A photograph of a young man with dark hair and glasses, wearing a blue and white plaid shirt, hugging an elderly woman with short, curly white hair from behind. The woman is wearing a white top. The background is a soft, out-of-focus green, suggesting an outdoor setting. The image is framed by a blue border.

**ISSUE BRIEF**

**DECEMBER 2019**

**The Impact of the Opioid Epidemic  
on the Aging Services Network and  
the Older Adults They Serve**

**ncoa**  
National Council on Aging

## Executive Summary

To gain insight into how the opioid epidemic is affecting the aging services network and the older adults they serve, the National Council on Aging (NCOA) surveyed its aging services network of grantees and partners. The survey was intended to understand how older adults and their caregivers are affected by the opioid epidemic and identify new resources and tools needed for organizations to better serve their communities. The survey request was sent by email to NCOA's Center for Benefits Access and Center for Healthy Aging lists of community-based organizations (CBOs) that serve older adults. This short online survey was administered in early 2019. Respondents represented a diverse group of organizations and agencies across the country. More than 200 CBOs responded from 40 states and Puerto Rico.

### Primary survey results include:

- **Organizations report spending more time addressing opioid-related problems in the last two years.** Seven in 10 CBOs report an increased effort spent in addressing issues related to the opioid epidemic affecting their older adult clients or their caregivers, compared to two years ago. One in five organizations has increased their efforts by more than 25% due to the negative impact of opioid-related issues on their older adult clients or their caregivers.
- **Opioid volume and lack of awareness and information fuel the opioid epidemic.** Respondents identified the sheer volume of opioids available, lack of information about the potential for misuse or addiction, lack of awareness of alternative treatment options for chronic pain, poverty, and mental health challenges as fueling the opioid epidemic in their communities.
- **Opioid addiction is a common reason why older adults must take on caregiving for their grandchildren or other young relatives.** More than half of survey respondents indicate that up to 10% of their older adult clients are the primary caregivers for their grandchildren, many as a result of opioid addiction of their clients' adult children or other family members.
- **Health concerns related to the opioid crisis are common.** Health concerns include lack of understanding and access to alternatives to reducing pain without opioid medications, challenges obtaining needed prescriptions or refills for opioid pain medication because of increased scrutiny and/or changing prescribing patterns, and difficulty managing the side effects of opioid pain medication with other medications.
- **Older adult clients face financial concerns related to the opioid crisis.** Common financial issues included increased reliance on federal benefits, theft of cash or other goods to sell in order to buy pain medication or other illicit drugs, using savings to pay for drug rehabilitation for themselves or adult children, and increased costs of obtaining opioid pain due to lack of access locally.
- **Most organizations in the aging network do not routinely screen for opioid use issues.** Despite the widespread problem of opioid misuse in the communities served by the organizations that responded to the survey, only 28% of survey respondents routinely screen for substance misuse and abuse using a variety of tools and approaches.

- **Organizations serving older adults need more opioid-related resources.** Respondents reported that resources most needed are best practices (case studies, tip sheets, issue briefs), referral sheets of local and national resources, webinars, online training modules, marketing materials, and substance use screening or assessment tools.
- State and local efforts focused on the opioid epidemic that take into account the needs of older adults and involve the aging network as key partners.
- Increased education about and access to assistance for public benefits and legal options that can help support and alleviate the added financial and other stresses of supporting family members in rehabilitation or new expenses of caring for grandchildren and other young relatives.

**This issue brief provides a number of recommendations related to the survey findings:**

- Improved health literacy among older adults toward the safe and appropriate use of opioids for chronic pain.
- Increased awareness, education, and access to non-drug approaches for managing chronic pain, including expanded insurance coverage for alternative therapies.
- Greater opportunities for the aging network to obtain reliable and easy-to-access training, validated screening tools, and other resources to adequately address the direct and indirect consequences of the opioid epidemic on older adults.

It is critical to mobilize resources and prepare now for the significant impact that the opioid epidemic is having on the lives of older adults, their caregivers, and families. To adequately address the issues identified in this survey, the aging network, social services, and health care providers, as well as behavioral health care systems need to join forces now to advocate for appropriate planning and funding. With a unified voice and an integrated, collaborative approach, we can make a difference in the lives of older adults and their families.

## Introduction

**O**pioid use disorder or a problematic pattern of opioid use is a significant public health concern in the United States, affecting people of all ages. More than 47,000 deaths involved an opioid in the United States in 2017, which is six times higher than it was in 1999.<sup>1</sup> According to data from the National Survey on Drug Use and Health, 11.4 million people had a prescription opioid use disorder in 2017.<sup>2</sup> Older adults are among the fastest-growing age group that is being diagnosed with

opioid misuse.<sup>3</sup> Emergency department visits by adults aged 65 and older with opioid-related diagnoses increased 220% between 2006 and 2014.<sup>4</sup>

The opioid epidemic impacts older adults in a number of ways directly and indirectly, including their physical and mental health, as well as their social and financial well-being. Older adults themselves may become dependent on, misuse, or abuse opioid medications prescribed by a physician. This concern is more common among those

### What are Opioids?

Opioids are derived from opium found in the poppy plant or created synthetically, and they act by binding to specific receptors on nerve cells in the brain and body. Opioids are pain relievers and change the way a person experiences pain. Examples of prescription opioids include oxycodone, codeine, hydrocodone, morphine, and fentanyl. Brand name opioids include OxyContin®, Percodan®, Percocet®, Vicodin®, and Duragesic®.

