

## Question & Answer (Q&A): Supporting Older Adults with Substance Use Disorder Webinar

Webinar participants asked the following questions during the Q&A portion of the 2018 Geriatric-Competent Care webinar entitled, *Supporting Older Adults with Substance Use Disorders* held on May 17, 2018. Please note, the responses in this document have been edited slightly for clarity. The webinar recording, slides, and transcript can be found on the Resources for Integrated Care website:

[https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018\\_GCC\\_Webinar\\_Series/SUD](https://resourcesforintegratedcare.com/GeriatricCompetentCare/2018_GCC_Webinar_Series/SUD)

### Featured Webinar Speakers:

- David Oslin, MD, Chief of Behavioral Health, Philadelphia VAMC, Professor, University of Pennsylvania
- Jessica Gregg, MD, PhD, Associate Professor of Medicine, Oregon Health and Science University (OHSU)
- Ann Giazzoni, LCSW, MBA, Program Manager, Physical and Behavioral Health Integration, University of Pittsburgh Medical Center, Insurance Services Division
- Carol Prudhomme, Consumer

### Q1: What is “generativity”?

**Dr. David Oslin:** “Generativity” is a term from Erikson’s developmental stages of life, and it roughly translates into purpose. It is the notion that, “I know why I’m living and know what I’m doing and what role I’m playing in my stage in life.” Working adults find purpose in families and work. As adults age, this sense of purpose may subside. Some older adults struggle with this loss of purpose and it contributes to suicidal thoughts and increased substance use. The term “generativity” is a way of conceptualizing the psychodynamic issues that affect individuals as they age.

### Q2: What is the current standard definition for binge drinking across healthcare settings?

**Dr. David Oslin:** The definition of binge drinking varies, but the one I use is more than four standard drinks per day. This is consistent with guidelines from the Centers for Disease Control and Prevention. I also prefer the term “heavy drinking” rather than “binge drinking” as “binge” implies cyclical heavy episodes. It is most important to monitor risks and negative impacts from drinking. Providers should develop a common language with their care recipients to openly talk about the risks of heavy drinking.

**Q3: Many older adults have chronic pain and need opioids, but do not misuse them. Are there warning signs for when an individual might misuse opioids?**

**Dr. Jessica Gregg:** There are risk tools that can be used before prescribing an opioid. For example, the [Opioid Risk Tool \(ORT\)](#) and the [SOAPP-R](#) tool are commonly used. These tools indicate whether an individual is at risk of opioid use disorder or opioid misuse. This does not mean opioid prescribing should be avoided, but rather the provider will be more vigilant about the possibility of misuse with high-risk individuals. For individuals who have been taking opioids for a long period of time-and as prescribed-providers can consider lower dosages to diminish some of the risk, but it is not necessary to take them off opioids entirely. Providers must pay attention to the side effects and monitor potential consequences of long-term opioid use.

**Q4: How can providers engage interdisciplinary care teams to support older adults with substance use disorders?**

**Ann Giazzoni:** Engaging interdisciplinary care teams will vary depending on the resources in your area and the older adult's needs. The first point of contact for the interdisciplinary care team is the consumer's most frequently seen and trusted provider. Preferably, this is a provider who sees the older adult face-to-face. This provider can serve as the team lead and build a team that the consumer agrees to and is the best fit. An example team may include a behavioral health case manager or peer recovery specialist, primary care physician, home health nurse, and Alcoholics Anonymous or Narcotics Anonymous sponsor. The team could also include natural supports such as a landlord, family member, or other persons the older adult would like to include.

**Q5: How can a family member best engage with a provider to address concerns about long-term or high dosages of pain management opioids for a family member?**

**Dr. Jessica Gregg:** The family caregiver should first talk to the family member who is taking the opioid as prescribed. The consumer has a right to know and approve of what is being discussed with a provider about their care. If they are okay with this conversation being brought to their provider, expressing a valid concern over a dosage and asking for an open conversation between everyone is best. The conversation should be open and include all parties involved.

