Planning Comprehensive Strategies to Address Opioid Misuse Among Older Adult Populations

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CADCA
Building Drug-Free Communities

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cadca.org

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

National Statistics

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

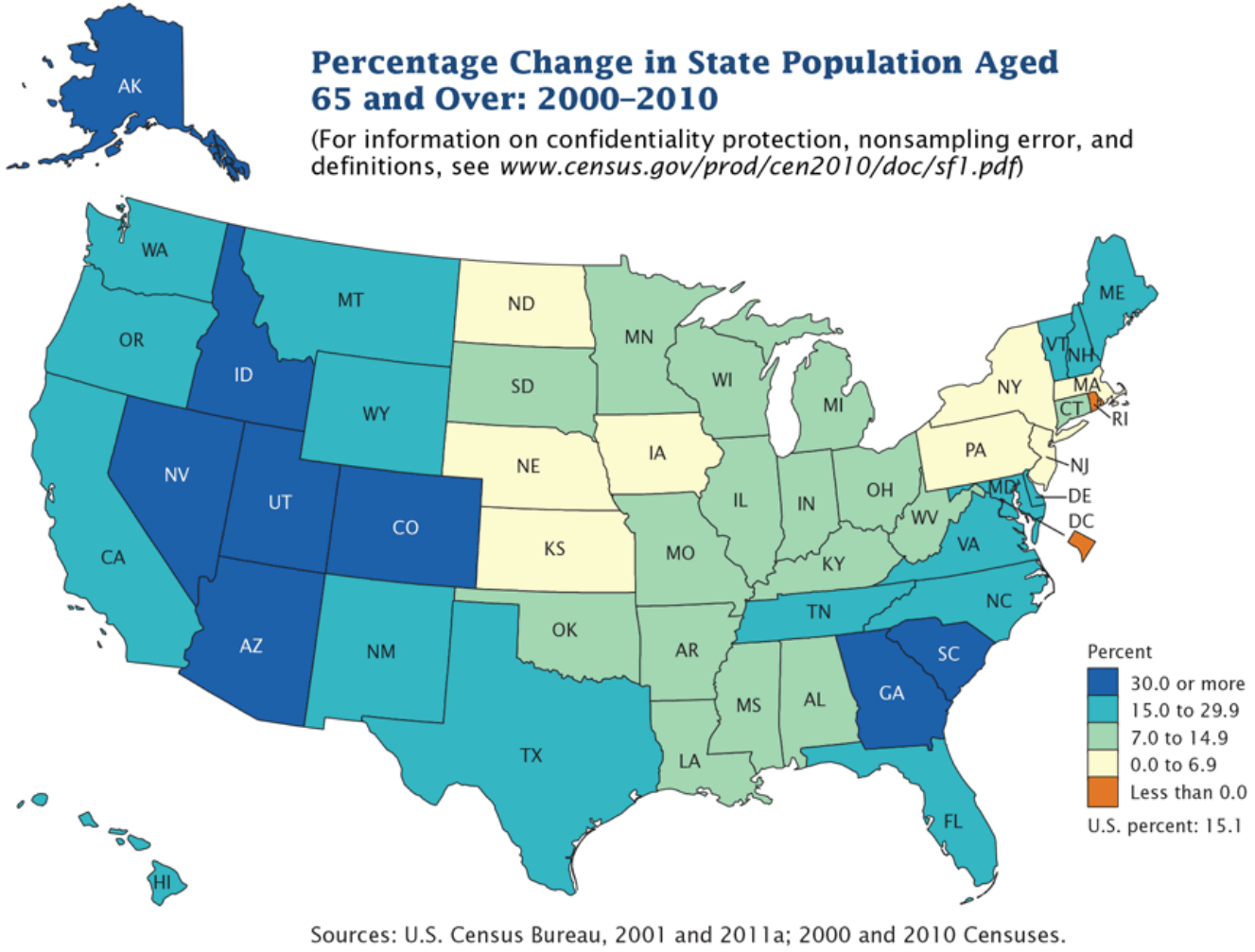
Older adults are hospitalized as frequently for alcohol-related problems as for heart attacks

In 2013, 55 million opioid prescriptions were written for people 65 and older, a 20% increase from 2008.

78 Million Baby Boomers Nationwide

+ 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



Source: http://www.socialworktoday.com/archive/012312p8.shtml *and* Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS) and the National Survey on Drug Use and Health, 2010, 2011.

