The Role of the Opioid Crisis in Elder Abuse

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Opioids Can Derail The Lives Of Older People, Too

•December 20, 20164:29 PM ET Heard on All Things Considered JENNY GOLD

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."

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

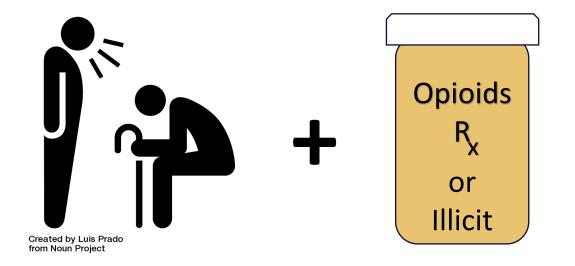
"The cost of opioid addiction and treatment can have major financial ramifications.... Clients facing opioid addiction, either themselves or within the family, may be strapped for resources and can be vulnerable to poor financial decision-making or even fraud."

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.

Research Questions



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



Different?

Themes?

Data Source

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

MAPSIS Database

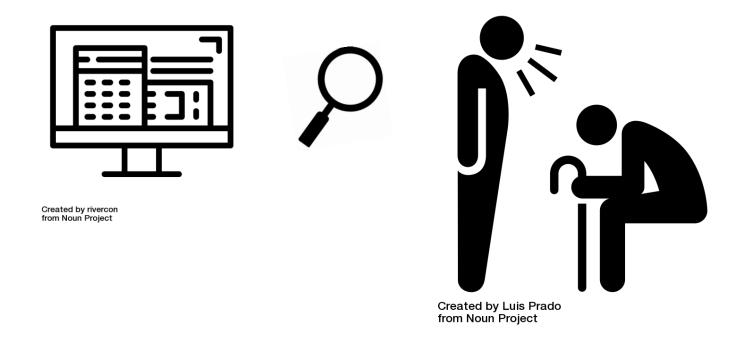
Data fields-countable

- Demographics
- Allegation type
- Disposition

Text fields— readable

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

Methods



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

Methods

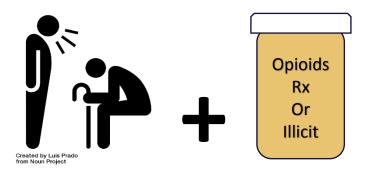


We found 2,400 investigations with opioid-related terms and graded them for **inappropriate opioid use**.

Methods

Found:

225 opioid-related investigations



Elder abuse involving opioid misuse/abuse

- ❖ 315 other Illicit Drug-related investigations
- ❖ 8,637 Non-drug-related investigations

The number of Opioid-related and Other Illicit Druginvestigations increased, but the percentage over time.

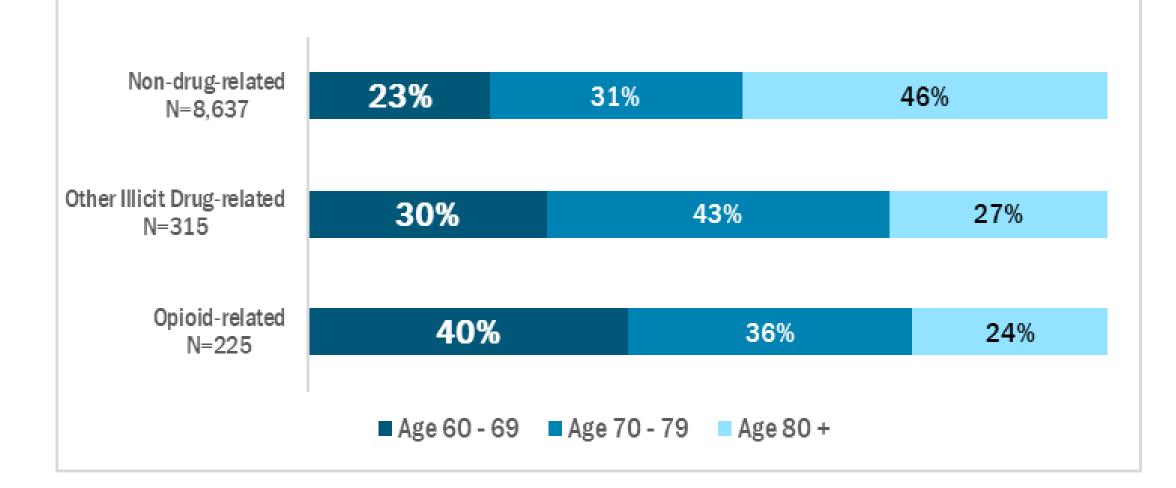
	CY2015	CY2016	CY2017	CY2018	Total
Opioid-related	39	48	61	77	225
	2.9%	2.6%	2.5%	2.5%	2.5%
Other Illicit Drug-	67	72	72	104	315
related	3.7%	3.9%	3.0%	3.3%	3.4%
Non-drug-related	1,715	1,710	2,278	2,934	8,637
	94.2%	93.4%	94.5%	94.2%	94.1%
Total Investigations	1,821	1,830	2,411	3,115	9,177



