



# Substance and Opioid Use disorder in Long-Term Care Residents

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# Today's Presenter

## BEHAVIORAL HEALTH SPECIALIST - IMPROVEMENT ADVISOR

### Region 10: WA, AK, OR, ID

David is a seasoned professional in the behavioral health field, recently relocating to Meridian, Idaho. With a diverse background, he has worked in various roles, including direct clinical experiences with youth and families in wraparound programs, serving as a Behavioral Health Project Manager to improve programs for Federally Qualified Health Centers (FQHCs) across Washington state, and most recently, as the Southwest Washington Behavioral Health Ombudsman, where he worked closely with local providers to enhance behavioral health services in the region. David is also a certified Healthcare Project Manager, bringing valuable expertise to his work in healthcare settings.

Currently, David serves as the Region 10 Behavioral Health Specialist, working across Washington, Idaho, Oregon, and Alaska to enhance behavioral health services within nursing facilities. In this role, he collaborates with healthcare providers to implement effective strategies that address the unique behavioral health needs of residents.

Outside of his professional life, David enjoys spending time with his wife and children, whether hiking through scenic landscapes or exploring the Pacific Ocean's shores.

**"Consult not your fears but your hopes and your dreams. Think not about your frustrations, but about your unfulfilled potential. Concern yourself not with what you tried and failed in, but with what it is still possible for you to do."**

– Pope John XXIII

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# Focus Objectives

- Regulatory Guidance
- Substance and Opioid use
- Trauma and substances abuses
- The importances of screening for SUD
- MAT and MOUD Treatment

# Regulations



Person-  
Centered



Trauma  
Informed



Staff Education  
and Training



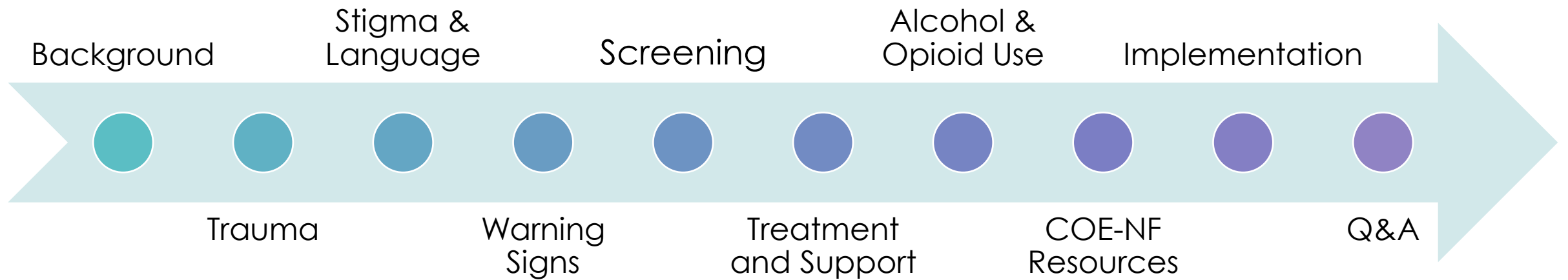
Access to  
Treatment



Shifting to Harm  
Reduction



# Substance Use Disorders in Nursing Homes



# Substance Use and the Aging Population

- National Health Administration published a report on adults 50 and up:
  - 8.8 million reported using an illicit drug in the past month.
  - 56 million engaged in problematic alcohol use in the past month
  - 4.7 million had a SUD in the past year
- Alcohol is the most used drug among older adults
- Rates of opioid use disorder (OUD) and overdoses have substantially increased among older adults.
- Older adults increasingly misused prescription opioids with suicidal intent and showed an increasing trend in death rates.

