance Abuse and Mental Health Services Administration.

Scan the QR code or visit the link below to view this resource.



https://nursinghomebehavioralhealth.org/news-events/site_resources/4-ways-nursing-homes-can-promote-substance-use-recovery/

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Contact Us:

For more information or to request assistance, we can be reached by phone at **1-844-314-1433** or by email at coeinfo@allianthealth.org.

Visit the website:

nursinghomebehavioralhealth.org

Thank You!



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