

CareCertify LLC

Behavioral Health Series

BHS-003

Understanding Substance Use Disorders

Participant Guide

Group: Group 1: Foundations | Credit Hours: 1.5

For Home Health Aides, CNAs, PCAs, DSPs & Direct Care Staff

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Learning Objectives

Upon completing this course, you will be able to:

- Explain the medical model of addiction and why SUDs are classified as health conditions
- Identify signs and symptoms of alcohol and drug use disorders in home care clients
- Recognize signs of opioid overdose and describe the appropriate emergency response
- Explain harm reduction principles and their application in home care
- Describe how to support clients in recovery from substance use disorders
- Respond appropriately and without judgment when clients disclose substance use

Section 1: Addiction as a Medical Condition

Substance use disorder (SUD) is a medical condition — not a moral failure, character weakness, or lifestyle choice. This understanding is supported by decades of neuroscience, public health research, and clinical evidence. Repeated substance use physically changes the brain, particularly in areas controlling reward, motivation, memory, and impulse control. These changes explain why people continue using despite negative consequences.

KEY CONCEPT: The Brain Disease Model of Addiction

Addiction changes brain structure and function. Recovery is possible — but it requires treatment, time, and support. Stigma toward people with SUDs is one of the biggest barriers to treatment. As a home care worker, your non-judgmental attitude directly affects client care outcomes.

The DSM-5 defines SUD as a problematic pattern of substance use causing significant impairment or distress, with at least two of eleven criteria present within twelve months — spanning loss of control, social impairment, risky use, and physical dependence markers like tolerance and withdrawal.

Section 2: Alcohol Use Disorder

Alcohol Use Disorder (AUD) affects approximately 14.5 million U.S. adults and is the most commonly misused substance among older adults in home care settings. Signs include drinking more than intended, repeated unsuccessful attempts to cut down, strong cravings, failing obligations, continuing to drink despite relationship or health problems, and physical withdrawal when not drinking.

What to Watch for in Home Care

Signs during home visits: smell of alcohol at unusual times, hidden bottles, coordination problems or slurred speech, unexplained bruising or falls, unusual confusion or mood changes. Note these observations specifically and document without judgment.

ALCOHOL WITHDRAWAL — MEDICAL EMERGENCY

Alcohol withdrawal can be life-threatening. Severe signs: tremors, confusion, fever, rapid heart rate, and in extreme cases, seizures. If a client who drinks heavily suddenly stops and shows these symptoms, call 911 immediately and contact your supervisor. Do not wait.

Section 3: Opioid Use Disorder and Overdose Response

Opioids include prescription painkillers (oxycodone, hydrocodone, morphine), heroin, and synthetic opioids like fentanyl. Opioid use disorder has affected communities across the U.S. and is present in many home care populations.

Signs of Opioid Use Disorder

Clients may request early refills or lose prescriptions repeatedly, seem unusually sedated or nod off, have very small (pinpoint) pupils, or show personality changes around medication refill time.

Recognizing and Responding to Overdose

Opioid overdose is a medical emergency. Signs: unresponsive or very hard to wake, slow/shallow/stopped breathing, blue or purple lips or fingertips, gurgling or snoring sounds, pinpoint pupils.

NALOXONE (NARCAN)

Naloxone rapidly reverses opioid overdose. Available without a prescription in Minnesota. Many agencies carry it. If you witness suspected overdose: call 911 immediately, administer naloxone if available and trained, stay with the client until responders arrive. Minnesota's Good Samaritan Law protects people who call 911 for overdoses.

SCENARIO

You arrive and find your client unresponsive on the couch. His breathing is slow and shallow. His lips look slightly blue.

Response: Call 911 immediately. Describe what you observe clearly. If you have naloxone and are trained, administer per protocol. Stay with the client until responders arrive. Do not leave. Document everything and contact your supervisor as soon as possible.

Section 4: Stimulants, Cannabis, and Prescription Drug Misuse

Stimulant Use Disorders

Stimulants include cocaine, methamphetamine, and prescription amphetamines. Use can cause euphoria, elevated heart rate and blood pressure, decreased appetite, and paranoia. Long-term use is associated with serious cardiovascular problems and in some cases psychosis.

Cannabis and Prescription Drug Misuse

Cannabis use disorder involves problematic marijuana use that impairs memory, motivation, and in some individuals, can trigger anxiety or psychosis. Prescription drug misuse — particularly benzodiazepines and opioids — is common among older adults in home care. Watch for requests for early refills, combining medications with alcohol, or borrowing medications from others.

Section 5: Harm Reduction

Harm reduction is a public health approach accepting that some people will continue using substances and focuses on reducing the negative consequences of that use. It is evidence-based, compassionate, and effective. Harm reduction does not require abstinence as a precondition for care.

✓ DO	✗ DON'T
Treat clients with active SUDs with dignity and respect	Judge, lecture, or shame clients about substance use
Focus on safety and harm reduction goals	Threaten to withhold care as a consequence
Report concerns to supervisor	Enable dangerous behavior (obtain substances for a client)
Provide accurate information without shaming	Search a client's home for substances
Document substance use observations objectively	Disclose substance use to unauthorized parties

Section 6: Supporting Clients in Recovery

Recovery is a personal, ongoing process of change through which individuals improve their health and wellness, live self-directed lives, and reach their full potential. Many of your clients will be in active recovery. Consistency, routine, and a non-judgmental presence powerfully support recovery.

 **ABOUT RELAPSE**

Relapse is common in recovery — it does not mean treatment has failed. Research shows most people make multiple attempts before achieving sustained recovery. Relapse is an opportunity to learn, not a reason for judgment. Respond with compassion: "Thank you for telling me. How are you doing right now — are you safe?"

 **SCENARIO**

Your client tells you she relapsed last weekend after six months of sobriety. She seems ashamed and expects you to be angry.

Response: Respond without judgment: "Thank you for telling me. A relapse doesn't erase the work you've done. How are you right now — are you safe?" Document the disclosure and contact your supervisor for appropriate follow-up. Do not express disappointment or lecture.

Quick Reference Summary

SUD	Substance Use Disorder — a medical condition, not a moral failing
AUD	Alcohol Use Disorder — loss of control over drinking, tolerance, withdrawal
Opioid Overdose	Unresponsive, slow/no breathing, blue lips, pinpoint pupils — call 911 immediately
Naloxone (Narcan)	Medication reversing opioid overdose — available without prescription in MN
Harm Reduction	Reducing negative consequences of substance use without requiring abstinence
Recovery	Personal, ongoing process of improving health — not always linear
Relapse	Return to use during recovery — common, treatable, not a failure
Tolerance	Needing more of a substance to achieve the same effect
Withdrawal	Physical symptoms when dependent person stops using — can be medically serious
Good Samaritan Law	MN law protecting people who call 911 for overdoses from certain charges