Planning Comprehensive Strategies to Address Opioid Misuse Among Older Adult Populations

Dorothy J. Chaney
CADCA Trainer
LiveStream Training

• Goal is to keep everybody engaged
• CADCA staff will monitor the chat box
Objectives

At the end of the session, participants will be able to:

• Explain how the opioid issue is impacting older adults
• Understand how to develop a data driven comprehensive plan to address opioid misuse among older adults
• Identify key sectors to bring to the table
• Will allow for discussion and Q&A toward end of session
Why I want to do this webinar...

- Many coalitions are already working on prevention with older adults
- Very few coalitions have logic models!
- CADCA’s community change process works on many issues and certainly works on populations other than youth
- Invite you to share your logic models and strategies
- We learn from each other
Checking In....

What are some of the strategies that you are implementing to address opioid use among older adults?
Checking In....

How many of you have a data driven logic model with comprehensive strategies for older adults?
Today’s Session....

• If you have a logic model, hope to give tips to refine it

• Please share logic models!

• For those with no logic model, an opportunity to expand the work you are doing with a comprehensive road map

• I love logic models 😊
The Problem

Misuse of Prescription Medications Among Older Adults
According to the National Council on Alcoholism and Drug Dependence, alcohol and prescription drug problems among adults 60 and older is one of the fastest growing health problems facing the country.

- Between 6% and 11% of seniors admitted to hospitals show signs of alcoholism.
- Older adults are hospitalized as frequently for alcohol-related problems as for heart attacks.
- In 2013, 55 million opioid prescriptions were written for people 65 and older, a 20% increase from 2008.
Many are taking the abuse of cocaine, heroin, marijuana, and other illicit drugs into their “golden years”

Although alcohol remains the top substance of choice among older adults, the aging baby boom cohort has resulted in illicit drugs accounting for a growing proportion of users and admissions to treatment facilities.

The prevalence of cannabis use has increased significantly in recent years among US adults aged 50 and over.

Cannabis is the most prevalent drug of use after alcohol and tobacco by adults aged 50 and over.
Medication Use – Older Adults

Older Adults….

Consume 3 times the Rx as the general population

Purchase almost $\frac{3}{4}$ of all OTC medications

Medication Use in Older Adults is Often Unintentional

- Consume extra doses
- Misunderstand instructions
- Mix medications
- Mix meds with alcohol

Commonly Misused Medications

- Painkillers
- Antianxiety medications
- Sleeping pills
- Diet aids
- Decongestants

Past year opioid misuse among people aged 18 or older, by age group: 2002-2014 NSDUH
First-Time Treatment Admissions Primary OUD 55 and Older


cadca.org
Percentage of Patients Reporting Suicidal Thoughts in the Past Year

Adapted from Schepis et al. 2018. Permission for use of data provided by Dr. T.S. Schepis.
Following the SPF to address Opioid Use Among Older Adults
Needs Assessment Data

**Problem** of nonmedical use of opioids and other medications

**Root Causes** (risk factors) of the problem

**Consequences** of nonmedical use of opioids and other medications

Demographics: older adults

**Local Conditions** provide evidence of the root causes
Risk Factors/Root Causes

Misuse of Prescription Medications Among Older Adults
Risk Factors


GOAL: To explore the risk and protective factors associated with the nonmedical use of the opioid/pain reliever class of prescription drugs (PD), identifying those with the strongest, most consistent links to use, and therefore those that may serve as the strongest levers of change. Using a social-ecological framework, this document describes some of the most commonly researched risk and protective factors related to the non-medical use of prescription drugs (NMUPD) based on published research from 2006-2011. The review of the empirical literature focused on US samples of adolescents and older adults.
Risk Factors

- Community Norms
- Favorable Attitudes
- Availability
- Low Perception of Risk
Local Conditions

Misuse of Prescription Medications Among Older Adults
Community Norms/Favorable Attitudes
Community Norms/Favorable Attitudes

Sharing/Community “Doctoring”
Checking In....

What do the local conditions look like in your community?
Strategies

Misuse of Prescription Medications Among Older Adults
¡Preocupado por usted o un ser querido? La ayuda está disponible:

IMPACT 2-1-1 Línea directa de recursos
Proporciona recursos y asesoramiento las 24 horas, los 7 días de la semana.
Simplemente marque 2-1-1

Envíe su código postal al 898-211

Fuente
Opioid Overdose. Centers for Disease Control and Prevention
https://www.cdc.gov/drugoverdose/index.html
COMBATING THE OPIOID CRISIS

How big is the problem?:

- 130 Americans die every day from an opioid overdose
- The number of overdose deaths is 6 times higher in 2017 compared to 1999
- In 2017, over 191 million opioid prescriptions were dispensed to Americans
- 1-in-4 patients on long-term opioid therapy struggle with opioid addiction

Three actions you can take to help combat the opioid crisis:

1. Understand the signs of an opioid overdose and how to reverse one

   **Signs of an overdose**:°
   - Small, constricted “pinpoint pupils”
   - Falling asleep or loss of consciousness
   - Slow, shallow breathing
   - Choking or gurgling sounds
   - Limp body
   - Pale, blue, or cold skin

