Overview
I. Introduction
   I. Biography
   II. Disclosures
   III. Objectives
II. Why?
III. Current State
IV. Screening & Assessments
V. Addressing Diversion/Substance Abuse
VI. Summary/Closing
VII. Bibliography

About Me
• Graduate of University of Wisconsin Madison
• Current Palliative Medicine Social Worker at Mayo Clinic in La Crosse
• Consistently worked in Health Care
• Wealth of experience with holding patient & family meetings/care conferences
Disclosure

Relevant Financial Relationships
None

Off-Label/Investigational Uses
None

Objectives
Participants will:
• Describe evidence-based screening tools and assessments available to monitor for diversion or substance abuse risk.
• Understand process of having difficult conversations with patients & families.
• Discuss how interdisciplinary team enhances biopsychosocial-spiritual approach to diversion/controlled substance concerns.

Why?
Standards of Care
• Clinical Practice Guidelines
  • All Palliative Clinicians should receive training regarding the use of opioids
  • Structures and Processes of Care
  • Physical Aspects of Care
  • Psychological & Psychiatric Aspects of Care
  • Legal Aspects of Care

National Consensus Project, 2018
Why?
Standards of Care

• NASW Standards
  • Standard 3 – Assessment
  • Foundational element of practice
  • Current & past health
  • Standard 4 – Intervention/Treatment Planning
  • Competent in facilitating communication between patient’s family members, and members of the care team
  • Competent in determining appropriate interventions based on the assessment

Current State
Important Definitions

Substance Abuse and Mental Health Services Administration, 2019

Current State
Substance Facts

• 2018 SAMHSA & DHHS completed National Survey on Drug Use and Health (NSDUH) in the US.
  * Key Findings
    * 2018 - 9.9 million Americans misused opioids
    * Decrease in use from 2017, 11.4 million
    * However, second most common illicit drug used as 3.6% are reported to misuse opioids
    * Declines in various other substance trends
    * Cocaine in adolescent/young adults
    * RX stimulant misuse young adults (ages 18-25)
According the NSDUH Report in 2018:

**Alcohol & Tobacco**
- 47.0 Million Tobacco Users (fewer than 1 in 6 past month users (PMU)).
- 139.8 Billion past month alcohol users. (67.1 million binge, 16.6 million heavy drinkers)
  - 2.2 million adolescents report past month use (1.2 million binge drinking). Decrease however, 1 in 11 report PMU

*All findings based on ages 12 and older

PMU = *Past month use/user(s)*

**Illicit Substance**
- 1 in 5 of people report illicit drug use in the last year
- Marijuana: 43.5 million PYU, higher in 2018 than 2002-2017
- Prescription Opioids: 10.3 million PYU, lower in 2018 than 2015-2017
- Heroin: 808,000 PYU
- Prescription Opioids & Heroin: 506,000 PYU

**Screenings and Assessment**

Defining Diversion/Substance Concerns in our Patients

- 2017 Home Based Hospice & Palliative Care Study
  - Lack of standardization in method of screening
  - Cursory assessment of family members who may be subject to diversion of high risk medications
  - Many agencies had substance use assessments within social work assessments
    - However none offered a validated method to ask formal questions about pattern of use including quantity, frequency, or past use of substance abuse services.
### Screenings and Assessments
#### Defining Diversion/Substance Concerns in our Patients

- **Biopsychosocial-spiritual Assessment**
  - Biological→Psychological→Social→Spiritual
  - Whole Person

- Utilize evidence based screening tools appropriate for the patient situation/clinical setting
  - Agencies/Clinics should have policies and procedures in place for screening
  - Who is screened?→Why?→When?→What for?

