AN EMERGING PUBLIC HEALTH CRISIS: OPIOIDS AND OTHER SUBSTANCE ABUSE AMONG OLDER ADULTS

Hosted by the Utah Division of Substance Abuse and Mental Health
Facilitated by Elisha Figueroa and Angie Jones, JBS International
Who We Are

Since our founding in 1985, JBS International has worked with every state and jurisdiction in the United States to develop strong behavioral health prevention, treatment, and recovery systems that reduce the toll of alcohol, tobacco, and other drugs for all citizens.
What We Do

We help states and communities reduce behavioral health problems and achieve significant and sustainable improvements in health and well-being by working together to:

– Develop a deep understanding of why and where problems are occurring, and who they’re impacting

– Identify and take the actions that will have the most significant result.
SUBSTANCE USE AMONG OLDER ADULTS: NATIONAL AND UTAH LANDSCAPE
An Emerging Public Health Crisis

Significant increases in alcohol and opioid misuse, abuse, and dependence among older Americans has led researchers to warn of an emerging public health crisis.
Emerging Public Health Crisis (cont.)

America is experiencing unprecedented growth in the population of persons ages 65 and older:

• 2014 actual: 14.5% of the U.S. population
• 2060 projected: 23.5% of the population

Utah - A Rapidly Aging State

- Currently, 10% of UT residents are over 65

- That number will double in the next 50 years

- UT’s 60+ population will grow 30% by 2030

- 85+ population is fastest growing group

Source: US Census Bureau
## Older Adults with SUDs

**Treatment Episode Data Set (TEDS)- Utah 2016, US 2015**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Utah %</th>
<th>US %</th>
</tr>
</thead>
<tbody>
<tr>
<td>51-55</td>
<td>5.90%</td>
<td>8.10%</td>
</tr>
<tr>
<td>56-60</td>
<td>3.30%</td>
<td>4.50%</td>
</tr>
<tr>
<td>61-65</td>
<td>1.30%</td>
<td>1.80%</td>
</tr>
<tr>
<td>66 and over</td>
<td>0.50%</td>
<td>0.80%</td>
</tr>
<tr>
<td>Total Ages 51 and older</td>
<td>11.00%</td>
<td>15.20%</td>
</tr>
</tbody>
</table>

*TEDS represents publicly funded treatment admissions*
Alcohol

Two key national studies:


5 https://www.niaaa.nih.gov/research/nesarc-iii
DSM-IV Alcohol Use Disorder (Abuse or Dependence)

Prevalence of 12-Month DSM-IV Alcohol Use Disorder:
2001-2002, 2012-2013


<table>
<thead>
<tr>
<th>YEAR</th>
<th>65+</th>
<th>55-64</th>
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<tbody>
<tr>
<td>1995</td>
<td>17.3</td>
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<td>18.6</td>
<td>23.7</td>
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<tr>
<td>2002</td>
<td>17.7</td>
<td>28.4</td>
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<tr>
<td>2003</td>
<td>19.1</td>
<td>27.6</td>
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<tr>
<td>2004</td>
<td>16.4</td>
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<td>27.1</td>
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<td>2007</td>
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<td>2012</td>
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<td>2013</td>
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<td>29.1</td>
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<td>2014</td>
<td>18.9</td>
<td>27.5</td>
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<tr>
<td>2015</td>
<td>19.2</td>
<td>28.4</td>
</tr>
<tr>
<td>2016</td>
<td>19.7</td>
<td>28.5</td>
</tr>
</tbody>
</table>
Older Adult Heavy Drinking Trends in Utah

![Graph showing trends in heavy drinking among older adults in Utah from 2001 to 2016. The graph includes data for two age groups: 55-64 and 65+. The data is presented in a table below the graph.]

