



The National  
**CONSUMER VOICE**  
for Quality Long-Term Care  
formerly NCCNHR

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

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November 19, 2019

# The Consumer Voice

- 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 medications have not worked.

#### Common Pain Medications

- Aspirin
- Tylenol
- Ibuprofen
- Aleve
- Gabapentin
- Lyrica
- Lidocaine



**Slower & NOT habit forming**

#### Opioid Medications\*

- Phenergan with codeine** cough medicines
- Norco** hydrocodone with acetaminophen
- Percocet** oxycodone with acetaminophen
- Tylenol #3** acetaminophen with codeine
- MS Contin** morphine
- Oxycontin** oxycodone
- Ultram** tramadol
- Pain patches** fentanyl
- Dilaudid** hydromorphone



**Powerful & habit forming**

\*Opioids are also referred to as "opiates" or "narcotics."

#### Signs of an Overdose

**Seek immediate medical attention if you experience:**

- Severe dizziness
- Inability to stay awake
- Hallucinations
- Heavy or unusual snoring
- Slow breathing

#### Do Not Use While Taking Opioids\*\*

\*\*Unless specifically advised by your doctor

SUBSTANCES	EXAMPLES
Alcohol	Beer, Wine, Liqueur
Anti-Anxiety Pills	Xanax or Valium
Muscle Relaxants	Soma or Flexeril
Sleep Aids	Ambien or Lunesta

## CALL 911

- Slow or no heartbeat
- Aren't breathing
- Cannot be woken up
- Lips or fingernails are blue
- Can't speak clearly
- While asleep making gasping, gurgling, or snorting sounds


## Que debería saber sobre medicina opioide para el dolor

### ¿QUÉ ES UN OPIOIDE?

Los opioides 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
- Gabapentina
- Lyrica
- Lidocaina



**Más lento y NO crea hábito**

#### Medicamentos opioides\*

- Phenergan con codeína** medicamentos para la tos
- Norco** hidrocodona con acetaminofeno
- Percocet** oxícodona con acetaminofeno
- Tylenol #3** acetaminofeno con codeína
- MS Contin** morfina
- Oxycontin** oxícodona
- Ultram** tramadol
- Parches para el dolor** fentanilo
- Dilaudid** hidromorfona



**Potente y forma hábito**

\*Los opioides también se conocen como "opíoides" o "narcóticos".

#### Señales de una sobredosis

**Busque atención médica de inmediata si siente:**

- Mareo severo
- Incapacidad para permanecer despierto
- Alucinaciones
- Ronquido intenso o inusual
- Respiración lenta

#### No utilice consumiendo opioides\*\*

\*\*A menos que sea específicamente aconsejado por su médico.

SUSTANCIAS	EJEMPLOS
Alcohol	Cerveza, Vino, Licor
Anti-Ansiedad	Xanax o Valium
Relajantes Musculares	Soma o Flexeril
Pastilla para dormir	Ambien o Lunesta

## LLAME AL 911

- Latido del corazón lento o ausente
- No hay respiración
- No se puede despertar
- Los labios o las uñas están azules
- No puede hablar claramente
- Mientras está dormido hace jadeo, gorgoteo o resoplidos



