Care Considerations for Addressing Substance Use and the Opioid Epidemic Among Older Adult Populations

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Opioid Response Network

Working with communities.

- The SAMHSA-funded *Opioid Response Network (ORN)* assists states, organizations and individuals by providing the resources and technical assistance they need locally to address the opioid crisis and stimulant use.
- Technical assistance is available to support the evidence-based prevention, treatment and recovery of opioid use disorders and stimulant use disorders.

Working with communities.

- The *Opioid Response Network (ORN)* provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address this opioid crisis and stimulant use.
- *ORN* accepts requests for education and training.
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.

Overall Mission

To provide training and technical assistance via local experts to enhance **prevention**, **treatment** (especially medications like buprenorphine, naltrexone and methadone) and **recovery** efforts across the country addressing state and local - specific needs.

Approach: To build on existing efforts, enhance, refine and fill in gaps when needed while avoiding duplication and not "re-creating the wheel."

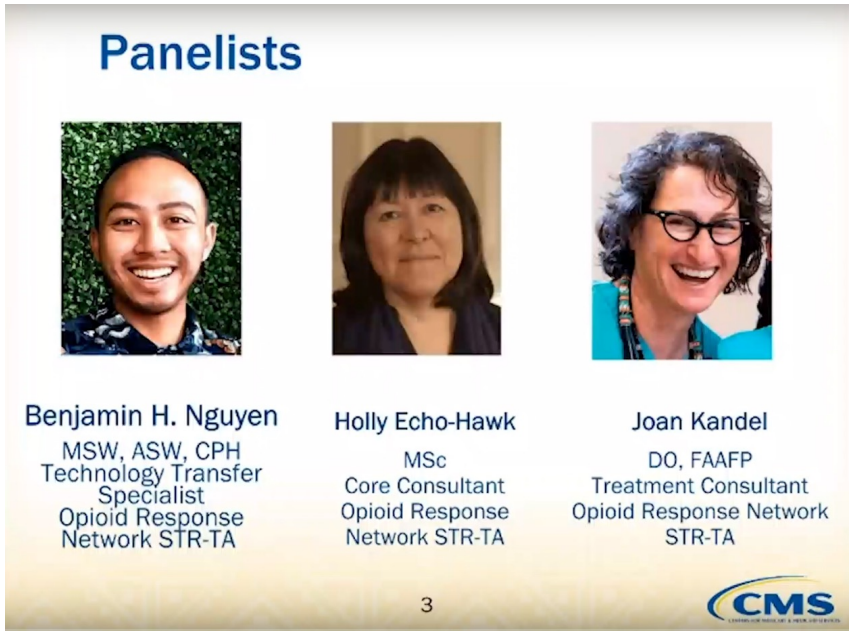
Contact the Opioid Response Network

- To ask questions or submit a technical assistance request:
    - Visit www.OpioidResponseNetwork.org
    - Email orn@aaap.org
    - Call 401-270-5900

Substance Abuse and Mental Health Services Administration (SAMHSA)

Funding for this initiative was made possible (in part) by grant no. 1H79TI083343 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Acknowledgements



Long-Term Services and Supports Technical Assistance Center
Webinar: https://www.cms.gov/Outreach-and-Education/American-Indian-Alaska-Native/AIAN/LTSS-TA-Center/LTSS-Webinars

Acknowledgements (continued)

Overview

- Demography and Opioid/SUD Epidemiology
- Biopsychosocial Framework for Understanding Vulnerability
- Treatment Considerations: Screening Tools, Medical Frameworks, Integrated Health Solutions, Alternatives for Pain Management

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Aging, Demography, Opioid and Substance Use Epidemiology

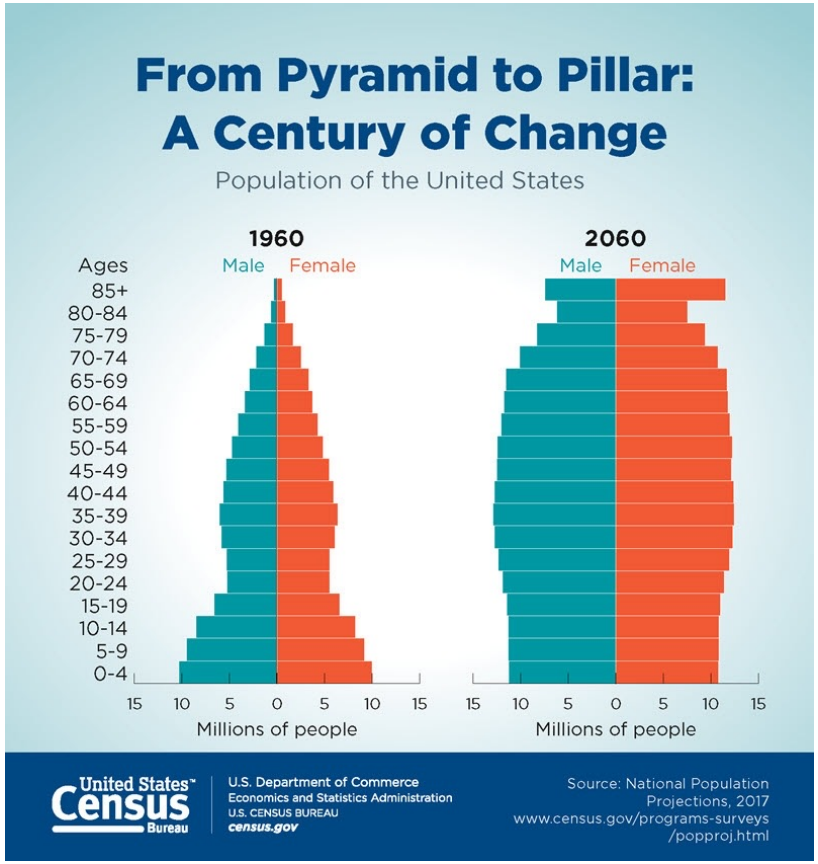
Elderly? Older Population? Geriatric?

- Baby Boomers are those people born between 1946-1964 (53 to 71 years of age). This group will present with more substance use disorders and substance use treatment going forward.
- The use of greater than 65 years old definition to describe the elderly may be somewhat arbitrary?
- The information in this presentation is based on persons older than 50-55 years of age and terminology will vary.

The Field of Aging: Gerontology and Geriatrics

- **Geriatrics-** the study of health and disease in later life + comprehensive health care of older persons and caregivers. (AGHE, n.d.)
- **Gerontology** - the study of physical, mental, and social changes in (older) people as they age + and the investigation of the changes in society, resulting from an aging population → application to programs and policies. (AGHE, n.d.)
- **Aging-** changes that take place in the organism across the lifespan--good, bad, and neutral. (Hooyman & Kiyak, 2008).

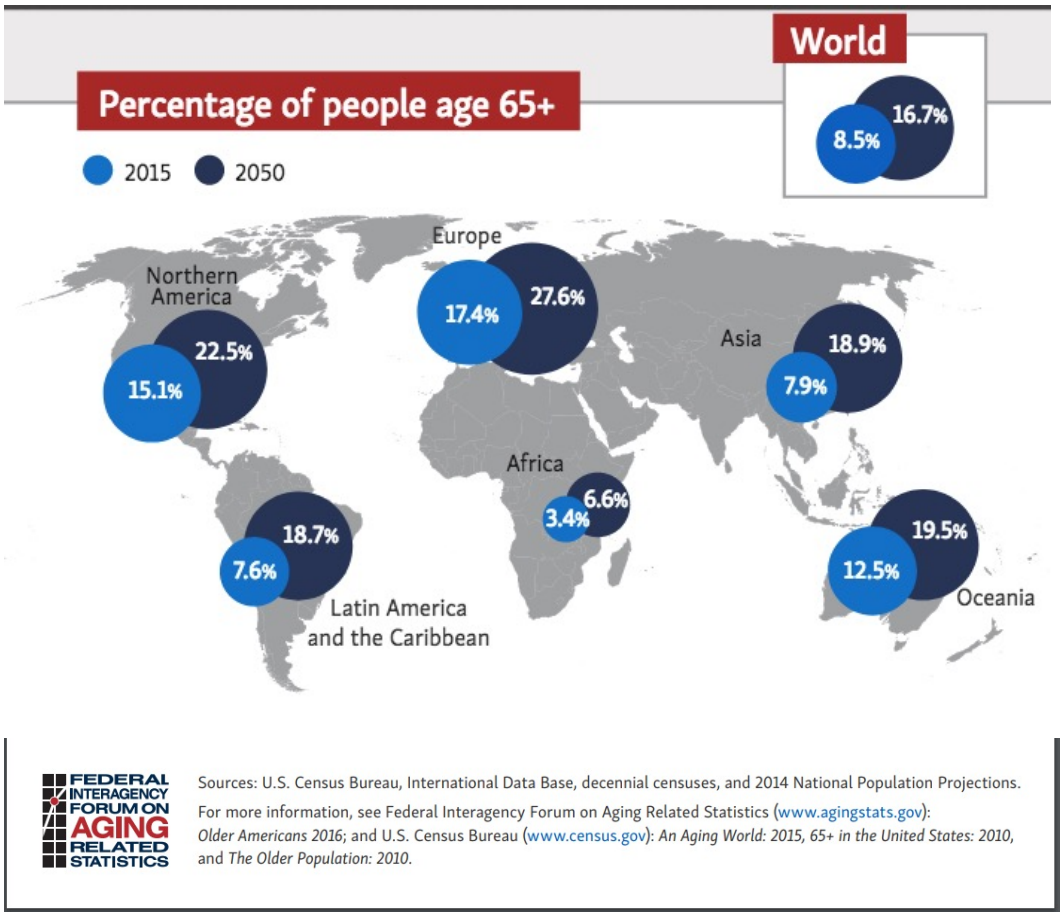
Aging Demographic Trends: Population Aging



Population Aging

- Longevity, Prolonged Mortality
- Low Fertility
- Higher Morbidity (Noncommunicable Diseases)

Aging Demographic Trends: Global Perspectives



FEDERAL INTERAGENCY FORUM ON AGING RELATED STATISTICS

Sources: U.S. Census Bureau, International Data Base, decennial censuses, and 2014 National Population Projections.

