Care Considerations for Addressing Substance Use and the Opioid Epidemic Among Older Adult Populations – ORN Regional Summit

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July 9, 2026

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.

Funding for this initiative was made possible (in part) by grant no. 1H79TI088037 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.

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.

Contact the Opioid Response Network

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

Disclosures

AAAP is committed to presenting learners with unbiased, independent, objective, and evidence-based education in accordance with accreditation requirements and AAAP policies.

Presenter(s), planner(s), reviewer(s), and all others involved in the planning or content development of this activity were required to disclose all financial relationships within the past 24 months.

All disclosures have been reviewed and there are no relevant financial relationships with ineligible companies to disclose

Accreditation Statements

Accreditation Statement

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INTERPROFESSIONAL CONTINUING EDUCATION

In support of improving patient care, this activity has been planned and implemented by the Opioid Response Network, a SAMHSA-funded project developed by the American Academy of Addiction Psychiatry. American Academy of Addiction Psychiatry is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the healthcare team.

Nursing Designation Statement

American Academy of Addiction Psychiatry is an approved provider of nursing continuing education through AAAP's Joint Accreditation provider #4008192. This activity is approved for 2 Nursing Contact Hours.

Physician Designation Statement

American Academy of Addiction Psychiatry designates this in-person educational activity for a maximum of 2.0 *AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Other Health Professionals

Participants will receive a Certificate of Attendance stating this program is designated for 2 hours *AMA PRA Category 1 Credit*™.

Accreditation Statements

Physician Assistants

American Academy of Addiction Psychiatry has been authorized by the American Academy of PAs (AAPA) to award AAPA Category 1 CME credit for activities planned in accordance with AAPA CME Criteria. This activity is designated for 2 AAPA Category 1 CME credits. Approval is valid until . PAs should only claim credit commensurate with the extent of their participation

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

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.

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

Acknowledgements

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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

Funding for this initiative was made possible (in part) by grant no. 1H79TI080816 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.

Aging, Demography, Opioid and Substance Use Epidemiology

E—-y? 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 in the future.
- The use of greater than 65 years old definition to describe the aging 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).

Substance Use Terminology

- Disorders are based on diagnostic criteria
- Avoid term of “addiction” or “addict”
- Avoid description of urinalysis as “dirty”

- Substance Use Disorder
- Urinalysis “positive for substance x”

The 5 M's of Aging

What are the Geriatrics 5Ms?


Mobility


Mind


Medications

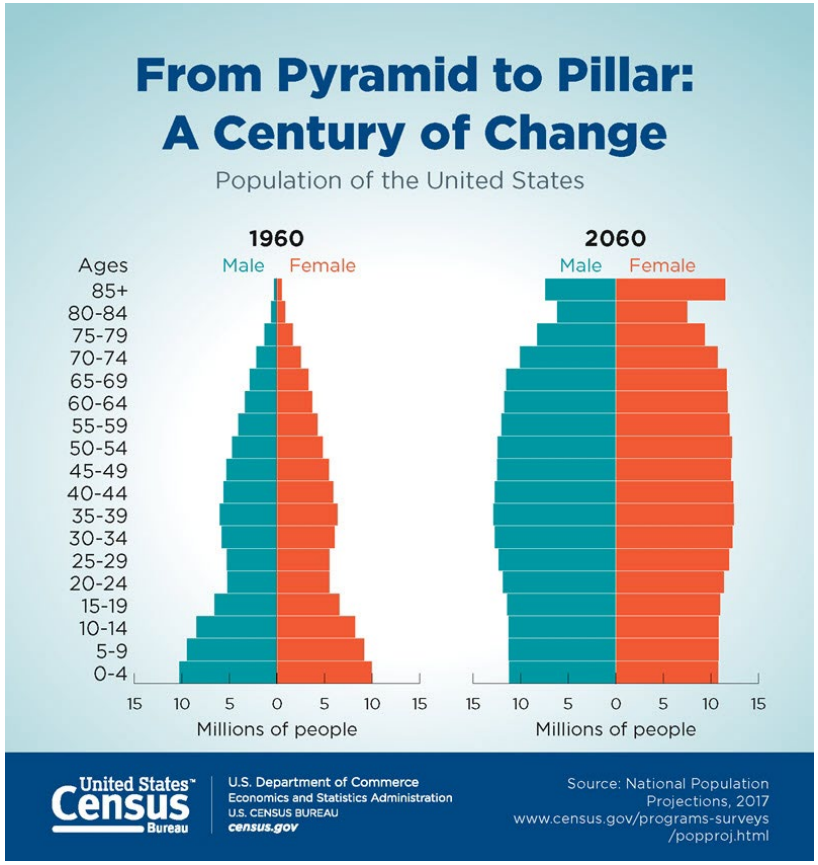

Multicomplexity


Matters Most

Created by: Sarah C. Phillips, MD; Chelsea Hawley, PharmD;
Laura Triantafylidis, PharmD; Andrea Wershof Schwartz, MD MPH
Modifications by: Ria Paul MD

Tinetti et al, JAGS 2017

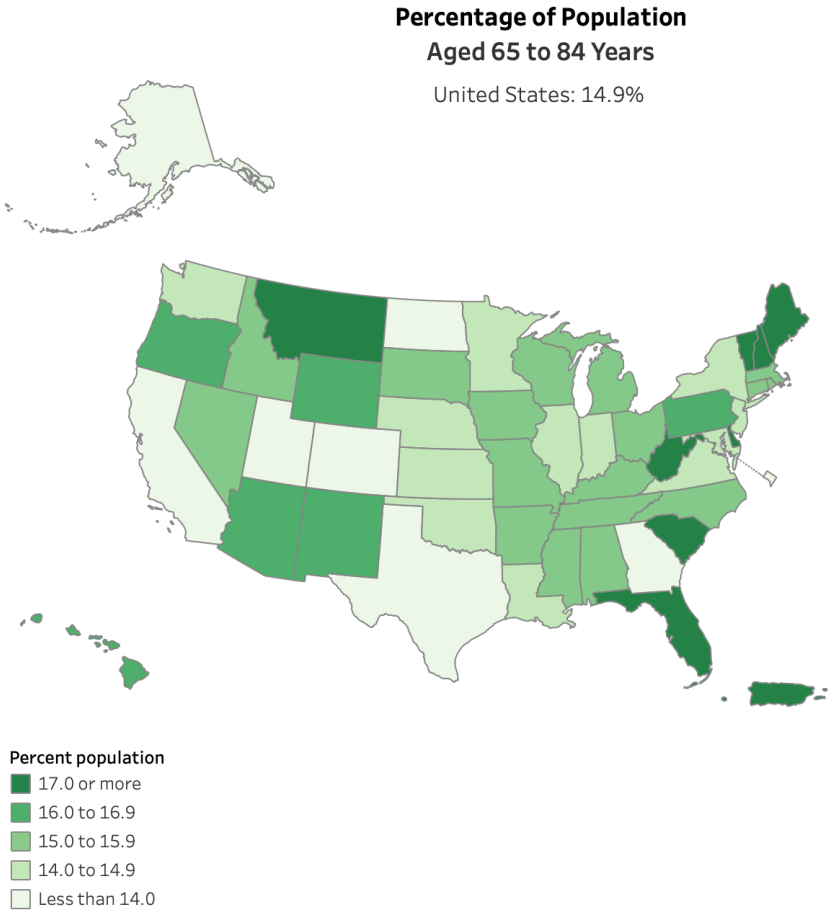
Aging Demographic Trends: Population Aging

