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The Senate Special Committee on Aging
Preventing and Treating Opioid Misuse Among Older Americans
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Statement by
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First, I would like to thank Chairman Collins, Ranking Member Casey, and the members of the Committee for hosting this important hearing and for the opportunity to testify on "Preventing and Treating Opioid Misuse Among Older Americans." My name is William Stauffer. I am a person in long term, continuous recovery. For me, that means that I haven't used alcohol or other drugs in over 31 years. I think it is relevant to this committee to note that I received treatment with public dollars. It was the best investment that could possibly have been made in my life and the lives of the people who depend on me.

My recovery has allowed me to give back to my community, earn several college degrees, own a home, be a good husband, volunteer in my community, pay taxes, establish a career, be a college professor and become a leading advocate for the recovery community in the great state of Pennsylvania. It is a life that was beyond my wildest imagination, and the most remarkable thing about it is that my kind of story is quite common in the recovery community. We can and do recover and when we do we do great things, no matter what age we start are recovery journeys. I too will one day turn age 65 and expect to rely on Medicare. I hope that I and all those like me with substance use conditions, will have the full array of recovery services and supports available. Congress should work to ensure that is the case, particularly as 10,000 Baby Boomers turn 65 and become eligible for Medicare each day.

My written and oral testimony are the results of my experience as a person in substance use recovery and well as my professional experience across three decades of service to the substance use recovery community. I am currently the Executive Director of the Pennsylvania Recovery Organizations – Alliance (PRO-A) in which capacity I have served since 2012. Prior to this I have worked since the late 1980s as a professional in the drug and alcohol care system. I have operated residential and outpatient treatment services among other functions. I am also currently an adjunct professor of Social Work at Misericordia University where I developed and teach a course on substance use and older adults. .

I would like to start out by acknowledging that opioid overdoses killed 1,354 Americans ages 65 and older in 2016, about 3 percent of the 42,000 opioid overdoses that year. There is evidence that overdoses of older adult Americans are rising faster than other age groups in some regions of the county. There is also some sense that as the baby boomers age, these numbers will continue to climb nationwide. While alarming, this knowledge could allow us to take proactive measures to address the needs of our older adult citizens.

Overall, one in three older Americans with Medicare drug coverage are prescribed opioid painkillers. However, while Medicare pays for opioid painkillers, Medicare does not pay for drug and alcohol treatment in most instances, nor does it pay for all of the medications that are

used to help people in the treatment and recovery process. Methadone, specifically is a medication that is not covered by Medicare to treat opioid use conditions.

The recovery community supports the use of medication as part of the treatment and recovery process and we strongly believe in multiple pathways to recovery. We understand that medications, including Methadone, are important elements in the treatment and recovery process for adults seeking help with an opioid dependency, including older adults. Recovery with medications is a reality for members our community, as are other pathways.

Older adults are at high risk for medication misuse due to conditions like pain, sleep disorders/insomnia, and anxiety that commonly occur in this population. They are more likely to receive prescriptions for psychoactive medications with misuse potential, such as opioid analgesics for pain and central nervous system depressants like benzodiazepines for sleep disorders and anxiety. One study found that up to 11 percent of women older than age 60 misuse prescription medications. The combination of alcohol and medication misuse has been estimated to affect up to 19 percent of older Americans.

This committee is showing true leadership for focusing on the needs of our older adult citizens. We know full well that substance use conditions impact Americans of all age groups. However, it is also true the needs of older adults who are experiencing a substance use condition get far too often missed or ignored. While substance use conditions have long been an issue for older adults, the topic receives scant attention in the literature and there is almost no training for medical professionals to identify and refer persons to care for a substance use condition to get the help that they need. Even when this is done, the complex needs of older adult patients can mean that there are few if any places to refer them to who specialize in older adult care. Providers who want to meet these needs often cannot as reimbursement rates are too low to meet these needs properly.

Current projections are that Americans 65 and older will expand from around 15% of our current population to 20% by 2030. All signs point towards these challenges only becoming worse as our demographics continue to shift. The opioid epidemic – which is part of a larger, addiction epidemic has been devasting to far too many families – and this also holds true for older adults whom we are also losing to senseless overdoses and addiction related medical complications.

