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Elder Justice Coordinating Council-June 5, 2018
The Intersection of the Opioid Crisis and Elder Abuse

As a family physician and geriatrician as well as the Director of the National Center on Elder Abuse, I have dealt with all forms of elder abuse. Many years ago I was administering to a patient who was in the end stages of life, on hospice care. Her pain was excruciating and we were doing all that we could to make her comfortable, however, nothing seemed to be helping. I carefully increased her dose of morphine and still she was in agony. Not understanding how this could be possible, I decided to check her blood levels only to find that she had no morphine in her system. I reported this incident to APS as well as the hospice agency, and we realized that someone else, probably her 26-year-old grandson with a known history of substance abuse was taking the medication. This is so hard to imagine, but it is one of many stories that describes an intersection of the opioid crisis and elder abuse.

The NCEA is a resource center funded by a grant from the Administration on Community Living to the Keck School of Medicine of USC. At NCEA we assist thousands of individuals with their questions concerning all aspects of suspected elder abuse. We field inquiries pertaining to emotional, financial, physical, sexual and neglectful situations via the telephone, emails and social media. Over the past year or so we have noted an increase in the number of inquiries relating to the opioid crisis and a possible correlation to elder abuse. I guess this

shouldn't be a surprise: opioid use disorder has become a nation-wide issue affecting people from all walks of life.

Wanting to learn more about the intersection of elder abuse and opioid use disorder, the NCEA surveyed our 2500 member listserv several months ago. From this informal survey we had many respondents who confirmed connections between opioid use disorder and elder abuse allegations. Particularly noteworthy is the variety of ways in which these two issues not only intersect but interact. In fact, we are in the early stages of trying to understand the full scope of the problem and there is much more to be learned about the economic, emotional and physical toll this is taking on our country. Here is a sample of what we've heard from around the country.

- Wisconsin Adult Protective Social worker Cheryl reported that she is investigating reports of care providers, both family and non-family members, using and/or stealing older adult's prescriptions.
- An attorney at Greater Boston Legal Services reported increased litigation involving intergenerational family theft and ensuing elder abuse with addicted adult children at home. Resulting consequences include evictions, theft, undue influence and grandparents raising grandchildren.
- From the Department of Family Protective Services in Texas, we've learned that there has indeed been an uptick in opioid abuse cases involving older adults, in particular cases relating to family members having access to a patient's opioid medications and the family member stealing and abusing the drugs.
- A faculty member at Emory University in Atlanta GA reported examples of people who use opioids neglecting an older adult for whom they had caregiving responsibilities.

- A person from Thomas More College in Crestview Hills KY reported that financial elder abuse crimes were on the rise in direct responses to adult and family member opioid addiction including a case of heirloom jewelry being sold for drugs.
- Missouri has taken a close look and has actually added a new reporting mechanism on their reporting forms so they can capture new reports that are linked directly or indirectly to opioid use disorder. In only three months they had more than one hundred cases. Some of these cases involved immediate danger, requiring an emergency response to protect the older adult. Some involved Medicaid providers who were then put on an employee disqualification list. In one instance an elderly mother was about to be evicted from her home because of a call related to “domestic disturbance” in the household. It turns out that her two opioid-addicted adult children were living there: the daughter was verbally abusive and the son was alleged to have broken his mother’s jaw.

Across the country from colleges to medical offices to APS divisions, the message is clear. The intersection between elder abuse and the opioid crisis is real and growing. Older adults are sometimes addicted, taking much higher doses than prescribed and going from doctor to doctor seeking more pills and resulting in problems such as falls and delirium, thus making that older adult more susceptible to being victimized by others. Some older adults may actually be selling their opioids in order to have enough funds to avoid eviction or starvation. As highlighted with earlier examples, abusers may steal from or neglect an older adult for whom they have care and custody.

ACL has demonstrated that the opioid crisis is a priority and is committed to finding solutions. In December of 2017 the ACL authored an [issue briefing](#) entitled “The Opioid Public Health Emergency and Older Adults”. In this report they explored opioid use among community

dwelling older people, evidence-based treatments for the disorder, and federal resources and state and local innovations that address opioid use among older people. They came to the conclusion that the opioid crisis is indeed a big problem for older adults.

Solutions/Impact

No matter how old we are, we all deserve the chance to enjoy a life of dignity, free from abuse and neglect. The opioid epidemic takes away this opportunity for many people. This is an issue that impacts all of us, not just the individuals who are abusing opioids and their immediate friends and families. It creates health care costs, nursing home costs, housing costs and legal costs while reducing the quality of life for all involved.

Both topics, elder abuse and opioid use disorder, are complicated issues so it's no surprise that solutions must involve a multifactorial approach:

- Increasing the availability of support groups, resources, and senior-only treatment centers,
- Special programs dedicated to assist grandfamilies affected by opioids.
- Provide substantially more support to those who are tasked with protecting and serving our nation's older adults: those who work in senior centers, Adult Protective Services, our justice systems. They include social workers, prosecutors, officers, health care providers, victim advocates, and, unfortunately, medical examiners.
- Funded research to understand the risk factors that link opioid misuse and elder abuse. This will help us identify more solutions and, importantly, work towards effective strategies for prevention.

Think about what we have learned regarding cigarettes— we know now that it does not just impair the person who smokes, but that there are 2nd and even 3rd hand effects. Similarly, elder abuse affects not only the victim themselves, but also those who love them... and society as a whole. Talking about abuse and neglect, building awareness, funding research and education, putting effecting evidence-based programs in place, holding not only perpetrators accountable but ourselves accountable. Asking: what can we do individually and collectively to solve the opioid epidemic and elder abuse? My answer: there is much we can do. We must have the will to do it, and leadership from the agencies on this panel is critical to the success of our efforts. The NCEA thanks the EJCC for taking time to discuss this important social issue of elder abuse.

Respectfully submitted,

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