# 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

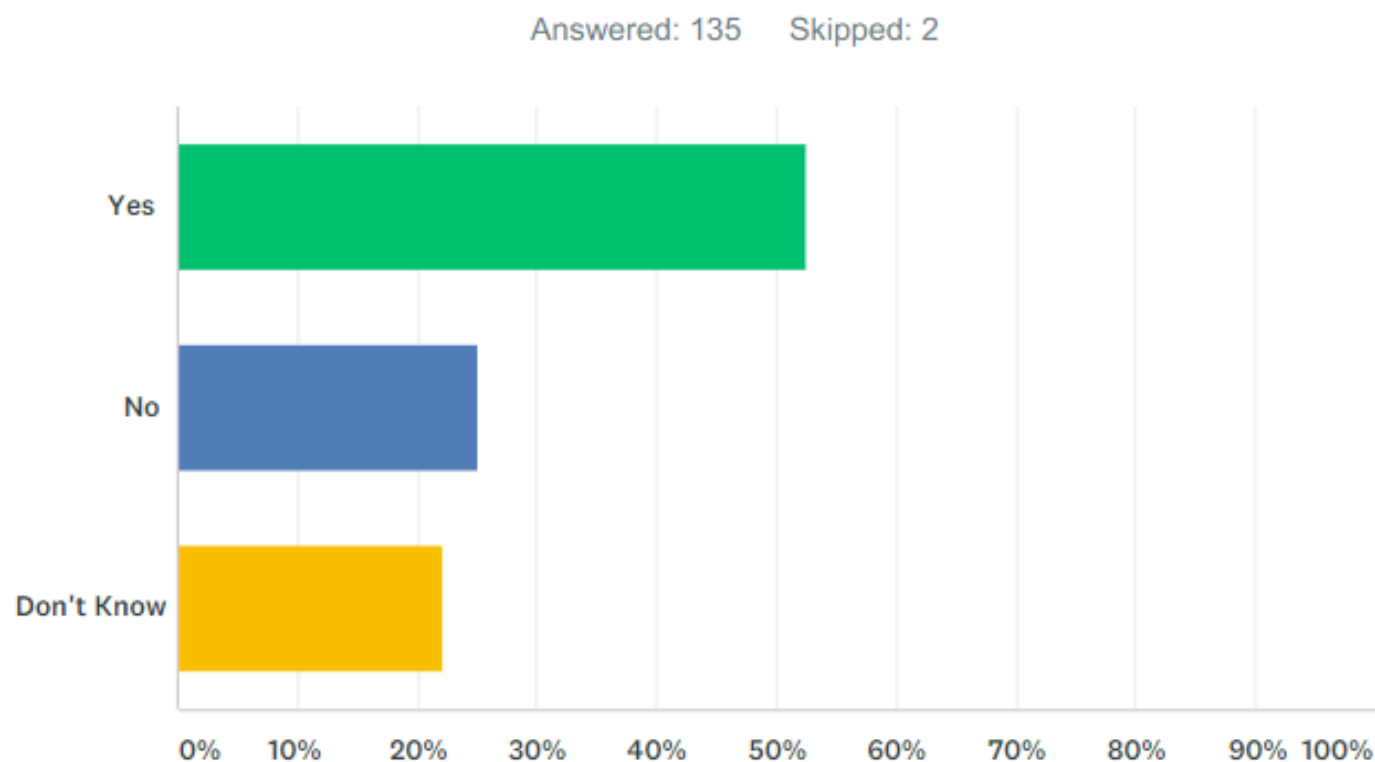


# Primary Findings

- 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

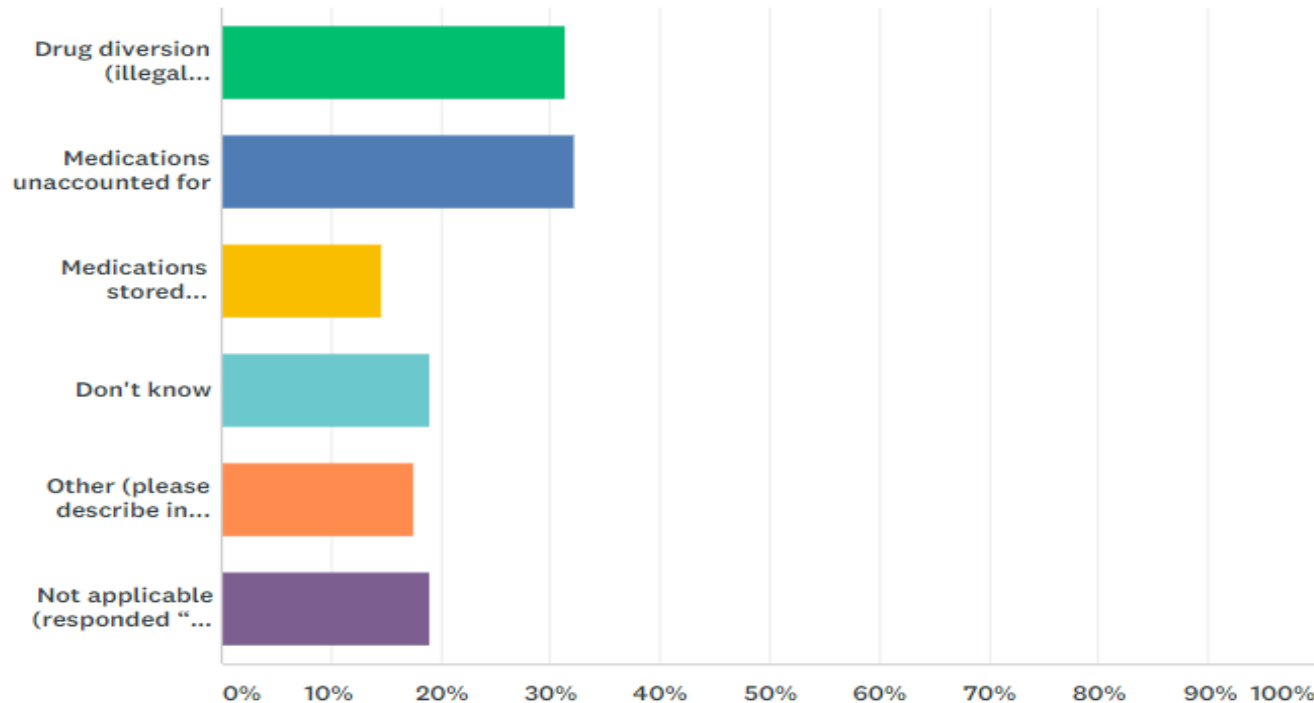


