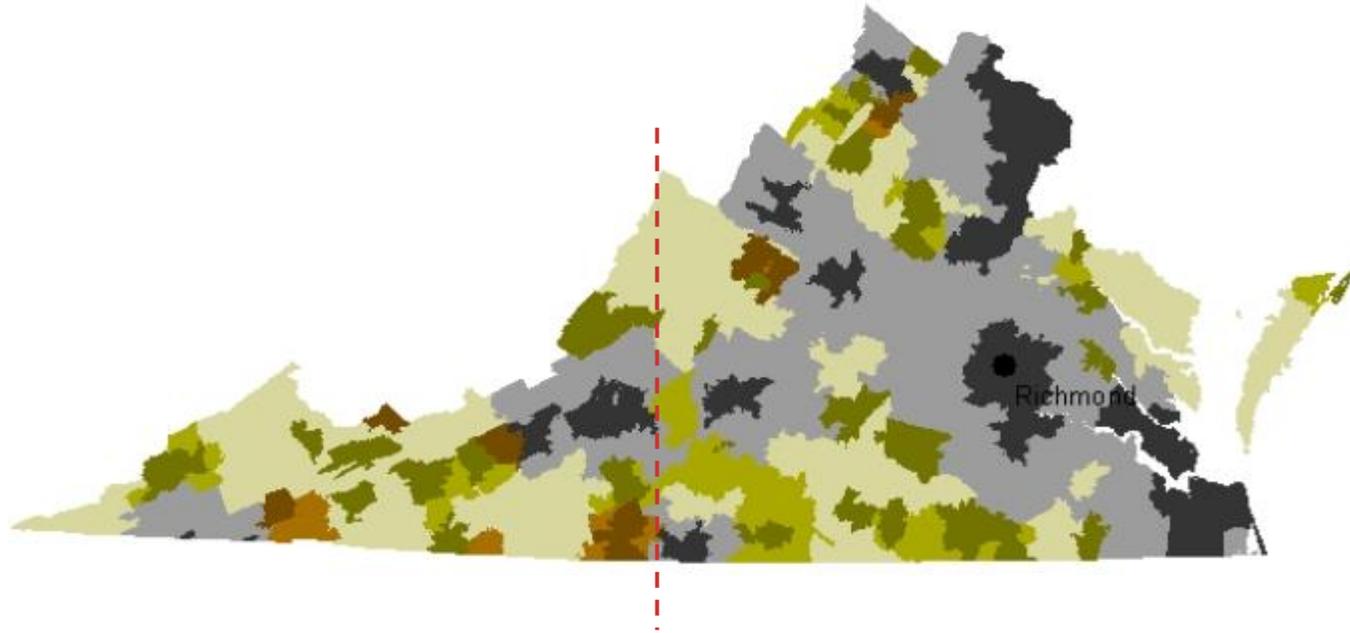


# The Role of the Opioid Crisis in Elder Abuse

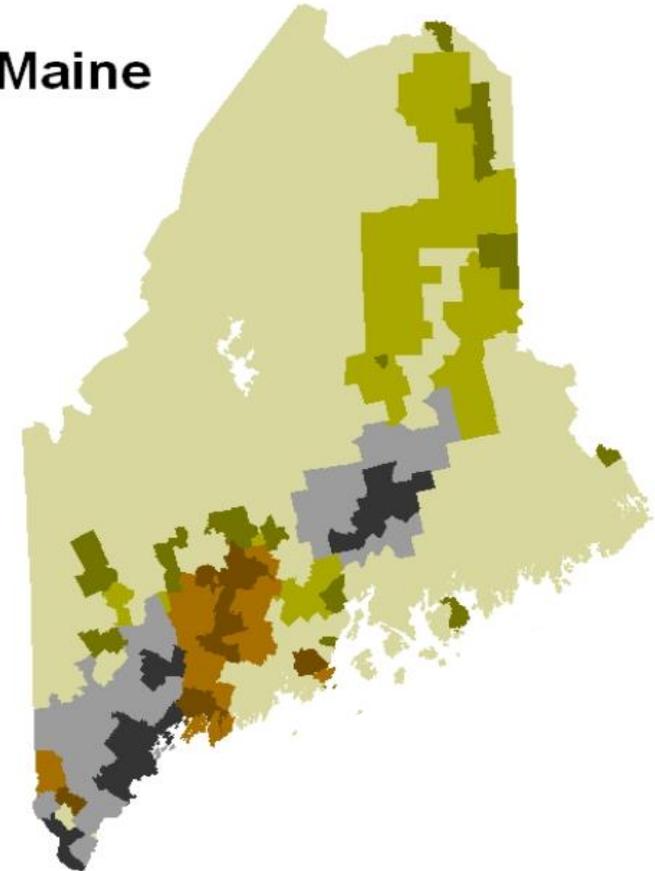
Kimberly Snow  
Jennifer Pratt  
Stuart Bratesman

This report was prepared under a contract between the Muskie School of Public Service, University of Southern Maine and the Maine Department of Health and Human Services (DHHS), Office of Behavioral Health (formerly Substance Abuse and Mental Health Services), DHHS Agreement #OSA-20-903 and supported through the following federal grants: Centers for Disease Control and Prevention (CDC) #1 NU17CE924969-01 Injury Prevention and Control Research and State and Community Based Programs; Substance Abuse & Mental Health Services Administration (SAMHSA) #1 NU17CE924969-02 Injury Prevention and Control Research and State and Community Based Programs; and CDC #1 NU90TP921964-01-00 Public Health Emergency Response: Cooperative Agreement for Emergency Response: Public Health Crisis Response. The opinions, findings, and conclusions or recommendations are those of the authors and do not necessarily reflect those of Maine DHHS, CDC, SAMHSA, or the University of Southern Maine.

