

Understanding Opioid Related Health Issues Among Older Adults

OVERVIEW

Over the past decade, approximately 80 million Americans died from an opioid-related overdose. Individuals aged 55 and older (55+) have become a growing segment of the population included in the rise of opioid overdoses. In 1999, 500 older adults died of an opioid-related overdose.¹ In 2019, that number rose to over 10,000. Compared to other age cohorts, adults 55+ are 35 percent more likely to develop problems with opioid misuse.²

Thirty percent of older adults develop chronic pain as they age, making pain management necessary.³ Opioid misuse includes taking higher doses than intended, hoarding medications, and combining opioids with other psychoactive substances. It is estimated that 5.7 million adults 65 and older (65+) receive treatment for opioid misuse, and this number is expected to increase.⁴ Medical professionals can also over-prescribe opioids, rather than recommending other forms of pain management.⁵

Mental health problems, which worsened for many during the Covid-19 pandemic, increase the likelihood of opioid misuse. Stigmas associated with receiving substance abuse treatments and the lack of resources available to older adults also contribute to this population not seeking care. The creation of Centers of Excellence in some states, in addition to prescription opioid settlement initiatives, are important remediation efforts. However, there are still relatively few opioid misuse resources that specifically focus on the specific needs of older adults.

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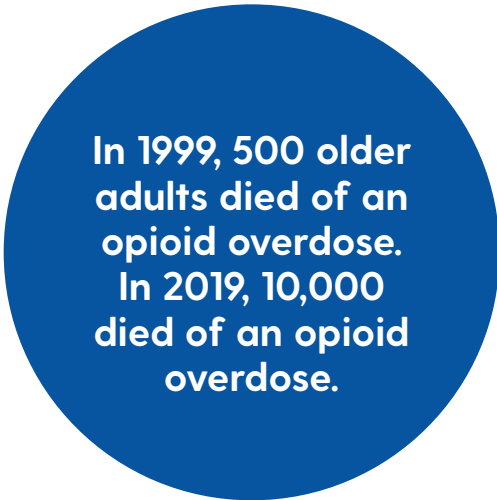
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CAUSES

Over-Prescription

As the Baby Boomer generation entered the 55+ age cohort, many sought pain management resources for increasing age-related health problems. Instead of being offered alternative forms of pain management, many patients were prescribed opioids. Such practices can misguide beliefs about pain management and forms of treatment while exacerbating individuals' desires for an instant fix.⁶ Opioid use may arise due to accidental lapses in adhering to prescription doses and dosage. When older adults with an opioid misuse disorder are no longer prescribed opioids they may seek other forms of medications, or illicit drugs, which have a higher potency, can worsen addiction, and increase overdose rates. Increased scrutiny of refills can also lead to using alternative and illicit substances.⁷

Recent decreases in opioid availability have left patients without proper treatment. Doctors are hesitant to fill prescriptions and reduce the amount of opioids used to manage pain.⁸ However, this reduction has also led patients to use different doctors, lie about pain to increase their dosages, and seek out illicit street dealers.⁹

At-Risk Populations

Certain sub-populations are more vulnerable to developing opioid misuse disorders. Relative to other older adults, a high percentage of individuals who misuse are male, unmarried, and non-college educated.¹⁰ Older Black men have a four-times-higher chance of a fatal overdose compared to the rest of the older population. Black men, in general, are more likely to live in low-income areas with higher rates of violence and criminal justice activity, causing high rates of trauma that may lead to opioid misuse.¹¹ Under-insurance is more common in these areas, limiting access to addiction treatment.

Further, metropolitan areas have experienced increasing rates of opioid overdoses for all populations, with synthetic opioid overdoses being more prevalent in large metropolitan areas.¹² Approximately 50

percent of rural counties nationally have limited or no access to psychiatric and psychological care, making it harder for residents in these areas to obtain addiction support and treatment.¹³

Mental Health Challenges

Mental health issues can cause opioid misuse. More specifically:

- Psychiatric disorders increase pain signaling in the body, which can cause chronic pain to develop
- Of those receiving treatment for chronic pain, 67 percent also have a psychiatric disorder
- Depression and anxiety are common among older populations and those with chronic pain
- Selective serotonin reuptake inhibitors (SSRIs), more commonly known as antidepressants, interact with opioid medications, and can cause overdoses¹⁴
- Social isolation and depression can increase risk of opioid misuse among older adults
- Cognitive decline contributes to opioid misuse because of issues with tracking medication consumption

Covid-19 has increased the need for mental health services for older adults. Activities and behaviors that normally help prevent substance abuse, such as physical activity and social interaction, were considered unsafe and inaccessible during the pandemic.¹⁵



Less than 50 percent of older adults with a substance abuse or mental disorder receive treatment. Lack of access to Medicare providers and appropriate healthcare has worsened the mental health crisis among older adults. The shortage in providers has contributed to the increase in depression and anxiety among 20 million adults since 2020.¹⁶ Opioid misuse can also be misdiagnosed as cognitive impairment, which can limit treatment.¹⁷

BARRIERS TO TREATMENT

Fewer Resources and Supports

There are few resources specifically intended to help older adults with addiction.