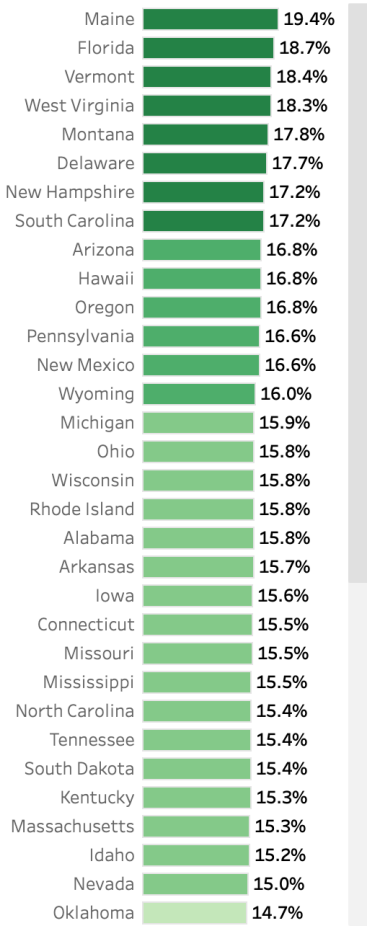


Population Aging

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

Aging Demographic Trends: State Perspectives





U.S. Census Bureau, 2020 Census Demographics; census.gov

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.
- Cannabis use in individuals >65 is 9% in 2023, up from 0.4% in 2006
- Readily available online, different forms (e.g. gummies)

B Han, MD, et al JAMA Internal Medicine, June 2, 2025

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 with 107% increase in AUD
- As of 2020, >60% of adults age 65 and older endorsed binge drinking

Grant BF, Chou SP, Saha TD, et al. Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001-2002 to 2012-2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. JAMA Psychiat. 2017; 74(9): 911-923.

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.

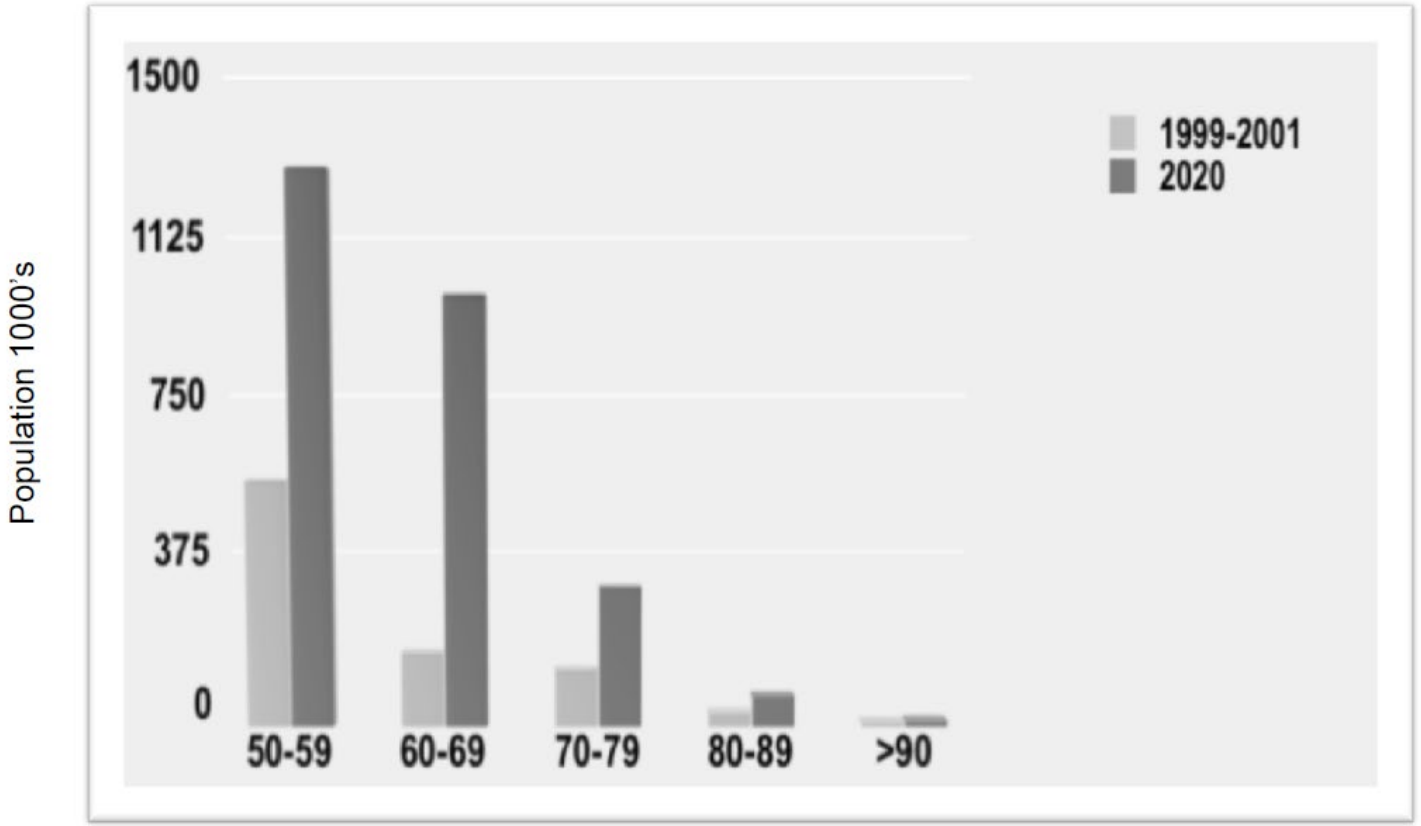
Early Onset AUD in Older Adults

- Early-onset AUD
- 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).
- More legal problems
- Need more medically focused intensive treatment for their SUD