   **Narcan® Nasal Spray**
   - Use for the emergency treatment of a known or suspected opioid overdose
   - Obtain Narcan® nasal spray from your pharmacy (no prescription or medical training required)
   - Call 911 immediately after administering Narcan® nasal spray

2. Ask your provider about alternative pain management options other than opioids

   **Possible alternatives**:°
   - Over the counter pain medications such as acetaminophen (Tylenol®), ibuprofen or naproxen - with approval from your provider
   - Learn how to modify physical, behavioral, and emotional triggers of pain and stress
   - Physical therapy
   - Non-opioid prescription medications
   - Injection therapies, such as steroids
   - Exercise and weight loss
   - Acupuncture
   - Massage
Lesson One
Understanding Changes Associated with Aging

Lesson Two
Aging Sensitivity

Lesson Three
Valuing Cultural & Generational Diversity

Lesson Four
Medication & the Older Adult

Lesson Five
Addiction, ATOD & the Older Adult

Lesson Six
An Enhanced Quality of Life
WISE participants had significantly higher scores on all three outcomes than subjects who did not participate.
Behavior Changes

84% Participants made behavior changes within 6 weeks of beginning the WISE program

On average, participants made seven behavior changes

Behavior changes included:
- Reduced or eliminated alcohol use
- Used a pill box to organize medicine
- Kept a list of medications in purse or wallet
- Changed doctors
- Asked doctor questions (changed/reduced medicine)
- Talked to a friend or counselor when feeling down
Some Strategies fit more than one Local Condition

Mail order deterra bags
Strategies that Reduce Barriers

Many communities work with local Law enforcement to do mobile disposal in assisted living, senior centers, Meals on Wheels and other places.
STATE SUCCESSES: Decreases in Opioid Prescribing

Average Morphine Milligram Equivalents (MME)* per person decreased in most counties in Florida, Ohio, and Kentucky from 2010 to 2015.

These states have regulated pain clinics and set requirements for their state’s PDMP.

PDMP, Prescription Drug Monitoring Program, is a state-run electronic database used to track the prescribing and dispensing of controlled prescription drugs to patients.

FLORIDA
80% of counties DECREASED

OHIO
85% of counties DECREASED

KENTUCKY
62% of counties DECREASED

www.cdc.gov/vitalsigns/opioids

* MME is a way to calculate the amount of opioids, accounting for differences in opioid drug type and strength.
Following the SPF to address Opioid Use Among Older Adults
Parents drink at High School Football Games
Favorable Parental Attitudes
Parents host Graduation parties with alcohol
Liquor stores not Carding Under 21
Youth drink at off-campus college parties

Logic Model

Problem Statement

But Why? (Root Cause)

But Why Here? (Local Conditions)

Local Conditions
- Specific
- Identifiable
- Actionable
Underage Drinking
- 30-day use
- Age of Onset

Favorable Parental Attitudes
- Perception of Risk
- Parental Disapproval

Availability Of Alcohol
- Perceived Availability
- Police Reports

Parents drink at High School Football Games

Parents host Graduation parties with alcohol
- Police Reports
- Interviews

Liquor stores not Carding Under 21
- Compliance Check
- Youth Survey

Youth drink at off-campus college parties
- MIP Arrests
- College Reports

Considerations:
- 2 pieces of data for each element
- Include quantitative and qualitative data
- Must be able to collect the same data multiple times
Comprehensive Strategies

1. Provide information
2. Build skills
3. Provide support
4. Change barriers / access
5. Change consequences / incentives
6. Alter the physical design of the environment
7. Change policies, rules, practices, procedures
Comprehensive Strategies

- Send flyers / meet retailers
- Training on sign restrictions
- Law Enforcement MOU
- Recognize retailers
- Alternative Ads
- Sign Removal
- City Ordinance

Underage Drinking

Promotion

- Store windows on Main Street are covered with alcohol ads
- Alcohol industry sponsors three community events

...
Why Use a Logic Model?

1. It’s a road map – it defines your destination!
2. Clarifies what is needed from your members
3. Helps you set a path to reach your goal
4. EVALUATION!!
Comprehensive Strategies for Impact

Building a Logic Model

Waukesha County
Heroin Task Force
## Community Survey for Older Adults

700 responses

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you take prescription meds</td>
<td>91.7%</td>
</tr>
<tr>
<td>2. Able to afford meds</td>
<td>6.6%</td>
</tr>
<tr>
<td>3. In the past year have you tried to decrease the meds taken</td>
<td>40.7%</td>
</tr>
<tr>
<td>4. Difficult or confusing to read prescription labels</td>
<td>12.1%</td>
</tr>
<tr>
<td>5. Concerns about taking wrong med</td>
<td>10.8%</td>
</tr>
<tr>
<td>6. How often forget if took med</td>
<td>1% Often; 34.5% sometimes</td>
</tr>
</tbody>
</table>
Community Survey results, continued

1. In past year, prescribed pain killers
2. Have alternatives been given for pain relief
3. Have you adjusted alcohol use due to the medications taken

1. 18.9% Yes
2. 58.7% No
3. 13.6% Decrease; 33.9% Remain the same
LOGIC MODEL: PREVENTION PILLAR

Older adults have many medications that look alike and are in similar bottles that are hard to differentiate.