53% Yes  
25% No  
22% I Don't Know

# 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



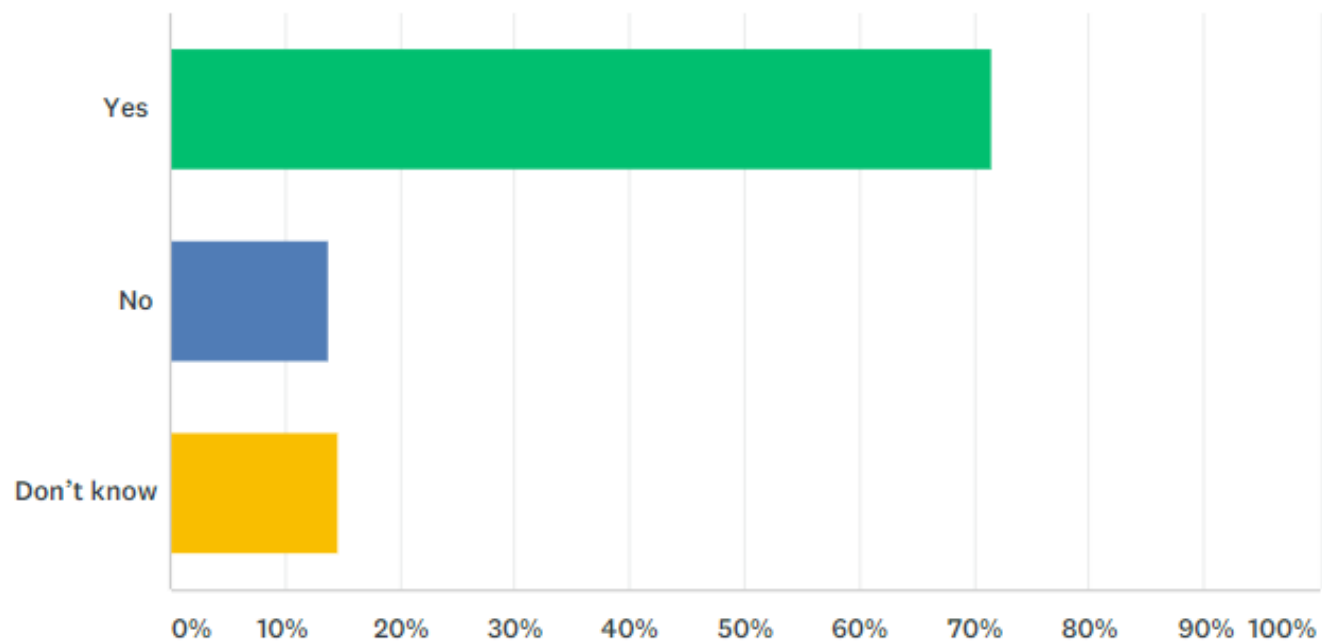
## Other

- 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?

