



Preventing Opioid Misuse and Treating Opioid Use Disorders in Older Adults

What You Need to Know

The risks and needs of older adults (defined as ages 65+ for the purposes of this document) who use prescribed medications, illicit substances, and/or alcohol are often not well understood by primary care providers and the public. This lack of knowledge contributes to insufficient screening, assessment, diagnosis, and appropriate treatment for this population by health care providers (HCPs).¹ It is estimated that roughly 1 million older adults in the United States are living with an opioid use disorder (OUD).² Data analyzing the rates of OUD among Medicare beneficiaries from 2013–2018 shows the prevalence has increased significantly among older adults.³ Older adults are distinctly susceptible to opioid misuse and OUD due to a number of risk factors (e.g., physiological, social, and emotional factors). The increasing misuse of opioids, opioid-related harms, and growing need for substance use disorder (SUD) treatment among older adults can be attributed to several factors,^{1,4} such as:

- Large numbers of the “baby boomer” generation (i.e., born from 1946 to 1964) entering older adulthood
- The high prevalence of chronic medical conditions and pain in older adults increases the risk for use of prescription medication, illicit substances, and/or alcohol
- Greater likelihood that HCPs prescribe opioids for pain as people age
- Prescription opioids use in addition to alcohol use



QUICK FACTS

Currently, older adults are more likely to use illicit drugs compared to older adults of previous generations.^{1,5}

Roughly 2% of older adults reported misuse of opioids, including heroin, and prescription pain relievers in the past year in 2022.⁶

Approximately 4–9% of older adults use prescription opioids to relieve pain.⁷

Prevalence of OUD among older adult Medicare beneficiaries increased from 4.6 per 1,000 in 2013 to 15.7 per 1,000 in 2018.³

Opioid-involved deaths, primarily involving synthetic opioids such as illicit fentanyl, in older adults increased by 10% in 2022, compared to 2021.⁸

Emergency department data show chronic medical conditions are also associated with a greater risk of opioid misuse among older adults.⁹

These trends indicate a growing need for a spectrum of age-appropriate services to prevent prescription opioid misuse and illicit opioid use and to treat OUD, including using medications for opioid use disorders (MOUD).





Things to Consider

The diagram below illustrates common risk factors associated with older adults' susceptibility for OUD and opioid-related harms. Therefore, HCPs may wish to consider the following when serving older adults:

- **Physiological:** Certain MOUD may be more favorable for older people based on their physiological characteristics (e.g., buprenorphine has lower respiratory depression and sedation risks compared to methadone) and these factors should be evaluated.¹
- **Social and Emotional:** Service planning guided by the social and emotional life changes older adults experience; and how to promote healthy lifestyles (e.g., exercise, nutrition), as well as social connections and support; reduce risky behaviors (e.g., not taking medications as prescribed); and increase participation and retention in treatment and recovery programs.^{1,10}
- **Co-occurring Disorders/Conditions:** Consider the physical, mental, and substance use conditions that affect older adults and their holistic needs while receiving prevention and treatment services.¹
- **Environmental and Financial Barriers:** To remove mobility and access barriers to MOUD and SUD treatment, states and providers should consider mechanisms such as allowing clinically appropriate take-home doses of methadone. Another option is for providers to expand access to buprenorphine treatment through office-based practices where older adults typically receive their primary care. To treat older adults in long-term care facilities, providers should consider offering buprenorphine by obtaining a DEA registration as a hospital/clinic. Facilities may also consider providing methadone through mobile medication units or becoming an Opioid Treatment Program (OTP). Finally, providers should consider insurance gaps that affect older adults, including gaps in Medicare coverage for MOUD and other SUD treatment services which can increase out of pocket cost. Providers should explore alternative payment sources and methods (e.g., Medicaid, sliding fee scale), particularly for individuals on fixed incomes.¹¹



PHYSIOLOGICAL

- Decreased metabolism and excretion (increased risk of opioid toxicity and risk of overdose)
- Increased likelihood of sedation, respiratory depression, and dizziness
- Increased risk of falls and injuries
- Limited physical mobility



SOCIAL AND EMOTIONAL

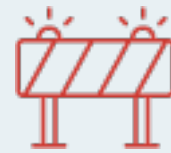
- Changes in professional and social roles
- Increased personal loss (increased risk of social isolation, grief, anxiety, and depression)
- Increased social isolation (e.g., loss of the ability to drive) affecting cognitive functioning and emotional well-being

