


# Co-Morbid Substance Use Disorder in Serious Illness

SAYING "YES" TO COMPLEX CASES




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## Continuing Education Credits

Samaritan is providing a 1.0 NASW-NJ Prescription Opioid credit (social workers), a 1.0 NCPD credit (nurses), and a 1-hour certificate of completion.

- How to obtain CEUs:
  - Attend full program
  - Complete Program Evaluation
  - Print Certificate

Questions: [Institute@samaritannj.org](mailto:Institute@samaritannj.org)



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## Conflict of Interest/Disclosure Statement

Our presenters, Joan Ordille, Kim Rumaker, Donna Fahey, and Anne Elmore have

- No conflicts of interest
- No commercial support
- Non-endorsement of products
- No off-label use of medication


This program is based on a person cared for by the Samaritan team. We share this story and this topic in his memory and at the request of his wife who spoke to us about her concerns.



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## Program Outcome


By the end of the learning activity, 85% of participants will report an increase in competence meeting the needs of patients experiencing Co-morbid Substance Use Disorder (SUD).





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## Program Agenda

- Part One: Seeing Stigmatization and the Role of Implicit Bias
- Part Two: A Human Perspective Learning from what Challenges us
- Part Three: Substance Use Disorder Essential Knowledge for the Interprofessional Team
- Part Four: Teams & Caregivers Opportunities in Care Delivery



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## Welcome


EMPOWERING SOCIAL WORKERS!  
*Inspiring Action, Leading Change*

- 2022: Total Pain, a Biopsychosocial Model
- 2023: Self Care & Self Discovery
- 2024: Team Approach to Complex Cases

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## United States Substance Use Statistics

- 46.3 million 12+ (16.5% population) DSM-5 Substance Use Disorder (2020)
  - 29.5 million - Alcohol Use Disorder
  - 24 million – Drug Use Disorder
    - 9.2 million 12+ misuse opioids
- Many people experience both substance use disorder and mental health challenges



SAMHSA, 2023B

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## Harm Reduction




SAMHSA, 2023A

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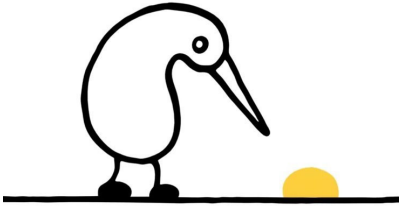
## Part One: Seeing

STIGMATIZATION AND THE ROLE OF IMPLICIT BIAS



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## Meet Kiwi



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## Self-Reflection

- How did this video impact you?
- Did this reflect what you think the experiences of addiction might be like?
- Were you feeling judgmental or empathetic towards Kiwi?
- Which feeling won?
- If this was a person, not Kiwi, which feeling would win?

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## Pre-Game Highlights – Meet Sam


Sam is a 69-year-old male who presents to the acute care hospital with pain associated with a noticeable left neck mass. CT scan of the head and neck reveals a mass compatible with cancer.

Sam's past medical history includes previous suicide attempts, former heroin use, and methadone use for many years.

Sam has poor dentition, is missing several front teeth, experiences pain when he swallows, and coughs after eating Skittles.

This patient was abused most of his life by his father, lived homeless for many years, is emotionally reserved, and suspicious about most things.

**Sam LOVES football!**



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## Human Beings have Implicit Bias


- Unconscious attitudes or stereotypes that affect
  - Decision making
  - Relationship Building
  - Service Delivery
- How Can We Address It?
  - Self-reflection
  - Seek feedback
- The Implicit Association Test (IAT): <https://implicit.harvard.edu/implicit/takeatest.html>

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## Words Matter

Language to Avoid	Language to Consider
Substance Abuser, Addict, User, Junkie, Crack Head, Dope Fiend	Person Who Uses Drugs, Person with Substance Use Disorder
Clean, Dirty	Abstinent from Substance Use, Using Substances
Clean Urine Drug Test, Dirty Urine Drug Test	Tested Negative for Substance Use, Tested Positive for Substance Use
Clean Needles, Dirty Needles	Unused Syringes, Used Syringes
Addicted Babies, Crack Babies	Neonatal Withdrawal Syndrome, Baby with Prenatal Exposure
Criminal, Convict, Felon, Has a Record	Person Experiencing Incarceration, Person Recently Released from Incarceration

