

COLLATERAL DAMAGE: ELDER ABUSE AND THE OPIOID EPIDEMIC

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MCEAP 2021 Elder Abuse Summit, May 11, 2021

Prevalence of Elder Abuse

- **14.1% or 1 in 10 community-residing older adults** nationwide (over 5 million elders) experienced at least one form of abuse

Acierno et al., 2010

- **7%** of all complaints regarding institutional facilities reported to long term care Ombudsmen were **complaints of abuse, neglect, or exploitation**

NORS Data, 2010

- Reporting rates vary by **type of abuse**
 - For every **1** report, up to **24** may go unreported

Lifespan of Greater Rochester, Inc., 2011

Types of Elder Abuse

PHYSICAL ABUSE

EMOTIONAL ABUSE

SEXUAL ABUSE

•

EXPLOITATION

NEGLECT

SELF NEGLECT

Maine Adult Protective Services

- In 2014 Maine APS received **6,577** calls on its central APS intake line.
- Of those calls, **2,486** were assigned for investigations and **931** were substantiated.
- About **30%** of elder abuse cases involved some type of financial exploitation.



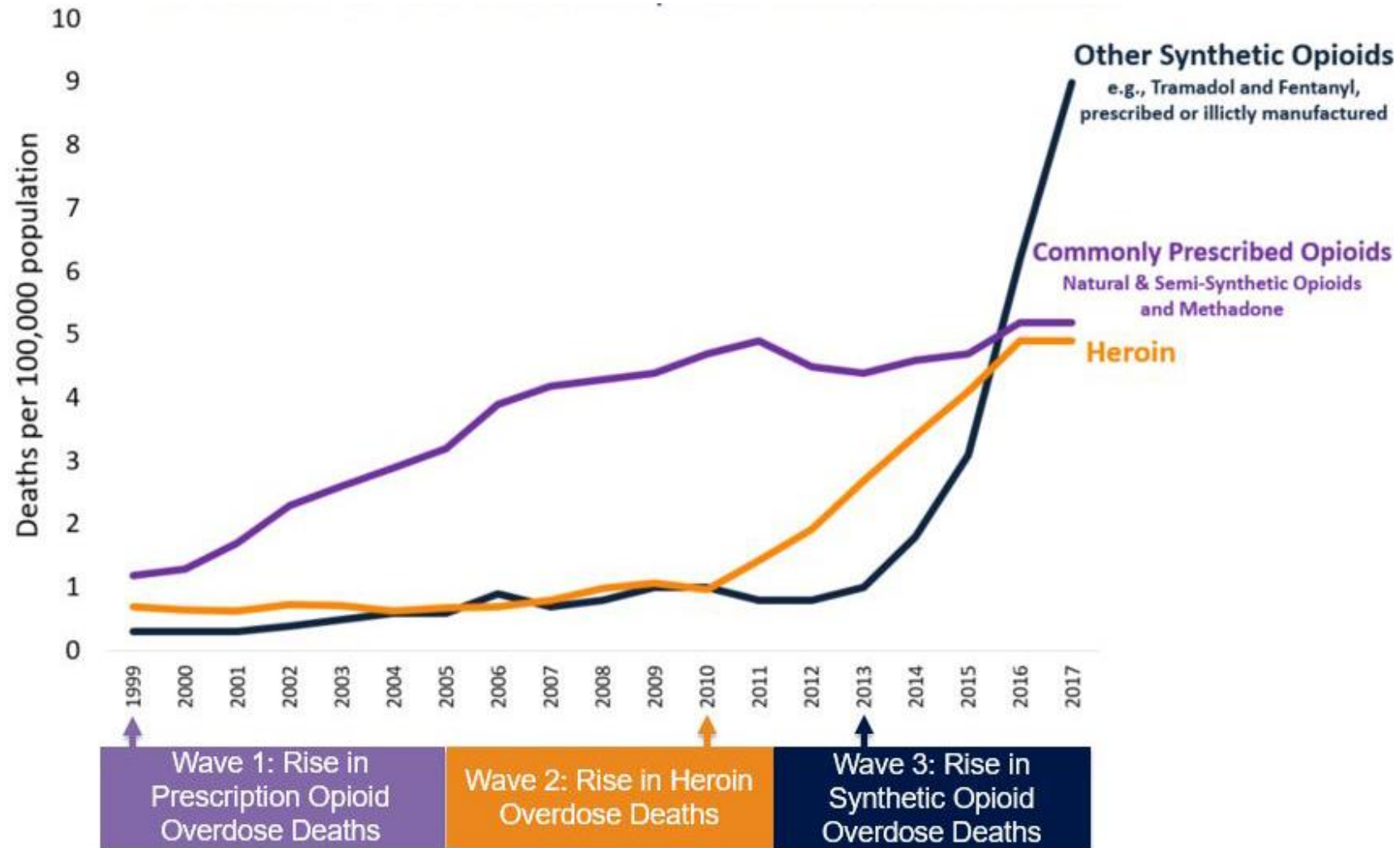
Opioids in America: A Public Health Epidemic



As a result of the consequences of the opioid crisis affecting our Nation, . . . I, Eric D. Hargan, Acting Secretary of Health and Human Services, . . . do hereby determine that a public health emergency exists nationwide.

