THE EFFECTS OF THE OPIOID CRISIS ON RESIDENTS: POINTS OF ADVOCACY

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The National Consumer Voice for Quality Long-Term Care is a national non-profit organization in Washington, DC that advocates for people receiving care and services at home, in assisted living, or in a nursing home.

- Advocates for, educates, empowers consumers, families, caregivers, advocates and ombudsmen in seeking quality care.

- Operates the National Long-Term Care Ombudsman Resource Center through a grant by the Administration for Community Living to provide training, support and technical assistance to Long-Term Care Ombudsman Programs.
Opioid Crisis in the U.S.

- Usage quadrupled between 1999 and 2010
- Changes in prescribing practices
- Centers for Disease Control guidelines for managing chronic pain

Commonly used opioids:
- Hydrocodone
- Tramadol
- Fentanyl
- Oxycodone
- Morphine
Opioid Use in Older Adults

- Persistent pain – arthritis, fractures – or post surgery

- Concerns about:
  - Sedating side effects of opioids
  - Adverse drug events- i.e., falls
  - Drug interactions
Opioid Use in Long-Term Care (LTC) Facilities

- Twice as prevalent as in community settings
- Often started on opioids in hospitals
- Concerns about drug diversion
- Alternatives not widely available, used
- Pain often under-treated
NORC-Consumer Voice Project

• What are Nursing Home Residents saying about opioids? What do they need/want to know?

• Methods:
  • A questionnaire asking about complaints investigated by the Long-Term Care Ombudsman Program (LTCOP)
  • Dialogues with Resident Councils

• Partner with NCEA
The National Center on Elder Abuse (NCEA)

An information clearinghouse designed to improve the national response to elder abuse, neglect and exploitation by a) gathering, housing and disseminating current b) stimulating and identifying new approaches, and c) detecting and addressing gaps in the field.

The NCEA disseminates resources, provides expert technical assistance and participates in nationwide training.
A Priority Area of Focus: Opioid Pain Medicine

**What I should know about opioid pain medicine**

**WHAT IS AN OPIOID?**
Opioids are strong pain medicines that are used to treat moderate to severe pain when other pain medicines have not worked.

**Common Pain Medications**
- Aspirin
- Tylenol
- Ibuprofen
- Aleve
- Gabapentin
- Lyrica
- Lidocaine

**Opioid Medications**
- Phenegon with codeine
- Demerol with codeine
- OxyContin
- Oxycodone
- Fentanyl
- Meperidine
- Dilaudid

**Signs of an Overdose**
See immediate medical attention if you experience:
- Uncontrolled sweating
- Inability to stay awake
- Fainting
- Difficulty speaking clearly
- Headache or unusual craving
- Nose breathing

**Do Not Use While Taking Opioids**
- **SUBSTANCES**
  - Inhalants
  - Anti-Anxiety Pills
  - Muscle Relaxants
  - Other Medications
- **EXAMPLES**
  - Beer
  - Valium
  - Soma
  - Ambien

**CALL 911**
- Slow or no heartbeat
- Aren’t breathing
- Cannot be wakened up
- Lips or fingernails are true
- Can't speak clearly
- While arms making gurgling, gurning, or churning sounds

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** Que debería saber sobre medicina opioide para el dolor **

**¿QUÉ ES UN OPIOIDE?**
Los opiáceos son medicamentos que se usan para tratar el dolor moderado a intenso cuando otros medicamentos para el dolor no han funcionado.

**Medicamentos comunes para el dolor**
- Aspirina
- Tylenol
- Ibuprofeno
- Aleve
- Gabapentin
- Lyrica
- Lidocaina

**Señales de una sobredosis**
Busque atención médica de inmediato si siente:
- Nariz roja
- Inenacapacidad para permanecer despierto
- Asfixia
- Respiración ronquía
- Respiración lenta

**No utilice consumiendo opioides**
- **SUSTANCIAS**
  - Alcohol
  - Anti-Anxiety
  - Muscle Relaxants
  - Other Medications
- **EJEMPLOS**
  - Cerveza
  - Valium
  - Soma
  - Ambien