For more information, see Federal Interagency Forum on Aging Related Statistics (www.agingstats.gov): *Older Americans 2016*; and U.S. Census Bureau (www.census.gov): *An Aging World: 2015, 65+ in the United States: 2010*, and *The Older Population: 2010*.

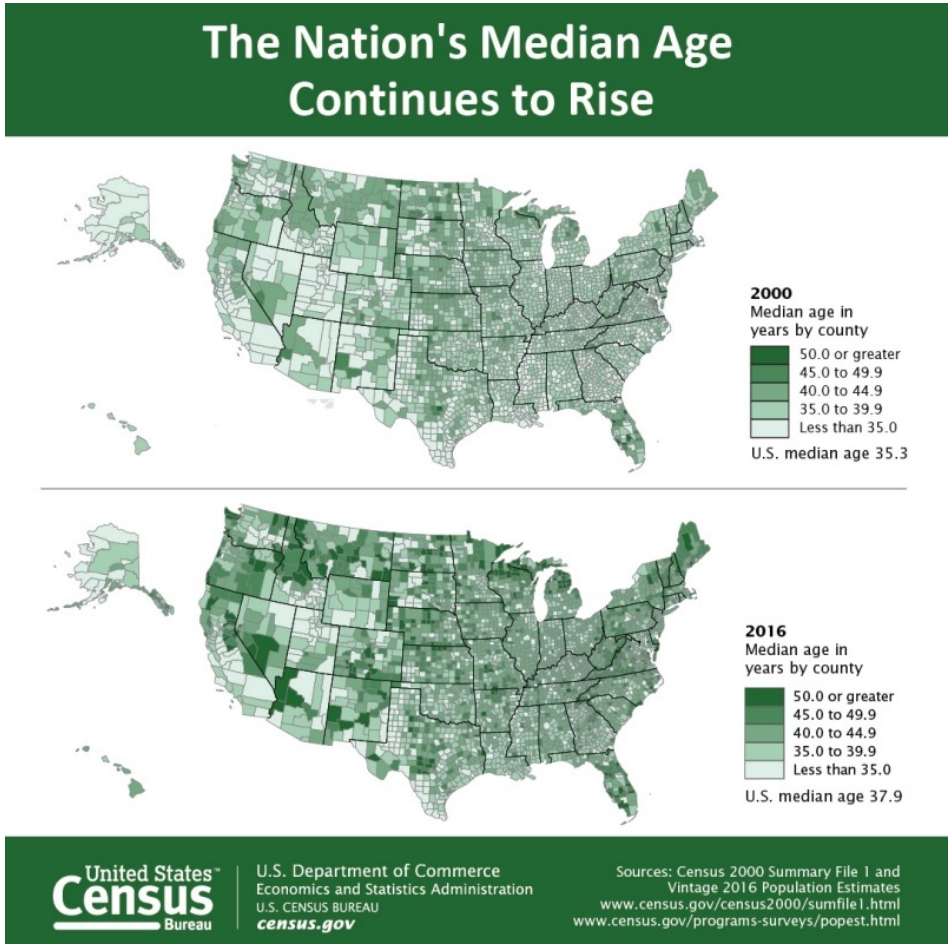
2015

1	Japan 26.6%
2	Germany 21.5%
3	Italy 21.2%

2050

1	Japan 40.1%
2	South Korea 35.9%
3	Hong Kong 35.3%

Aging Demographic Trends: State Perspectives



"Oldest States in 2017"

- FL, ME, PR (20%)
- WV, VT(19%)
- HI, DE, MT, PA, NH, SC (18%)
- CA, FL, TX, NY (#)

Principal Substances Used in Older Patients

- Tobacco
- Alcohol
- Opioids (Non-medical use or nonmedical use of prescription medications and illicit drugs)
- Stimulants, cocaine
- Cannabis
- Others: Sedatives and Muscle Relaxants

Prevalence of Current Smoking Among Adults, U.S. 2019

- Current cigarette smoking was highest among people aged 25–44 years and 45–64 years. Current cigarette smoking was lowest among people aged 18-24 years.
  - 8 of every 100 adults aged 18–24 years (8.0%)
  - Nearly 17 of every 100 adults aged 25–44 years (16.7%)
  - 17 of every 100 adults aged 45 64 years (17.0%)
  - About 8 of every 100 adults aged 65 years and older (8.2%)

Cannabis

- Previous national surveys: 2% of North American individuals aged 50 or older used illicit drugs around the turn of the 21st century.
- Overall use of any illicit drug will increase from 2.2% to 3.1%, baby boomer marijuana users will triple in the next decade

Blow FC, Barry KL. 2012 Colliver JD, Compton WM, Gfroerer JC, Condon T. 2006

Alcohol Use in Older Americans

- Older adults have had consistently lower rates of alcohol use, high-risk drinking, and Alcohol Use Disorder (AUD) than younger adults over the past 40 years.
- Between 2001-2002 and 2012-2013 there were substantial and unprecedented proportional increases relative to earlier years in:
- Alcohol use (22.4%)
- High-risk drinking (65.2%)
- AUD (106.7%)

Hasin DS, Stinson FS, Ogburn E, Grant BF. 2007. Johnston, L. D., O'Malley, P. M., Miech, R. A.,. Bachman, J. G., & Schulenberg, J. E. (2015) Grant BF, Dawson DA, Stinson FS, Chou SP, Dufour MC, Pickering RP. 2004

Projections for Alcohol Use in Older Americans

- The projected increase in the older population from 40 million in 2010 to 80 million in 2030 could produce a substantial increase in the absolute number of older adults with high-risk drinking and AUD

Ortman JM, Velkoff VA, Hogan H. 2014

Breslow, R. A., Castle, I. J. P., Chen, C. M., & Graubard, B. I. (2017). Trends in alcohol consumption among older Americans: National Health Interview Surveys, 1997 to 2014. *Alcoholism: clinical and experimental research*, *41*(5), 976-986.

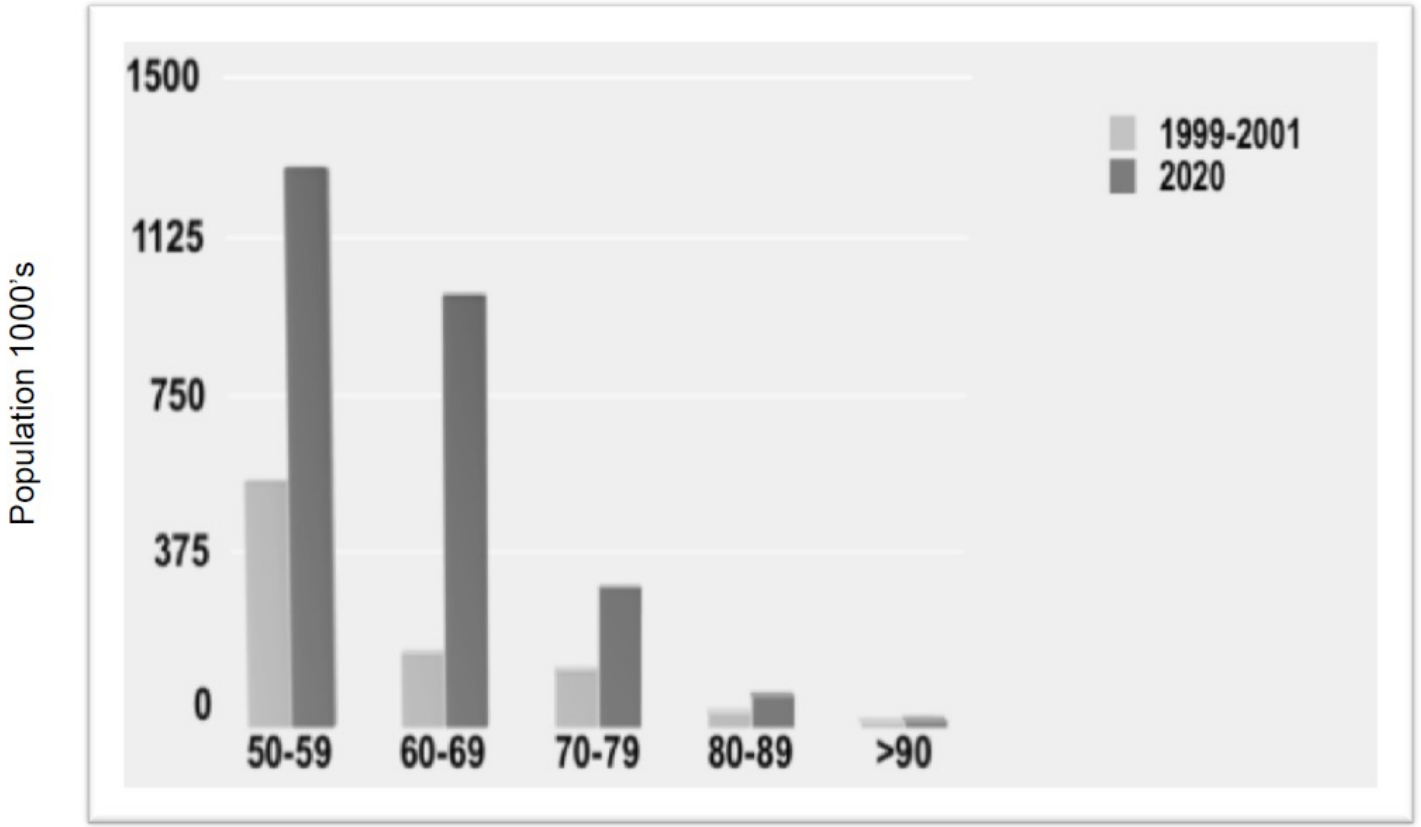
Early Onset AUD in Older Adults

- Early-onset AUD
- Drinking before 60 years of age
- 2/3 of older problem drinkers
- Chronic, alcohol related medical problems
- Positive family history for alcohol use disorder
- Serious psychiatric comorbidities-particularly major affective disorders (US Dept. HHS 1991).
- Less socially adjusted
- More antisocial characteristics
- May have intractable course
- More legal problems
- Need more medically focused intensive treatment for their addiction

