











Prevention & Older Adults: Don't You Forget About Us!

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Who We Are



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Learning Objectives

Attendees will be able to identify:

- Key substance use issues affecting adults ages 55+
- The factors that contribute to these issues
- New partners needed to address the needs of this population
- State and local strategies for:
 - Assessing prevalence, incidence, and burden of substance misuse among this population
 - Using assessment data to conduct strategic planning
 - Mobilizing partners needed to take action



An Emerging Public Health Crisis



Significant increases in alcohol and opioid misuse and dependence among Americans ages 55+ has led researchers to warn of an emerging public health crisis.



An Emerging Public Health Crisis

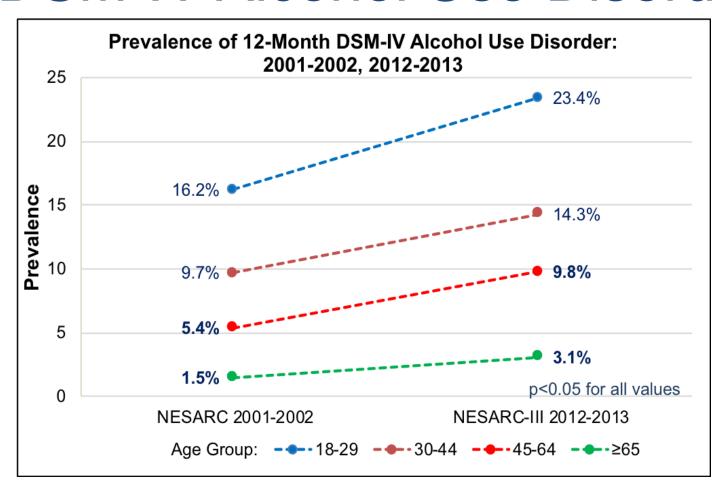
More than 1 million adults ages 65 or older were estimated to have a substance use disorder in 2017. Of these:

- Nearly 98% had an alcohol use disorder
- Approximately 9% had an illicit drug use disorder.

(2017 National Survey on Drug Use and Health)

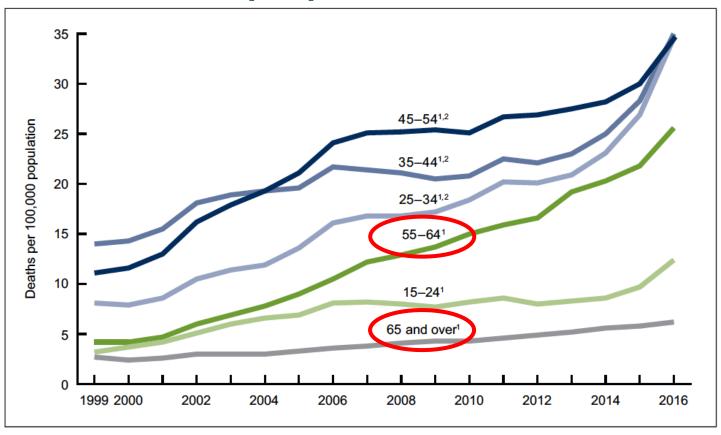


DSM-IV Alcohol Use Disorder





U.S. drug overdose death rates, per 100,000 population, 1999–2016







Medication Use Among Older Adults

80 percent take prescription medications



Of these:

- 63 percent take 5 or more medications daily
- 33 percent take a medicine with abuse potential.



Medication Use and Misuse



Benzodiazepine use among older adults—the group for which they are most prescribed—is particularly risky.



Prescription Misuse in Older Adults



2006 prediction: Rx misuse by older adults could increase to 2.7 million by 2020.

It reached that number in 2012.

Simoni-Wastila, L., & Yang, H. K. (2006). Psychoactive drug abuse in older adults. *The American Journal of Geriatric Pharmacotherapy*, *4*(4), 380-394. Office of Applied Studies. (2013). Results from the 2012 National Survey on Drug Use and Health;



Substance Use Disorder in Older Adults

- Researchers estimate that 5.7 million older adults will require treatment for a substance use disorder in 2020.
- This is more than double the number with a substance use disorder from 2002 to 2006.

