



Opioid Use & Misuse Among Older Adults

May 8, 2025

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American Academy of CME, Inc. designates this activity for 1.0 continuing education credits.

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Partnership for a
Drug-Free New Jersey
In Cooperation with the Governor's Council on
Substance Use Disorder and the NJ Dept. of Human Services

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- **WHERE CAN YOU FIND THE LINK TO APPLY FOR CREDIT?**
 - The last slide of this webinar
 - The chat at the end of the program
 - The follow-up email you will receive tomorrow
- The poll at the end of today's webinar IS NOT the evaluation for continuing education credit. The evaluation will be available through the link mentioned above.
- The links will be active for 30 days after today's event.

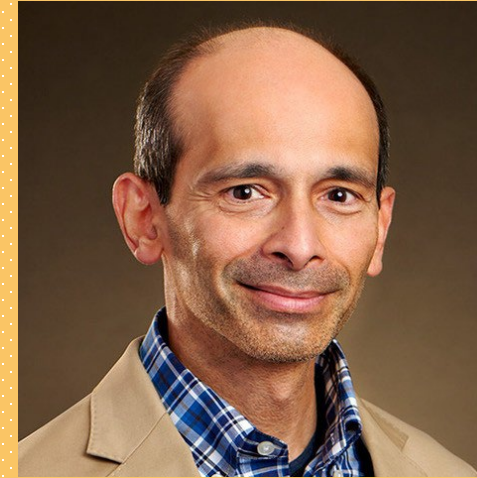
PA Planner Dean Barone discloses that he serves on the speakers bureaus of Ethicon and Johnson & Johnson. All other planners, faculty, and reviewers have no relevant financial relationships to disclose. All relevant financial relationships have been mitigated.

Featured Presenters



Donna M. Lisi
PharmD, BCPS, BCGP, BCACP, BCMTMS,
FASCP, FAAP
Independent Clinical Pharmacy Consultant

Donna M. Lisi is an independent consultant clinical pharmacist. She holds board certifications in pharmacotherapy, geriatric pharmacy, psychiatric pharmacy, ambulatory care pharmacy and medication therapy management and fellow status in the American Society of Consultant Pharmacists and the American Academy of Psychiatric Pharmacists. Dr. Lisi serves as chair of the Somerset County Local Advisory Council on Alcohol and Drug Abuse, Chair of the Franklin Township Board of Health Advisory Council, Past-Vice President of the Somerset County Office on Aging Advisory Council, member of the Somerset County Overdose Fatality Review Committee, member of the newly formed Somerset County Substance Awareness and Guidance for Elders (SAGE) Prevention Collaborative, and a member of her local municipal alliance. She completed her Bachelor of Science in Pharmacy and Doctor of Pharmacy degrees from St. John's University in New York and a post-doctoral fellowship in Geriatric Pharmacy at Montefiore Medical Center in the Bronx.



Dr. Abhilash Desai, MD
Medical Director, Idaho Memory & Aging Center, P.L.L.C.
Clinical Associate Professor, Department of Psychiatry
and Behavioral Sciences, University of Washington
School of Medicine, Idaho Track

Abhilash Desai, MD, is a board-certified geriatric psychiatrist, medical director of Idaho Memory & Aging Center, P.L.L.C., and clinical associate professor in the Department of Psychiatry and Behavioral Sciences at University of Washington School of Medicine, Idaho track. He is the co-author, along with his mentor Dr. George Grossberg, a national and international leader in geriatric psychiatry, of the book "Psychiatric Consultation in Long-term Care: A guide for Healthcare Professionals," 2nd edition, published by Cambridge University Press in 2017. Dr. Desai was the guest editor for Clinics of Geriatric Medicine special issue titled "Healthy Brain Aging: Evidence-based Methods to Preserve Brain Function and Prevent Dementia," in 2010. His practice focuses on helping individuals living with mental health and addiction challenges, and their family members live the best life possible in all care settings – home, post-acute and long-term care, hospital and hospice. He has been in practice for more than 26 years. He loves hiking and traveling with his wife and son.



