

**WHERE OPIOID ABUSE
MEETS ELDER ABUSE**

OPIOID ABUSE: OVERVIEW OF AN EPIDEMIC*

- Every day, more than 115 people in the United States die after overdosing on opioids
- The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl
- The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is \$78.5 billion a year
- In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and healthcare providers began to prescribe them at greater rates. This subsequently led to widespread diversion and misuse of these medications before it became clear that these medications could indeed be highly addictive
- Hennepin County Minnesota Snapshot/Overview: [[Video Here](#)] (46.44)

*National Institute on Drug Abuse | <https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis>

MEDICAL OVERVIEW – STORIES OF OPIOID ABUSE

- Senate 2017 Testimony:
1:50:10 Lexie Reed Holtom

Various Types of Stories

- Patient prescribed painkiller for routine issues. The addictive qualities of the drugs have been hidden for a long time, and until recently, it was not carefully regulated. Addiction continues even when source of prescription drugs runs out.
- In other cases, the ease and access to opiates feeds into populations already susceptible to addiction.

RESPONSES BY FEDERAL AND STATE GOVERNMENTS – GOING AFTER MANUFACTURES

- Litigation – currently 22 Minnesota Counties are suing Drug Manufactures
 - Minnesota SF 730 – Opioid Bill passed the Senate yesterday (5/10/18) – Provides for a new \$20 million in new licensing fees on opioid manufactures. Legislation is still pending in the House (right now – the House does not charge the drug companies, but takes money out of general fund).
 - Other states pursuing both litigation and state legislation strategies. In 2017 – Drug distributor settled for 150 million dollars with Justice Department.
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RESPONSES BY FEDERAL AND STATE GOVERNMENTS – GOING AFTER PRESCRIBERS AND/OR DEALERS

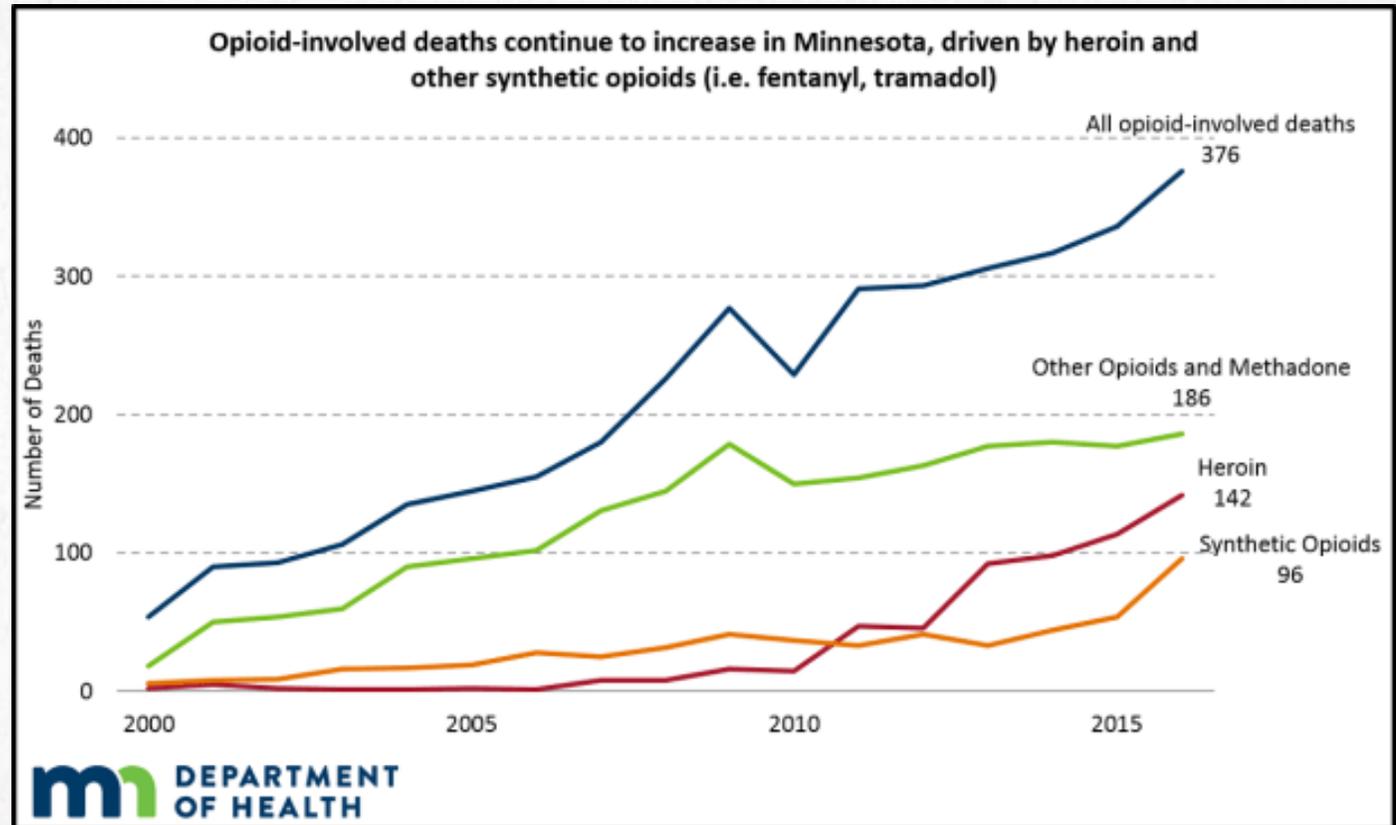
- Reform within medical community to greatly curtail the “over prescribing”
 - In Minnesota – creation of the MDH Opioid Prescribing Work Group
 - Current legislation under consideration designed to control prescriptions: 3, 7, 30 day dosage/refill requirements
 - Some attempts to bring 3rd degree murder charges against those providing/dealing the drugs that led to the overdose
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ONE SNAPSHOT OF THE PROBLEM: BECKER COUNTY MINNESOTA

