



# ACL/CMS Track: The Link between the Opioid Crisis and the Aging and Disability Network

August 28, 2019



# Presentation Overview

1. Resources for the Aging & Disability Networks: ACL Opioid Response
  - Sarah Ruiz, ACL
2. Recent Medicaid Actions Addressing the Opioid Crisis
  - Kirsten Beronio, CMS
3. Innovative Strategies in Delivering Housing-Related Services to People with SUD
  - Martha Egan, CMS
4. Adult Protective Services & the Opioid Crisis
  - Jessica Bax, Missouri Department of Health and Senior Services
5. Opioid Use Disorders among People with Disabilities
  - Sharon Reif, Brandeis University

# Administration for Community Living (ACL) Mission

Maximize the independence, well-being, and health of older adults, people with disabilities across the lifespan, and their families and caregivers

Aging and Disability Network Resources:  
<http://www.acl.gov/opioids>

# Challenges for Older Adults and People with Disabilities

- People with disabilities and older adults are disproportionately impacted by the opioid crisis
  - Both groups report living with chronic pain at high rates
  - Access to opioid pain medications is high due to surgeries and painful chronic conditions
- The impacts are not limited to substance use disorders
  - Concerns include unintended consequences of the opioid crisis, such as continuity of care through access to appropriate and evidence-based pain management

# ACL Opioid Contributions to the Opioid Crisis, Across the Lifespan

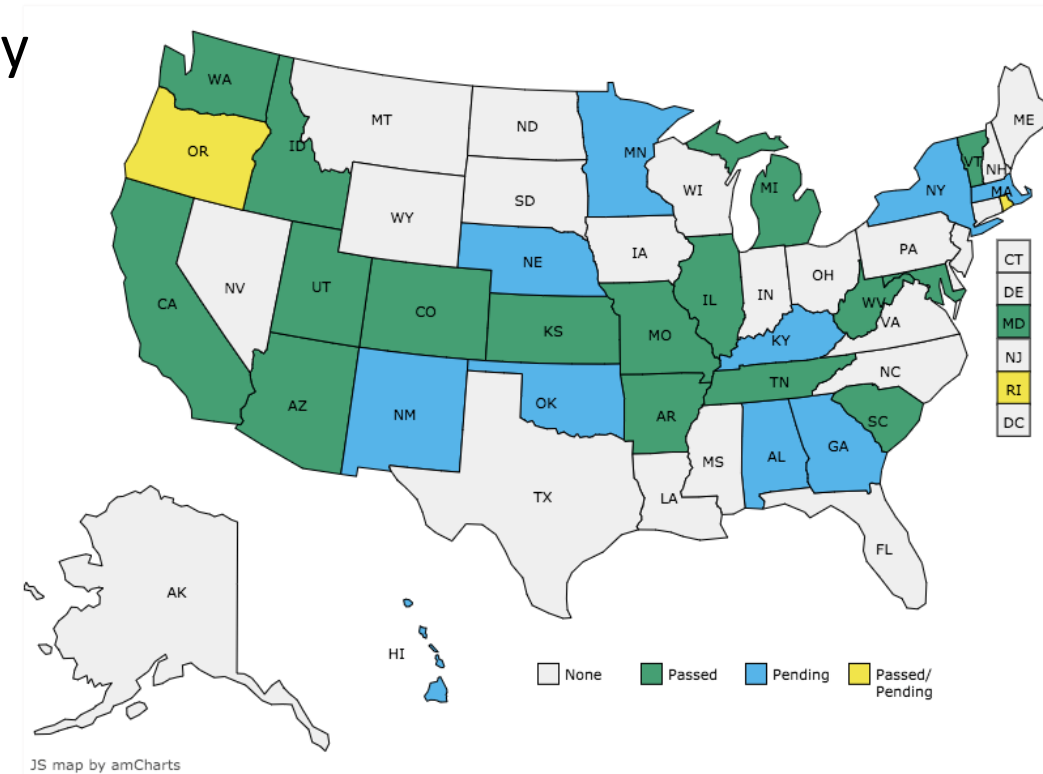
- Early childhood: workforce training for staff supporting children/families; protecting parents with disabilities
- Working age adults with disabilities: innovative employment models
- Older adults: access to evidence-based pain management alternatives; prevention of abuse/neglect

# Early Childhood

- Little is known about the impact of long-term exposure in utero to opioids; early evidence of development delays in children.
- In 2018 AIDD piloted a Neonatal Abstinence Syndrome (NAS) intra-agency initiative for virtual interdisciplinary training for professionals working with children/families in WY and OH.
- AIDD will expand the NAS Training Initiative to 10 additional states each year over the next three years to:
  - Close gaps in access and delivery of quality education, treatment, and support services by 2022
  - Build provider capacity and confidence in applying evidence-based practice

# Keeping Families Together

- Parents with disabilities are more likely to wrongfully lose custody of their children.
- Parents with psychiatric disabilities and substance use disorders are protected under the ADA.
- NIDILRR funds the **National Research Center for Parents with Disabilities** which provides additional relevant resources:  
<https://heller.brandeis.edu/parents-wwebsite-for-center-on-parents-with-disabilitiesth-disabilities/>



National Research Center for Parents with Disabilities

Parents Empowering Parents

Padres Empoderando a Padres

# Working Age Adults with Disabilities

- Innovative employment models hold promise
  - Supportive employment through *Individual Placement and Support (IPS)*, an evidence-based model
- ACL funded research study of dually diagnosed individuals with SMI and OUD
  - Tested IPS model over 12-month period complementing medication-assisted treatment
  - Favorable participant experience and finding of 43% employment rate