#### Evidenced Based Screening Tools

<table>
<thead>
<tr>
<th>Screening Tool/Assessment</th>
<th>Substance Type</th>
<th>Age Group</th>
<th>Administered</th>
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</thead>
<tbody>
<tr>
<td>Alcohol Substances</td>
<td>Adults</td>
<td>Self</td>
<td>Clinician</td>
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<tr>
<td>Drug Substances</td>
<td>Adolescents</td>
<td>Self</td>
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- **Self Assessment**
- **Clinician Administered**

#### Evidence Based Assessments

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- **Self Assessment**
- **Clinician Administered**

### Source
Addressing Diversion/Substance Abuse
Preparing for the Conversation

• Make a plan prior to your visit
  • Be prepared to adapt
• Recall relationship with patient
  • Values
  • Strengths
  • Motivators
• Set goals
  • Developing medication agreement
  • Care contract in Hospice

Addressing Diversion/Substance Abuse
Having the Conversation
One on One Meetings

• Motivational interviewing
  • R-U-L-E Strategy
  • Listen for change statements
• Be confident
• Keep the message of conversation simple

Addressing Diversion/Substance Abuse
Having the Conversation
Interdisciplinary Approach

• Maintain principles from 1:1 Meetings
• VEMA (Validate-Educate-Motivate-Activation)
• Draw from individual disciplines strengths
  • Utilize biopsychosocial-spiritual approach
  • Enhances the ability to provide Empathic Communication & have Compassion Focused Conversation
Addressing Diversion/Substance Abuse
Having the Conversation

Family Meetings
• Complete a risk assessment with family members who may not have previously been assessed at patient visits.
• Set ground rules
• Identify Patient vs Family Goals
• In cases of diversion
  • Who else has been involved, how long has this been going on.

Addressing Diversion/Substance Abuse
What to Avoid During Difficult Conversations

Common Traps | Examples
---|---
• Compassion Traps | “I wish you knew what my pain was like.” “Do you have pain?”
• All-or-Nothing Traps | “I’ve done everything else none of it works.” “So you’re not going to do anything for me?”
• Addiction Labeling | “So you’re calling me an addict/junkie/druggie?”
• Desperate/Threat Traps | Threatening to harm self or others
• Endgame | I’m leaving, I’m done, displaying avoidant/angry behaviors

Addressing Diversion/Substance Abuse
What to Avoid During Difficult Conversations

• Setting unrealistic expectations of the patient
  • Don’t expect the patient to leave happy or try to prevent the patients/family members from being uncomfortable or feeling emotions throughout the conversation
• It’s not about you
  • Goals should be developed with the patient
  • Continue to be patient first
• Backing patient into a corner | Anger or Hostility
• Comment on feelings behind comments not the comment
In Summary

- Evidenced based screenings and assessment tools can be a consistent monitoring tool as well as ensure that patient's are desensitized when discussing substance and potential diversion concerns.
- A Biopsychosocial-Spiritual Approach to assessment and intervention allows for the whole person and inclusion of Hospice & Palliative IDT's involvement.

In Summary

- Set clear and consistent expectations/boundaries with patients at the beginning of the patient-care team relationship preventing/limiting opportunities for misunderstandings.
- As patients and families become more dynamic conversations are only going to become more complex.

Questions & Discussion
One day a farmer's donkey fell down into a well. The animal cried piteously for hours as the farmer tried to figure out what to do. Finally he decided the animal was old and the well needed to be covered up anyway, it just wasn't worth it to retrieve the donkey.

He invited all his neighbors to come over and help him. They all grabbed a shovel and began to shovel dirt into the well. At first, the donkey realized what was happening and cried terribly. Then, to everyone's amazement, he quieted down.

A few shovel loads later, the farmer finally looked down the well and was astonished at what he saw. With every shovel of dirt that hit his back, the donkey was doing something amazing. He would shake it off and take a step up. As the farmer's neighbors continued to shovel dirt on top of the animal, he would shake it off again and take another a step up.

Pretty soon, everyone was amazed as the donkey stepped up over the edge of the well and trotted off!

Moral: Life is going to shovel dirt on you. The trick to getting out of the well is to shake it off and take a step up. Each of our troubles is a stepping stone. We can get out of the deepest wells just by not stopping, never giving up.

—Author Unknown
Bibliography