Impacts of Opioid Use On Older Adults

- Rx-related deaths
- Opioid-involved suicides
- Emergency department visits
- Elder abuse

West, N. A., Severtson, S. G., Green, J. L., & Dart, R. C. (2015). Trends in abuse and misuse of prescription opioids among older adults. *Drug and Alcohol Dependence*, *149*, 117-121. Centers for Disease Control and Prevention. (2011). Vital signs: Overdoses of prescription opioid pain relievers - United States, 1999-2008. *MMWR. Morbidity and Mortality Weekly Report*, *60*(43), 1487.

Alcohol Issues and Older Adults

Common problems
include diabetes * high
blood pressure
*ulcers * congestive
heart failure * liver
problems *
osteoporosis * strokes
* memory problems *
mood disorders * drug
interactions

Alcohol misuse complicates management of health problems common in older adults.



Drinking Standards

National Institute on Alcohol Abuse and Alcoholism for adults who are healthy, do not take medication, and are over the age of 65:

- No more than 3 drinks on a given day
- No more than 7 drinks in a Week



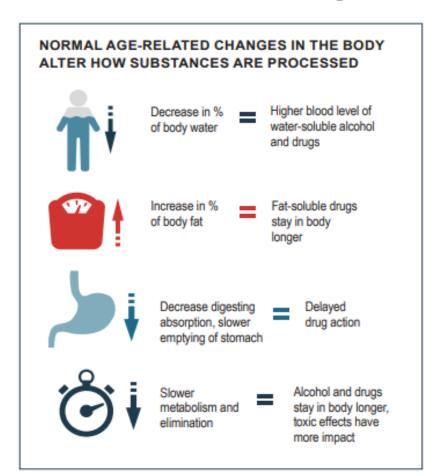
Multiple Factors Put Older Adults at Higher Risk



- Biological
- Demographic
- External Factors



Biological Factors



Alcohol and drugs affect older adults differently due to biological changes associated with aging.

SAMHSA State TA Project, Fact Sheet: High-Risk Alcohol and Opioid Use Among Adults Ages 55 and Older, 2018.



Generational Demographics

Baby Boomers—the first of whom reached age 55 in 2001—have higher rates of psychoactive drug use than previous generations.



Geography

THE OPIOID EPIDEMIC IN RURAL AMERICA



Opioids are the most frequently prescribed type of medication in the United States



Drug-related deaths are 45 percent higher in rural areas than in urban areas, and rural Americans are twice as likely to die from opioids as their urban counterparts.



Adults ages 45 and older accounted for 43 percent of rural opioid deaths in 2016.

Rural adults are at even higher risk for alcohol and opioid-related problems.



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 because of parental opioid use



Other General Risk Factors

- Parenting to "empty nesters"
- Employment to retirement
- Changes in housing
- Grief and bereavement
- Diminishing physical and other abilities
- Social isolation
- Health issues/chronic disease
- Depression/mental illness



Opportunities for Prevention

Research: 1/3 of older adults with an alcohol use disorder developed it at or after age 65.



(Source: Bogunovic, O. (2012). <u>Substance Abuse in Aging and Elderly Adults</u>. *Psychiatric Times, 29(8)*)



National Logic Model for Older Adults

Alcohol and Other Drug (AOD)-Related Consequences



AOD Use



Intervening Variables

Overdose deaths

Suicides

Exacerbation of other health problems

Motor vehicle crashes

Injuries due to falls

Cognitive impairment

Adverse interactions with medications

Abuse and financial exploitation

Alcohol misuse

Prescription drug use/misuse

Other drug use/misuse

Poly-drug use (Rx and other)

Biological changes that reduce ability to absorb and metabolize alcohol

Grief and loss due to death of loved ones and friends

History of alcohol and/or other drug use

Social isolation and depression

Financial issues and poverty (e.g., decrease in income due to retirement or unemployment)

Stressful life events and transitions (e.g., changes in housing)

