

Transcript for Opioids and Older Adults Panel

Vivian (14:01:05): Hi everyone, my name is Vivian Miller. I'm assistant professor in social work, and director of the Optimal Aging Institute. I'm really thrilled that you've tuned in to our first panel discussion today. I'm joined by Sam Burnett, board member on the executive board of the OAI, Tony Bouyer, who's center manager at Glenbeigh of Toledo, and Jeff Medere who's D.A.R.T officer with the Lucas County Sheriff Area Office on Aging. Today we're talking about opioids and older adults. To get us started with how this problem has emerged, I'm going to turn it over to Sam.

Sam (14:01:45): Thank you. What we did is, I became a senior advocate in a very unusual way. A group out of Washington called the National Committee to Preserve Social Security and Medicare asked me if I would be a senior advocate for that issue in northwest, well in 10 counties, or 10, states. As a result of that we began to go out and talk to seniors, about the issues that we're raising to them.

And all of a sudden we found out that our seniors were beginning to use substance abuse. And it would come in different forms. And when we would do that, we would meet with church groups, we would meet with senior centers, we would meet with community groups. And in doing that, we found out that our seniors were being overmedicated by their doctors. When they left the hospital, they would be given some very strong pain medicine, and they were given enough for 90 days instead of what they would need. So the seniors because pain is one thing that they all want, every time we get together seniors always talk about their pain. And they would say "well, I've got a strong pill you ought to try this new one that I have." And they would exchange pills, because they had so many from coming home from the hospital. In doing that, the pills and those periods we're talking about 2010 all the way up to 2014, they were beginning to share these, and they were very very strong pills. And some of them were so strong that if they took them three times they will be hooked on that very powerful thing. So as a result of that, we thought we ought to be doing something.

So John Tharp, who was a major in the Lucas County Sheriff's Department, and I, we would go out and speak to the groups of these seniors and tell them about their medication and trying to lock it up so that it was safe. Because all of a sudden we found that the grandparents in these rest homes and then these grandparents' homes, the high school students would visit with them with and their friends. Somebody would go into their medicine cabinet and take one or two of the pills out there were very strong. Oxycodone, opiate pills. And they would take those high school and sell those.

So many times John and I would be talking to seniors and we would tell them 'You have to begin to lock up your medication, because sometimes the children will come and take one or two pills, you don't know their missing'. And they would take them to the high school and sell them.

And at one of our presentations, some lady stood up there (unintelligible) 'My children would never do that.' John whispered to me that her grandson had just been locked up the week before for selling those pills at the high school.

So we began to see a real problem occurring. So what we decided we want to do we ought to be doing something about educating people about that. And as a result of that, Dr. Nancy Orel at Bowling Green State University with the Optimum Aging Institute was doing some research and background. And she was making presentations talking about pain, and how we control pain. And how we have overmedicated our seniors. And as a result of overmedication, our seniors become addicted to that information and addicted to those pills. Well, then what would happen is that we found out the seniors at some of the senior centers, the young kids will be talking to the grandparents and seniors as they go into the center and say 'We'll buy a couple of those pills from ya'. They take them back and sell them to the high school. Or when the person, the grandparent or the elderly senior would run out of it, they would go back to their doctor for medication and the doctors would give them more medication. So as a result, the seniors had a lot of this. And you can imagine, when the seniors come home from the hospital they would get as much as 90 days' worth of this very strong pills. And once they took some of these in that period between 10 and 14, they decided, well, those are so strong that if they took some of them three or four times they were addicted to those. And if they would run out, then they would try to buy them from the kids on the street.

So, by that time John Tharp had been elected sheriff, and he's created a new program. Instead of locking the kids up, or seniors up that are in drug addiction, he would then take them to the hospital. And he created a program called DART, which is the DART was the abuse response team for Lucas County Sheriff's Department. They were dealing with the seniors and educating the seniors and developing things. And once we found out that there was a rising senior problem with overmedication and with substance abuse, the sheriff met Lucas County Sheriff then was John Tharp met with Billy Johnson here at the area Office on Aging. And as a result of the research that Dr. Orel had done with the Optimal Aging Institute. that information was shared and those two decided what we needed was some type of legal representation, a deputy assigned to the area Office on Aging. And his role would be not so much locking up seniors over-medicated but begin to teach them and would give them. He developed an education and learning program for our seniors. And as a result, they then hired a deputy who was deputized and as part of the DART program but assigned to the area Office on Aging. And after process of elimination we hired a deputy for the area Office on Aging and his name is Jeff Medere. And his job is to educate and give learning experiences, he's done a fantastic job with that.