Its Not Only Rx

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 ¾ of all OTC medications

https://www.todaysgeriatricmedicine.com/archive/071708p20.shtml

Medication Use in Older Adults is Often Unintentional

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

https://www.todaysgeriatricmedicine.com/archive/071708p20.shtml

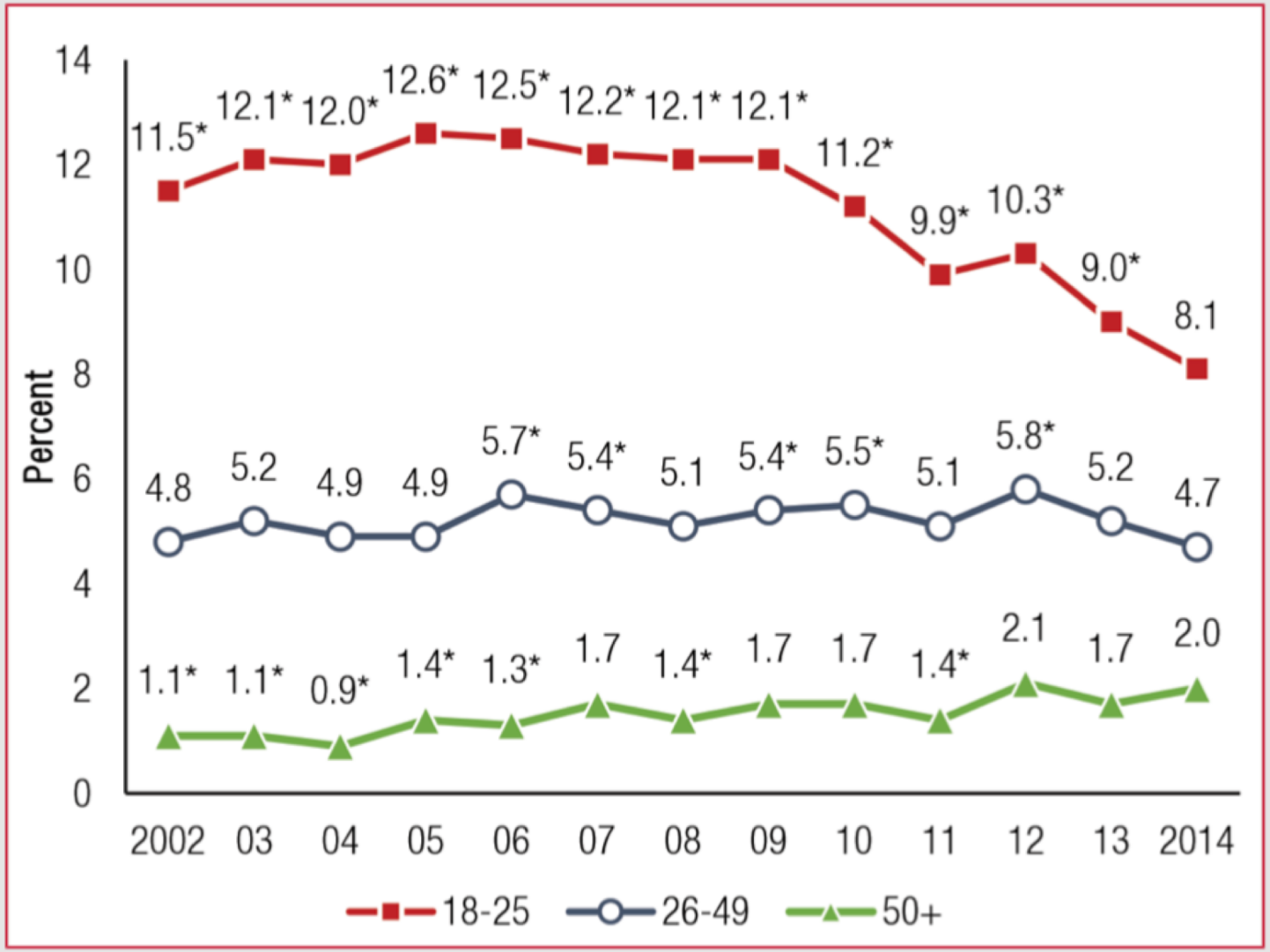
Medication Use – Older Adults

Commonly Misused Medications

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

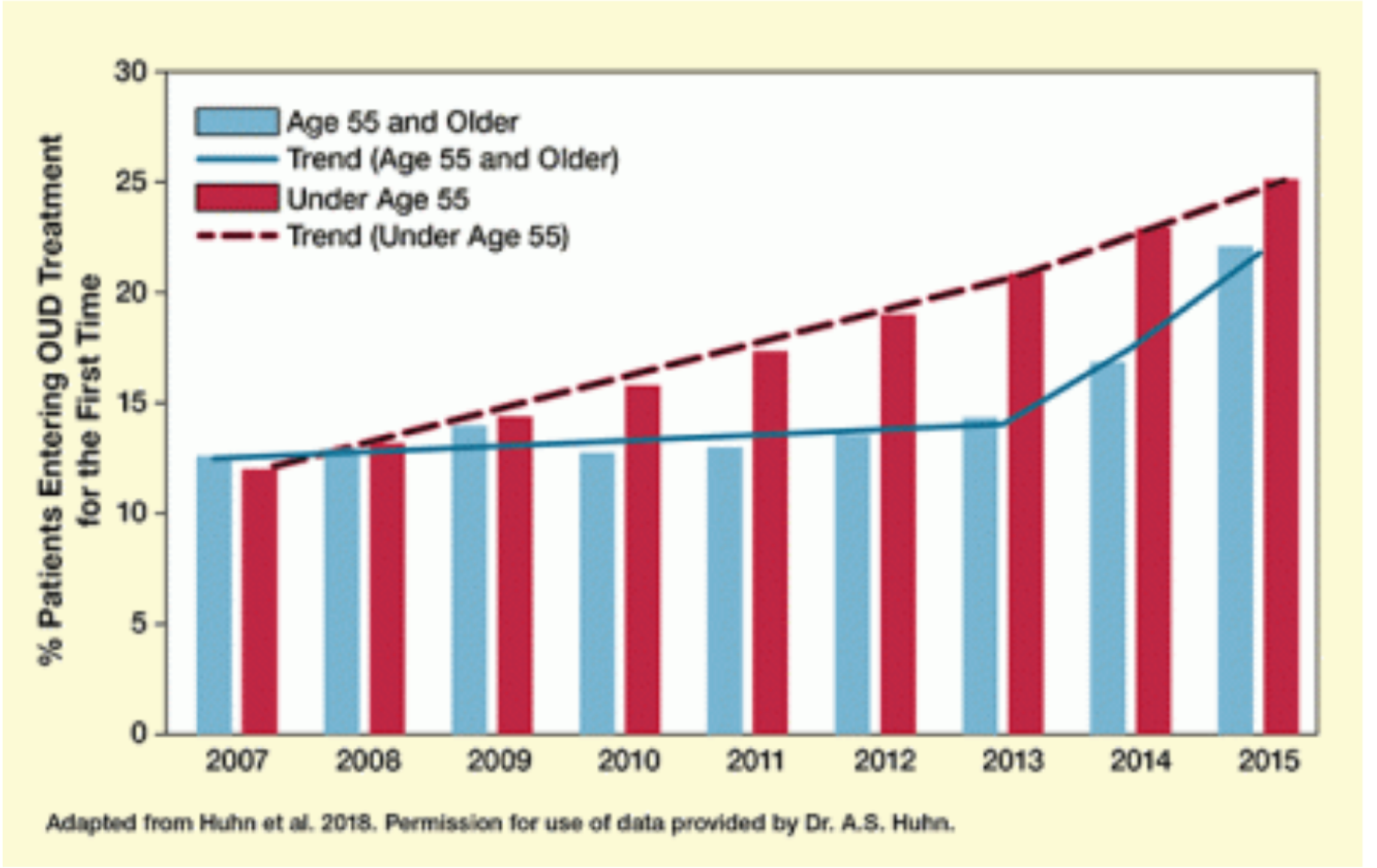
https://www.todaysgeriatricmedicine.com/archive/071708p20.shtml