<sup>1</sup> Centers for Disease Control and Prevention (2018). Understanding the epidemic. Washington, D.C. Retrieved from <https://www.cdc.gov/drugoverdose/epidemic/index.html>

<sup>2</sup> McCance-Katz, E. F. (2017). Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health: 2017. Retrieved from <https://www.samhsa.gov/data/sites/default/files/nsduh-ppt-09-2018.pdf>

<sup>3</sup> Substance Abuse and Mental Health Services Administration (2017). The CBHSQ Report. Opioid misuse increases among older adults. Retried from [https://www.samhsa.gov/data/sites/default/files/report\\_3186/Spotlight-3186.pdf](https://www.samhsa.gov/data/sites/default/files/report_3186/Spotlight-3186.pdf)

<sup>4</sup> Carter, M. W., Yang, B. K., Davenport, M., & Kabel, A. (2019). Increasing rates of opioid misuse among older adults visiting emergency departments. *Innovation in Aging*, 1-13. doi: <https://doi.org/10.1093/geroni/igz002>

## Opioid Use among Medicare Part D Beneficiaries

- One in 3 Medicare Part D prescription drug beneficiaries received an opioid prescription. 500,000 beneficiaries received high amounts of opioids.
- Almost 90,000 beneficiaries were at serious risk of addiction due to being prescribed high amounts of opioids.
- More than 6 out of every 1,000 Medicare patients are diagnosed with an opioid disorder, compared with 1 of every 1,000 patients covered by commercial insurance plans.

*Source: U.S. Department of Health & Human Services Office of Inspector General. "Opioids in Medicare Part D: Concerns about Extreme Use and Questionable Prescribing." HHS OIG Data Brief, July 2017, OEI-02-17-00250.*

with a history of substance use disorders and/or mental health conditions. Thirty percent of older adults struggle with chronic pain<sup>5</sup> and more than a quarter (29%) of older adults were prescribed an opioid medication in the past two years<sup>6</sup>, oftentimes for pain related to musculoskeletal conditions, such as arthritis, lower back injuries, fractures or broken bones, cancer, fibromyalgia, and surgeries.

Opioid pain relievers are generally safe when taken for short periods of time and as prescribed by a doctor. Because opioids produce euphoria or a feeling of extreme happiness or well-being in addition to pain relief, they can be misused (taken in a different way or in a larger quantity than prescribed or taken without a doctor's prescription). Regular use—even as prescribed by a doctor—can lead to dependence and, when misused, opioid pain

relievers can lead to abuse, addiction, overdose incidents, and deaths.<sup>7</sup>

Opioids are effective and may be used for acute and chronic pain at low doses, but some older adults may be prescribed opioids to manage chronic pain without consideration of alternative effective treatments. Particularly troubling, almost one in 10 (4.9 million) Medicare Part D beneficiaries received opioids on a regular basis for at least three consecutive months in 2017.<sup>8</sup> Long-term use of opioids and larger doses may be associated with increased risk of opioid dependency, but is also indicative of tolerance that commonly develops, which is defined as a decreased subjective and objective effect of the same amount of opioids used over time, requiring an increasing amount of the drug to achieve the same effect.

<sup>5</sup> Dahlhamer J, Lucas J, Zelaya, C, et al. (2018). Prevalence of chronic pain and high-impact chronic pain among adults — United States, 2016. *Morbidity and Mortality Weekly Report*, 67, 1001–1006. doi: <http://dx.doi.org/10.15585/mmwr.mm6736a2>

<sup>6</sup> University of Michigan. National Poll on Healthy Aging (2018). Older adults' experiences with opioid prescriptions. Retrieved from [https://www.healthyagingpoll.org/sites/default/files/2018-07/NPHA-Opioids-Report\\_072518\\_0.pdf](https://www.healthyagingpoll.org/sites/default/files/2018-07/NPHA-Opioids-Report_072518_0.pdf)

<sup>7</sup> National Institute on Drug Abuse (n.d.): Opioids. Retrieved from <https://www.drugabuse.gov/drugs-abuse/opioids#summary-of-the-issue>

<sup>8</sup> U.S. Department of Health and Human Services, Office of Inspector General (2018). Opioid use in Medicare Part D remains concerning. Retrieved from <https://oig.hhs.gov/oei/reports/oei-02-18-00220.pdf>

## Definitions

**Abuse:** The nonmedical use of a drug, repeatedly or even sporadically, for the positive psychoactive or euphoric effects it produces.

**Addiction:** A chronic, relapsing disease characterized by compulsive drug seeking and use despite serious adverse consequences, and by long-lasting changes in the brain.

**Misuse:** Taking a prescription drug in a manner or dose other than prescribed; taking someone else's prescription, even if for a legitimate medical complaint such as pain; or taking a medication to feel euphoria (i.e., to get high). The term nonmedical use of prescription drugs also refers to these categories of misuse.

**Substance Use Disorder:** Occurs when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

*Source: National Institute for Drug Abuse, Substance Abuse and Food and Drug Administration.*

Another issue that has become more common as a result of the opioid epidemic is increased caregiving responsibilities for older adults. When a parent is struggling with an opioid disorder and unable to care for their children, older relatives may take on caregiving responsibilities of their grandchildren or other young relatives. According to Generations United, more than 2.5 million children are raised by grandparents, aunts, uncles, siblings, other extended family and close family friends who step forward to

care for them when parents are unable. Although data is limited, research shows parental substance use is the most common reason these grandfamilies come together to raise children who would otherwise go into foster care.<sup>9</sup> The opioid crisis is having a more significant impact in rural communities, and therefore rural older adults are more likely to be raising their grandchildren than their counterparts in urban or suburban areas of the U.S.<sup>10</sup>

<sup>9</sup> GenerationsUnited (2016). Raising the children of the opioid epidemic: solutions and support for grandfamilies. Retrieved from <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2016.pdf>

<sup>10</sup> Benson, W. F. & Aldrich, N. (2017). Raising Awareness and Seeking Solutions to the Opioid Epidemic's Impact on Rural Older Adults. Grantmakers in Aging. Retrieved from [https://www.giaging.org/documents/170818\\_Benson-Aldrich\\_paper\\_for\\_GIA\\_web\\_FINAL.pdf](https://www.giaging.org/documents/170818_Benson-Aldrich_paper_for_GIA_web_FINAL.pdf)