Vivian (14:07:30): Jeff we learn, we'd love to hear from you about your role in education, particularly of older adults in this problem.

Jeff (14:07:35): Well, can you hear me okay?

Vivian (14:07:44): Yep.

Jeff (14:07:46): Yep. Okay, my computer freezing it seems like so. Well thank you for allowing me to be with you today. My position with the Office on Aging is one of an educator. The regular DART officers that respond to the hospital when somebody overdoses help people get it into a program, help them to get their life back in order. My job as an educator is to educate our senior population about the dangers of opioids. Now when we're talking opioids, were talking illegal opioids such as heroin, as well as prescription opioids. We're talking Percocet, Vicodin, things like that. And because seniors are prescribed opioids more than any other demographic, we have a lot of opioids out there. They go into the hospital after taking a fall at home, perhaps they break a hip. They come home with a brand new hip, and a bottle of Percocet, or Vicodin or whatever the medication might be. As Sam touched base on the fact that these drugs are so strong. There is a purpose for them okay. We tell seniors 'We're not here to tell you, don't take opioids, but we are here to tell you to make sure you know as much about opioids, and that you have the conversation with your doctor. So you're both on the exact same page you know what you're getting into, that you take the opioids exactly as you're told.'

Sam is exactly right to is because seniors have so many opioids in their homes. We've had incidents where they share the opioids is a big thing with the senior population. You know, Marge may come over and have coffee in the morning. She took a spill the night before and she tells Mary 'I took a spill' so Mary feels bad for her friend. She says 'I've got something that's going to help you, so you don't hurt.' So they give her an opioid. They give her a Percocet or a Vicodin or whatever that might be.

So she gets some pain relief, perhaps comes back the next day for coffee again, same thing. Now she's starting to get black and blue, takes another one. Next thing you know, in a very short period of time you can become addicted to opioids. Well, Mary doesn't know anything about Marge's history as far as our medical history, doesn't know how that medication is going to affect her and doesn't even realize perhaps that she's getting her friend addicted to an opioid. And again, because the doctor prescribes opioids, seniors don't think there's anything wrong. 'My doctor would never give me anything that can harm me.'

But that's not exactly true all medications have benefits and consequences when you take them. you have to weigh the pluses and minus for every medication to figure out if it's worth, you taking that medication.

So by educating seniors, our goal is to make them again aware that there are dangers associated with it, there are consequences. There are side effects associated with all medications.

So we want to educate them to make wise decisions.

The second big part of our program is to get rid of the opioids that might be in people's homes. The old days of flushing them down our toilet are long gone. We all know how the water crisis is and Northwest Ohio we don't want to pollute our water any more than has already taken place. So we encourage people to do the National Drug Take Back program.

Every twice, two or three times a year, I should say that they'll do a National Drug Take Back program, you pull your vehicle right up to the area hospitals or other locations, and they will take your medications and properly dispose of them.

The Drug Enforcement Administration picks those medications up at the completion of the drug take back program, and they take them to a national incinerator to properly dispose of them.

People aren't also aware that every police department in Northwest Ohio has a take back box in the lobby of the police station.

Anytime you have medication you want to get rid of pills, things like that, you can take up to the local police station. Most of them are open 24 hours a day, walk right into the lobby and dispose of it properly.

Now, we talked about the seniors to sharing the pills and Sam talked about kids taking the pills and selling them. I mean, you might have a grandson or granddaughter, who has a problem already or as Sam said knows that they can sell these pills in school, and they look at Grandma's medicine cabinet when they come over and see a bottle of Percocets in there and with the date of 2019 or 2014 perhaps. She hasn't used them in all those years she's not going to miss a few of them if I take them.

So they take him, they use them, or they sell them. So now we might have another individual who has a habit or an addiction, perhaps, to an opioid. so we want to remove those from the homes. So we encourage them to go to the local police departments and dump them off. The other alternative we have is we have what's called the terror kits, and we pass these out when we do conference or talks at any place that we do, we offer these, and what you do basically is open the bag.

