



WEBINAR

IMPROVING OPIOID MISUSE PREVENTION LITERACY BETWEEN OLDER ADULTS AND HEALTH CARE PROVIDERS

Effective Prevention Strategies and Approaches for Improving
Understanding and Dialogue About Opioid Use Between Older
Patients and Their Health Care Providers

MARCH 28, 2019 | 2 – 3:30 P.M. EDT



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Substance Abuse and Mental Health
Services Administration

In the chat pod, share with us:

One **prevention leader**
whose work has influenced you

Improving Opioid Misuse Prevention Literacy Between Older Adults and Health Care Providers

National Prevention Week Webinar
March 28, 2019



SAMHSA
Substance Abuse and Mental Health
Services Administration

This meeting will be recorded for archiving purposes.



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Today's Presenters

- **Jennifer Solomon, MA**, Public Health Analyst, SAMHSA
- **Kathleen A. Cameron, MPH**, Senior Director, Center for Healthy Aging, National Council on Aging
- **Carol Levine**, Director, Families and Health Care Project, United Hospital Fund
- **Jane Marks, RN, MS**, Associate Director, Johns Hopkins Geriatric Workforce Enhancement Program



INSPIRING
ACTION
CHANGING
LIVES

NPW
national prevention week

MAY 12-18, 2019
www.samhsa.gov/prevention-week

NPW 2019 Daily Health Themes



INSPIRING

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Monday, May 13

Prevention of Prescription & Opioid Drug Misuse

Tuesday, May 14

Prevention of Underage Drinking & Alcohol Misuse

Wednesday, May 15

Prevention of Illicit Drug Use & Youth Marijuana Use

Thursday, May 16

Prevention of Youth Tobacco Use

Friday, May 17

Prevention of Suicide



Pre-ven-tion Cham-pi-on

Noun: a person, activity, program, or organization that inspires others to take **prevention actions** every day that **change lives.**



NPW
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WHO OR WHAT IS YOUR PREVENTION CHAMPION?



TAKE A PHOTO OR VIDEO.



ADD THAT ONE WORD.



SHARE YOUR
#PreventionChampion

I got this! I Got This
@IGotThisChicago

Follow

Who is your [#PreventionChampion](#)? Ours are Chicago teens and parents. You inspire us every day with your choices to talk about [#underageddrinking](#) and lead healthy lives without alcohol. You got this!

[#IGotThisChicago](#) [#PreventionDay](#)
[#CADCAForum](#)



12:05 PM - 4 Feb 2019



Shay Teague

@ShayTeague

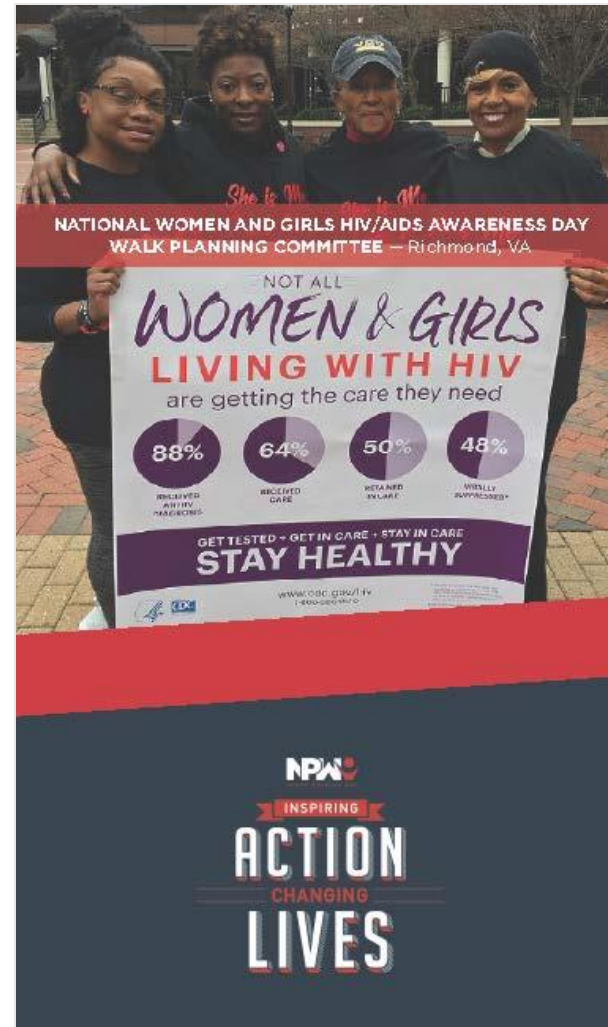
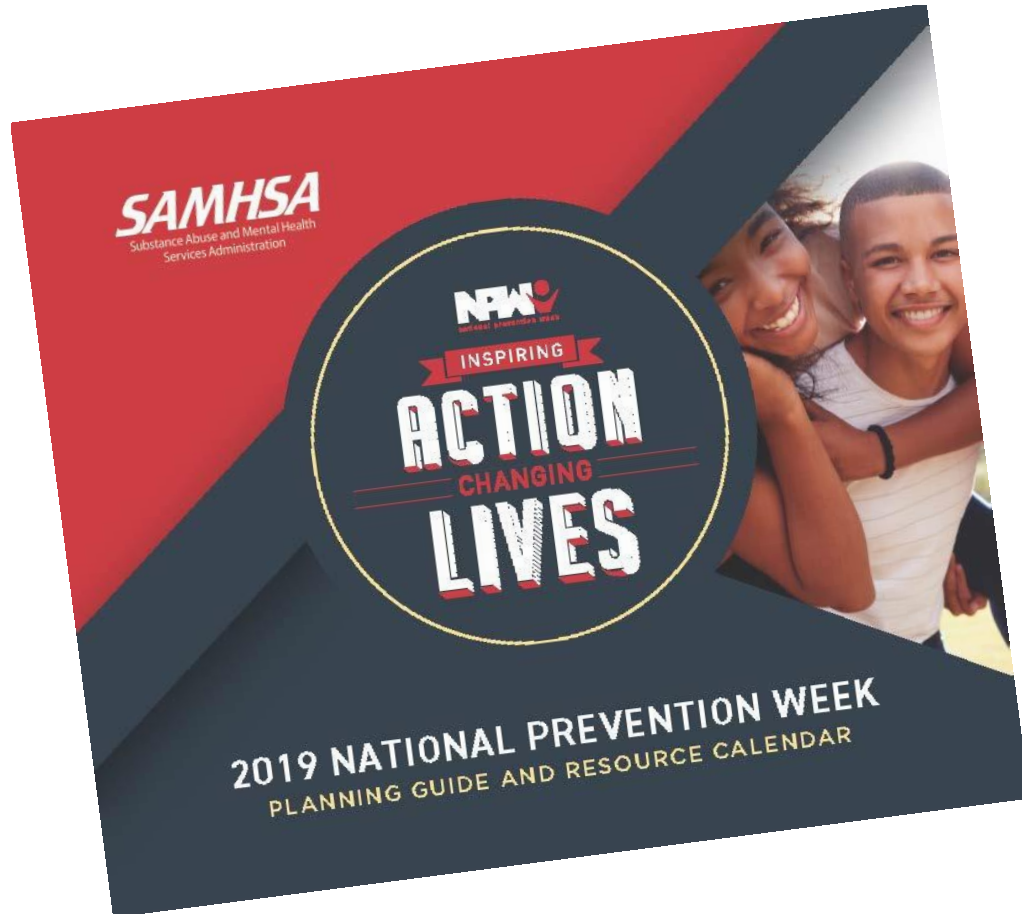
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I'm choosing [@RizeConsultants](#) as my [#preventionchampion](#) [#NPW2019](#) Because she is [#innovative](#)



4:10 PM - 4 Mar 2019

2019 NPW Planning Guide and Resource Calendar



NATIONAL HEALTH CENTER WEEK

This annual celebration raises awareness of America's health centers, which serve 27 million patients — a number that continues to grow. Learn more about this observance and how it shines a light on community health needs.

www.healthcenterweek.org

AUGUST 2019

- 11 SUN _____
- 12 MON _____
- 13 TUE _____
- 14 WED _____
- 15 THU _____
- 16 FRI _____
- 17 SAT _____



samhsa.gov/prevention-week

SAMHSA Behavioral Health Treatment Locator



<https://findtreatment.samhsa.gov/>



Jennifer Solomon, MA

Public Health Analyst
Center for Substance Abuse Prevention, SAMHSA



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Substance Use/Misuse in Older Adults



Prevalence of Substance Use/Misuse in Older Adults

- More than 80 percent of older adults use at least one prescription on a daily basis, with 50 percent taking five or more medications and supplements daily.¹
- Nearly 16.2 million older adults over the age of 65 drank alcohol in the past month, with 3.4 million reporting binge alcohol use and 772,000 reporting heavy alcohol use.²
- SAMHSA's *TIP 26: Substance Abuse Among Older Adults* estimates that a combination of alcohol and medication misuse affects up to 19 percent of older Americans.³

¹ Mattson, M., Lipari, R. N., Hays, C., & Van Horn, S. L. Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. (2017). *A day in the life of older adults: Substance use facts*. Rockville, MD: Substance Abuse and Mental Health Services Administration.

² What is the Scope of Prescription Drug Misuse, NIDA, 2015

³ Substance Abuse and Mental Health Services Administration (SAMHSA). (1998). Substance abuse among older adults: Treatment Improvement Protocol #26.