# Virginia

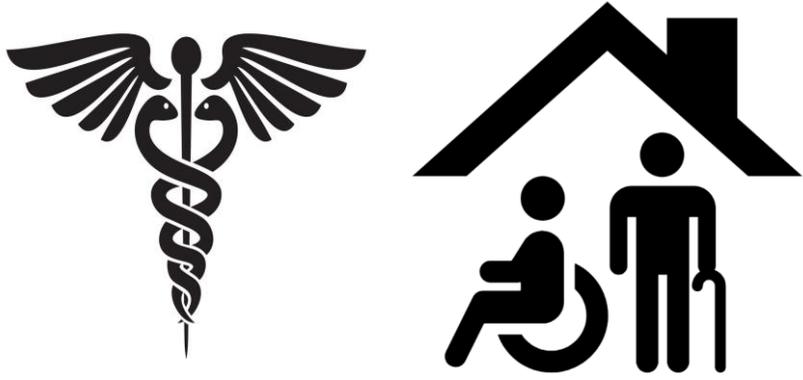


# Maine



Source: [https://depts.washington.edu/uwruca/map\\_7.php](https://depts.washington.edu/uwruca/map_7.php)

# Common Systemic Rural Issues



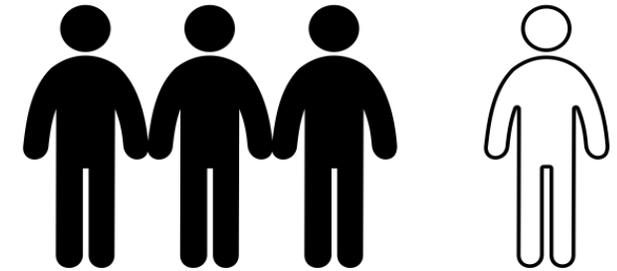
VectorStock.com/1023774

**Decreased availability of health care and long term services and supports**



Created by Effach  
from Noun Project

**Increased levels of poverty**



Created by Nicolas Vicent  
from Noun Project

**Increased social isolation**

# Opioids and Older Adults

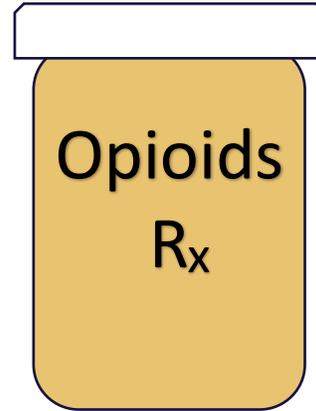
Nationally, 15% of the population has at least one opioid prescription. However, adults age 65 and older have the highest opioid prescription medication use (25%).

Age group (years)	Percent of population with at least one opioid prescription
0-14	1
15-19	9
20-24	11
25-34	15
35-44	18
45-54	20
<b>55-64</b>	<b>24</b>
<b>65+</b>	<b>25</b>

# Opioids and Older Adults



Created by Gan Khoon Lay  
from Noun Project



Created by bDara  
From Noun Project

**11% of adults 65-84 and 16% of adults 85+ report having “high impact” pain— chronic pain limiting life or work activities on most days or every day in the past six months.**

Source: Gazelka, H.M., Leal, J.C, Lapid, M.D. & Rummans, T.A. (2020). Opioids in older adults: Indications, prescribing, complications, and alternative therapies for primary care. *Mayo Clinic Proceedings*, 95(4), 793-800. <https://doi.org/10.1016/j.mayocp.2020.02.002> as accessed 4/15/2021.

# Opioid Misuse and Older Adults

## Opioids Can Derail The Lives Of Older People, Too

•December 20, 2016 4:29 PM ET

Heard on [All Things Considered](#)

JENNY GOLD

"From the surgeon's standpoint, the operation was successful....The **problem was, the pain didn't go down. It went up.**"

Doctors prescribed opioids, including **Oxycontin**.  
"They decreased the pain, particularly at first.... As **time went on**, [the pills] had less and less effect, and **I had to take more and more.**"

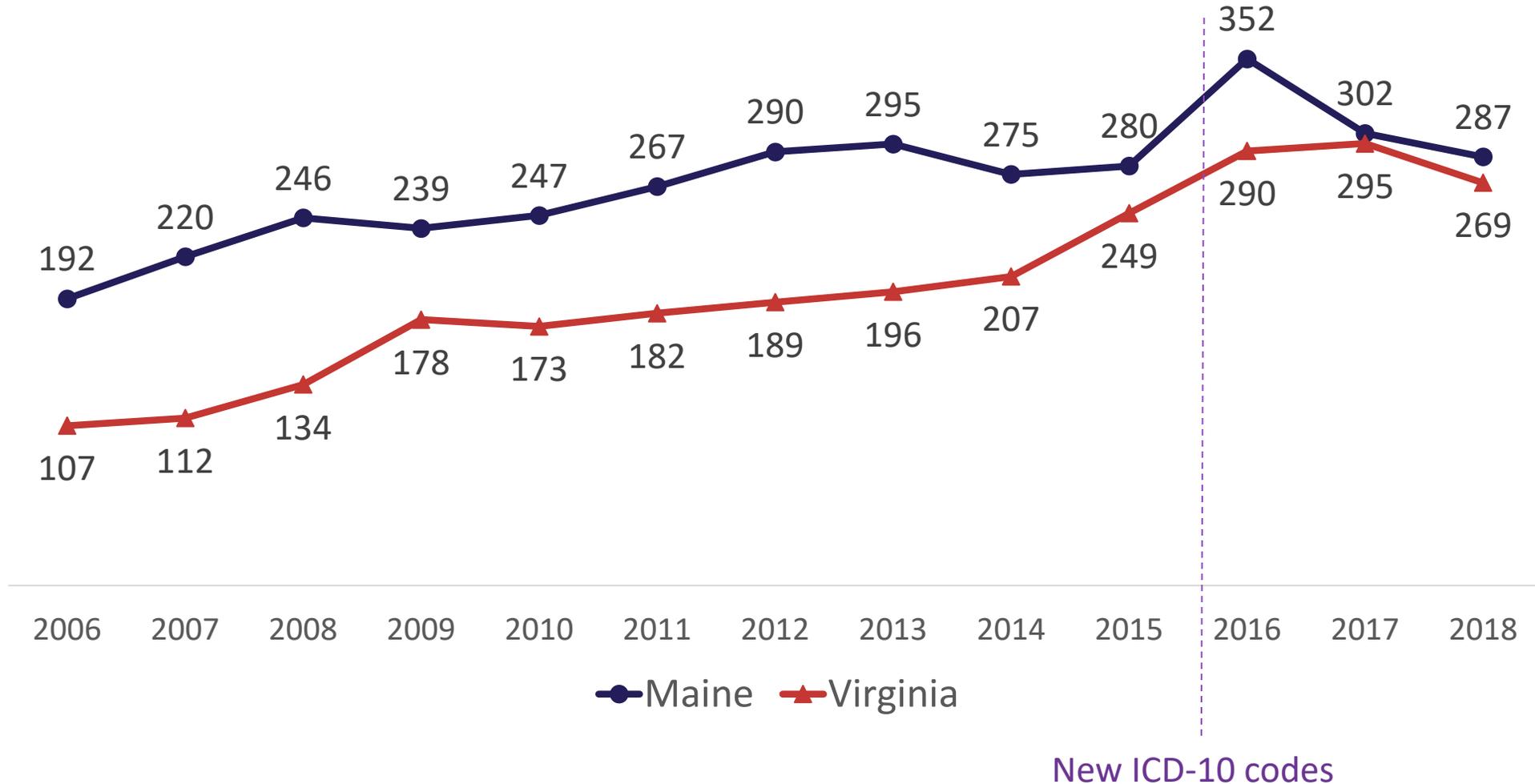
## Opioid Misuse and Older Adults

**Nationally, an increasing number and proportion of older adults are presenting for OUD treatment, and this cannot be simply explained by population growth.\***