October 26, 2017

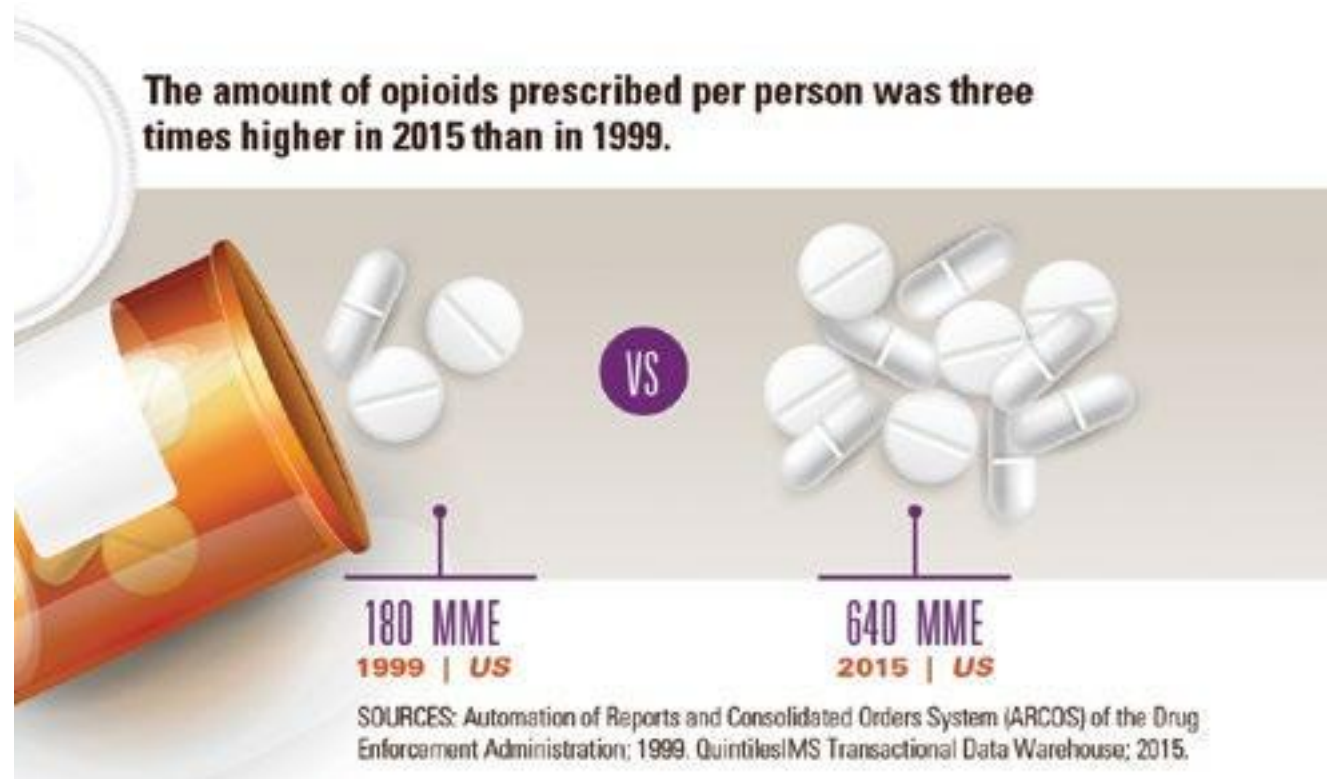
Three Waves of the Opioid Epidemic



SOURCE: National Vital Statistics System Mortality File.

PRESCRIPTION OPIOIDS

- In 2016, over **11.5 million** Americans reported misusing prescription pain relievers
- In 2017, there were almost 58 opioid prescriptions written for every 100 Americans.



CDC: <https://www.cdc.gov/drugoverdose/data/prescribing/overview.html>

Pain In the Nation: The Drug, Alcohol and Suicide Crises and the Need for a National Resilience Strategy. <https://www.tfah.org/report-details/pain-in-the-nation/>

OLDER ADULTS: OPIOID PRESCRIPTIONS



Many older adults experience chronic pain

- 29% filled a prescription for opioids in the past two years
- 86% of those prescribed opioids reported keeping leftover pills



25% of long-term opioid users are aged 65.



Older women are more likely to use opioids than older men

Opioid Deaths



American life expectancy declined for the 3rd consecutive year in 2017 driven by the **increase in deaths from drug overdoses**.



Opioids were involved in **49,860** overdose deaths in 2019.