Fortunato, 2022 - <https://www.snmjmatcoe.org/>




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## Coach Sam's Playbook


- Do not get in your own way
- Resist the temptation to be pulled into or towards the problem(s)
- There is always something we can do (even if it is not cure)
- Words Matter



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## Part Two: A Human Perspective

LEARNING FROM WHAT CHALLENGES US



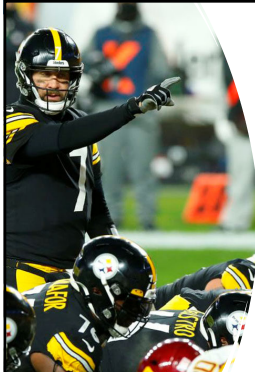
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## The Toss of the Coin

- “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”.



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## Base Formation


- People experiencing a SUD often have no social network of support, or care is very emotionally demanding on others
- Use acute care/ED instead of primary care and it may be the only way to access support – even if they want hospice
- Of all adult ED visits (N=27, 609) in the US in 2016-2017, 11.1% of patients had SUD

Zhang, et al., 2021

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## The Touchback

- Dismantled Autonomy
- Care goals are often misinterpreted
- Patients and families often submit to the healthcare system
- Confusion between risks and benefits



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## Pass Interference

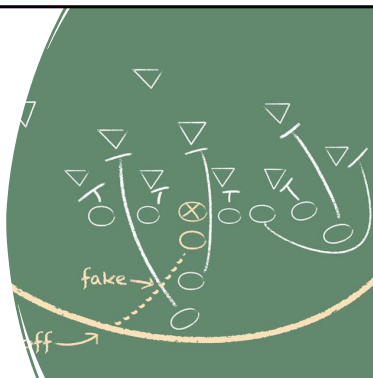
- Symptom relief is challenging
- Patients suffer from pain without appropriate symptom management, often because of conflicting treatment goals of harm reduction and undertreatment.



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## Fragmented Knowledge

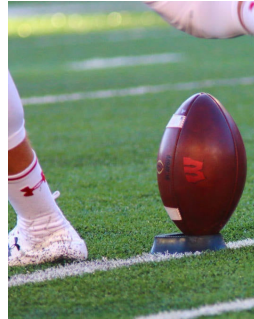
- Lack of knowledge and substantial evidence to support effective care
- Lack of timely palliative care referral
- Hospice = stop treatment



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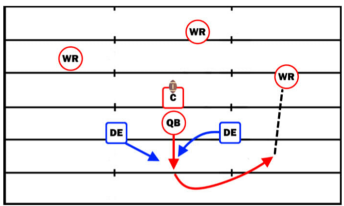
## "Afraid of the Kicker"

- Caring for this patient group may activate prejudice, **stigma**, and ethical concerns
- Sometimes we focus on all the things that could go wrong instead of taking things one step at a time



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## The Scramble

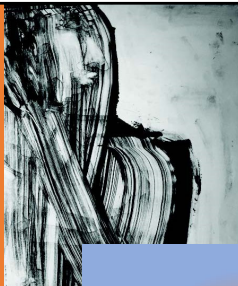


Usually, a desperation move by a quarterback who is trying to avoid being sacked.

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## Two Minute Warning

- *You know, my dad had hospice care and I don't ever remember him suffering, like I'm suffering. What's wrong? This is hospice, right? Why do I feel so terrible?*




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### The Hail Mary

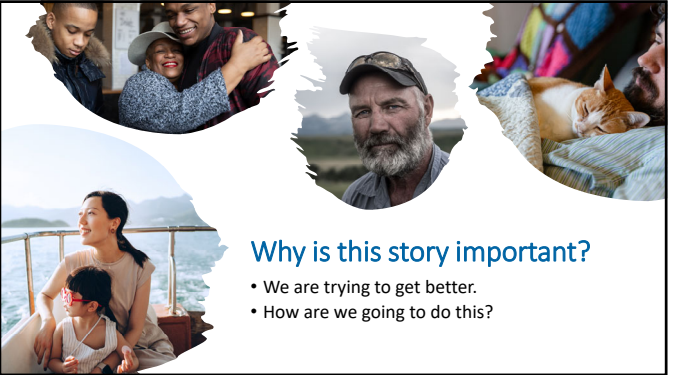
- Who won the game?