The Opioid Crisis and Older Adults

How the opioid crisis has affected older adults:

- Rates of opioid analgesic use is higher among older adults¹:
 - 8.1 percent for ages 40–59
 - 7.9 percent for those 60 and over
- According to CDC's MMWR, in 2016 more than 44,000 Americans died from opioid overdose deaths, of which more than 7,000 were aged 55 and older.²
- NSDUH data indicate that opioid misuse increased among older adults (50+) from 1.1 percent in 2002 to 2.0 percent in 2014, and by 2020 it's estimated to increase to 3.1 percent (5.7 million people).³

¹ Centers for Disease Control and Prevention. (2015). National Center for Health Statistics Data Brief.

² Centers for Disease Control and Prevention. (2019). Morbidity and Mortality Weekly Report. January 4, 2019.

³ Substance Abuse and Mental Health Services Administration. (2017). CBHSQ Report, July 25, 2017.

Emergency Department Visits Related to Medication Use/Misuse

- One-fifth of emergency department (ED) visits involving prescription medication use among older adults were made by persons aged 70 or older.
- Medications involved in ED visits made by older adults:
 - 43.5 percent pain relievers
 - 31.8 percent medications for anxiety or insomnia
 - 8.6 percent antidepressants
- What happened after ED visit?
 - 52.3 percent were treated and released
 - 37.5 percent were admitted to the hospital

Source: Substance Abuse and Mental Health Services Administration. (2010). Drug Abuse Warning Network Report.

SAMHSA Activities Focused on Older Adults

- Older Adult Evidence-based Mental Health Practices Panel – June 2017
- Older Adults with SMI and the Behavioral Health Workforce – May 2018
- Older Adult Mental Health Awareness Day – May 2018 and 2019
- Aging and Disability Resource Center (ADRC) and Older Adults with Serious Mental Illnesses Expert Panel – August 2018
- Older Adult Peer Services Expert Panel – September 2018
- National Prevention Week Older Adults Webinar – March 2019
- *Treatment Improvement Protocol: Treating Addiction in Older Adults* (in progress)

SAMHSA's Role with Administration for Community Living's (ACL) Aging Network

Developing stronger ties with ACL and others in order to:

- Provide training and technical assistance (TTA) to improve service delivery;
- Support family caregivers;
- Improve the workforce;
- Identify evidence-based practices; and
- Provide information to the public.

Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health



Get Connected Toolkit



The ***Get Connected*** Toolkit helps communities:

- Build health promotion programs
- Offer prevention messages and education
- Provide screening and referral for mental health problems and misuse of alcohol and medications

www.samhsa.gov

“It Can Happen to Anyone: Alcohol and Medication Among Older Adults” video

<https://www.youtube.com/watch?v=FQan4-6amJk>

Get Connected Toolkit Goals

- Educate older adults.
- Link older adults to resources.
- Help provider staff understand substance use/misuse and mental health issues.
- Increase staff competence and confidence.

Get Connected Toolkit Goals (continued)

- Help organizations understand and assess how ready they are to deliver substance use prevention services.
- Encourage peer support.
- Provide additional tools and resources.

Get Connected Toolkit: Session Topics

- **Session One:** It Can Happen to Anyone – Coping with Life Transitions
- **Session Two:** Using Medication Wisely
- **Session Three:** Keeping a Healthy Outlook on Life

Who Will Benefit From Using the Get Connected Toolkit

- Senior centers
- Adult day health services
- Nutrition programs
- State and local agencies

Who Will Benefit From Using the Get Connected Toolkit (continued)

- Administration for Community Living's Area Agencies on Aging
- Health and social services providers
- Faith-based organizations
- Nursing homes

Additional Resources



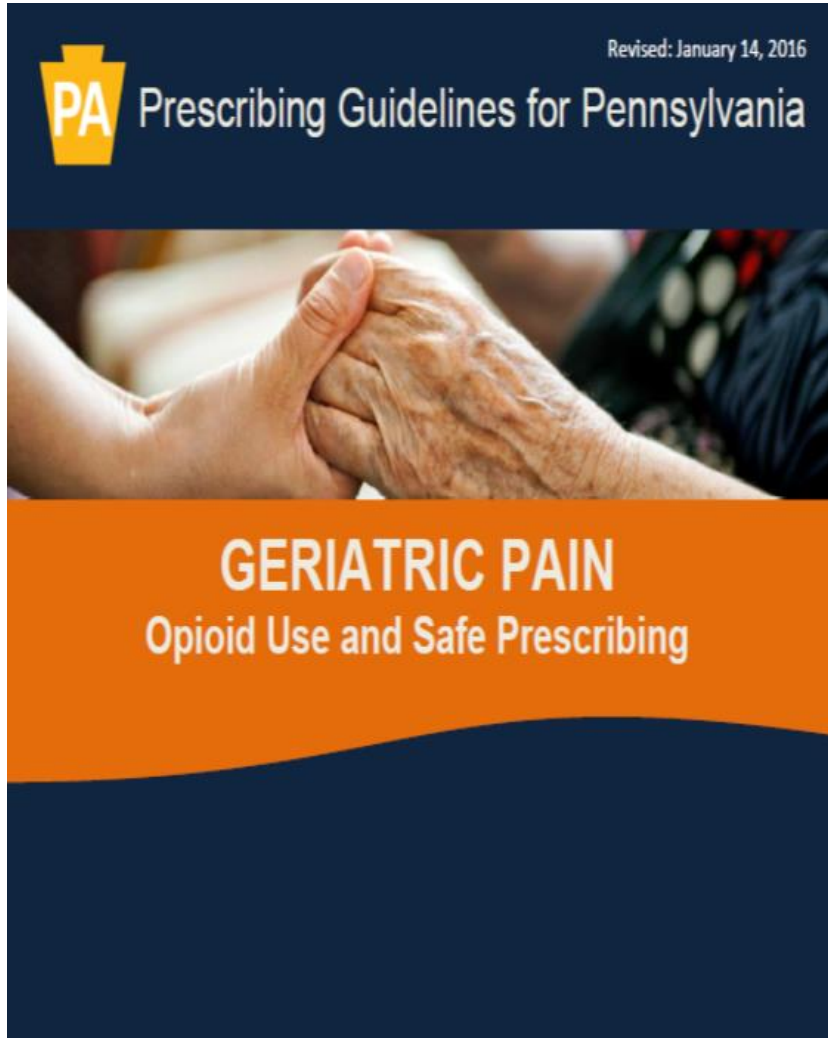
Safe Use of Medicines for Older Adults

This National Institutes of Health resource provides questions older adults can ask their doctors about the medications they are taking. These are a sample of the questions:

- What is the name of the medicine and why am I taking it?
- What medical condition does this medicine treat?
- How many times a day should I take it? At what time(s)?
- If the bottle says take “4 times a day,” does that mean 4 times in 24 hours or 4 times during the daytime?

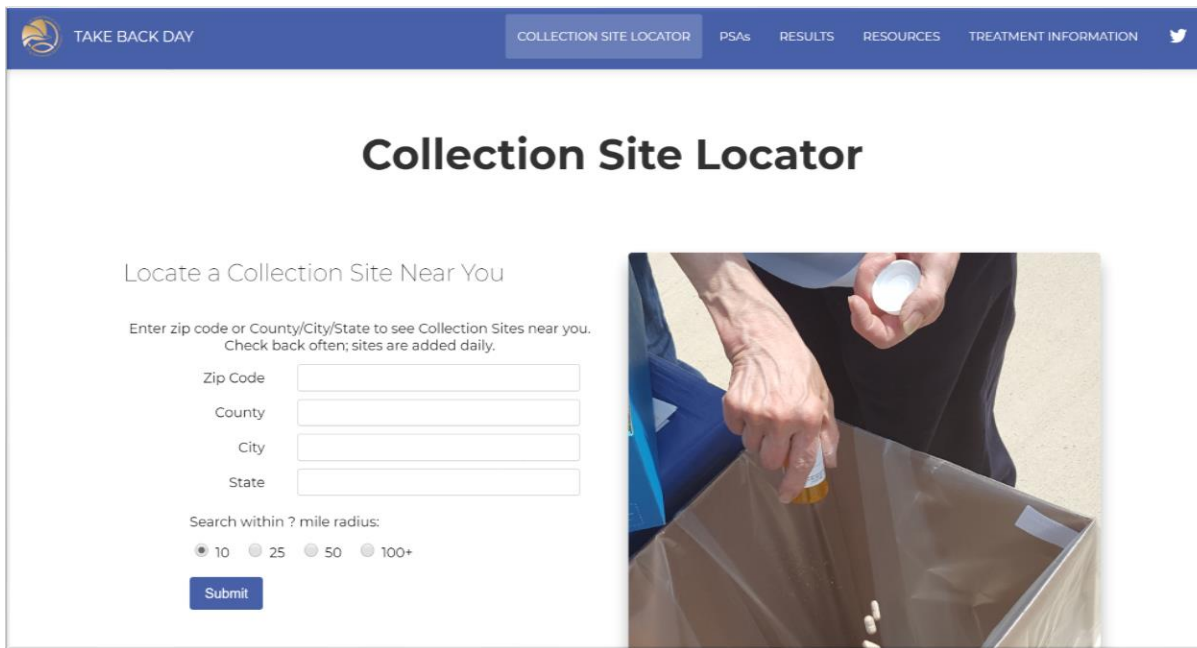
Source: Safe Use of Medicines for Older Adults, National Institutes of Health. Retrieved from <https://www.nia.nih.gov/health/safe-use-medicines-older-adults>

State Example of Prescribing Guidelines



These guidelines are intended to help health care providers improve patient outcomes when providing opioid treatment, including potential adverse outcomes associated with the use of opioids to treat pain.

