# SUBSTANCE USE DISORDERS AMONG OLDER OHIOANS – THE NEED FOR POLICY CHANGE

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**Bailee Brekke**
**Heather L. Menne**


MIAMI
UNIVERSITY
SCRIPPS GERONTOLOGY CENTER


100 Bishop Circle, Upham Hall 396, Oxford, OH 45056
MiamiOH.edu/ScrippsAging.org │ 513.529.2914 │ Scripps@MiamiOH.edu

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Bailee Brekke, BA

Heather L. Menne, Ph.D.

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# EXECUTIVE SUMMARY

## Key Takeaways

1. Nearly 4 million older Americans are struggling with substance use disorders (SUDs), which is likely minimized due to older adults' symptoms of SUDs being misattributed to the process of aging.
2. SUDs can be a stigmatizing diagnosis that prevents many older adults from seeking help, despite positive results associated with treatment.
3. Increased recognition, communication, and efforts from all levels of government are needed to address this crisis.
4. Ohio needs to continue to fund up-stream efforts to address the crisis specific to older adults.

# BACKGROUND

## Problem Identification

As the opioid epidemic continues to plague citizens of the U.S., one population in particular is steadily increasing in number and unfortunately being left out of the equation. In 2022, The National Survey of Drug Use and Health suggested that nearly 4 million older adults are living with a substance use disorder (SUD)[1]. A variety of substances are a concern for misuse and use disorder; alcohol, prescription drugs, and illicit drugs being the leading causes.[2] However, misuse of alcohol is at the top of the list. A recent study found that around 40,000 males aged 65+ died of excessive alcohol use between 2020 and 2021 and females aged 65+ accounted for around 30,000 deaths in the same year.[3] Another study found that 1 in 10 older adults participate in drinking behaviors that qualify as binge drinking.[4] The Agency for Healthcare Research and Quality AHRQ (2021) found that 12.8% of adults aged 65+ filled at least one outpatient opioid prescription, while 4.4% filled four or more. The same study found that adults who were poor, low income, or middle income, were more likely to fill four or more opioid prescription during the year.[5] It is important to recognize the range of the different types of substances, as well as the demographics that lead to increased substance use. More data are needed to determine the overall prevalence of behaviors that meet criteria for SUDs.

In Ohio, 6.1% of adults aged 65+ reported binge drinking and 3.7% reported misusing their prescription pain relievers in the past 30 days.[6] The southwestern region of the state surpassed the other regions with 14.3% prevalence of marijuana use.[7] The number of older adults struggling with SUDs is likely to grow in the upcoming years as the number of older adults continues to increase. By 2030, one in five Ohioans will be 65+, similar to the 21% projection for the entire country.[8] The baby boom cohort, those born between 1946 and 1964, has been identified as meeting criteria for SUDs at higher rates than previous cohorts,[9] however, older adults still have not been placed at the forefront of assessment and treatment.

Older adults are screened, assessed, and treated for SUDs at a lower rate than younger adults.[10] More specifically, one study found that older adults faced difficulty in screening and diagnosis due to physicians misattributing symptoms to the normal aging process.[11] Another study explained that current screening tools used by physicians are not fully applicable to the older adult population.[12] Older adults are also likely to respond differently to substances than other individuals. In 2020 The National Institute on Drug Abuse (NIDA) reported that drugs may increase the likelihood of mood disorders, lung and heart problems, and memory issues. Other negative results include increased risk of falls or motor vehicle accidents, along with prolonged recovery times from such injuries.[13] Current medical training and assessment measures for older adults with SUDs require reevaluation.

Not only are older adults facing misattributions from medical personnel but there are also stigmas associated with the diagnosis of SUDs.[14] Society has perpetuated this idea that older adults are not misusing substances based on data suggesting that older adults do not use alcohol or other drugs as frequently as younger adults.[15] Research has also shown that older adults are less likely to perceive SUDs as a problem which then leads to less use of treatment services.[16] A recent review found that only 18% of treatment programs are designed for older adults.[17] This may be due to an array of barriers specific to older adults, which include geographic or social isolation, limited mobility, financial problems, transportation issues, and shame.[18] [19] However, research has shown that older individuals who do seek treatment are responding well and, in some cases, better than their younger counterparts.[20] There is an opportunity to reevaluate treatment programs to help increase the number of older adults entering and recovering while in treatment.