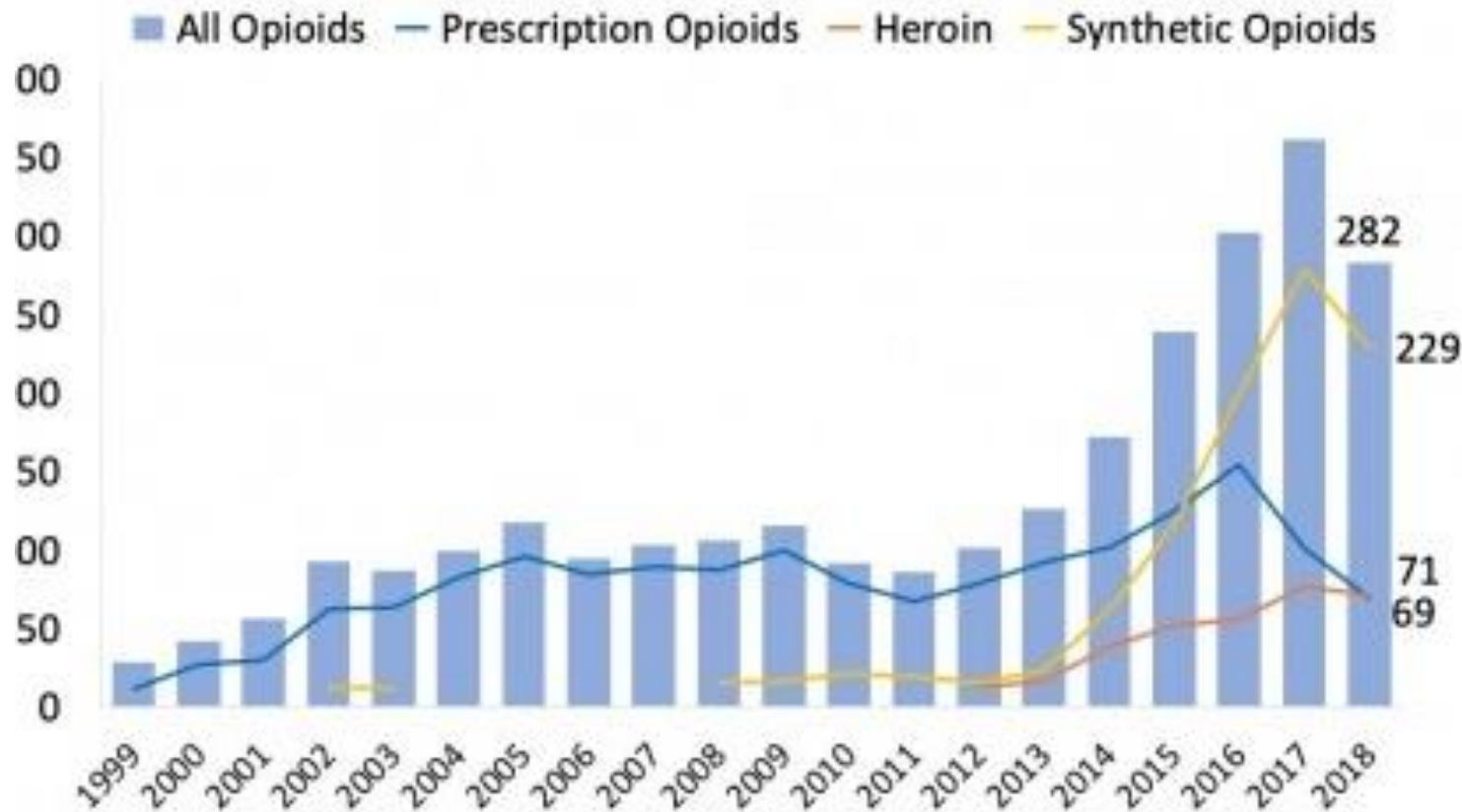


From 2018 – 2019, Opioid-involved death rates increased by over **6%**.



Over **70%** of the nearly 71,000 drug overdose deaths in 2019 involved an opioid.

MAINE OPIOID EPIDEMIC

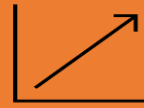


National Institute of Health:

<https://www.drugabuse.gov/drug-topics/opioids/opioid-summaries-by-state/maine-opioid-involved-deaths-related-harms>

- In 2018, 202 drug overdose deaths involved opioids, which is a slight decline from 2017.
- Prescription opioids and heroin deaths remained stable from 2017-2018 as did deaths involving synthetic opioids (other than methadone).
- In 2018, Maine providers wrote 48.1 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions.

APS Investigations of Opioid- Related Elder Abuse in Maine 2015-2018



The annual number of opioid-related investigations increased in 2015-2018



Clients in opioid-related investigations tended to be younger than clients in non-drug-related investigations



Clients with opioid prescriptions had difficulties managing their prescriptions



Opioid-related cases were more likely to have 3+ allegations, including exploitation compared to non-drug-related cases

Impact of the Opioid Epidemic



Health

neonatal abstinence syndrome, Hepatitis C, dental issues, mental health issues, malnourishment, accidents and suicide



Economic

inability to recruit workers who can pass drug screening tests, absenteeism, lost of productivity, lack of ability to attract industry due to stigma of addiction



Crime

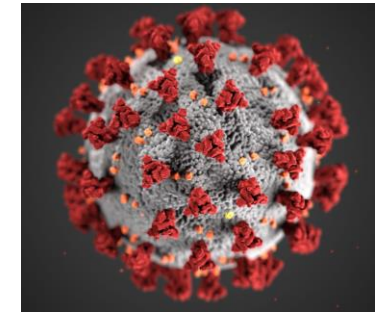
domestic violence, theft, prostitution, DUI, increased gang related activity



Families

parental absenteeism due to death or intoxication, incarceration, divorce, loss of parental custody, increase in grandparents raising grandchildren

The Impact of COVID-19 on the Opioid Epidemic



Public health experts have concerns that the COVID-19 pandemic has worsen the opioid crisis.

Access to treatment, support systems, clean needles, methadone provision, and psychiatric care has been interrupted or shifted to virtual platforms.

Risk of overdose may be increased during prolonged periods of isolation, as well as unemployment and socioeconomic challenges.

The Opioid Epidemic and COVID-19

More than 90,000 Americans died of an overdose during the 12-month period ending in September 2020.

Synthetic opioid fatalities rose by an unprecedented 55% during the twelve months ending in September 2020.

**LATEST
ESTIMATES FROM
THE CDC**

Deaths from methamphetamines and other stimulants also surged by roughly 46%, an increase linked to fentanyl contamination.

People with Substance Use Disorder are at higher risk of contracting COVID-19 and frequently face more severe outcomes, including death.



ELDER ABUSE AND THE OPIOID CRISES: *A Disquieting Connection*

STUDY 1

The Opioid Epidemic as a Catalyst for Elder Abuse in Rural Communities: Perspectives of Service Providers

Roberto, K.A., Teaster, P.B., Lindberg, B. W., & Blancato, R. (in press). A first (and disturbing) look at the relationship between the opioid epidemic and elder abuse: Insights of human service professionals. *Journal of Applied Gerontology*. <https://doi.org/10.1177/0733464820947279>

OPIOID USE IN RURAL AMERICA

- The opioid crisis is particularly rampant in communities in **rural America**
- Rural **Appalachian** communities have been especially hard hit
- About **one-half** of rural residents report opioid addiction has gotten worse in their community in the past **five years**