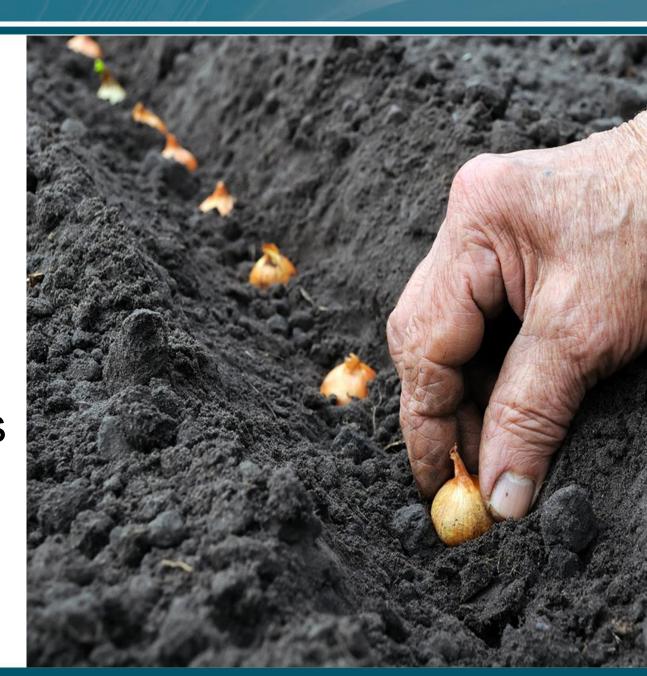
Diminishing health and physical disabilities

Multiple prescribed medications



Taking Action in Utah

- Mobilizing & engaging stakeholders
- Raising awareness



The Process

- Engage partners, stakeholders, & opinion leaders
- Use data to talk about the problem
- Focus on common goals & natural connections
- Understand the problem from multiple viewpoints





Utah Partners at Onsite Meeting

- Health Departments
- Mental Health Providers
- Aging & Family Services
- Aging & Adult Services
- Prevention Providers
- Grandfamilies

- Division of Aging & Adult Services
- Department of Human Services
- Division of Substance Abuse & Mental Health
- Adult Protective Services