# POLITICAL LANDSCAPE AND IMPLICATIONS

## Federal Level

The use of drugs and other substances has been a concern for the federal government dating back to the inception of the United States. A variety of actions have been taken to address this crisis, including outlawing alcohol in the 1920s, increasing criminal sentencing for possession of illegal substances, and announcing Nixon's infamous "War on Drugs." Despite what seemed to be the right courses of action at the time, rates of substance use have skyrocketed in recent years. As a result, during the Obama administration efforts were made to expand resources and protections for people with SUDs. More specifically, the Affordable Care Act created the largest expansion of mental health and substance use disorder coverage in a generation, increasing benefits and parity protections to more than 60 million people.[21] The U.S. Department of Health and Human Services (HHS) agencies including the Centers for Disease Control and Prevention (CDC), the Office of the Surgeon General, and SAMHSA all increased efforts to prioritize knowledge and supportive services for those in need during Obama's presidency.[22]

When Trump entered office, added efforts were enforced with the passage of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act in 2018. This was the largest congressional investment dedicated to overdose prevention, home and community-based treatments, and recovery programs to date. This act was set to address the nearly 70,000 lives lost due to drug overdose in 2018;[23] however, not too long after, the persistent efforts associated with this epidemic were derailed by a different challenge, the COVID-19 pandemic.

Ultimately, the onset of the pandemic shifted the focus from treating SUDs to finding a vaccine for the COVID-19 virus and allocating resources to supporting those with it. Now that we look back on the COVID-19 pandemic, we recognize its dramatic impact on the prevalence of SUDs. Studies reported a 23% increase in alcohol abuse and a 16% increase in drug abuse for people who had previously used such substances.[24] It is important to recognize how best to address some of the specific challenges that were placed on individuals as a result of the pandemic. For example, social distancing led to an increase in social isolation and in turn we find that those who were socially isolated reported a 26% higher consumption of substances.[25] Efforts need to be made to understand the full extent to which COVID-19 has impacted our society, especially for older people. More holistic approaches should be utilized to approach this problem and address their individualized needs.

The opioid epidemic is a policy issue that continues to be addressed from all angles of the U.S. political system. More recently, the Biden administration awarded states and territories $1.5 billion to address the needs of citizens struggling with SUDs. Funds were provided by HHS through SAMHSA's State Opioid Response and Tribal Opioid Response grant programs. The grants aim to increase access to treatment services for SUDs, remove barriers for public-health interventions (e.g., naloxone/medication to reverse an opioid overdose), and expand access to recovery services through the use of 24/7 Opioid Treatment Programs. The funds also provide increased support for overdose education, peer support, and other proactive strategies.[26] These efforts specifically target opioid use but fail to address the use of other substances (e.g., alcohol).

Federal agencies, such as SAMHSA, have recently been making their own strides to promote preventative measures to address this problem. SAMHSA published an updated prevention and response toolkit on February 1, 2024. The toolkit provides guidance on preventing overdoses, responding to overdoses, and offers population-specific guidance for a range of audiences.[27] However, despite the suggested "population-specific guidance," older adults were excluded. The toolkit mentions older adults once when referencing stigma and reporting that older people are undertreated with naloxone, thus leading to increased death rates. Again, there is a distinct gap in recognizing this population and providing effective treatments specific to older adults.

Fortunately, federal programs continue to allocate more funding into grants to support those in need, but consideration needs to be made to better understand the other funding sources that carry the rest of the weight. Medicare for example, spent a total of $825.9 billion in 2020 on beneficiaries.[28] And one study found that costs associated with opioid use disorder account for $15.8 billion of the total.[29] These expenses are due largely in part because Medicare does not cover various preventative measures or treatment services needed by individuals struggling with SUDs.

Strides were made with the passage of the 2018 SUPPORT Act to increase Medicare beneficiaries' access to services; however, gaps still remain. Medicare does not currently cover intensive outpatient, partial hospitalization, specialty addiction outpatient clinics, or residential treatment programs.[30] [31] Furthermore, Medicare is not subject to the Mental Health Parity and Addiction Equity Act, which requires coverage of and access to SUD and mental health benefits at the same level as medical and surgical benefits. Due to these gaps in coverage, many people are not accessing treatment, especially those ages 65+. Older Medicare beneficiaries reference barriers such as treatment being too expensive or not covered by their insurance plan.[32] A recent study sought to understand the financial ramifications associated with increasing Medicare treatment to include residential SUD care and intensive outpatient programs and allowing certified addiction counselors to bill Medicare.[33] The study found that increasing Medicare services would increase overall spending by 0.04% of the total Medicare budget and provide cost-savings of $1.6 billion annually.[34] Ultimately, there is a need to expand healthcare coverage for many beneficiaries reliant on Medicare, as there are hopeful results associated with doing so.