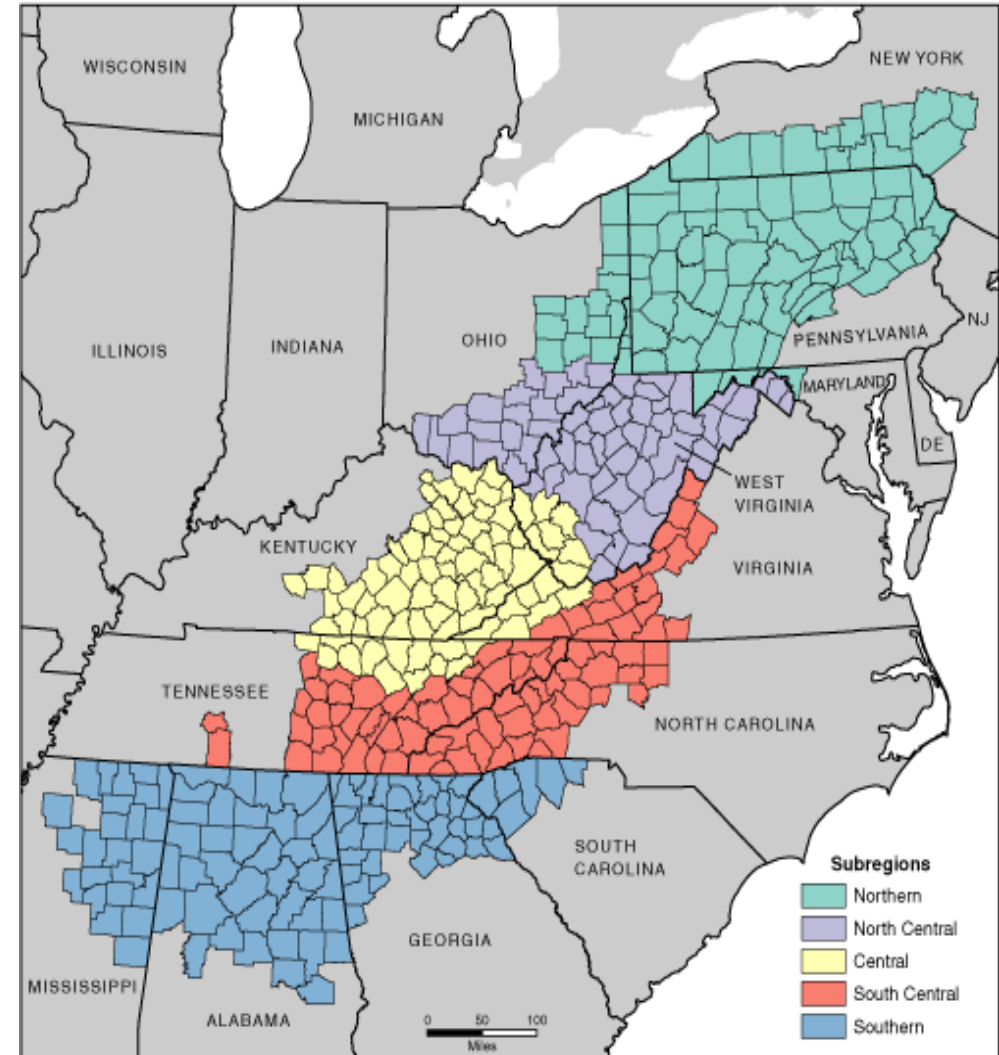
PURPOSE

To explore how older adults in rural areas are adversely affected by perpetrators who misuse opioids

METHODS

Conducted one-hour focus groups in:

- Kentucky, Ohio, Virginia, West Virginia
- Representatives from:
 - Adult Protective Services (APS)
 - State Attorney General's Office
 - Mental Health/Substance Abuse Services
 - Law Enforcement
 - Senior Services
 - Medicaid Fraud Control



Map by: Appalachian Regional Commission, November 2009.



Data Analysis

Data collection, coding, and analysis were ongoing and integrated

Identified primary analytical codes

6 themes emerged from the data analysis

Theme 1

The problem is escalating in scope and severity

Everyone believes that opioids, outside of exploitation cases, have absolutely exacerbated the abuse/neglect of vulnerable adults. This is occurring not only by exploiting elders to receive money for opioids and stealing opioids, but by using opioids to sedate and neglect elders.

Drugs open the possibility for more types of abuse because there are more individuals inside the home. Another threat and danger is when the money runs out, the victim does not have any resources to help with daily needs.

Theme 2

Older adults are essentially prisoners in their own homes

A grandson who had a heroin addiction went to live with his elderly grandfather. The grandfather had dementia, and the grandson exploited the grandfather for \$85,000 to support his heroin addiction. He was taking money out of his debit card, writing checks to his friends, and opening credit cards in his grandfather's name to support his addiction.



Theme 3

An elder's home becomes a safety hazard for them, for cases workers, and for the community

Homes become a marketing environment for drugs or people coming back and forth where they are taking drugs. [In] some situations, the older adult is involved with the drug abuse.

[We are receiving] complaints of self-neglect where bills are not getting paid, elders are missing appointments, and after investigation, they [APS] find that there is a drug issue going on.



Theme 4

Older adults are being drug exploited in facility settings

An LPN at a nursing home had an opioid addiction and took multiple medications off the medication cart one night and was found passed out at a nearby gas station after her shift. She had taken more than that day's medicine, so may have been caught later as well. She had taken a lot of those medications, near the point of overdose. The residents whose medications were taken didn't receive medications and were in pain as consequence.



Theme 5

Facility settings are not confined to nursing homes

Have seen a lot of cases where hospice patients are getting exploited because of the number of narcotics that they are on during this type of care.



