

RESOURCES LIST

OPIOID USE IN THE OLDER ADULT POPULATION

As the baby boomer generation ages and the population of older adults in the United States grows, opioid misuse among older Americans is becoming an increasingly urgent public health concern. The population of older adults who misuse opioids is projected to double from 2004 to 2020, from 1.2 percent to 2.4 percent (Administration on Aging and Substance Abuse and Mental Health Services Administration, 2012). An analysis of Medicare Part D data by the Office of the Inspector General revealed that more than 500,000 Medicare Part D beneficiaries received high amounts of opioids in 2016, with the average dose far exceeding the manufacturer's recommended amount. Beyond the threat of addiction, opioid use can also pose health risks such as breathing complications, confusion, drug interaction problems, and

increased risk of falls, which can be more dangerous in the older adult population.

Despite the risks, opioids can be a valuable tool in treating pain and improving quality of life in older adults. Nearly half of older Americans suffer from a chronic pain disorder, and the incidence of chronic pain increases with age. Opioids can help older adults maintain their independence, which is a key predictor of health, and can treat debilitating pain that might otherwise leave individuals immobilized and homebound. Prescribers serve a critical role in weighing the benefits and risks of opioid use in the older adult population and treating individuals through responsible prescribing practices.

Single State Authorities (SSAs) play a particularly crucial role in addressing the opioid crisis through their administration of federal Substance Abuse Prevention and Treatment Block Grant (SABG) and other discretionary grant funds. The SABG—which serves as the cornerstone of federal funding to support prevention and treatment services in all 50 states and 10 federal jurisdictions—is designed to help states solve substance abuse problems at the state and local levels. As stewards of this and other state and federal funding, SSAs play an essential role in creating strategic partnerships with key stakeholders and supporting the implementation of prevention initiatives that can prevent opioid abuse and related problems across the lifespan.



This document provides a sampling of information resources that address opioids and older adults. Newly identified resources will continue to be added to this list over time.

Journal Articles

Jena, A. B., Goldman, D., & Karaca-Mandic, P. (2016). Hospital prescribing of opioids to Medicare beneficiaries. *JAMA Intern Med*, 176(7), 990–997. doi:10.1001/jamainternmed.2016.2737

In some settings, opioids prescribed at hospital discharge have been associated with increased risk of long-term use. This study explores opioid-prescribing frequency at hospital discharge among Medicare beneficiaries with no opioid prescription claims 60 days prior to hospitalization. Using Centers for Medicare and Medicaid Services MEDPAR (Medicare Provider Analysis and Review) hospital discharge data, the authors studied hospital variation in prescribing and analyzed patient and hospital factors associated with prescribing. Their results indicate that a hospital's adjusted rate of new opioid use was modestly positively associated with the percentage of its inpatients reporting that their pain was always well managed. This association, however, might be confounded by factors outside the controls of the study.

Larney, S., Bohnert, A. S., Ganoczy, D., et al. (2015). Mortality among older adults with opioid use disorders in the Veteran's Health Administration, 2000-2011. *Drug and Alcohol Dependence*, 147, 32–37.

To determine the effects of aging on mortality rates and causes of death in people with opioid use disorders (OUD), the authors in this study used data from the Veteran's Health Administration National Patient Care Database (2000–2011) to compare mortality rates in older adults with OUD to those in younger adults with OUD and to older adults without OUD. Their research determined that older adults with OUD were more likely to die from chronic illness than drug-related causes



compared to younger adults with OUD, and HIV-related and liver-related deaths were higher among older adults with OUD compared to same-age peers without OUD. Ultimately, the findings suggest that most of the older adults with OUD in this sample generally died from the same diseases that dominate deaths in older adults.

Le Roux, C., Tang, Y., & Drexler, K. (2016). Alcohol and opioid use disorder in older adults: Neglected and treatable illnesses. *Current Psychiatry Reports*, 18(9), 87.

This study reviews literature on alcohol and opioid use disorders and the unique susceptibilities of older adults to substance use disorders (SUDs), with a focus on the management of SUDs in older adults, medication-assisted treatment, and psychosocial treatment. The authors recommend that psychiatrists increase their knowledge of SUDs in older adults and provide brief intervention or referral for further assessment in patients at risk.

Martin, C. M. (2008). Prescription drug abuse in the elderly. *The Consultant Pharmacist*, 23(12), 930–934, 936, 941–942.

This article describes the increase in use of prescription drugs, particularly controlled substances, in elderly patients and defines the potential for abuse. The article argues for efforts to increase awareness and research

of drug abuse among elderly patients to curb what could become a significant public health problem.