Hail Mary!

A last-ditch effort to win a game.

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### Why is this story important?

- We are trying to get better.
- How are we going to do this?

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### Coach Sam's Playbook

- Do good, or at least, do no harm
- Show up for human beings




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### Part Three: Substance Use Disorder


ESSENTIAL KNOWLEDGE FOR THE INTERDISCIPLINARY TEAM



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### What is a Substance Use Disorder?

- A complex medical condition in which there is use of a substance despite harmful consequences and when an individual's ability to function in their daily living is impaired.



- Southern New Jersey MAT\* Center for Excellence (SNJMATCOE) <https://www.snjmatcoe.org/>

\*Mainstreaming Addiction Treatment

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### Important Definitions

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**Physical Tolerance:** Adaptation in which exposure to a substance induces changes that result in diminution of one or more of the drug's effects over time

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**Physical Dependence:** Adaptation manifested by suddenly stopping/reducing regular use of a substance that results in withdrawal symptoms

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**Psychological Dependence:** Adaptation in which the individual starts to need the drug for emotional stability, e.g., to feel good or okay

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**Pseudoaddiction:** Presentation of behaviors that originate from a lack of adequate symptom management that are often mistaken for addictive behavior



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### The Brain's Reward Center

This system motivates us to repeat behaviors that help us survive, such as eating, caring for each other, or developing new skills.

Healthy behavior → Brain assigns value to the behavior → Neuro-connections or cues (lights, sounds, feelings) → Repeat behavior

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### The Dopamine Reward Loop

Pick Up Your Phone → Dopamine Increases → You Feel Happy → Dopamine Decreases

**The brain may get "hijacked" when a behavior stimulates the reward system but does not have a direct link to a healthy behavior**

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### Types of addictions

Work, Cell Phone, Social Media, Shopping, Gambling, Exercise, Food, Stimulants, Inhalants, Alcohol, Prescription, Marijuana, Nicotine, Fentanyl, Cocaine, Heroin

Behavioral → Physical → Opioid Use Disorder

Progression of Brain Changes = Alterations in Neuro Processes

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### Dopamine Levels

Category	Regular (ng/dl)	SUD (ng/dl)
Normal Day	50	10
Worst Day	40	-
Best Day	100	20
Substance	-	1,100 (10x)

Daily function is impaired (getting out of bed, care for family, thinking "rationally.")

What normally made us happy no longer does.

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### Isolation & Loneliness

Feeling alone while in a room full of people who love and care about you

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### Substance Use Withdrawal

The body and brain work hard to return to their natural state. Symptoms vary depending upon:

- Types of substance
- Length of use
- Potency
- Combination
- Physical and mental health

range and severity of

**ANXIETY, PARANOIA, IRRITABILITY**: uncontrolable crying, tremors & shaking, racing thoughts, continuous sweating

**EXHAUSTION**: fatigue, sudden irritability outbursts, erratic mood swings

**RESTLESSNESS**: pins & needles sensation, irregular body temperature

**EXTREME PHYSICAL DISCOMFORT**: stomach cramps, nausea, diarrhea


Once you stop using drugs or alcohol, withdrawal can send your body and mind to a downward spiral.