# Older Adults and Access to Evidence-based Pain Management Alternatives

- Over the past two decades, the Administration on Aging (AoA) has scaled evidence-based self-management programs across the country
  - Includes 13,000 participants in the Chronic Pain Self-Management Program, with capacity in 30+ states



## Implementing Evidence-Based Programs to Address Chronic Pain

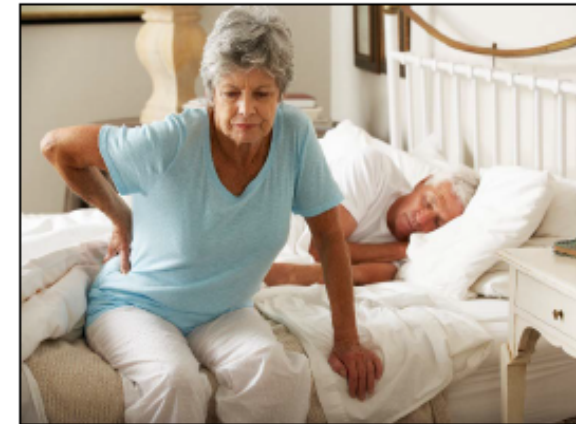
### Introduction

Older and middle-aged adults in the United States account for about 80% of those who experience chronic pain.<sup>1</sup> Since the most common treatment for chronic pain is analgesics or pain relievers, older adults have been increasingly prescribed medications, including opioids, to manage this condition.

According to the U.S. Department of Health and Human Services, in 2016:

- One in three Medicare Part D prescription drug beneficiaries received an opioid prescription;
- 500,000 beneficiaries received high amounts of opioids; and
- Almost 90,000 Medicare beneficiaries were at serious risk of addiction due to being prescribed high amounts of opioids.<sup>2</sup>

## Issue Brief

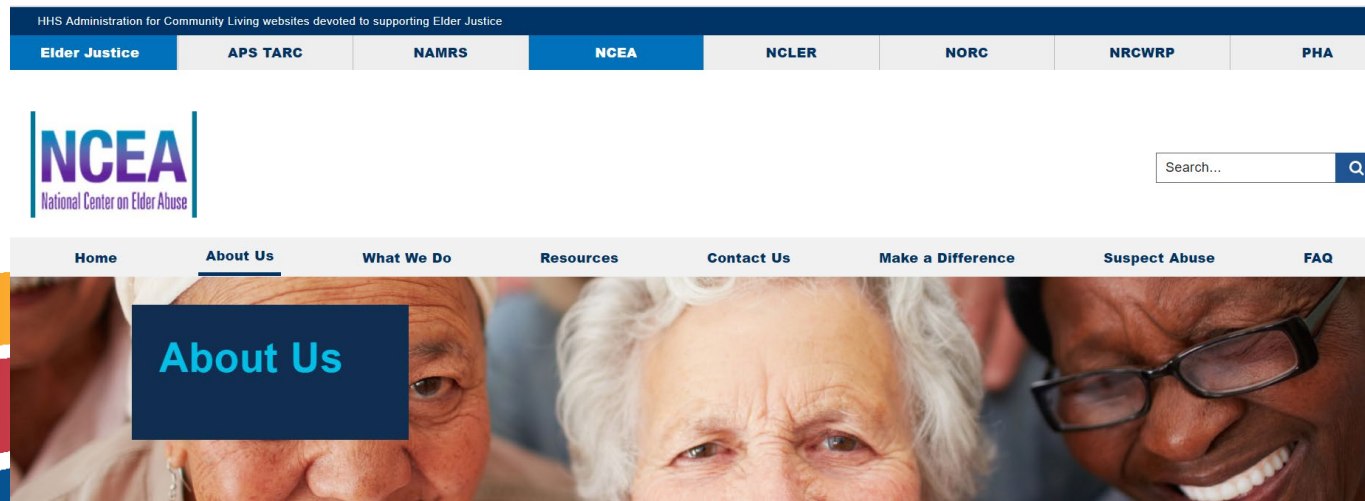


### Background on Chronic Pain in Older Adults

Chronic pain is discomfort that persists for three months or more and can be caused by many different factors, most notably chronic conditions. Pain can negatively impact physical, mental, sexual, and cardiovascular health, including a person's ability to complete daily activities, think clearly, sleep, and manage their mood. It can also lead to increased physician visits, medication use, challenges with going to work, and hospital stays.<sup>1</sup>

# Older Adults and Prevention of Abuse and Neglect

- 1 in 10 older Americans experience some form of elder abuse and are at risk for abuse by someone who is addicted to opioids.
- The problem is escalating in scope and severity and includes home settings, hospice, and nursing homes.
- There's an urgent need for Adult Protective Services (APS) to be aware of those at risk, especially rural older adults.