AN INTERVIEW WITH SHERRIFF GLANDER

OPIOIDS IN MINNESOTA

Since 2000, opioid overdoses have skyrocketed by 1,000 percent and deaths have grown by 600 percent



OPIOIDS IN MINNESOTA: RACIAL DISPARITIES

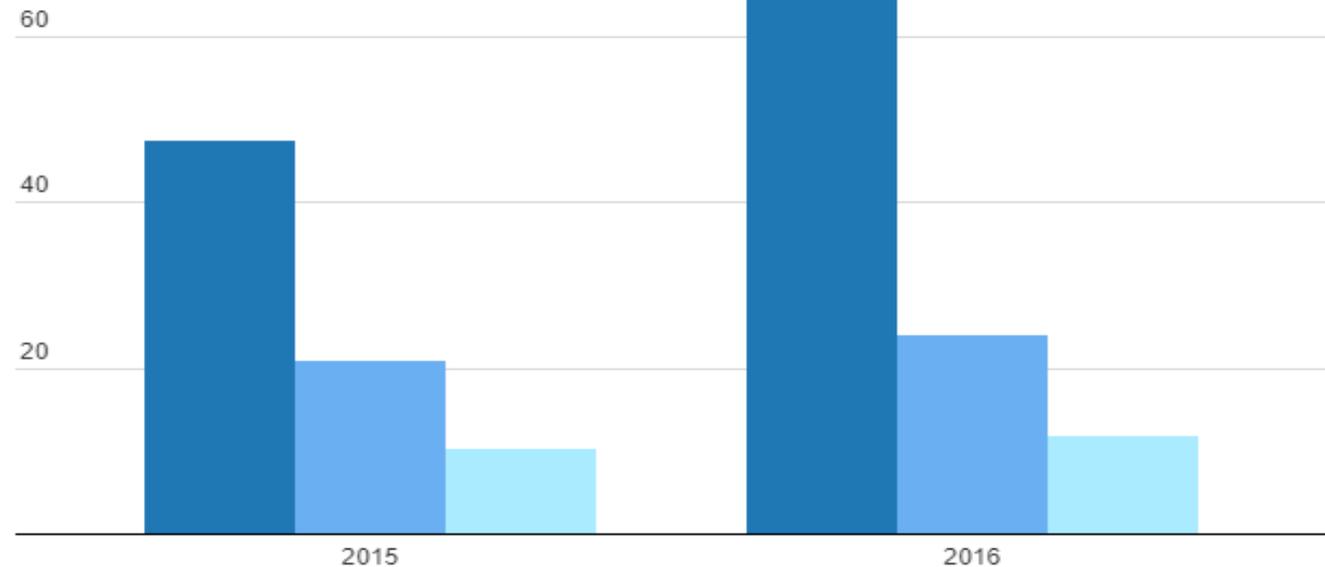
“This has been happening in our communities for years...It didn’t become a crisis until it started happening to (more) white people.”