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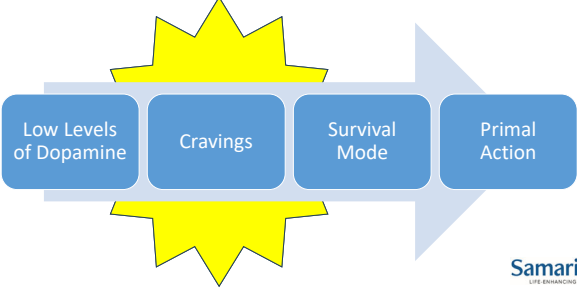

### Managing Concurrent Pain

- Medications are useful for harm reduction, relief of cravings, reduction of withdrawal symptoms, blocking euphoric effects, and normalizing brain chemistry
  - ✓ Methadone
  - ✓ Buprenorphine
  - ✓ Buprenorphine/Naloxone (Suboxone)
- ❖ What is the goal for treatment?
  1. Continue to treat the SUD?
  2. Palliate Symptoms?
  3. Or both?
- The challenge is to provide quality ethical symptom management



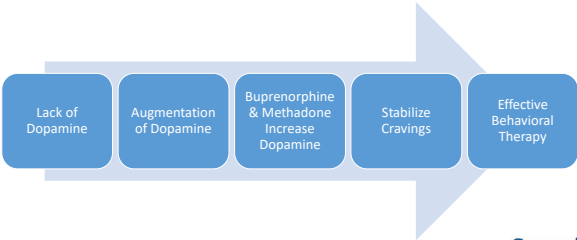

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### Treating Opioid Use Disorder (Cravings)

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### Medication Assisted Treatment (MAT)

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### Clinical Mentoring and Prescriber Education



**Clinical Mentoring**      **Prescriber Trainings**      **Resource Connection**

**Southern New Jersey MAT Center for Excellence**

<https://www.snjmatcoe.org/>

Please find **prescriber resources** for managing patients with substance use disorder in office-based, inpatient treatment, hospital-based, emergency medicine and other settings.



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### TEAM Approach

**Assessment (includes a detailed history of SUD)**

- **Substance:** type of drug, duration of use/abstinence, frequency of use, and the desired effect of drug
- **Supports:** professional and non-professional support, such as pain specialists, primary, psychiatry, psychology, clinics, AA/NA, family & friends

**Treatment**


- Interdisciplinary care planning, frequent team meetings, and/or consultation with other clinicians
- Multimodality/disciplinary approach to challenges of co-presenting illness and the efficacy of opioid titration

**Evaluation/Reassessment**

- Pseudoaddiction, misuse of medications, increased symptoms, and/or diversion
- The team helps monitor for barriers (prejudice, stigma, ethical concerns)


**Psychosocial Support**

- Patients, families, and HCP may experience powerful emotions: sadness, anger, guilt, loneliness, and shame





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### Coach Sam's Playbook



- Strengthen knowledge of SUD to dispel myths and misconceptions
- See (understand) SUD as a predictable chronic brain disease NOT a moral failure
- Move from belief/culture/societal expectations to 'The Science'





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## Part Four: Teams & Caregivers

OPPORTUNITIES IN CARE DELIVERY



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## The Fair Catch

- Allow the punt receiver to catch the ball without interference.
- The *Team* decides the next play.
- Play good offense without playing defense.

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## Time-Out

- Reminder to be present, see the human being, support yourself, realign and choose a different play



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## Half Time

Make slight adjustments in communication, language, and peer support

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## Reviewing Footage

Self-awareness and feedback provide an opportunity to become agile and competent

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## Family Toolbox

<input checked="" type="checkbox"/>	Validation	Acknowledge "See" them & Validate their experience
	Knowledge	Knowledge does not take away the harm but allows for empathy
	Island of Sanity	Create boundaries and protect self
	Immunity	Freedom from societal expectations
	Community	Seek a community who understands





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### Coach Sam's Playbook

- Work as a team (no lone wolves) - teach the eagle to fly with the flock
- Balance accountability with compassion
- Address the elephant in the room
- Integrate, Innovate, Collaborate



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### Go Be Magical

*Simplicity, patience, compassion. These are the greatest treasures. Simple in actions and thoughts you return to the sources of being. Patience with both friends and enemies, you accord with the way things are. Compassion towards yourself, you reconcile all beings in the worlds.*

~ Lao Tzu

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