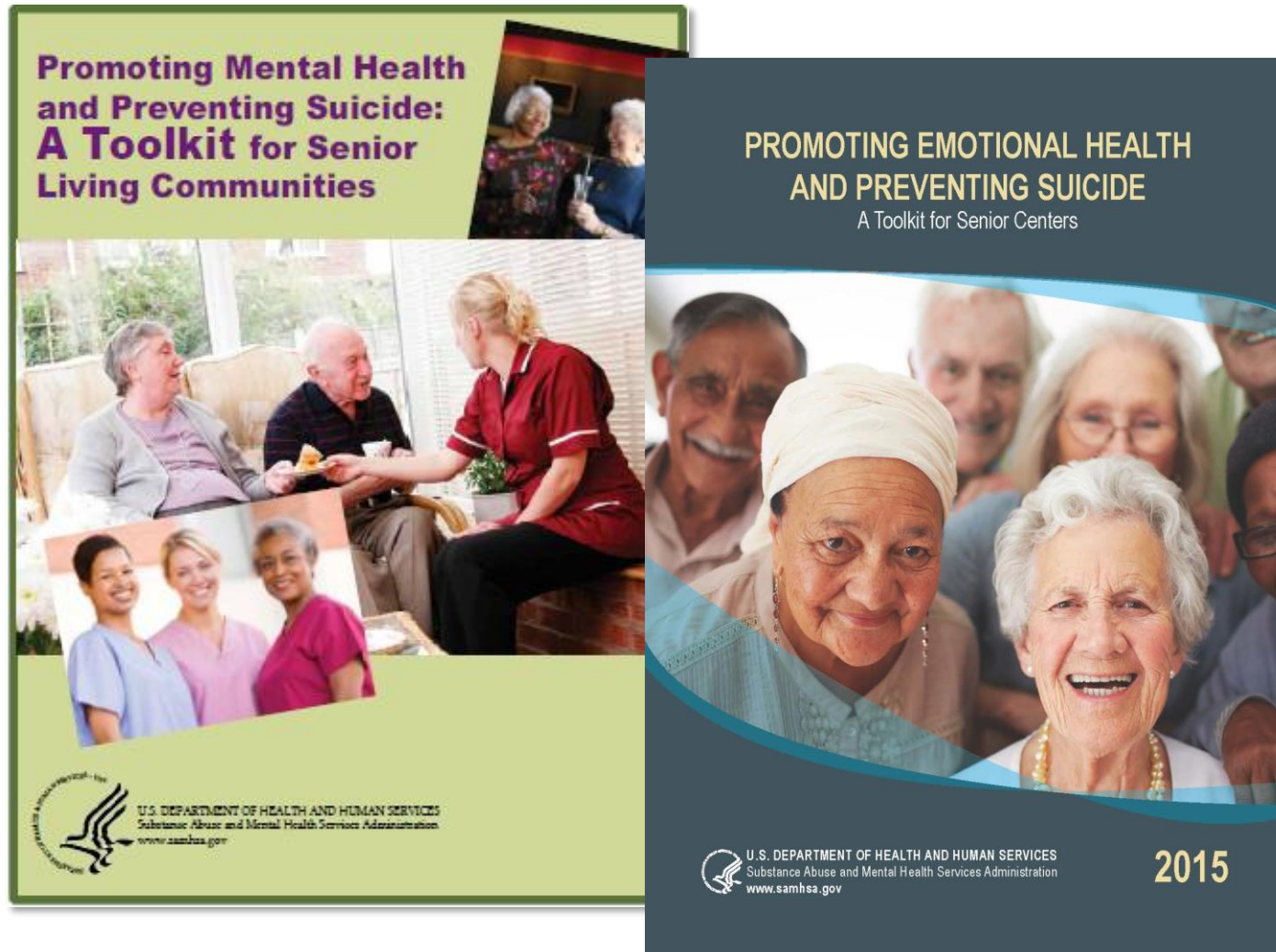
Additional Actions Communities Can Take Along with Using the Get Connected Toolkit



The screenshot shows the SAMHSA website's 'Collection Site Locator' page. The header includes the SAMHSA logo, 'TAKE BACK DAY', and navigation links for 'COLLECTION SITE LOCATOR', 'PSAs', 'RESULTS', 'RESOURCES', and 'TREATMENT INFORMATION'. The main heading is 'Collection Site Locator'. Below it, the text reads 'Locate a Collection Site Near You' and 'Enter zip code or County/City/State to see Collection Sites near you. Check back often; sites are added daily.' There are input fields for 'Zip Code', 'County', 'City', and 'State'. A 'Search within ? mile radius:' section has radio buttons for 10, 25, 50, and 100+, with 10 selected. A blue 'Submit' button is at the bottom left. On the right side of the form area, there is a photograph of a person's hands pouring pills from a bottle into a brown paper bag.

- Participate in National Prescription Drug Take Back Days.
- Share SAMHSA resources with your community.
- Educate members of your community about how to talk to their doctors or other prescribers about medications.

Additional SAMHSA Resources




www.SAMHSA.gov

Additional SAMHSA Resources (continued)

SAMHSA
Opioid Overdose Prevention
TOOLKIT

Opioid Use Disorder Facts
Five Essential Steps for First Responders
Information for Prescribers
Safety Advice for Patients & Family Members
Recovering From Opioid Overdose



Rx Pain Medications

KNOW THE OPTIONS • GET THE FACTS

What Are the Risks of Opioid Pain Medications?

Side Effects and Interactions
Opioids can cause unpleasant side effects such as drowsiness, constipation, and slowed breathing. Some of these effects may be increased by:

- Taking them in combination with alcohol, sedatives, or other medications;
- Taking them in high doses or more often than prescribed; or
- Taking them in a different manner than directed, like crushing pills to snort or inject.¹

In 2015, an estimated 2 million people ages 12 or older had an opioid use disorder.²

Opioid Use Disorders and Overdose
After taking certain opioids regularly for a short time, some individuals could become physically dependent and experience uncomfortable withdrawal symptoms when stopping the medication. Misusing these medications increases the risk of:

- Substance use disorders, including addiction;
- Overdose; and
- Death.^{1,3}

PROTECT YOURSELF

Talk to your health care provider

ALWAYS:




1. Tell your health care provider about all other medications you are taking, including over-the-counter medications.
2. Ask if there are nonpharmacologic treatments that may be effective, like physical therapy or non-opioid medications.
3. Avoid alcohol and illicit drugs when taking prescription pain relievers.
4. Store your medication in a safe place and dispose of unused amounts appropriately.
5. Talk to your health care provider about how to stop taking opioids safely as soon as your treatment is over, and what to do if the medication is not adequately treating your pain.
6. Use opioids only as directed by your health care provider.
7. Refrain from sharing prescriptions with friends or family—it is dangerous and illegal.
8. Talk to your health care provider about what to expect from your medications—such as whether pain will be completely eliminated or decreased.

ADDITIONAL INFORMATION
For more information about overdose from opioids, visit www.cdc.gov/drugoverdose or <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>.

¹ National Institute on Drug Abuse. (2014). DrugFacts: Prescription and over-the-counter medications. Retrieved from <http://www.drugabuse.gov/publications/drugfacts/prescription-over-counter-medications>

² Center for Behavioral Health Statistics and Quality. (2016). Key substance use and mental health indicators in the United States: Results from the 2015 National Survey on Drug Use and Health (NHIS Publication No. SMA 16-4884, NSDUH Series H-51). Retrieved from <http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2015/NSDUH-FRR1-2015-NSDUH-FRR1-2015.htm>

³ Substance Abuse and Mental Health Services Administration. (2014). Opioids. Retrieved from <http://www.samhsa.gov/overdosing>



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Additional SAMHSA Resources (continued)



Rx Pain Medications
KNOW THE OPTIONS • GET THE FACTS

Dangerous Drug Interactions

Please consult your health care provider before using prescription pain medications with other substances.

Did you know...

According to the CDC, about one-half of deaths from prescription pain medications involve the use of at least one other drug.¹



Mixing opioids with other substances can cause dangerous side effects, including breathing trouble, coma, and even permanent brain damage or death.²

If you are taking prescription pain medications, do NOT take the following without first talking to your health care provider:

- Alcohol (including beer, wine, and liquor)
- Antihistamines (including allergy medications such as Benadryl[®])
- Cough medicine/cough syrup
- Barbiturates and benzodiazepines (often used as sleeping pills and sedatives, such as Ambien[®], Xanax[®], and Valium[®])
- General anesthetics (often used for surgery)



To find more information on safer, more effective pain management in the CDC Guideline for Prescribing Opioids for Chronic Pain, visit <http://www.cdc.gov/drugoverdose/prescribing/guideline.html>.

IN CASE OF EMERGENCY
Call 9-1-1 or the National Poison Help number at 1-800-222-1222.






¹ Centers for Disease Control and Prevention. (2016). Drugs most frequently involved in drug overdose deaths—United States, 2010–2014. National vital statistics report 65(15).

² National Institute on Drug Abuse. (2016). Misuse of prescription drugs: Is it safe to use opioid drugs with other medications? Retrieved from <http://www.drugabuse.gov/publications/research-reports/prescription-drugs/interactions-to-use-opioid-drugs-with-other-medications>

³ National Institute on Drug Abuse. (2017). Drug Facts: Prescription pain medications (Opioids). NIDA for Teens. Retrieved from <https://teens.drugabuse.gov/teens-facts/prescription-pain-medications-opioids>

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Rx Pain Medications
KNOW THE OPTIONS • GET THE FACTS

My Medications

Patient's Name _____

Health Care Provider's Name _____

Health Care Provider's Phone _____

Some medications and supplements may be dangerous or even fatal when combined with opioid pain medications. To prevent any dangerous side effects, it is important to keep a detailed list of all medications or supplements you are taking and to share this information with your health care provider.