Donna M. Lisi
PharmD, BCPS, BCGP, BCACP, BCMTMS, FASCP, FAAP
Independent Clinical Pharmacy Consultant

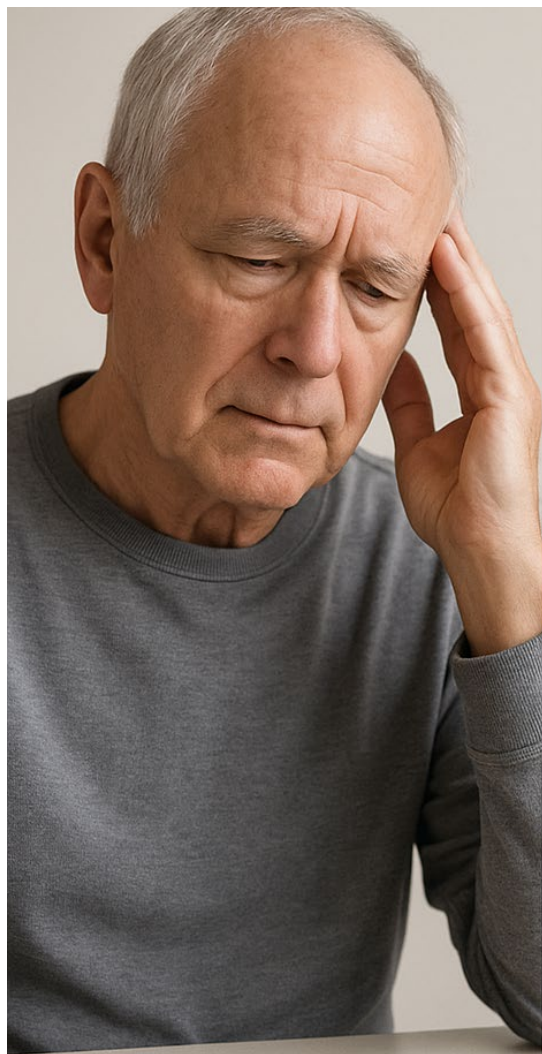


Image generated by AI (ChatGPT, OpenAI, 2025).

OPIOID USE AND MISUSE IN OLDER ADULTS



**Donna M. Lisi, PharmD, BCPS, BCGP,
BCACP, BCMTMS, FASCP, FAAP**

Independent Clinical Pharmacy Consultant
Somerset, New Jersey



Bio

Dr. Donna M. Lisi, PharmD is an independent consultant clinical pharmacist. She holds board certifications in pharmacotherapy, geriatric pharmacy, psychiatric pharmacy, ambulatory care pharmacy, and medication therapy management and fellow status in the American Society of Consultant Pharmacists and the American Academy of Psychiatric Pharmacists. Dr. Lisi serves as chair of the Somerset County Local Advisory Council on Alcohol and Drug Abuse, Chair of the Franklin Township Board of Health Advisory Council, Past-Vice President of the Somerset County Office on Aging Advisory Council, member of the Somerset County Overdose Fatality Review Committee, member of the newly formed Somerset County Substance Awareness and Guidance for Elders (SAGE) Prevention Collaborative, and a member of her local municipal alliance. She completed her Bachelor of Science in Pharmacy and Doctor of Pharmacy degrees from St. John's University in New York and a post-doctoral fellowship in Geriatric Pharmacy at Montefiore Medical Center in the Bronx.

Guest Blog: Overdose Deaths in Older New Jersey Adults

Posted 6/12/2024 by Angelo M. Valente



Partnership for a Drug-Free New Jersey

in Cooperation with the Governor's Council on Substance
Use Disorder and the NJ Dept. of Human Services

I am pleased to introduce a guest blog written by **Dr. Donna M. Lisi, Clinical Pharmacist**, who writes about an often over looked population being affected by the opioid crisis; older adults. Donna offers special insight, as in addition to her training as a pharmacist, she also is the chair of Somerset County's Local Advisory Council on Alcohol and Drug Abuse and is a member of the Franklin Township Municipal Alliance.

