LeadingAge Midwest
Illinois · Iowa · Missouri

Resident Substance Use the Focus of LeadingAge Iowa Breakout Session

During the LeadingAge Iowa Spring Conference, Kellie Van Ree, Director of Clinical Services coordinated a panel discussion on resident substance use in long-term care services based on increasing questions from members about various substances and the revisions to the RoPs including significant emphasis on substance use disorders. The panel included attorneys from Dorsey & Whitney, PLC, Rob Rotter, Iowa County Sheriff, and Vicki Worth, LTC Bureau Chief.

While Dorsey representatives Alissa Smith and Katie Cownie provided information and statistics on ages of individuals impacted by substance use disorders and overdose deaths, Rob brought a real-life perspective to the table. During the discussion, he stated when he began his career in law enforcement, individuals that were arrested for substance use violations are now in their 60's, placing them well within range to enter LTSS. Rob also provided expertise on what items looked like that may be used for substance use as well as how to collect evidence. Here are some key takeaways from the presentation:

- Drugs that are being produced overseas are very real appearing (at times very difficult to know it isn't an FDA approved medication). Nearly all the time these pills (and other illicit drugs) contain Fentanyl. The concern is that it is difficult to identify exactly how much Fentanyl is contained in the drug, therefore the best practice for individuals finding these items is to double glove (discard immediately after use and complete hand hygiene), have a witness verify where the evidence was found (including the option to take photos of the location and substance), and lock it in a safe area until it can be taken by a law enforcement agent.
- Now is the time to reach out to your local law enforcement officials to establish a plan (before you need it) of procedures that should be taken. Establish a connection with your local law enforcement and describe situations that may occur. They may even be able to provide education for your staff on substance use and how to respond.
- Observe for signs of usage that may not be directly correlated such as the resident having matches or lighters.
- Regarding Search and Seizure, similar to regulations, law enforcement (and staff) cannot search a resident's room (or home/apartment if providing services in the community) or personal items without consent. However, if you are in the process of completing your normal duties and you see items sitting out, this is acceptable to report.

- If worried about chain of custody concerns, law enforcement is generally more concerned about the safety of the individual. This includes attempting to understand the root cause of the drug use (such as mental illness, addiction, etc.) that can be treated.

DIA reviewed changes to the RoPs including ensuring staff are well educated on substance use disorders, response to observations that may include substance use (such as behavioral changes), attempting to collect a history on the resident that may include substance use, and ensuring that staff are prepared to respond to a potential overdose.

In addition, DIA stated that F689 (accidents, hazards, supervision and devices) includes that residents who use substances are more likely to attempt to elope. During the presentation, Kellie brought up that it may be beneficial to add a question on elopement/wandering risk assessments that identifies if the resident has a history of substance use.

The key takeaway from the session was that it is anticipated that drug overdose deaths in individuals 60+ will likely increase over the next 10 years and providers should be prepared for when this happens in their care settings.