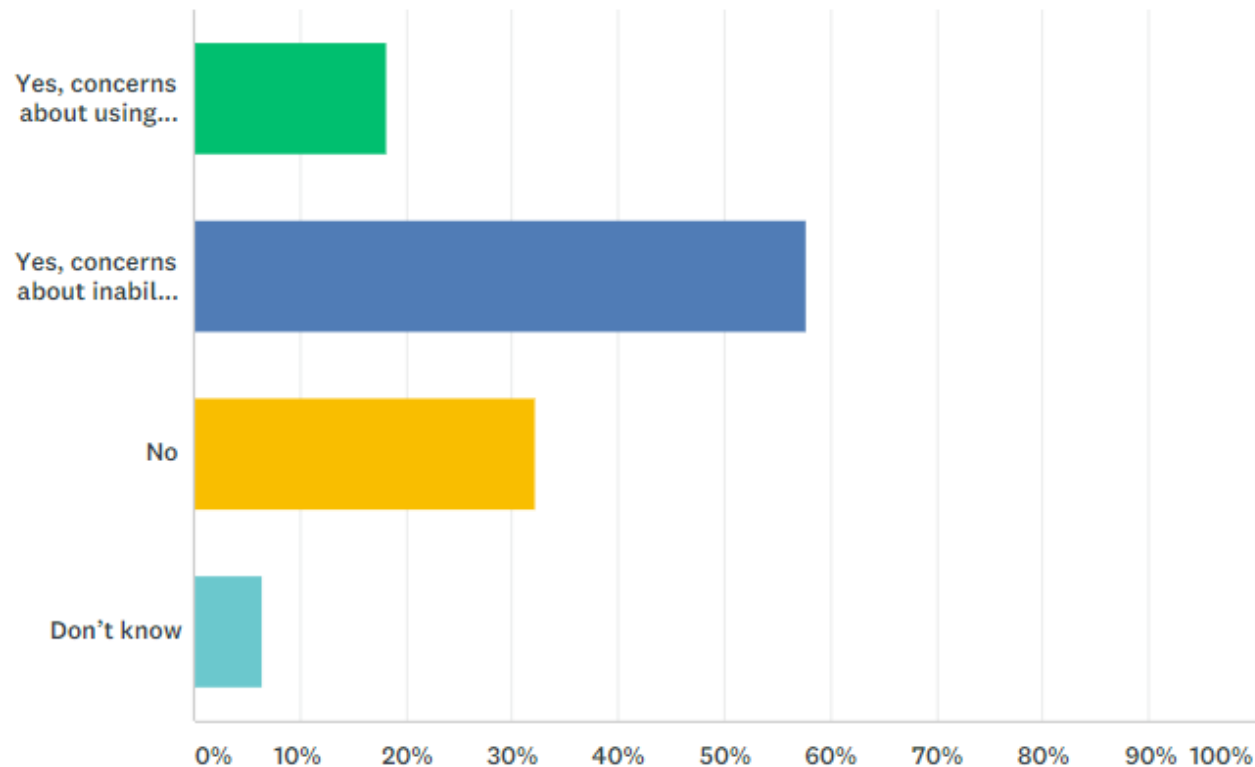
Answered: 137 Skipped: 0



# Residents Reporting Concerns

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

Answered: 137 Skipped: 0



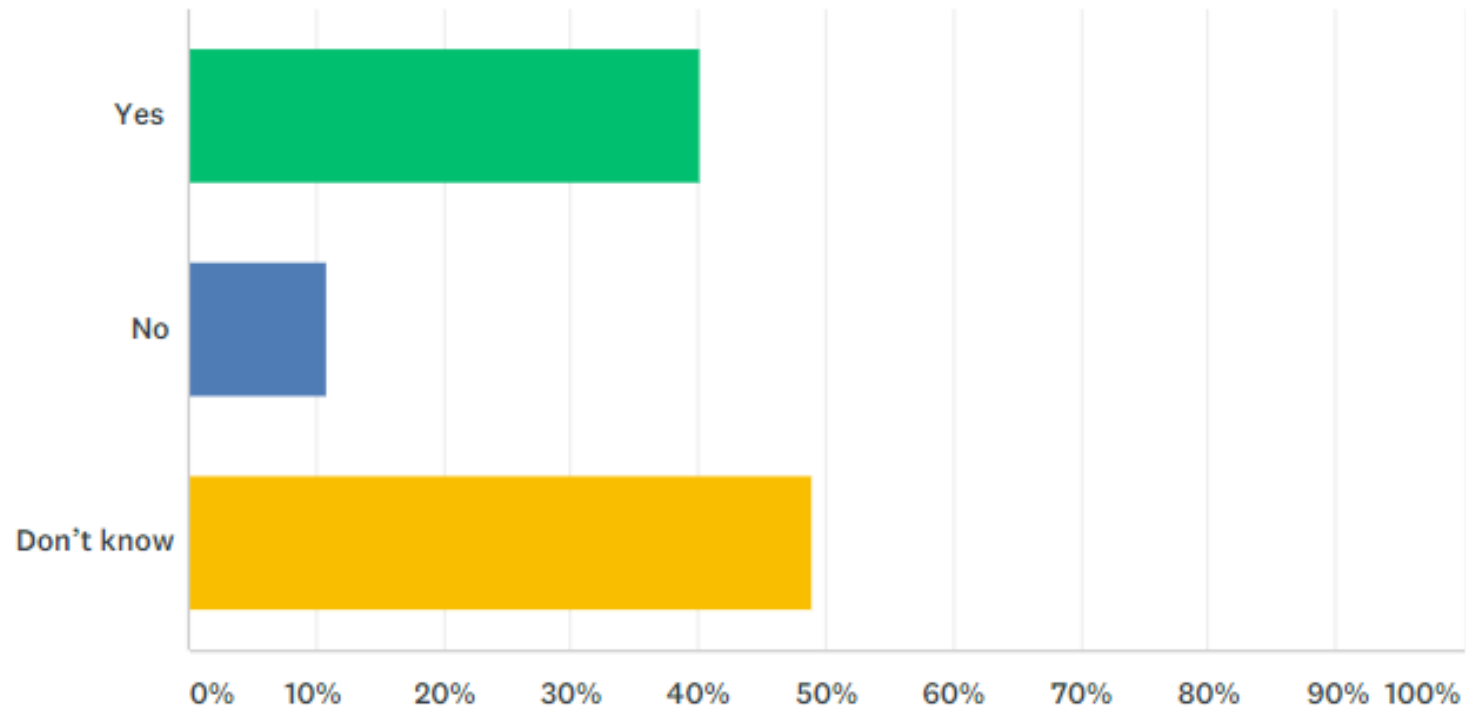