## NCOA National Survey of Aging Network Services Providers

To gain insight into how the opioid epidemic is affecting the aging services network and the older adults they serve, NCOA surveyed its aging services network of grantees and partners. The purpose of the survey was not only to better understand how older adults and their caregivers are affected by the opioid epidemic, but also to identify new resources and tools needed for organizations to better serve their communities. The specific research objectives were to:

1. Identify changes in community-based organizations' efforts in service delivery compared to two years ago, as a result of the opioid epidemic
2. Describe unique issues reported by older adults, directly or indirectly, resulting from opioid use disorders experienced by them or loved ones
3. Describe how organizations are screening and referring older adults and individuals with disabilities for support associated with opioid use disorders
4. Identify gaps in resources that may help organizations to more effectively respond to these issues

### Methods

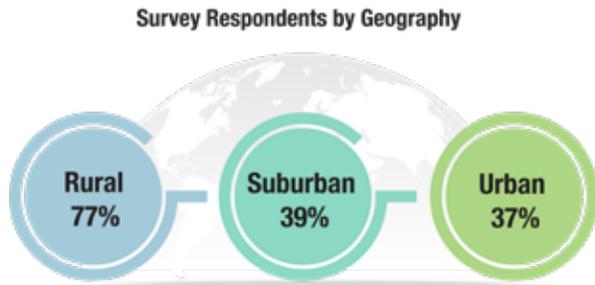
The survey request was sent by email to NCOA's Center for Benefits Access and Center for Healthy

Aging lists of community-based organizations (CBOs) that serve older adults. NCOA asked organizations to confer with fellow colleagues and submit a single survey representing the collective views of their organization. The 15- to 20-minute online survey was administered between mid-January and mid-February 2019. It included both multiple-choice and open-ended questions.

Respondents represented a diverse group of organizations and agencies across the country. More than 200 CBOs responded to the survey, representing 40 states and Puerto Rico.<sup>11</sup> The states with the most CBOs responding to the survey include Kentucky (n=35), Wisconsin (n=24), and Alabama (n=18). The top organizations that responded were Area Agencies on Aging (23%), senior centers (21%), health care organizations (15%), and multi-purpose social services organizations (14%). Other respondents included state units on aging, municipal governments, county health departments, and residential facilities (14%).

Survey respondents were affiliated with NCOA or the Administration for Community Living (ACL) through the State Health Insurance Assistance Programs (37%), Senior Medicare Patrols (21%), ACL Chronic Disease Self-Management Education Programs (19%), Senior Community Service Employment Programs (19%), or Benefits

<sup>11</sup> While over 200 organizations responded, not all completed the entire survey, resulting in missing data.



Enrollment Centers (14%). Respondents could select all the affiliations that applied to their organization. The survey also asked about the geographic region(s) that the CBOs serve. Multiple responses were allowed for this question because some organizations serve the entire state or large portions of states. Respondents represented rural (77%), suburban (39%), and urban (37%) geographies.

## Results

### Organizations report spending more time addressing opioid-related problems in the last two years.

Seven in 10 community-based organizations reported an increased effort spent in addressing

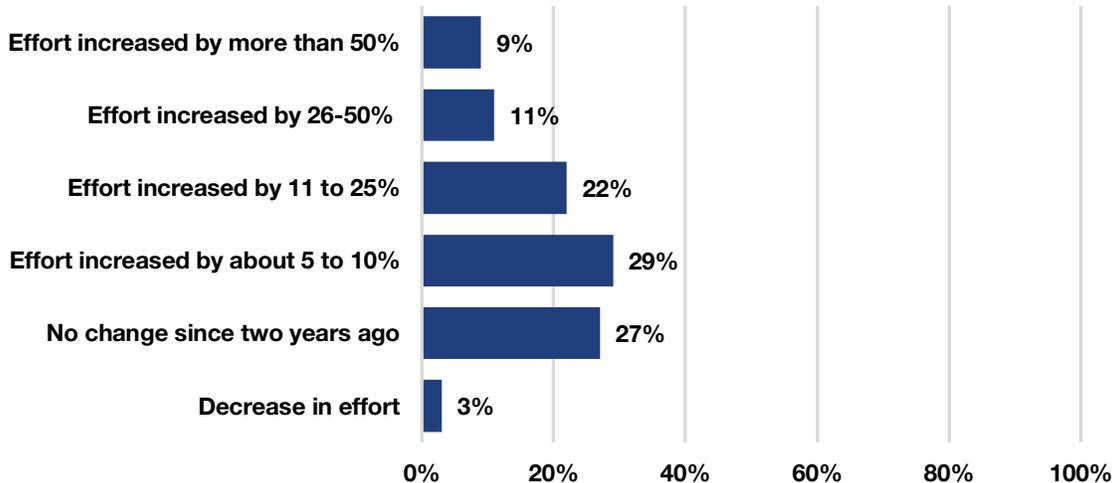
issues related to the opioid epidemic affecting their older adult clients or their caregivers, compared to two years ago (see Figure 1). One in five of the organizations have increased their efforts by more than 25% due to the negative impact of opioid-related issues on their older adult clients or their caregivers.

### Opioid volume and lack of awareness and information fuel the opioid epidemic.

In open-ended questions, respondents were asked what they believe are the key factors fueling the opioid crisis in their communities. The most commonly cited reasons were:

- Sheer volume of opioids currently available to older adults or their family members
- Lack of awareness of alternative treatment options for chronic pain
- Lack of information provided to clients about the potential for misuse or addiction with opioid prescriptions
- Poverty and mental health challenges, which were viewed as particularly strong correlates with the opioid crisis in their communities

**FIGURE 1. Changes in Efforts to Address Opioid-Related Issues**  
(n=162)



## Non-Medication and Alternative Approaches for Pain Management

### Exercise

Exercise therapy (e.g., walking, swimming, yoga, free weights, etc.) can address posture, weakness, or repetitive motions that contribute to musculoskeletal pain; reduce lower back pain; improve fibromyalgia symptoms; and reduce hip and knee osteoarthritis pain. Exercise therapy can also be used as a preventative treatment for migraines. Exercise has been shown to reduce pain and improve overall well-being and physical function.