Medication	How much?	How often?	Reason?	Prescribed by:

NEED HELP?

Call 1-800-462-HELP (4357) for 24-hour free and confidential treatment referral and information about mental and/or substance use disorders, prevention, and recovery in English and Spanish, or visit www.samhsa.gov/find-help.

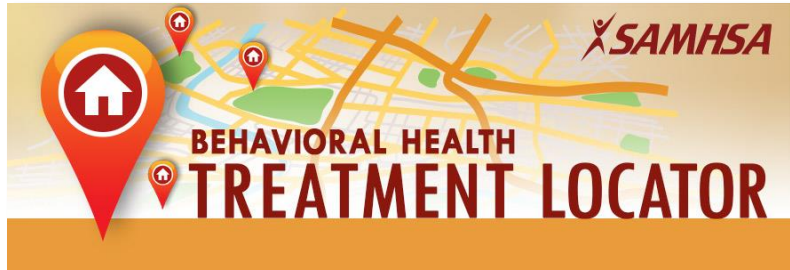
Find more information on safe pain management here: <http://www.cdc.gov/drugoverdose/prescribing/patients.html>





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Additional SAMHSA Resources (continued)



<https://findtreatment.samhsa.gov/>



<https://suicidepreventionlifeline.org/>



<https://www.samhsa.gov/find-help/national-helpline>

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

Jennifer Solomon, M.A.

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Prevention

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www.SAMHSA.gov

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)



Kathleen A. Cameron, MPH

Senior Director

Center for Healthy Aging, National Council on Aging



SAMHSA
Substance Abuse and Mental Health
Services Administration

Improving Opioid Misuse Prevention Literacy Between Older Adults and Health Care Providers

March 28, 2019

**Kathleen Cameron
Senior Director
Center for Healthy Aging
National Council on Aging**



National Council on Aging



Our Mission:

Improve the lives of millions of older adults, especially those who are struggling

Our Social Impact Goal:

Improve the health and economic security of 10 million older adults by 2020

NCOA's Center for Healthy Aging

- **Goal:** Increase the quality and years of healthy life for older adults and adults with disabilities
- **Two national resource centers funded by the Administration for Community Living**
 - Chronic Disease Self-Management Education (CDSME)
 - Falls Prevention
- **Other key areas:** behavioral health, physical activity, immunizations, oral health



What Is Health Literacy?

Health literacy

The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

Health literacy is dependent on individual and systemic factors:

- Communication skills of patients and professionals
- Patient and professional knowledge of health topics
- Culture
- Demands of the health care and public health systems
- Demands of the situation/context

Source: Office of Disease Prevention and Health Promotion, DHHS

What Are Opioids?

Opioids are derived from opium found in the poppy plant or created synthetically and act by binding to specific "receptors" in the brain, spinal cord, and gastrointestinal tract. Opioids can change the way a person experiences pain.

Examples

- Codeine (Tylenol #3[®])
- Oxycodone (OxyContin[®], Percocet[®], Percodan[®])
- Hydrocodone (Vicodin[®], Lortab[®])
- Morphine (MS Contin[®], Roxanol[®])
- Meperidine (Demerol[®])
- Hydromorphone (Dilaudid[®])
- Tramadol (Ultram[®])
- Fentanyl (Duragesic[®] transdermal patch)



Chronic Pain and Other Chronic Conditions Among Older Adults

- Chronic Pain
 - 30% of older adults have chronic pain.
 - Negative impact on physical, mental, sexual, and cardiovascular health, including a person's ability to complete daily activities, think clearly, sleep, and manage their mood.
 - Pain leads to increased physician visits, hospital stays, medication use, and challenges with going to work and socialization.
- Depression is highly prevalent (14–20%).
 - Depression is a risk factor for substance use disorders and suicide.
 - Depression is linked to pain and social isolation.
- 80% of older adults have at least one chronic disease.
 - Nearly 2 of every 3 have multiple chronic conditions
- Chronic conditions are expensive.
 - 95% of health care costs for older Americans are for chronic diseases.
 - Spending is escalating with the increase in chronic diseases and the aging population.
 - There are many out-of-pocket costs.
- Fragmented care, especially for patients with multiple chronic conditions, makes conditions difficult to manage.

Opioid Use Among Medicare Part D Beneficiaries

- 1 in 3 Medicare Part D prescription drug beneficiaries received an opioid prescription.
- 500,000 beneficiaries received high amounts of opioids.
- Almost 90,000 beneficiaries were at serious risk of addiction due to being prescribed high amounts of opioids.
- More than 6 out of every 1,000 Medicare patients are diagnosed with an opioid disorder, compared with 1 of every 1,000 patients covered by commercial insurance plans.

Source: U.S. Department of Health & Human Services Office of Inspector General. (2017). "Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing." HHS OIG Data Brief • July 2017 • OEI-02-17-00250.

Prescription Misuse Among Older Adults

- Prescription misuse is the second most common type of substance misuse among older adults.
- At least one in four use psychoactive medications with abuse potential.
- Up to 11% of older women misuse prescription drugs.

Sources: National Institute on Drug Abuse. (2006). Misuse of Prescription Drugs. Simoni-Wastila, L., & Yang, H. K. (2006). Psychoactive drug abuse in older adults. *The American Journal of Geriatric Pharmacotherapy*, 4(4), 380-394.

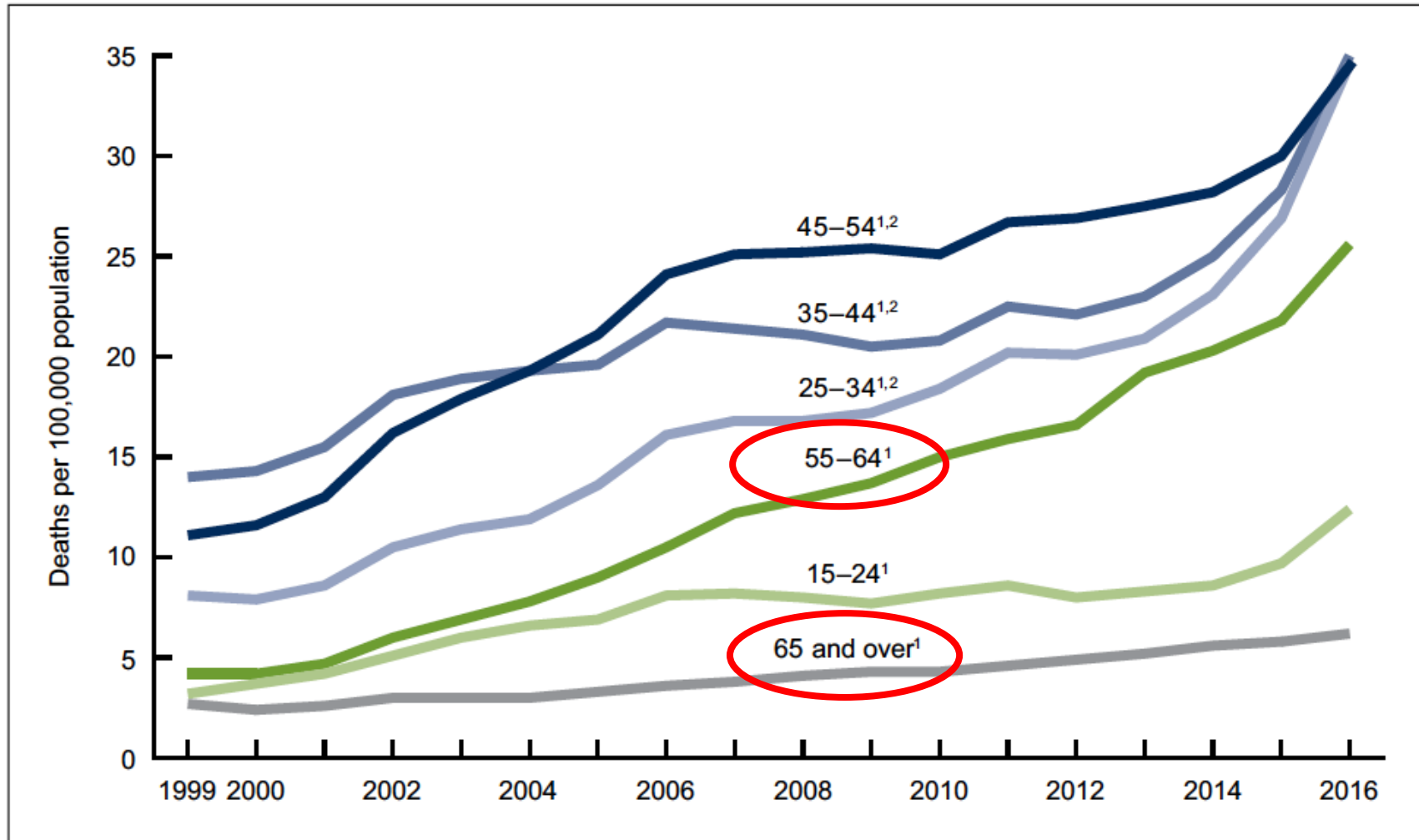


Opioid-Related Harm to Older Adults

- Associated with falls and motor vehicle accidents
- Dependency
- Increases lethargy and fatigue
- Decreases respiration/breathing
- Lowers immunity
- Emergency department visits
- Suicide
- Elder abuse, which includes physical mistreatment, emotional abuse, financial exploitation, and neglect
- Death

