Older adults living in rural America have been disproportionately affected by the opioid crisis.

Rural older adults face unique challenges that increase their risk for opioid misuse. While older adults in general are more likely to have chronic diseases and disabilities that require pain management, people living in rural areas are more likely to have jobs that involve physical labor, which increases this need. Rural Americans have fewer alternative pain management services available to them, which contributes to higher opioid-prescribing levels in rural areas.

Rural Americans are also more likely to be economically disadvantaged and live in poverty than their urban counterparts, which impacts their ability to access healthcare. This can lead to self-medication and drug sharing, which—combined with a reduced understanding of how to use and discard medications, recognize side effects, and avoid drug interactions—can increase rates of addiction and overdose. Older adults in rural areas are also more likely to experience depression and social isolation, which increases their risk for substance abuse.

In addition, rural grandparents are more likely than their urban counterparts to be raising a grandchild because their adult child is addicted to opioids. This increases financial, mental health, and other challenges—particularly if the grandchildren have physical or cognitive problems resulting from their parents’ opioid abuse. Opioid abuse is also believed to be a key factor in elder abuse, which includes physical mistreatment, emotional abuse, financial exploitation, and neglect.
Opioid-related problems among current and coming generations of rural older Americans are expected to place enormous pressure on already strained rural service providers, including aging and healthcare providers, emergency response teams, adult protective services, and law enforcement.

Limited infrastructure and resources in rural America create numerous barriers to treatment and other needed health services. Only 10 percent of opioid treatment resources nationwide are located in rural areas, and most of these have long waiting lists and are not tailored to older adults. Life-saving medications such as naloxone—which can reverse opioid overdoses—are also less available in rural areas. Compounding these issues is the fact that an estimated 60 percent of rural Americans also live in areas that have a shortage of mental health professionals.

Responding to the crisis

Because rural areas in the United States are culturally and geographically diverse, experts stress the importance of allowing communities to develop their own approaches to the opioid crisis based on local needs. At the same time, research underscores the importance of an integrated network of aging services, public and behavioral healthcare services, local government agencies, law enforcement, faith- and community-based organizations, and media outlets that can disseminate information in geographically isolated settings. The following are examples of strategies that can be implemented and steps that can be taken to reduce opioid-related problems among older adults in rural America.

**Communities:**

- Form multisector coalitions that can assess the extent of opioid abuse among rural older adults and develop and coordinate community responses that ensure prevention and treatment services are available for those who are at risk of or already misusing opioids.
- Expand aging services and other efforts to support grandparents raising grandchildren.
- Educate healthcare providers and emergency responders about the unique needs of rural older adults exposed to opioids.
- Preserve and expand services to prevent, detect, and respond to elder abuse as well as self-neglect.
- Increase public awareness efforts to ensure that people of all ages understand the dangers of opioid misuse and drug sharing.
- Expand publicly funded rural transportation options to make treatment and other supports more accessible to older adults.

**Healthcare professionals:**

- Preserve the rights of older adults living with pain to obtain prescription opioids when medically warranted, while considering the risks of opioid misuse by older patients.
- Provide education and support for those taking opioids for chronic pain and ensure that all patients understand the dangers of opioid misuse and drug sharing.

**States:**

- Increase treatment services for adults misusing pain medications or using illegal opioids.
- Strengthen state Prescription Drug Monitoring Programs.
- Provide more primary care physicians with the approval needed to prescribe drugs that treat opioid use disorder.