# Substance Use Disorders in Nursing Facilities

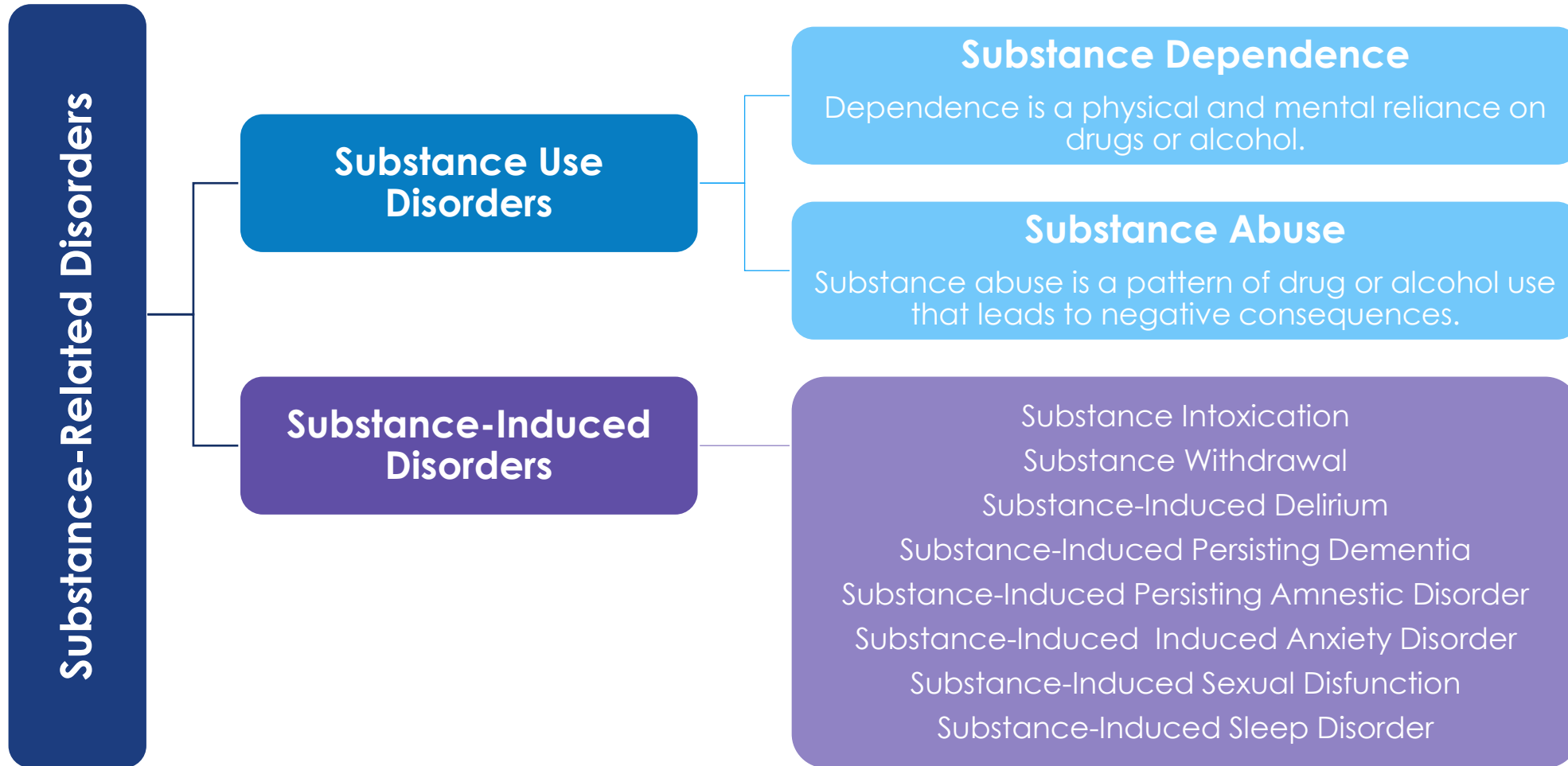
Nursing facilities are seeing more residents with current and historical substance use disorders.

The needs of this population creates a unique challenge for nursing facility Staff.

16%

of hospitalized patients with OUD are discharged to SNFs.

# Substance-Related Disorders







# Trauma and Substance Abuse



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# Trauma and Substance Use Disorders

- Exposure to traumatic experiences, especially those occurring in childhood, has been linked to substance use disorders (SUDs), including abuse and dependence.
- Trauma is a risk factor in nearly all substance use disorders.
- Individuals with substance use disorders are also more likely to experience traumatic events.
- Up to 50% of adults with both alcohol use disorder and PTSD also have one or more other serious psychological or physical conditions, including anxiety disorders, mood disorders, diabetes, heart disease, and chronic pain.

# Adverse Childhood Experiences (ACEs)



- ACEs are preventable, potentially traumatic events.
- Includes aspects of the child's environment that can undermine their sense of safety, stability, and bonding.
  - Mental health problems.
  - Parental separation.
  - Incarceration of a family member.
  - Substance use.
- ACEs are positively correlated with substance use and SUD risk in adulthood.