Late Onset AUD in Older Adults

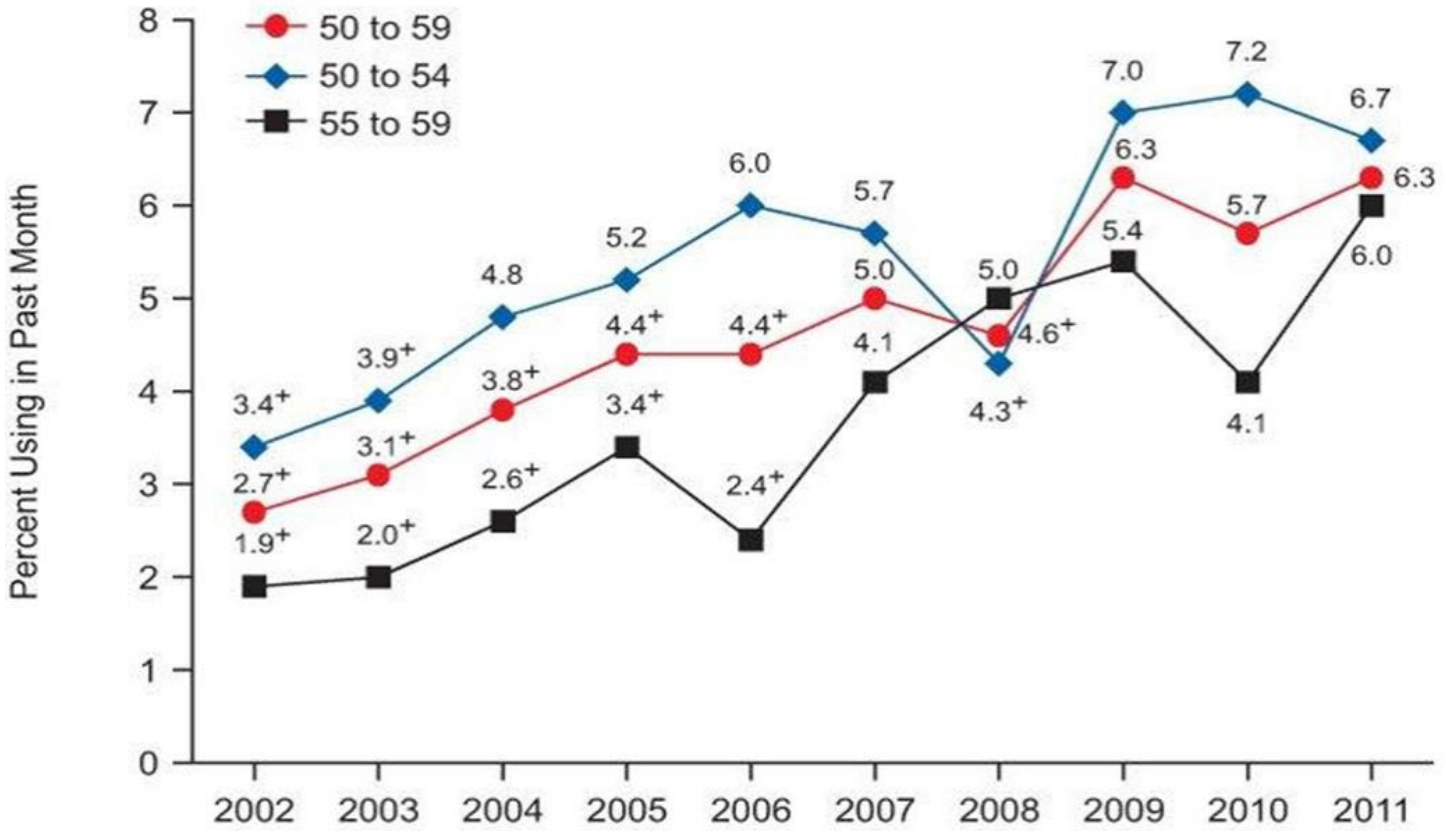
- Older alcohol use disorder patients are more responsive to treatment regardless of age of onset. Drinking began after 60 years of age
- Fewer physiological consequences of disease process due to shorter duration of use
- Often begin alcohol misuse after a stress-related event, Loss (spouse, job, home)
- Mobility
- 5Ms incorporation