\*Source: Andrew S. Huhn, Eric C. Strain, D. Andrew Tompkins, Kelly E. Dunn,  
A hidden aspect of the U.S. opioid crisis: Rise in first-time treatment admissions for older adults with opioid use disorder,  
Drug and Alcohol Dependence, Volume 193,2018, Pages 142-147,ISSN 0376-8716, <https://doi.org/10.1016/j.drugalcdep.2018.10.002> as accessed 4/11/2021.

# Opioid Misuse and Older Adults

Opioid inpatient admissions per 100,000 people, 65+



Source: <https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet> as accessed 4/11/2021.

# Opioid-related Elder Abuse

**The Washington Post**

*Democracy Dies in Darkness*

## How the opioid crisis is leading to elder financial abuse

By Michelle Singletary

June 17, 2019 at 7:30 a.m. EDT

“The cost of opioid addiction and treatment can have major financial ramifications.... **Clients facing opioid addiction, either themselves or within the family, may be strapped for resources and can be vulnerable to poor financial decision-making or even fraud.**”

# Opioid-related Elder Abuse

## ABC News: California doctor charged with murder in several opioid-related deaths

By Karma Allen

August 15, 2019

Thomas McNeese Keller, **a neurologist and pain management doctor** in Santa Rosa, California, was charged with **second-degree murder** in the deaths of four patients **and felony elderly abuse** in the case of a fifth patient who also died...

Keller "**consistently and drastically increased his patients' opioid prescriptions**" and continued to over-prescribe even after learning that patients had died from drug overdoses.

## Opioid-related Elder Abuse

# Dying At Home In An Opioid Crisis: Hospices Grapple With Stolen Meds

By [Melissa Bailey](#)

AUGUST 22, 2017

Kaiser Health News

**Nothing seemed to help the patient** — and hospice staff didn't know why.

They **sent home more painkillers** for weeks. But the **elderly woman**, who had severe dementia and incurable breast cancer, **kept calling out in pain.**

The answer came when the **woman's daughter**, who was taking care of her at home, **showed up in the emergency room** with a life-threatening overdose of morphine and oxycodone. It turned out she **was high on her mother's medications, stolen from the hospice-issued stash.**

## Purpose of Study

So...

if older adults have increasing use of opioids...

and they can develop OUD themselves or present as targets of opportunity for others with OUD...

...how common are these issues in Maine APS investigations?

## Maine APS investigates allegations of:

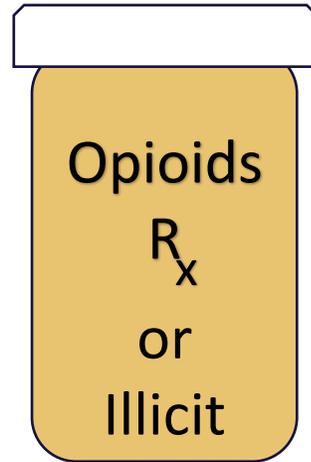
- Caregiver Neglect
- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Exploitation including financial exploitation
- Self-neglect
  
- **Older adults age 60+** and other adults age 18+ who
  - Lack capacity
  - Are dependent on other for care
  - And are in danger or at significant risk of danger

# Research Questions

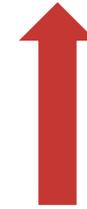


Created by Luis Prado  
from Noun Project

+



Elder abuse investigations involving opioid  
misuse/abuse during 2015-2018



**Over time?**

**Different?**

**Themes?**

## Data Source

All APS intakes are tracked in the  
Maine Adult Protective Services Information System

# MAPSIS Database



### Data fields— **countable**

- Demographics
- Allegation type
- Disposition

### Text fields— **readable**

- Investigation details about client and situation
- Phone calls and visits
- Reports from LE, MD, others

# Methods



Created by rivercon  
from Noun Project



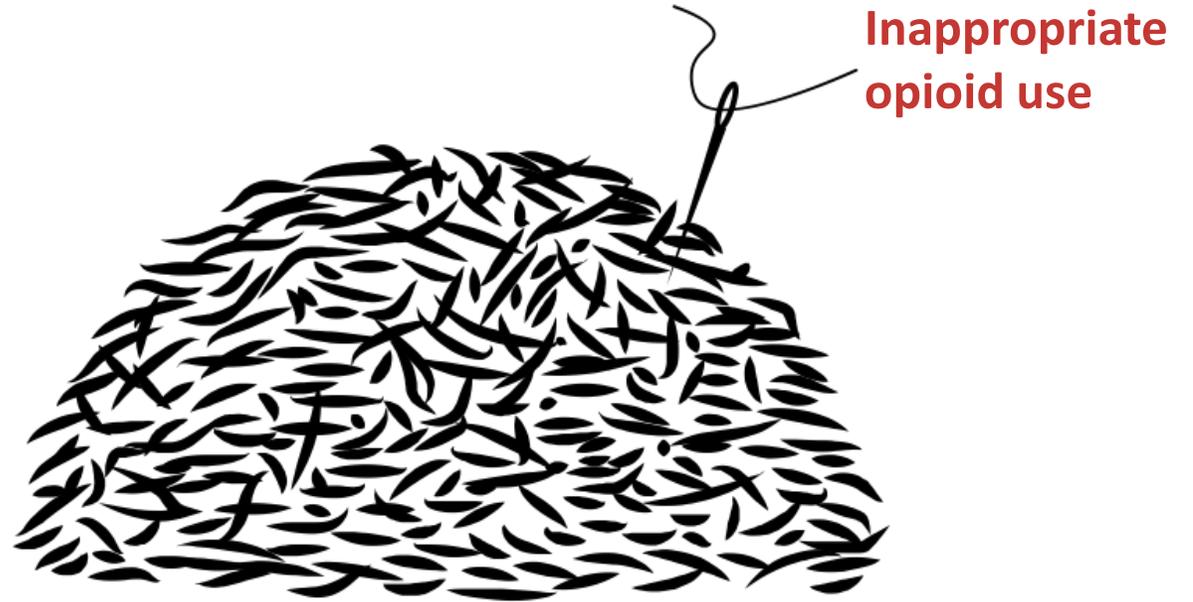
Created by Luis Prado  
from Noun Project