Late Onset AUD in Older Adults

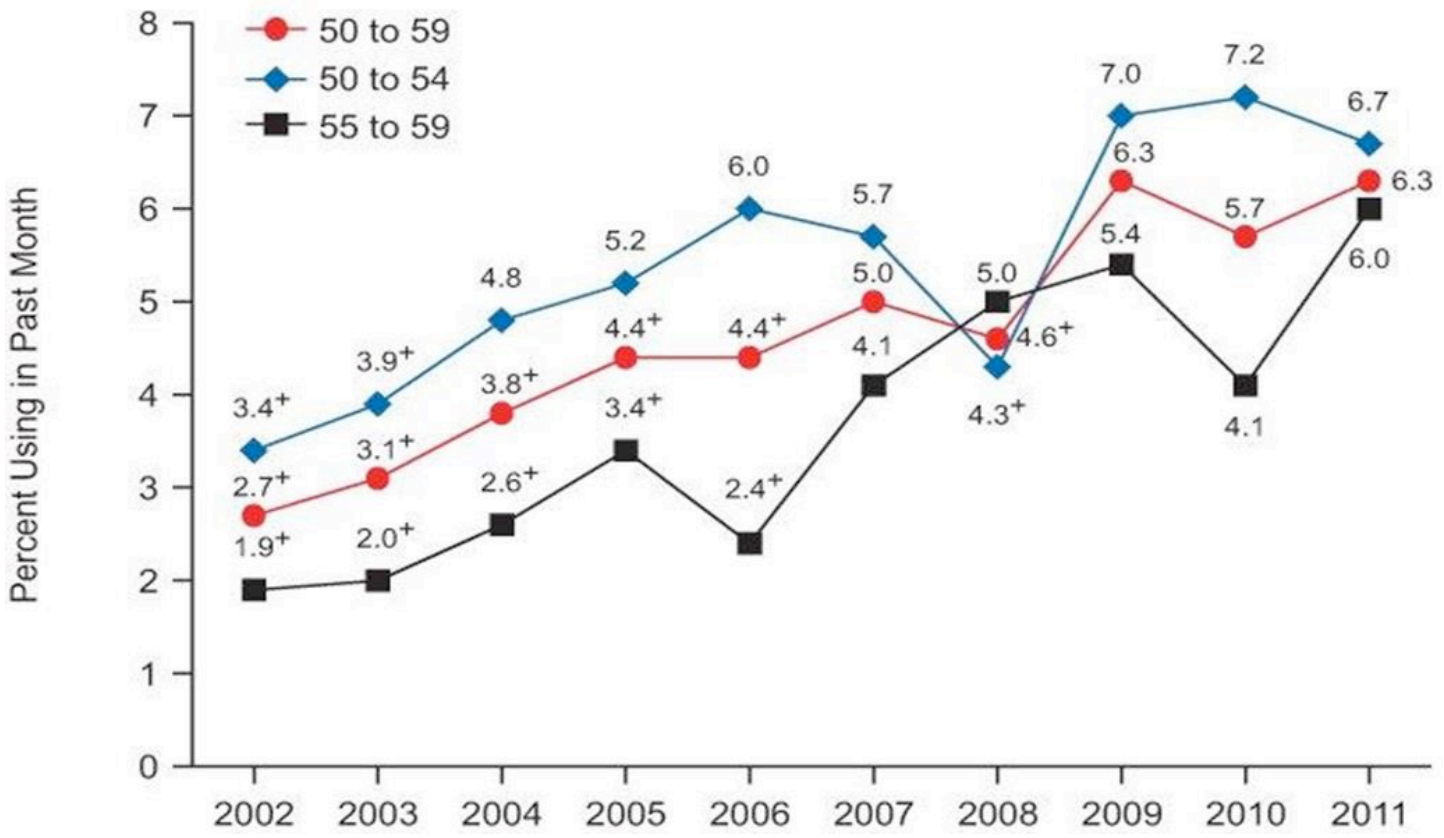
- Older alcohol use disorder patients are more responsive to treatment regardless of age of onset. Drinking began after 60 years of age
- Fewer physiological consequences of disease process due to shorter duration of use
- Often begin alcohol misuse after a stress-related event
- Loss (spouse, job, home)
- Milder clinical picture
- More emotionally stable
- Better adherence to treatment
- Lower recidivism rate
- More social support
- Greater life satisfaction

Actual and Projected Non-Medical Use of Prescription Psychotherapeutics



Colliver et al. Projecting Drug Use Among Aging Baby Boomers in 2020. Ann Epidemiol 2006;16:257–265.

Past Month Illicit Drug Use Among Adults Age 50-59

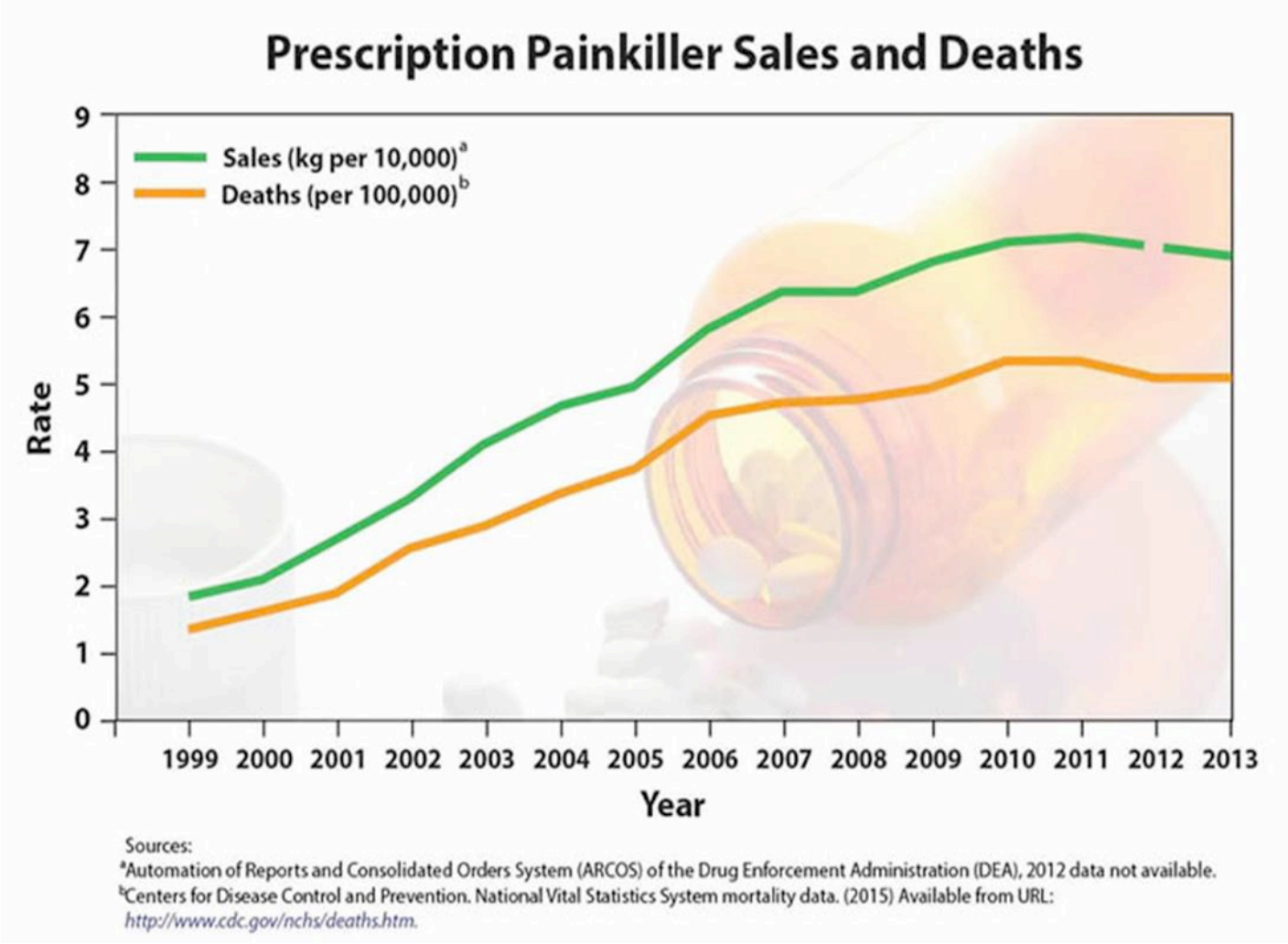


https://www.datafiles.samhsa.gov/study/national-survey-drug-use-and-health-nsduh-2011-nid13563