# Screening for Opioid Use Disorder

- Create screening tool to accurately assess for opioid use disorder in primary care through [ACL funded research project](http://www.air.org/project/improving-assessment-opioid-use-disorder-people-disabilities-related-chronic-musculoskeletal) [www.air.org/project/improving-assessment-opioid-use-disorder-people-disabilities-related-chronic-musculoskeletal](http://www.air.org/project/improving-assessment-opioid-use-disorder-people-disabilities-related-chronic-musculoskeletal)

## Improving Assessment of Opioid Use Disorder in People with Disabilities Related to Chronic Musculoskeletal Pain

### PROJECT

Each day in the United States, 46 people die from overdoses involving prescription opioids, signifying a dramatic increase over the last two decades. The rapid growth in opioid overdoses has put a spotlight on prescribing patterns, with increased pressure on clinicians to reduce opioid prescribing, especially for long-term management of chronic, noncancer pain. Increased oversight and dissemination of opioid prescribing guidelines have begun to curb overprescribing. However, advocates fear the increased scrutiny prevents people who use prescription opioids as prescribed for chronic pain control from accessing these medications that improve their quality of life.

Musculoskeletal conditions such as arthritis are the leading cause of disability and chronic pain in the United States. Historically, clinicians have prescribed opioids to people experiencing severe and chronic arthritis pain with the goal of improving physical function, participation in daily activities, and quality of life. Although

About 54.4 million adults in the U.S live with arthritis, with 8.4 million reporting their condition as disabling.

SHARE



CONTACT



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Researcher

TOPICS

[Disability and Rehabilitation](#)

# What's Next? ACL Opioid Task Force Goals

- ACL will continue to support older adults and people with disabilities to participate in activities of their choice.
  - Promoting access to care among people with disabilities and older adults – ensuring care is not interrupted as a result of the opioid crisis.
  - Helping the public to understand the experience of pain and the best ways to manage pain.

# Contact Information

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## Recent Medicaid Actions Addressing the Opioid Crisis



*Kirsten Beronio  
Senior Policy Advisor  
DEHPG/CMCS  
Centers for Medicare  
and Medicaid Services*

# Overview

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- SUPPORT Act

2

- 1115 Demonstration Opportunities

# SUPPORT Act Overview

- The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Community (SUPPORT) Act - enacted on 10/24/18
- New law includes many Medicaid provisions, e.g., Medicaid benefit changes, required guidance, and other significant provisions
- CMCS implementation will be integrated into our ongoing efforts to tackle the opioid epidemic, including the SUD 1115 demonstration opportunity



# Medicaid Benefit Changes

- **Coverage of Medication Assisted Treatment (Sec. 1006(b))**
  - New time-limited mandatory benefit (10/1/20 up to 10/1/25)
  - Requires states to cover all FDA-approved medications to treat opioid use disorders as well as counseling and behavioral therapy
  - Exception for states that certify statewide access is not feasible due to provider shortage
- **Coverage of Residential Pediatric Recovery Centers (Sec. 1007)**
  - New optional benefit
  - Effective upon enactment
  - Inpatient or outpatient treatment for infants with neonatal abstinence syndrome
  - Counseling and other services for family/caretakers if covered under state plan

# New Exceptions to IMD Exclusion

- **Services in Institutions for Mental Diseases (IMDs) for Beneficiaries with a Substance Use Disorder (SUD) (Sec. 5052)**
  - State option to cover services provided to beneficiaries ages 21-64 with an SUD residing in an IMD
  - Only effective 10/1/2019 to 10/1/ 2023
  - Maintenance of Effort (MOE) on state spending annually on services in IMDs and outpatient services for SUDs
- **Pregnant women in IMDs for SUD treatment (Sec. 1012)**
  - Exception to payment exclusion for services provided off-site for pregnant women who are residing in IMDs for purposes of receiving SUD treatment
  - Includes services provided during 60 days post partum
  - Effective upon enactment

# Other Significant Medicaid Provisions

- **Demo to Increase SUD Provider Capacity in Medicaid (Sec. 1003)**
  - To start 180 days after enactment (April 22, 2019)
  - \$50 million for planning grants to 10 states (for 1.5 years)
  - 5 states selected eligible for additional federal funding
  - Three CMS Reports to Congress - 10/1/20, 10/1/2022, 10/1/2024
- **Medicaid Drug Utilization Review (DUR) (Sec. 1004)**
  - CMS to set minimum standards for states' DUR programs regarding opioid prescribing
  - State requirement to have monitoring program on anti-psychotic prescribing for children
  - States required to have these minimum standards in place by 10/1/19

# Other Major Medicaid Provisions

- **Extension of Enhanced Match for Health Homes for SUD** – State option to extend to 10 quarters (instead of 8) as of 10/1/18 (Sec. 1006(a))
- **Required Reporting of Behavioral Health Measures in Core Set** – Required beginning in 2024 (Sec. 5001)
- **New CHIP MH and SUD Benefit Mandate** - Cover services necessary to prevent, diagnose, and treat a broad range of symptoms and disorders (Sec. 5022)
- **Prohibition on Termination of Eligibility While Incarcerated** - For individuals under age 21 or former foster care youth up to age 26 (Sec. 1001)
- **Coverage of Former Foster Care Youth to Age 26** –Coverage until age 26 of foster care youth enrolled at age 18 and guidance on best practices (Sec. 1002)
- **Prescription Drug Monitoring Programs (PDMPs)** –Requirement that providers check, enhanced match for development, guidance on best practices (Sec. 5042)

# Additional Medicaid Guidance

- **Improving Care for Infants with Neonatal Abstinence Syndrome**  
(Sec.1005)
- **Medicaid Substance Use Disorder Treatment via Telehealth** (Sec. 1009)
- **Alternatives to Opioids for Pain Management** – (Sec. 1010)
- **State Innovations on Transitions Out of Criminal Justice Settings** –  
Stakeholder group and State Medicaid Directors letter (Sec. 5032)
- **Opportunities to Support Family-Focused Residential Treatment** –  
Guidance to be issued (Sec. 8081)
- **Strategies for Providing Housing Supports** – Report to Congress  
(Sec.1017)
- **Housing Supports Technical Assistance Action Plan** – Report to  
Congress (Sec. 1018)
- **Health Homes Focused on SUD** – Best Practice Guidance (Sec. 1006)