104 of the responses said “yes” residents have raised concerns

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





# 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”

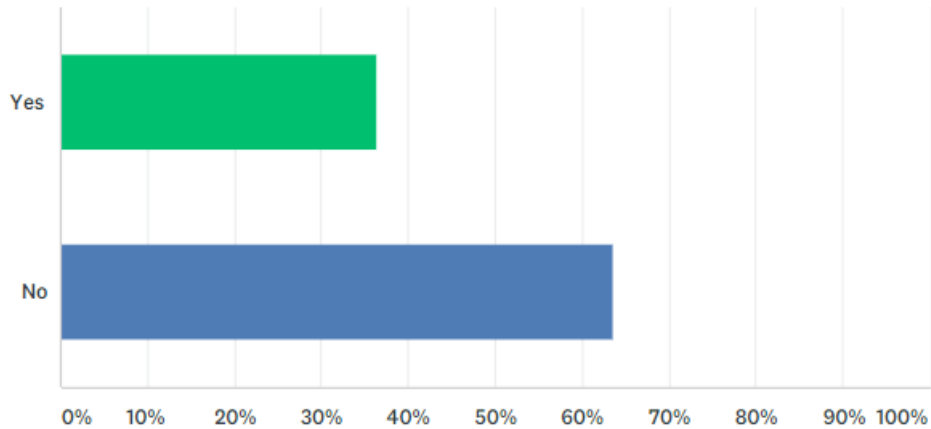
# Opioid Addiction and Facility Admission