Online Articles/Reports

Administration on Aging and Substance Abuse and Mental Health Services Administration. (2012). *Older Americans behavioral health—Issue brief 5: Prescription medication misuse and abuse among older adults*. Retrieved from <https://www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%205%20Prescription%20Med%20Misuse%20Abuse.pdf>

This publication—a collaboration between the Administration on Aging and the Substance Abuse and Mental Health Services Administration—explains the definition, prevalence, and impact of psychoactive substances (opioids and benzodiazepines) on older adults, and it offers strategies for education, screening, and early interventions for the prevention of prescription medication misuse and abuse. The issue brief states that preventing psychoactive prescription medication misuse and abuse requires a coordinated system of care that integrates medical/physical health, behavioral health, and the aging services networks to fully address this growing problem.

Agency for Healthcare Research and Quality. (2014). *Patient characteristics of opioid-related inpatient stays and emergency department visits nationally and by state*. Retrieved from <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb224-Patient-Characteristics-Opioid-Hospital-Stays-ED-Visits-by-State.pdf>

Using data from the Healthcare Cost and Utilization Project, this statistical brief provides descriptive information on rates of opioid-related hospital inpatient stays and emergency department (ED) visits from 2005 to 2014 across 44 participating states and the District of Columbia. It found that between 2005 and 2014, opioid-related inpatient stays and ED visits increased for both sexes and all age groups, but the national rate of opioid-related inpatient stays increased more for females than

for males. In most states in 2014, females had a higher rate of opioid-related inpatient stays than males, and the rate of opioid-related inpatient stays was highest among patients aged 65 and older in 13 states. Additionally, the brief provides details of opioid-related hospitalizations across states by sex and age, revealing that certain states rank higher in opioid-related inpatient stays, while others rank higher in opioid-related ED visits.

Gold, J. (2017). *Prescribing opioids to seniors: It's a balancing act*. *Kaiser Health News*. Retrieved from <http://khn.org/news/prescribing-opioids-to-seniors-its-a-balancing-act>

This article addresses the delicate balancing act of prescribing opioids to older adults. When considering prescribing opioids, physicians should take into account the patient's goals and how the pain is affecting the patient's life. Older adults' function and ability to live independently is one of the greatest predictors of health. Possible side effects of opioid use in seniors include constipation, sedation, and increased risk of confusion. Alternatives such as topical pain agents, massage, acupuncture, and chiropractic care can be considered, although they may not be covered by insurance. Due to the national effort to curb opioid prescribing, many older patients face discrimination for using opioids that are essential to their quality of life, and providers must be educated on prescribing safely without discrimination. For



older adults, long-term use of opioids may be needed for palliative care or to relieve symptoms for illnesses that cannot be cured.

Mattson, M., Lipari, R. N., Hays, C., et al. (2017). A day in the life of older adults: Substance use facts. *The CBHSQ Report*. Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_2792/ShortReport-2792.html

This report presents information about substance use in older adults from three data sources collected by the Center for Behavioral Health Statistics and Quality in the Substance Abuse and Mental Health Services Administration. Information provided includes data on the use of substances, admissions to treatment, and emergency department visits for substance abuse. Data indicate that in 2012 there were an average of six reported treatment admissions each day of individuals aged 65 or older for heroin or other opiates. On an average day in 2011, there were 118 drug-related emergency department visits by adults aged 65 or older involving prescription or nonprescription pain relievers, 80 of which involved narcotic pain relievers specified by name (e.g., hydrocodone, oxycodone). The findings in this report reveal that prescription drug use may be an area of concern for older adults and there is a need to monitor this aging population.

National Institute on Alcohol Abuse and Alcoholism. (2014). *Harmful interactions: Mixing alcohol with medicines*. Retrieved from https://pubs.niaaa.nih.gov/publications/medicine/Harmful_Interactions.pdf

This pamphlet identifies medications that can cause harm when taken with alcohol and describes the effects that can result. The list is not comprehensive. It does not include all medications that may interact harmfully with alcohol and does not include all ingredients in every medication. Mixing alcohol and medicines is harmful, with the latter intensifying the effects of the former, and risks include falls and serious injuries, especially among older people.