It's a Ziploc bag you dump your medications in here, you add water to it, there's a line on the packet and zip it back up, you shake it. And then you throw the packet into the trash. And it no longer will be of use to anybody, it's not going to hurt our environment. We encourage seniors to take those and we had great response. Seniors usually will take them one or two of them with them.

Most seniors are aware of the fact that you can take the medications to the police divisions. So we encourage that too. So our program really is two phase. Phase one is education.

And, again, we've tried to educate seniors, we don't want to tell us seniors 'don't take opioids' but we want to make sure you take them wisely, know all you can. And again the second part of our program is to remove them from the homes.

Vivian (14:14:07): Thanks so much, Jeff, that was really informative. I think learning about not only what the different opiates are and what's out there, what's commonly prescribed, but also how you educate older adults in effectively kind of managing what we can do with the pills and everything like that. To keep the environment safe, to keep family members safe.

So at this point, I'll turn things over to Tony and we'd love to hear your perspective on the recovery end of things. If you want to briefly share about what Glenn Bay is and your role in working with older adults who may experience opioid addiction.

Tony (14:14:47): Thank you, Vivian. As Sam and Jeff stated, you know the opioid crisis, you know when they made that medications. Lot of that medication was marketed under the guise that this was a safe medication. And the makers of this medication, they knew that this medication with very addictive, very powerful. So, without older adults, many people have pictures of addicts and alcoholics as maybe younger people, mid 30s mid 40s.

But what we've seen here in Glenbeigh, is we've seen an influx of older adults coming in for treatment. In the most mystifying thing about it is that family members.

A lot of family members are kept in the dark about their elderly family members who's addicted to opioids. And the thing that can be a little bit really scary is that when you have the elderly addicted to these medications, and they're cut off from them.

As Jeff stated, then they start turning to the streets to buy the medication. And a lot of times people in the streets they take advantage of the elder.

So I strongly suggest to family members that we be vigilant of our elderly population, particularly, you know, watch and see what medication is being prescribed. Now, you know we educate our clients that come in. They have an individualized treatment plan that specifically tailored to them to address the issues that need to be addressed with them, and we educate our clients that 'you may go in for surgery, and you may need some strong medication.' But when you're prescribing 90, hundred Vicodins or things like that, that is ridiculous. You may need that medication for maybe four or five days just to get past the rough part of the surgery.

After that, that medication should be taken out of your home.

And so when our elderly come in, they're kind of mystified as to 'how did I get addicted to this? How has my life spinned out of control at the golden years of my retirement? How have I been able to go through most of my savings , because it is

addiction.' And not only does it cause a health issue for me it's also causing a financial crisis for an elder, because once that they are no longer getting that medication from their doctor, as Jeff stated, they turn to the streets in their career. And often many times they're taken advantage of. So Glenn Bay, we continue to change our philosophy and work with the trends of what the public needs. And as I stated, we see a large number of elderlies coming into treatment for opioid. Not only for opioids, we see a large number of retirees coming into treatment, because once they retire, they find themselves with a lot of time on their hands. After working 30 years, or whatever they retire, they haven't filled that void. So not only are they dealing with the opioids in these, you're dealing with other substances as well.

Vivian (14:16:57): Overlap with everything that Sam shared and Jeff shared. This is certainly a problem and I'm glad that we have these resources out here, not only educating older adults who have family members through DART, but also treating the individual, respecting the worth and the dignity of the individual of our older adults.

What would you say, Jeff, would be one of the number one kind of contact or resources that older adults or their family members ought to know. Should this be area Office on Aging's contact info?