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

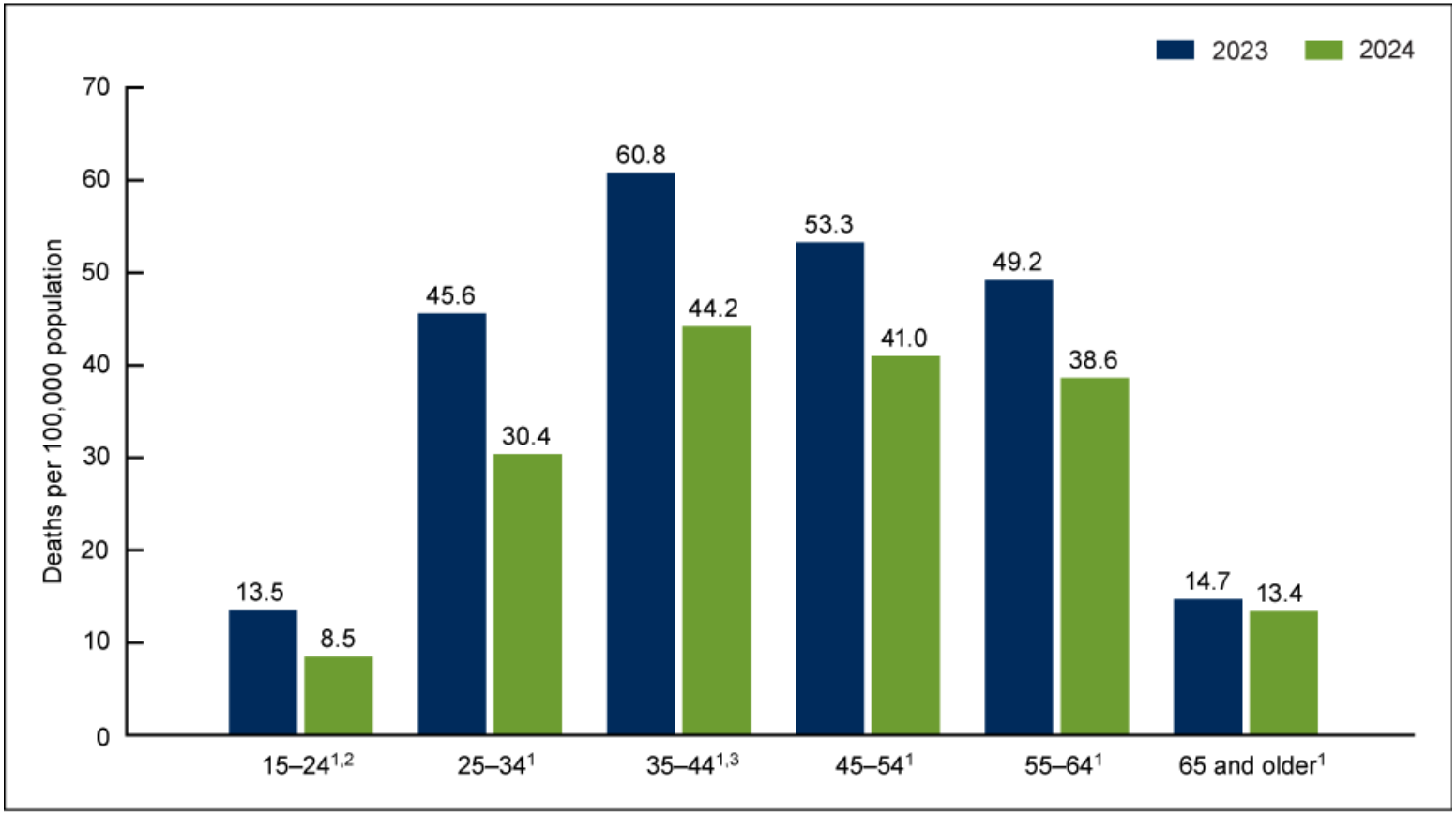
The Prescription Medication Problem

- 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

CDC Overdose Data to Action and Surveillance Reports

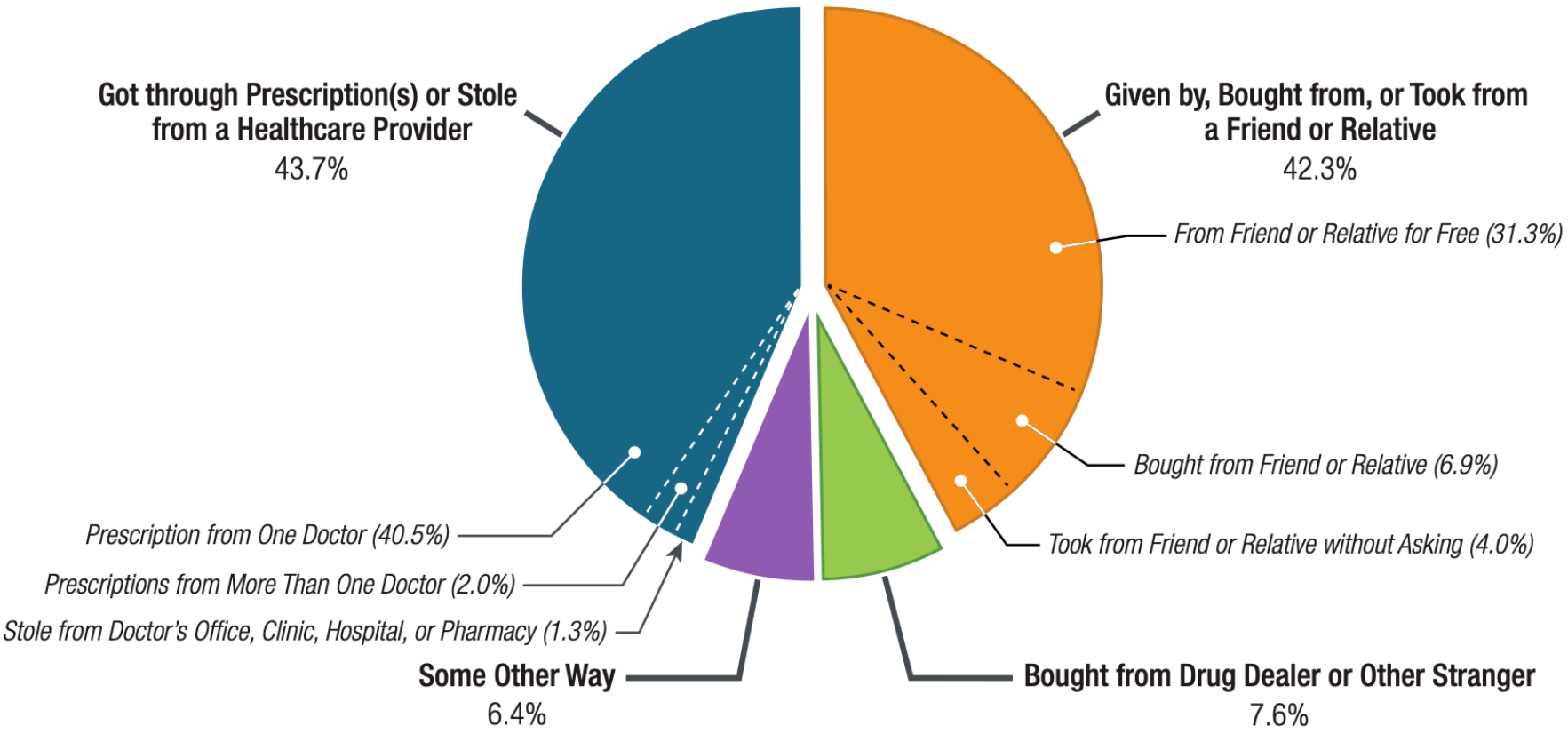
Drug overdose deaths

Figure 2. Drug overdose death rate, by selected age group: United States, 2023 and 2024



[1]Significant decrease between 2023 and 2024 ($p < 0.05$).
[2]Group with lowest rate in 2023 and 2024 ($p < 0.05$).
[3]Group with highest rate in 2023 and 2024 ($p < 0.05$).
NOTE: Drug overdose deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes X40–X44, X60–X64, X85, and Y10–Y14.
SOURCE: National Center for Health Statistics, National Vital Statistics System, mortality data file.

Source of Prescription Pain Relievers for the Most Recent Nonmedical Use Among Past Year Users Ages 12 or Older: Annual Averages, 2024



8.0 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2024.