Theme 6

A service conundrum exists

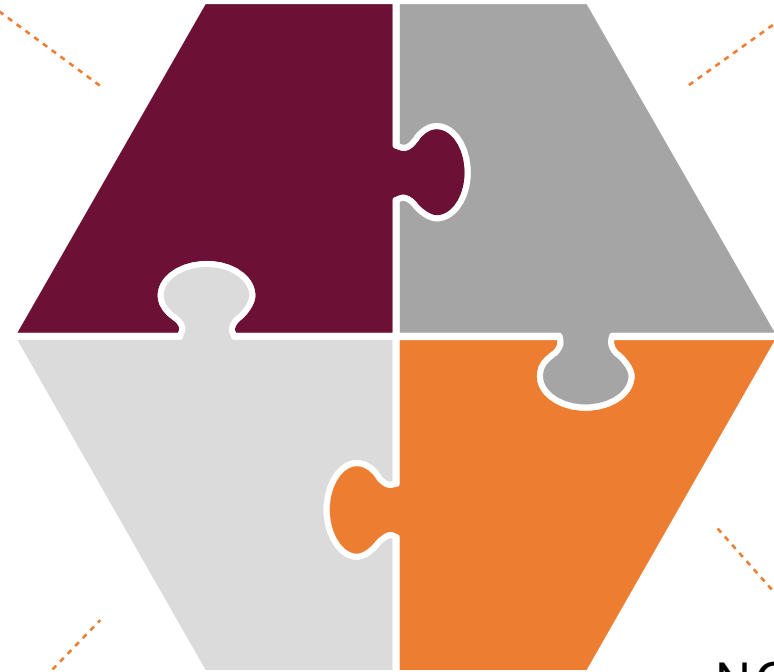
Services may help the elders to solve their immediate problems of paying a utilities bill, but it allows the perpetrator to stay in the house.

The tipping point is usually when the perpetrator gets in trouble and is no longer living in the home or when the elders lose capacity and allow workers to come into home.

CONCLUSIONS

PROBLEM IS
INCREASING

LACK OF
RESOURCES



INCREASE IN
DRUG-RELATED
EXPLOITATION
CASES

NO RELIABLE
DATA TO
DOCUMENT
PROBLEM



STUDY 2

Elder Abuse Amidst the Opioid Epidemic: APS Cases in Rural Kentucky



Methods

- Kentucky Department for Community-Based Services
- All substantiated cases in 2015, 2016, and 2017 in 13 counties in Eastern KY
- Data collected using the Assessment and Documentation Tool (ADT)

Analysis 1



Examine characteristics of substantiated cases of elder abuse associated with opioid misuse by perpetrators.



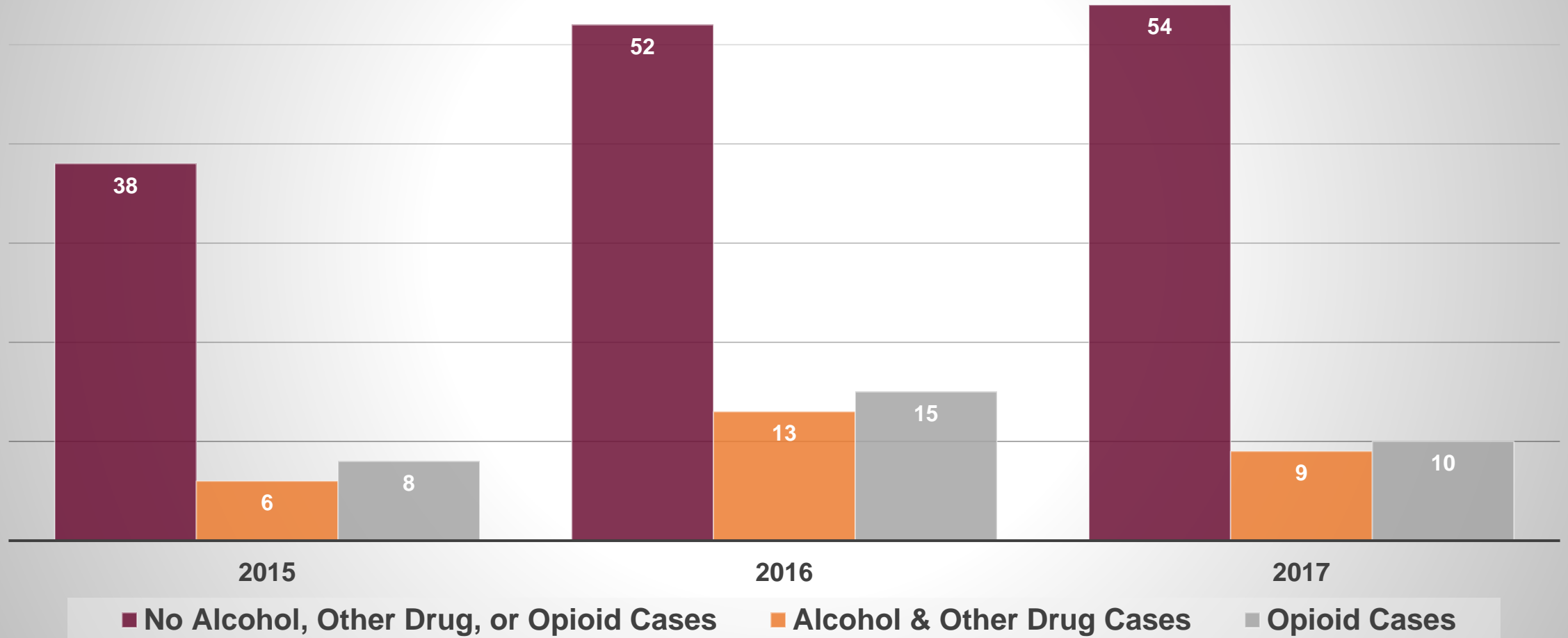
Compare characteristics of opioid-related cases of elder abuse to cases where opioid misuse was not involved.