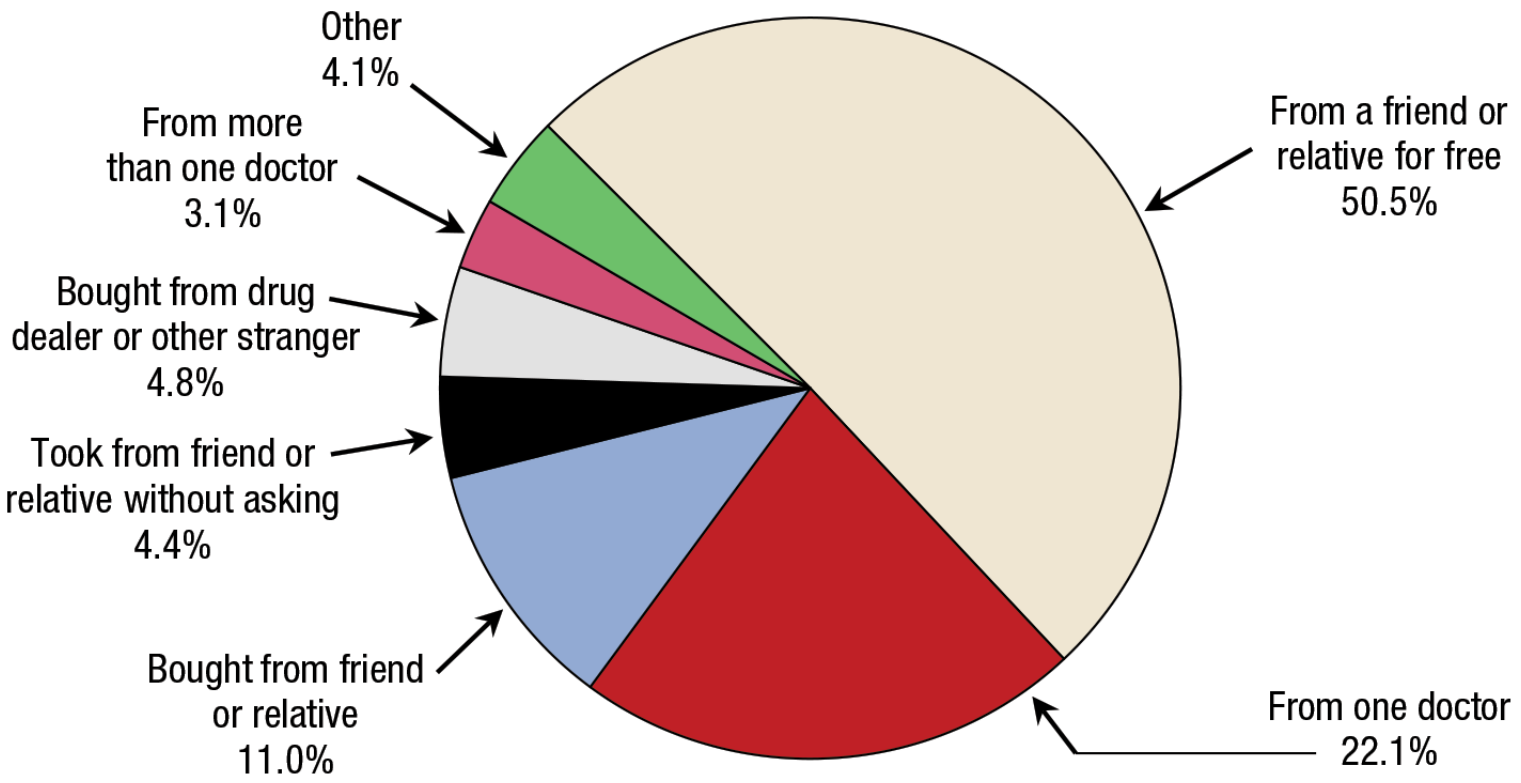
The Prescription Medication Problem

- Americans = 4.6% of the world's population
- Americans consume 80% of the global opioid supply
- Americans consume 99% of the global hydrocodone supply
- Americans consume 66% of the world's illegal drugs
- Overall increase from 2000 to present in opioid consumption = 149%
- Increase of:
  - 222% for morphine
  - 280% for hydrocodone
  - 319% for hydromorphone
  - 525% for fentanyl base
  - 866% for oxycodone
  - 1,293% for methadone

Prescription Painkillers Sales and Deaths

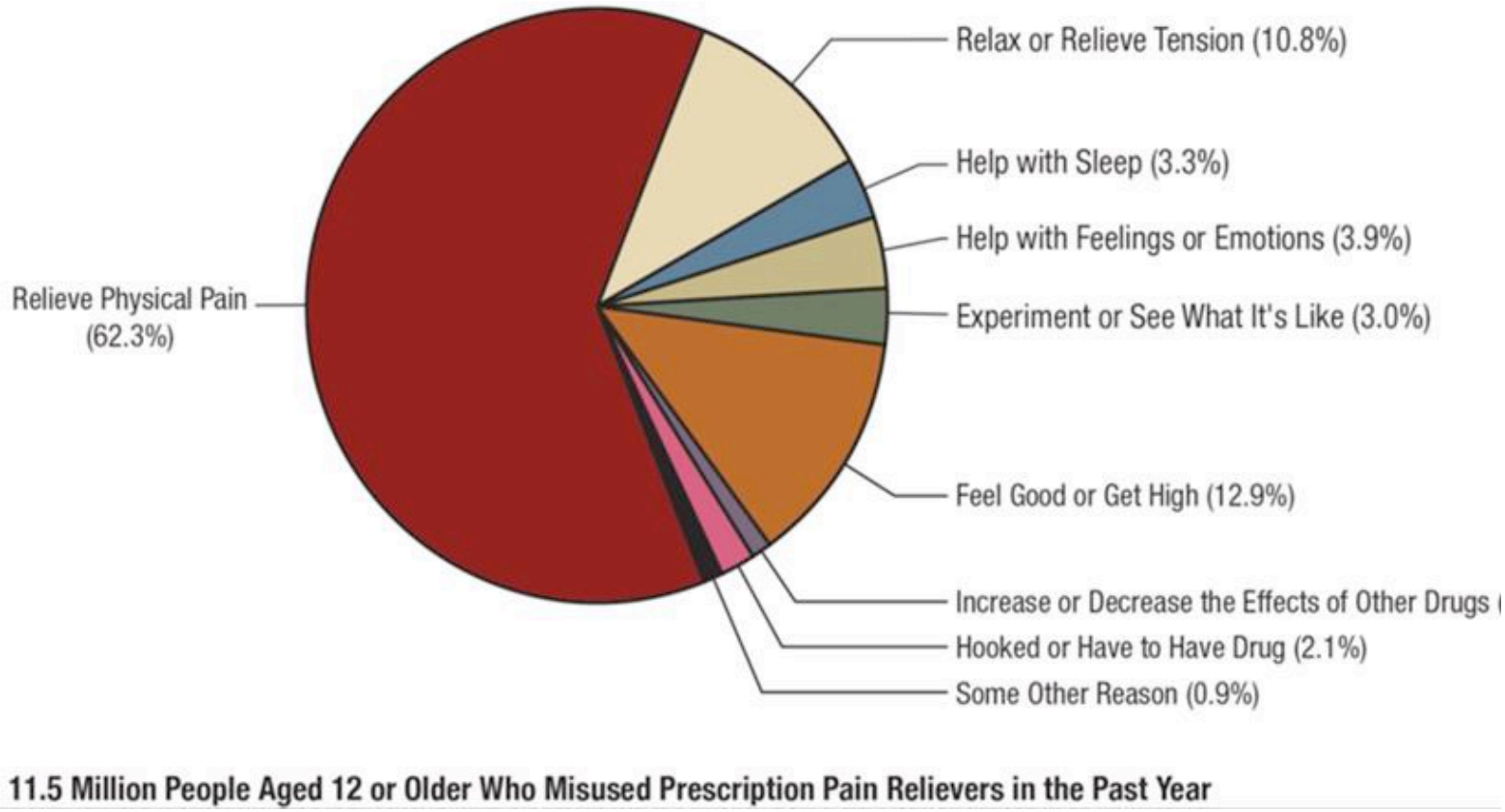


Source of Prescription Pain Relievers for the Most Recent Nonmedical Use Among Past Year Users Ages 12 or Older: Annual Averages, 2013 and 2014



SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2013 and 2014.