# Sec. 1115 SUD Demonstration Initiative

## State Medicaid Directors Letter

“Strategies to Address the Opioid Epidemic” November 1, 2017

## Goals for Sec. 1115 Demonstrations Addressing SUD:

- Increased rates of identification, initiation, and engagement in treatment;
- Increased adherence to and retention in treatment;
- Reductions in overdose deaths, particularly due to opioids;
- Reduced utilization of emergency departments and inpatient hospital settings through improved access to continuum of care;
- Fewer readmissions to the same or higher level of care for OUD and other SUD treatment; and
- Improved care coordination for co-morbid conditions.

# Six Milestones for Sec. 1115 SUD Demonstrations

- Elements of an SUD service delivery system that will help achieve the demonstration goals:
  - Access to critical levels of care;
  - Evidence-based, SUD-specific patient placement;
  - SUD-specific program standards for residential treatment;
  - Sufficient provider capacity at critical levels of care, including medication assisted treatment (MAT);
  - Comprehensive opioid prevention and treatment strategies; and
  - Improved care coordination and care transitions
- Implementation Plan Addressing Milestones
  - Once approved, federal Medicaid match for services in specialty inpatient and residential treatment settings becomes available

# Monitoring and Evaluation Process

- Monitoring Protocol - due 150 days after approval of the demonstration
- Three quarterly reports and 1 annual report - every year
- Mid-Point Assessment - performed by an independent assessor – between years 2 and 3
- Interim Evaluation - with renewal request or one year prior to the end of the demonstration
- Summative Evaluation - 18 months after the end of the demonstration period



# Section 1115 SUD Demonstrations

- 25 States approved for Sec. 1115 SUD Demos:
  - CA, MA, VA, MD, WV, UT, NJ, KY, LA, IN, IL, VT, PA, NH, WA, NC, WI, AK, NM, KS, RI, MI, NE, MN, DE
- Early findings in VA Sec. 1115 SUD Demo:
  - 173% increase in outpatient providers participating in Medicaid;
  - 57% increase in no. of Medicaid enrollees accessing SUD treatment; &
  - 25% decrease in ER visits for opioid use disorders

[Source: Virginia Commonwealth University, First Year Evaluation for VA Dept. of Med. Assistance Services of Addiction and Recovery Treatment Services, Aug. 2018, available [online https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSone-yearreport\\_8.9.18\\_Final.pdf](https://hbp.vcu.edu/media/hbp/policybriefs/pdfs/ARTSone-yearreport_8.9.18_Final.pdf)]

# For Further Information

- The SUD SMD Letter is posted [here:](https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf)  
<https://www.medicaid.gov/federal-policy-guidance/downloads/smd17003.pdf>
- For more information about this presentation, please email [Kirsten.Beronio@cms.hhs.gov](mailto:Kirsten.Beronio@cms.hhs.gov)

# Highlighting Innovative Strategies in Delivering Housing-Related Services for Individuals with SUD

- SUPPORT Act, sections 1017 and 1018
- Examples of Effective State Strategies and Practices



# ADULT PROTECTIVE SERVICES

TRACKING THE IMPACT OF THE OPIOID EPIDEMIC



# MISSOURI DEMOGRAPHICS - I

- Population: 6.1 million
  - 16.9 % of Missourians are 65 and older
  - 10.5 % of Missourians under the age of 65 have a disability

# MISSOURI DEMOGRAPHICS - 2

- 2017 National Crisis Point
  - Missouri: 951 Opioid deaths (One out of every 65 deaths opioid overdoses)
- Provisional data released this year by the CDC shows drug-related deaths in the U.S. declined by nearly 5% in 2018 after reaching a historic high of 72,000 in 2017.
- Unfortunately, Missouri did not follow that trend. Overdose deaths in Missouri increased from 1,406 deaths in 2017 to 1,635 in 2018, with more than 1,100 of the state's overdose deaths in 2018 involving opioids.

# MISSOURI ADULT PROTECTIVE SERVICES - I

- Division of Senior and Disability Services is the State Unit on Aging
- “Public Health Umbrella”
- 211 Adult Protective Services Staff

# MISSOURI ADULT PROTECTIVE SERVICES - 2

- Investigate Abuse, Neglect, and Financial Exploitation of the Elderly and Disabled
- Protective Services for vulnerable adults unable to protect their own interests.
- Employee Disqualification List Investigations
  
- Fiscal Year 2018
  - 29, 143 Reports of Abuse, Neglect and Financial Exploitation



# MANDATED REPORTERS

- Adult Day Care Worker
- Chiropractor
- Christian Science Practitioner
- Coroner
- Dentist
- Embalmer
- Emergency Medical Technician
- Employee of the Department of Social Services
- Employee of the Department of Mental Health
- Employee of Department of Health and Senior Services
- Employee of a local Area Agency on Aging or an organized Area Agency on Aging Program
- Fire Fighter
- First Responder
- Funeral Director
- Home Health Agency or Home Health Agency employee
- Hospital and Clinic Personnel engaged in examination, care, or treatment of persons
- In-Home Services Owner, Provider, Operator, or Employee
- Law Enforcement Officer
- Long-Term Care Facility Administrator or Employee
- Medical Examiner
- Medical Resident or Intern
- Mental Health Professional
- Minister
- Nurse
- Nurse Practitioner
- Optometrist
- Other Health Practitioner
- Other person with the responsibility for the care of an eligible adult\*
- Peace Officer
- Personal Care Attendant
- Pharmacist
- Physical Therapist
- Physician
- Physician's Assistant
- Podiatrist
- Probation or Parole Officer
- Psychologist
- Social Worker
- Vendor of the Personal Care Attendant Program