Database search of 9,000 elder abuse cases, 2015-2018 in the MAPSIS database for **opioid-related terms**

# Methods



Created by Cattaleeya Thongsriphong  
from Noun Project

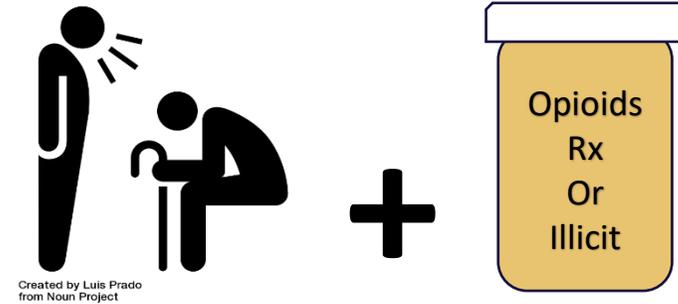


We found 2,400 investigations with opioid-related terms  
and graded them for **inappropriate opioid use**.

# Methods

Found:

❖ 225 Opioid-related investigations



Elder abuse involving opioid misuse/abuse

❖ 315 other Illicit Drug-related investigations

❖ 8,637 Non-drug-related investigations

# Analysis Plan

**Quantitative:** Compare drug-related cases to Non-drug-related cases

- Trends in numbers over time

- Demographics

- Duration of investigation

- Allegation type and disposition

- Perpetrator characteristics, where available in MAPSIS

**Qualitative:** Analyze opioid-related cases for common themes

- Client and/or perpetrator experience with prescription or illicit opioid misuse or abuse

# Quantitative Findings

# The percentage of Opioid-related and Other Illicit Drug-related investigations remained consistent over time.

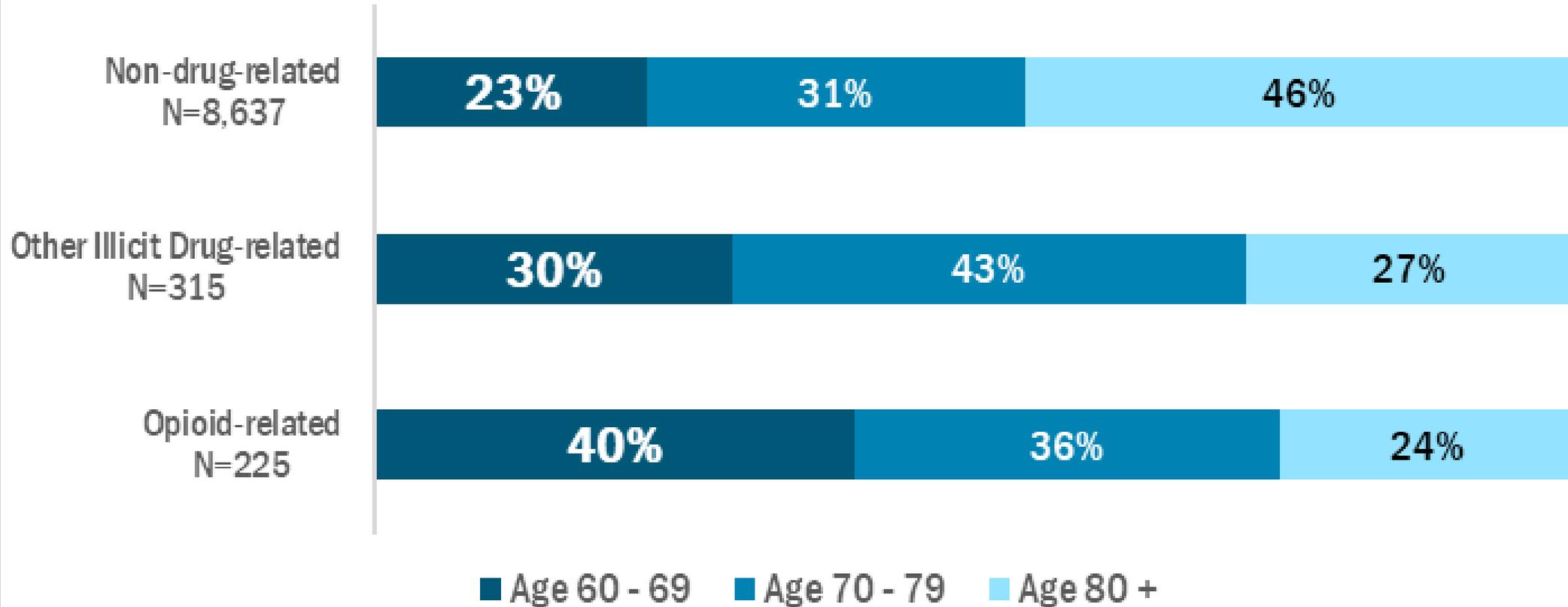
	CY2015	CY2016	CY2017	CY2018	Total
<b>Opioid-related</b>	<b>39</b> <b>2.9%</b>	<b>48</b> <b>2.6%</b>	<b>61</b> <b>2.5%</b>	<b>77</b> <b>2.5%</b>	<b>225</b> <b>2.5%</b>
<b>Other Illicit Drug-related</b>	<b>67</b> <b>3.7%</b>	<b>72</b> <b>3.9%</b>	<b>72</b> <b>3.0%</b>	<b>104</b> <b>3.3%</b>	<b>315</b> <b>3.4%</b>
Non-drug-related	1,715 94.2%	1,710 93.4%	2,278 94.5%	2,934 94.2%	8,637 94.1%
<i>Total Investigations</i>	<i>1,821</i>	<i>1,830</i>	<i>2,411</i>	<i>3,115</i>	<i>9,177</i>