**Q6: What are best practices for treating older adults with dual diagnoses? For instance, older adults with substance abuse disorders and dementia?**

**Dr. David Oslin:** For consumers with multiple psychiatric disorders, the rule of thumb is to treat each disorder concurrently. For instance, we no longer recommend treating one disorder first to see if the consumer can tolerate both treatments. However, there are some caveats to this. For mental health conditions like depression and anxiety, it can be important to address the

substance use first, and then determine if the consumer needs an antidepressant. Removal of the substance will often result in remission of the mental health conditions.

In the case of cognitive impairment, the clinical staff should consider which components of care a consumer is unable to participate in. For example, group therapy may not be justified if the consumer is moderately cognitively impaired.

**Q7: What is the role of peer mentors in addressing opioid use disorder in long-term care settings?**

**Dr. Jessica Gregg:** Our experience in the OHSU addiction consult service reinforces the critical role of peer mentors in long-term care settings. Peer mentors are individuals with lived experience of addiction and recovery who can support consumers across diverse medical settings. We include peer mentors on our consult team and have found that they are key to maintaining consumer engagement and retention in care.

**Q8: How can providers address transportation or access barriers to substance use disorder treatment?**

**Ann Giazzoni:** Dually eligible older adults may have free or low cost transportation benefits as part of their Medicaid health care coverage. States are required to provide non-emergency medical transportation (NEMT) to Medicaid beneficiaries, with exact coverage varying by state. To learn more about the transportation benefits covered in your state, you can contact your State Medicaid Agency through the following website: <https://www.medicaid.gov/about-us/contact-us/index.html>.

Depending on the individual's age, their local Area Agency on Aging (AAA) may also have free or low cost transportation. These benefits will vary based on location; the AAA in their area will be able to provide guidance on these resources. Additionally, <http://www.211.org/> is available in many areas to search for transportation and other social services resources.

**Q9: What is the relationship between an adult's right to self-determination and their willingness or unwillingness to participate in substance use disorder treatment of care programs?**

**Ann Giazzoni:** From a provider perspective, individuals have the right to self-determination and they should be at the center of their treatment. It is also important to understand the recovery model and that recovery is a process. If the individual engages with their case manager or provider, that is a success in and of itself. They may not be ready to stop or decrease their substance use, but they are seeking help for something else such as finding food, adequate medical equipment or something else. This connection can lead the way for developing a

trusting relationship, which is important for self-determination. Relationships cannot be forced.

**Dr. Jessica Gregg:** A beneficiary of mine did not want to stop using heroin, but was interested in receiving help with smoking cessation. We started working together to achieve smoking cessation and did not discuss heroin. Once this individual successfully cut down on smoking, he began to think about what else he wanted to change. Eventually, we started him on Buprenorphine and now he is no longer using heroin. Our care teams include peers who can support care-recipients with their immediate goals, motivating them to pursue other goals.

**Q10: Could you provide resources for motivational interviewing techniques and assessing readiness for change?**

**Ann Giazzoni:** The Substance Abuse and Mental Health Services Administration (SAMHSA) has helpful information about motivational interviewing on the [SAMHSA-HRSA Center for Integrated Health Solutions](#) website. Additionally, there are many motivational interviewing trainings available in local areas. My organization offers motivational interviewing as part of our onboarding process for new employees. Recovery is a process and motivation waxes and wanes. Having people that are skilled in motivational interviewing to keep individuals engaged in recovery is so important. SAMHSA's website is a great place to go for information and resources for motivational interviewing and readiness for change.

**Carol Prudhomme:** There is a need for more outreach to help individuals detox and stay clean even when they are homeless, like I was. If one consumer makes it through detox and is able to stay clean when they have finished, others in the community can learn from them and be inspired. Through groups and meetings, word of these stories can inspire others to seek the care as well, as long as the outreach addresses detoxing and staying clean.

**Q11: Have you seen success with alternative treatment options for substance use disorder? Such as yoga or meditation therapies?**

**Dr. Jessica Gregg:** Any activity that promotes meaning and purpose for the individual – whether it is yoga, medication, gardening, or community organizing – can be extraordinarily helpful to anyone trying to quit or decrease their use of drugs or alcohol.