Medicaid is another health insurance payer that supports older individuals with the lowest incomes. Medicaid provides health insurance that includes care for mental health and SUDs. This coverage is much needed, since almost 12% of Medicaid recipients have an SUD, regardless of age.[35] Despite the increased provisions implemented by the Affordable Care Act, Medicaid coverage may not be the best avenue to ensure older adults are getting the support they need. More specifically, only 10% of older adults financially qualify for Medicaid services.[36] Ultimately, other programs (e.g., Medicare) need to be expanded to ensure that older adults are receiving the services they need.

Unfortunately, there are still underlying political divides surrounding the root of the problem in America. The United States Senate Special Committee on Aging held a hearing on December 14, 2023, titled "Understanding a Growing Crisis: Substance Use Trends Among Older Adults" which addressed the current crisis among older Americans. Talking points and questions from Committee members focused on increasing border security to halt the current influx of opioids entering the United States, as well as supporting grandparents caring for grandchildren due to the epidemic. Despite these two timely concerns, there was little discussion specifically regarding older Americans struggling with SUDs. Again, this reiterates the need for more specific support and acknowledgement dedicated to this population.

## State Level – Ohio

It was in 2007 that drug poisoning became the leading cause of accidental death in the state of Ohio.[37] Governor DeWine has continually referenced the fact that 13 Ohioans die each day from unintentional drug overdoses.[38] In response to this statewide public health crisis, Ohio created an advisory council titled, "RecoveryOhio", which is charged

with providing actionable items to help combat substance use. The Ohio Department of Medicaid also developed a 5-year pilot program to provide a waiver for Medicaid-enrolled residents with opioid use disorders or other SUDs.[39] Unfortunately, this program is set to expire in 2024 and was viewed as a "setback" by the Ohio Department of Medicaid, due to the temporary nature of the program. Not only did the program offer only temporary relief, but many older Ohioans do not financially qualify for this Medicaid waiver.

More recent efforts have been developed in the state of Ohio to address substance use, specifically the use of opioids, among older adults. The Ohio Department of Aging (ODA) came to a recent inter-agency agreement with the Ohio Department of Mental Health and Addiction Services (ODMHAS) with a request that $500,000 in appropriation for FY 2024 be allocated specifically to Ohio's older adults, their families, and the practitioners that serve them.[40] These funds are provided through SAMHSA block grants and will be allocated to centralize resources, training, and technical assistance for practitioners (e.g., home and community-based services (HCBS), assisted livings, and nursing homes) regarding opioids, stimulants, and co-occurring conditions such as mental illness, chronic pain, and cognitive decline. This is a great stride in the right direction for many older Ohioans, and it will be important to continue this inter-agency collaboration for the future.

With the reauthorization of the Older Americans Act (OAA), the main legislation that provides funding to states to support community-based services for older Americans, there is an opportunity to acknowledge and support the needs of older adults with SUDs. Recently, the Administration for Community Living (ACL) released a final rule to update the OAA regulations. In relation to SUDs, the Final Rule reflects once on state agencies including grandparents raising grandchildren due to substance use disorder, as a defined population with the greatest social need.[41] However, this misses those older adults who may be struggling with SUDs themselves. Substance use is mentioned once more with reference to the ombudsman programs reporting increased numbers of residents from long-term care facilities with mental illness and SUDs. ACL states they recognize the importance of including mental health authorities as options for ombudsman reporting, lumping substance use in with mental health in this case and not explicitly defining or presenting specific support opportunities for such programs. This is another unfortunate gap in current legislation that could ultimately make a large impact in the lives of older adults struggling with SUDs. It is important to recognize advances that have been made to support older adults, specifically, older Ohioans, to live independently in their homes through the use of OAA funding. But more recognition should be given to this topic to ensure strides are made to address the current crisis and the ramifications for the future.