Methods

- Descriptive analyses of all substantiated cases in 2015, 2016, and 2017
- Comparative analysis of cases involving:
 - Opioid use
 - Alcohol and other drugs
 - No alcohol or drug use

Number of Cases By Year



NUMBER OF CASES BY AGE GROUP

AGE GROUP	ALCOHOL & OTHER DRUGS CASES	OPIOID CASES
64 Years or Below	9	11
65 Years or Above	15	14

PREDICTORS OF ABUSE FOR VICTIMS

VARIABLE	NO ALCOHOL, OTHER DRUGS, OR OPIOIDS (N=144)	ALCOHOL & OTHER DRUGS CASES (N=28)	OPIOID CASES (N=33)	SIGNIFICANCE
# of Victim's Health Problems (Range: 1-28)	6.29 (4.81)	4.73 (4.19)	8.29 (4.29)	Significant
Any ADLs	91%	86%	88%	
Any Cognitive Difficulties	69%	64%	67%	
Any Financial Exploitation	27%	55%	92%	Significant
Victim: Female	55%	82%	79%	Significant
Age Group: 65+	36%	59%	58%	

SUMMARY OF FINDINGS

Types of Substances

- There was ***no significant difference*** in the type of substance involved in cases among younger adults or among older adults.

Age

- For ***both*** opioid cases and alcohol & other drugs, ***older adults appeared more often*** the victims.
 - Alcohol & Other Drugs = 62.50%
 - Opioids = 56%
 - These were trends, and did not reach significance

Gender

- Compared to cases where perpetrators were not abusing substances ***women*** were ***more likely*** to be victims of perpetrators who used alcohol & other drugs.
- ***Women*** were also ***more likely*** to be victims when perpetrators used Opioids, but this trend was not significant.

Exploitation

- Victims of perpetrators who use ***opioids*** were ***more likely*** to be ***financially exploited***, than victims of perpetrators who used alcohol & other drugs or used no substances.

Analysis 2

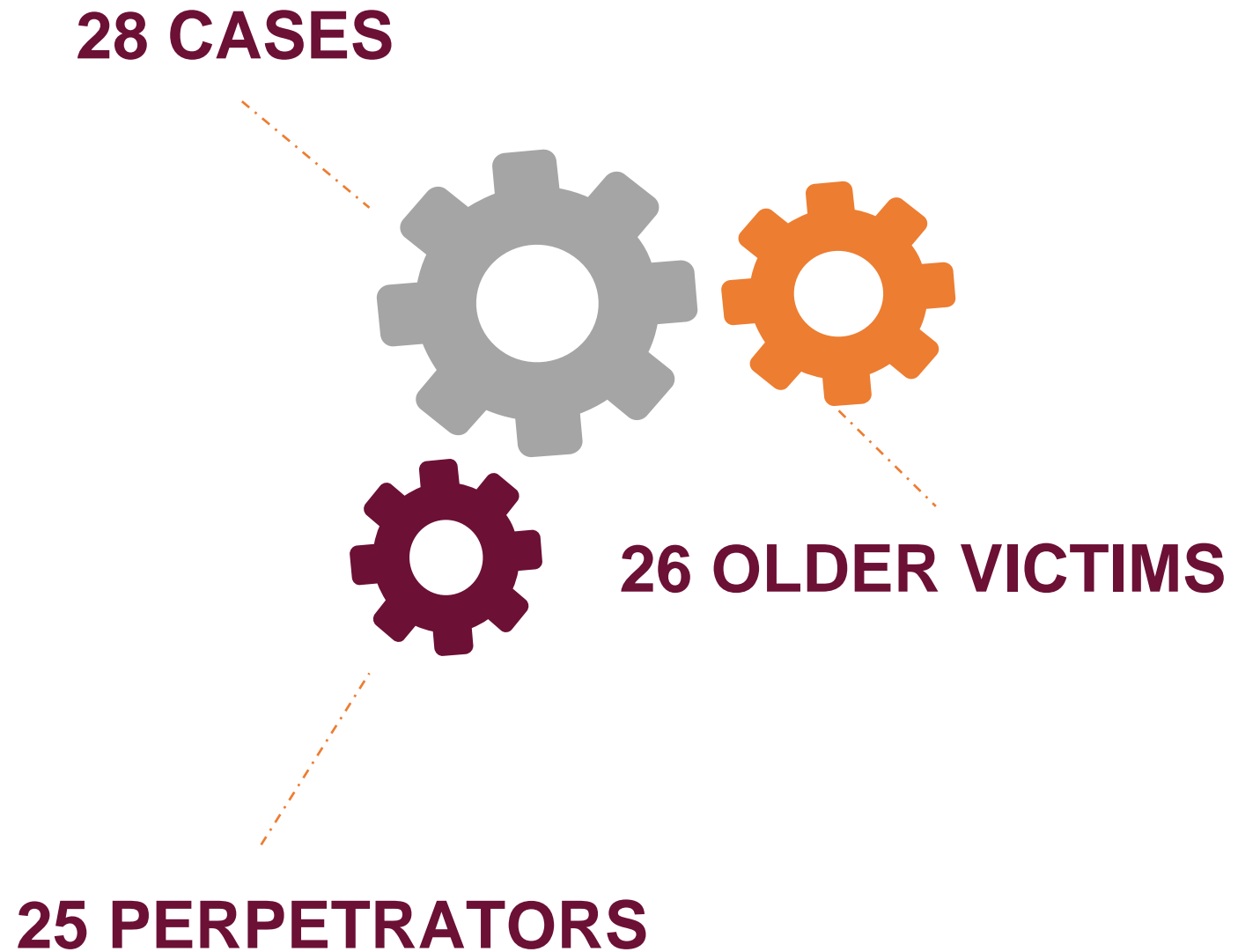
To characterize substantiated cases of elder abuse in **13** eastern counties in Kentucky in which the perpetrator used opioids and related substances



Methods

- Data collected using the Assessment and Documentation Tool (ADT) Case Notes
- 28 substantiated cases of elder abuse in which opioids were noted as an underlying or contributing factor
- Within-case and across-cases thematic analysis of case notes

CASE BREAKDOWN





OLDER ADULTS ($N=26$)