# 4Rs to Create a Trauma-Informed Approach

Nursing facilities that Realize, Recognize, Respond to, and Resist Re-Traumatization are better equipped to provide care, safety and well-being for residents with a history of trauma.

Use these 4 key assumptions to develop a trauma-informed approach.

**REALIZE**

the widespread impact of trauma

**RECOGNIZE**

the signs and symptoms of trauma

**RESPOND**


with a trauma-informed approach

**RESIST RE-TRAUMATIZATION**

by assessing the environment



[Applying the 4Rs to a Trauma Informed Approach in Nursing Facilities](#)

# SUD Stigma and Language




## LANGUAGE MATTERS

Reduce negativity and stigma around substance use disorders by changing your language.

 Stigmatized Language (Not this)	Preferred Language (Use this) 
Addict/User	Person with a substance use disorder
Addicted to [alcohol/drug]	Has an [alcohol/drug] use disorder
Alcoholic/Drunk	Person with an alcohol use disorder
Clean	Abstinent
Clean screen	Substance-free
Dirty	Actively using
Dirty Screen	Testing positive for substance use
Drug abuser [crack head/meth head]	Person in active use
Drug habit	Regular substance use
Lapse / Relapse / Slip	Resumed substance use
Medication Assisted Treatment	Medication for Opioid Use Disorders
Opiate addict	Person with an opioid use disorder
Reformed addict or alcoholic	Person in recovery
Substance abuse	Substance use disorder
Substance abuser	Person with a substance use disorder

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nursinghomebehavioralhealth.org

[COE-NF Language Matters Flyer](#)

## Stigma

- SUD is a medical condition like any other – science of addiction.
- Can causes residents to conceal their history or current SUD.
- Impacts staff mindset and attitude.

## Language Matters

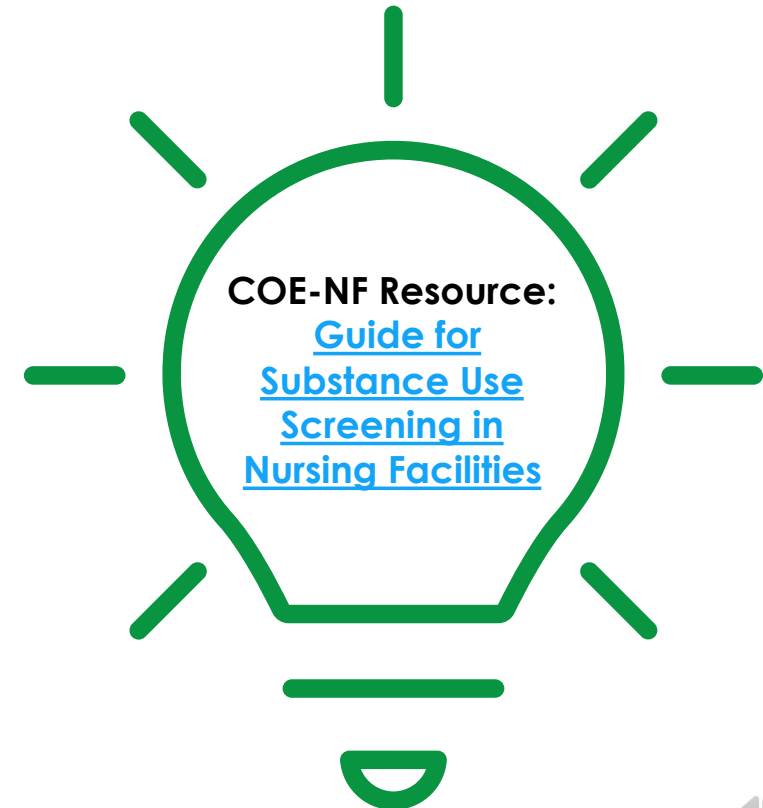
- The way we refer to individuals with substance use disorders impacts how we treat them.
  - Negative terms: Addict, crackhead, alcoholic.
  - Better term: Person with a substance use disorder.



# Substance Use Disorder Screening

Routine SUD screening is the first step toward quality care and risk management.