Main Reason for the Most Recent Prescription Pain Reliever Misuse among People Ages 12 or Older Who Misused Prescription Pain Relievers in the Past Year: Percentages (NSDUH 2016)



https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2016/NSDUH-FFR1-2016.htm#fig33

Epidemiology of Opioids and Older Adults

- **Increasing Rates of Opioid Misuse:**
  - Opioid misuse increased for older adults 2013-2014, and decreased for younger adults (NSDUH)
  - Projected to double from 2004 to 2020 (AoA, SAMHSA, 2012)
  - Medicare Beneficiaries highest and fastest growing rates (CMS, 2017)

Epidemiology of Opioids and Older Adults

- **Prevalence of Prescriptions Painkillers:**
  - 1 in 3 Medicare Part D Beneficiaries received a prescription opioid in 2016 (U.S Office of Inspector General)
  - 9-fold increase in opioid prescriptions in office-based medical visits by older adults between 1995-2010 (Olfson, et al., 2013)
  - More readily available and used in older adults (NCHS Data Brief 189; Frenk, Porter, & Paulozzi, 2015)
  - Significant Increase since 2003 (NSDUH, 2003/2013)

The Older Patient with Prescription Opioid Use Disorder

- Multiple medical problems
- Higher incidence of chronic pain
- Common mood disorders
- Misunderstand directions: misuse vs use disorder
- Multiple prescribers
- Rationalization and denial among family members, peers or care providers
- Deficits presumed to be due to age
- Interaction with alcohol or other drugs
- Over representation of female

Medication Misuse

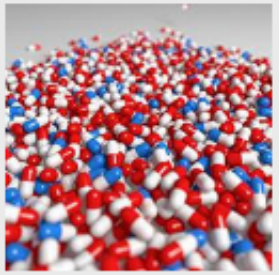
- Extra doses, missed doses, not filling prescriptions, not understanding directions, incorrect timing
- Risk Factors
  - Female
  - Social isolation
  - Polypharmacy and multiple prescribers
  - Prescribed drugs with abuse potential
  - Chronic medical problems
  - History of substance use or psychiatric disorder

Biopsychosocial Framework: Vulnerabilities

Increased Risk and Vulnerability: Aging, Opioid Use, Chronic Pain

WEB SEMINAR THURSDAY, NOV. 1 AT 10 AM PST

The Hidden Storm: Aging, Chronic Pain and Opioid Addiction



Chronic pain, coupled with alcohol and/or opioid addiction among older adults threatens life and quality of life. Through a bio-psychosocial context, this web seminar will explore how solutions may become the problem. Multi-dimensional, non-opioid treatment is the future of humane and authentic recovery. This web seminar will present new insight and effective tools for aging care, to help Aging Life Care professionals to evaluate the presence of opioid and-or alcohol addiction, and support addiction recovery and humane pain management for holistic, meaningful life with healthy function for older adults. **Presented by ASA's Healthcare and Aging Network (HAN), registration for this web seminar is available for no charge to ASA members and includes complimentary CE credits.**

Learn more and register.

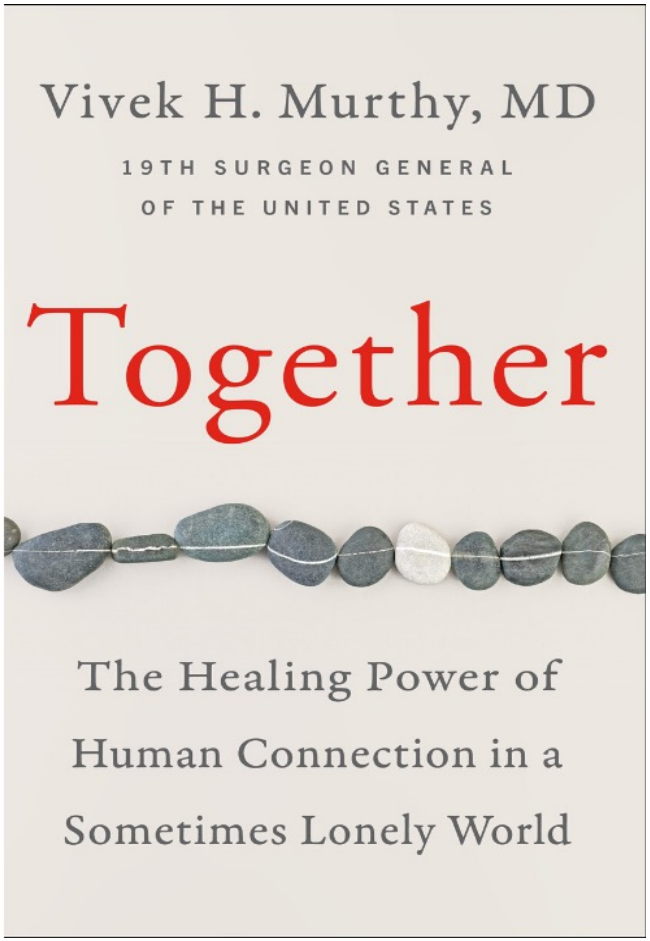
Increased Vulnerability and Risk: Biological

- Biological
  - **Comorbidities**
  - Polypharmacy
  - Chronic Pain & **Prescription Drugs**
  - Physiological Changes in Aging
    - Metabolism, Sedation, Respiratory Depression, Visual Impairment, Coordination, Attention, Fall Risk
  - Increased Risk of Mortality (Larney et al., 2015)

Increased Vulnerability and Risk: Psychosocial

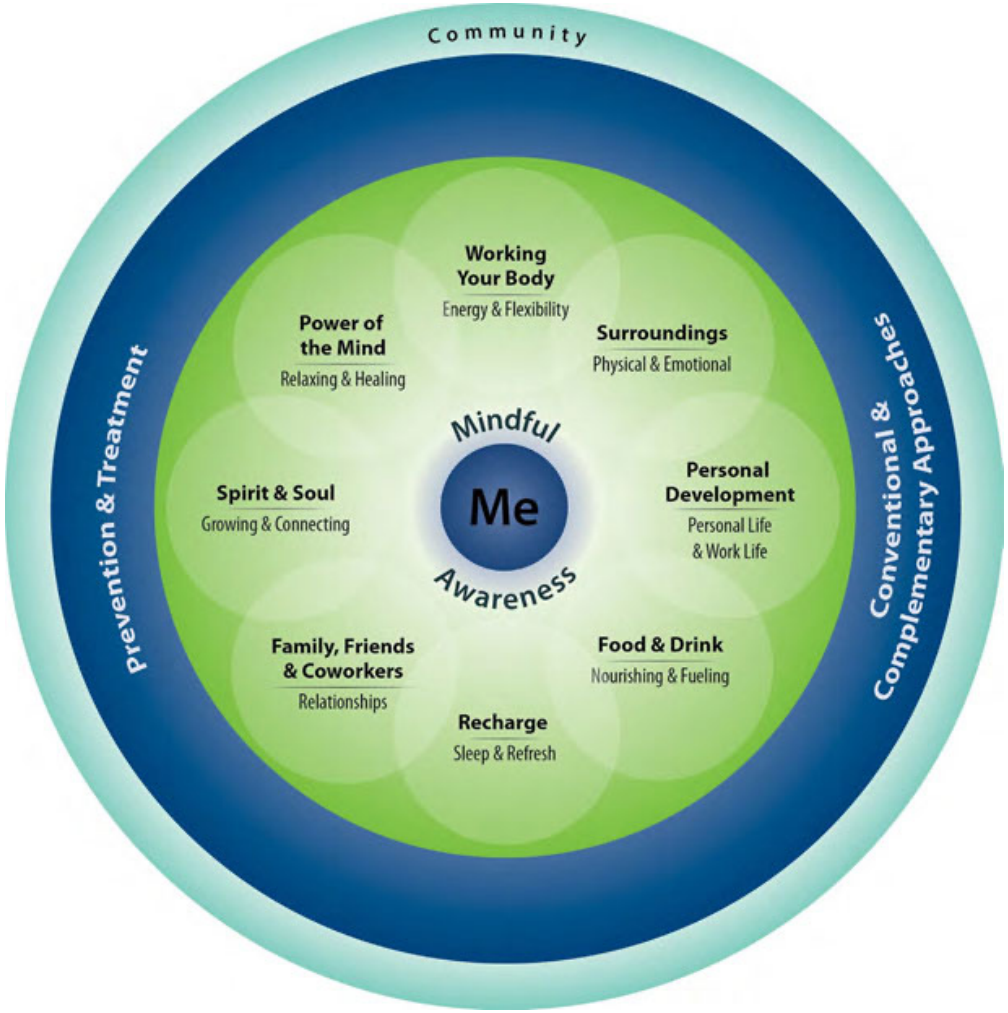
- Psychological
  - Death, Mortality, Loss, Grief, Depression-related to Health, Role Loss
- Social
  - Isolation, Loneliness, Marginalization
  - Generational Patterns
    - Stigma and addiction as Moral Issue (Silent and Greatest Generation)
    - Increased Usage (Boomer Generation)

Loneliness Epidemic



Loneliness Epidemic

Social Determinants of Health



Livability and Age-friendliness

The 8 Domains of Livability

The availability and quality of these community features impact the well-being of older adults — and help make communities more livable for people of all ages.

