

Summary

The Impact of the Opioid Epidemic on the Aging Services Network and the Older Adults They Serve **National Council on Aging** **December 2019**

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Introduction

Opioid Use Disorder (OUD) is a significant and growing public health concern in the United States, and it affects people of all ages. Older adults are one of the fastest growing age groups being diagnosed with opioid misuse; between 2006 and 2014, the number of opioid-related emergency department visits by adults aged 65+ increased over 200%. In many cases, people develop a dependence on opioids prescribed by physicians for medical conditions. Thirty percent of older adults surveyed in 2018 reported suffering from chronic pain, and over a quarter of those reported being prescribed an opioid medication within the previous two years for musculoskeletal pain. In addition, in 2017, 10% of Medicare Part D beneficiaries received opioid medications on a regular basis for at least three consecutive months. Regular use of opioids over long periods of time is associated with an increased risk of dependency. In addition, people may be prescribed increasing doses of the medications after developing tolerances, and that also increases one's risk of dependency. Risk of dependency is not the only effect that the opioid crisis has had on older adults, however. For example, caregiving responsibilities have increased for older adults; parental substance use is the most common reason that grandparents step in to take care of children who would otherwise end up in foster care. As such, the prevalence of OUD impacts older adults in significant and varied ways.

National Survey of Aging Network Services Providers

To learn more about how the opioid epidemic affects older adults and the aging services network and to identify new resources and tools needed by them, the National Council on Aging (NCOA) conducted a survey among its aging services network of grantees and partners. There were four research objectives:

1. "Identify changes in community-based organizations' efforts in service delivery compared to two years ago, as a result of the opioid epidemic."
2. "Describe unique issues reported by older adults, directly or indirectly, resulting from opioid use disorders experienced by them or loved ones."
3. "Describe how organizations are screening and referring older adults and individuals with disabilities for support associated with opioid use disorders."
4. "Identify gaps in resources that may help organizations to more effectively respond to these issues."

Methods

The survey was administered between mid-January 2019 and mid-February 2019 via email to the NCOA's Center for Benefits Access and Center for Healthy Aging lists of community-based organizations (CBOs) that serve older adults. More than 200 CBOs, representing 40 U.S. states and Puerto Rico, responded. The vast majority of respondents (77%) represented rural geographies.

Results

1. Seventy percent of CBOs reported needing to increase their efforts dedicated to addressing issues related to the opioid epidemic and older adults within the last two years.
2. Respondents cited the large amounts of opioids available to older adults, a lack of awareness of other types of pain treatment (e.g., exercise, cognitive behavioral therapy, and complementary/alternative approaches), insufficient dissemination of information about the potential for misuse, poverty, and mental health issues as the primary drivers of the crisis. The misconception that opioids are non-addictive because they are received legitimately from health professionals is widespread.
3. Over half of the respondents indicated that a significant percentage of their older adult clients are the primary caregivers for their grandchildren and that they became the primary caregivers due to parental opioid misuse. Over a third of CBOs reported that their older adults who are primary caregivers for grandchildren face health concerns and financial insecurity as a result of their caregiver status.
4. A large majority of CBOs reported that their older adult clients face several health concerns including not understanding how to manage pain without opioid medications, facing challenges obtaining necessary opioid medications due to increasing scrutiny, not having access to alternative therapies, and difficulty in preventing the theft of their prescribed opioid medications, among others. It was noted that doctors' increasing unwillingness to prescribe opioids is driving some older adults to obtain pain medications via illicit means.
5. A large majority of CBOs found that their older adult clients face several financial concerns related to the opioid epidemic including fears of increased reliance on federal benefits, a high incidence of prescription opioid theft by family members who intend to sell the medications, concerns about family members stealing money to buy prescription opioids, and fears of expending their savings on drug rehabilitation programs for themselves or their children, among others.
6. Despite the prominent issue of opioid misuse among the older populations served by the CBOs surveyed, less than a third of the CBOs screen for substance misuse on a routine basis. However, over half of the CBOs indicated that they have referred clients to treatment services when risk for opioid misuse has been identified.
7. Nearly all of the CBOs surveyed expressed a need for more opioid-related resources and trainings and felt that they could benefit from resources such as best practices (case studies, tip sheets, etc.), local and/or national referral sheets, webinars, concise online training modules, marketing materials, substance use screening/assessment tools, e-newsletters, online toolkits, and group trainings, among others.

Conclusions

There are several ways in which OUD affects older adults and their families. Older adults may become direct victims of OUD or may face challenges as a result of others' OUD. However, the aging network is increasing its efforts aimed at alleviating opioid misuse, and there is an increasing need among community-based organizations for new resources and partnerships. The National Council on Aging is currently working on developing resources with other national organizations and with professionals who work with older adult populations.

Recommendations

1. CBOs should increase their use of assessment/screening tools, and these tools should be standardized. CBOs should also implement training tools for their professionals to help them identify older adults who are at risk of OUD, and there should be robust referral pathways in place for substance use treatment via collaboration with local providers.
2. Greater efforts to improve awareness (i.e., via dissemination of educational materials produced by federal agencies like the Centers for Disease Control and Prevention) should be undertaken.
3. Older adults must have easier access to alternative approaches for pain management via methods such as expanded insurance coverage, and those who need opioid medications should have continued access to them in a low-risk, managed way.
4. Older adults and their perspectives on the OUD crisis should be considered by state and local efforts to address the crisis.
5. Older adults must be made aware of risk factors for financial fraud and abuse so that they can recognize when someone is stealing their medications, for example, and can report such a theft effectively.
6. Older adults should be aware of, and able to access, public benefits and legal options that can help them address the stresses, financial or otherwise, that come along with being caregivers or trying to access rehabilitation.
7. Collaboration between multiple stakeholders including the aging network, social services, healthcare providers, and the behavioral healthcare system is necessary for adequate planning and advocating for funding.

Limitations

It is possible that CBOs in areas disproportionately affected by the opioid crisis were more willing to respond to the survey, leading to the possibility that the severity of the issue is misrepresented in the study as compared to the issue of OUD within the general population of older people. In addition, the survey asked for reporting from CBOs rather than from older adults themselves. Despite these limitations, however, the survey's findings are critical.

Resources

Please see the full report for summaries about, and links to more information about, the following resources and their specific roles in addressing the OUD crisis. They include reports, toolkits, trainings, best practices, and more.

Resources for Professionals

Administration for Community Living (ACL)
Agency for Healthcare Research and Quality
American Psychological Association
BeMedWise
Bipartisan Policy Center
Center for Medicare and Medicaid Services
Food and Drug Administration
Generations United
Grantmakers in Aging
National Association of County and City Health Authorities
National Council on Aging
National Institute of Health
National Institute on Complementary and Alternative Medicine
Substance Abuse and Mental Health Services Administration (SAMHSA)
Voices for Non-Opioid Choices

Common Substance Use Disorder Screening Tools

ASSIST: Alcohol, Smoking, and Substance Involvement Screening Test
CAGE-AID: CAGE-Adapted to Include Drugs
DAST: Drug Abuse Screening Test

Resources for Older Adults

NCOA's BenefitsCheckUp
Centers for Disease Control and Prevention
Food and Drug Administration
NeedyMeds BeMedWise

Reference

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