-Diann Binns |
President of the St. Paul
chapter of the NAACP

Overdose deaths per 1,000 residents

Minnesota has one of the nation’s largest disparities in drug overdose deaths among American Indian and black residents compared to their white peers.

■ American Indian ■ Black ■ White



Source: Minnesota Department of Health • Created with Datawrapper

OPIOIDS IN MINNESOTA – BECKER COUNTY

- Sherriff Todd Glander
- Becker County – Covers 1/3 of White Earth Reservation
- Opioid Crisis in his County:
 - Manifests mainly in rise in heroin, fentanyl—
 - Drugs are trafficked into areas
 - Some addictions may begin with prescription medications, but that is not the norm in the county
 - Access to cheap drugs appears to be the largest driver in the
 - State stats on racial disparities seem to accurately reflect his experience
 - Requires new skills and challenges



OPIOIDS IN MINNESOTA – RESPONSE TO OVERDOSES

- Earlier this year called to an unresponsive 25 y/o male
- Lips turning blue, not breathing for several minutes
- No EMT's – but Sherriff fairly convinced that it's not a heart attack. **Able to convince girlfriend to admit he was addicted.**
- Each office carries **2 doses of NARCAN**
- After first two doses, Sherriff grabs the AED device...as he prepares it, he hands deputy his two doses
- After the 4th dose, the man starts to breath again
- Takes him to hospital where he makes a full recovery in 2 hours and is discharged
- He was about to see his parents coming to visit that weekend – **Sherriff unsure of what has happened to him since**

ELDER ABUSE IN BECKER COUNTY

- Have always known or seen issues as “domestic” situations.
 - Sherriff's personal experience with the “**prayer**” couple.
 - Prior to 2016, have not really had formal training or understanding of cases as elder abuse. Everything from terminology to charging policies has changed.
 - A common Scenario:
 - Multi generational family living together..
 - Senior reports something missing, stolen. Or there is a report of domestic disturbance. Or an assault.
 - With missing prescription drugs – senior will often admit that they believe or know it’s a family member – grandchild or child. But will be unwilling to give a statement and so law enforcement does not bring charges.
 - If the incident is an assault – however – they are more wiling to bring 5th degree assault charges even when victim unwilling to be supportive.
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INTERSECTION WITH ELDER ABUSE

- Drug abuse and elder abuse is NOT a new phenomenon. Opioids simply expand the potential scope of victims as addiction is expanded to newer populations.
 - The issue of drug diversion in families is now even more prevalent with the growing epidemic.
 - USE/CONCEPT of MDT to expand to other issues that are better understood as public health issues rather than purely criminal matters. Opioid and drug use crimes largely fit this description and new approaches are underway.
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- Possible Prevention and Solutions
 - MDT – Multi-Disciplinary Teams
 - Sherriff states that have been a “game-changer” for the department
 - Allows for department to provide resources where they used to say “sorry – nothing we can do”

OPIOID ABUSE AMONG OLDER ADULTS

MEDICAL OVERVIEW

OPIOID ABUSE ON THE RISE IN CERTAIN OLDER POPULATIONS

Risk Factors*

Reasons that Addiction in Older populations is more difficult to address

- Use of more drugs:
 - Eighty percent of older adults ages 65 and older live with multiple chronic conditions, such as diabetes or high blood pressure. Older adults also have higher rates of pain, anxiety, and sleep disorders
 - Older adults, especially those with serious health problems, often experience social, emotional, physical, cognitive, and functional changes that may cause them to turn to medications to cope