# TRACKING THE IMPACT - I

- Added a “Significant Event Indicator”
- May be used at Intake or during Investigation.
- Memo sent February 13<sup>th</sup>, 2018

# TRACKING THE IMPACT - 2

- Significant Event Indicator
  - Vulnerable Adult is taking more medication than prescribed;
  - Vulnerable Adult is “doctor shopping” for opioids;
  - Money is being stolen by family or caregivers from Vulnerable Adult to purchase opioids;
  - Opioid medication is being stolen from Vulnerable Adult;
  - Vulnerable Adult is being neglected or abused due to a caregiver’s opioid misuse;
  - Vulnerable Adult is self-neglecting due to opioid misuse;
  - Other opioid misuse leading to the need for protective services.

# TRACKING THE IMPACT - 3

Reports February 2018 through July 2019

- 452 Reports
  - Class I: 59
  - Class II: 278
  - Employee Disqualification List: 24
  - Home and Community Based Services Provider Complaint: 2
  - Investigations: 89

# OPIOID IMPACT: CAREGIVER NEGLECT

A live-in caregiver of a vulnerable adult was stealing prescribed Hydrocodone while the vulnerable adult sleeps in her chair for an extended period of time.

Medications are missing but the alleged perpetrator denies taking the medications and neglecting the vulnerable adult. Provider agency reports the caregiver refused to take a drug test.

# OPIOID IMPACT: EMPLOYEE DISQUALIFICATION LIST

- St Peter's Police Officer reported Personal Care Attendant (PCA) arrested;
- Son/PCA live in home of elderly parents
- Parents have array of health problems including cancer
- Son ordered Opioid (Oxycodone) on Internet using Physician's DEA and Medicaid number and filled Rx for dad at local pharmacy
- Dad got medicine if any was left after selling locally
- Son was arrested/charged with one count of fraudulently obtaining a controlled substance (Oxycodone)
- Son also facing charges of stealing, possession of controlled substance & fraudulent use of a credit/debit card.

# OPIOID IMPACT: HOUSING

Middle age female sustained TBI in a drunk driving accident years ago. She is currently homeless & sitting in vehicle outside a Joplin shelter.

According to the reporter, she can no longer keep the Vulnerable Adult because she was soliciting her neighbors for drugs.

Vulnerable Adult gets disability; not known if she currently has any money; has no local family—all her family lives in Louisiana.

Problems stem from an addiction to pain medications. She is slow to comprehend and seeks drugs because she feels the amount she can obtain legally is inadequate to meet her needs.

Reporter tried contacting area shelters but could find no available beds.

# OPIOID IMPACT: PHYSICAL ABUSE

Vulnerable Adult is a stroke survivor who suffers from diabetes and depression. She lives with her 13-year-old son.

Older son just got out of prison & moved in with girlfriend.

The two recently assaulted the Vulnerable Adult— stripping her; punching & kicking - injuring ribs, knees & arms.

- Son threatened to inject all insulin into Vulnerable Adult to kill her;
- His girlfriend spit in Vulnerable Adult's eye hoping to spread Hepatitis C.

They stole all Hysingla & Hydrocodone.

Vulnerable Adult did make a police report but was fearful that they would not stay in custody & return for retaliation.



# OPIOID IMPACT: INVESTIGATIONS

Son has been stealing elderly mother's pain medications. Mother caught him doing this but believes that he will not do it again.

Mother refuses to press charges and refuses protective services' interventions.

# OPIOID IMPACT: HOUSING AND PHYSICAL ABUSE

Elderly mother being evicted from her home due to domestic disturbances caused by her adult son and daughter, both of whom are known to have opioid addictions.

The daughter is reported to be verbally abusive. The son allegedly broke his mother's jaw in the past.

# PROTECTIVE SERVICES & OPIOIDS

## ■ Potential Impacts:

Opioid Misuse

Selling Meds

Overmedication



Fall Risk

Medical-Neglect Risk

Self-Neglect Risk

Fire for Smokers

+ Memory Issues increase the risk of Overdosing

# OPIOID IMPACT – CHALLENGES, I

- Lead to mental health crisis frequently.
- Refusal of resources.
  - Medication setup
  - Medication lock-box
- Lack of resources.
  - Rehabilitation/ therapy
- Difficult to prove “over-medicating”
- Difficult to prove medications were stolen

# OPIOID IMPACT – CHALLENGES, 2

- Significant Staff time investment –
  - Multiple home visits.
  - Co-investigation of law enforcement.
  - Locating/accessing medical and mental health professional resources
    - EMS, physician, 96 hour hold
  - Example: Involuntary Hold typically requires 2 days total work.
- No federal funding dedicated to Adult Protective Services

# OPIOID IMPACT – PROMISING PRACTICES

- Training Investment
  - Regional Specific
- Intervention Tracking
- Naloxone
- Specialization
- Local Multi-Disciplinary Teams



# Opioid Use Disorders Among People with Disabilities – Moving Forward

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NATIONAL HCBS CONFERENCE | AUGUST 28, 2019

Intersecting Research on Opioid Misuse, Addiction and Disability Services (INROADS) | Sharon Reif, PI | Brandeis University

INROADS is funded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant # 90DPGE0007).