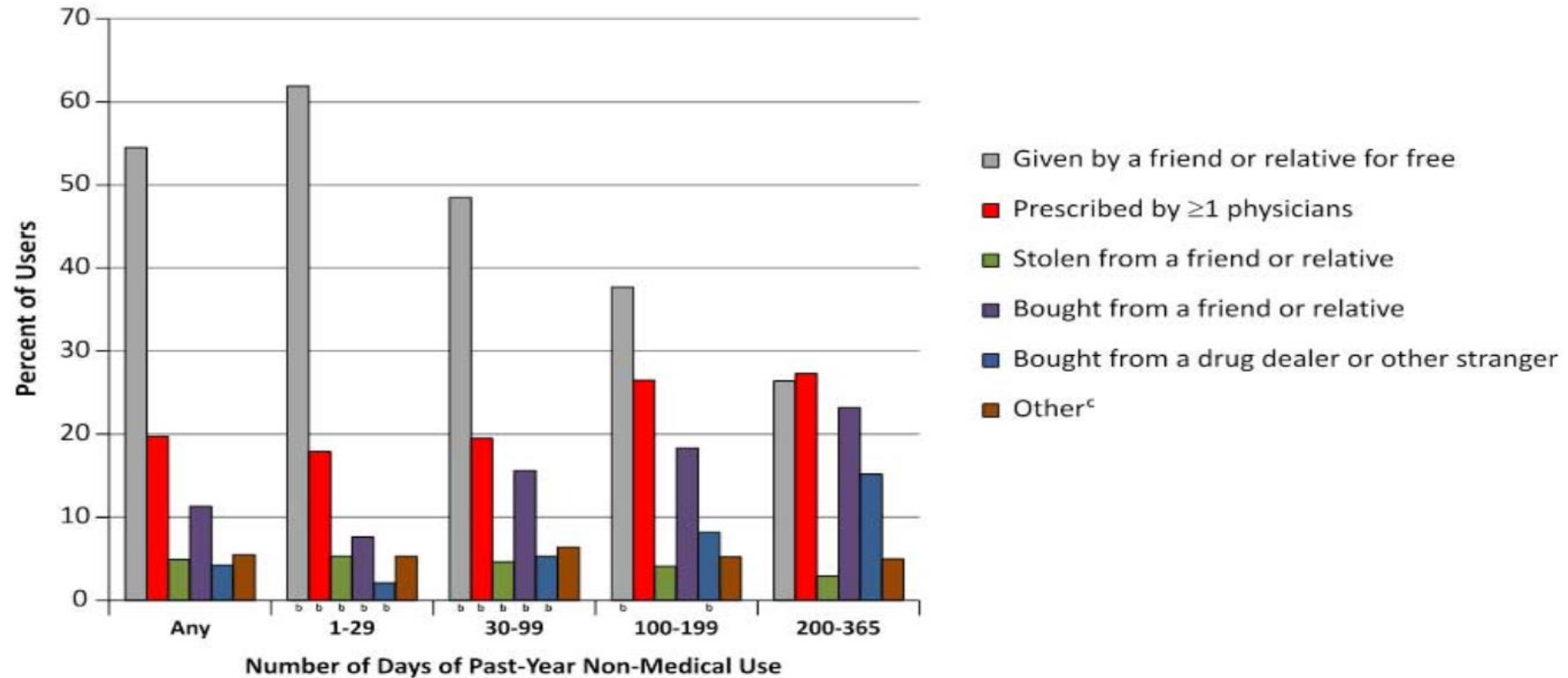


U.S. Drug Overdose Death Rates, Per 100,000 Population, 1999–2016



Source: Hedegaard, H. et al. (2017). National Center for Health Statistics Data Brief No. 294.

Sources of Prescription Opioids Among Past-Year Non-Medical Users^a



^a Obtained from the US National Survey on Drug Use and Health, 2008 through 2011.⁵

^b Estimate is statistically significantly different from that for highest-frequency users (200-365 days) ($P < .05$).

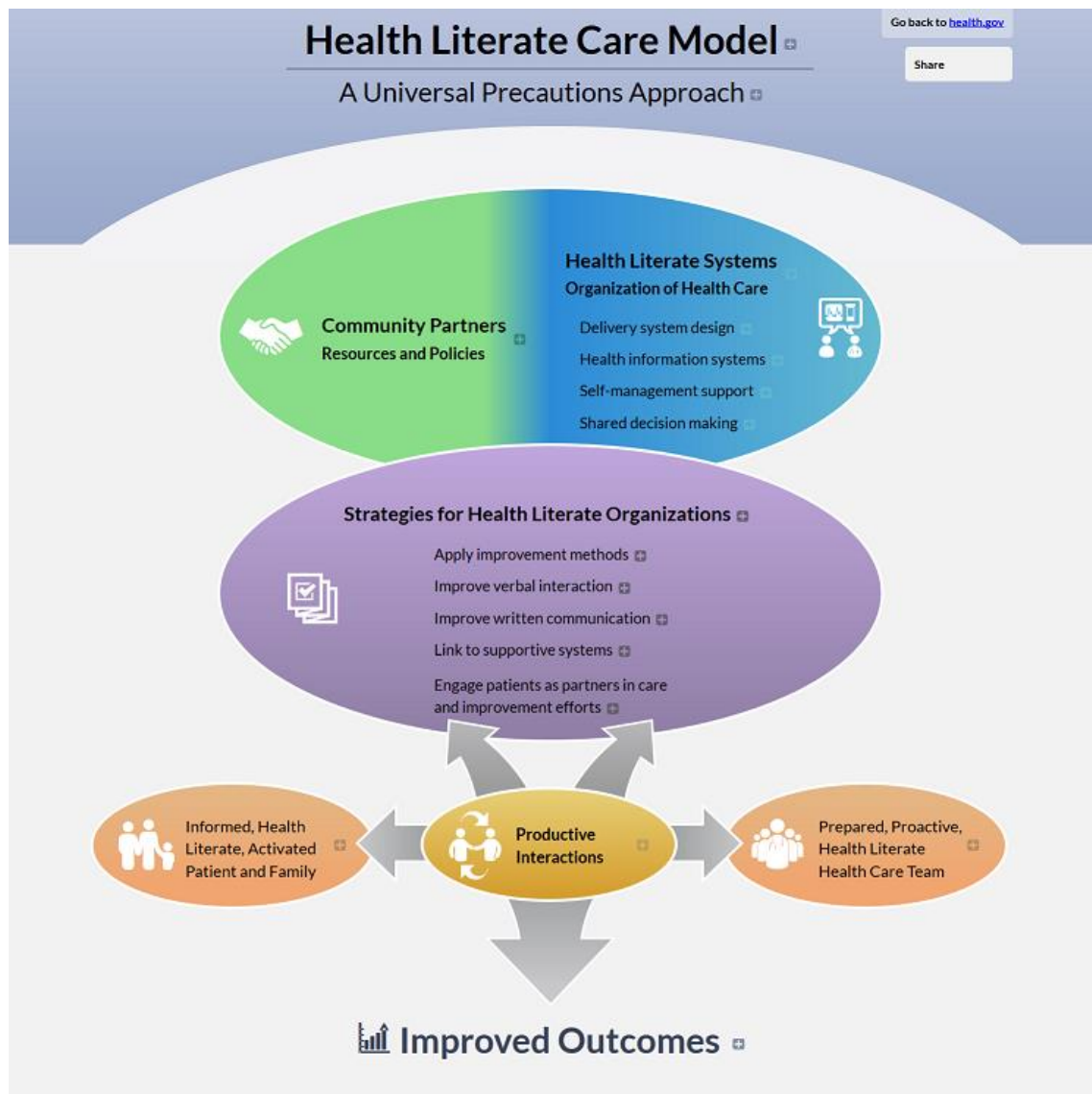
^c Includes written fake prescriptions and those opioids stolen from a physician's office, clinic, hospital, or pharmacy; purchases on the Internet; and obtained some other way.

SOURCE: Jones C, Paulozzi L, Mack K. Sources of prescription opioid pain relievers by frequency of past-year nonmedical use: United States, 2008–2011. JAMA Int Med 2014; 174(5):802-803.

Factors Contributing to Prescription Drug Misuse and Abuse

- Higher levels of prescribed medications
 - Multiple chronic conditions
 - Multiple prescribers
- Higher prevalence of stressful life events and transitions
 - Parenting to “empty nesters”
 - Employment to retirement
 - Changes in housing
 - Bereavement
 - Diminishing physical and other abilities
 - Social isolation
 - Health issues/chronic disease
 - Depression

The Health Literate Care Model



The Health Literate Care Model

- **Shared decision-making:** Effective dialogue helps ensure that health care providers understand their patients' priorities and values — and that they clearly identify different treatment options, describe the risks and benefits of each in plain language, and involve patients in the development of a treatment plan.
- **Teach-back method:** An effective strategy for confirming that health care providers have explained what patients need to know in a way that the patients can understand.
- **Patient engagement:** Assessing risk, building rapport, and gaining insight into the mental state of people with chronic pain. Effectively engaging patients reinforces their role on the health care team and empowers patients to play an active role in their pain management.

Doctor and Patient Communication

Talking Points

- How opioids can reduce pain during short-term use, yet there is not enough evidence that opioids control chronic pain effectively long term.
- Non-opioid treatments (such as exercise, other medications, and cognitive behavioral therapy) that can be effective with less harm.
- Importance of regular follow-up.
- Protecting family and friends by storing opioids in a secure, locked location and safely disposing of unused opioids.
- Precautions that can be taken to decrease risks, including checking drug monitoring databases, conducting urine drug testing, and prescribing naloxone if needed to prevent fatal overdose.

