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Baby Boomers and Opioid Use Disorder: A Growing Concern

Peer Prescriber Mentor



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No Disclosures

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Learning Objectives

Gain	Master	Discover	Learn	Understand
Gain an understanding of substance use, and opioid use disorder for the baby boomer generation.	Master how opioid use disorder impacts the brain and the decision-making pathways of individuals using opioids and related substances	Discover the concepts of medication for opioid use disorder and how medication can support the patient's road to recovery	Learn about the three FDA approved medications to treat substance use disorders (SUD); how they are used to treat an opioid use disorder (OUD)	Have a better understanding of how to help aging patients with an OUD



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Introduction

- There are approximately **73 million baby boomers** in the United States and about **5.3 million** live in Florida per the 2020 Census.
- What is a **Baby Boomer**? A person born between 1946 and 1964.
- Baby Boomers** are 27% more likely to die from a prescription overdose and 33% more likely to die of a heroin overdose than those born between 1965 and 1981.¹
- Substance misuse often goes unnoticed in this age group, but according to SAMHSA, the use of illicit drugs by **Baby Boomers** has nearly doubled since 2002.²
- CDC data indicates that the rate of overdose deaths among seniors has quadrupled since 2002.³ In the 2022 Annual Report by the Florida Medical Examiners, persons 50 and over accounted for the majority of deaths caused by oxycodone, hydrocodone, and morphine. They were the second highest in deaths caused by fentanyl.⁴



1. Mountsinville (n.d.); 2. SAMHSA; 3. Humphreys, K, et al. (2022); 4. FDE, (2024).

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FACTORS CONTRIBUTING to OUD in BABY BOOMERS

Opioid Use Disorder (OUD) among baby boomers has become a significant public health concern. This generation is particularly vulnerable due to several factors:

- Higher Prescription Rates:** Boomers are more likely to have been prescribed opioids for chronic pain management leading to a higher risk of misuse.
- Biological Factors:** Aging can alter how the body processes drugs, increasing the risk of dependency and overdose.
- Historical Trends:** Boomers have had higher rates of substance use throughout their lives compared to other generations.



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Higher Prescription Rates

1. Increased Pain-Related Conditions: As people age, they often experience more chronic pain and other health issues that require pain management. This leads to higher rates of opioid prescriptions.¹

2. Long-Term Use: Baby boomers, having been prescribed opioids over a long period, may develop a tolerance, requiring higher doses to achieve the same pain relief, which can lead to dependency.²

3. Lack of Awareness: There is often a lack of awareness about the risks of long-term opioid use among older adults. Many may not realize the potential for addiction and misuse.³

4. Inadequate Monitoring: Sometimes, there is insufficient monitoring and follow-up by healthcare providers, which can result in prolonged and potentially inappropriate use of opioids.¹



1. Meier, D. (2024); 2. Fry, C. (2022); 3. Mountsinelle (n.d.)

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Biological Factors



Genetic Predisposition: Certain genetic factors can make individuals more susceptible to addiction. Variations in genes that affect opioid receptors in the brain can influence how a person responds to opioids, increasing the risk of dependency.¹



Age-Related Changes: As people age, their bodies metabolize drugs differently. Older adults may experience prolonged effects of opioids, which can increase the risk of developing a dependency.¹



Chronic Pain Conditions: Baby boomers often suffer from chronic pain conditions that require long-term pain management. This can lead to prolonged opioid use, increasing the risk of developing OUD.²



Brain Chemistry: Changes in brain chemistry over time can affect how opioids are processed and how they impact the brain's reward system, making it easier for dependency to develop.¹

1. Jalali, M.S. et al (2020); 2. Montiel, F.A. et al (2020)

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Historical Trends

Cultural Shifts in Attitudes Toward Drug Use: Baby boomers grew up during a time of significant cultural shifts, including more liberal attitudes toward drug use. This generation experienced higher rates of substance use at each stage of life compared to previous generations.¹

Increased Prescription Rates: In the 1990s and 2000s, there was a significant increase in the prescription of opioid painkillers. This was partly due to aggressive marketing by pharmaceutical companies and a growing emphasis on pain management in medical practice.² Many baby boomers were prescribed opioids for chronic pain conditions, leading to higher rates of long-term use and potential misuse.³

Ageing and Chronic Pain: As baby boomers age, they are more likely to suffer from chronic pain conditions that require pain management. This has led to higher rates of opioid prescriptions among this demographic.⁴

Earlier Drug Use: Many baby boomers who now struggle with opioid use disorder began using drugs recreationally in their youth and continued into adulthood. This earlier exposure increases the likelihood of developing substance use disorders later in life.⁴

