

Interview with Experts - How the Opioid Epidemic is Impacting APS

Kathryn Sapp on the impact to Missouri's APS program.



Kathryn Sapp manages Missouri's APS Policy and Staff Development bureau and has provided information for submission to the National Opioid Czar on the issue of how opioids are affecting APS.

Have you seen a major impact of the opioid epidemic on your APS caseloads?

After the National Adult Protective Services Association (NAPSA) requested statistics from states on the frequency of adult abuse referrals with allegations connected to opioid use in early 2018, Missouri began tracking that information. From February 2018 through July 2019, we had 452 referrals that involved opioid use. When we broke down the types of referrals they fell into the following categories:

- The eligible adult is taking more of their opioid medication than is prescribed by a physician;
- The eligible adult is going from doctor to doctor in an attempt to obtain opioid medication;
- The alleged perpetrator is stealing money from the eligible adult in order to purchase opioids;
- The alleged perpetrator is stealing the eligible adult's opioid medication;
- The alleged perpetrator is neglecting the eligible adult due to their opioid use;
- Other circumstances in which a referral or adult protective service involvement is related to opioids

During 2018, Missouri averaged about one referral per day. However, in 2019 we have seen a decrease in reports; particularly, a noted slight decrease in reports of opioid overdose from hospital staff who are also mandated reporters. Staff believe this drop is related to improvements in medical practices around prescribing opioids.

How has the opioid epidemic impacted the financial abuse of seniors?

In Missouri, 181 (about 40%) of the 452 referrals connected to opioid use have included an allegation of financial abuse. In comparison to our overall reports, during FY 2019, Missouri received 30,166 reports of abuse/neglect/exploitation and 19% of reports allege financial exploitation. Many reports involve paid attendants who have either stolen the opioids or used threats to obtain the medications so the paid attendants can sell or use the opioids themselves.

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If the opioid epidemic is increasing the rate of grandparents raising grandchildren, because parents are unable to raise their children, how is that affecting the seniors in your community and the workload of your staff?

Missouri APS field staff have not seen an increase in reports of maltreatment that involved grandparents raising their grandchildren. These cases have remained relatively constant. However, this epidemic is impacting all age levels and in one recent APS case, a grandmother's two grandchildren overdosed in her home. Her daughter was suspected of stealing the meds, however our client refused to file theft charges against her.

Have you seen an increase of seniors who have problematic addictions to opioids?

Missouri APS field staff have reported an increase in opioid dependency, particularly in individuals 55 to mid-70s years old.

Here are some observations from conversations our field staff have had with clients and observations in homes:

- Several clients express frustration or anger about not getting their opioid prescriptions refilled in the amounts they were previously prescribed for years. These are the clients who consistently deny having an addiction to opioids.
- Some elderly clients feel they are being silently accused of being an opioid addict when they request pain medication.
- Staff have reported observing clients storing their narcotic prescriptions in private/hidden places, to keep them from personal care attendants or family/friends.
- And conversely, some clients are using drug disposal boxes located in the community to get rid of unused meds.

“Some elderly clients feel they are being silently accused of being an opioid addict when they request pain medication.”

Field staff report the following changes in medical professionals' responses to opioid use:

- Primary care physicians are prescribing fewer opioids; and/or decreasing the prescription amounts from a 1-3-month supply to a 7-day supply.
- Pharmacies are informing and questioning their customers about what they believe to be a gross amount of opioids prescribed to the customer and in some instances, declining to fill their prescriptions.
- In one case, Medicaid/Medicare declined to refill all opioid and narcotic scripts except for a select few.
- Some physicians, including Medicaid doctors, are prescribing fewer opioids and run monthly blood testing to check their patient's opioid levels and test for narcotics that are not prescribed as a deterrent for the patient to abuse.

APS staff also report seeing an increase in Ibuprofen or acetaminophen prescriptions for tooth extractions instead of a 30-day prescription for opioids.

Have you seen problems with seniors being unable to get appropriate pain management because of policies meant to make opioids less available to those with addictions?

Yes. Emergency departments have implemented policies to target drug seeking individuals. Typically, these are people under the age of 60. However, these same policies are imposed on the elderly visiting emergency rooms for pain related issues. The same goes for pain clinics.

Primary care physicians and pain specialists who are working with their patients on maintaining pain management have become more aware and more cautious; they are trying to differentiate between patient addiction and real need. On the other hand, Missouri recently passed legislation to allow individuals to obtain prescriptions for medical marijuana. APS staff have noted **numerous** clients applying for medical marijuana cards due to the decreased access to opioid prescriptions.

Staff report clients are accessing more services and that substance abuse treatment is more readily available to those who seek treatment for addiction.

Can you talk about the programs available to address addicted seniors?

There are still very few programs available, and the ones that are available do not meet the needs of elderly addicts.

Any final thoughts?

Now, as a result of our tracking efforts, Missouri is informing our sister agencies, including Medicaid and Department of Mental Health, of the specific needs of seniors so we can work together to make good choices in funding/designing their programs. In working with seniors using opioids, the challenge is balancing clients' dignity, while seeking to assist them in maintaining their independence, respecting their struggle, and recognizing end of life stages.

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