What Patients Need to Know

- The risks and side effects of opioid use:
 - Tolerance
 - Physical dependence
 - Increased sensitivity to pain
 - Constipation
 - Nausea, vomiting, dry mouth
 - Sleepiness and dizziness
 - Depression
 - Itching and sweating

What Patients Need to Know

Risks are greater with:

- History of drug misuse, substance use disorder, and overdose
- Mental health conditions (e.g., depression or anxiety)
- Sleep apnea
- Older age

Risks are greater with:

- Use of alcohol
- Use of certain types of medications. These should be avoided:
 - Benzodiazepines
 - Muscle relaxants
 - Sedatives/hypnotics
 - Other prescription opioids

What Patients Need to Know

Know options that don't include opioids:

- Non-opioid pain relievers
- Other medications that are used for depression or seizure disorders
- Physical therapy and exercise
- Cognitive behavioral therapy

What Patients Need to Know

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within ____ days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).

Questions to Ask Clinicians About Opioids

- Is this medication an opioid?
- Is it safe to take with my other medications?
- Are there other non-opioid pain relievers I can take instead?
- Is this the lowest dose possible?
- May I have fewer pills?
- How should I taper off the medication?
- Where should I store my medication?
- How do I dispose of unused opioids?
- Should I have naloxone (Narcan) on hand?

Community Evidence-Based Interventions

- Substance Use Disorders
 - Screening, Brief Intervention, and Referral to Treatment
- Chronic Disease Self-Management Education (CDSME) Programs
- Physical Activity and Falls Prevention Programs
- Depression
 - Healthy Ideas
 - PEARLS





- **Screening** quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- **Brief intervention** focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- **Referral to treatment** provides those identified as needing more extensive treatment with access to specialty care.

(www.samhsa.gov/sbirt)

SBIRT

- **Primary Goal:** Reducing and preventing related health consequences, disease, accidents, and injuries associated with risky use.
- **Screens for all types of substance use**, not just dependencies.
- **Provides information and assistance** tailored to the individual and his or her needs.
- **Intervening early** with individuals at moderate risk is effective in reducing substance use, preventing health and other related consequences, and saving health care costs.

Evidence for SBIRT

FL BRITE Project (Brief Intervention and Treatment for Elders)

- **Results:** Health educators screening solely within medical sites recorded fewer positive screens than those from mental health, substance abuse, or aging services that screened in a variety of community-based and health care sites. Six-month follow-ups revealed a significant decrease in substance use.
- **Conclusions:** SBIRT can be extended to nonmedical services that serve older adults.

(Source: Schonfeld et al, AJPH 2013)

Chronic Disease Self-Management Education (CDSME) Programs

- CDSME model developed at Stanford University Patient Education Center.
- Participants gain the knowledge, skills, and necessary support to take control of their health and make healthy lifestyle changes.
- 6 workshop sessions held once a week.
- Each session is 2 ½ hours and highly interactive.
- Co-facilitated by two trained leaders, one of whom has an ongoing health condition.
- Core content:
 - Symptom management/social role function
 - Exercises to build self-efficacy
 - Goal setting and action plans
 - Problem solving to overcome challenges
- Based at the Self-Management Resource Center
<https://www.selfmanagementresource.com/>



Session Topics

Action Planning	Managing Pain and Fatigue	Fitness/ Exercise	Getting a Good Night's Sleep
Problem-solving	Dealing with Difficult Emotions	Healthy Eating/Weight Management	Working with Health Professionals
Decision Making	Better Breathing	Communication	Medication Management Rx and OTC

Healthy IDEAS Program Goals

- **Detect and reduce the severity of depressive symptoms** in older adults through existing community-based case management services.
- **Reach** underserved populations.
- **Train** agency staff to deliver an evidence-based intervention for depression to older adults.
- **Improve linkage** between community aging service providers and health/mental health professionals.
- For more information: <http://healthyideasprograms.org/>



Core Program Components

- **Step 1: Screening**
- **Step 2: Education**
- **Step 3: Referral & Linkage**
- **Step 4: Behavioral Activation**
 - Empowering older adults to manage their depressive symptoms by engaging in meaningful, positive activities.
- **Step 5: Re-assessment with ongoing case-management**



Benefits to Clients

- Reduction in severity of depressive symptoms
- Reduction of self-reported pain
- Increased knowledge of how to get help for depression
- Increased level of activity
- Increased knowledge of how to manage depressive symptoms





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SAMHSA
Substance Abuse and Mental Health
Services Administration

Health Literacy and Pain Management: Family Caregivers as Partners

Carol Levine

Director, Families and Health Care Project

United Hospital Fund

**SAMHSA Webinar on Improving Opioid Misuse Prevention
Literacy Between Older Adults and Health Care Providers**

March 28, 2019



United Hospital Fund works to build a more effective health care system for every New Yorker. An independent, nonprofit organization, we analyze public policy to inform decision-makers, find common ground among diverse stakeholders, and develop and support innovative programs that improve the quality, accessibility, affordability, and experience of patient care.

www.uhfnyc.org



Created by UHF, Next Step in Care is designed to change health care practice by routinely identifying, acknowledging, training, and supporting family caregivers, especially at times of transitions in care. It provides practical advice and easy-to-use guides for both health care providers and family caregivers that focus on transitions between hospitals, rehabilitation facilities, nursing homes, and home. While New York is the primary focus of UHF and Next Step in Care's work, the impact and relevance are national and even international.

www.nextstepincare.org



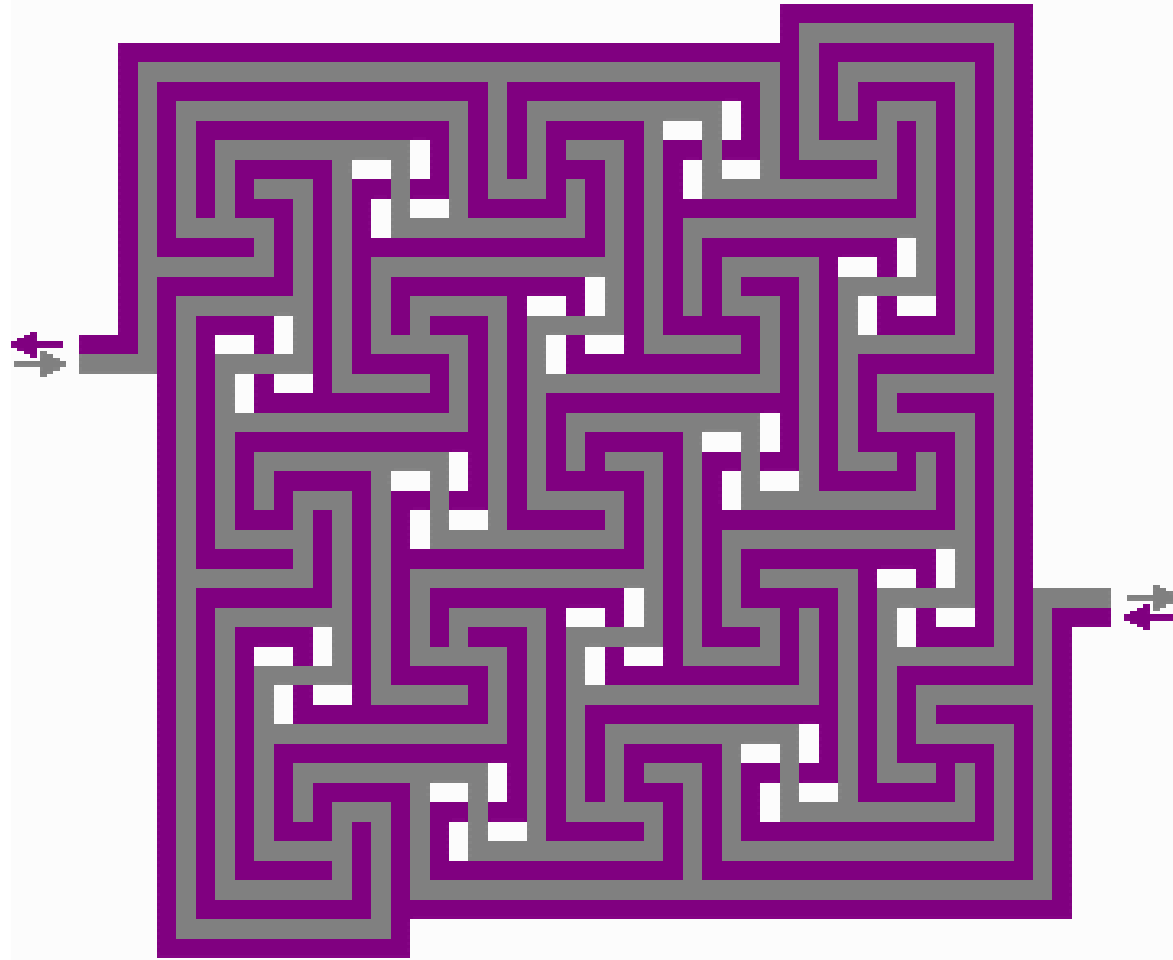
Importance of Health Literacy in Pain Management

- Health care today is complex and challenging.
- Understanding multiple medications is essential for best possible patient outcomes.
- Pain medications present particular challenges.
- Worry about misuse may prevent patients from getting appropriate pain relief.
- There is a difference between short-term and chronic pain management.
- Prevalent misunderstandings and myths interfere with appropriate decision-making.
- Stigma pervades culture, including health care settings.