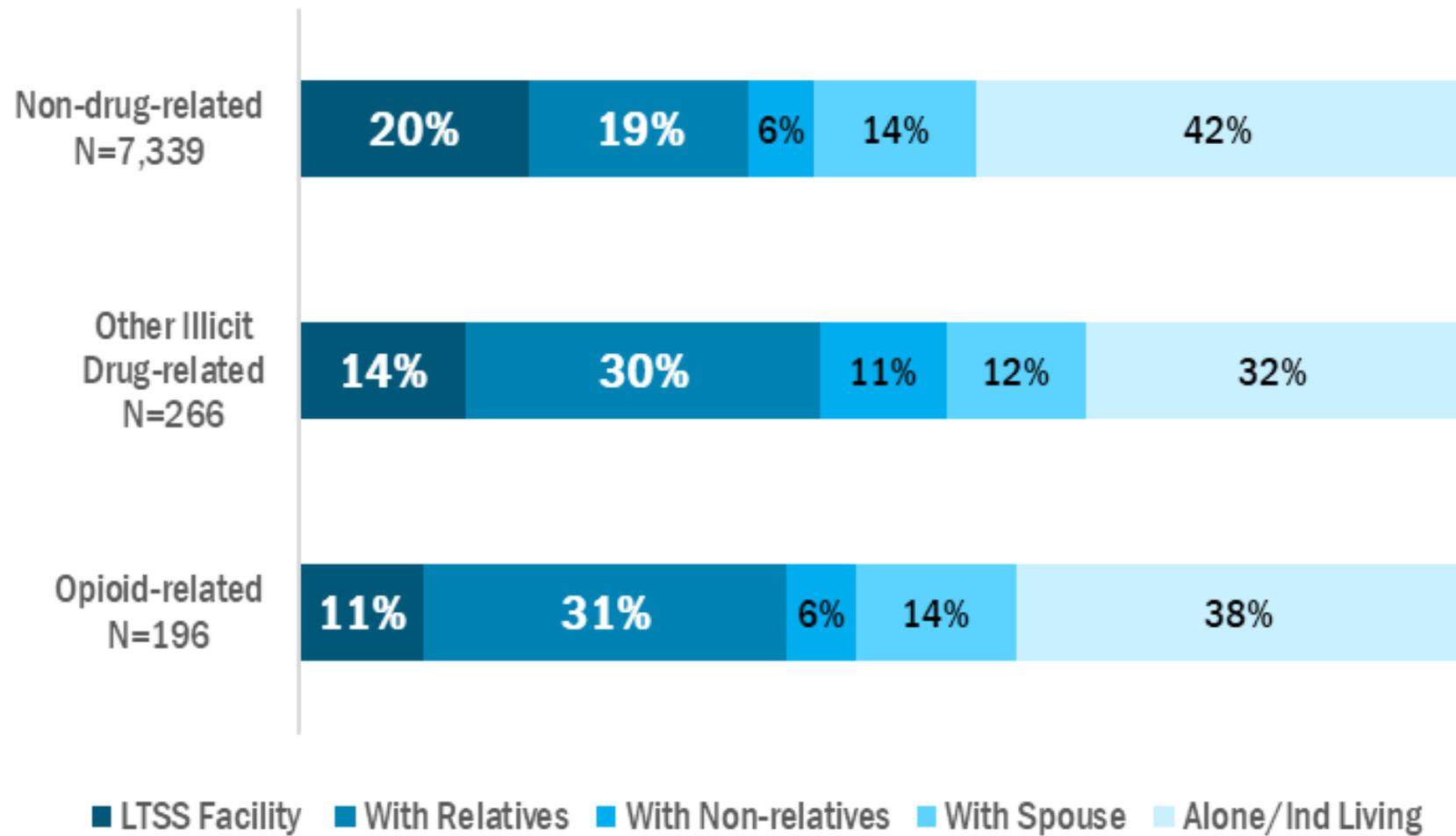
Opioid-related investigations (darker green) tended to occur along major traffic routes.

Non-drug related investigations (lighter green) happened all over the state.

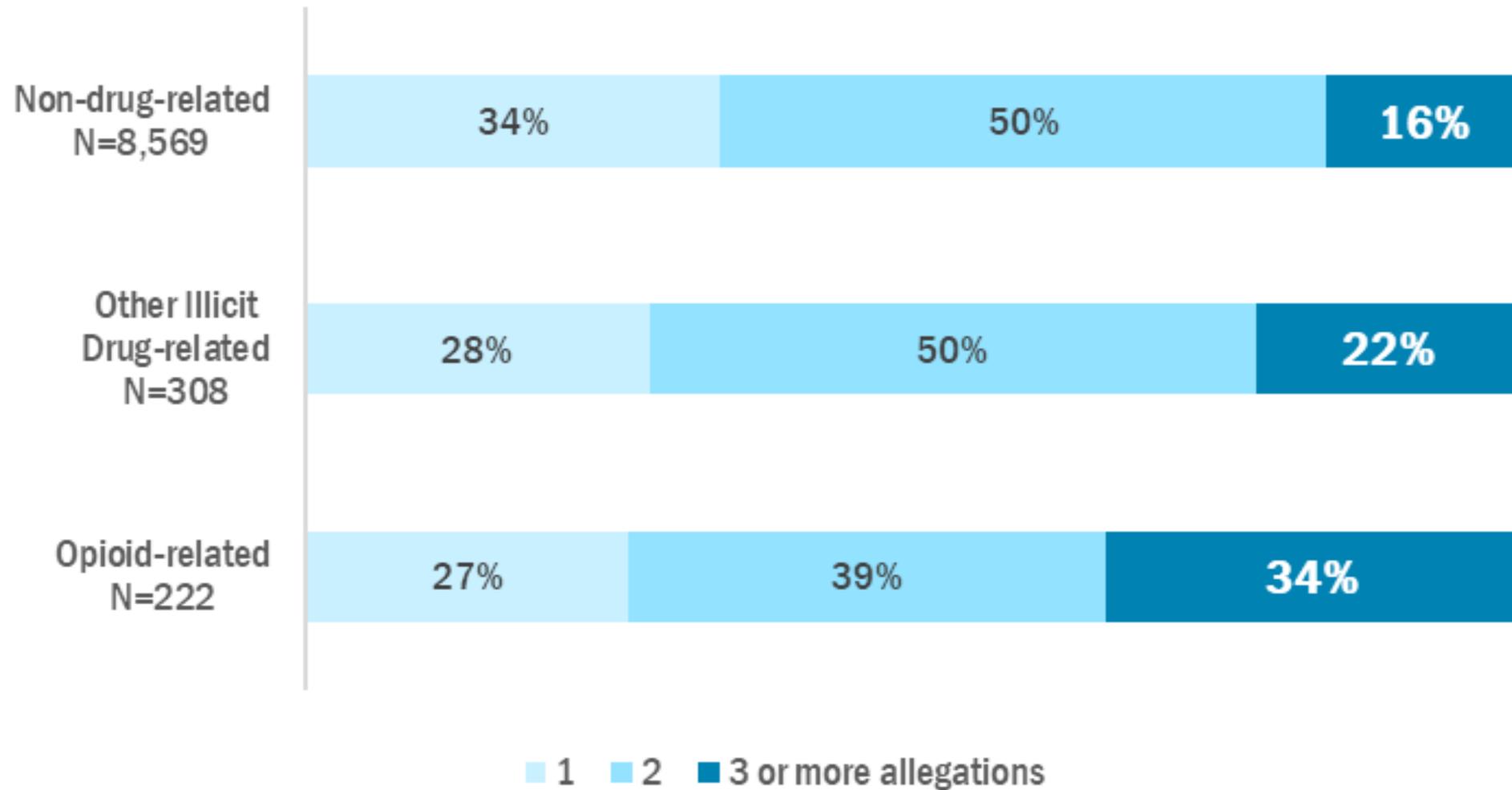
**Clients in Opioid-related and Other Illicit Drug-related investigations tended to be **younger** than in Non-drug-related investigations.**