- **Screening may look different in every facility.**
  - Many different screening tools available, none tailored specifically to nursing facilities.
  - Screening may be incorporated into social services, nursing assessment, or a separate tool/assessment.
- **There are limitations to screening.**
  - Based on self-report (resident responses) – may conceal their substance use.



# What, Why, When, & How of Screening Tools

## What

Substance abuse screeners are tools to identify individuals who:

- Have or are at risk for developing substance-related problems.
- May need further assessment or treatment.

## Why

- Screening quickly assesses severity of substance use & identifies the appropriate level of treatment.
- Substance use disorders do not discriminate.

## When

- Yearly screening for all adults ages 60 or older.
- During major life changes.
- If warning signs are noticed.

## How

- Verbal
  - Interviews
- Physical
  - Paper-and-pencil forms
  - Electronic forms

## Next

Any positive responses should lead to a referral for full assessment by a qualified provider.

# Treatment and Support

## Supports Available to Nursing Home Residents

Intensive Outpatient Care

Outpatient Care

Telemedicine

Medication Assisted Treatment (MAT)

Peer Support

AA/NA

## Other Types of Care

Interim Care

Withdrawal Management (Detoxification)

Inpatient Care

Residential Care

Sober Living Home

## National Clinician Consultation Center Substance Use Warmline

M-F 6am - 5pm PT

Voicemail 24/7

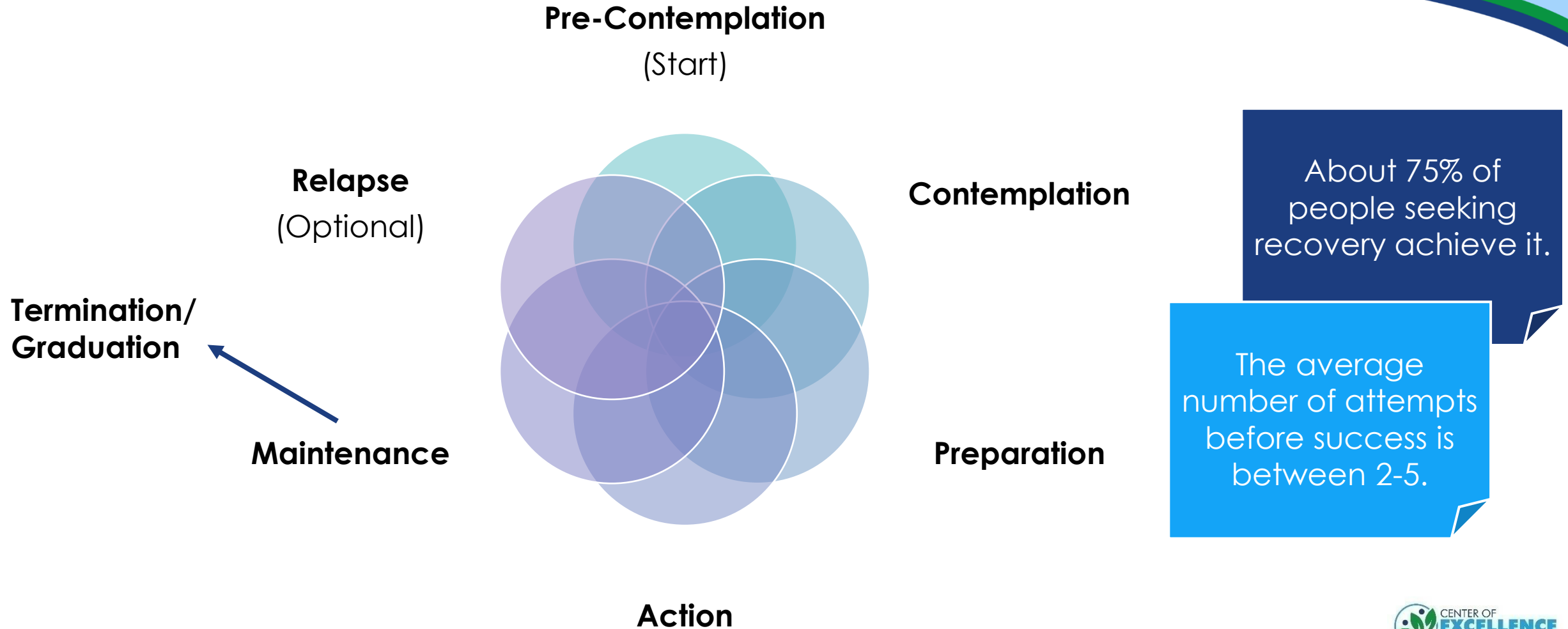
Specialty Addiction  
Medicine Consultation

(855) 300-3595

**SMART Recovery: Free  
Mutual Support Meetings**



# Stages of Change



# History of Substance Use Disorder

- A history of SUD isn't always documented.
- History impacts care.
- Residents with a history of SUD have heightened risk factors for relapse.
- Best practices at admission is understanding past and current experiences with substance use disorder.