Past year opioid misuse among people aged 18 or older, by age group: 2002-2014 NSDUH



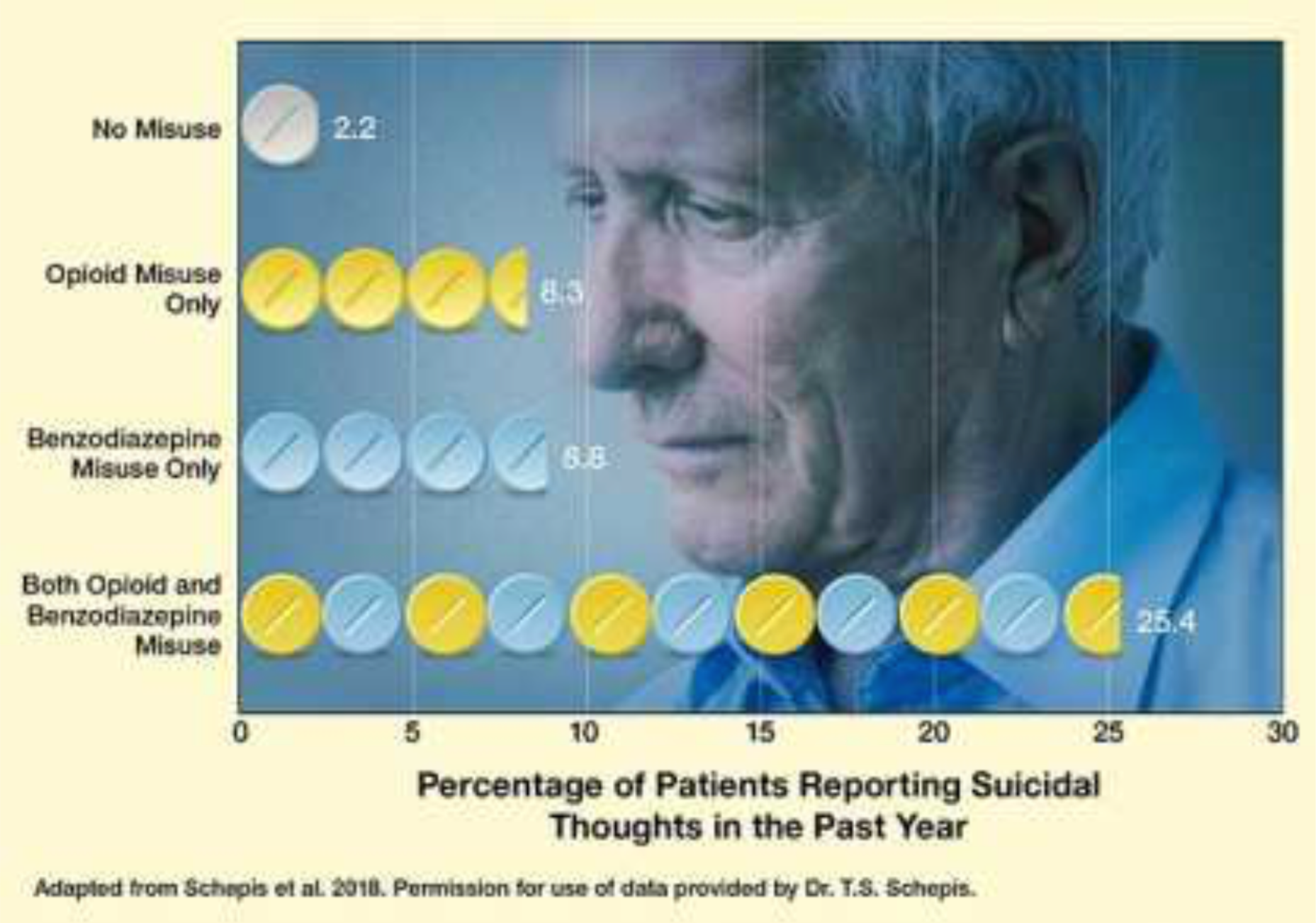
https://www.samhsa.gov/data/sites/default/files/report_3186/Spotlight-3186.pdf