An intervention was developed by the area agency on aging (AAA) in southwestern Ohio in response to the needs of older Ohioans struggling with SUDs. "Positive

Choices" is a care-managed program that supports older adults struggling with SUDs in achieving their long-term health-related goals. In conjunction with Medicare Advantage plans, the local AAA, Council on Aging, developed this program to address the unique health needs of older individuals with SUDs and complex health conditions. This program is currently serving individuals in the Northern Kentucky, Columbus, and Cincinnati regions. The program seeks to achieve numerous goals related to members' health status, including reducing healthcare utilization (e.g., lowered emergency room visits), improving members' health outcomes, and referring members to HCBS in their local community. Care managers help link members to addiction support, chronic disease support, and self-management coaching, all while addressing their psycho-social determinants of health. Positive Choices also makes referrals for clients to receive meals, home modification, and medical equipment resources. Other AAAs should consider implementing similar strategies to address the unique needs of residents across the state.

## RECOMMENDATIONS

Based on conversations with local, state, national, and federal officials, the subject of SUDs among older adults is addressed with hesitancy. Within discussions, three populations seemed to be the main focus: 1) younger relatives stealing prescription medications of older relatives, 2) grandparents caring for grandchildren due to SUDs, and 3) older adults misusing prescriptions medications. As discussed, efforts from the federal and state governments have been made to allocate more funding into treatment programs as well as preventative measures to support those individuals struggling with SUDs. Despite recognition that substance use is a state and nationwide issue, there is still work to be done to streamline efforts to ensure that this epidemic is better managed, and the unique needs of older adults are continuously prioritized. As the dangers associated with substance use continue to plague our country, we are in dire need of efforts from all levels - local, state, and federal - to address this crisis for older adults. Developing and implementing preventative measures will ultimately help lessen the economic burden placed on our current healthcare system. By identifying and addressing this issue now, we can better support older adults and avoid repercussions associated with substance use in the future. The following national and state level recommendations are provided:

### National Recommendations

1. **Avoid misattributing SUDs symptoms to the process of aging by increasing training for medical professionals, care managers, etc., and improving measures used to assess older adults.**

The unique needs of older adults struggling with SUDs require better assessments and management. Increasing training for professionals working with this population will help ensure that individuals are properly assessed and receive necessary treatment in a

timely manner. Assessments and treatment programs should be reevaluated to ensure that they appropriately address symptoms unique to older adults. Offering better tailored treatments for those older individuals with SUDs will help reduce the severity of this crisis for the future.

2. **Increase recognition of older adults with SUDs in federal legislation, such as the OAA.**

Increasing recognition of older adults with SUDs will help lessen the stigma associated with SUDs. Identifying older adults with SUDs as a population in need within federal legislation such as the OAA, will help increase opportunities for funding. Despite the lacking verbiage in the OAA Final Rule, it is imperative that this population be prioritized in other federal legislation moving forward.

3. **Increase data collection and analyses of all SUDs (e.g., alcohol, opioids) among older adults. More specifically, data provided by Medicare and Medicaid should be further explored.**

Unfortunately, a lot is still unknown about this population due largely in part to misattributing symptoms and lacking recognition; however, increasing efforts to better understand the prevalence of SUDs in older adults will help address the problem. Both Medicare and Medicaid serve older adults, many of whom struggle with SUDs, and data from these programs need to be further explored. Also, current research focuses primarily on opioids, but alcohol is the leading substance used among older people. Special emphasis should be placed on understanding the use of both alcohol and opioids among older adults.

## State Recommendations

1. **Continue inter-agency collaboration between state level agencies (e.g., ODA, ODMHAS) as well local entities (e.g., AAAs).**

Agencies such as ODA and ODMHAS have developed inter-agency agreements to address this crisis. It is important that ODA continue to maintain relationships with other state agencies to ensure that older adults are prioritized, especially those with SUDs. It is also imperative that local entities, such as AAAs across the state are involved. The Positive Choices program is a perfect example of an initiative developed at the local level that could potentially be implemented in other areas of the state. Increased collaboration will be key to ensuring this problem is best addressed throughout the state.

2. **Continue to fund up-stream initiatives for older Ohioans, such as allocating grant funding directly to increasing preventative measures.**

As imperative as it is to address the current crisis among thousands of older Ohioans, such as the 6.1% who report binge drinking and the 3.7% who report misusing their

prescription pain relievers; it is also important to set in place standards to address ramifications for the future. More preventative measures will need to be introduced. Grant funding allocated from ODMHAS to ODA to increase training for healthcare professionals is a prime example of upstream efforts to address the problem. State level officials should recognize the importance of being proactive in addressing this crisis rather than implementing reactive measures after it is too late.

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