Risk Factors



CO-OCCURRING DISORDERS/CONDITIONS

- Increased onset of co-occurring physical and mental disorders/conditions (e.g., movement and respiratory disorders, dementia or normative cognitive decline associated with aging, anxiety, major depressive disorders)
- Symptoms of these co-occurring disorders/conditions may mirror substance use (e.g., difficulty walking, forgetfulness, withdrawal from social activities, friends and family) and can be overlooked or misinterpreted
- Increased likelihood of polysubstance use and drug-drug interactions



ENVIRONMENTAL & FINANCIAL BARRIERS

- Limited access to transportation
- Limited MOUD in living settings for older adults (e.g., long-term care, skilled nursing facility)
- Fixed income and insurance coverage gaps

Prevention Services

Several strategies are used to prevent opioid misuse and use disorders in older adults. Prevention strategies include awareness campaigns and the dissemination of educational materials about the risks associated with opioid misuse and overdose; screening for prescription medication misuse, illicit drug use, and alcohol use; individual education and interventions related to the proper use of medications; and family and caregiver involvement. Educational and awareness efforts may focus on chronic pain management options other than opioid therapy, other pharmacological or non-pharmacological treatments, proper medication management, overdose prevention education, and providing naloxone or other opioid overdose reversal medications to older adults, caregivers, and families. For example, SAMHSA has developed “Get Connected: Linking Older Adults

with Resources on Medication, Alcohol, and Mental Health, 2019” and the “Overdose Prevention and Response Toolkit” to increase awareness and provide guidance on older adult substance use and mental illness, as well as overdose prevention (see *Helpful Resources* for more details). The following section highlights two prevention programs that have been designed to address older adult substance use, including opioid use and misuse.

Program Examples

Opioid Prevention for Aging and Longevity (O.P.A.L.)

The O.P.A.L. program at the University of Arkansas for Medical Sciences Donald W. Reynolds Institute on Aging raises awareness about the risks of opioid use for older adults. The promising practice-based program educates older adults and their caregivers about risks associated with the use of opioid pain medication, over-the-counter medication, and other approaches to manage pain, including nonopioid medication and therapeutic approaches.

Wellness Initiative for Senior Education (WISE)

Implemented by the New Jersey Prevention Network, the WISE program is an evidence-based program that helps older adults make healthy choices and avoid SUD.^{12,13,14} Implemented in additional states since 1996, trained prevention specialists deliver the program in community settings (e.g., senior centers, places of worship, residential facilities). Participants learn about topics such as safe medication management, how older adults’ physiological changes may affect the metabolism of alcohol and prescription medications, and how to avoid misuse and use disorders.



Treatment and Recovery

OUD treatments for older adults are delivered in different levels of care (i.e., office-based settings, outpatient, intensive outpatient, residential, inpatient) using behavioral and medication therapies. Patients may require medically supervised withdrawal before starting treatment. All three Food and Drug Administration (FDA)-approved MOUD can be used with older adults.¹ Depending on the medication, HCPs may prescribe them in a primary care setting or in a specialty SUD treatment setting such as an OTP. Treating chronic pain in older adults should also include nonpharmacological treatments (e.g., cognitive behavioral therapy, biofeedback, meditation) in addition to medications when clinically indicated.

HCPs should use person-centered, empathetic, age-appropriate approaches in treating older adults. These might include individual and group counseling modified to occur at a slower pace and to make accommodations for vision, hearing, and cognitive impairment. Topics may address grief, loss, and physiological and life changes. Recovery services might include peer recovery support, financial services, housing support, medical services, and mutual aid groups. Finally, including family and caregivers in treatment and recovery services can help improve the outcome of these processes for older adults. The following section highlights two programs designed to address the treatment and recovery needs of older adults with OUD.



Program Examples

Caron Treatment Centers Older Adult Program

Caron's Older Adult Program, offered at its Pennsylvania and Florida locations, is designed to address SUD, including OUD, and co-occurring disorders in older adults. It tailors services to each person's age and holistic health needs. The treatment and recovery components include comprehensive assessments, chronic pain management, comprehensive family program, grief and loss counseling, group therapy, integrative neurofeedback therapy, medication assessments, MOUD (buprenorphine) for withdrawal management and treatment, recovery support meetings, relapse prevention, and assistance with transportation to off-site medical appointments (M.R. Wang, personal communication, July 21, 2023).¹⁵

Odyssey House, Inc. ElderCare Program

The Odyssey House ElderCare program in New York City is also designed to address the specific needs of older adults with OUD. The residential program offers services such as MOUD (oral and injectable naltrexone and buprenorphine) and comprehensive treatment. Staff are experienced in geriatric care and provide group treatment that focuses on community accountability and age-appropriate cultural, fitness, and recreational activities. The treatment incorporates several evidenced-based practices, including cognitive behavioral therapy and trauma-informed [Seeking Safety](#). After program completion, Odyssey House provides discharge planning, referrals for outpatient treatment, peer support, and assistance with finding transitional and permanent housing.¹⁶