First-Time Treatment Admissions Primary OUD 55 and Older



Adapted from Huhn et al. 2018. Permission for use of data provided by Dr. A.S. Huhn.

https://www.drugabuse.gov/news-events/nida-notes/2019/07/drug-use-its-consequences-increase-among-middle-aged-older-adults



https://www.drugabuse.gov/news-events/nida-notes/2019/07/drug-use-its-consequences-increase-among-middle-aged-older-adults

Following the SPF to address Opioid Use Among Older Adults

Needs Assessment Data

Problem of nonmedical use of opioids and other medications

Consequences of nonmedical use of opioids and other medications

Root Causes (risk factors) of the problem

Demographics *older adults*

Local Conditions provide evidence of the root causes

Risk Factors/Root Causes

Misuse of Prescription Medications Among Older Adults

Risk Factors

Risk and Protective Factors Associated with Non-Medical Use of Opioids: Literature Review (2006–2011)

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.

http://masstapp.edc.org/sites/masstapp.edc.org/files/Risk%20and%20Protective%20Factors-NMU%20of%20opioids.pdf

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
-o-
Envíe su código postal al 898-211

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

11/19

elevate community resource center

ARC Addiction Resource Council, Inc.

Concordia University Wisconsin | School of Pharmacy

Froedtert & Medical College of Wisconsin

ProHealth Care
ProHealthCare.org

COMBATIENDO LA CRISIS DE OPIODES

Waukesha County Heroin Task Force

COMBATING THE OPIOID CRISIS

How big is the problem?[1]

- 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[1]

- 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

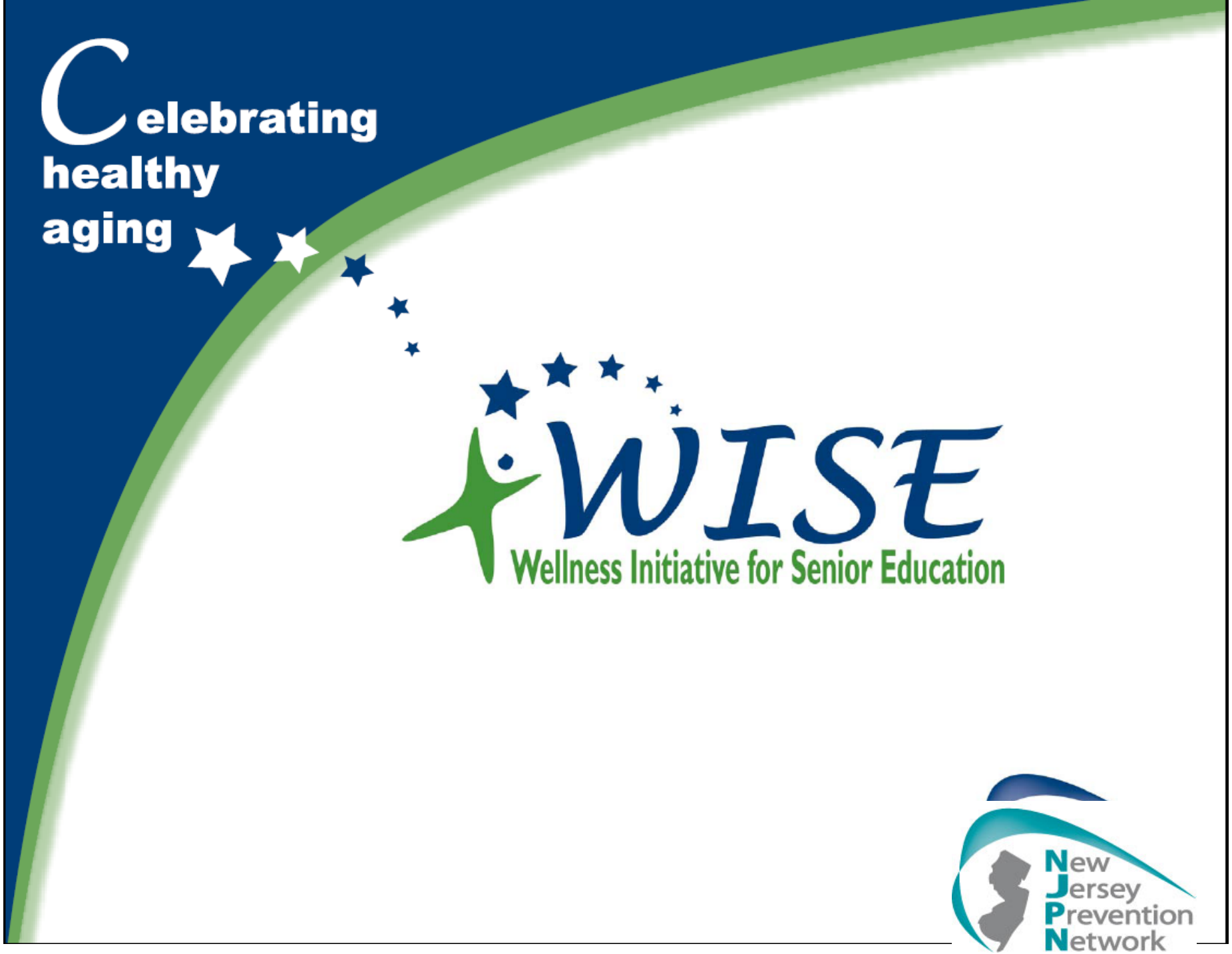
2. Ask your provider about alternative pain management options other than opioids