Overdose Deaths in Older New Jersey Adults

Donna M. Lisi, PharmD, BCPS, BCGP, BCPP, BCACP, BCMTMS

Clinical Pharmacist and Chair of Somerset County LACADA

<https://www.drugfreenj.org/blog/post/guest-blog-overdose-deaths-older-new-jersey-adults/>

- Describe the “waves” of the opioid epidemic and its manifestation in the older adult population
- Identify opioid use and overdose patterns in New Jersey among older adults
- List factors that increase opioid use/misuse in older adults
- Enlist community partners to minimize risk associated with opioid use/misuse in older adults

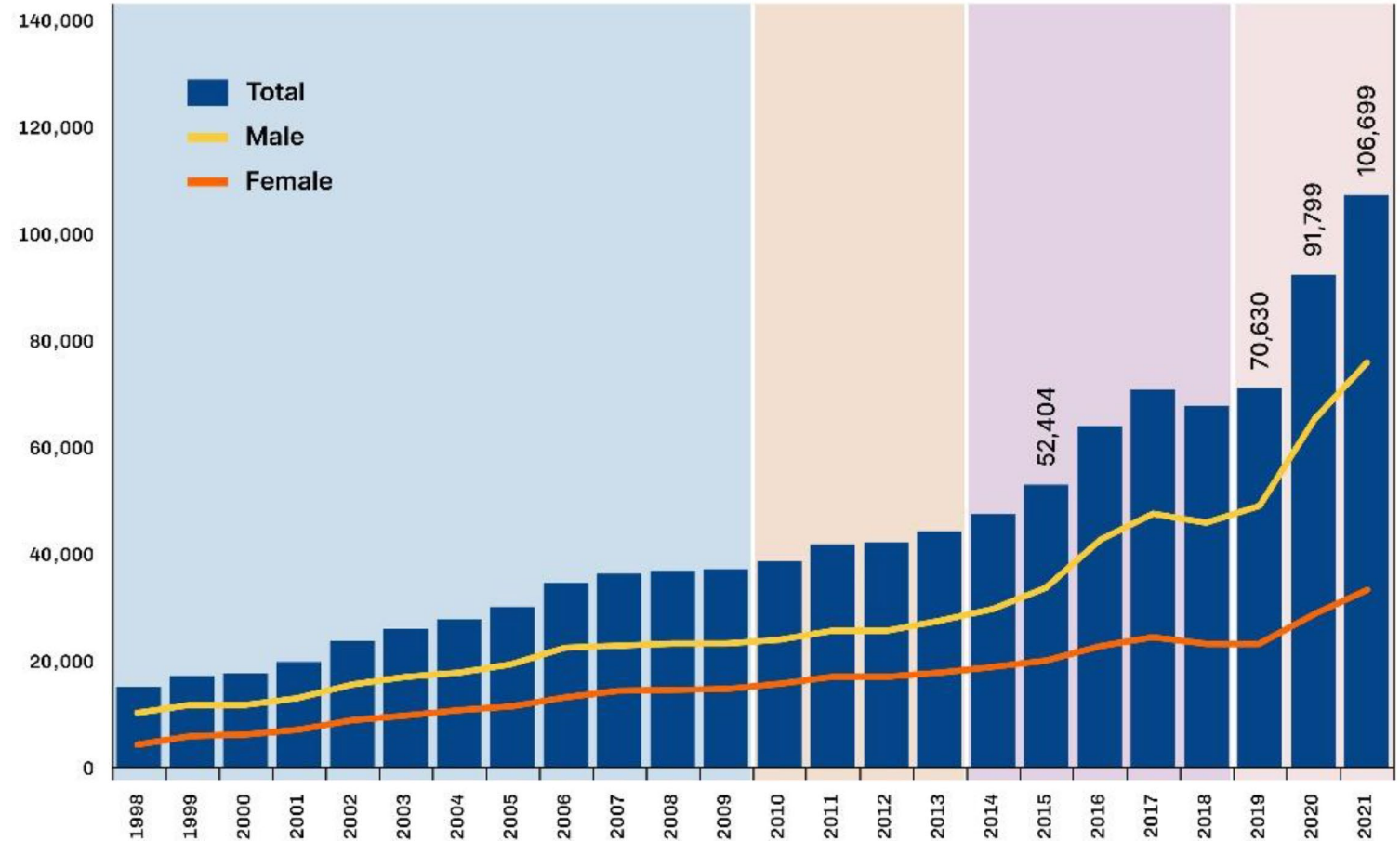
Learning Objectives

History

Four waves

- Rx Opioids
- Heroin
- Fentanyl
- Psychostim + Fentanyl

National Drug-Involved Overdose Deaths



FIRST WAVE (1998–2010)