# Motivational Interviewing with Residents with SUD

Motivational interviewing (MI) is a collaborative conversation to strengthen a person's own motivation for and commitment to change. It is a practical technique for nursing facilities to use that can help people through the stages of change.

Express empathy through reflective listening.

Develop discrepancy between the residents' goals or values and current behavior.

Avoid arguments and direct confrontation.

Roll with resistance.

Support self-efficacy and optimism.



# Medication Assisted Treatment and Opioid Use Disorders.



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# Myths Surrounding Medication Assisted Treatment

- ✗ MAT trades one addiction for another.
- ✗ MAT is only for short-term use.
- ✗ My residents' condition is not severe enough to require MAT.
- ✗ MAT increases the risk for overdose in residents.
- ✗ Providing MAT will disrupt and hinder the recovery process.
- ✗ There isn't any proof that MAT works.

# Medications for Alcohol Use Disorder (MAUD)

Part of treatment plan for Alcohol Use Disorder (AUD).

## Common MAUD Medications


Disulfiram

Acamprosate

Naltrexone

These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.

# Alcohol Use in Nursing Facilities




## Addressing Alcohol Use in Nursing Facilities

### Health Effects of Drinking Alcohol

While drinking any amount of alcohol carries risk, mixing alcohol with certain medications can cause nausea, vomiting, headaches, drowsiness, fainting, or loss of coordination. Alcohol can also make some medicines less effective or even harmful to the body.<sup>1</sup>

Drinking alcohol can lead to health problems such as high blood pressure, heart disease, stroke, liver disease and digestive issues. It can also result in cancer of the breast, mouth, throat, esophagus, voice box, liver, and colon.<sup>2</sup>

Excessive alcohol use can lead to memory problems such as alcohol-related dementia. In addition, consuming alcohol very quickly can increase the risk of harm, such as blackouts and falls. It can also increase the risk of unpredictable or violent behavior toward other residents or staff members.<sup>3</sup>



### Unauthorized Alcohol Use

Residents may consume alcohol while away from the facility, on weekend passes or during an off-campus trip. Some residents may also gain possession of alcohol during visitation without staff's knowledge.

### Proactive Steps Staff Can Take To Support Residents

- Discuss the dangers of undisclosed alcohol use with residents.
- Provide education to residents on alcohol use versus alcohol *abuse*.
- Discuss safe drinking standards with residents – two drinks or less per day for men and one drink or less per day for women.
- Administer routine alcohol screening questionnaires to residents upon admission and as needed.
- Coordinate follow-up substance use treatment/ support when applicable.
- Utilize written policy and behavioral contracts to work with residents who are not in compliance with the facility's drinking policy.

- Alcohol use vs. abuse – safe drinking standards.
- Risks for medication interaction, health concerns, falls.
- Managing undisclosed alcohol use, access through visitation or outside trips.

## COE-NF Resources

- [Addressing Alcohol Use in Nursing Facilities](#)
- [Effects of Alcohol on the Body](#)
- [April Newsletter: Warning Signs and Action Steps for Excessive Alcohol Use](#)

# Medications for Opioid Use Disorder (MOUD)

Part of treatment plan for Opioid Use Disorder (OUD).

## Common MOUD Medications

Buprenorphine

Methadone

Naltrexone


These medications operate to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative and euphoric effects of the substance used.



# Nursing Facilities and MOUD

- Many staff have limited knowledge/training on MOUD.
- MOUD can be offered in facility or at a local clinic or provider.
- When involving a clinic, medication storage can be complicated.
- **MAT Act and MATE Act**
  - Effective in June 2023
  - All prescribers can now prescribe medications for Opioid Use Disorder (OUD), such as Buprenorphine.
    - Methadone still requires a licensed clinic/provider.
  - MATE Act: All prescribers must take 8 hours of MAT training prior to their next DEA renewal.
  - X-Waiver eliminated December 2022.