Possible alternatives[1]

- 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

Waukesha County Heroin Task Force

Celebrating healthy aging



WISE Six Lesson Curriculum

Lesson One

Understanding Changes Associated with Aging

Lesson Two

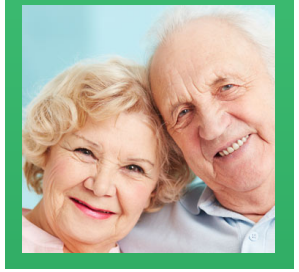
Aging Sensitivity

Lesson Three

Valuing Cultural & Generational Diversity

Lesson Four

Medication & the Older Adult



Lesson Five

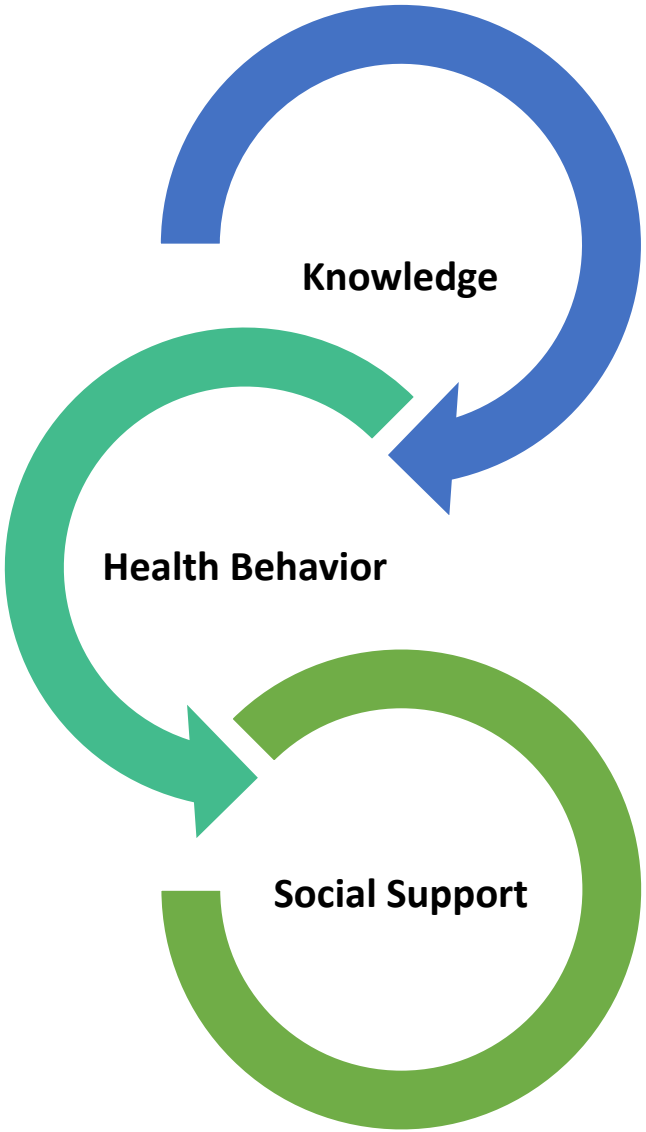
Addiction, ATOD & the Older Adult

Lesson Six

An Enhanced Quality of Life

Key Evaluation Findings

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

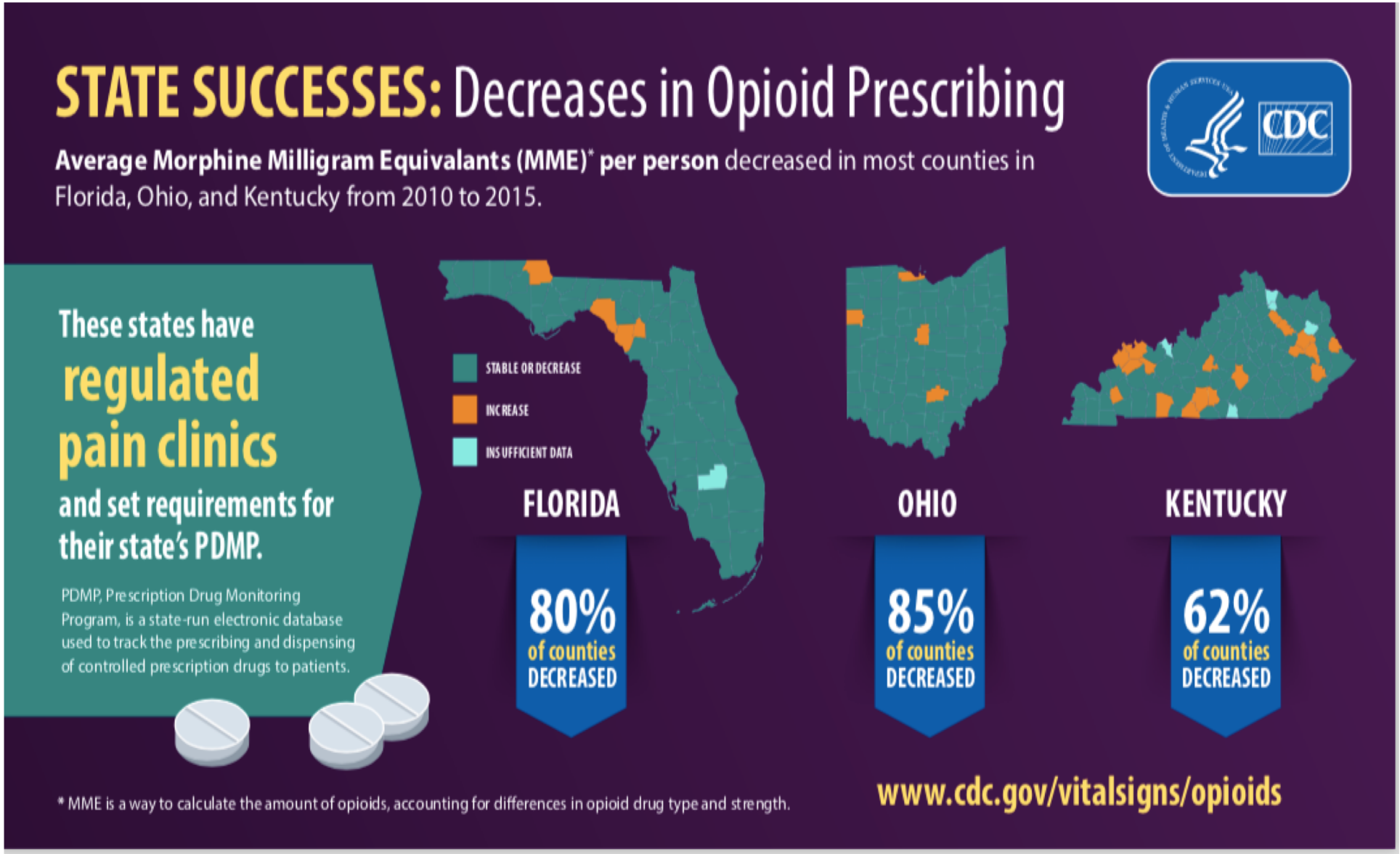
Mail order deterra bags

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

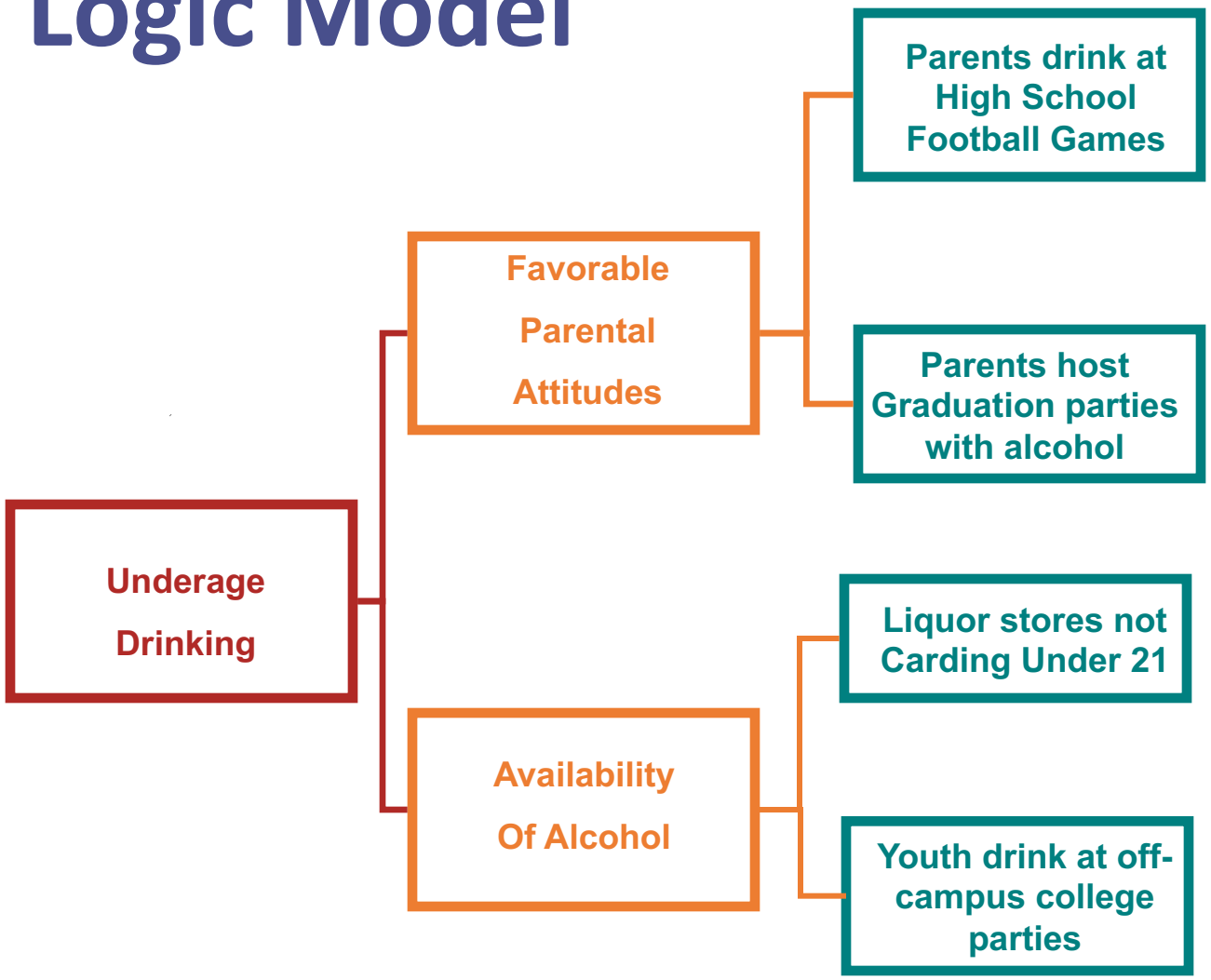
STATE SUCCESSES: Decreases in Opioid Prescribing

