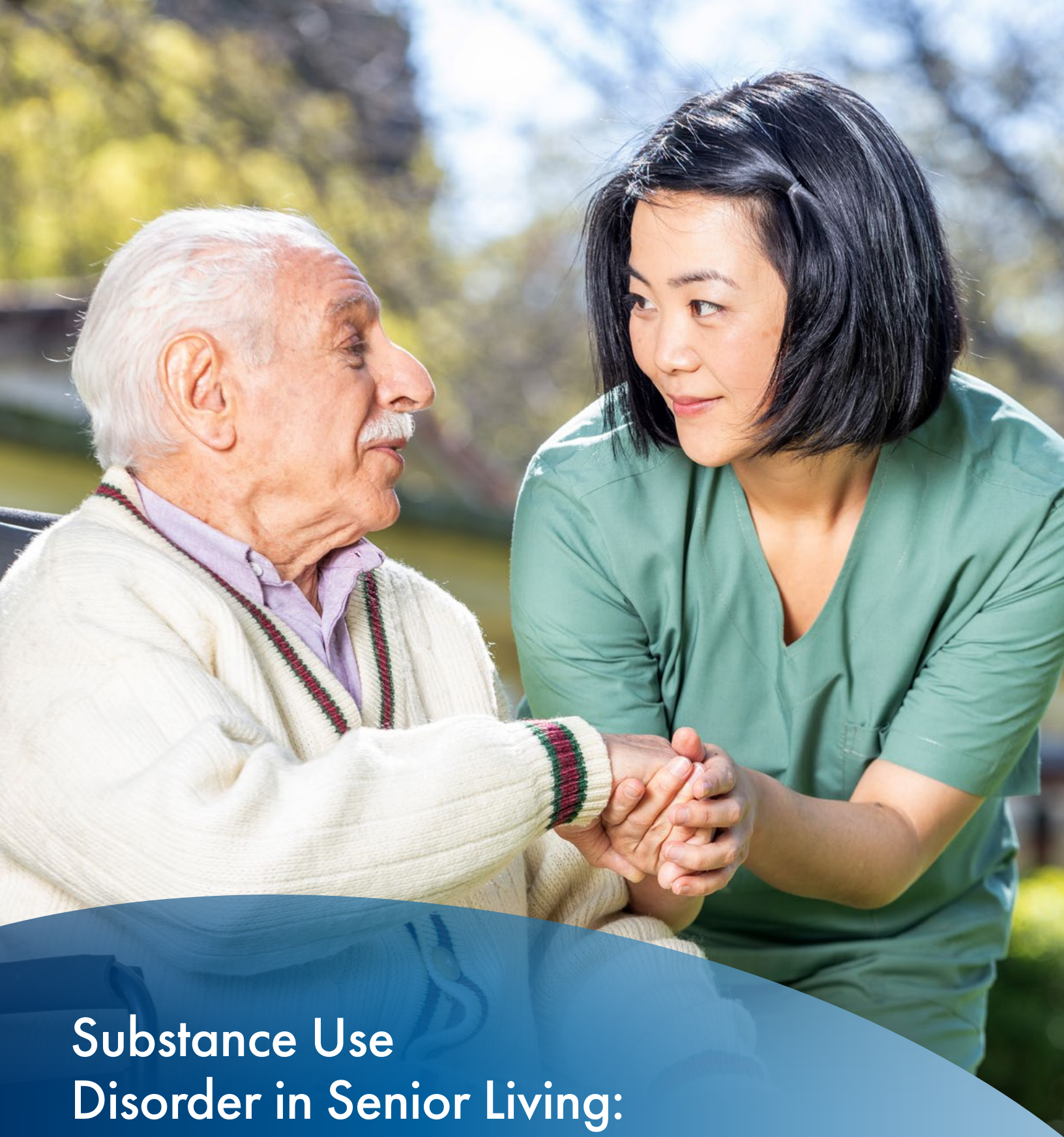
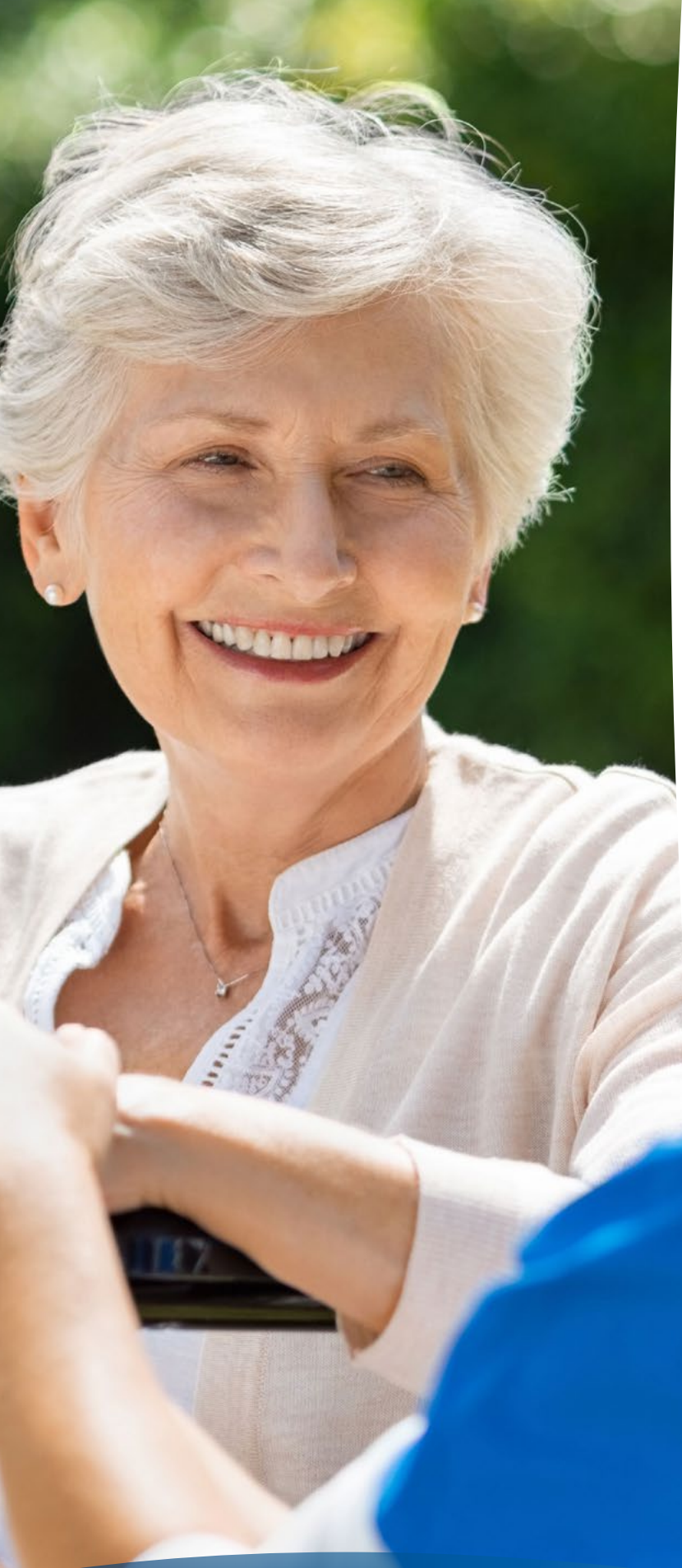