**Clients with drug-related investigations were more likely to live with relatives and less likely to live in LTSS facilities.**

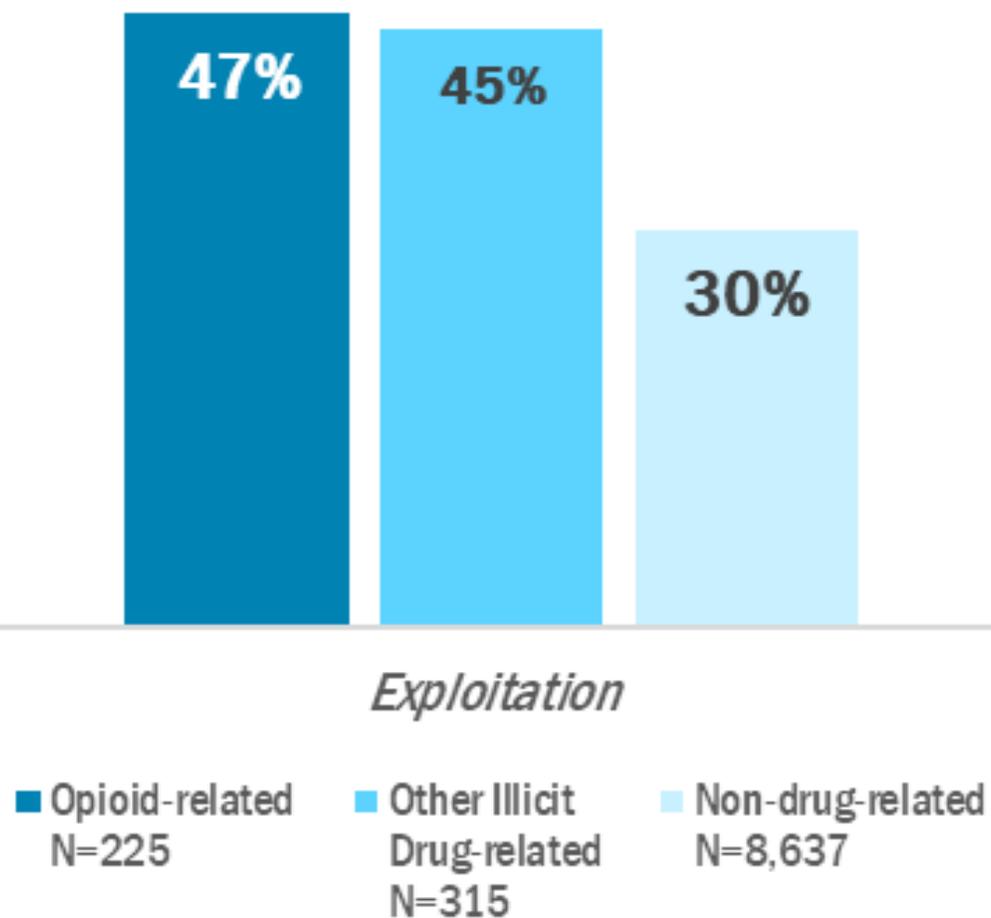


## Opioid-related investigations were more likely to have 3 or more allegations.

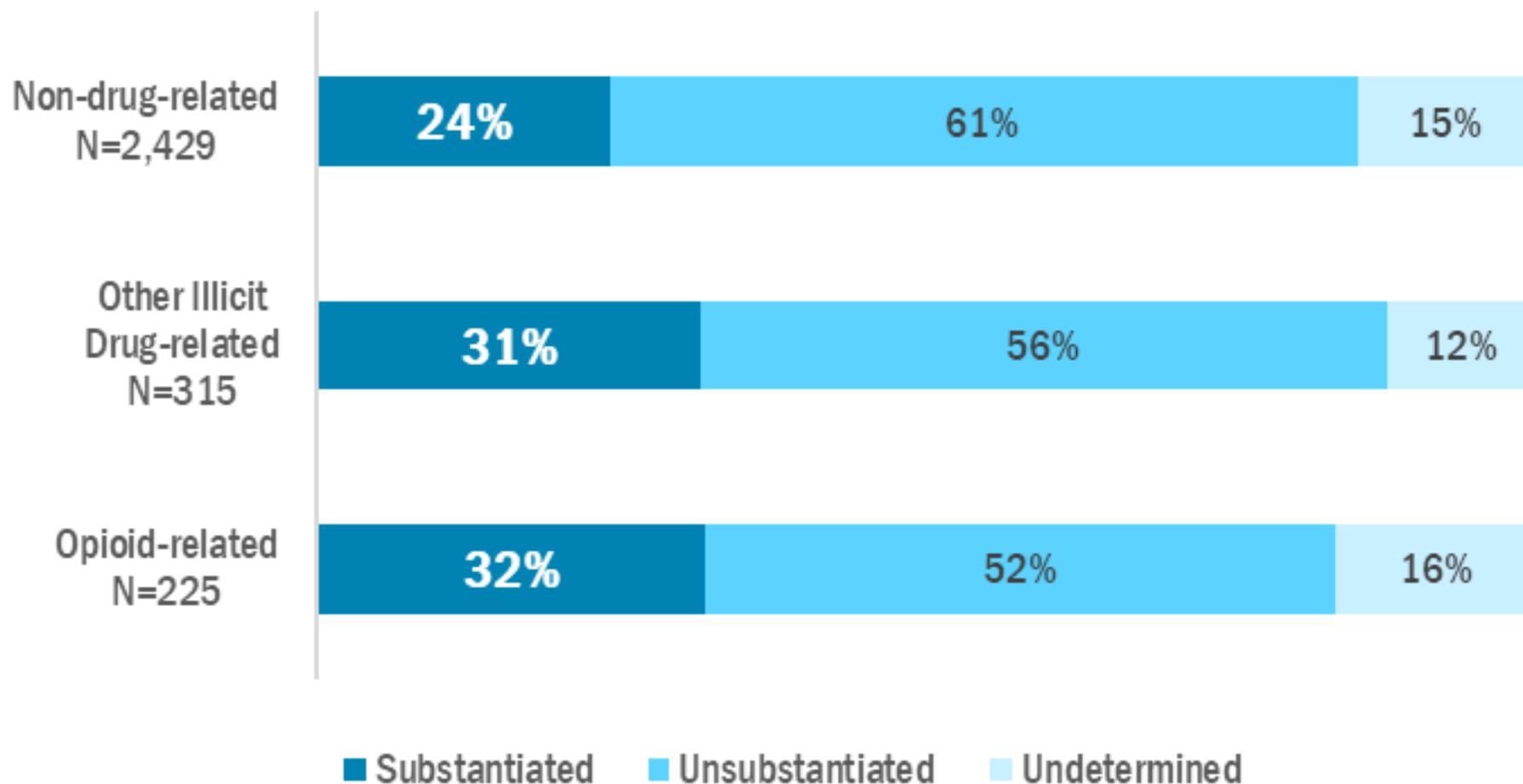


Note: There were several investigations that did not have allegation data recorded in MAPSIS. The sample sizes of the categories on this figure reflect the number of investigations with allegation data.

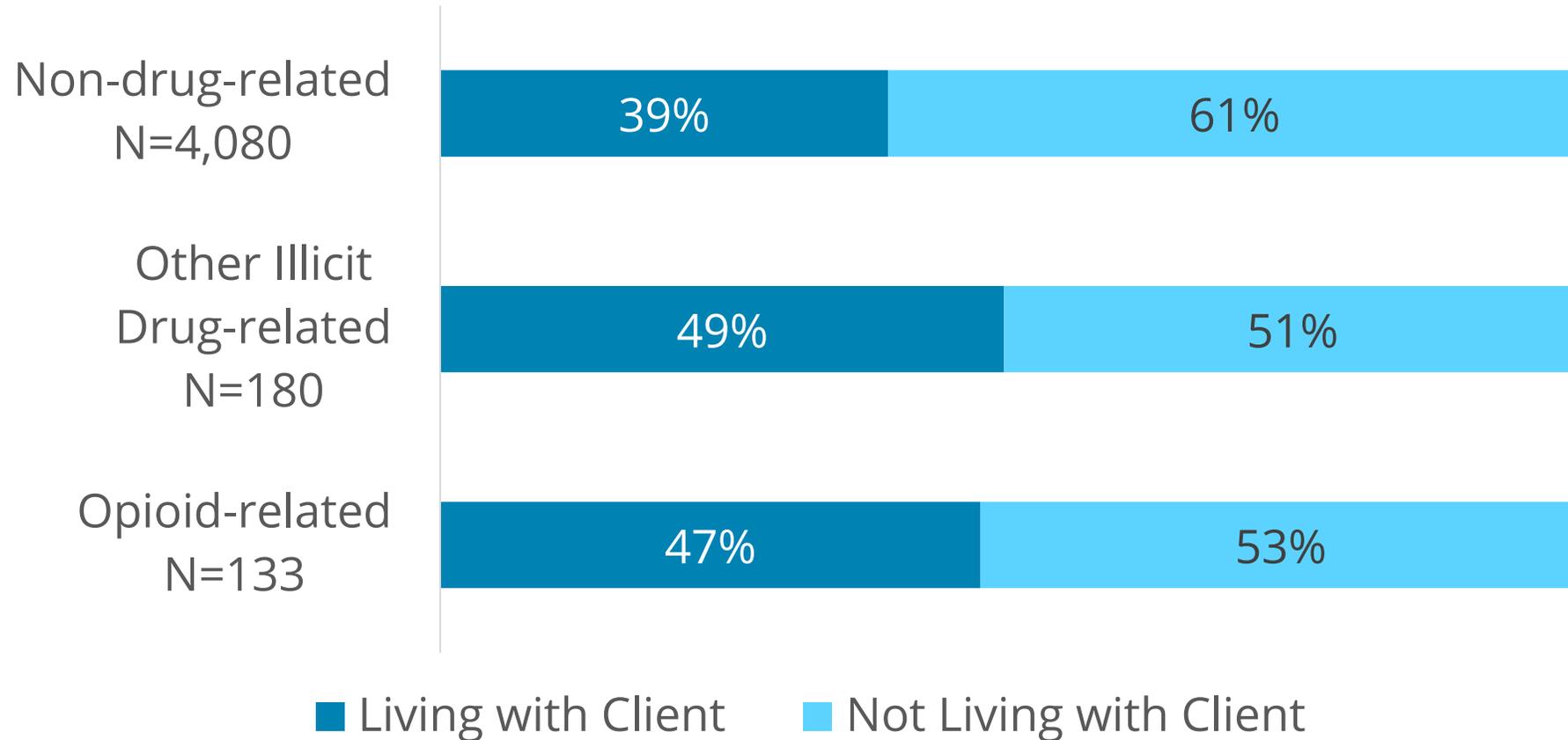
Nearly half of **Opioid-related investigations** involved exploitation compared to less than one-third of **Non-drug-related investigations**.



About one-third of Opioid-related and Other Illicit Drug-related investigations were **substantiated** compared to about one-quarter Non-drug-related investigations.



Alleged perpetrators are more likely to be living with clients in drug-related investigations.



# Qualitative Findings

**Client is prescribed  
opioids for pain but  
exhibits SUD/OD  
behaviors**

- Client tried to find new providers to prescribe opioid medications.
- Client wanted opioids for pain and to be on hospice care, but hospice was not medically warranted.
- Client had a prescription for an opioid and sold the pills for cash or exchanged them for alcohol.

## **Potential opioid medication management issues leading to under or overmedication**

- Client's caregiver was responsible for dispensing medication but was unreliable at this task.
- Facility dispensed medication to client who, when asked, ranked their pain a 10 out of 10 but showed no sign of being in pain.
- Client did not remember taking the medication and took multiple doses.

## **Client mismanagement of opioid medication**

- Client hid medication to prevent theft.
- Client allowed perpetrator to take client's hospice medications.
- Client gave child client's pain medication when the child asked for it.

## **Barriers to client accessing prescription opioid medication**

- Client with late-stage cancer found traveling to the doctor to perform a regular pill count too difficult and stopped going.
- Client's local pharmacy could not deliver opioids.
- Client's spouse took client's opioid medication at home while client was in the hospital. The client's provider discontinued prescribing the opioid.