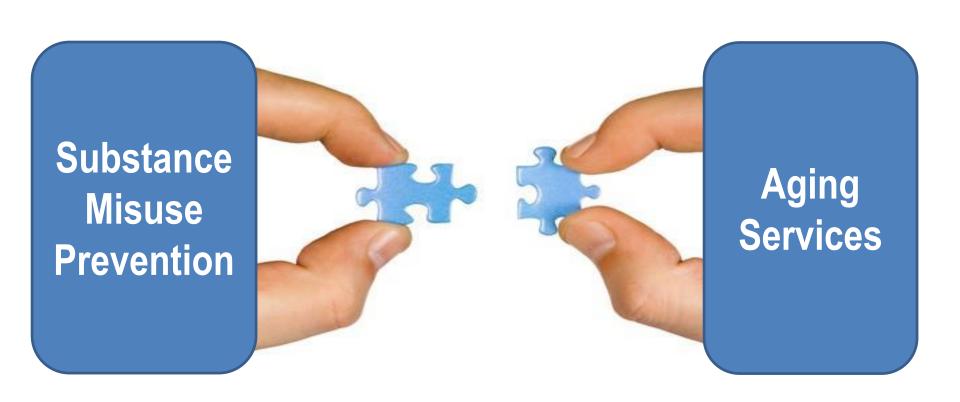


Raising Awareness





Natural Connections

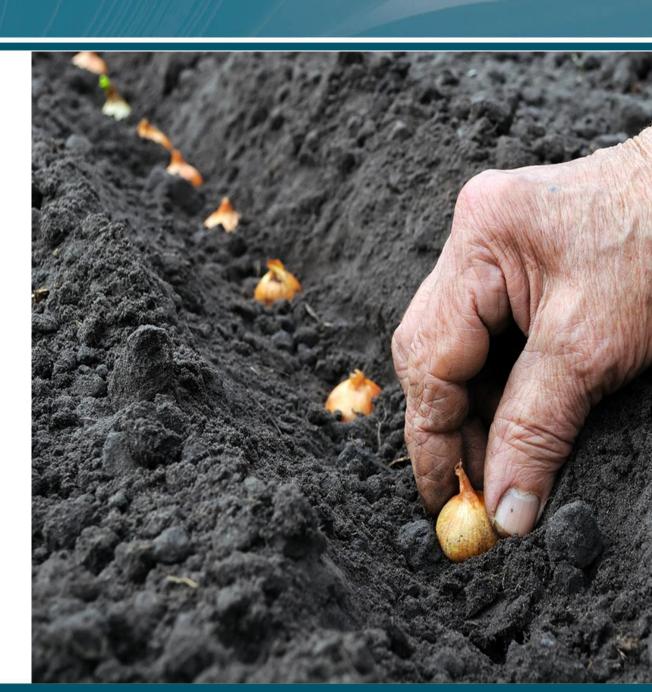






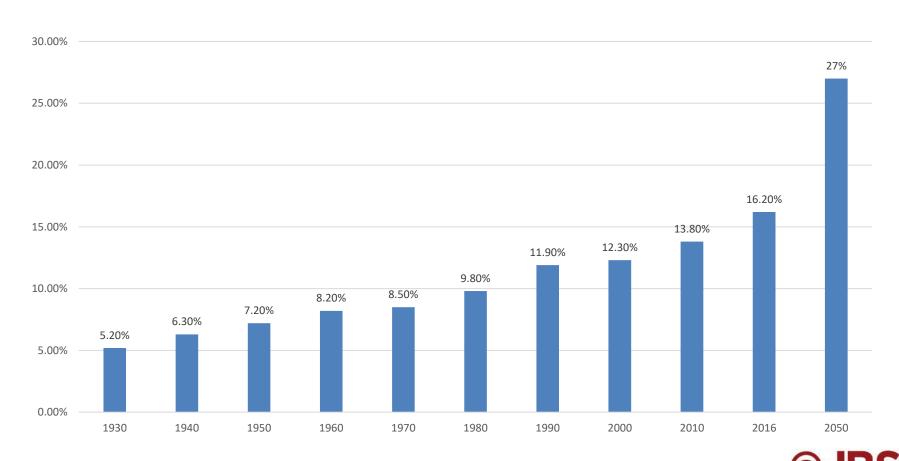
Taking Action in Michigan

- Assessing the problem
- Planning a course of action



Michigan - A Rapidly Aging State

% of Michigan's Population Age 65 and Over





Planning Partners in Michigan

- Department of Health
 & Human Services
- Regional Prepaid
 Inpatient Health Plans
 Regional substance
 use treatment &
 prevention providers
- Michigan State
 University Extension

- Aging and Adult Services Agency
- Michigan Primary Care Association
- Michigan Health & Hospital Association
- Michigan State Police-Office of Highway Safety Planning