1. Lin, J. et al. (2023); 2. Plunsky, Colin, et al. (2019); 3. Mountsinelle (n.d.); 4. Salamon, M. (2023)

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IMPACT OF OUD ON BABY BOOMERS

- HEALTH CONSEQUENCES
- MENTAL HEALTH
- SOCIAL ISOLATION
- ECONOMIC IMPACT
- INCREASED MORTALITY



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Health Consequences and Mental Health



Health Consequences: Baby boomers with OUD often face severe health issues, including increased risk of overdose, respiratory problems, and cardiovascular complications. Chronic opioid use can also lead to neurotoxicity, which affects brain function and can exacerbate conditions like dementia.¹



Mental Health: OUD can worsen mental health conditions such as depression and anxiety, which are already prevalent in older adults. The stress of managing addiction can further deteriorate mental health.²

1. Hill, R.A. (2023); 2. NIDA. (2020)

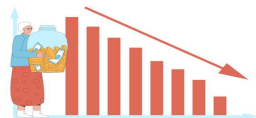


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Social and Economic Impact

Social Isolation: Many older adults with OUD experience social isolation. This can be due to the stigma associated with addiction, as well as the physical and mental health challenges that make social interaction difficult.¹

Economic Impact: The cost of managing chronic pain and addiction can be substantial, leading to financial strain. This includes the cost of medications, healthcare services, and potential loss of income due to disability.²



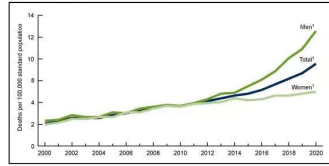
LaBarre, Charles. (2021); 2. Lin, J. et al. (2023)

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Mortality Rates

Increased Mortality: Baby boomers are more likely to die from prescription drug overdoses compared to other generations. This increased mortality rate is a significant concern. ¹

Figure 1. Age-adjusted drug overdose death rate for adults aged 65 and over, by sex: United States, 2000-2020



1. Mountainside (n.d.). Figure 1 Source: National Center for Health Statistics

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Rx Awareness Story



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CASE STUDIES

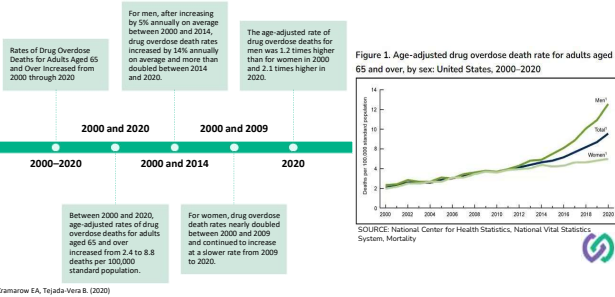
DAVID'S STORY

David founded a multimillion-dollar brokerage firm and managed 75 employees while being happily married. At age 39, he was prescribed opioids for pain from knee surgeries. Despite a history of substance use, he was unaware of their addictive nature and quickly became addicted, taking 120 milligrams a day. When he could no longer obtain prescriptions, he turned to heroin, leading to the bankruptcy of his firm, divorce, and a five-year federal prison sentence. After recovering, David became an interventionist and recovery coach, advocating for Minnesota's first opioid stewardship bill to fund local prevention and treatment efforts. He stressed that recovery is a process and that "hope is possible – you don't need to keep going by yourself." David passed away in February 2023 at the age of 63.

CDC Rx Awareness

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Statistical Data



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Statistical Data

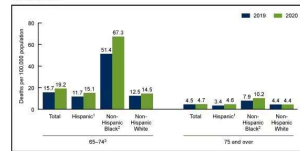
In both 2019 and 2020, non-Hispanic Black men aged 65 and over had higher drug overdose death rates than non-Hispanic White and Hispanic men.

For men aged 65–74, drug overdose death rates increased from 2019 to 2020 for all men, as well as for Hispanic, non-Hispanic Black, and non-Hispanic White men. However, death rates did not increase significantly from 2019 to 2020 for men aged 75 and over.

In 2020, drug overdose death rates for men aged 65–74 were higher for non-Hispanic Black men compared with Hispanic and non-Hispanic White men.

For men aged 75 and over in 2020, drug overdose death rates were higher for non-Hispanic Black men compared with Hispanic and non-Hispanic White men.

Figure 2. Drug overdose death rate for men aged 65 and over, by age group, race and Hispanic origin, and year: United States, 2019–2020



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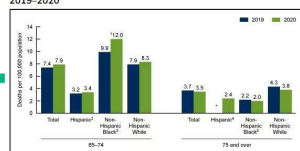
Data

In both 2019 and 2020, non-Hispanic Black women aged 65–74 had the highest drug overdose death rates, while for women aged 75 and over, death rates were highest for non-Hispanic White women.