AARP Real Possibilities

AARP LIVABLE COMMUNITIES

1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Work and Civic Engagement
7. Communication and Information
8. Community and Health Services

Care Considerations: Screening, Medical Frameworks, Evidence-Based Health Promotion, Alternatives for Pain Management

Screening and Evaluation Resources: Smoking and Alcohol

Smoking and Tobacco

- Fagerstrom Test for Nicotine Dependence (FTND)
- •Heaviness of Smoking Index (HSI)
- •Modified Cigarette Evaluation Questionnaire (mCEQ)
- •Cigarette Dependence Scale (CDS-12 and CDS-5)

Alcohol Use Disorder

- Michigan Alcoholism Screening Test-Geriatric Version (MAST-G)
- Short version of Michigan Alcoholism Screening Test Geriatric (SMAST
- Alcohol Use Disorders Identification Test (AUDIT)
- Alcohol Use Disorders Identification Test- 5 items (AUDIT-5 or AUDIT-PC)
- Alcohol Use Disorders Identification Test-Consumption (AUDIT-C)
- CAGE
- Alcohol-Related Problems Survey (ARPS)

Screening for Potential Rx-Opioid Misuse and Opioid Use Disorder

- Validated in Elderly
  - Screening Tool of Older Persons' potentially inappropriate Prescriptions (STOPP)
- Other screening tests
  - Screener and Opioid Assessment for Patients with Pain-revised (SOAPP-R)
  - Current Opioid Misuse Measure (COMM)
  - Drug Assessment Screening Tool (DAST)

General Principles for Treatment and Care

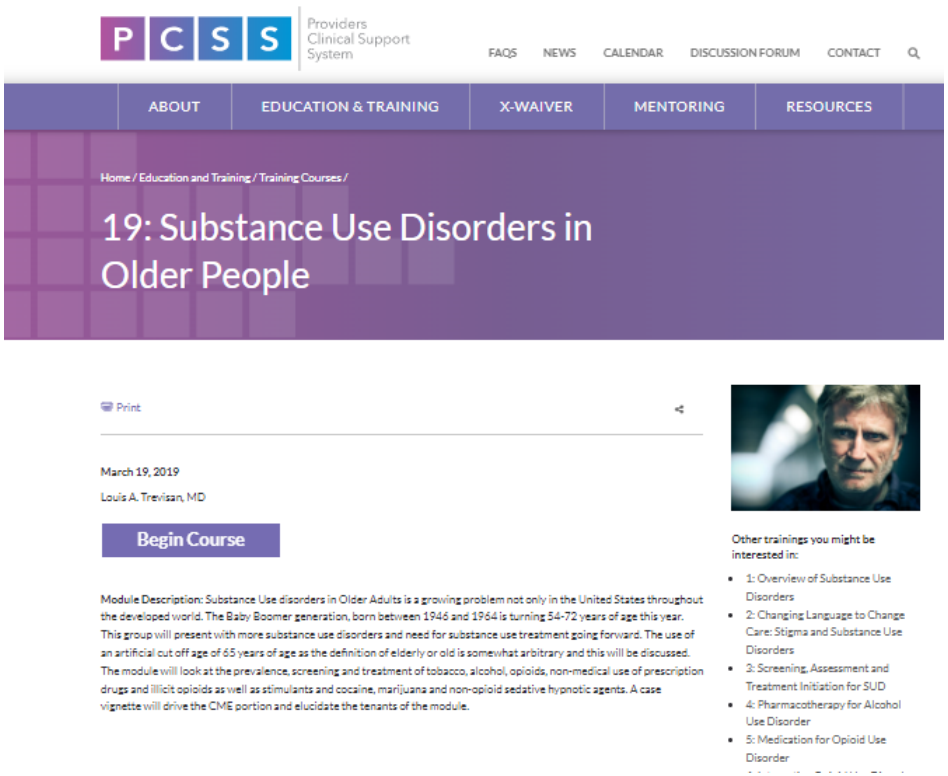
- Age specific treatment appears to potentiate treatment effects (treatment matching) in older adults.
- Biological:
  - Co-morbid medical illness
  - “Start low, go slow”
- Psychotherapeutic:
  - Stage of life factors
  - Cognitive abilities
- Social:
  - Family interventions
  - Group

Treatment Considerations

- Longer Detoxification
- HHS recommends co-prescribing Naloxone
- More Medical Science Application
- Age-Specific Psychosocial Interventions and Treatment
  - Senior Hope Counseling (Albany New York)
  - Betty Ford Recovery @ 50 Plus

Medications for Addiction Treatment

- Tobacco: Nicotine Replacement Therapy
- Alcohol:
  - Disulfiram
  - Naltrexone
  - Acamprosate
- Opioids:
  - Methadone
  - Naltrexone
  - Buprenorphine

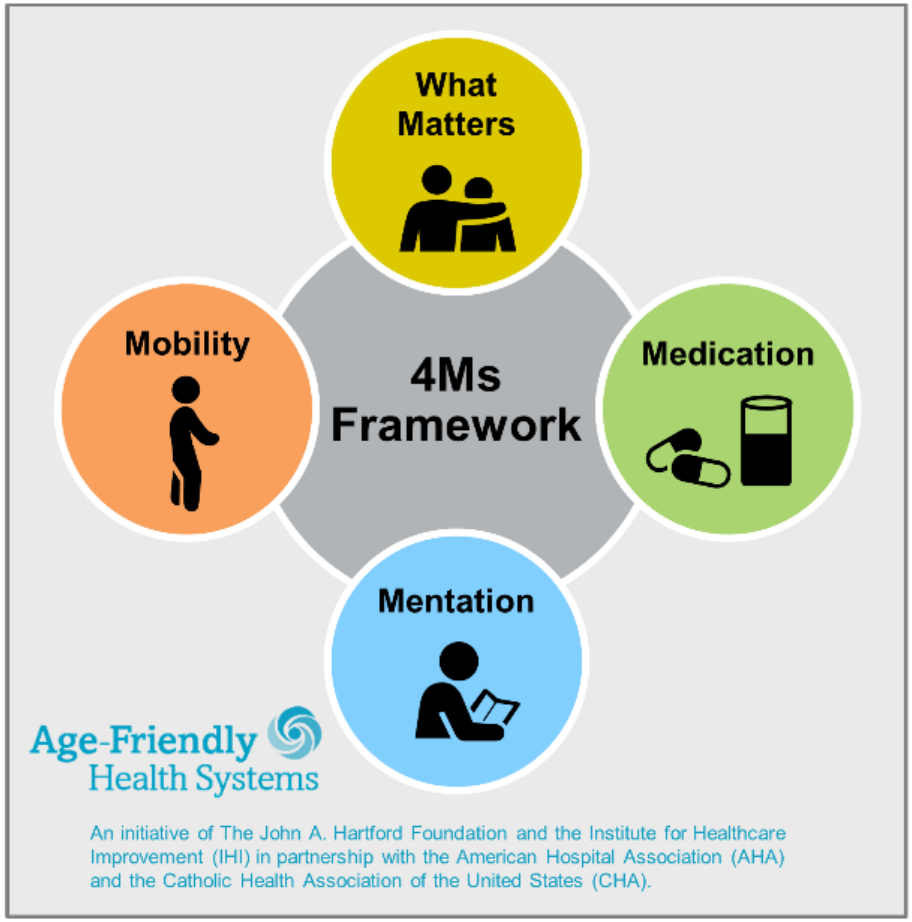


Clinical Pearls: Recognition of Misuse of Prescribed Medications

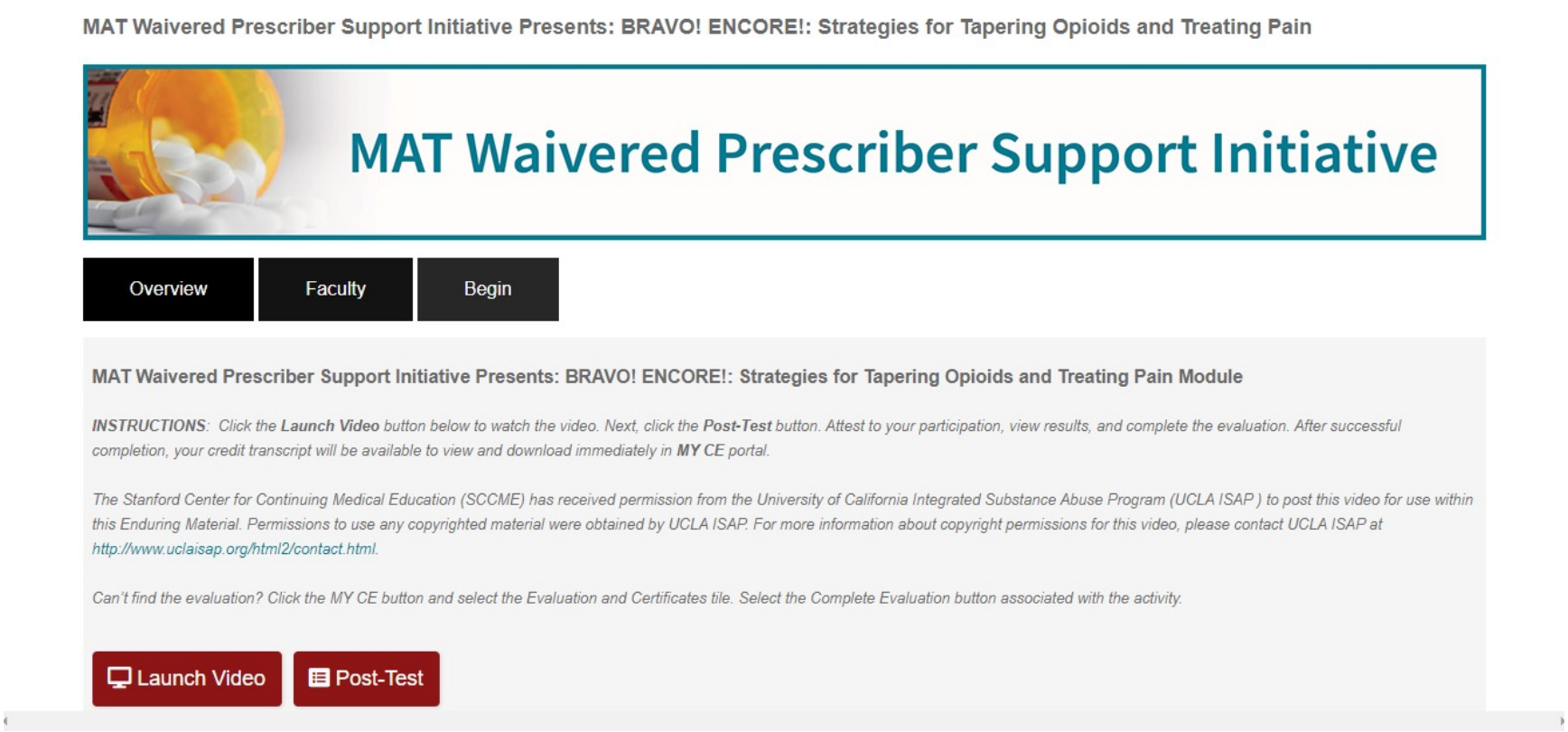
- Adverse Drug Reaction (ADR) Clinical Pearl
- Any symptom in an older adult should be considered a medication side effect until proven otherwise.
- Falls: sedative hypnotics, opioid pain meds
- GI distress: alcohol
- Incontinence: alcohol, sedative hypnotics
- Constipation: opioids
- Depression: alcohol, opioids
- Anxiety: steroids, alcohol withdrawal
- Confusion: any CNS agent
- Insomnia