**LLAME AL 911**
- Latido del corazón lento o ausente
- No hay respiraciones
- No se puede despertar
- Los labios o las uñas están azules
- No puede hablar claramente
- Mientras está durmiendo hace jadeo, gorgoteos o respiraciones
Web-based Resources

Useful and **FREE** web based tools:

- National Center on Elder Abuse ([NCEA](#))
- USC Center on Elder Mistreatment ([USC CEM](#))
  - Supports and Tools for Elder Abuse Prevention ([STEAP](#))
  - Reframing Elder Abuse ([Frameworks](#))
- Training Resources on Elder Abuse ([TREA](#))
- Elder Abuse Guide for Law Enforcement ([EAGLE](#))
Opioid Use and Long-Term Care LTCOP Questionnaire Findings
Primary Findings

• Top two complaints reported to the Ombudsman program
  • Drug Diversion
  • Medication unaccounted for

• Most reported negative effect from reducing or removing opioids
  • Unmanaged Pain

• Significant needs
  • Education and Training
Complaints Received Involving Opioid Misuse

- Examples include diverting drugs for recreational use, drug theft, and/or financial exploitation due to opioid addiction

- 53% Yes
- 25% No
- 22% I Don’t Know
Most Common Opioid Related Misuse Complaint

In the last year, what is the most common type of complaint related to opioid use or misuse that you have received? Select all that apply.

Answered: 137  Skipped: 0

- Drug diversion (illegal...)
- Medications unaccounted for
- Medications stored...
- Don't know
- Other (please describe in...)
- Not applicable (responded "...

Other
- Physicians reducing dosage
- Residents taken off opioids completely
- Increased pain due to reducing dosage or eliminating the medication
Inadequate Pain Treatment

Q5 Has your program received complaints involving inadequate pain treatment for residents – with or without the use of opioids?

Answered: 137  Skipped: 0

Yes

No

Don’t know
Residents Reporting Concerns

Have residents raised concerns with you about opioid prescriptions (or lack thereof)? Select all that apply.

Answered: 137  Skipped: 0

- Yes, concerns about using...
- Yes, concerns about inability...
- No
- Don’t know

104 of the responses said “yes” residents have raised concerns

44 responses said “no”
Effects of Efforts to Reduce Opioid Use

Q8 To your knowledge, have recent state or federal efforts to reduce opioid use affected prescribing practices in the facilities you visit?

Answered: 137  Skipped: 0

- Yes
- No
- Don’t know
Alternatives to Opioids to Manage Pain

Ombudsmen were asked if to their knowledge most facilities in their state/region are informing residents of potential alternatives to opioids to manage chronic pain.

• 58% did not know
• 23% said “yes”
• 19% said “no”
Opioid Addiction and Facility Admission

- Ombudsmen were asked if to their knowledge residents seeking admission to a nursing facility or assisted living facility being turned away if they are taking medication to treat opioid addiction

- 55% did not know
- 40% said “no”
- 7% said “yes”
Training and Education

Q10 Have you received training on opioid use and misuse?

Answered: 137  Skipped: 0

Q11 Has your program developed consumer education materials or Ombudsman program training about opioid use and misuse?

Answered: 134  Skipped: 3
Opioid Crisis and Long-Term Care Resident Dialogue Findings
Resident Dialogues

Discussion with Resident Groups/Resident Councils:

• 105 Residents
• 7 different facilities
• 6 different states
Lack of Information

• Has anyone (your doctor or facility staff) talked about issues with prescribing opioids or any changes they might be putting in place around use of opioid medications in the facility?

• Has the resident council had any discussions or expressed any concerns about the opioid crisis?
Lack of Information

• Does your doctor, a pharmacist, or nurse talk to you about the benefits and potential negative effects of your pain medications?