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, 2020)
  - Prevalence of OUD among

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)

Medication Misuse

- Extra doses, missed doses, not filling prescriptions, not understanding directions, incorrect timing
- Disposal/responsibility/accountability mechanisms for unused medications
  - Prescription, “leftovers” from palliative care partner

Biopsychosocial Framework: Vulnerabilities

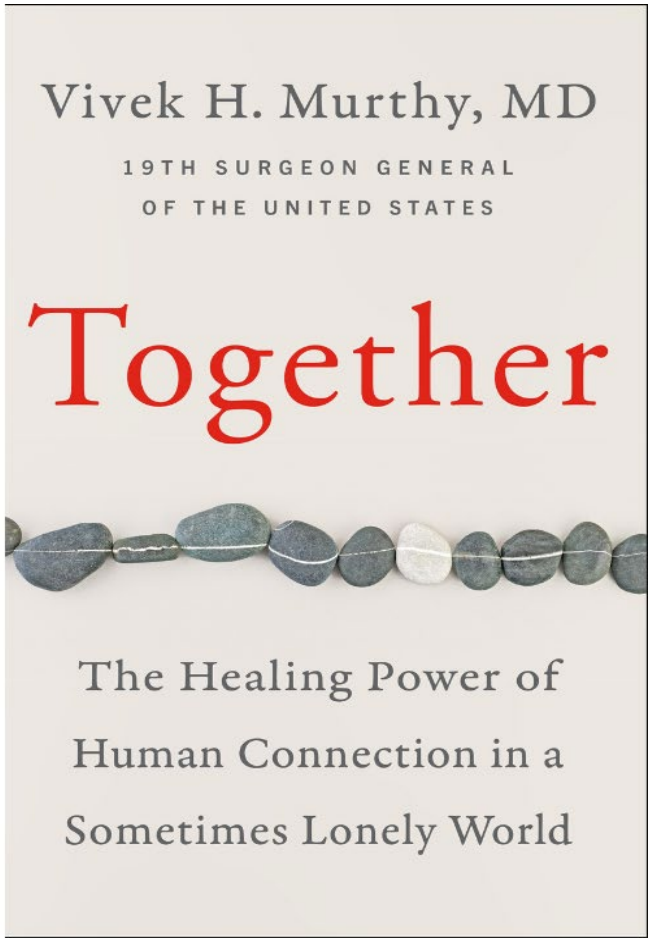
Increased Vulnerability and Risk: Biological

- 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)

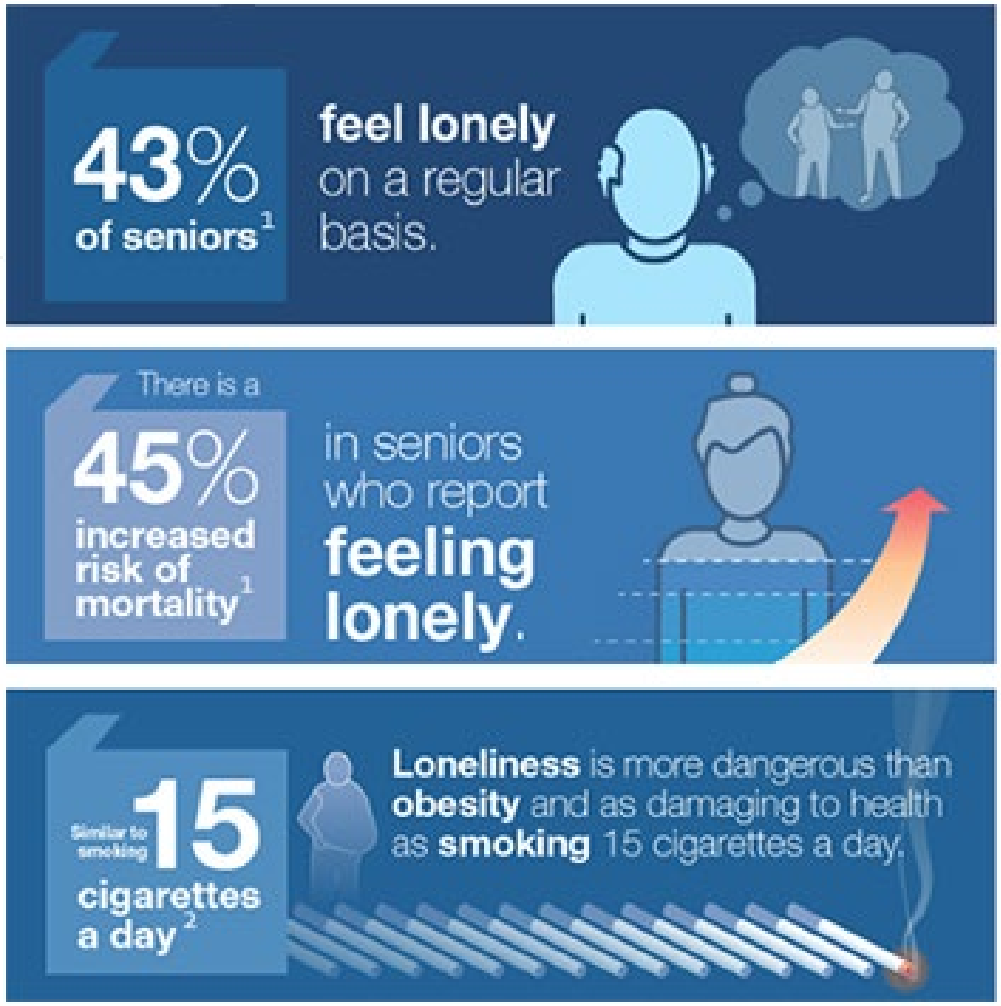
Increased Vulnerability and Risk: Psychosocial