Substance Abuse and Mental Health Services Administration. (2017). *Get Connected: Linking older adults with resources on medication, alcohol, and mental health*. Retrieved from <https://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/SMA03-3824>

This toolkit was created to help health and aging services providers learn more about alcohol and medication misuse and mental health conditions in older adults so they can address these issues more effectively. It was designed to also help them undertake health promotion, advance prevention messages and education, and undertake screening and referral for mental health conditions and the misuse of alcohol and medications. This toolkit helps coordinate these efforts and link organizations and the older adults they serve to other valuable community-based and national resources.

Substance Abuse and Mental Health Services Administration. (2017). *Opioid misuse increases among older adults. The CBHSQ Report*. Retrieved from https://www.samhsa.gov/data/sites/default/files/report_3186/Spotlight-3186.html

This report shares data from the National Survey on Drug Use and Health (NSDUH) indicating that opioid misuse increased among older adults from 2013 (1.7 percent) to 2014 (2.0 percent). While opioid misuse among young adults decreased from 11.5 percent in

2002 to 8.1 percent in 2014, opioid misuse among adults aged 50 and older in 2014 was higher than all years between 2002 and 2011. Even though the proportion of older adults who misuse opioids is relatively small compared to young adults, the NSDUH data suggest opioid misuse is increasing among the older adult population.

Substance Abuse and Mental Health Services Administration's State Technical Assistance Contract. (2016).

Developing or enhancing your state's older adult behavioral health services: A behavioral health resource. (available from SAMHSA upon request)

This guide provides state officials with information on how to develop and implement behavioral health services to address the needs of older adults in their state. It describes tools for state planners and providers of prevention, substance use disorder treatment, and mental health services. It also includes details on implementation and action steps, resources, evidence-based practices, and processes to best serve the nation's older adults.

Substance Abuse and Mental Health Services Administration's State Technical Assistance Contract. (2016). *Older Adults Behavioral Health Profiles, Regions 1 – 10.* Retrieved from <https://www.acl.gov/programs/health-wellness/behavioral-health>

This publication separates the country into 10 regions and provides information for individual states, regions, and the country on behavioral health indicators for older adults. The 10 profiles are intended to help states and communities identify focus areas for behavioral health plans, select population-level goals, and coordinate and target services to address priority issues. Information provided includes data on suicide among older adults, substance use disorder and substance use disorder treatment among older adults, and admission to substance use disorder treatment among older adults.

Substance Abuse and Mental Health Services Administration and U.S. Food and Drug Administration. (2004). *As You Age...A guide to*



aging, medicines, and alcohol. Retrieved from <https://store.samhsa.gov/product/As-You-Age-A-Guide-to-Aging-Medicines-and-Alcohol/SMA04-3940>

This publication addresses the interaction of alcohol and medications in older adults. Intended to be read by older adults, it contains information about the adverse effects of mixing alcohol and medicine on the body, what steps an individual can take to prevent adverse interactions, symptoms that indicate an alcohol or medication-related problem, and encouragement to share information on drugs and alcohol with a health care professional.

U.S. Department of Health and Human Services, Office on Women's Health. (2016). *Opioid use, misuse, and overdose in women* [White paper]. Retrieved from <https://www.womenshealth.gov/files/documents/white-paper-opioid-508.pdf>

This report examines the prevention, treatment, and recovery issues for women who misuse, have use disorders, and/or overdose on opioids. Between 1999 and 2010, overdose deaths from prescription pain killers increased more than 400 percent among women (compared to 237 percent among men), and between 2002 and 2013, heroin use among women increased 100 percent (compared to an increase of 50 percent for men). This paper shares what is currently known about the opioid epidemic and describes promising practices for addressing opioid use disorder prevention and treatment for women, as well as identifying areas that are less understood and warrant further study.



U.S. Office of the Inspector General. (2017). *Opioids in Medicare Part D: Concerns about extreme use and questionable prescribing*. Retrieved from <https://oig.hhs.gov/oei/reports/oei-02-17-00250.asp>

This data brief discusses cases where Medicare Part D beneficiaries received higher than normal doses of opioids, often for an extended period. One-in-three Medicare Part D beneficiaries received a prescription opioid in 2016, and approximately 500,000 beneficiaries received high amounts of opioids. Nearly 90,000 of

these beneficiaries are at serious risk, either by receiving extreme amounts of opioids or by appearing to be doctor shopping. Nearly 400 prescribers across the United States had questionable opioid prescribing patterns.

Additional Resources

<https://www.google.com/search?q=pa+prescribing+guidelines+opioid+older+adults&cad=h>

Google search with links to various resources on prescribing guidelines for opioids.

Compiled on August 15, 2017.

For questions, or to recommend additional information resources to be added to this list,

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