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



Following the SPF to address Opioid Use Among Older Adults

Logic Model



Problem Statement

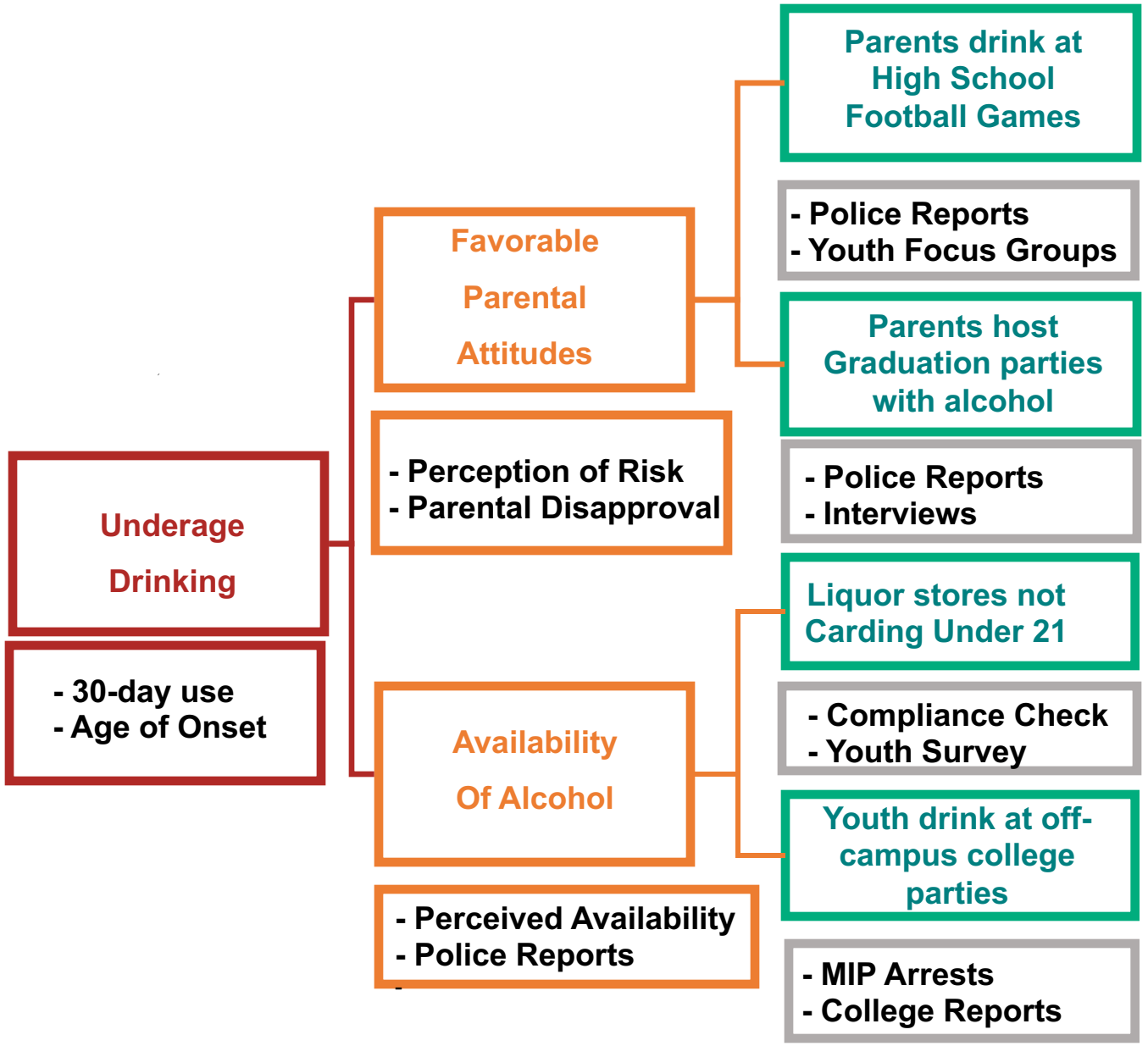
But Why? (Root Cause)

But Why Here? (Local Conditions)