# Opioid Overdose & Naloxone (Narcan) in Nursing Facilities


 **Using Naloxone to Respond to an Overdose in a Nursing Facility**

## RESPONDING TO AN OVERDOSE

Where does my nursing facility store the naloxone? \_\_\_\_\_


**1. Check for a Response**

- Lightly shake the resident and yell their name. Firmly rub the resident's sternum (bone in the center of the chest where ribs connect) with knuckles, hand in a fist
- If the resident does not respond—Give Naloxone, Call 911




**2. Give Naloxone, Call 911**

- If you have naloxone nasal spray, DO NOT PRIME OR TEST the spray device. Gently insert the nozzle tip into one nostril and press the plunger firmly to give the entire dose of naloxone nasal spray.
- If you have the naloxone auto-injector, pull the device from the case and follow voice instructions.
- When calling 911, give the address and say the resident is not breathing.




**3. Airway Open**  
*Rescue Breathing (if overdose is witnessed)*

- Place face shield (optional)
- Tilt head back, lift chin, pinch nose
- Give one breath every five seconds
- Chest should rise




*Chest Compressions (if collapse is unwitnessed)*

- Place the heel of one hand over the center of the resident's chest (between nipples)




- Place the other hand on top of the first hand, keep elbows straight, shoulders directly above hands
- Use body weight to push straight down, at least 2 inches, at a rate of 100 compressions per minute
- Place face shield (optional)
- Give two breaths for every 30 compressions



**4. Consider Naloxone Again**

- If a resident doesn't start breathing in two and three minutes or responds to the first dose of naloxone and then stops breathing again, give a second dose of naloxone.
- Because naloxone wears off in 30 to 90 minutes, stay with the resident until emergency medical staff take over or for at least 90 minutes if the person stops breathing again.



**5. Recovery Position**

- If the resident is breathing but unresponsive, put them on their side to prevent choking if they vomit.

Source: Adapted from [https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/AcademicDetailing\\_Educational\\_Material\\_Catalog/41\\_IB\\_784\\_OEND\\_Patient\\_Opioid\\_Safety\\_for\\_Patients\\_on\\_Opioids\\_Brochure\\_v2.pdf](https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/AcademicDetailing_Educational_Material_Catalog/41_IB_784_OEND_Patient_Opioid_Safety_for_Patients_on_Opioids_Brochure_v2.pdf)

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## Opioid Overdoses

- Most serious outcome of SUD.
- Naloxone (Narcan) availability and training can reverse the effects.
- Part of SUD disease process - not always preventable.

## COE-NF Resources

- [Naloxone in Nursing Homes: A Checklist for Process Review](#)
- [Naloxone in Nursing Facilities: How It Saves Lives](#)
- [Using Naloxone to Respond to an Overdose in a Nursing Facility](#)

# Implementing SUD Treatment and Support in your Facility

- Develop a process on proper screening tools and ensure staff are educated.
- Work with staff to implement harm reduction principles
- Ensure treatment is available for residents with SUD's
  - Do you have a provider that can administer MAT?
  - Do you have peer or community support groups?
  - Do you have naloxone/Narcan accessible?

## **COE-NF Resources**

- Connect with your regional behavioral specialist (RBS) at the COE-NF
- Identify a champion within your facility to work with the RBS

# COE-NF SUD Resources

## COE-NF SUD Trainings

Substance Use Disorders 101

Understanding Substance Use Disorders related to Nursing Facility Residents

Treating Opioid Use Disorder (OUD) as an Ordinary Component of Service Provision

Addressing Co-occurring Disorders in Nursing Facilities

## COE-NF SUD Resources

[Guide for Substance Use Screening in Nursing Facilities](#)

[Substance Use Disorders & Mental Health in Older Adults](#)

[Virtual Recovery Meetings](#)

[Addressing Alcohol Use in Nursing Facilities](#)

[Medication Assisted Treatment: Improving Outcomes Through A Whole Person Approach](#)

**View all upcoming trainings on the COE-NF website:**  
Visit [NursingHomeBehavioralHealth.org](http://NursingHomeBehavioralHealth.org) and click on "[News & Trainings](#)"



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## Questions ?



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Thank You!



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