Sex

- 22 female
- 4 male

Age

- M age = 75 years old
- Range = 61 years - 94 years

Race

- 26 White

Living Arrangement

- 17 lived in their own home
- 4 lived with a relative
- 4 lived in a care facility
- 1 unknown

Marital Status

- 4 Married
- 13 Widowed
- 3 Never Married
- 2 Divorced
- 4 unknown



TYPES OF ABUSE (N=28 cases)

Caretaker Neglect

16 Cases

Financial Exploitation

2 Cases

Material Exploitation

25 Cases

Physical Abuse

5 Cases



PERPETRATORS ($N=25$)

Sex

- 12 female
- 13 male

Age

- M age = 35 years
- Range = 33 years to 52 years

Race

- 25 White

Living Arrangement

- 15 home with the victim

Caregiver Status

- 16 Informal Caregivers
- 3 Paid Caregivers
- 6 not a Caregiver



PERPETRATORS (Cont.; $N=25$)

Criminal History

- M number of criminal charges: 13
 - Range: 0-53
- M number of drug charges: 3.5
 - Range: 0-17
- Number of perpetrators with previous drug charges: 13

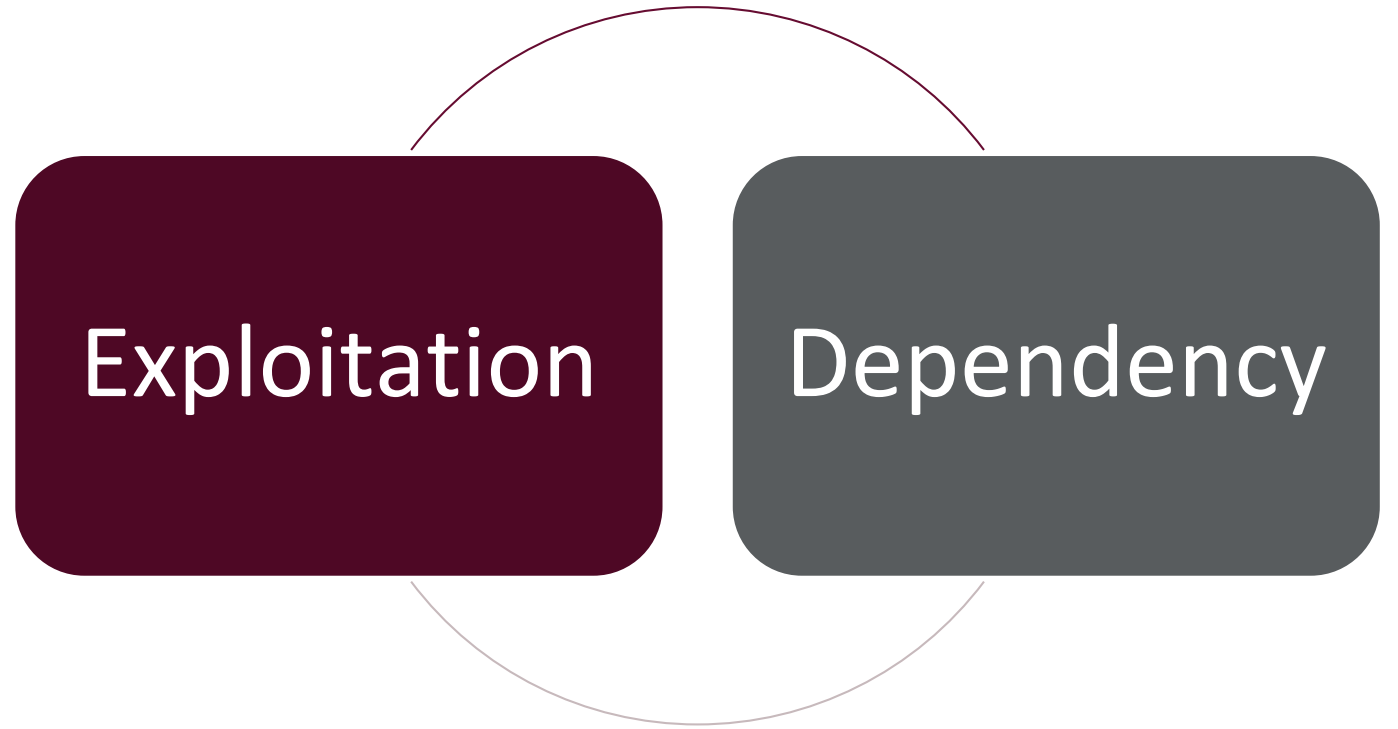
Abuse History

- Current victim: 4
- Different victim: 8
- Unspecified victim: 12

Overall Categories

Exploitation

Dependency



Findings

Embedded within opioid-related cases is evidence of polyvictimization

Family physicians identified abuse as a result of a negative drug screening

Older adults claimed to suffer no ill effects from their missing medication

Perpetrators often had a history of criminal and substance abuse charges

Older parents shielded their adult children from investigation, sometimes to their own detriment

Case Example

Noreen & Nevin

Perpetrator

- Adult son caring for his mother
- Previous history of caregiver neglect and exploitation

Abuse Allegations

- Physical
- Neglect
- Exploitation

Victim's Health Status

- Needs help with ADLS due to heart and kidney problems and other chronic illness

What APS found

- Pain medications missing
- Physical abuse
- Son picked up meds from the pharmacy and kept them
- Son used mother's money to purchase drugs for himself

Result

- Older adult moved to a hospice center where she later died
- Both caregiver neglect and exploitation were substantiated

Case Example

Fran & Fred

Perpetrator

- Adult son caring for his mother
- Extended criminal history of substance abuse
- Lived in trailer next to his mother and provided help to her
- Dependent on mother's income

Abuse Allegations:

- Time 1: Exploitation (Substantiated)
- Time 2: Exploitation and Neglect (Unsubstantiated)
- Time 3: Exploitation and Neglect (Substantiated)

