

No age limit to the opioid crisis



New insights into opioid-misuse disorder in older adults

Two recent reports from the Agency for Healthcare Research & Quality (AHRQ), a division of the U.S. Dept. of Health & Human Services, shed light on the growing problem of opioid-misuse disorder among Americans 65 and older. The reports examined data between 2015 and 2016. Among the findings:



- **Opioid use is more common among older adults who live in rural areas, those who are poor or low income, and those with Medicare and other public insurance only.** This is precisely the population SASH targets by being embedded in affordable housing throughout Vermont, including the most rural and remote regions.
- 1 in 5 older adults filled at least one opioid prescription between 2015 and 2016, with 7% filling four or more opioid prescriptions, which the report considers as “frequent use.”
- In-patient hospital costs and emergency department (ED) charges for the 65+ population were higher in 2015 if related to opioid use (\$14,900) vs. other conditions (\$13,200).
- Those in this group admitted with an opioid-related problem were more likely to be discharged to another institution for additional care (37%) vs. cases not involving opioids (30%).
- 96% of older adults hospitalized for opioid-related problems had multiple chronic conditions.

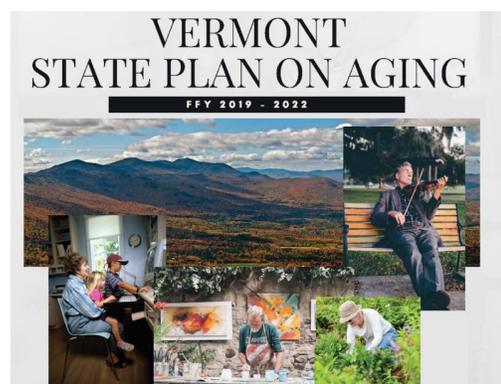
You can read both reports here: [prescribed opioid use among non-institutionalized older adults](#) and [hospital use for opioid use disorder and opioid-related adverse events](#).



Tackling the growing problem in Vermont

While the 2015-2017 State Plan on Aging prioritized substance-abuse services for older Vermonters, the new [2019-2022 Vermont State Plan on Aging](#) moves that priority up the ladder and specifically calls out opioid misuse. “Increase behavioral health prevention, treatment and recovery for older Vermonters” is now the second objective (preceded only by falls prevention) under the plan’s first goal, “Support Healthy Aging for All.”

Work is well underway on several strategies to



achieve this objective, including continued research, outreach and education by the Substance Use & Aging Coordinator Charles Gurney. This and several new initiatives are supported by the Vermont Department of Health (VDH) and the [Department of Disabilities, Aging & Independent Living](#) (DAIL), including these:

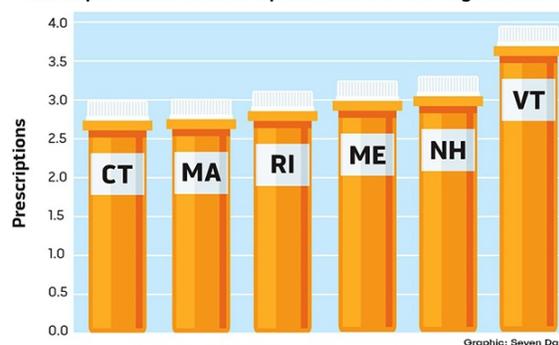
- SASH has received a grant to develop training and materials to educate staff, caregivers and colleagues in aging services on how to recognize the risk factors and symptoms of opioid/Rx misuse and how to talk with older adults about the problem. This will build on the work SASH continues to do, including regularly assessing participants for substance misuse, providing educational materials to participants, and referring those assessed as "at risk" to partner organizations such as the state's designated mental-health agencies. Work is slated for completion this summer.
- Each of [Vermont's five area agencies on aging](#) (AAA) has received funds to support their new "HomeMeds" service, an evidence-based program for medication management. Working in collaboration with a contracted pharmacist, AAA staff screen clients to identify risks and ensure their medications are being taken as prescribed. The pharmacist reviews the list of meds and notifies AAA staff of any harmful interactions or other red flags, which are then shared with the client and their physician. First out of the gate with this initiative was [Senior Solutions](#), the AAA for southeastern Vermont, which launched the service in November and had medication alerts triggered for 40% of their clients. For more information, [contact Carol Stamatakis](#), executive director.



The special dangers of drug misuse in older adults

- Physiological changes as we grow older cause us to metabolize alcohol and other drugs slower, so we experience the effects of substances longer and more intensely than those who are younger.
- In addition, because older adults are more likely to have multiple chronic conditions and have multiple prescriptions, they typically have greater access to opioids, which makes it easier to start misusing drugs.
- Taking multiple medications increases the likelihood of drug interactions, the severity of side effects and the risk of addiction — and becoming addicted *faster*.
- Addressing chronic conditions such as arthritis typically means using prescription opioids over a long period of time, which by itself can lead to addiction. (See [Opioid Use in Medicare Part D Remains Concerning](#).) Last year, the weekly *Seven Days* analyzed three years of Medicare data and found that doctors in Vermont prescribed their opiate patients enough pills to last 82 days — more than any other New England state. In 2015, Vermont doctors prescribed 2.9 million days' worth of opiates for the 80,608 Vermonters with Medicare at the time. [Read the article in Seven Days](#).
- Medical marijuana, lauded as an alternative treatment for chronic pain, may not be a good option after all. Contrary to popular belief, [a recent study](#) found that cannabis use actually increases the risk of non-prescription opioid use and developing opioid-use disorder.
- The heightened effect of alcohol on older people – and the high prevalence of alcohol abuse among this population – has received much attention in Vermont. [This VDH brochure](#) is an excellent resource. Printed copies can be ordered from VDH.

Claims per Medicare Part D Opioid Patient in New England, 2015



The challenge of identifying drug misuse in older adults

Drug misuse often mimics symptoms of other disorders, such as diabetes, dementia and depression. Users may no longer find pleasure in activities they used to enjoy, they may isolate themselves from others, become forgetful and have more problems with personal relationships. It's easy for family members and caregivers to attribute these traits to "old age" and not explore other factors.



[Writing in The New York Times](#), physician and former health columnist Richard A. Friedman cited a 67-year-old woman who complained of depression, weakness and short-term memory loss. After her doctor conducted extensive tests and exams and determined there was no clear medical explanation for her symptoms, he referred her to Friedman.

"The problem, I soon discovered, was that her alcohol consumption had tripled since the death of her husband a year earlier," Friedman wrote. "She did disclose to her internist that she drank but minimized the amount. She had turned to alcohol, self-medicating her grief, but it only worsened her mood and impaired her memory, typical of alcohol's effects on the brain."



Resources for further reading

- [Rural Older Adults Hit Hard by Opioid Epidemic](#) (American Society on Aging)
- [Substance Use & Older Adults](#) (Vermont Department of Health)
- [The Opioid Public Health Emergency & Older Adults](#) (Association for Community Living issue brief)
- [Opioid Epidemic Coming for the Elderly](#) (drugabuse.com)
- [Opioid-related tools for providers](#) (Agency for Healthcare Research & Quality)
- [Toolkit: Using Data Analysis To Calculate Opioid Levels & Identify Patients at Risk of Misuse or Overdose](#) (U.S. Dept. of Health & Human Services)
- [National Institute on Drug Abuse](#)



Partners represented on SASH teams throughout Vermont include members and affiliates of these organizations:



A comprehensive list of all the valued partners in SASH can be found in the [SASH Partnership](#).



[Visit SASH Website](#) | [Email Us](#) | [Statewide Job Opportunities](#)