From 2019 to 2020, drug overdose death rates for women aged 65–74 increased for non-Hispanic Black women; however, death rates for the other race and Hispanic origin groups did not change significantly.

In 2020, drug overdose death rates for women aged 75 and over did not change significantly compared with rates in 2019 and were higher for non-Hispanic White women compared with Hispanic and non-Hispanic Black women.

Figure 3. Drug overdose death rate for women aged 65 and over, by age group, race and Hispanic origin, and year: United States, 2019–2020



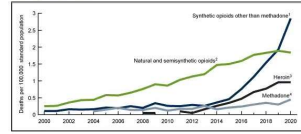
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Data

In 2020, rates of drug overdose deaths involving opioids for adults aged 65 and over were highest for deaths involving synthetic opioids other than methadone.

- For adults aged 65 and over, drug overdose deaths from synthetic opioids, particularly fentanyl, increased by 53% from 2019 to 2020.
- Overdose deaths involving natural and semisynthetic opioids remained stable from 2017 to 2020 after rising from 2000 to 2017.
- Heroin overdose death rates for this age group were stable from 2017 to 2020 after rising from 2011 to 2017.
- Methadone overdose death rates for adults aged 65 and over have steadily increased since 2004.

Figure 4. Age-adjusted rate of drug overdose deaths involving opioids for adults aged 65 and over, by type of opioid: United States, 2000-2020



SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality

Kramarow EA, Tejada-Vera B. (2020)

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Prevention and Treatment



PREVENTION STRATEGIES



TREATMENT OPTIONS



ROLE OF HEALTH CARE PROVIDERS

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Prevention Strategies

Alternative Pain Management: Encourage the use of non-opioid pain relief methods such as physical therapy, acupuncture, and non-opioid medications. These alternatives can help manage pain without the risk of addiction.

Education and Awareness: Educate seniors about the risks of opioid use and the signs of dependency. This includes providing information on safe medication practices and the potential dangers of long-term opioid use.

Regular Monitoring: Healthcare providers should regularly monitor patients who are prescribed opioids. This includes frequent check-ins to assess pain levels, medication effectiveness, and any signs of misuse.

Prescription Guidelines: Implementing strict guidelines for opioid prescriptions can help reduce the risk of misuse. This includes limiting the dosage and duration of opioid prescriptions and using the lowest effective dose.



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Prevention Strategies

Support Systems: Establish strong support systems for seniors, including family, friends, and community resources. Social support can help reduce feelings of isolation and provide a network for monitoring and assistance.

Mental Health Support: Address underlying mental health issues that may contribute to opioid misuse. Providing access to mental health services can help seniors manage conditions like depression and anxiety without resorting to opioids.

Safe Disposal Programs: Promote the use of safe disposal programs for unused medications to prevent misuse. Many communities offer take-back programs or disposal kiosks for unused opioids.

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Treatment Options

1. Medications for Opioid Use Disorder (MOUD):

- **Buprenorphine:** Available as a dissolving tablet, cheek film, or extended-release injection. It helps reduce cravings and withdrawal symptoms.¹
- **Methadone:** A daily liquid medication that can only be dispensed in certified opioid treatment programs. It helps manage withdrawal symptoms and cravings.¹
- **Naltrexone:** An opioid antagonist that blocks the effects of opioids. It is available as a pill or an extended-release injection and is used for individuals who have already detoxed from opioids.¹



Methadone



Buprenorphine



Naltrexone



1. CDC, 8.12.2024; 2. CDC, 05.02.2024

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Treatment Options

2. Behavioral Therapies:

- **Cognitive Behavioral Therapy (CBT):** Helps individuals understand and change their thought patterns and behaviors related to substance use.¹
- **Motivational Interviewing (MI):** A counseling approach that helps individuals find the motivation to make positive changes in their behavior.¹
- **Group Therapy:** Provides support and shared experiences from peers who are also in recovery.¹



1. CDC, 05.02.2024

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Treatment Options

3. Integrated Care:

- **Primary Care Integration:** Combining OUD treatment with primary healthcare services to address both addiction and other health conditions simultaneously.¹
- **Mental Health Services:** Addressing co-occurring mental health conditions such as depression and anxiety, which are common among seniors with OUD.¹

4. Support Services:

- **Social Support:** Engaging family, friends, and community resources to provide emotional and practical support.²
- **Case Management:** Assisting with navigating healthcare systems, accessing resources, and coordinating care.²

5. Inpatient and Outpatient Programs:

- **Inpatient Rehabilitation:** Provides a structured environment with 24/7 care, which can be beneficial for severe cases.²
- **Outpatient Programs:** Allow individuals to receive treatment while continuing to live at home, offering flexibility and support.²

1. NHI, (2023); 2. CDC, 08.12.2024

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Role of Health Care Providers

Assessment and Diagnosis: Providers must accurately assess and diagnose OUD using standardized criteria, such as the DSM-5. This involves understanding the patient's medical history, current medication use, and any signs of opioid misuse.¹

Medication Management: Providers should prescribe medications for opioid use disorder (MOUD) like buprenorphine, methadone, or naltrexone, which help manage withdrawal symptoms and reduce cravings.² They must also monitor the patient's response to these medications and adjust dosages as needed.