The opinions and assertions herein are those of the authors, do not necessarily represent the policy of NIDILRR, ACL, or HHS, and do not imply endorsement by the Federal Government.



## Overview

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- Disability and Opioid Use Disorders (OUD)
- Medication treatment
- Help-seeking and barriers
- Accommodations – TBI example
- Peer support
- Stigma
- Recovery

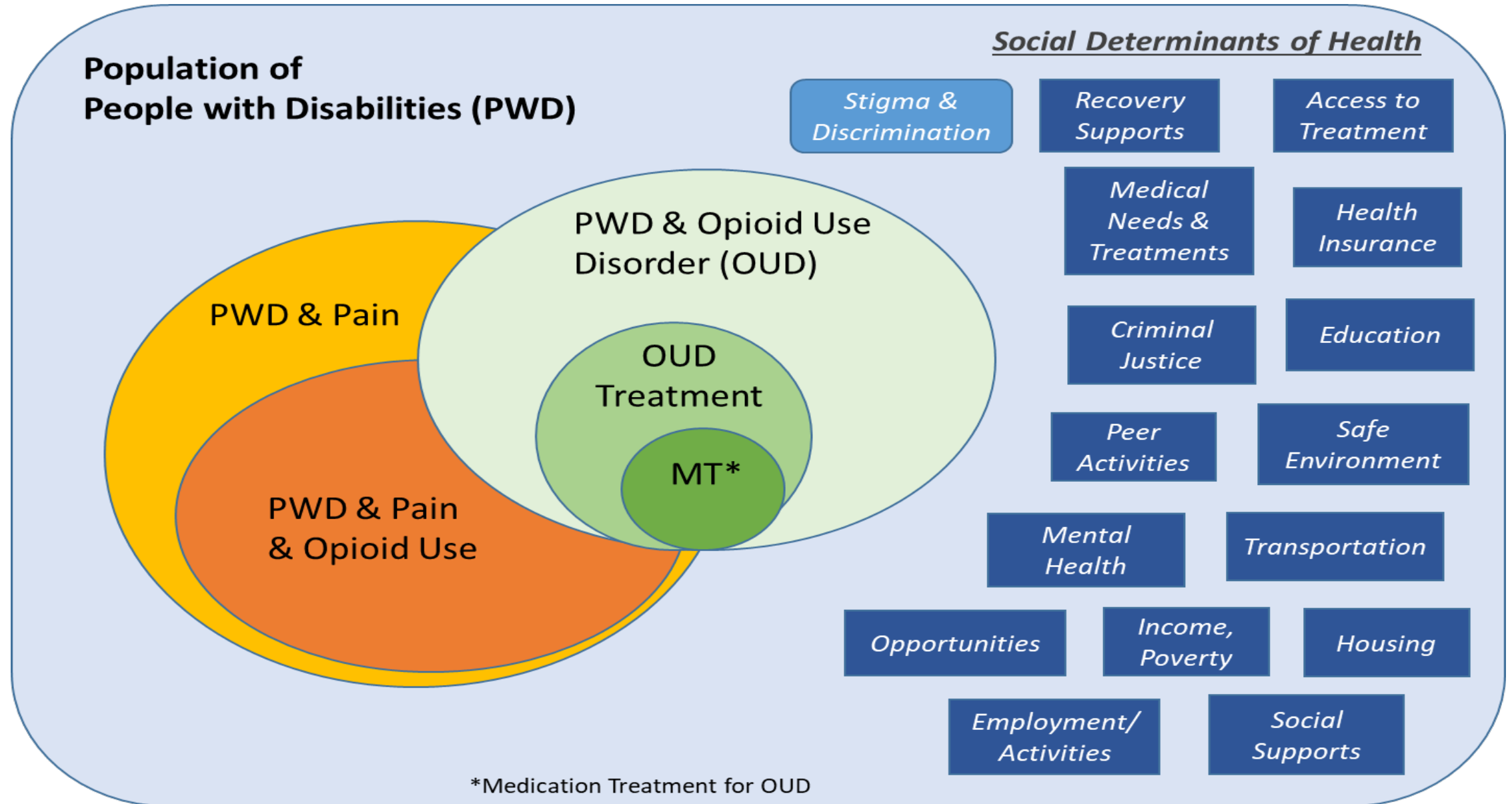




## Context – Disability and Opioid Use Disorders (OUD)

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- People with disabilities may be at higher risk for substance use disorders (SUD):
  - **SUD risk** up to 50% greater among people with TBI, spinal cord injuries or co-occurring mental illness
  - **SUD prevalence** in 14% of people with intellectual/developmental disabilities
  - **Combined alcohol and drug misuse** by 40% of people with self-reported disability vs. 34% without disabilities
- Strikingly little is known about OUD among people with disabilities
  - **Opioid misuse** by 8.8% of adults with disabilities vs. 4.7% without disabilities





## OUD medication treatment (methadone, buprenorphine, naltrexone)

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- Medications to treat OUD are safe and effective for people with and without disabilities, and are considered front-line treatment
- Some clinical considerations may matter more for people with disabilities
  - Methadone or buprenorphine may help treat pain
  - Benzodiazepines (for anxiety) can be dangerous when used in combination with any opioid, including OUD treatment medications
  - Some people with disabilities may not be able to take medications in a certain way or consistently
    - It may not be feasible go to a treatment program daily
- At least one medication will work for most people