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

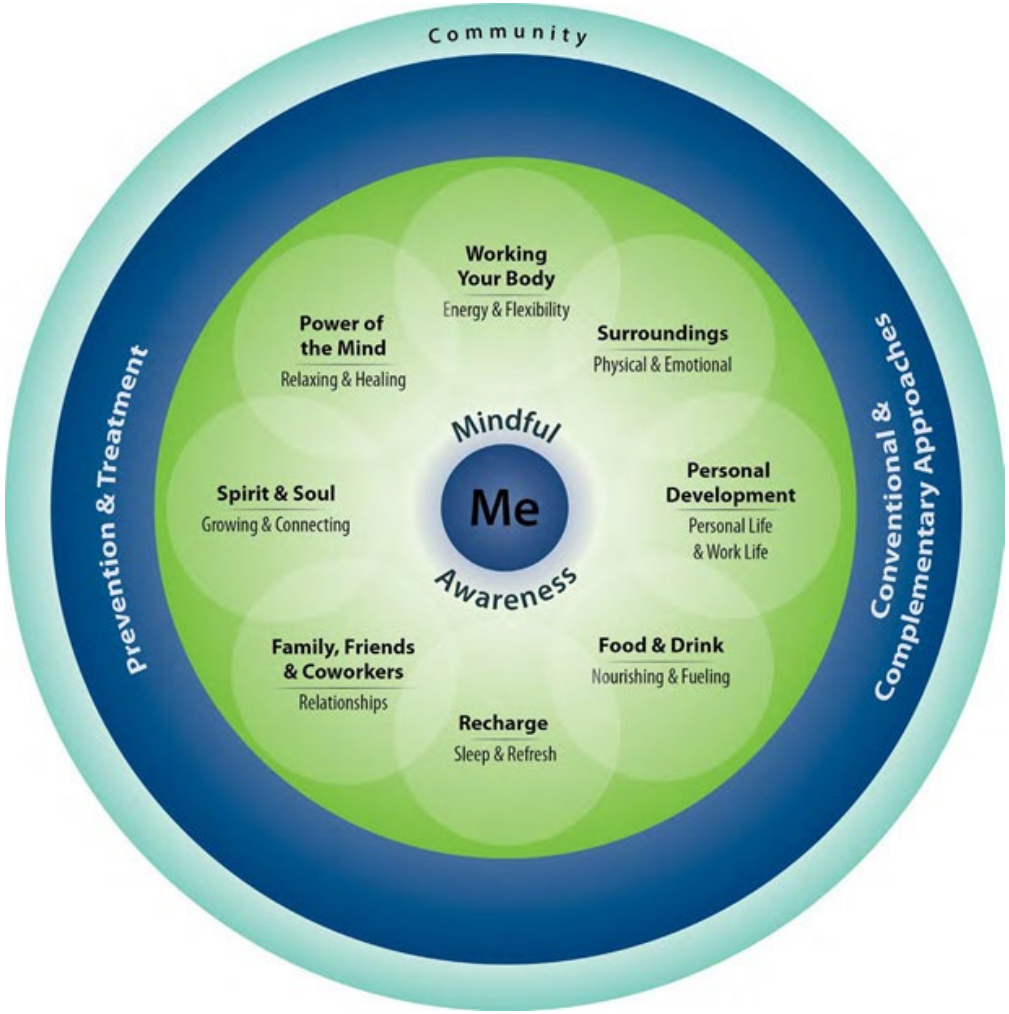
Loneliness Epidemic



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

The 5 M's of Aging Revisited


Mobility


Mind


Medications


Multicomplexity


Matters Most

Created by: Sarah C. Phillips, MD; Chelsea Hawley, PharmD;
Laura Triantafylidis, PharmD; Andrea Wershof Schwartz, MD MPH
Modifications by: Ria Paul MD

Tinetti et al, JAGS 2017

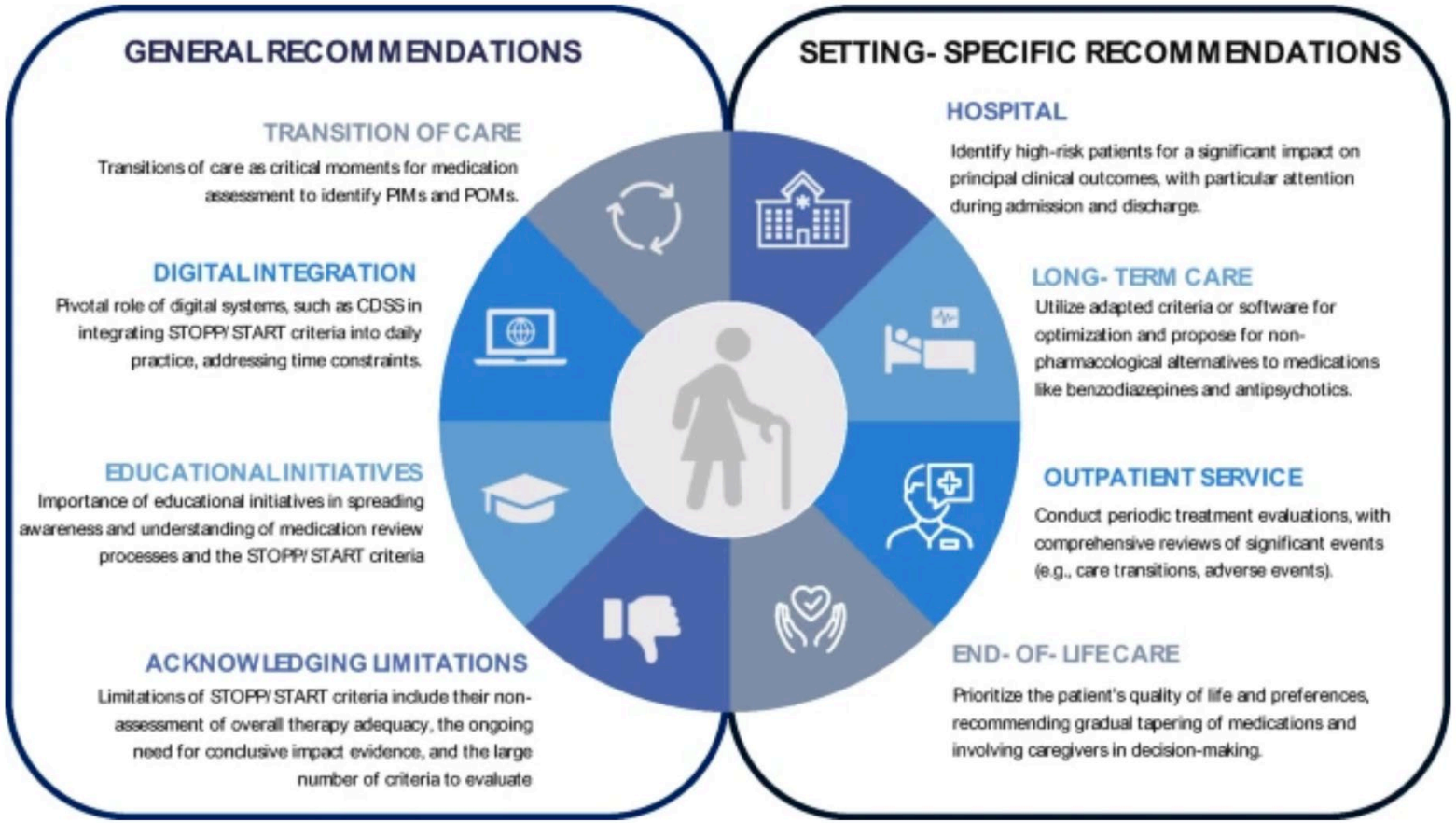
Care Considerations: Screening, Medical Frameworks, Evidence-Based Health Promotion, Alternatives for Pain Management

Screening for Potential Rx-Opioid Misuse and Opioid Use Disorder

- Validated in aging populations
  - 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)

American Geriatrics Society. (2023). *American Geriatrics Society 2023 Updated AGS Beers Criteria® for Potentially Inappropriate Medication Use in Older Adults*. *Journal of the American Geriatrics Society, 71*(7), 2052–2081