<table>
<thead>
<tr>
<th>Year</th>
<th>55-64</th>
<th>65+</th>
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<tbody>
<tr>
<td>2001</td>
<td>3.1</td>
<td>1.7</td>
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<tr>
<td>2002</td>
<td>2.9</td>
<td>2.1</td>
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<tr>
<td>2003</td>
<td>2.5</td>
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<td>1.3</td>
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<td>2009</td>
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<td>1.6</td>
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<td>2010</td>
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<td>2013</td>
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<td>2014</td>
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<td>2015</td>
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<td>2.8</td>
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<tr>
<td>2016</td>
<td>5.3</td>
<td>1.5</td>
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</table>
Older Adult Binge Drinking Trends in Utah

![Graph showing trends in older adult binge drinking in Utah from 1995 to 2016. The graph compares two age groups: 55-64 and 65+. The data shows fluctuations in binge drinking rates over the years.]
Alcohol Issues and Older Adults

• Lower tolerance
• May experience the effects after fewer drinks than when they were younger
• Increased risk for injury
Alcohol Issues and Older Adults (cont.)

Complicates management of health problems common in older adults, including:

• Diabetes
• High blood pressure
• Congestive heart failure
• Liver problems
• Osteoporosis
• Memory problems
• Mood disorders
Depression in Late Life

• Highly prevalent (14-20%)
• Not part of normal aging, but risk is increased
• Risk factor for SUDs and suicide
• Linked to social isolation
• Impacts quality of life, function, and management of chronic conditions
• Under-recognized and under-treated
Prescription Misuse in Older Adults

Alcohol and medication misuse affect 19% of older adults.

Prescription Misuse in Older Adults

- At least one in four older adults use psychoactive medications with abuse potential
- Up to 11% of older women misuse prescription drugs.
- Misuse by older adults is expected to increase to 2.7 million by 2020, mostly obtained via prescriptions.

Opioids

- Codeine (Tylenol #3)
- Oxycodone (OxyContin, Percocet, Percodan)
- Hydrocodone (Vicodin, Lortab)
- Fentanyl (Duragesic transdermal patch)
- Tramadol (Ultram)
- Morphine (MS Contin, Roxanol)

Opioid Use Among Medicare Part D Beneficiaries

• 1 in 3 prescription drug beneficiaries received an opioid prescription
• 500,000 received high amounts of opioids, putting ~ 90,000 at serious risk of addiction
• More than 6 of every 1,000 are diagnosed with an opioid disorder, compared to 1 of every 1,000 patients covered by commercial insurance plans.

U.S. DHHS Office of Inspector General. “Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing.” March 7, 2018
Opioid-Related Harm

Opioid misuse and use disorders among older Americans has profound effects.

- Prescription drug-related deaths among adults ages 60+ now surpass those of young people.
- Emergency department visits due to medication misuse by adults ages 50+ increased 121 percent from 2004 to 2008.
- Opioid-involved suicides have doubled among older adults since 1999.
- Opioid abuse is believed to be a key factor in elder abuse.


Emergency Department (ED) Visits Due to Substance Misuse/Abuse

- One-fifth of ED visits involving prescription medication misuse among older adults were by persons aged 70+
- Medications involved in ED visits:
  - Pain relievers (43.5 percent)
  - Medications for anxiety or insomnia (31.8 percent)
  - Antidepressants (8.6 percent)
- What happened after the ED visit?
  - 52.3 percent were treated and released
  - 37.5 percent were admitted to the hospital

Drug Abuse Warning Network Report, SAMHSA, July 2, 2012
U.S. Overdose Deaths Involving Opioids

U.S. Drug Overdose Death Rates per 100,000
National Center for Health Statistics, 1999-2016

### Utah Opioid Deaths (2015) and ED Encounters (2014) by Gender and Age

<table>
<thead>
<tr>
<th>Gender</th>
<th>Opioid Deaths</th>
<th>ED Encounters</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2015</td>
<td>Rate per 100,000</td>
</tr>
<tr>
<td>Males</td>
<td>338</td>
<td>23.79</td>
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<tr>
<td>Females</td>
<td>292</td>
<td>21.76</td>
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<tr>
<td><strong>Age Group</strong></td>
<td><strong>2015</strong></td>
<td><strong>Rate per 100,000</strong></td>
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<tr>
<td>15-24</td>
<td>48</td>
<td>9.89</td>
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<tr>
<td>25-34</td>
<td>144</td>
<td>32.61</td>
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<tr>
<td>34-44</td>
<td>162</td>
<td>40.57</td>
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<tr>
<td>45-54</td>
<td>137</td>
<td>44.20</td>
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<tr>
<td>55-64</td>
<td>115</td>
<td>40.43</td>
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<tr>
<td>65-74</td>
<td>17</td>
<td>9.36</td>
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<tr>
<td>All other ages</td>
<td>7</td>
<td>n/a</td>
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Source: Utah STR State Level Needs Assessment, July 31, 2017
Drug Deaths by Age and Sex, Utah, 2013-2015