• Most of the responses were “No”

• One of the residents who said “yes” explained that her doctor said the good outweighs the bad in her situation. The resident and her doctor will monitor her response to the medication to make sure she isn’t overmedicated and/or has other negative side effects.
Changing Pain Medications

- Has your doctor changed your medications because of concerns about prescribing of opioids?
  - Most residents reported no changes in medication
  - One resident requested the doctor reduce dose because she felt like a zombie.
  - One resident said his doctor suggested lowering his dosage, but the resident said no and the doctor obliged.
  - One resident was referred to a pain clinic and was happy with the outcome.
  - Other residents said that their physicians did change their opioid prescription to Tylenol and it was not effective.
Non-Opioid Treatments

Residents reported being offered

- Physical therapy
- Nerve stimulation (e.g. Transcutaneous Electrical Nerve Stimulation (TENS))
- Yoga
- Massages
- Other non-opioid paid medications

Residents reported on effectiveness of these treatments

- Physical therapy can help, but there is a limit to what Medicare and insurance will pay.
- TENS can help and be used along with pain medication
- Yoga offered infrequently.
- Facility won’t allow massage therapists to come into the facility.
- Non-opioid pain medications don’t work for those who were previously taking opioids.
Are Residents Getting Pain Medication When Needed?

- Most residents reported that they do get their medication on time or when needed.

- Residents from 4 of the facilities reported that they have to wait too long for their pain medication (hours, even days late).

- Residents in 3 of the facilities reported that the facility does not order the medication from the pharmacy in a timely manner resulting in residents going without treatment.
Concerns about Opioid Misuse in the Facility

- 4 out of 7 resident groups said they had no concerns

- 2 resident groups said yes and here is why:
  - A nurse was diverting fentanyl patches for herself in one facility
  - High staff turnover
  - Residents expressed worry that caregivers might be using drugs
    - “Some days they are ‘with you’ but not always”
    - “Sometimes we’ll joke among ourselves ‘wonder what they are smoking today’”
    - “They should drug test around here”

- No resident group raised resident addiction as a concern
Drug Diversion Concerns
(diversion by staff)

- Switching pain medications for other pills
- Forging paperwork
- Stealing drugs
- Signing out PRN pain medications purportedly at the request of residents
Supporting Residents

Photo by Neil Thomas on Unsplash
Themes

- Meds changed – from opioids to non-opioids, like Tylenol
- Changes in prescribing practices
- Insufficient access to alternative treatments
- Theft/diversion of medications
- Need for information, communication
- UNRESOLVED PAIN
Points of Advocacy

• Assessment and Care Planning
  • Proper assessment of pain
  • Monitor medication side-effects
  • Discuss tapering off opioids, use alternative or secondary pain medications

• Medication Review by Long-Term Care Pharmacist

• Alternative pain management strategies
  • e.g., pain specialists, clinics, massage

• For residents with potential substance use disorders—incorporate appropriate protocols, monitoring of drug use
Points of Advocacy

• LTC Facility Responsibility
  • Policies and Procedures
  • Monitoring/Oversight – Medication Management, Staff
  • Staff education, training about substance abuse
  • Implementation of alternative treatments

• Coordination with State and Local Elder Justice Task Forces, Law Enforcement

• Communication, education of residents and families
What Tools do Residents Want?

• A list of questions for residents and their family members to ask their doctors
  • What are opioids and how are they used?
  • What are the risks vs benefits of opioid use?
  • What are the side-effects?
  • At our age, why worry about getting addicted?
  • What other options are available to treat pain?

• A list of questions for residents to ask facility nurses
  • What am I getting?
  • How much am I getting?
  • Why am I getting it?
What Tools do Residents Want?

- An informational brochure, presentation and a video

- How do I know if I’m taking too much?
- How do I know if I’m becoming addicted?
- What are the signs of addiction?
- What are the risks vs benefits of opioid use?
- What are the side effects?
- How long is too long to take opioids?
- Where do I go to share my concerns?
Words of Wisdom from Residents

• **Tips**
  • Become familiar with your medications and what they look like.
  • Look at the medication that you are given.
  • If you don’t recognize a pill, ask what it is.
  • If it doesn’t look right, it probably isn’t.

• Residents have the right to know when and why a medication or dosage has been changed. Speak up!
QUESTIONS?
RESOURCES
Additional Information

• Administration for Community Living, https://acl.gov/programs/addressing-opioid-crisis

• Centers for Disease Control - https://www.cdc.gov/drugoverdose/opioids/index.html

• SAMHSA - https://store.samhsa.gov/tags/opioids-or-opiates

• AMDA The Society for Post-Acute and Long-Term Care Medicine, https://paltc.org/topic/opioids
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