Substance Use Disorder in Senior Living: 5 Strategies to Empower Staff to Care for Residents at Risk

Guardian® Pharmacy Services



Overview

Substance use disorder (SUD) among older adults is one of the fastest growing health concerns in the United States. As the number of older adults with opioid and SUD continues to increase in assisted living (AL), operators must consider their capacity to manage issues related to SUD and expand access to appropriate care within their community. Effectively preparing an AL community for an influx of residents with SUD requires a multifaceted approach.

Older adults needing treatment for substance use was expected to

increase

159%

in just 20 years

2000-01: 1.7 MILLION
2020: 4.4 MILLION

This guide will provide you with specific strategies to prepare your staff to confidently care for these residents and mitigate risks associated with SUD.

Introduction

Substance use disorder (SUD) among older adults is rising at an alarming rate. In fact, the number of older adults in need of substance abuse treatment was estimated to increase from 1.7 million in 2000 and 2001 to 4.4 million in 2020 – a nearly 159% increase[1]. With the number of adults 65+ estimated to reach 77 million by 2034[2], should this SUD trend continue, it will put undue pressure on AL communities that are already confronting the challenges of providing higher-acuity care to an increasingly fragile resident population.

Currently, 25% of adults 65+ have an opioid prescription[3] and 8.7% have a benzodiazepines (BZD) prescription[4], the most abused substances among older adults along with alcohol. Importantly, due to physical changes that normally occur in aging and reliance on higher doses of prescribed opioids, older adults are more vulnerable to overdoses than younger people prescribed the same dosages. Difficult to recognize due to other medical comorbidities, substance abuse and misuse in older adults is often overlooked by providers, family members, and caregivers. Further complicating a resident's care needs, mental health disorders and SUD often occur simultaneously. Seniors are therefore less likely than their younger counterparts to be diagnosed correctly and subsequently offered treatments and services.

This oversight can be dangerous as the adverse health effects associated with SUD include increased falls risk leading to fractures, cognitive impairment, sleep disturbances, anxiety, and depression.

Strategies for community operators

AL operators should recognize the escalating need to prepare their communities for an increased level of care for persons with SUD. It's important to assess your organization's capacity to manage SUD-related issues and implement strategies to curb their impact on care quality while protecting the community from associated risks. Using a multi-pronged approach that includes policy development, awareness, education, and training, operators can effectively expand their community's ability to manage the complex needs of residents with SUD. Specific strategies to prepare your organization and empower your staff include:

1 Expand awareness of SUD and identify residents at risk for overdose early

Because symptoms of SUD may be similar to those of other conditions common to older adults, such as depression, anxiety, sleep disturbances, and chronic pain, family members, providers, and even residents themselves can easily misinterpret the symptoms of SUD. All care staff should have knowledge of SUD and be alert to the possibility of older adults misusing drugs or alcohol. Nursing should be able to recognize and be prepared to report signs and symptoms of SUD to providers.