STOPP


GENERAL RECOMMENDATIONS
TRANSITION OF CARE
Transitions of care as critical moments for medication assessment to identify PIMs and POMs.
DIGITAL INTEGRATION
Pivotal role of digital systems, such as CDSS in integrating STOPP/START criteria into daily practice, addressing time constraints.
EDUCATIONAL INITIATIVES
Importance of educational initiatives in spreading awareness and understanding of medication review processes and the STOPP/START criteria
ACKNOWLEDGING LIMITATIONS
Limitations of STOPP/START criteria include their non-assessment of overall therapy adequacy, the ongoing need for conclusive impact evidence, and the large number of criteria to evaluate
SETTING- SPECIFIC RECOMMENDATIONS
HOSPITAL
Identify high-risk patients for a significant impact on principal clinical outcomes, with particular attention during admission and discharge.
LONG- TERM CARE
Utilize adapted criteria or software for optimization and propose for non-pharmacological alternatives to medications like benzodiazepines and antipsychotics.
OUTPATIENT SERVICE
Conduct periodic treatment evaluations, with comprehensive reviews of significant events (e.g., care transitions, adverse events).
END- OF- LIFE CARE
Prioritize the patient's quality of life and preferences, recommending gradual tapering of medications and involving caregivers in decision-making.

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, Community Resources (transportation assistance, home health)

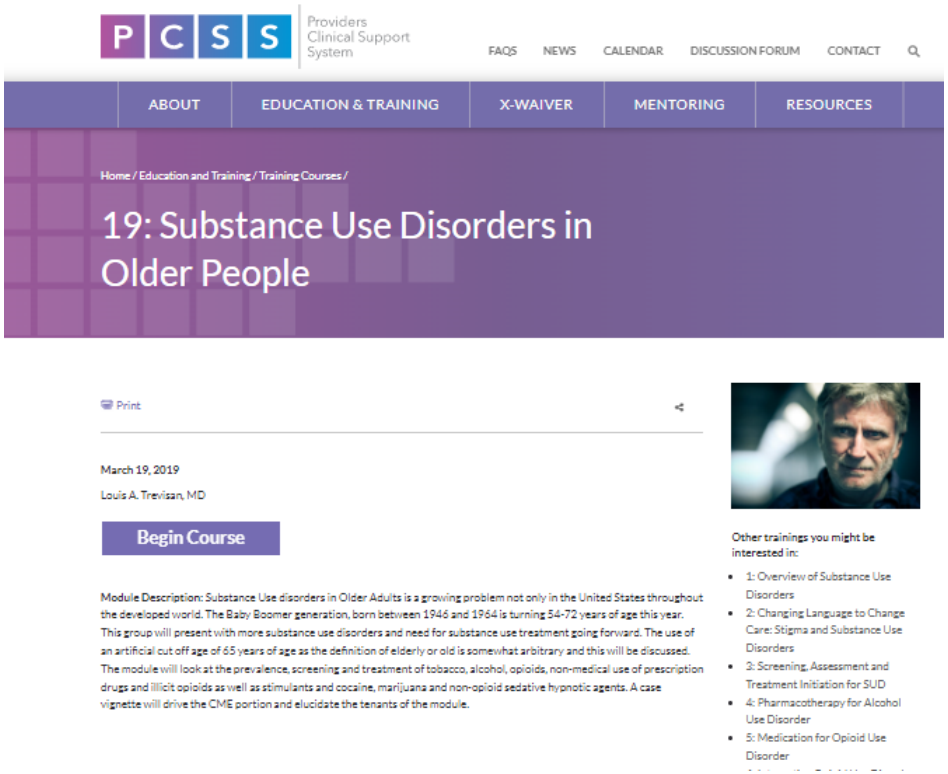
Substance Abuse and Mental Health Services Administration. (2020). *Treatment Improvement Protocol (TIP) 26: Treating Substance Use Disorder in Older Adults*. U.S. Department of Health and Human Services

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

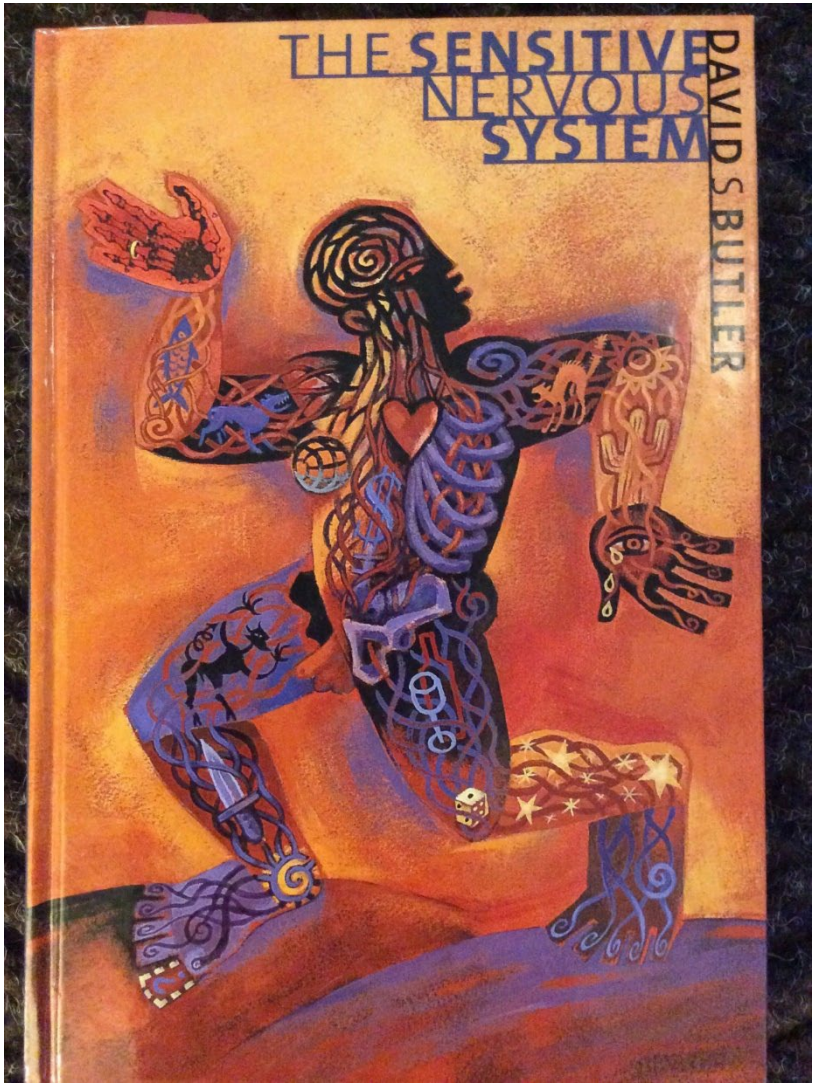
Medications for SUDT

- Alcohol:
  - Naltrexone
  - Acamprosate
- Opioids:
  - Naltrexone
  - Buprenorphine
  - Methadone
  - Pain management
  - Post-op pain