### Cognitive Behavioral Therapy (CBT)

CBT addresses psychosocial contributors to pain, including fear, avoidance, distress, and anxiety, and it helps improve overall function. CBT trains people experiencing chronic pain in behavioral techniques to help modify situational factors and cognitive processes that exacerbate pain. CBT engages individuals experiencing pain to be active, teaches relaxation techniques, supports coping strategies, and often includes support groups, professional counseling, or other self-help programs.

### Complementary or Alternative Approaches

A number of complementary or alternative approaches have been found helpful for relieving chronic pain and reducing the need for opioid therapy to manage pain. Evidence indicates that acupuncture, yoga, relaxation techniques, tai chi, massage, and osteopathic or spinal manipulation may have some benefit for chronic pain, but only for acupuncture was there evidence that the technique could reduce a person's need for opioids. Research shows that hypnosis is moderately effective for some people in managing chronic pain, when compared to usual medical care. Mindfulness meditation for chronic pain has been associated with small improvements in pain symptoms. Studies have shown that music can reduce self-reported pain and depression symptoms in people with chronic pain.

#### Sources:

CDC Guidelines for Treating Chronic Pain with Opioids, Module 2: Treating Chronic Pain without Opioids: <https://www.cdc.gov/drugoverdose/training/nonopioid/508c/index.html>

NIH National Center for Complementary and Integrative Health: <https://nccih.nih.gov/health/pain/chronic.htm#hed3>

One organization expressed that opioid addiction in their community could be attributed to “overprescribing patients to a point of addiction and then cutting them off, which leads them to look elsewhere for pain management knowing they can only get it from illegal street drugs.” Over 10% of respondents (n=27) argued that there was not enough information provided to patients about the implications of opioids and the potential for misuse and/or addiction. As one respondent noted, “There

is great misconception because opioid(s) are prescription medications; therefore, they couldn't become an addict.”

**“There is great misconception because opioid(s) are prescription medications; therefore, they couldn't become an addict.”**

**“Physicians do not spend time to find out what the real issues are with patients.”**

**Opioid addiction is a common reason why older adults must take on caregiving for their grandchildren or other young relatives.**

More than half (57%) of survey respondents indicate that about 5 – 10% of older adult clients are the primary caregivers for their grandchildren. Of these grandparent caregivers, nearly a quarter (23%) indicate that half or more had been handed the task of raising their grandchild(ren) due to the parents’ opioid addiction (see Figure 2).

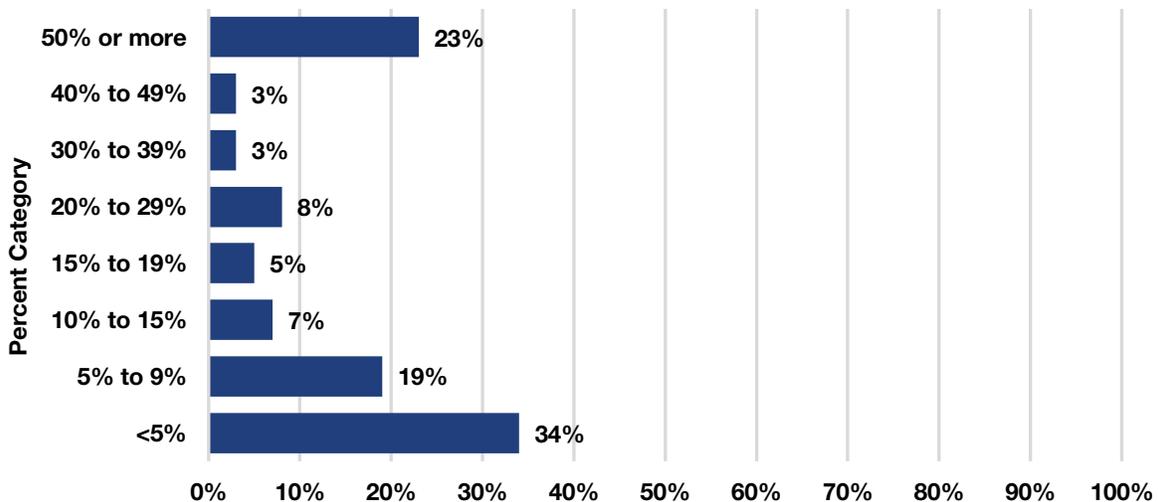
More than a third (35%) of community-based organizations in the aging network reported they often have older adult clients who have health-related

concerns (such as stress, less time to focus on their own health needs) from managing the burden of caring for their grandchildren affected by the opioid epidemic. The financial implications of raising grandchildren were also reported. Seventy-eight percent of organizations responding indicated that they occasionally need to assist older adult clients with managing the added cost of caring for grandchildren in their new role as caregivers.

**Health concerns related to the opioid crisis are common.**

CBOs that responded to the survey reported the following health-related concerns<sup>12</sup> from their clients who are older adults, adults with disabilities, or their caregivers (see Table 1).

**FIGURE 2. Percent of Grandparents Raising Grandchildren Due to the Parents’ Opioid Addiction (n=153)**



<sup>12</sup> At least occasional concerns. The scale ranged from never to occasionally to often.