Jeff (14:18:37): If you're looking for presentation, get ahold of area Office on Aging. I'll be glad to come out to any agency that will allow me to talk to their groups. I talk to senior centers, such as Sam when organizes meetings, I'll come out and talk to them. Retirement groups such as the UAW. Done talks to the union members, retiree members. I go to churches, Elks clubs, anybody that will listen because if we can educate our seniors, we've achieved something because seniors were sold a bill of goods just like doctors were. As Tony said back in the

You know, I can tell you a quick story when I was a police officer, and I was a DARE officer (what we taught DARE in school). And we got had a salesman come in at that represented one of the opioid companies and was educating us, telling us how good this drug was going to do, that people wouldn't hurt. Well we kind of got down with that presentation and we thought 'Why is somebody telling us how good this is, something doesn't seem right.' And of course, it didn't take that long to find out how how dangerous this drug was and people were getting addicted, who never should have been addicted. You think about the poor kid playing football in high school blows a knee out, has surgery and they get him on Percocet, and he gets a refill for. Next thing you know this kid's addicted and you can't get them anymore. And that's when they end up turning to street drugs, and it's not a heroin, okay, that they're getting, it's fentanyl. And you just have to read the paper and see how many people are passing from fentanyl because it's so much stronger than heroin and things like that. A lot of good people got messed up because of opioids. Nobody takes opioids thinking they're going to take these basically for fun. I mean they got addicted and they have a tolerance or the dependency, and they have that until they can get medically treated by people like Tony before they're going to get better.

Sam (14:20:40): Jeff, did you share with them that trifold that thing that you identified those different kinds of drugs that you folks would give out to your seniors after your presentation? Do you remember that large one? That identified the four kinds?

Jeff (14:20:50): Yes, I have it right here.

Sam (14:20:52): Yeah, that's one of the finest things and was most meaningful for our seniors.

Jeff (14:20:57): This basically is a like a synopsis. It's summarizes everything that we talked about in our presentation. We encourage them to take them back. Come share them with family members, share them with friends. Again, hopefully, they pick up something that they didn't know before.

Sam (14:21:10): Show them the back page where you identified those four different kinds of substances. I thought, and in that presentation, two things: that making those presentations to senior centers and some of the medical people. I remember I did up...

Yeah that's this is really well done.

I did a presentation and one of the counties to the westward for doctors and nurses and we talked about the substance abuse and how would it impact its making on the grandparents. And in all of those years between 2014 and 2019, the state legislature passed the law for some of the substance abuse. The doctors can only assign it for 30 days and it has to be renewed, because they were overmedicating. So that's in effect today as a result of some of the work that people like Jeff and Tony, and Dr Orel have done at Bowling Green State University with Optimal Aging Institute.

The other thing was that about three years ago when Jeff's talking about collecting of drugs. Those were all collected for the state of Ohio and there was so many drugs that they had one of those 53-foot-long trailers that you see on the highway. That's how much was over done in the state of Ohio three years ago. It was filled bottom to top front to back, 53 foot on a tractor trailer of substance that had been turned back in. So, we've done a great deal of informing our citizens, senior citizens, but it also has made a great impact on some of our youth too. And again, the treatment that Tony talks about is so significant, so important.

And I have to tell you that Bowling Green State University, and the Optimal Aging Institute has had a great impact on a lot of our legislators. I was also a lobbyist at the federal level. And I can tell you that it made a big difference. So again, thank you, Dr. Miller for putting this together, I think. I hope it helps some of our seniors but also some of our young family folks.

Vivian (14:23:34): I hope so too. I hope this is educational and informative. Tony, how about any final resources that you can offer to the audience.

Tony (14:23:40): Yes, we had the area Office on Aging come to Glenn Bay about a year ago, because one of the things that we as professionals have to remember, we have to keep in mind that we have an elderly population. And as we're educated about it, we're able to be more astute and look for the signs and symptoms in that elderly population. So I really appreciate the area Office on Aging come into our center and providing that training to our area professionals in many treatment agencies in Toledo and Lucas County area. They offer treatment for the elderly population and you can call it a Mental Health Recovery Board and be connected with them and they can make a referral out.

Vivian (14:24:16): And what's the Mental Health Recovery Board's number? Do you know that offhand?

Tony (14:24:20): I don't know it offhand,

Vivian (14:24:21): I'll find it online.

Tony (14:24:22): Just go. Yeah, you can go to their webpage, Lucas County Mental Health Recovery Board, and you can get the number in there. They'll be more than happy to make referrals out in the areas where residents live

Vivian (14:24:30): That's great. Well, thank you Sam, thank you Jeff, thank you Tony. This has been really educational. And I know this'll be super informative to not only older adults but those that work and serve them. So thanks again for joining me today.