Victim's Health Status

- Multiple health problems, including respiratory failure and osteoarthritis

What APS Found

- Son was stealing pain medications

Result

- Older adult moved in with other family members

Case Example

Paula & Perry

Perpetrator

- Grandson caring for his grandmother

Abuse Allegations

- Exploitation
- Neglect
- Physical

Victim's Health Status

- Alzheimer's disease and physical health problems

What APS Found

- Grandson failed to bring grandmother to doctor's appointments
- Grandson had been picking up medication from the pharmacy and taking it for himself

Result

- Exploitation and neglect were substantiated.
- Physical abuse not substantiated - denied that grandson harmed her
- Older adult passed away before the investigation was over

CONCLUSIONS



INCREASED SUSCEPTIBILITY

Opioid misuse by perpetrators appeared to heighten susceptibility for elder abuse



HEIGHTENED VULNERABILITY

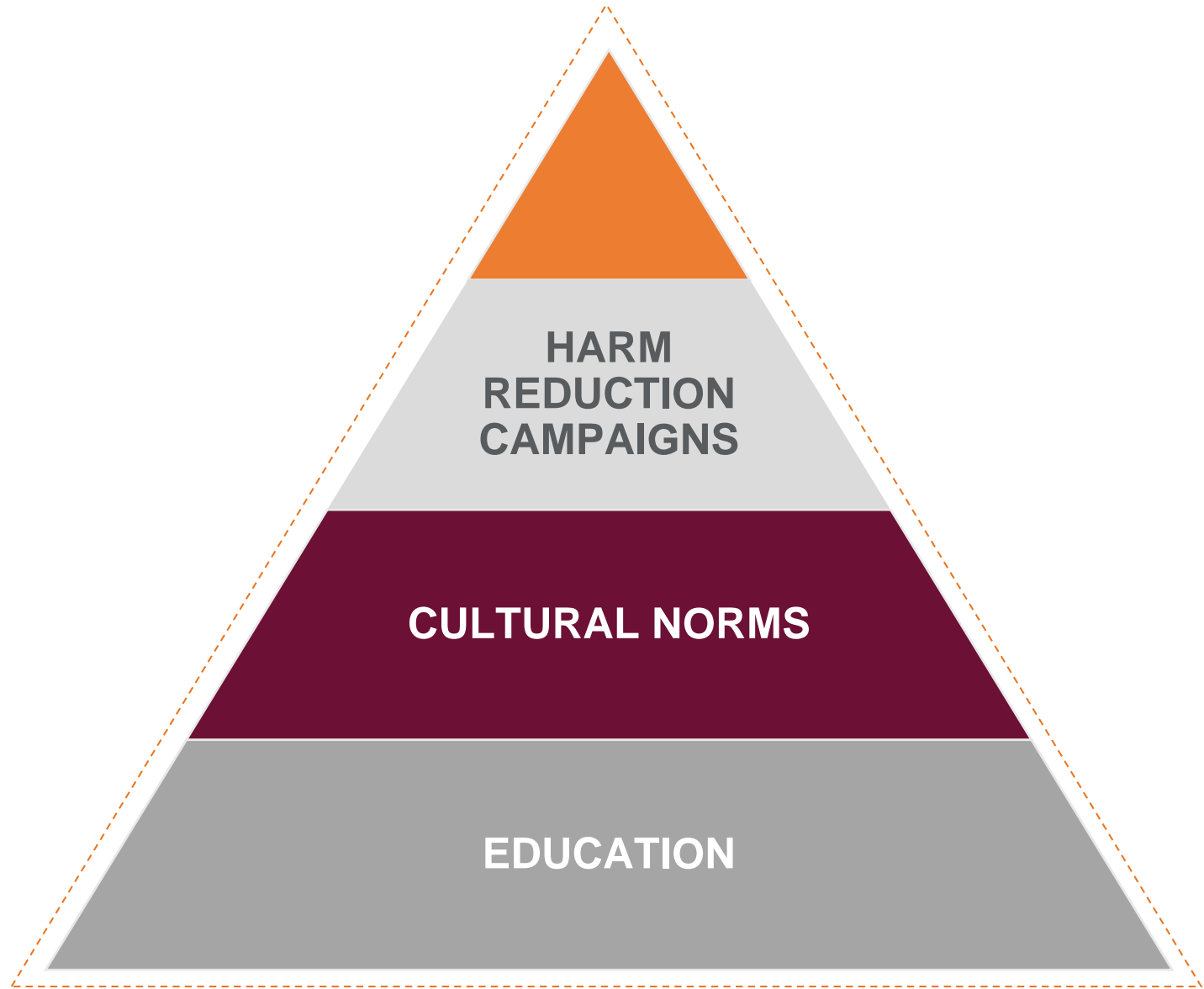
Older adults may offer housing and support to family members coping with addiction or released from the criminal justice system, thus placing themselves in an increasingly vulnerable position



UNRELIABLE CAREGIVING

Older family members who need care may find themselves depending on those who are in no position to give support

PRACTICE IMPLICATIONS



RELATIONSHIP BETWEEN OPIOID EPIDEMIC AND ELDER ABUSE

Conduct in-depth
interviews with
affected elders and
their families.

Focus on older
adults who
misuse opiates

Disentangle
individual and
collective influences
on opioid-related
abuse in late life

**INDIVIDUAL AND
COLLECTIVE INFLUENCES**

**OLDER ADULTS AND
OPIOID ADDICTION**

**FUTURE RESEARCH
CONSIDERATIONS**

Next Steps . . . 2021 National Study



Prospective collection of quantitative data via online tool



Case-specific qualitative data collected via in-depth interviews with APS investigators



Thank you!

Questions?

Virginia Tech Center for Gerontology
<https://liberalarts.vt.edu/research-centers/center-for-gerontology.html>