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Under 18</th>
<th>18 to 24</th>
<th>25 to 34</th>
<th>35 to 44</th>
<th>45 to 64</th>
<th>65 and up</th>
<th>Total</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Under 18</td>
<td>80</td>
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<td></td>
<td></td>
<td>1.4%</td>
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<td>18 to 24</td>
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<td>1119</td>
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<td></td>
<td></td>
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<td>19.6%</td>
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<td>25 to 34</td>
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<td>35 to 44</td>
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<td>19.3%</td>
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<td>45 to 64</td>
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<td>697</td>
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<td>65 and up</td>
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<td></td>
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<td></td>
<td>5722</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Source: Utah STR State Level Needs Assessment, July 31, 2017
Demographic Factors

- ‘Baby Boomers’
- Rural adults
Which one are you?

- **Baby Boomers** 1946 – 1964
- **Generation X** 1965-1979
- **Generation Y/Millennials** 1980 – 1994
- **Postmillennial/Generation Z** 2000- Present
In 2014, 14.5 percent of the U.S. population was aged 65 or older; by 2060 it is projected to comprise 23.5 percent of the population. ²

Misuse or abuse illicit drugs and alcohol at higher rates than previous generations.

Researchers warn that the projected growth of this population, combined with the increase in substance abuse, could create a public health crisis.³

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80% of older adults take prescription medications. Of these:

- 63% take five or more medications daily
- Nearly 1/3 take a medicine with abuse potential.

Common Chronic Conditions

10 Common Chronic Conditions for Adults 65+

Quick Facts
- 80% have at least 1 chronic condition
- 68% have 2 or more chronic conditions

- Hypertension (High Blood Pressure) 58%
- High Cholesterol 47%
- Arthritis 31%
- Ischemic Heart Disease (or Coronary Heart Disease) 29%
- Diabetes 27%
- Chronic Kidney Disease 18%
- Heart Failure 14%
- Depression 14%
- Alzheimer’s Disease and Dementia 11%
- Chronic Obstructive Pulmonary Disease 11%

Source: Centers for Medicare & Medicaid Services, Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2015
Stressful Life Events and Transitions
External Factors- Rural Older Adults

Increased need for pain management but fewer alternative pain management services
• Only 10% of opioid treatment resources are in rural areas.
• Most have long waiting lists and aren’t tailored to older adults.
• Medications such as naloxone are less available in rural areas.
• An estimated 60% of rural Americans live in areas that have a shortage of mental health professionals.
External Factors- Rural Older Adults

- More likely to live in poverty
- More limited access to health care
- Reduced health literacy
- More likely to experience depression and social isolation
- More likely to be raising a grandchild due to adult children addicted to opioids.

Heartache, Pain and Hope: Rural Communities, Older People, and the Opioid Crisis – An Introduction for Funders (2017)
Impact on Service Providers

Opioid-related problems in rural America 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.
Utah Urban Designation

Urban Population
- 80.0% to 100.0%
- 50.0% to 79.9%
- 20.0% to 49.9%
- 0.1% to 19.9%
- No Urban Population

Urban areas include urbanized areas and urban clusters.
Location of Utahns 65 years and older

Percent 65 years and over

Source: 2010 Census

Color Legend:
- 19.1% to 43.4%
- 16.5% to 19.0%
- 14.7% to 16.4%
- 12.6% to 14.6%
- 3.5% to 12.5%
National Substance Use/Misuse Logic Model for Older Adults

Alcohol and Other Drug (AOD)-Related Consequences
- Injuries due to falls
- Cognitive impairment
- Motor vehicle crashes
- Adverse interactions with medications, including overdose deaths
- Complicated management of health problems
- Increase in ER visits
- Suicides
- Abuse and financial exploitation

High-risk drinking & alcohol use disorders

Misuse of prescription opioids and BZDs

Intervening Variables
- Biological changes that reduce ability to absorb and metabolize alcohol
- Grief and loss due to death of loved ones and friends
- History of drug use
- Social isolation and depression
- Financial issues and poverty related to decrease in income and unemployment
- Stressful life events and transitions (e.g., changes in housing)
- Diminishing health and physical disabilities
- Multiple prescribed medications
Observations

Local and state governments play a critical role in mitigating the negative economic and social consequences of substance abuse on individuals, families, and communities.
Observations (cont.)