Integrated Care: Combining OUD treatment with primary care services ensures that all aspects of the patient's health are addressed. This includes managing co-occurring conditions such as chronic pain, mental health disorders, and other medical issues.³

1. CDC, 05.06.2024; 2. AHRQ, (2023); 3. Mayo, 02.27.2024

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Role of Health Care Providers

Patient Education: Educating patients about the risks of opioid use, safe medication practices, and the importance of adhering to their treatment plan is essential. This helps patients understand their condition and the steps they need to take to manage it effectively.¹

Support and Counseling: Providing access to behavioral therapies, such as cognitive-behavioral therapy (CBT) and motivational interviewing (MI), can help patients address the psychological aspects of addiction. Group therapy and support groups also offer valuable peer support.²

Monitoring and Follow-Up: Regular follow-up appointments are crucial to monitor the patient's progress, adjust treatment plans, and provide ongoing support. This helps prevent relapse and ensures that any emerging issues are addressed promptly.³

Collaboration with Other Professionals: Working with pharmacists, mental health professionals, and social workers can enhance the overall care provided to seniors with OUD. This team-based approach ensures comprehensive and coordinated care.¹

1. Mayo, 01.17.2024; 2. AHRQ, (2023); 3. CDC, 05.06.2024

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Policies Addressing OUD in Seniors

Medicare Opioid Safety Policies: Medicare has implemented policies to monitor and manage opioid prescriptions among beneficiaries, including safety edits at the pharmacy level and case management for high-risk patients.¹

AHRQ Opioids in Older Adults Compendium: This resource supports primary care practices in improving opioid medication management and preventing misuse among older adults. It includes tools for risk assessment, patient engagement, and non-pharmacologic pain management.²

Telehealth Expansion: Policies have been updated to allow the initiation of OUD treatment via telehealth, including the prescription of medications like buprenorphine and methadone, which helps reduce barriers to access, especially for seniors in rural areas.³

Integrated Care Models: Healthcare systems are increasingly adopting integrated care models that combine medical, behavioral, and social services to provide comprehensive care for seniors with OUD. This approach aims to address the complex needs of older adults and improve treatment outcomes.³

1. CDC (2024); 2. NIH (2023); 3. AHRQ (2023)

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Advocacy Efforts

Policy Advocacy: Organizations like the AMA and NCOA work to influence policy changes that improve access to treatment and support for seniors with OUD. This includes advocating for the removal of prior authorization requirements for medications and ensuring mental health parity laws are enforced.¹

Community Education and Support: Initiatives such as the National Opioid Action Coalition encourage community involvement through education programs, take-back events for unused medications, and support for individuals in recovery.²

Harm Reduction: Advocacy groups promote harm reduction strategies, including the widespread availability of naloxone and the implementation of Good Samaritan laws to protect those who assist in overdose situations.³

These efforts aim to create a supportive environment for seniors struggling with OUD, ensuring they have access to the necessary resources and care.

1. Harris, PA & Mukkaka, B. (2020, August 1); 2. NCOA; 3. AMA (2023, June 7)

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Thank you!

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ADVOCACY ORGANIZATIONS AND INITIATIVES

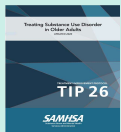
1. **American Medical Association (AMA):** The AMA's Opioid Task Force works to remove barriers to evidence-based care, expand access to naloxone, and promote safe prescribing practices.¹ They also advocate for policies that support comprehensive care for seniors with OUD.
2. **Substance Abuse and Mental Health Services Administration (SAMHSA):** SAMHSA provides resources and support for older adults with mental and substance use disorders. They offer guidance for clinicians, service providers, and caregivers to better serve this population.²
3. **National Council on Aging (NCOA):** NCOA collaborates with various organizations to provide education, resources, and advocacy for older adults dealing with substance use disorders, including opioids.³

1. AMA, (2023); 2. SAMHSA, Tip 26; 3. NCOA



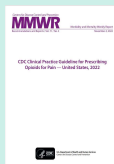
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RESOURCES



Treating Substance Use Disorder in Older Adults, SAMHSA
[Treatment Improvement Protocol 26](#)

CDC Clinical Practice Guideline for Prescribing Opioids
for Pain – United States, 2022
[MMWR](#)



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