TABLE 1

% Reporting Concern Often or Occasionally (n=161)	Health Concerns
81%	Do not understand safe, effective, and affordable alternatives to reducing pain without prescription opioid medications
80%	Face challenges obtaining needed prescriptions or refills for opioid pain medication because of increased scrutiny and/or changing prescribing patterns
77%	Difficulty managing the side effects of taking opioid pain medication alongside medications for other chronic conditions
77%	Accessing alternative therapies for pain management
76%	Reporting and/or preventing the theft of prescribed opioid pain medication by friends, family, or others
71%	Finding available and affordable treatment options for substance abuse for older adults, adults with disabilities, or their family members

Other themes were revealed in open-ended questions. Six organizations reported that their older clients are dealing with decreasing availability of opioids, while some organizations reported that their clients had to deal with significant pain with little or no alternatives to treat it. A few respondents described ways that decreased availability of pain medications led to challenges in obtaining pain relief:

- “Pain patients are now being left behind. Doctors are afraid to fill prescriptions for pain patients or they refuse. Many pain patients are innocent victims being swept up in the hype of the opioid epidemic”
- “As a result of government cutbacks on the dispersion of pain opioids, people are changing doctors, lying about their pain, and going

elsewhere (some the streets) to get pain relief meds.”

### **Older adult clients face financial concerns related to the opioid crisis.**

Organizations that responded to the survey reported the following financial concerns<sup>13</sup> related to the opioid epidemic from their clients who are older adults, adults with disabilities, or their caregivers (see Table 2).

### **Most organizations in the aging network do not routinely screen for opioid use issues.**

Despite the widespread problem of opioid misuse in the communities served by the organizations that responded to the survey, only 28% of these organizations routinely screen for substance misuse and

<sup>13</sup> At least occasional concerns. The scale ranged from never to occasionally to often.

TABLE 2

% Reporting Concern Often or Occasionally (n=161)	Financial Concerns
84%	Increased reliance on federal benefits
80%	Theft of pain medication by family members or others who use it for themselves to sell
75%	Concerns about the theft of cash or other goods to sell in order to buy pain medication or other illicit drugs
63%	Using savings to pay for drug rehabilitation for themselves or adult children
49%	Concerns about increased costs of obtaining opioid pain medication to manage their pain because these medications are only available out-of-state, at greater distances, or by certain providers

abuse among their clients. Among the organizations actively screening clients, 17 described specific tools, such as screening and assessment tools from the American Society of Addiction Medicine (ASAM), the UNCOPE<sup>14</sup> screener, CAGE/CAGE-AID<sup>15</sup>, as well as the evidence-based approach SBIRT or Screening, Brief Intervention and Referral to Treatment<sup>16</sup>. Other CBOs (n=28) mentioned more general screening approaches that may be part of broader screening or assessment programs. When risk of opioid abuse or dependency is identified, organizations will often refer clients to treatment sources or services. More than half of surveyed organizations (56%) indicate they have partnered with other organizations to more effectively support clients affected by the opioid epidemic.

In open-ended response, respondents often described the challenges of delivering “appropriate care.” The most common responses for at-risk clients included referrals (n=19) and assessment then discussion about treatment options (n=10). Referrals were often to treatment sources or “appropriate” services. Some organizations treated patients directly, such as through counseling or medication assistance. Examples of typical approaches to older adults’ need for intervention are shared below:

- “The client is scheduled for a full assessment and then placed in the appropriate level of care. Clients are also offered interim services until their level of care is available.”

<sup>14</sup> Hoffman, N. G. UNCOPE. Smithfield, RI: Evince Clinical Assessments. Retrieve from <https://ncsacw.samhsa.gov/files/TrainingPackage/MOD2/ExampleScreenQuestionsUNCOPE.pdf>

<sup>15</sup> Substance Abuse and Mental Health Services Administration: <https://www.integration.samhsa.gov/images/res/CAGEAID.pdf>

<sup>16</sup> Substance Abuse and Mental Health Services Administration: <https://www.samhsa.gov/sbirt>

- “Our organization, for adults, are to assess and refer to a treatment facility who provides services for adults. We also assess and refer to a detox facility as necessary.”

Organizations that shared specifics about in-house programs most often reported delivering peer support and counseling (n=13), including one-on-one counseling (n=4) or group counseling (n=3), as well as substance abuse programs (n=3).

A wide range of opioid-related initiatives in organizations’ local communities or states were reported. Some respondents reported multiple initiatives in their area, while others reported none. Task forces and local partnerships were the most common type. While various individual programs were reported, these tended to be different from one respondent

**“As a result of government cutbacks on the dispersion of pain opioids, people are changing doctors, lying about their pain, and going elsewhere (some the streets) to get pain relief meds.”**

to the next. It was unclear to what degree organizations were involved in these initiatives for the perspective and needs of older adults to be addressed.

**Organizations serving older adults need more resources and trainings related to opioid-related issues.**

Survey respondents indicated the following would be useful resources (see Table 3).

**TABLE 3**

% Reporting Usefulness	Opioid-Related Resources
92%	Best practices (case studies, tip sheets, issue briefs)
92%	Referral sheets of local and national resources
89%	Webinars
87%	Online training modules (short bite-sized segments)
82%	Ready-to-use marketing templates/print materials
80%	Substance use screening or assessment tools
79%	E-newsletters with practical tips and resources
74%	Interactive, online toolkits
74%	Short-term, skill-building groups on specific topics
74%	In-person group trainings

## Conclusions

The results of this survey suggest that opioid-related issues are affecting older adults and their families in several ways. Older adults may misuse or become addicted to opioid medications prescribed by a doctor, have difficulty accessing opioids for their chronic pain, or their family members may struggle with an opioid disorder, which in turn can have financial and health impacts on older adults.

Older adults may be at risk of financial abuse, given reports that family members may be stealing their medications or other goods to exchange for drugs. They may be spending down scarce resources to fund treatment or rehabilitation of adult children, or have new expenses associated with the care of young children. CBOs that responded to the survey were most likely to say about 5-10% of their older adult clients are raising grandchildren, and in some of those cases—ranging from 5% to more than 50%—the underlying reason is that the parent is struggling with an opioid use disorder. Research from the Census Bureau shows that states (mostly in the South) that have the highest rates of grandparents raising grandchildren also have the highest opioid prescribing rates.<sup>17</sup>

CBOs found that older adult clients often failed to recognize the risk of opioid prescription medication, were generally unaware of alternate forms for treating and reducing pain, and faced difficulty with managing side effects of multiple medications.