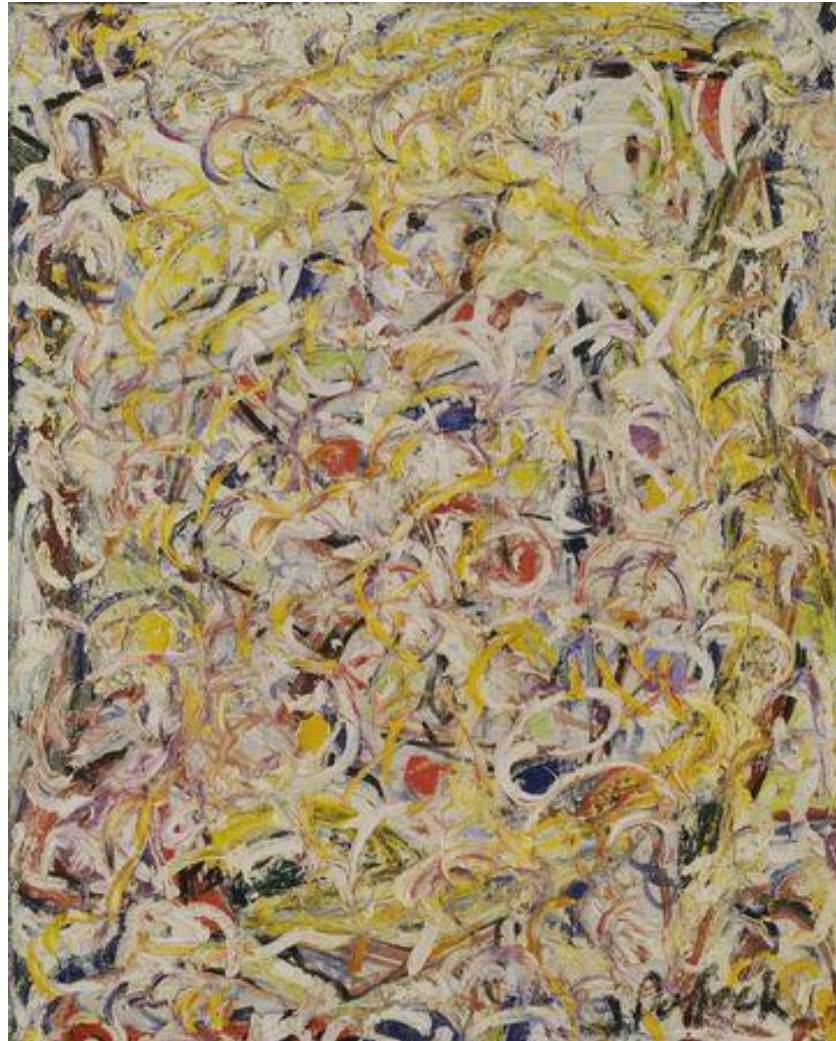
Health Literacy Is Hard to Achieve

- Obtaining, processing, and understanding basic health information and services is a high standard for patients and family caregivers.
- People need to understand insurance, bureaucratic language, and institutional arrangements, not just medical terminology and prescription orders.
- Understanding “services” may be harder than understanding “basic health information.”
- Health literacy is particularly important for drug treatment options, which are limited, especially in rural areas.

What a Caregiver Expects From the Health Care System



What a Caregiver Actually Experiences



Family Caregivers as Partners in Care

- 43 million Americans are family caregivers (including family members, friends, neighbors) who provide personal care, do household tasks, and undertake medical/nursing tasks such as managing multiple medications, wound care, and monitoring machines.
- Caregiver worry about pain medications (too much? too little?) is a major source of caregiver stress.
- Caregivers accompany patient to doctor visits, ED visits, and hospital stays, yet they may not be included in medication reconciliation and decision-making.
- Caregivers may have more accurate information about a patient's drug use than patient.
- Caregivers may get inconsistent or incomplete information.

Before Learning New Information, Have to Unlearn Misinformation

Common myths:

- Taking pain drugs always leads to addiction.
- If a doctor prescribed it, it must be good for me.
- I don't have to keep track of my medications because they are all "in the system."
- Medication-assisted treatment is just substituting one drug for another.
- People who use illegal drugs are weak and do not deserve costly treatment.
- Treatment for substance abuse doesn't work.

Enhancing Health Literacy About Pain Management

- Start discussions early, not while in crisis.
- Consider all medications and whether some can be dropped.
- Use simple definitions of types of drugs and how they differ.
- Explain how drugs affect the brain.
- Avoid demeaning and judgmental terms (not just with patients but also with colleagues).
- Remember to dispel myths.
- Involve family caregiver(s) at every stage.
- Listen to their concerns.
- Answer questions and repeat information as often as needed.
- Use teach-back to ensure comprehension—patient/caregiver tells what routine to follow using their own words.

Medication Reconciliation and Management

Medication reconciliation: the process of creating the most accurate list possible of all medications (RX and OTC) a patient is taking and comparing that list to admission, transfer, and/or discharge orders, with the goal of preventing adverse medical events.

Source: IHI

Medication Management is how one ensures for any medications given

- the right patient
- the right drug
- the right dose
- the right route
- the right time

Points to Discuss with Patient and Caregiver

- Why is this pain medication being prescribed?
- What are the benefits? And the risks?
- Are there alternatives to this drug?
- Are there non-drug alternatives to controlling pain?
- How long should I take the medication?
- What kind of side effects should I watch out for?
- How should I keep the medication safe from children who live with me or visit?
- How should I dispose of the leftover pills?

The Four Habits Approach to Effective Communication

1. Invest in the beginning—develop trust.
2. Elicit the patient's and family caregiver's perspective—listen.
3. Demonstrate empathy—words and body language.
4. Invest in the end—summarize and review next steps

Source: Frankel, R., Stein, T., & Krupat, E. (2003). The Four Habits Approach to Effective Clinical Communication. *Clinician-Patient Communication* series, The Permanente Medical Group.

Thank you

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United Hospital Fund's Next Step in Care website

www.nextstepincare.org

Suzanne C. Brundage and Carol Levine, "The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families," available at:

<https://uhfnyc.org/publications/publication/ripple-effect-opioid-epidemic-children-and-families/>



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Community Outreach

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Program

- Supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UIQHP28710, Johns Hopkins Geriatric Workforce Enhancement Program. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

Objective

- To discuss community outreach and education through faith-based communities regarding the opioid crisis.

Partners

- Brown Memorial Church
- Johns Hopkins Bayview Medical Center
 - Healthy Community Partnership
 - Community Outreach
 - Addiction Medicine Faculty
- Baltimore City Health Department
- Living Well Center
- Mental Health Association of Maryland



Brown Memorial Church



Two Faith Communities - Baltimore City



First Panel Session

- Addiction
- Breaking the Stigma
- Depression
- Pain Management
 - Partner with your health care team
 - Alternatives to pain management
 - * Physical Therapy
 - *Chronic Pain Management

Panel (con't)

- Storing Medications safely
- How to dispose unused medications
- Role of Faith Based Communities



HOW TO PROPERLY DISPOSE OF YOUR UNUSED MEDICINES

Unused or expired prescription medications are a public safety issue, leading to potential accidental poisoning, misuse, and overdose. Proper disposal of unused drugs saves lives and protects the environment.

Drug Disposal Guidelines

If no disposal instructions are given on the prescription drug labeling and no prescription drug take-back program is available in your area, then follow these simple steps to throw the drugs in the household trash:

1. Remove the medicine from its original container and mix it with an undesirable substance, such as used coffee grounds or kitty litter.
2. Place the mixture in a sealable bag, empty bag, or other container to prevent medicine from leaking or breaking out of a garbage bag.

Visit the Drug Enforcement Administration's (DEA) Diversion Control Division website (go.usa.gov/XNVXt) or call (800) 882-9539 for more information and to find an authorized collector in your community. The site also provides valuable information about DEA's National Take-Back Initiative.

Resources

For more information on preventing prescription drug misuse, go to the following websites:

- www.dea.gov
- www.getsmartaboutdrugs.com
- www.justthinktwice.com
- www.campusdrugprevention.gov

For more information on the safe disposal of pharmaceuticals, go to the following websites:

Environmental Protection Agency

- How to Dispose of Medicines Properly go.usa.gov/XNwXc

Food and Drug Administration

- Disposal of Unused Medicines: What You Should Know go.usa.gov/XNw9z
- How to Dispose of Unused Medicines go.usa.gov/XNw9S



Additional Tips

- Scratch out all identifying information on the prescription drug to make it unreadable. This will help to protect your identity and the privacy of your personal health information.
- You must not share your prescription drugs – they were prescribed to you.

Can I Flush Medicine Down the Sink or Toilet?

If the abovementioned disposal options are not readily available, one option is to flush the medicines down the sink or toilet as soon as they are no longer needed. Some communities may prohibit this practice out of concern over the trace levels of drug residues found in rivers, lakes, and community drinking water supplies.

Do not flush medicines down the sink or toilet unless the prescription drug labeling or patient information that accompanied the medicine specifically instructs you to do so. Please also ensure you are compliant with your community's laws and regulations prior to taking such action.