Services for older adults need to be integrated into existing healthcare systems at every level. This will require:

• New partnerships and resources
• Increased workforce capacity
• Expanded data infrastructure and collection efforts to assess and monitor the needs of this population.
Observations (cont.)

Services need to include:

• Preventive initiatives for older adults experiencing risk factors for substance abuse
• Regular screening for alcohol and opioid misuse with a focus on early intervention.
Practitioners, clinicians, and pharmacists should also ensure older adults understand:

• Alcohol consumption recommendations
• The risk of dependence associated with opioid use
• Physiological changes that affect how they absorb and metabolize alcohol and prescription medication
• The dangers of drug interactions and even low-dose alcohol use.
What can YOU do to include older adults within prevention efforts?
Taking Action

- Measuring the problem
- Mobilizing and engaging stakeholders
### Alcohol and Other Drug (AOD)-Related Consequences

- Injuries due to falls
- Cognitive impairment
- Motor vehicle crashes
- Adverse interactions with medications, including overdose deaths
- Complicated management of health problems
- Increase in ER visits
- Suicides
- Abuse and financial exploitation

### Problem Behaviors

- High-risk drinking & alcohol use disorders
- Misuse of prescription opioids and BZDs

### Intervening Variables

- Biological changes that reduce ability to absorb and metabolize alcohol
- Grief and loss due to death of loved ones and friends
- History of drug use
- Social isolation and depression
- Financial issues and poverty related to decrease in income and unemployment
- Stressful events and transitions (e.g., changes in housing)
- Diminishing health and physical disabilities
- Multiple prescribed medications
- Stigma associated with mental health and substance use
- Intergenerational nature of AOD use
- Culture of prescribing opioids for pain management
- Individuals who use AOD, likely to use at higher levels

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*JBS International*
Small Group Work

Utah Logic Model for Older Adults
Pareto Principle

THE 80/20 RULE
Pareto Principle
Pareto Principle Explained

“80/20” Rule
Behavioral Health Pareto Chart

Source Where Pain Relievers Were Obtained for Most Recent Misuse among People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year (NSDUH 2016)
Small Group Work
Assessing the Needs of Utah’s Older Adults
Large Group Needs Assessment
Some Potential Partners

- Funders or potential funders
- Medicaid representatives
- Local government
- Area agencies on aging
- Community mental health centers
- Substance use disorder treatment providers
- Prevention programs/coalitions
- Federally qualified health centers
- Schools of nursing, social work, and public health
- Elected officials
- Senior service centers
- Older adults
- Tribes
- Businesses
- Faith-based organizations
- Physicians/hospitals
- Geriatric education centers.
Utah List of Potential Partners

• University of Utah
• Home Health and Hospice
• Medical Professionals – nurses, pharmacists, physical therapists
• Grandfamilies
• Meals on Wheels
• Prescription Drug Monitoring Program
• Commission on Aging

• Insurance providers
• Adult Protective Services
• AARP
• Faith-based organizations
• Area Agencies on Aging (Triple A)
• Senior centers and 55+ communities
• Association of counties and cities
Small Group Work

Partners, Stakeholders, and Opinion Leaders
Large Group
Partners, Stakeholders, and Opinion Leaders
Small Group Work

The Allies Matrix
1. What organization or individual is a much needed partner, collaborator, or ally?

2. Do you have an existing relationship (or a relationship with someone who does)?

3. What are their mandates and/or responsibilities related to the issue you are addressing?
4. What is their target population and geographic coverage area?

5. How could they contribute to your effort?

6. How could they block your effort?
7. How much—and in what ways—does the project impact them?

8. What are their needs?

9. How would partnering with your effort benefit them?
Large Group

The Allies Matrix
Thank You!
More Questions? Contact Us!

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