**Client denies  
opioid misuse or  
abuse in alleged  
perpetrator or  
self**

- Client denied family member took client's opioid medication but was unable to explain how their oxycodone pills were missing.
- Client blamed accusations of drug abuse on family member's friends, not the family member.
- Client denied their medication made them foggy and resented the doctor for taking it away.
- Client ordered an opioid medication off the internet but did not have a prescription for it and denied being addicted to it.

## **Stealing money with drug use**

## **Stealing opioid prescription**

## **Exploitation for drug treatment**

- Alleged perpetrator stole large sums of money to buy heroin.
- Alleged perpetrator stole client's money and prescription opioid
- Client's family member stole client's medication after surgery.
- Caregiver stole client's hospice medication.
- Alleged perpetrator stole money from client to pay for perpetrator's own drug treatment.

**Client's housing situation is unstable, at risk of changing without appropriate alternatives.**

- Potential facility would not accept client on OUD treatment medication; client had wait weeks for placement until they were tapered off the medication.
- Client needed care, but their active OUD made facility placement difficult.
- Client's family member opened credit cards in client's name, paid drug dealers, and the client's home went through foreclosure.
- Client's family member who abused opioids was living with client against the residence policy, putting the client at risk for eviction.

# What to do?

Potential Strategies in Addressing  
Opioid-related Investigations

# Improve Data Collection

**APS investigation tracking systems– add some data fields for opioid-related investigations!!!**

- Who has the problem?
  - Client
  - Perpetrator
  - Other
- Medication review? y/n
- Referral to treatment? y/n
- Was treatment received? y/n
- Restorative justice option? y/n

# Improve Medication Management

Brown Bag Medication Review (Agency for Healthcare Research and Quality Health Literacy Universal Precautions Toolkit

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5091803/>)

Improving the Effectiveness of Medication Review: Guidance from the Health Literacy Universal Precautions Toolkit, Weiss et al., 2016

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5091803/> retrieved November 11, 2020.

# Improve Risk Assessment for Prescription Opioids for Older Adults

- STOPP/START (<https://pubmed.ncbi.nlm.nih.gov/18218287/>)  
Screening Tool of Older Person's Prescriptions/Screening Tool to Alert doctors to Right Treatment
- SBIRT (<https://www.samhsa.gov/sbirt/resources>)  
Screening, Brief Intervention, Referral to Treatment
- Florida BRITE (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265906/>)
  - Florida's BRief Intervention and Treatment of Elders project

# Compassionate Tapering

Noah Nesen, MD, Schmidt Institute, Maine

<https://pdfs.semanticscholar.org/663f/7609b6d9c67277fbfdd67181e8a141a3644e.pdf>

<https://theschmidtinstitute.org/maine-dhhs-partners-with-schmidt-institute-to-promote-safer-treatment-of-chronic-pain/>

Veterans Affairs Tapering Tool

[https://www.pbm.va.gov/AcademicDetailingService/Documents/Pain\\_Opioid\\_Taper\\_Tool\\_IB\\_10\\_939\\_P96820.pdf](https://www.pbm.va.gov/AcademicDetailingService/Documents/Pain_Opioid_Taper_Tool_IB_10_939_P96820.pdf)

Mayo Clinic

[https://www.mayoclinicproceedings.org/article/S0025-6196\(15\)00303-1/fulltext#secsectitle0010](https://www.mayoclinicproceedings.org/article/S0025-6196(15)00303-1/fulltext#secsectitle0010)

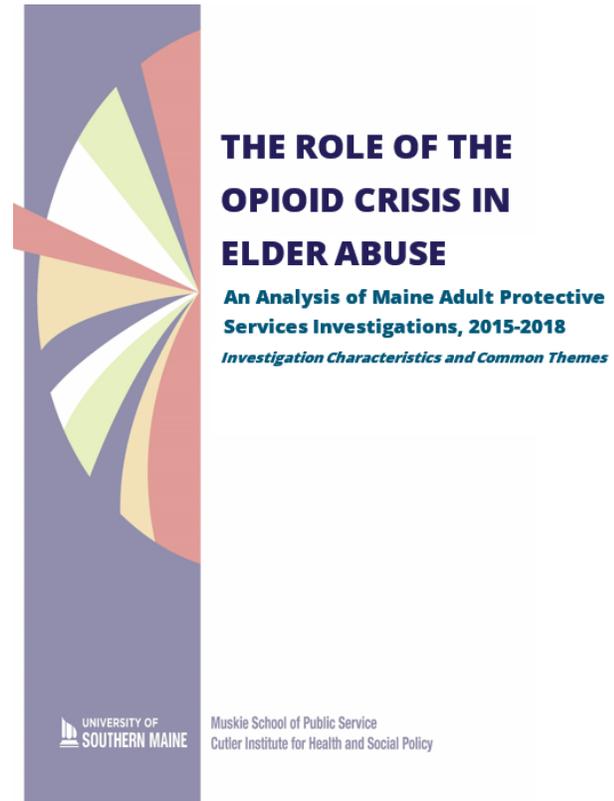
# Opioid Treatment Strategies in a Rural Landscape

**Engaging the Local Community:** *Project Lazarus* --offers a model community engagement strategy that has been successfully adopted in rural communities in several states. <https://www.projectlazarus.org/>

**Telehealth:** Project ROAM (Rural Opiate Addiction Management) represents a telehealth-based model to support buprenorphine services in rural communities. Developed through the collaboration of the University of Washington School of Medicine and Washington State University  
<https://nursing.wsu.edu/2015/02/04/wsu-researchers-finding-new-ways-to-tackle-pain-problems>

**Hub and Spoke Models:** Vermont-- Designated regional specialty treatment centers (“hubs”) are responsible for coordinating the care of individuals with complex OUDs and co-occurring substance use and mental health disorders. Community-based providers (“spokes”) dispense buprenorphine, monitor adherence to treatment, coordinate access to recovery supports, and provide counseling, contingency management, and case management services. <https://blueprintforhealth.vermont.gov/about-blueprint/hub-and-spoke>

**Models to Support Recovery and Reduce Relapse in Rural Communities:** The Vermont Recovery Network offers a model that can be adopted in rural communities. The Network provides facilitation, oversight, and basic infrastructure, and facilities are “local, consumer driven, non-residential programs which provide peer supports, sober recreation activities, volunteer opportunities, community education, and recovery support services.” <https://www.vtrecoverynetwork.org/>



<https://digitalcommons.usm.maine.edu/aging/126/>

kimberly.i.snow@maine.edu