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



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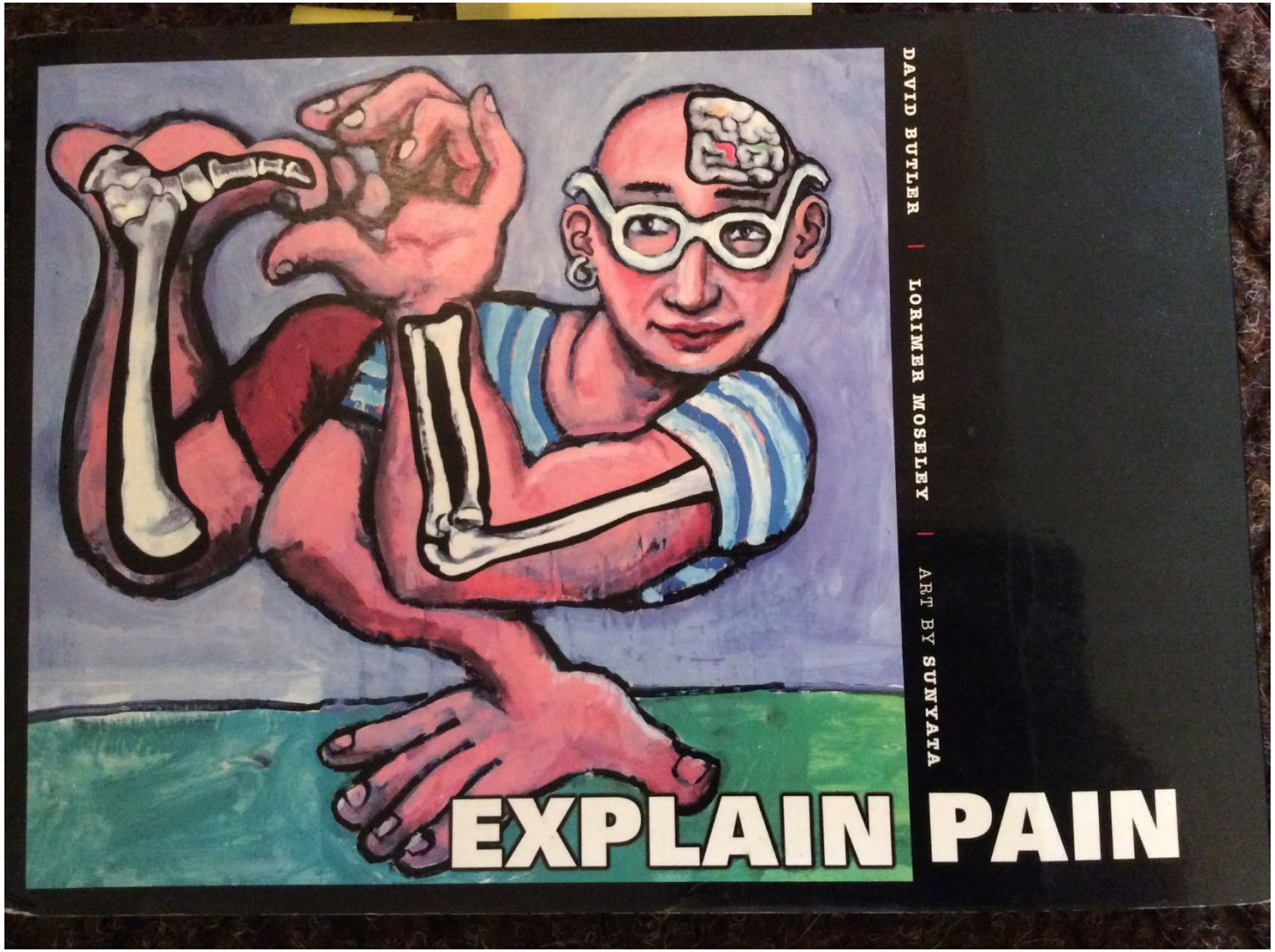
Slide Credit: Dr. Christina Lasich, MD, Grass Valley, CA



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

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

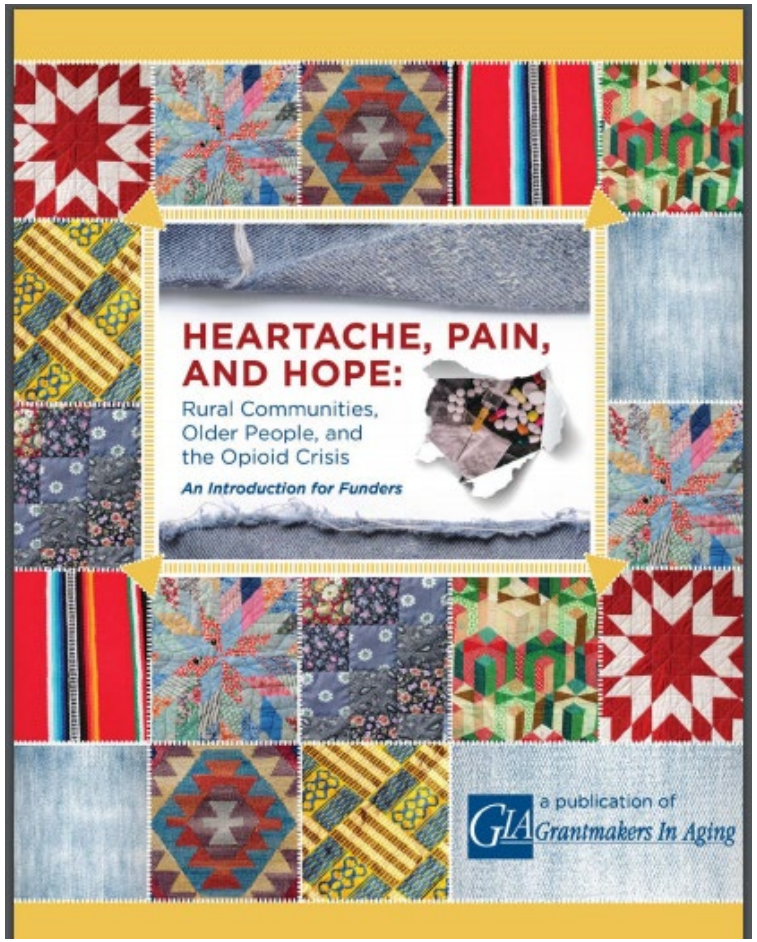
Evidence-Based Programs that Reduce Pain and/or Depression

- 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 (links to screening resources, education)
  - 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

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Questions?

Thank you!