* [Prescription Drug Abuse among Older Adults](#) | AARP Public Policy Institute

MEDICAL OVERVIEW

OPIOID ABUSE ON THE RISE IN CERTAIN OLDER POPULATIONS

Challenges to Diagnosis*

- Prescription drug misuse and abuse can go unrecognized, undiagnosed, or misdiagnosed due to coexisting physical and mental conditions and psychosocial factors.
- Providers typically lack training in identifying substance abuse and addiction, and abuse among older adults may be misdiagnosed because conditions like dementia and depression, for example, have similar symptoms.
- Further, diagnostic criteria used to identify prescription drug misuse and abuse often have not been validated on older adults and may be inadequate.
- Without a proper diagnosis, older adults may not be aware that they are abusing prescription drugs.
- In addition, stigma and resistance around diagnosing and treating substance abuse issues is still pervasive among many older adults. Many are reluctant to seek treatment because they are ashamed or because they do not realize they are abusing.

* [Prescription Drug Abuse among Older Adults](#) | AARP Public Policy Institute

MEDICAL OVERVIEW

OPIOID ABUSE ON THE RISE IN CERTAIN OLDER POPULATIONS

Policy Implications*

**Testimony
from Dr. Reznikoff
38:34

- The overall number of older adults who misuse and abuse prescription drugs will likely increase as the size of the population continues to grow. **Efforts to respond to this problem must balance prevention with ensuring appropriate access to prescription drugs for patients with legitimate medical needs**.** or older patients to help compensate for physiological changes and declining drug metabolism.
- In addition, though many current policy efforts focus on reducing opioid prescribing, it is important to pay attention to inappropriate prescribing of other prescription drugs as well. For example, the American Geriatrics Society recommends that physicians avoid giving tranquilizers to elderly patients, but many older adults are still taking these products, sometimes for long periods.
- Many older adults who misuse drugs (especially those ages 50 to 64) get them from their family and friends, demonstrating a critical need for increased education among patients, caregivers, and the general population about the dangers and illegality of sharing pills, as well as proper disposal methods.
- Medicare beneficiaries often receive opioids from multiple prescribers, a practice linked to greater hospital admission rates related to opioid use.

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MEDICAL OVERVIEW

OPIOID ABUSE ON THE RISE IN CERTAIN OLDER POPULATIONS

Policy Implications*

- When prescription drug abuse prevention fails, screening and diagnosis must step in. Diagnostic criteria for identifying prescription drug abuse should be updated for older adults, and medical schools and continuing education programs should train health care professionals to recognize prescription drug abuse among older adults.
- For older adults diagnosed with prescription drug abuse disorders, treatment needs to be affordable. Medicare and Medicaid pay for substance abuse addiction treatment, though coverage can be limited, and Medicaid coverage rules differ by state.

* [Prescription Drug Abuse among Older Adults](#) | AARP Public Policy Institute

A FAMILY STORY

THE YEAR WAS 2005

- 89 year old husband and wife, living in their own home
 - A daughter and her family lived over a thousand miles away.
 - A son, unemployed, had died of complications of diabetes in 2003, leaving two boys.
 - Son's wife, unemployed, had died of a drug overdose in 2001.
 - Grandson Justin lived with the elders, went to school and worked. Grandson Joshua lived like a wealthy man but never finished school or kept a job.
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WITHIN A YEAR

- Husband had died of complications of dementia and heart disease.
 - Wife was approaching her 90th birthday, lonely and grieving.
 - One grandson was taking a bit of advantage, but got on the right track.
 - Grandson Joshua came by with stories of woe and the need for increasingly high checks from Grandma's bank account.
 - He wrote IoUs. I found 2 dozen of them.
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SHE KNEW HE WAS LYING, BUT....

- He was an orphan.
 - You don't talk about the family.
 - She was sharing what she had. That's not being a victim.
 - He was borrowing because of emergencies. There were written IOUs.
 - She wanted help to protect herself and her savings, without getting him into trouble.
 - He was sick and an addict.
 - She felt embarrassed and "stupid."
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A SAD REALITY, IN ANYONE'S FAMILY

- One that thrives in silence and habits that build from one generation to another
 - Your health and independence may depend on your setting limits and asking others to help you.
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