- 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

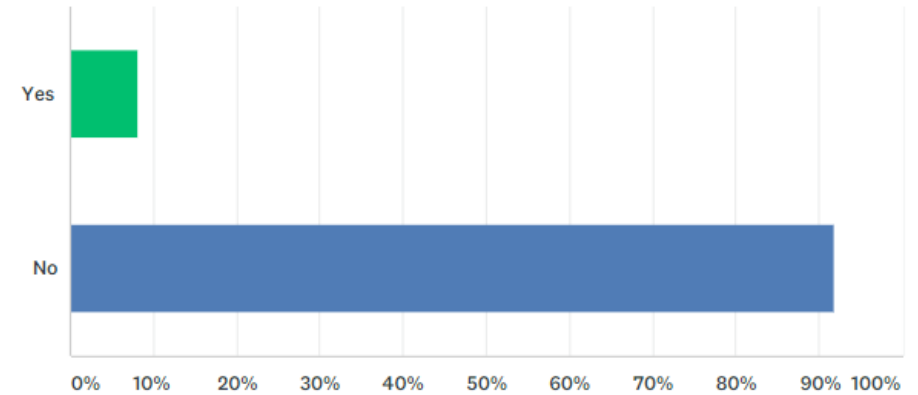
Q10 Have you received training on opioid use and misuse?

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

11/17/2019 Home health nurse charged with theft of prescription opioid medication | Free | hometownsource.com

[https://www.hometownsource.com/sun\\_focus/free/home-health-nurse-charged-with-theft-of-prescription-opioid-medication/article\\_98af42e0-9a6f-11e8-a076-dfc5e22284ad.html](https://www.hometownsource.com/sun_focus/free/home-health-nurse-charged-with-theft-of-prescription-opioid-medication/article_98af42e0-9a6f-11e8-a076-dfc5e22284ad.html)

**BREAKING**

## Home health nurse charged with theft of prescription opioid medication

Suspect arrested after Columbia Heights sting operation

Aug 7, 2018

A home health care nurse was charged Aug. 3 with theft-by-swindle after a Columbia Heights police sting operation showed evidence of the man stealing prescription drugs from one of his former clients.

La Vang, 26, Newport, faces felony and gross misdemeanor charges of stealing schedule II substances and criminal neglect for taking advantage of a vulnerable adult.

"This is a good example of why, if you have a personal care assistant, to check on them regularly to make sure they're still gainfully employed," said Matt Markham, police captain. "Don't make assumptions about their legitimacy, especially if they're working with vulnerable adults."

According to the criminal complaint on July 31, the police department received a report that Vann, a former home health care nurse with one of his former clients prescribed drugs in her system.

The victim, an elderly woman, returned to her home on May 1, he multiple times to pick up her hydrocodone, from the pharmacy.

Around the end of July, the Aug. 1 told Vang not to come there.

Officers responded later that label, indicating that Vang r

Officers learned that Vang had the pill bottles, took a photograph then observed Vang coming

[https://www.hometownsource.com/sun\\_focus](https://www.hometownsource.com/sun_focus)

11/17/2019 Drug thieves are creative, and assisted living facilities struggle to protect seniors - Twin Cities

**NEWS > GOVERNMENT & POLITICS**

## Drug thieves are creative, and assisted living facilities struggle to protect seniors

By **CHRISTOPHER MAGAN** | [cmagan@pioneerpress.com](mailto:cmagan@pioneerpress.com) | Pioneer Press  
July 13, 2019 at 7:45 pm

Swapping oxycontin for Tylenol, forging paperwork, stashing bubble packs inside a waistband — these are some of the ways at least 5,917 pills were stolen from residents of assisted living facilities.

The majority of the drugs taken were narcotics, like opioids, used to treat pain, said Eilon Caspi, a University of Minnesota School of Nursing research associate, who studied five years of state reports of confirmed drug thefts between March 2013 and September 2018.

<https://www.twincities.com/2019/07/13/drug-thieves-are-creative-and-assisted-living-facilities-struggle-to-protect-seniors/>

1/6

# 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?**

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# RESOURCES

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# 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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