Our findings suggest that the aging network is increasingly working with clients on issues related to opioid misuse or dependency. This highlights the need for resources and partnerships with behavioral health providers, health departments, and others so that organizations can better serve their older adult clients and their families.

While prevention plays an important role in curbing opioid use disorders, community-based organizations that serve older adults are often the ones that have frequent direct communication with older adults. They need current and reliable information to connect their clients with resources for prevention and management of opioid-related issues. Using the information the organizations provided in the survey, NCOA is exploring opportunities to develop resources in partnership with other national organizations and the network of professionals working with older adult populations in non-clinical settings.

<sup>17</sup> Anderson, L. (2019). States with high opioid prescribing rates have higher rates of grandparents responsible for grandchildren. Census Bureau. Retrieved from <https://www.census.gov/library/stories/2019/04/opioid-crisis-grandparents-raising-grandchildren.html>

## Recommendations

### **Increase the use of standardized screening and assessment tools among CBOs.**

Survey findings suggest that CBOs are not routinely using common or standardized screening and assessment tools for identifying people at risk or who are suffering from opioid use disorders. Frontline aging network professionals, such as those in senior centers and senior housing, must be equipped with reliable and easy-to-access training, validated screening tools, and other resources to adequately address the direct and indirect consequences of the opioid epidemic on older adults. Training and resources should build professionals' confidence in identifying at-risk older adults and intervening with appropriate referrals and counseling, knowing which assessment tools to use and with whom. Further, CBOs need to implement effective referral pathways through collaboration with local mental health and substance use treatment providers. Identification and broad dissemination of best practices and models of collaborative efforts, along with capacity building resources for CBOs, are essential.

### **Improve the health literacy of older adults and their caregivers.**

Awareness and educational efforts are needed to improve the health literacy of older adults and their caregivers related to the safe and appropriate use of opioids. Health literacy is the degree to which individuals have the capacity to obtain, process, and understand health information and services needed to make appropriate health

decisions. Federal agencies, such as the Centers for Disease Control and Prevention, and a number of national organizations have developed educational materials related to opioid literacy. Greater dissemination of these materials, as well as partnerships among the medical community, aging network, and behavioral health providers are necessary to improve health literacy.

### **Offer older adults alternative approaches to managing chronic pain.**

Older adults need access to non-pharmacological and alternative approaches to manage chronic pain, such as those described earlier in this brief. With the high incidence of pain among the older adult population, seniors are eager to obtain safe and effective non-opioid therapies, but access to these approaches is lacking in many parts of the country, especially rural communities. Insurance coverage, including Medicare, for alternative therapies is currently lacking. Expanding insurance coverage for alternative therapies is necessary in achieving greater access. In addition, for older adults with chronic pain who need to be managed on opioid medications, continued access to opioids must be ensured.

### **Incorporate the older adult perspective in opioid efforts.**

Many state and local efforts focused on the opioid epidemic have been initiated over the past several years, including those conducted by local health departments.<sup>18</sup> These efforts must incorporate the

<sup>18</sup> National Association of County and City Health Authorities. Local Public Health Approaches to Opioid Use Prevention and Response: An Environmental Scan (2019). <https://www.naccho.org/uploads/downloadable-resources/Environmental-Scan-V3-July-2019-FINAL-v2.pdf>

older adult perspective, and can serve as the foundation for building collaborative networks among aging service, health care, mental health, and public health providers focused on opioid use disorder prevention and treatment.

### **Raise awareness of the risk factors for financial fraud and abuse.**

Given the findings on the financial impact on older adults, we must promote awareness of the risk factors associated with fraud and abuse. Older adults must be empowered to recognize when a family member or friend is stealing or is untrustworthy, and know where and how to report these occurrences.

### **Educate older adults about public benefits and legal options.**

Older adults should be educated about and be

provided access to public benefits and legal options that can help support and alleviate the added financial and other stresses of supporting family members in rehabilitation or new expenses of caring for grandchildren and other young relatives.<sup>19</sup>

### **Mobilize multiple service providers.**

It is critical to mobilize resources and prepare now for the significant impact that the opioid epidemic is having on the lives of older adults, their caregivers, and families. To adequately address the issues identified in this survey, the aging network, social services, and health care providers, as well as behavioral health care systems, need to join forces now to advocate for appropriate planning and funding. With a unified voice and an integrated, collaborative approach, we can make a difference in the lives of older adults and their families.

## **Limitations**

A few limitations are worth noting. First, CBOs in communities that are disproportionately affected by the opioid crisis may have been more likely to respond to our survey. This could potentially inflate the issue when generalized to the entire nation. Second, the survey asked CBOs to report how

opioids have impacted their older adult clients and their families, rather than directly asking the older adults themselves. Nevertheless, this survey was an important step toward unraveling key areas for further exploration, and it yielded critical findings.

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<sup>19</sup> See also Generations United. Raising the children of the opioid epidemic: solutions and support for grandfamilies (2018). <https://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2016.pdf>

## Selected Resources for the Aging Network on Topics Related to Opioid Use and the Opioid Epidemic among Older Adults

### RESOURCES FOR PROFESSIONALS

#### Administration for Community Living (ACL)

*Addressing the Opioid Crisis*

<https://acl.gov/programs/addressing-opioid-crisis>

Includes links to training materials, toolkits, fact sheets, issue briefs, reports/publications, and grant opportunities.