Conclusion

Opioid misuse and use disorders among older adults are growing public health challenges that are often overlooked and undertreated by HCPs, who might not conduct universal SUD screening. There is a growing need for SUD treatment from culturally competent care providers that take an evidence-based, trauma-informed approach to addressing the holistic needs of older adults, including support and education for their caregivers. Additionally, this rising need necessitates early identification and age-appropriate prevention, treatment, harm reduction, and recovery support services. For this to occur, care coordination/collaboration is very important for this population, particularly with mental health and primary care providers. Age-appropriate services address not only the patient's opioid misuse or OUD, but also their physiological, social, and emotional needs.



Helpful Resources

- The Vermont Department of Health's brochure on [Aging & Taking Opioids & Benzodiazepines](#) provides tips for healthy aging and medication, information on these substances and how they affect older adults as they age, and links to other resources.
- [CDC Clinical Practice Guideline for Prescribing Opioids for Pain – United States, 2022](#) is a guideline that provides recommendations for clinicians providing pain care, including those prescribing opioids, for patients 18 years of age and older.
- The Bree Collaborative Opioids and Older Adults Workgroup in Washington State developed the [Opioid Prescribing in Older Adults Report](#) to provide guidance on prescribing opioids for older adults, given their specific needs; information on alternative pain management approaches; and tapering information.
- [Engage, Educate, and Empower for Equity: E4 Center of Excellence for Behavioral Health Disparities in Aging](#). The E4 Center measurably advances training and workforce capacity with a specific focus on the community-based implementation of evidence-based practices and programs for vulnerable older adults who experience the greatest behavioral and physical health disparities in the nation.
- [SAMHSA's Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health, 2019 toolkit](#) is designed for providers who offer services for older adults. The toolkit aims to increase provider awareness and understanding of substance misuse and mental illness among older adults, so that they are equipped with the tools they need to advance health promotion, expand prevention messaging and education, and implement screening and referrals for mental illness and substance misuse.



- [SAMHSA TIP 26: Treating Substance Use Disorder in Older Adults](#) provides detailed information on SUD in older adults, including nonmedical use of opioids. It also spotlights evidence-based practices and approaches to prevent, identify, and treat SUD in this population.
- [SAMHSA TIP 63: Medications for Opioid Use Disorder](#) provides a comprehensive overview of the three FDA-approved medications for OUD, as well as detailed information on initiatives and approaches to support those in recovery.
- [SAMHSA's Older Adult webpage](#) houses a variety of resources related to providing services for older adults with mental and substance use disorders.
- [SAMHSA's Overdose Prevention and Response Toolkit](#) provides guidance on how to prevent and respond to overdose for a wide range of individuals. The toolkit emphasizes harm reduction and access to treatment services as a vital component of overdose prevention.
- [SAMHSA's Treatment Finder](#) allows individuals to anonymously search for treatment services across the United States.
- [The Agency for Healthcare Research and Quality's State of Opioid Use, Misuse, and Opioid Use Disorder Among Older Adults infographic](#) provides information on the risks faced by older adults, negative effects of opioid use and misuse, and statistics reflecting the current status of opioid use in this population.
- [The Administration for Community Living Addressing the Opioid Crisis webpage](#) provides numerous resources related to opioids and older adults.
 1. [The Opioids and Older Adults Fact Sheet](#) provides data and resources about opioid use and potential risks among older adults.
 2. [The Opioid Public Health Emergency and Older Adults Issue Brief](#) provides information about opioid use and use disorder among older adults, information on evidence-based treatments, details regarding available resources, and more.



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Acknowledgements

This brochure was prepared for the Substance Abuse and Mental Health Services Administration (SAMHSA) under contract number HHSS283201700019I_75 S20322F42003 (Ref. No. 283-17-1903) with SAMHSA, U.S. Department of Health and Human Services (HHS). Michelle Gleason served as contracting officer representative. LCDR Dantrell Simmons, DrPH, MBA, MA, served as alternate contracting officer representative.

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Recommended Citation

Substance Abuse and Mental Health Services Administration (SAMHSA): *Preventing Opioid Misuse and Treating Opioid Use Disorders in Older Adults*. Publication No. PEP24-02-010. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2024.

Originating Office

Center for Substance Abuse Treatment (CSAT), Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857. Published 2024.

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Publication No. PEP24-02-010

Released 2024

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