## Substance use help-seeking and barriers

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- Only 13% of people with drug use disorders seek and get specialty treatment
  - 80% of people with SUD do not perceive a need for treatment
  - 7% perceived a need but did not get treatment
- Barriers are wide-ranging
  - Not ready to stop
  - Cannot afford / no insurance
  - Stigma (negative repercussions from work, family, friends)
  - Don't know where to go
  - Can't access treatment they want



## Barriers for people with OUD and disability

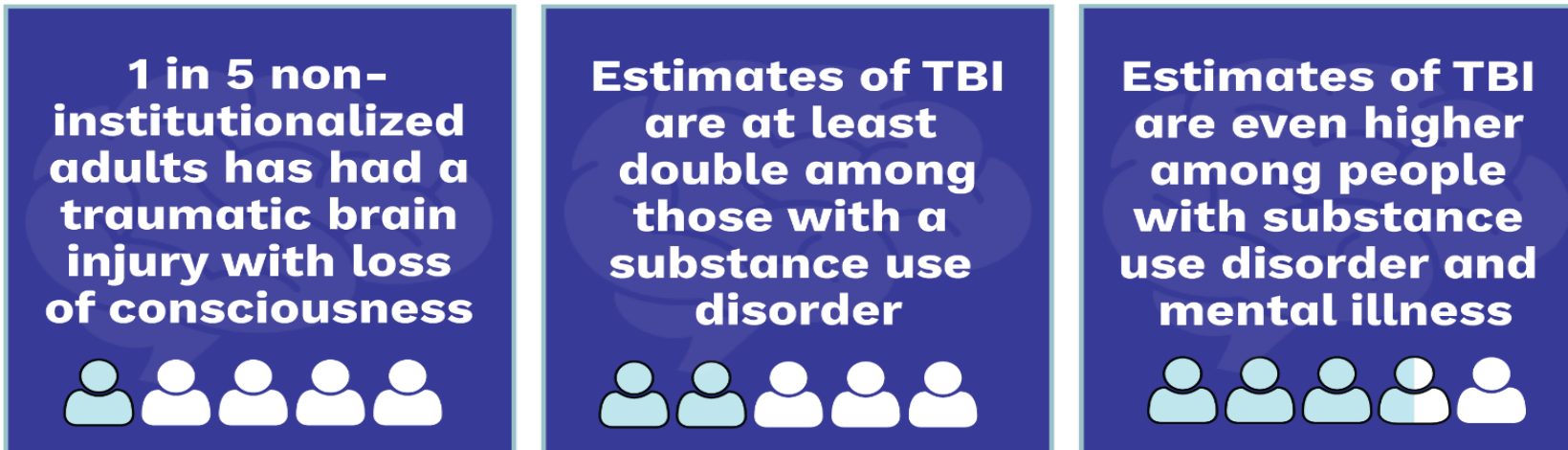
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- Stigma, self-stigma/shame
- Concerns about pain
- Access to treatment programs, buprenorphine prescribers
- Accessible treatment programs (e.g., transportation, physical accessibility)
- Treatment programs/self-help without accommodations
- Medicaid coverage of certain treatments (e.g., methadone, residential)
- Providers who don't take Medicaid or insurance
- Beliefs that medication treatment not appropriate for complex patients



## History of TBI may increase risk of OUD

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- More frequent headaches, more likely to experience chronic pain
- More likely to be prescribed opioids
- Increased impulsive behavior makes it difficult to self-regulate substance use, due to prefrontal cortex damage



## People with TBI history need long-term support for successful OUD treatment

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- Insight and intention to stop using opioids is not enough
- Defining feature of TBI is damage to frontal lobes, which can reduce:
  - concentration, memory, planning, problem-solving or communication
  - self-regulation skills like impulse control, emotional inhibition and self-awareness
  - mental flexibility
- Each of these symptoms of TBI can conflict with common SUD treatment approaches



## Adaptations for people with TBI increase the likelihood of successful recovery from OUD

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- Communication and learning styles
  - Comprehend written and spoken language? What other forms of communication can they use? How do they learn best?
- Compensatory strategies that worked (or did not) in the past
- Adaptions to accomplish specific executive functioning tasks
  - For example, “What helps you pay attention?”
- Other factors should be taken into account
  - Medication treatment, organizational supports, trigger-free environments, tools to support TBI needs (e.g., learning style, reminders), more time to allow remission to become recovery





## Peer support benefits both people living with disabilities and people with SUD

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- People with both OUD and disabilities should benefit from peer support as well
  - Many key features are the same in peer support models for SUD and for disability
  - BUT no models in the literature that specifically target the needs of individuals with disabilities who **also** misuse substances
- Peer support should be flexible, adaptable, and tailored to a person's characteristics, situation, concerns, and needs – including diverse disabilities



## Peer support approaches for SUD

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- Stand-alone or in combination with traditional treatment
- Recovery coaches or peer specialists
- Individual or in groups
- Structured curricula (illness, relapse management, coping skills, wellness)
- Informal (feelings and experiences, overcoming social isolation)
- Mutual help groups like Alcoholics Anonymous or Narcotics Anonymous
  
- Different stages of SUD recovery – treatment, transitions in treatment, and recovery management – may require different types of peer support



