

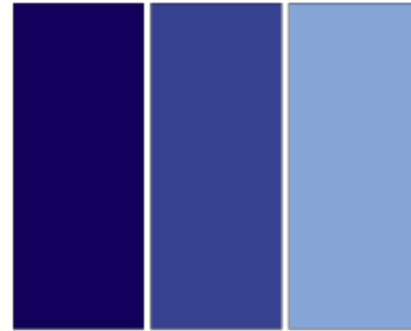
NEWS & VIEWS

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In This Issue:

Addiction and its Role in Long-Term Care Facilities



[Med-Net Concepts, LLC](#)

Addiction and its Role in Long-Term Care Facilities

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Substance abuse in society is happening in epic proportions. This shift in societal trends has led to nursing care facilities falling behind in identifying and addressing relevant issues related to these changes. According to Stringfield (2011), "One in every eight older adults has some form of substance disorder." Stringfield's article states that alcohol dependence is particularly predominant among the 50-years-and-older population, but addiction to heroin and cocaine cannot be ruled out. In addition, the prescribing of opiates by doctors for pain relief requires an additional level of monitoring by nursing staff. Lack of proper supervision of these medications has led to an increase in hazards among residents of long-term care facilities. (Langnado, 2007)

As the "Baby-Boomer" generation has begun to enter long-term care facilities, new problems have arisen. Self-medication of Post-Traumatic Stress Disorder symptoms with alcohol, marijuana, hashish, and other drugs, as well as flashbacks from previous LSD use, has created the need for identification and proper treatment planning. Additionally, the influx of younger clients with active addiction and mental health issues resulting from the closing of mental health and inpatient drug and alcohol treatment agencies has created its own set of challenges. Beyond the challenges regarding the residents of long term-care facilities are the challenges faced with the increase in staff drug addiction. An increase in monitoring of staff for possible addiction and abuse within the facility is also needed.

Addiction knows no boundaries. All socio-economic, education, ethnic, and gender boundaries have been breached and have suffered the effects of addiction. Proper training of all staff on the signs and symptoms of addiction is a must for the safety of clients and staff. I will address four major areas of concern, and outline suggestions for improving care in each area.

Pain Medication and Psychotropic Medication in the Elderly

It is well known that as a person ages, the kidney and liver become less functional. This fact is especially true if alcohol-use has become an issue. Individuals with chronic medical conditions are often treated with numerous medications. These vary from psychotropic medications to pain medications that are often prescribed for long-term use. Frequently, the proper level of care is not given when physicians prescribe these medications.

Without an appropriate assessment during the time of intake, diagnoses that could cause the prescribing of these medications to be problematic can go undetected. All diagnoses, especially regarding prior drug or alcohol abuse or conditions that can affect the duration drugs or alcohol can stay in one's system, should be considered prior to prescribing of such medication. These compounding diagnoses include diabetes, liver problems, kidney disease, cardiac disease, and more. Tolerance to medications poses real issues. Close monitoring of clients on these medications should be part of the treatment plan, and periodic labs should be part of this monitoring.

The Baby Boomer Generation

The "Baby Boomer Generation" brings with them another unique set of issues. LSD, Cocaine, Marijuana, and Hashish use result in their own problems, such as cognitive deficits, balance deficits, and liver disease to list a few. Many from this generation have a history of experimentation with, and often dependency on, drugs not regularly experienced in long-term care facilities before this group of individuals entered our doors. Due to this, good assessment and observation are important. Since addicts tend to underreport use as well as problems resulting from use, it is helpful to talk to family and friends to get a clearer picture of the situation at hand. Good treatment planning is important, and if an alcohol or drug history is present, counseling and support group attendance should be offered. Apart from the ethical responsibility for providers to deliver the best care to individuals, not treating addiction is a violation of treatment practice if there is an addiction diagnosis. (Greenhouse, 2016)

Younger Clients

The need for long-term care facilities to open their doors to younger clients brings another set of challenges. Illegal drugs and excessive alcohol intake is being utilized among these clients to self-medicate for an array of medical health issues not being addressed by our society.

Due to the closing of mental health and inpatient treatment centers, the number of younger clients in active addiction is increasing within long-term care facilities. It is crucial that clients in active addiction are identified as such during the initial phases of their stay and that the need for treatment is quickly addressed. This rise in abundance increases the danger not only to themselves, but also to other clients as well as to staff.

Visitors can also pose a number of challenges in this demographic, even though visitors are an important part of the client's socialization, and visitation is one of their rights. Policies and procedures should be in place to deal with those visitors that pose a risk to clients by bringing alcohol and/or drugs into the facility or come to visit under the influence.

A separation of younger clients into a wing or group of rooms together would aid in their socialization and would make for more efficient observation. Treatment plans including counseling by dependency counselors and required support group attendance of those with a supporting diagnosis is crucial.

All staff should be trained on observation techniques to identify behaviors that may cause safety concerns, as well as training in responding in the case of overdose related emergencies. Nursing homes should now stock naloxone (Narcan) and other overdose reversing drugs. This is a costly but necessary result of the addiction epidemic. Long Term Care Facilities must be prepared for immediate treatment of overdoses. (Talbot, 2016)

Addiction Problems Within Staff

With the addiction epidemic facing this country, it is inevitable that medical staff are also affected by addiction. Policies and procedures need to be in place to monitor staff for potential problems. It is arguable, due to recent observation, that drug testing is no longer enough.

There are a number of signs that lend to suspicion of drug abuse among employees that should be monitored closely. Any medication reported as ineffective for its given use in patients should be cause for investigation, as removal and replacement of clients' pain medication for personal drug abuse among addicted employees has previously been observed. Due diligence in monitoring narcotic count abnormalities is also crucial. An increase in residents missing items of value can also be a sign of problems among staff. A decrease in adherence to professional codes of conduct, especially due to addiction, requires an increased level in supervision that was not needed before.

In conclusion, long-term care facilities have entered a whole new era of care and need to accept the challenges that these changes bring. Addiction can no longer be overlooked, and identification and treatment of such must become a necessary part of treating the client holistically.

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