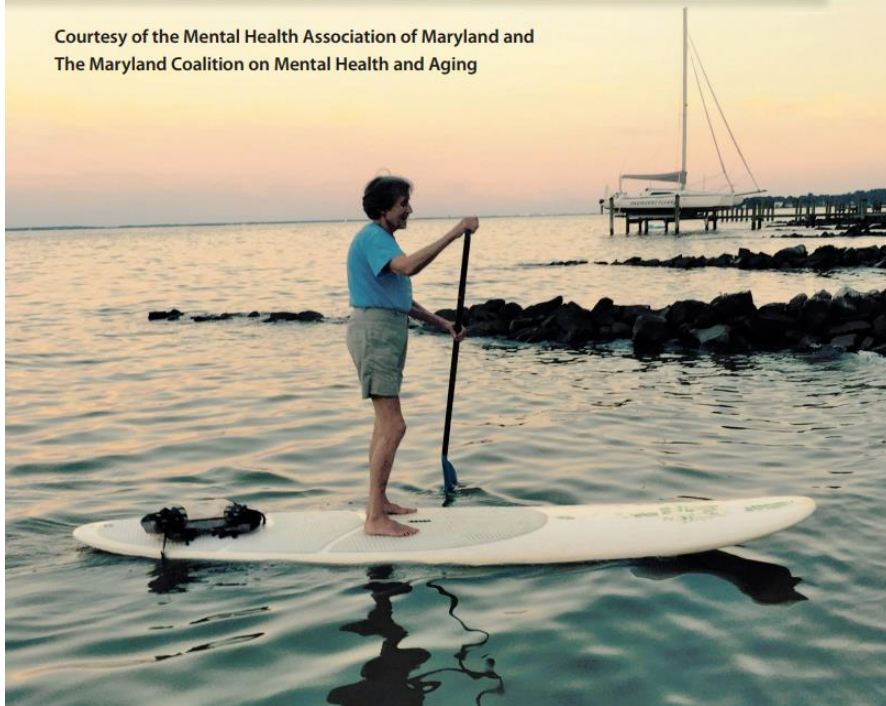
- Handouts
 - Opioid Use Disorder
 - Addiction

Second Session

Mental Health in Later Life

A Guidebook for Older Marylanders and the People Who Care for Them

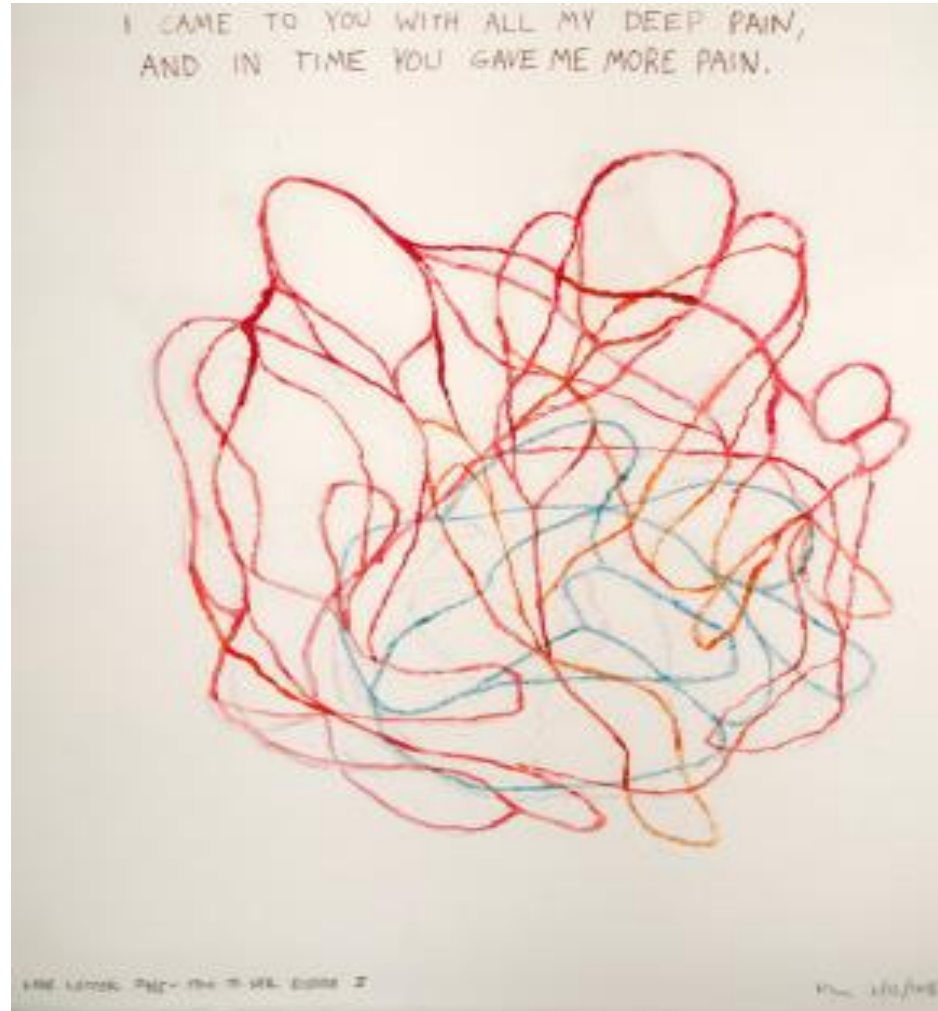
Courtesy of the Mental Health Association of Maryland and
The Maryland Coalition on Mental Health and Aging



- Baltimore City Health Department
 - Naloxone
 - Resources for treatment
- Mental Health Association of Maryland

One Thousand Love Letters

- Artist-Peter Bruun





GET CONNECTED

Linking Older Adults with Resources on Medication, Alcohol, and Mental Health

 Download the *Get Connected* resource at store.SAMHSA.gov.

Please use the chat feature to share your questions and thoughts with us.

Register Today for the Next NPW Webinar

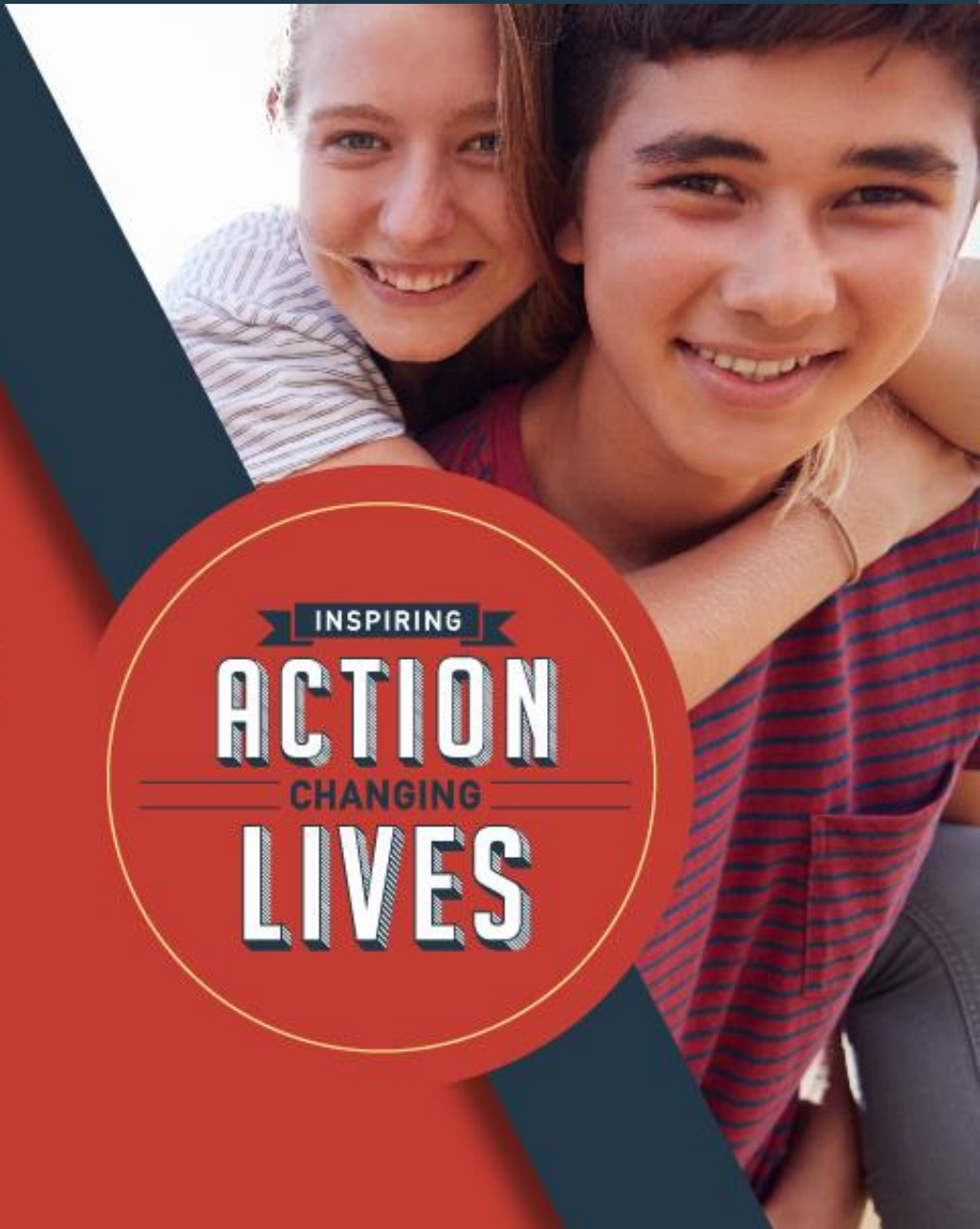


WEBINAR

BECOMING PREVENTION CHAMPIONS IN YOUR WORKPLACES AND COMMUNITIES

A Prevention Workforce Development Webinar

APRIL 23, 2019 | 2:00 – 3:30 P.M. EDT



Please fill out the post-meeting survey that will pop up once this meeting ends.



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2019

For more information, visit:
www.samhsa.gov/prevention-week



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