In older adult populations, a number of factors have been associated with increased risk of prescription medication misuse, including being female, social isolation a history of substance dependence, chronic pain conditions and mental health disorders, particularly depression. We also know that older adults with substance use conditions fall roughly into two categories. The first category include those who may have had a longer term struggle with substance use conditions, including opioids, they tend to have more complex care needs as they are debilitated, often with fewer social supports and resources. The second group are persons with late onset substance use conditions, including opioid use disorders. Persons in this group typically have experienced loss or a series of losses that become overwhelming and many also have medical conditions, including chronic pain.

Older adults with substance use conditions face a triumvirate of stigma. Far too often the family, caregivers and physicians fail to see, ignore or underestimate the extent of the problem and the need to seek help. Often, the family and caregiver engage in behavior that reinforces the addiction and ends up causing more harm through neglect. Overall, there may be a prevailing but mistaken sense that the older adult "has earned it" or that it may be one of the few joys left – these views ignore the fundamental pain that underlies addiction at any life stage.

Addiction can be masked by other conditions and stigma can make it difficult for the physician to broach the issue with an older adult patient when it is noticed. Many physicians are not comfortable talking about substance use conditions to their patients in general and age adds an additional element to this dynamic. Far too often, we die when no one steps up to help, and perhaps in no age group is this truer than in older adults.

Multiple drug interactions can make substance use conditions difficult to spot and a challenge to manage once identified. It has been noted that physicians by and large spend less time with older adult patients, adding to the challenge. We also as a society tend to be over reliant on medications – which is how we got into the opioid epidemic in the first place. Physician education is also key in all these areas.

A long-term area of concern is the Institute of Mental Disorders (IMD) Exclusion costs get shifted to our Substance Use block grant and fixing it would help states to use these resources for older adults. We also know that the IMD Exclusion has long been a barrier to funding drug and alcohol treatment. We are deeply grateful to Senator Casey for the many years of support in efforts to get rid of the IMD exclusion. We urge you to remove drug and alcohol from the IMD exclusion, as HR 2938 the Road to Recovery Act would do. It is an important Bill to pass. It would support our efforts by allowing Medicaid financing for care provided in substance use disorder residential treatment facilities larger than 16 beds. This will allow for older adult services to be paid for out of the Substance Abuse Prevention & Treatment Block Grant (SAPTBG) instead of being diverted to cover IMD costs.

We applaud Senator Casey for his bill that would have Medicare pay for methadone. This is an important first step. We would recommend taking additional steps to ensure that older adults get the care they need and ensure that treatment and recovery services are properly funded and that care is integrated with properly educated, supportive and empathetic medical and psychiatric care. We need a full continuum of care available for individuals and families seeking help with a substance use condition, including treatment and peer support services for all age groups.

We applaud efforts being made in Congress to expand medication assisted treatment to Americans age 65 and older through Medicare. We know that this is fast-growing area of need for older adults in our society. We also know that it is critically important to provide comprehensive treatment and recovery support services that includes medical, individual and family counseling for all populations.

We must expand education for physicians and other medical care practitioners about substance use conditions in general and specifically about the unique challenges that face

older adults who experience a substance use condition. We must be cognizant of the challenges of matching older adults with treatment and recovery options that can address their needs, and we must provide funding in sufficient amounts for service providers to support these services. We must ensure that Medicaid is adequately funded to continue to serve as a critical source of coverage for treatment. We in Pennsylvania have seen how Medicaid expansion has been a key source of support for serving our community. Low-income Americans in all states should have that option – it is perhaps the most important rung on the ladder to productivity for our community. It is important to note that among Baby Boomers, Medicaid expansion is particularly important to those ages 50+. We would urge Congress to expand funding for treatment and recovery support services to meet our care needs as treatment and recovery support services save money, families and communities.

In conclusion, supporting access to all medications, treatment and recovery support services that can assist an older adult into the recovery process is a critically important first step in assisting adults over 65 accessing care for an opioid use disorder. Treatment and recovery involve the whole person and we also need to consider the unique needs of older adults and as a society more fully value those members of our society in this stage of life.

I would like to end my testimony with a quote, and to note that helping older adults recover from substance use conditions can make all the difference in the world to millions of families across this great nation.

> *"Our society must make it right and possible for old people not to fear the young or be deserted by them, for the test of a civilization is the way that it cares for its helpless members."* - Pearl S. Buck

It was an honor to be given the opportunity to testify on behalf of our community here today, thank you.

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