Residents should be assessed for SUD and screened for opioid overdose risk at the time of admission by obtaining a thorough medical history and complete medication list. Key questions to consider during the assessment:

- Are they 65 or older?
- Do they have a diagnosis or history of SUD?
- Are they prescribed high daily dosages of prescription opioids?
- Is a benzodiazepine co-prescribed?
- Is there a history of alcohol use disorder? Sleep apnea? Kidney disease?
- Do they combine opioids with alcohol?

Residents should be assessed for SUD and screened for opioid overdose risk at the time of admission.

Residents readmitted from acute or post-acute care settings should be reevaluated each time, since older adults may be at higher risk of an overdose after an acute change in condition, a care transition, and/or medication changes occur.

Awareness campaigns and education for community staff, families, and residents can help overcome stigmas and negative and false beliefs about SUD. Developing community awareness campaigns around already established national acknowledgements, e.g., National Substance Abuse Prevention Month or National Prevention Week, can thematically take advantage of a nationwide conversation and provide year-round opportunities for education to raise awareness amongst care staff. Tapping resources of organizations like the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Alliance on Mental Illness (NAMI), or the National Council for Mental Wellbeing will help ensure up-to-date content and fresh ideas.

2 Establish tight controls on medications brought into the community

The medication management systems in AL are designed to protect residents from misuse of medications—intentional or unintentional. However, these important safeguards are negated when residents are permitted to self-manage or self-administer medications or when medications are brought from home or provided by family members. Encouraging residents who currently self-manage medications to instead rely on the safe, consistent medication delivery system established by the community's LTC pharmacy can reduce the risk from potential misuse.

Tight controls and policies noting the process for bringing medications into the community should be established. Care staff should be watchful for unreported medications and empowered to convey concerns. Policy development should start with a review of relevant state and local laws on storage, distribution, and disposal of controlled substances. Many communities have found that adopting policies that extend beyond their state's controlled substance regulations may better protect residents and their community. Additionally, maintaining a system to account for all controlled substances and establishing policies requiring that these medications are all packaged and labeled similarly to those of the community's LTC pharmacy partner can be effective strategies to improve safety.

3 Train staff to recognize and respond confidently to an opioid overdose

To better protect residents and empower staff, communities should develop clear concise policies and provide training on how to recognize and respond in an overdose situation. Best practices for any resident receiving an opioid medication include monitoring for signs and symptoms of overdose or other adverse medication effects. The emergency response system should be activated immediately if any individual including a resident, staff member, or visitor exhibits the following symptoms:

- Cold, clammy skin
- Limp body
- Blue or purple fingernails or lips
- Vomiting, choking, or making gurgling noises
- Cannot be awakened or are unable to speak
- Breathing or heartbeat slows or stops
- Small, constricted "pinpoint pupils"
- Falling asleep or loss of consciousness

Access to and timely use of naloxone is critical to reverse an opioid overdose. Caregivers should be well-versed on the importance of this life-saving medication. Established guidance will promote decisive action in the event of an overdose and, at a minimum, should include:

- Clearly defined source for naloxone orders. Are there state or community-wide protocols or resident-specific orders in place for naloxone use?
- Requirements for naloxone storage and an individual assigned to maintain availability
- Guidance on who is authorized to administer naloxone
- Clear procedures for administering naloxone, activating the emergency response system, and monitoring the resident until emergency responders arrive

Training on overdose procedures, including naloxone administration, should be conducted routinely and policies and procedures should be readily accessible to staff and reviewed on a regular basis.

4 Understand when to refer a resident for SUD treatment

The earlier a resident with SUD receives treatment, the better. Due to regulatory, financial, societal, and educational barriers, AL communities are not designed to provide the acute recovery care needed for SUD rehabilitation. Operators and providers should learn about current evidence-based interventions and locally available resources so they can refer residents appropriately. SUD treatment for older adults is effective, especially when tailored to their age-related needs. For those no longer needing acute recovery care, an AL setting focused on independence and overall well-being can be well suited.

Operators and providers should learn about evidence-based interventions and local resources.

5 Leverage the expertise of your consultant pharmacist and nurse account manager

From assistance with policies and procedures to educational initiatives and help maintaining safe medication delivery practices, your LTC pharmacy partner serves a unique and essential role in your community. Consultant pharmacists are experts in medically complex resident care and key resources operators can access. Nurse account managers should be integral members of the community's medication management team and can be an asset in education and awareness initiatives.

Conclusion

Caring for an aging population with SUD requires a team approach. Operators must consider their community's capacity to manage issues related to SUD, so they can effectively plan for a growing demographic of residents with SUD. Initiating awareness campaigns, education, and training now, will help to ensure communities are prepared to manage issues safely and rapidly respond, when necessary. Leveraging the expertise and resources of your LTC pharmacy partner will enable staff to better provide coordinated, person-centered care for older adults with SUD.

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