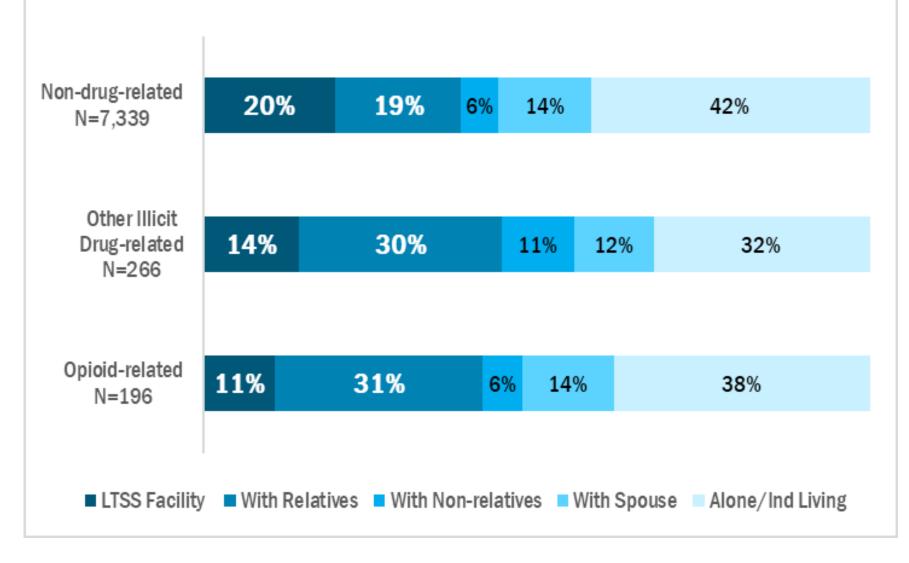
Opioid-related investigations (darker green) tended to occur along major traffic routes.

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.



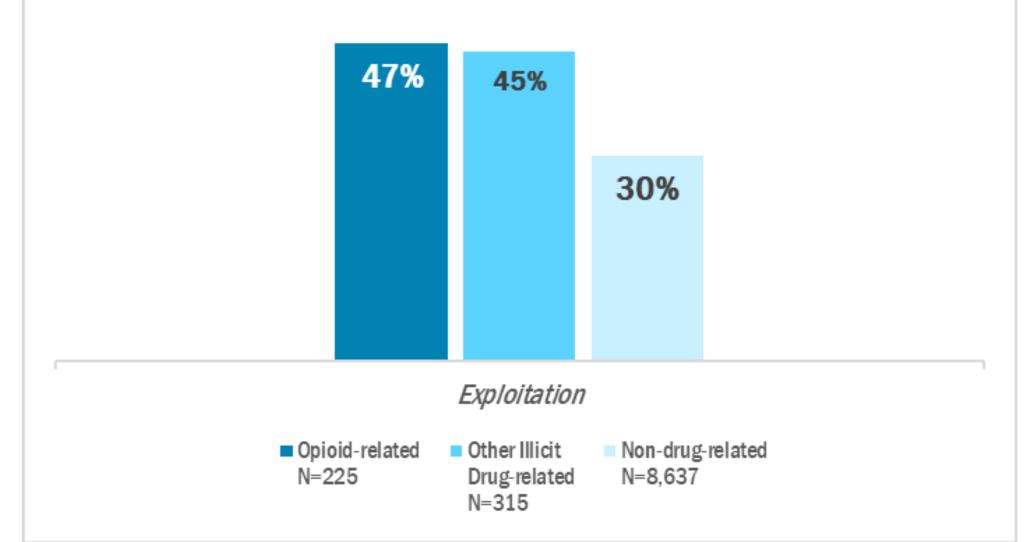
Clients with drug-related investigations were more likely to live with relatives and less likely to live in LTSS facilities.





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.



Client is prescribed opioids for pain but exhibits SUD/OUD 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.

Opioid medication management issues

- Client's caregiver was responsible for dispensing medication but was unreliable at this task.
- Client did not remember taking the medication and took multiple doses.
- Client hid medication to prevent theft.
- Client allowed perpetrator to take client's hospice medications.

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.

Stealing money with drug use

- Alleged perpetrator stole large sums of money to buy heroin.
- Alleged perpetrator stole client's money and prescription opioid

- Stealing opioid prescription
- Client's family member stole client's medication after surgery.
- Caregiver stole client's hospice medication.

Exploitation for drug treatment

 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.



THE ROLE OF THE OPIOID CRISIS IN ELDER ABUSE

An Analysis of Maine Adult Protective Services Investigations, 2015-2018

Investigation Characteristics and Common Themes

Muskie School of Public Service Cutler Institute for Health and Social Policy

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