http://docplayer.net/46269373-Safe-medication-use-in-the-older-adult.html

4M Age-Friendly Health System

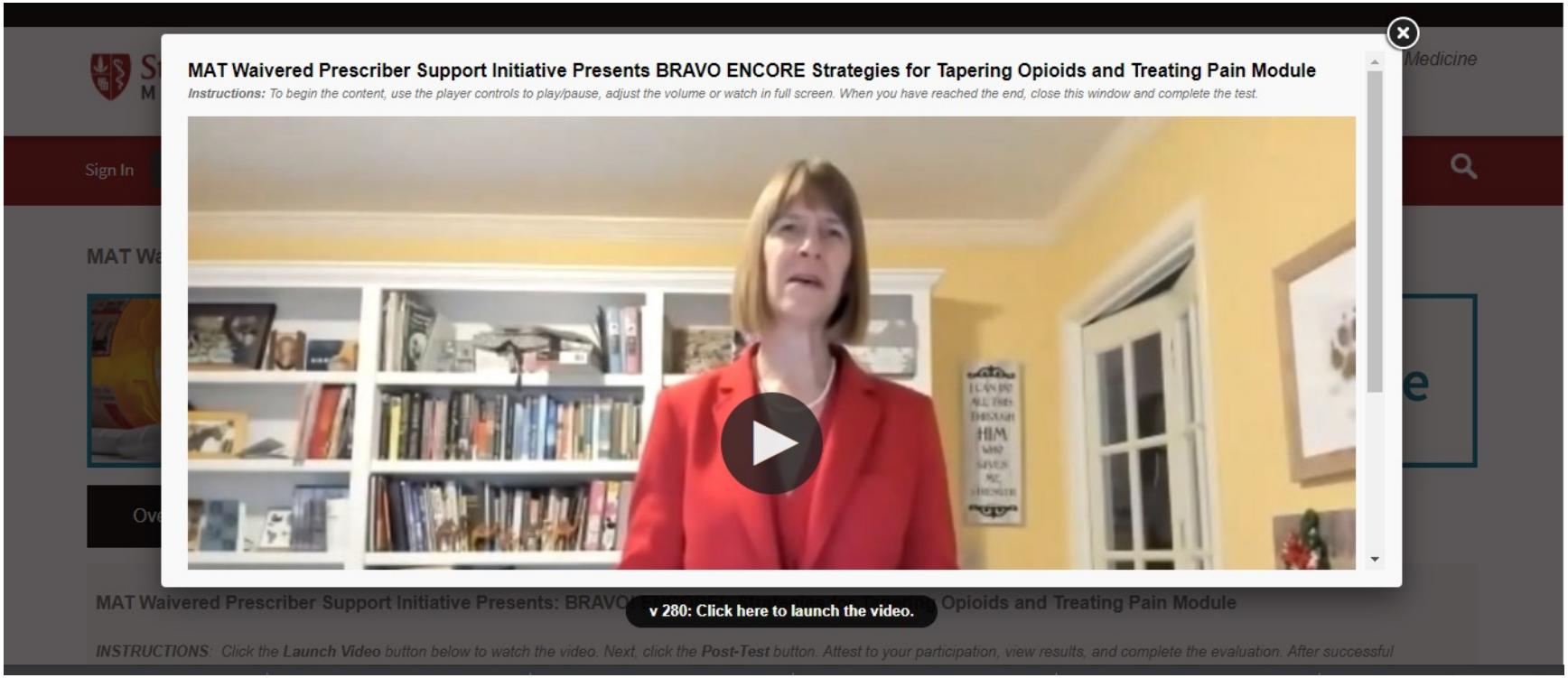


ENCORE Framework



Slide Credit: Dr. Christina Lasich, MD, Grass Valley, CA

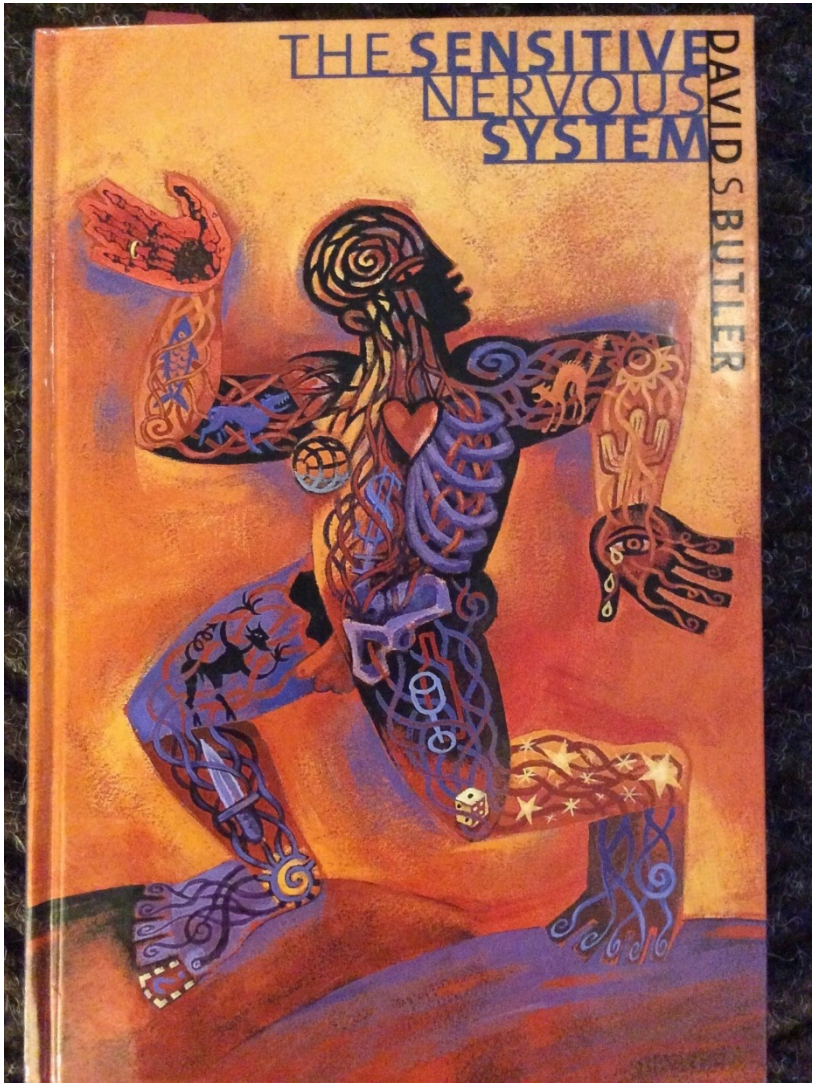
BRAVO & ENCORE: Free Training



Slide Credit: Dr. Christina Lasich, MD, Grass Valley, CA

Care Considerations: Pain

- **Alternatives to Opioid Therapy ALTO SM**
  - Multi-modal analgesia for Muscoskeletal Pain
  - Trigger Point Injections
  - Osteopathic Manipulative Therapy
- **Battlefield Acupuncture (Auricular Therapy)**
- **Pain Psychology Resources (Beth Darnall, PhD)**
  - Empowered Relief
  - The Opioid Free Pain Relief Kit



Butler, D. S. (2000). *The sensitive nervous system*. Noigroup publications.