## Peer support at the intersection of OUD and disability

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- Key ingredients for people with physical disabilities include inspirational motivation, individualized consideration, and intellectual stimulation
- Goals consistent with SUD peer models:
  - **enhanced self-efficacy**
  - **improved self-care**
  - **empowerment**
  - **prevention of re-hospitalization or return to more intensive treatment**
- Peer specialists or recovery coaches may need additional training and support to make essential accommodations to meet the needs of people with disabilities



## Technology-based peer support more available and accessible

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- Online/web, twitter groups/messaging/outreach, chat rooms, smartphone apps, text messaging, social media (e.g. Facebook, other groups), videochat
- Online education, self-management, medication adherence, treatment engagement
- Formal (developed by professionals) or informal (sought by individuals via social media or chat groups)
- Technology used for peer support in populations with psychiatric disabilities
  - Little is known about other types of disabilities in this context



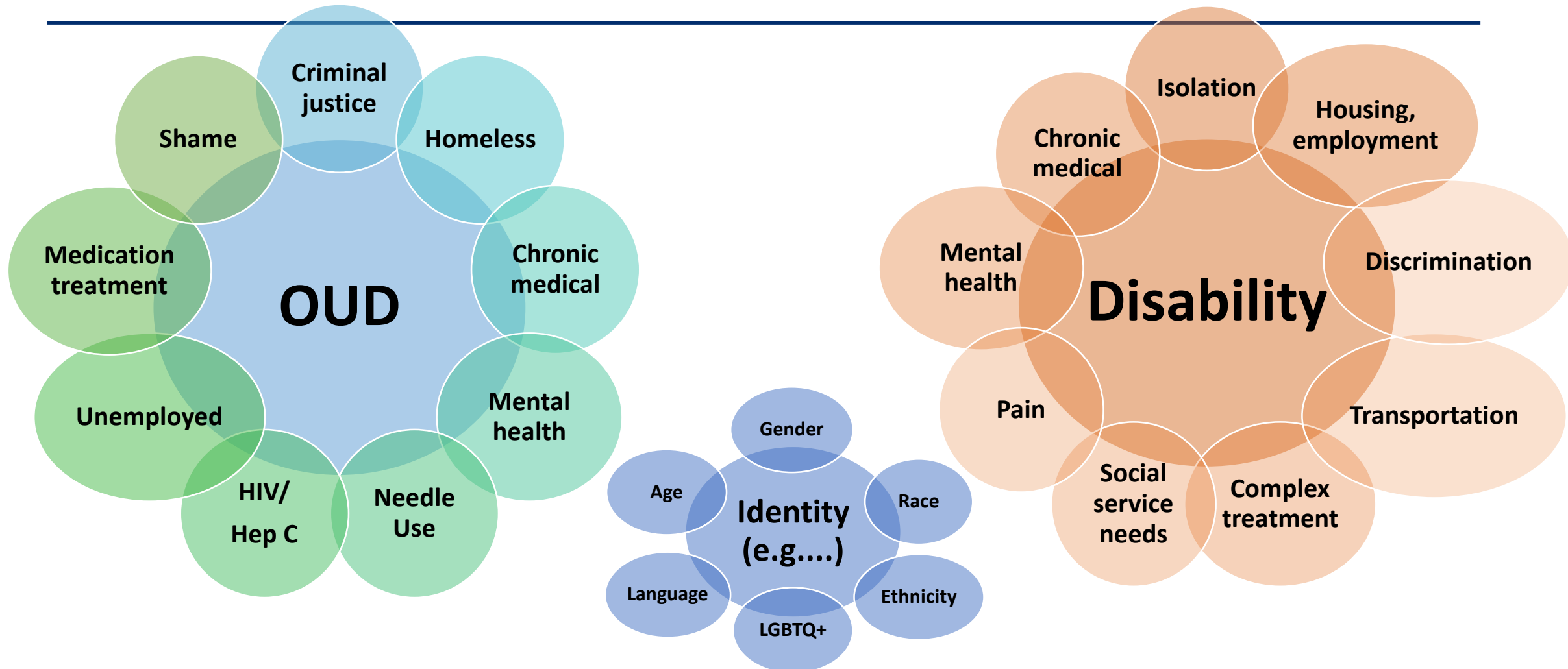
## Technologies for peer support for people with disabilities + OUD have obvious appeal

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- Do not require immediate responses, provide access to wider social groups, and may reduce the fear of stigma or unpredictable behavior
- Peer support can be accessed 24/7, without appointment schedules or transportation challenges
- Widely-available, easily-accessible platforms and software allow for targeted, individualized approaches as well as for more informal use
- Design recommendations have been developed to address many impairments in cognition, attention and memory



# OUD and Disability – multiply stigmatized





## Recovery from OUD is possible

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- As with any chronic disease, it may be a life-long process
  - **health and well-being**
  - **a stable and safe place to live**
  - **activities** that give purpose and meaning
  - **relationships and social networks** that provide support, friendship, love, and hope
- **Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential**





# THANK YOU!

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The objectives of the **INROADS** (intersecting research on opioid misuse, addiction, and disability services) Project, are to explore opioid use disorders (OUD) among people with disabilities, to help them access the treatment they need, pursue recovery, and achieve their goals for functioning well in significant life domains.

[INROADS@BRANDEIS.EDU](mailto:INROADS@BRANDEIS.EDU) | [HTTP://HELLER.BRANDEIS.EDU/IBH/RESEARCH/INROADS/](http://HELLER.BRANDEIS.EDU/IBH/RESEARCH/INROADS/)



# Discussion and Questions

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