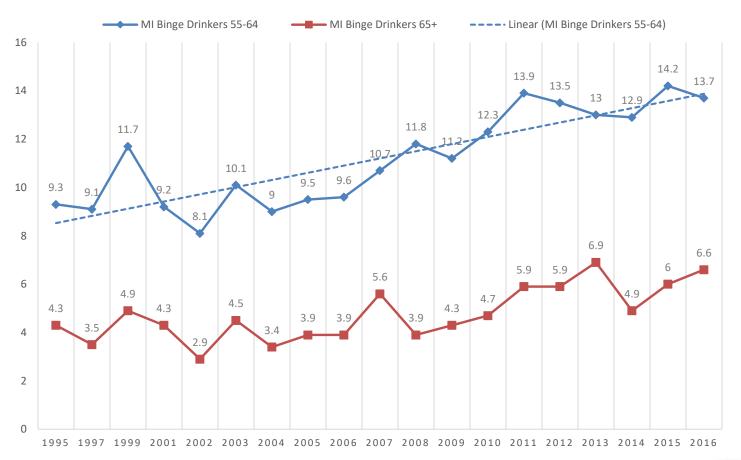
Six Initial Potential Priorities

- Alcohol Misuse
- Cocaine Use
- Heroin Use

- Other Opioid use
- Drinking & Driving
- Drugged Driving

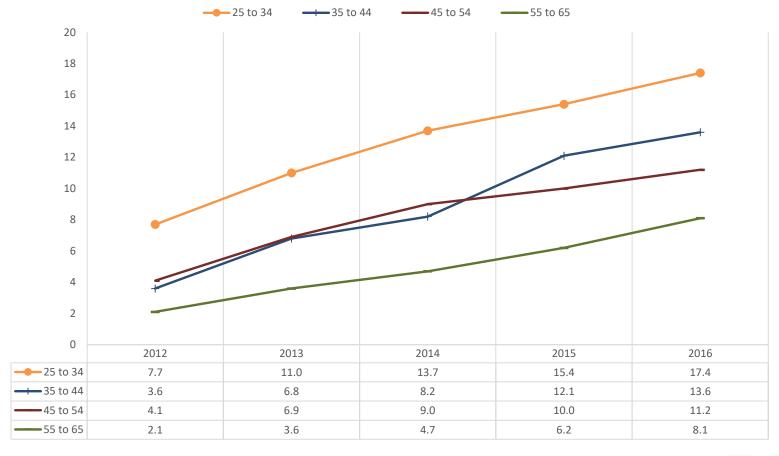


Older Adult Binge Drinking Trends in Michigan Behavioral Risk Factor Surveillance System – 1995 to 2016



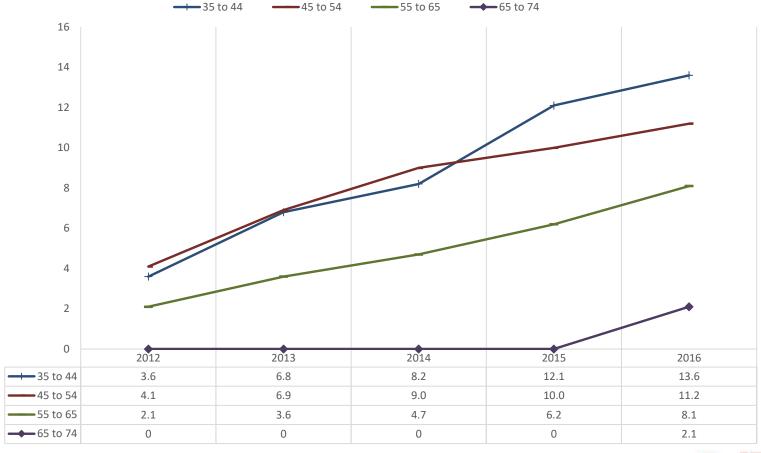


Michigan Heroin-Related Overdose Death Rate per 100,000 by Age Group, 2012-2016





Michigan Opioid Pain Reliever-Related Overdose Deaths per 100,000 by Age Group, 2012-2016





Alcohol Misuse Logic Model for Older Adults

Consequence

2,651 Michigan adults ages 55+ died from alcohol-related causes from 2013-2017, which comprised 51% of all AODinduced deaths.

Problem Behaviors

Alcohol Misuse

Target Populations

Universal

All Michigan adults ages 45-54 & 55+

Selective

Michigan adults 55+ with history of:

- AOD use
- Trauma

Michigan adults 55+ experiencing:

- Grief/loss
- · Chronic health issues
- · Depression/ MH issues
- Isolation
- Physical disabilities
- Transitions (e.g ployment / financial, housing)

Indicated

Michigan adults ages 55+:

- With alcohol use disorders (AUD)
- With other/poly drug use (including Rx)
- . In recovery from AUD



Intervening Variables - Human

Retail Access to Alcohol (e.g., over service & sales to intoxicated persons)

Social Access to Alcohol (e.g., social host practices)

Family Denial/Norms/History & Dynamics

Community & Cultural Norms

Limited awareness of impact of alcohol on changing metabolisms

Limited awareness of alcohol and other drug interactions

Intervening Variables - System

State services are not designed to address the specific substance needs of older adults

Health and human service workforce members do not have specialized knowledge, skills, and abilities needed to address older adult behavioral health issues



The health and human service system for older adults is fragmented across sectors at all levels & some key partners for older adult BH services may not see themselves as system members

Economic access of alcohol (e.g., price, promotion, outlet density)

Heroin Use Logic Model for Older Adults

Consequence

In 2017, heroin was involved in the following % of drug overdose deaths in Michigan:

- Ages 65+ 17%
- Ages 55-64 27%

From 2013 to 2017, heroin overdose deaths among adults 55+ population increased 238% among females and 188% among males. The death rate was 8.5 times higher among Blacks than Whites and 52% of deaths were Wayne County residents.