- Organizations that support older adults in different capacities do not often screen for opioid misuse.
- Medicaid does not reimburse for mental healthcare services provided by certain types of providers.¹⁸
- Psychiatric disorders can delay diagnosis for chronic pain disorders.¹⁹
- Stigmas associated with substance abuse hinder older adults from talking to their doctor about addiction.
- Older adults can feel that addiction should not be a problem for them.²⁰

Covid-19 Related Implications

In the earlier phases of the pandemic, most medical services shut down completely except for those treating or managing Covid-19. Services and treatments for opioid abuse became harder to access. Telehealth was helpful for people with access to certain technologies, and some doctors saw more people showing up to appointments. Remote mental health care was also accessible.²¹ However, some technologies are hard to navigate for older adults.

Providing services in a virtual environment provided certain challenges and benefits.²² The pandemic inhibited screenings and surveys for opioid misuse,

but emergency room visits for overdoses were a strong indicator of increases in dangerous opioid misuse.²³

STATE AND COMMUNITY-BASED SERVICES

In 1973, an amendment to the Older American Act (OAA) legislated that states separate their aging services from other agencies and departments to create Area Agencies on Aging (AAAs). These agencies provide senior benefit programs, Medicare, social security, and eligibility for low-income senior programs.

While Delaware does not have an independent AAA, the Delaware Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) offers statewide services for aging individuals, including services for those struggling with addiction.²⁴

Community based organizations can also offer helpful methods to handle opioid misuse among older adults. In particular, local senior centers offer educational opportunities, as well as social/recreational and physical activities, to help keep members active, healthy, and aware. Some also provide support groups and monthly health screenings, which can help detect mental health, substance abuse, or addiction issues.

POLICY IMPLICATIONS AND POTENTIAL OPPORTUNITIES

Prior to the pandemic, Delaware's state agency leaders saw the need for a plan for providing more comprehensive disorder evaluation and medication treatment.²⁵ Currently, the Department of Health and Social Services, Division of Substance Abuse and Mental Health Services is Delaware's primary public agency unit providing crisis intervention and prevention services and substance abuse supports.

The Prescription Opioid Settlement Distribution Commission serves as a subcommittee for the Delaware Behavioral Health Consortium (BHC), and POSDC provides funding recommendations to BHC on handling the opioid crisis in Delaware. The Consortium is tasked with determining strategies

The Final Distributor Settlement Agreement—an agreement between an opioid manufacturer, distributors, and states—outlines recommendations for preventing opioid misuse for specific populations besides the general population. However, older adults were not considered separately.

to handle the addiction and mental health crisis facing Delaware. The settlement awarded the State of Delaware \$20 million to be used for services addressing the opioid crisis.

Recommendations are required to implement services for treatments, preventive care, and support.

The Final Distributor Settlement Agreement outlines recommendations for preventing opioid misuse for specific populations besides the general population, but currently older adults are not separately considered. Examples of preventative measures that would receive the Opioid Fund and be approved through a grant include inpatient and outpatient treatment centers and programs, long-term treatment programs, peer support programs, emergency services, opioid addiction related programs for the uninsured and under-insured, and services that address the negative social determinants of health.²⁶

Organizations serving older adults could benefit from tools to conduct screenings and recognize the signs of opioid misuse. These include case studies, tip sheets, issue briefs, referral sheets of resources, webinars, online training, marketing materials, and substance use screening tools.

CONCLUSION

The financial and healthcare struggles older adults face from opioid misuse have many consequences. Unemployment and employment instability can damage an older adult's financial and healthcare savings. Providing more opioid prevention and recovery opportunities for older adults could have long-term health implications.

This population's unique needs are important considerations among healthcare providers, community-based organizations, and policymakers.

The stigma of opioid misuse can prevent older adults from seeking out services and resources. Mental health problems can lead to opioid misuse as a coping mechanism. The limited availability of mental health professionals creates challenges in developing other coping mechanisms besides opioid misuse and healing from addiction. The Covid-19 pandemic has underscored the need to address this issue.

Recent settlement funds can be used to support policies and programs that address the specific needs of older adults who may be at risk for or already struggling with opioid addiction.

END NOTES

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