#### Agency for Healthcare Research and Quality

*Opioid Abuse and Addiction*

<https://effectivehealthcare.ahrq.gov/health-topics/opioid-abuse-and-addiction>

Includes resources focused on practice improvement, including a *Research Protocol on Prevention, Diagnosis, and Management of Opioids, Opioid Misuse and Opioid Use Disorder in Older Adults*:

<https://effectivehealthcare.ahrq.gov/sites/default/files/pdf/opioids-oa-protocol.pdf>

#### American Psychological Association

*Arean P. Treatment of Late-Life Depression, Anxiety, Trauma, and Substance Abuse*. 2015.

<https://www.apa.org/pubs/books/4317357?tab=2>

This book focuses on best practices in treating mental disorders in late life and includes an overview of geropsychology and the training resources available to help clinicians develop the competencies they need to work with older adults.

Chapters focus on evidence-based treatments for late-life depression, substance abuse disorders, and substance abuse relapse prevention, anxiety, and trauma, including cognitive behavioral therapy, behavioral activation, relaxation training, and motivational interviewing.

#### BeMedWise

<https://bemedwise.org/>

This organization promotes the safe use, storage, and disposal of medicines for better health. BeMedWise, a program of the national nonprofit NeedyMeds, achieves its mission by providing vetted information on medication safety with a network of national and international partners. See their resource on “Use Pain Medicine Safely” <https://bemedwise.org/medication-safety/pain-management-medications>.

#### Bipartisan Policy Center

*Tracking Federal Funding to Combat the Opioid Crisis*. March 2019.

<https://bipartisanpolicy.org/wp-content/uploads/2019/03/Tracking-Federal-Funding-to-Combat-the-Opioid-Crisis.pdf>

The report examines how federal opioid investments are spent across five geographically diverse states: Arizona, Louisiana, New Hampshire, Ohio, and Tennessee. Each state case study takes an in-depth look at how these states are allocating the two largest federal opioid grants, the State Targeted Response and State Opioid Response grants.

## Center for Medicare and Medicaid Services

*Resources to Reduce Opioid Misuse*

<https://www.cms.gov/about-cms/story-page/opioid-misuse-resources.html>

This web page provides links to numerous resources for payers, health care providers, state, and other partners

## Food and Drug Administration

Opioid Medications

<https://www.fda.gov/drugs/information-drug-class/opioid-medications>

FDA's Strategic Roadmap to Address the Opioid Epidemic

<https://www.fda.gov/media/110587/download>

## Generations United

*Raising the children of the opioid epidemic: solutions and support for grandfamilies.*

<https://www.gu.org/app/uploads/2018/05/Grand-families-Report-SOGF-2016.pdf>

The report highlights the sharp increase in drug overdose death rates among adults of child-bearing age with increases of 29% among 25- to 34-year-olds and 24% among 35- to 44-year-olds —leaving grandparents and other kin to raise children. This report provides a broad array of policy and programmatic recommendations to support grandfamilies.

## Grantmakers in Aging

*Opioid Epidemic's Impact on Rural Older Adults*

<https://www.giaging.org/resources/raising-awareness-and-seeking-solutions-to-the-opioid-epidemics-impact-on-r>

This publication offers an examination of the research, statistical background, and evidence surrounding the opioid epidemic in America. It is a companion piece to Heartache, Pain and Hope: Rural Communities, Older People, and the Opioid

Crisis: An Introduction for Funders. Both are part of GIA's rural aging initiative.

## National Association of County and City Health Authorities

*Local Public Health Approaches to Opioid Use Prevention and Response: An Environmental Scan.* July 2019.

<https://www.naccho.org/uploads/downloadable-resources/Environmental-Scan-V3-July-2019-FINAL-v2.pdf>

## National Council on Aging

*Implementing Evidence-based Programs to Address Chronic Pain.* 2019.

<https://www.ncoa.org/wp-content/uploads/2018-NCOA-Implementing-Evidence-Based-Programs-to-Address-Chronic-Pain-Issue-Brief-.pdf>

*Older Americans Behavioral Health Issue Brief #3: Screening and Preventive Brief interventions for Alcohol and Psychoactive Medication Misuse/Abuse*  
[https://www.ncoa.org/wp-content/uploads/Issue-Brief-3-Screening-Brief-Intervention\\_508\\_Color.pdf](https://www.ncoa.org/wp-content/uploads/Issue-Brief-3-Screening-Brief-Intervention_508_Color.pdf)

*Older Americans Behavioral Health Issue Brief #5: Prescription Medication Misuse and Abuse Among Older Adults*

[https://www.ncoa.org/wp-content/uploads/Issue-Brief\\_5\\_Pres-Med-Misuse-Abuse\\_Color-Version.pdf](https://www.ncoa.org/wp-content/uploads/Issue-Brief_5_Pres-Med-Misuse-Abuse_Color-Version.pdf)

## National Institute of Health

NIH and the Substance Abuse and Mental Health Services Administration launched the HEALing Communities Study to investigate how tools for preventing and treating opioid misuse and OUD are most effective at the local level.

<https://heal.nih.gov/research/research-to-practice/healing-communities>

## National Institute on Complementary and Alternative Medicine

*Pain: Considering Complementary Approaches*  
E-book

<https://nccih.nih.gov/health/pain/ebook>

This eBook provides information on the latest research regarding the role of complementary health approaches in managing pain, basic facts about pain and complementary health approaches, as well as issues to consider when using complementary approaches.

## Substance Abuse and Mental Health Services Administration (SAMHSA)

*Get Connected Tool Kit: Linking Older Adults with Resources on Medication, Alcohol and Mental Health*. 2017 Edition.

<https://store.samhsa.gov/system/files/sma03-3824.pdf>

The *Get Connected 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 has been designed to help health and aging services providers undertake health promotion, advance prevention messages and education, and undertake screening and referral for mental health conditions and the misuse of alcohol and medications.

*Screening, Brief Intervention and Referral to Treatment (SBIRT)*

<https://www.samhsa.gov/sbirt>

SBIRT is an approach to the delivery of early intervention and treatment to people with substance use disorders and those at risk of developing these disorders.