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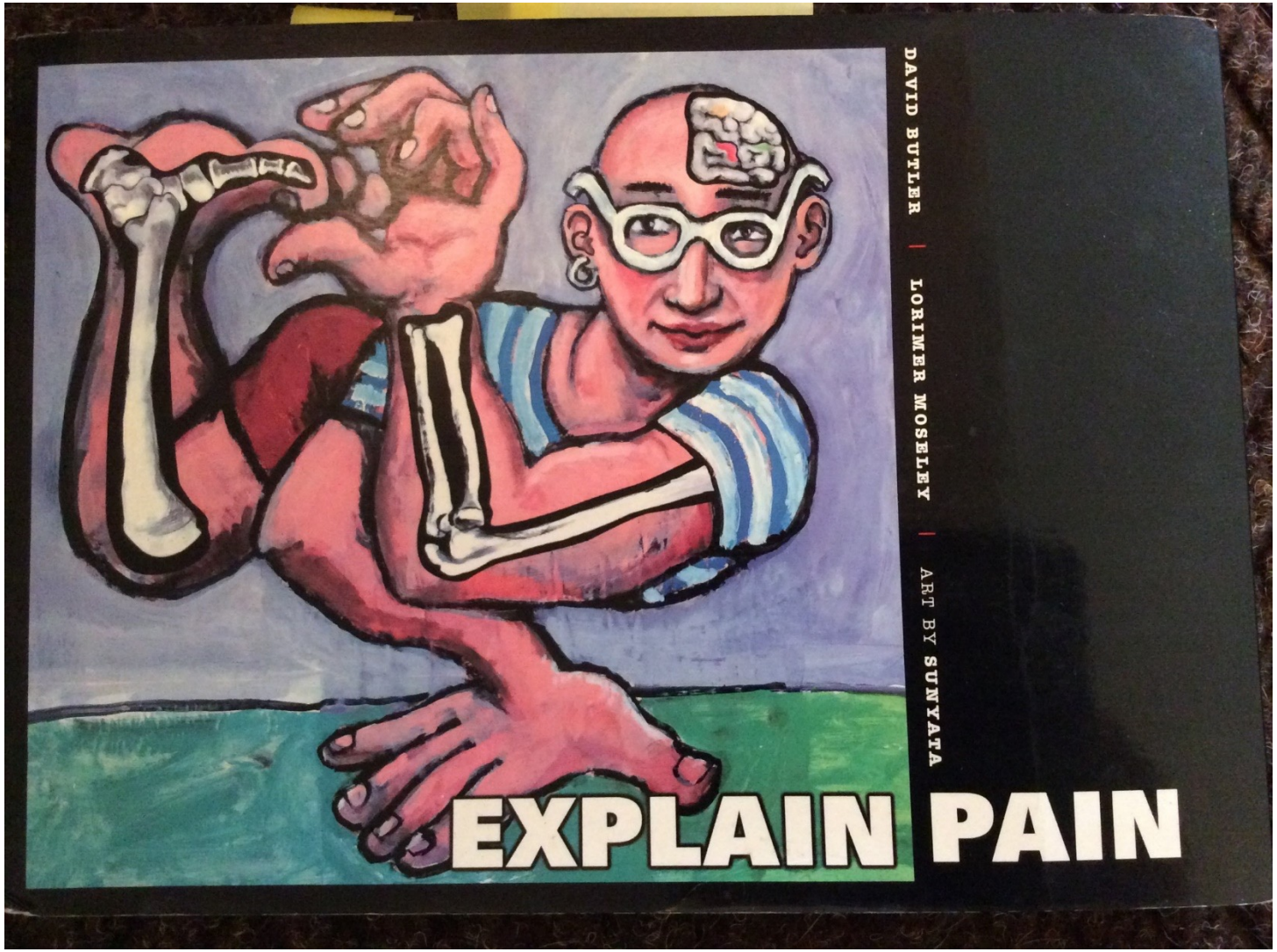

Butler, D. S., & Moseley, G. L. (2013). *Explain Pain 2nd Edn*. Noigroup publications.

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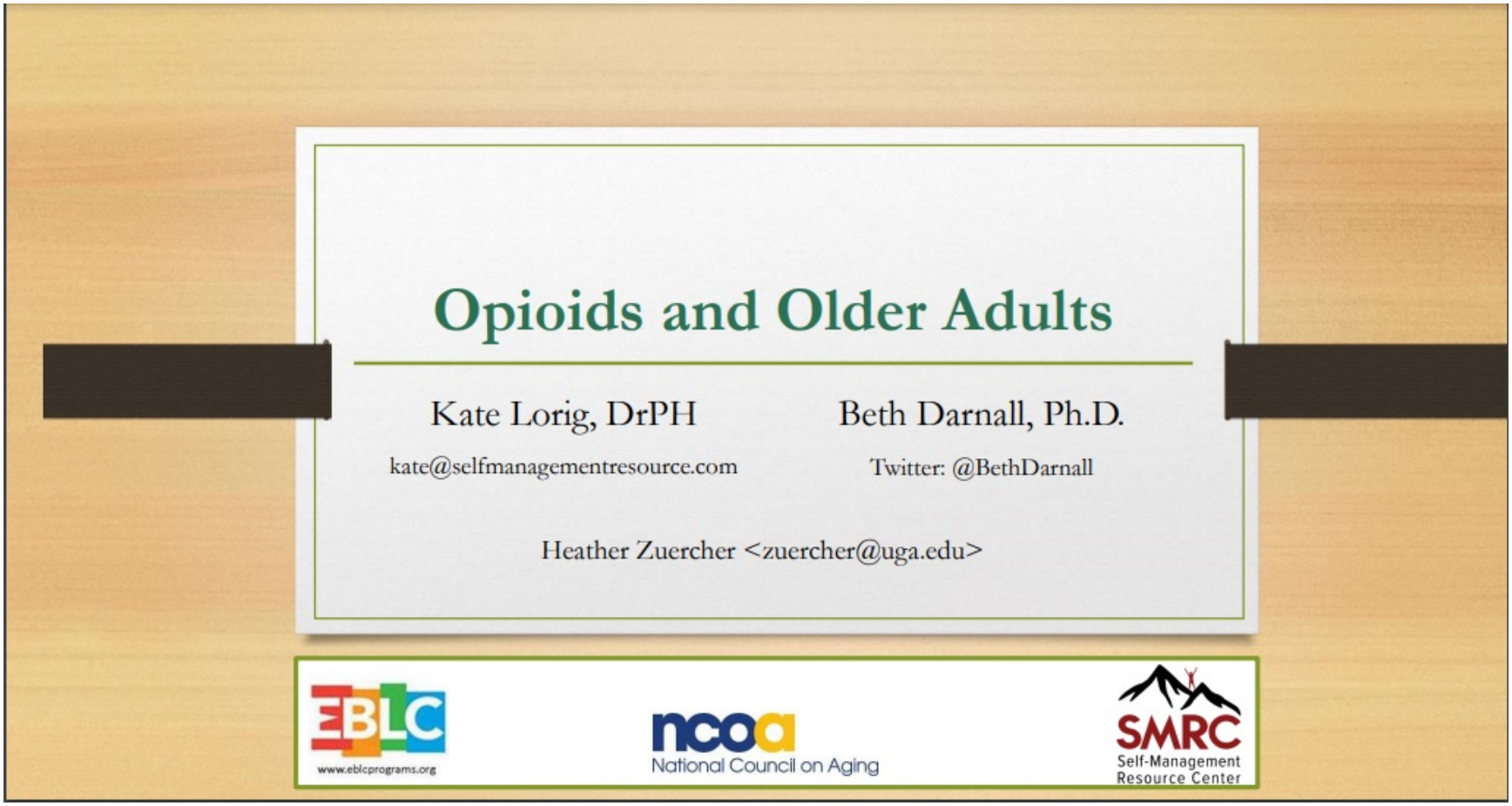
Evidence-Based Programs that Reduce Pain and/or Depression



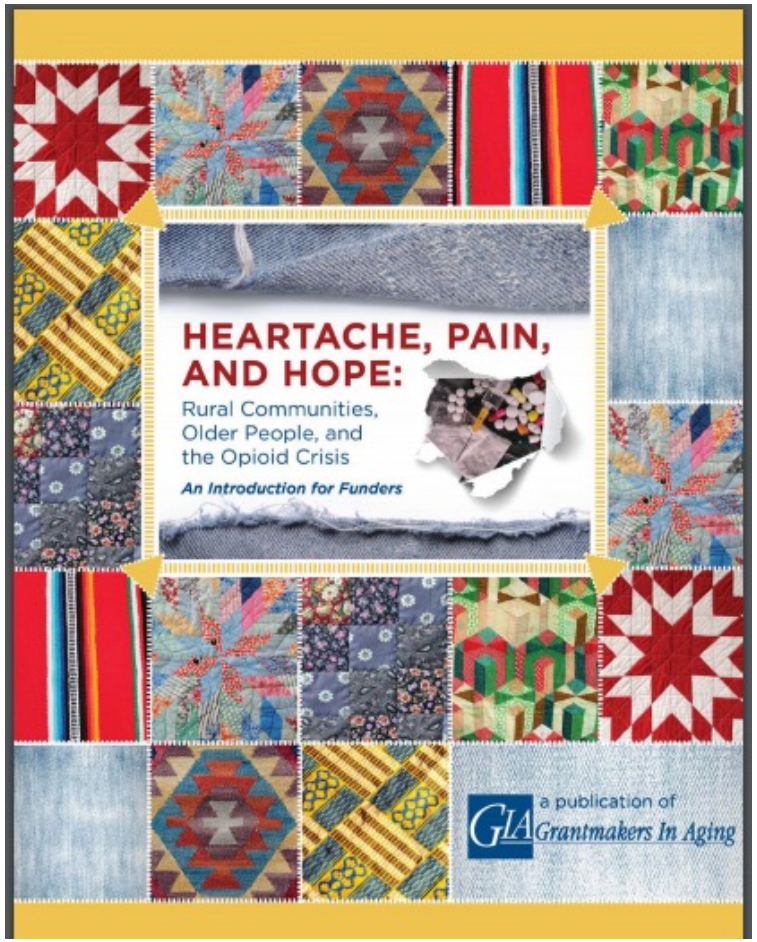
Evidence-Based Programs that Reduce Pain and/or Depression

- There is evidence that evidence-based programs reduce pain:
  - Chronic Pain Self-Management Program (Pain and Depression)
  - Chronic Disease Self-Management Program (Pain and Depression)
  - Enhanced Fitness (Pain)
  - Enhanced Wellness (Pain)
- Pearls (Depression)

Additional SUD Prevention Programs and Community-Based Programs

- **SUD Prevention Programs**
  - BRITE Florida
  - Wellness Initiative for Senior Education (WISE)
- **Community-Based Coalition Work**
  - Village to Village Network
  - Great Plains Senior Services Collaborative
  - Project Lazarus (North Carolina)
  - Intergenerational Support & Culture as Prevention (IAMNDN OK)

Grantmaker in Aging Resource: Rural Older Adults



Raising Awareness and Seeking Solutions to the Opioid Epidemic's Impact on Rural Older Adults

Questions?

Thank you!

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