Local Conditions

- Specific
- Identifiable
- Actionable

CADCA Logic Model



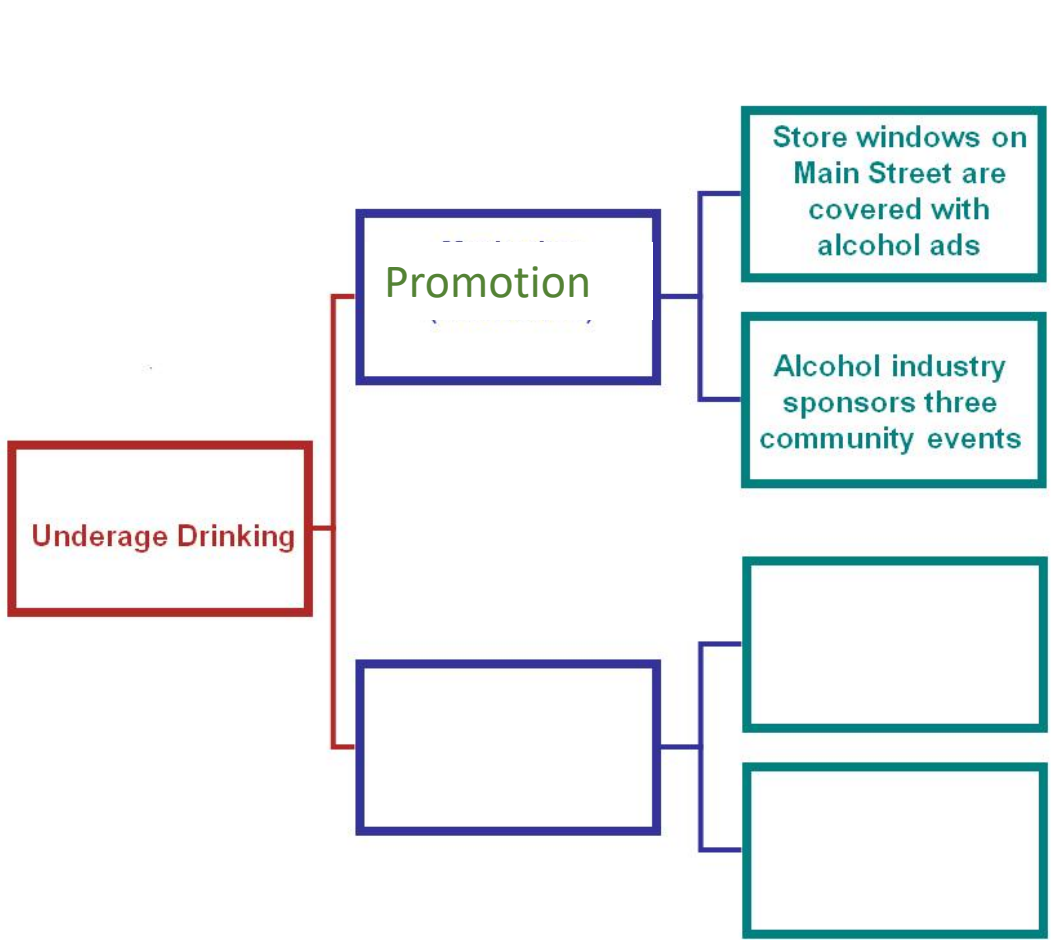
Considerations:

- 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

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

1. Do you take prescription meds	1. 91.7% Yes
2. Able to afford meds	2. 6.6% No
3. In the past year have you tried to decrease the meds taken	3. 40.7% Yes
4. Difficult or confusing to read prescription labels	4. 12.1% Yes
5. Concerns about taking wrong med	5. 10.8% Yes
6. How often forget if took med	6. 1% Often; 34.5% sometimes

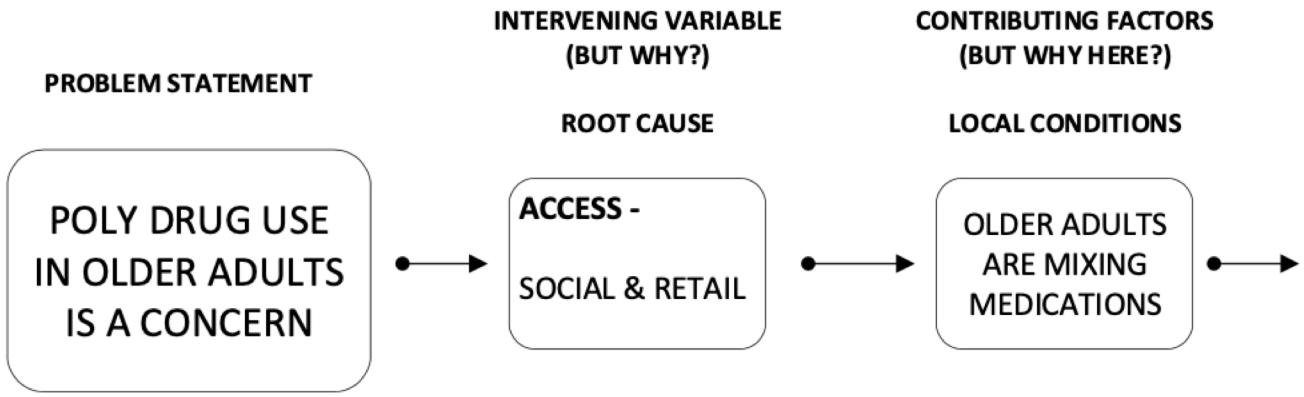
Community Survey results, continued

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.



DATA POINTS:

- PCP FOCUS GROUPS
- PAUL KRUPSKI ??
- ICD-10 CODES

DATA POINTS:

- # OF RX WRITTEN FOR OLDER ADULTS
- SIZE OF RX DISPENSED TO OLDER ADULTS
- MEDICATION ADHEARENCE

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)***
Older adults are misusing Rx medications	Low Perception of Risk/Favorable Attitudes	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
	Data #1 # of seniors who report that most of their peers regularly drink alcohol to socialize Data #2: # of seniors who report that they regularly drink alcohol with peers	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
Data #1: ER Hospital Admissions Data #2: Interviews with pharmacists	Availability	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 $
	Data #1: # of older adults who report on community survey that they can easily access medications in the community Data #2: interviews with family members	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?

2020 VIRTUAL MID-YEAR TRAINING INSTITUTE

Prevention
Progress
Possibilities

CADCA

2020 MYTI

July 26–30, 2020
#CADCAMidYear

Join us in supporting Prevention. Progress. Possibilities.

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