PROBLEM STATEMENT

POLY DRUG USE IN OLDER ADULTS IS A CONCERN

INTERVENING VARIABLE (BUT WHY?)

ROOT CAUSE

DATA POINTS:
- PCP FOCUS GROUPS
- PAUL KRUPSKI ??
- ICD-10 CODES

CONTRIBUTING FACTORS (BUT WHY HERE?)

LOCAL CONDITIONS

ACCESS - SOCIAL & RETAIL

OLDER ADULTS ARE MIXING MEDICATIONS

DATA POINTS:
- # OF RX WRITTEN FOR OLDER ADULTS
- SIZE OF RX DISPENSED TO OLDER ADULTS
- MEDICATION ADHERENCE

DATA POINTS:
- ADRC FOCUS GROUPS
- PROHEALTH AND AURORA SENIOR BREAKFAST MEETINGS
- PHARMACIST FOCUS GROUPS

STRATEGIES

1. PROVIDING INFORMATION
Community education for individuals, extended family members and caregivers.

2. ENHANCING SKILLS
CBRF, nursing home and Pharmacist outreach to build skills.

3. PROVIDING SUPPORT
Find funding / grant writing

4. ENHANCING ACCESS / REDUCING BARRIERS
Purchase and distribute special bottles, labels and/or packaging.

5. CHANGING CONSEQUENCES
Heroin Task Force letters of support, news conference, invite Brad Schimel.

6. PHYSICAL DESIGN
Change the medication bottle.

7. MODIFYING / CHANGING POLICIES
Opiates dispensed in Waukesha County will have special packaging. Pharmacies in Waukesha County will adopt new policies and participate in the program.
Coalition:

Problem

Root Causes

Local Conditions & Data
(Specific, identifiable/ actionable)

Retirement homes offer happy hours every evening

Data #1: Environmental scan of retirement homes in ABC # of happy hours
Data #2: # of seniors who report that they think there is low risk in drinking alcohol while on Rx meds

Retirement homes purchase alcohol and deliver to older adults in response to doctor’s recommendations

Data #1: interviews with residential care workers
Data #2: interviews with residents in retirement homes

Older adults in ABC community share Rx among each other to save on medical costs

Data #1: # of older adults who report on community survey that they share Rx with peers
Data #2: # of older adults who report that they would take Rx from friends to save $4

Older adults take medications that are expired because they have the same symptoms and do not want to waste the medications

Data #1: interviews with pharmacists
Data #2: interviews with older adults
Local Condition: Older adults take medications that are expired because they have the same symptoms and do not want to waste the medications

1. **Provide** information: WISE Program
2. **Build** skills: WISE program; Work with pharmacists and physicians to provide patient education materials – risks of expired meds and self diagnosis
3. **Provide** support: Print education materials in Spanish; pay for WISE
4. **Change** barriers / access: Meals on Wheels take back program; offer take back events and education at retirement homes
5. **Change** consequences / incentives: Recognize retirement homes that participate in WISE and take back events
6. **Alter** the physical design of the environment: Signage in pharmacy and retirement home
7. **Change** policies, rules, practices, procedures: sign MOU with law enforcement to do Meals on Wheels take back quarterly; Pharmacists and Physicians agree to policy for specific patient education with all older adult patients
Key Stakeholders

- ADRC
- Pharmacists
- Home Health Care
- Health Care agencies
- Extended family members
- Veteran’s Affairs
- Who else?
Key Stakeholders

• Exciting opportunity to move beyond the 12 sectors

• Developing a logic model clarifies roles

• Being able to evaluate the work will keep people engaged!
Checking In....

What data can you collect locally to measure the problem?
Risk Factors?
Local Conditions?
A Common Question

• Our coalition is already implementing strategies. How do we go back to the drawing board and develop a logic model without losing momentum – and without the members feeling like they were doing something wrong?

Learn effective substance use and misuse prevention strategies

Four days of intensive, in-depth training

Opening Plenary Keynote Speaker
Elinore F. McCance-Katz, M.D., Ph.D.
Assistant Secretary of the Substance Abuse and Mental Health Services Administration (SAMHSA)

CADCA.org/MYTI2020
Annual Survey of Coalitions

CADCA’s Annual Survey is a leading source of information on community-level substance use and misuse prevention.

Your participation helps:
- Determine coalition development needs
- Prepare relevant briefs and webinars
- Identify successful coalition strategies
- Develop collaborative projects between coalitions, CADCA and our partners
- Inform community-level prevention research

Complete the survey by May 27 for a chance to win a $100 Visa gift card

Email survey@cadca.org to receive a survey link

More info available on cadca.org/annual-survey
Questions and Answers