Problem Behaviors

Heroin Use

Target Populations

Universal

All Michigan adults ages 45-54 & 55+

Selective

Michigan adults 55+ with:

- · History of:
 - · AOD use
 - Opioid Rx drug use or Rx opioid use disorder (OUD)
 - · Criminal justice involvement
 - Trauma
- Chronic pain
- · Age-related health issues
- · Mental Health issues
- Social isolation
- Physical disabilities

Indicated

Michigan adults ages 55+:

- With an OUD
- With other/poly drug use (including Rx)
- In recovery from OUD

Intervening Variables - Human

Market Access to Heroin (readily available)

Social Access to Heroin (e.g., peer-to-peer, needle sharing)

Economic Access to Heroin (e.g., price)

Composition of Heroin (e.g., purity, presence of synthetic opioids and/or other drugs)

Community & Cultural Norms/Social Acceptance

Intervening Variables - System

State services are not designed to address the specific BH needs of older adults

The HHS workforce does not have specialized knowledge, skills, and abilities needed to address older adult BH issues

The HHS system for older adults is fragmented across sectors at all levels & some key partners for older adult BH services may not see themselves as system members

Other Opioid Use Logic Model for Older Adults

Consequence

In 2017, Rx opioids were involved in the following % of drug overdose deaths in Michigan:

- Ages 65+ 26%
- Ages 55-64 28%

In 2017, synthetic opioids were involved in the following % of drug overdose deaths in Michigan:

- Ages 65+ 33%
- Ages 55-64 44% Synthetic opioid involvement in drug overdose deaths among Michigan adults ages 55+ increased from 6.3% in 2013 to 41.2% in 2017.
- Ages 65+: 130% increase
- Ages 55-64: 61% increase
 The rate increased most among
 Black males and occurred
 mostly with Wayne County
 residents.



Problem Behaviors

Other Opioid Use
Misuse (Rx and illicit)

Target Populations

Universal

All Michigan adults ages 45-54 & 55+

Selective

Michigan adults 55+ with:

- · History of:
 - AOD use
 - Opioid Rx drug use or Rx opioid use disorder (OUD)
 - · Criminal justice involvement
 - Trauma
- · Chronic pain/fatigue
- · Age-related health issues
- · Mental Health issues
- Social isolation
- · Physical disabilities

Indicated

Michigan adults ages 55+:

- · With active OUD
- With other/poly drug use (including Rx)
- In recovery from OUD

Intervening Variables - Human

Medical Access

Social Access

Market Access (e.g., illegal sales, Rx drug diversion)

Cultural Norms

Limited Awareness of Addictive Nature of Rx Drugs

Limited Awareness of Drug Interactions

Limited Awareness of Changes in Metabolism

Intervening Variables - System

State services are not designed to address the specific BH needs of older adults

The HHS workforce does not have specialized knowledge, skills, and abilities needed to address older adult BH issues

The HHS system for older adults is fragmented across sectors at state and local levels & some key partners for older adult BH services may not see themselves as system members

Prescribing practices

Strategic Plan Template

Assessment Summary:

- Consequence:
- Behavior/Target Populations:
- Intervening Variables:

Problem Statement:

Goal 1:

Long-Term Outcome:

• Long-Term Outcome Indicator(s):

Objective 1.1

Intermediate Outcome:

Intermediate Outcome Indicator(s):

Immediate Strategy	Activities	Timeline		Who Is	Process	Outputs
		Start Date	End Date	Responsible	Indicators	
	Strategy	Strategy Activities		Strategy Activities I imeline Start Date End Date		







Thank You!

More Questions? Contact Us!

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