*SAMHSA and Health Resources Services Administration Older Adults Page*

[https://www.integration.samhsa.gov/integrated-care-models/older-adults#Screening&Assessment\\_Tools](https://www.integration.samhsa.gov/integrated-care-models/older-adults#Screening&Assessment_Tools)

This page contains a variety of resources to help integrated and behavioral health care providers prepare their services to align with the unique needs of older adults.

*Opioid Misuse among Older Adults*

<https://www.samhsa.gov/data/report/opioid-misuse-increases-among-older-adults>

*A Day in the Life of Older Adults: Substance Use Facts*

<https://www.samhsa.gov/data/report/day-life-older-adults-substance-use-facts>

## Voices for Non-Opioid Choices

<https://nonopioidchoices.org/>

Voices for Non-Opioid Choices (“Voices”) is a nonpartisan coalition dedicated to preventing opioid addiction before it starts by increasing patient access to non-opioid therapies and approaches to managing acute pain.

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## COMMON SUBSTANCE USE DISORDER SCREENING TOOLS

### ASSIST: Alcohol, Smoking, and Substance Involvement Screening Test

[https://www.who.int/substance\\_abuse/activities/assist\\_v3\\_english.pdf](https://www.who.int/substance_abuse/activities/assist_v3_english.pdf)

The World Health Organization ASSIST Project Package helps professionals to detect and manage substance use and related problems in primary and general medical care settings.

[https://www.who.int/substance\\_abuse/activities/assist/en/](https://www.who.int/substance_abuse/activities/assist/en/)

## CAGE-AID: CAGE-Adapted to Include Drugs

The most common screening tool for substance misuse is the CAGE questionnaire, which focuses on the potential for alcohol dependence. The CAGE was later adapted to assess for alcohol and other drugs and called the CAGE-AID. The CAGE-AID contains the following four questions:

1. Have you ever felt that you should **C**ut down on your drinking or drug use?
2. Have people **A**nnoyed you by criticizing your drinking or drug use?
3. Have you ever felt bad or **G**uilty about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

One or more positive responses are considered a positive screen.

## DAST: Drug Abuse Screen Test

[https://cde.drugabuse.gov/sites/nida\\_cde/files/DrugAbuseScreeningTest\\_2014Mar24.pdf](https://cde.drugabuse.gov/sites/nida_cde/files/DrugAbuseScreeningTest_2014Mar24.pdf)

DAST-10 is a 10-item, yes/no self-report that has been condensed from the 28-item DAST and takes less than 8 minutes to complete. The DAST-10 provides a brief instrument for screening and treatment evaluation.

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## RESOURCES FOR OLDER ADULTS

### NCOA's BenefitsCheckUp®

<https://www.benefitscheckup.org/>

BenefitsCheckUp® is a comprehensive, free online tool that connects older adults with public and private benefits programs that could help them pay for daily needs, such as food, medicine, and utilities.

## Centers for Disease Control and Prevention

- Prevent Opioid Misuse  
<https://www.cdc.gov/drugoverdose/patients/prevent-misuse.html>
- Prescription Opioids: What You Need to Know  
<https://www.cdc.gov/drugoverdose/pdf/AHA-Patient-Opioid-Factsheet-a.pdf>
- Preventing an Opioid Overdose:  
<https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf>
- Promoting Safer and More Effective Pain Management  
[https://www.cdc.gov/drugoverdose/pdf/Guidelines\\_Factsheet-Patients-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-Patients-a.pdf)
- Chronic Pain Patient Poster: Know the Risks  
[https://www.cdc.gov/drugoverdose/pdf/Guidelines\\_Patients\\_Poster-a.pdf](https://www.cdc.gov/drugoverdose/pdf/Guidelines_Patients_Poster-a.pdf)

## Food and Drug Administration

- A Guide to the Safe Use of Pain Medication  
<https://www.fda.gov/consumers/consumer-updates/guide-safe-use-pain-medicine>
- Drug Information for Consumers  
<https://www.fda.gov/drugs/resources-you-drugs/drug-information-consumers>

## NeedyMeds BeMedWise

MUST: Medication Use Safety Training for Older Adults

<https://bemedwise.org/health-education-resources/older-adults>

This toolkit provides educational materials on avoiding medicine mishaps, managing side effects, and improving medicine use knowledge.

## National Council on Aging

NCOA is respected national leader and trusted partner to help people aged 60+ meet the challenges of aging. We partner with nonprofit organizations, government, and business to provide innovative community programs and services, online help, and advocacy.

- **Our Vision:** A just and caring society in which each of us, as we age, lives with dignity, purpose, and security
- **Our Mission:** Improve the lives of millions of older adults, especially those who are struggling
- **Our Social Impact Goal:** Improve the health and economic security of 40 million older adults by 2030

## NCOA's Center for Benefits Access

The Center for Benefits Access helps organizations enroll older adults and younger adults with disabilities with limited means into the benefits programs for which they are eligible, so they can remain healthy and improve the quality of their lives. The Center accomplishes its mission by:

- Providing tools and resources that help local, state, and regional organizations to find, counsel, and assist older adults and younger adults with disabilities to apply for and enroll in the benefits for which they may be eligible.
- Generating and disseminating new knowledge about best practices and cost-effective strategies for benefits outreach and enrollment.

## NCOA's Center for Healthy Aging

The Center for Healthy Aging supports the expansion and sustainability of evidence-based health promotion and disease prevention programs in the community and online through collaboration with national, state, and community partners. The Center's goal is to help older adults live longer and healthier lives. It collaborates with national, state, and community partners and houses two national resource centers that are funded by the U.S. Administration for Community Living, Administration on Aging: National Chronic Disease Self-Management Education Resource Center and the National Falls Prevention Resource Center. Both resource centers serve organizations seeking to implement, evaluate, and sustain evidence-based programs.

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