Rise in Prescription opioid overdose deaths

SECOND WAVE (2010–2014)

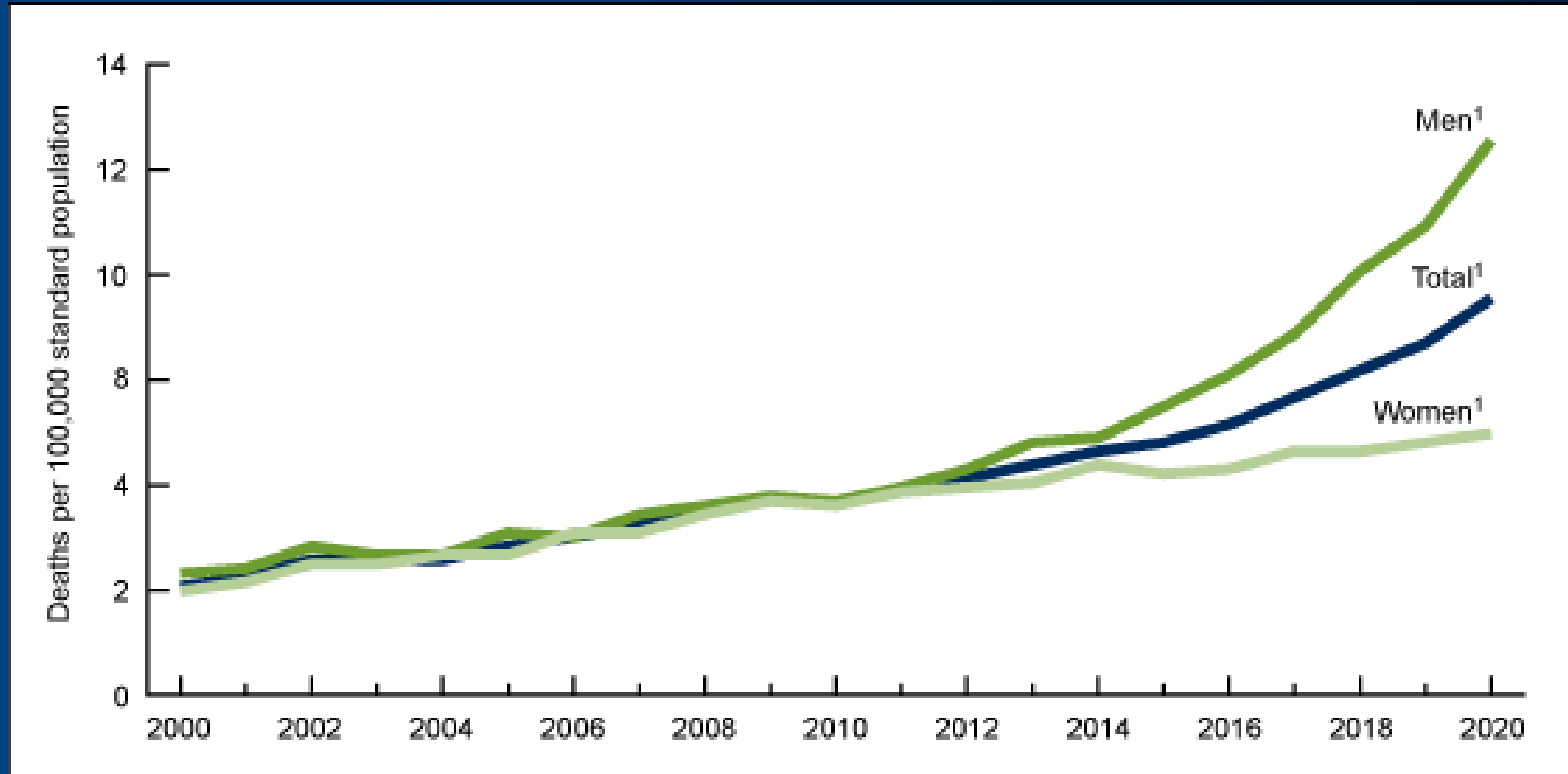
Rise in heroin overdose deaths

FOURTH WAVE (2019–)

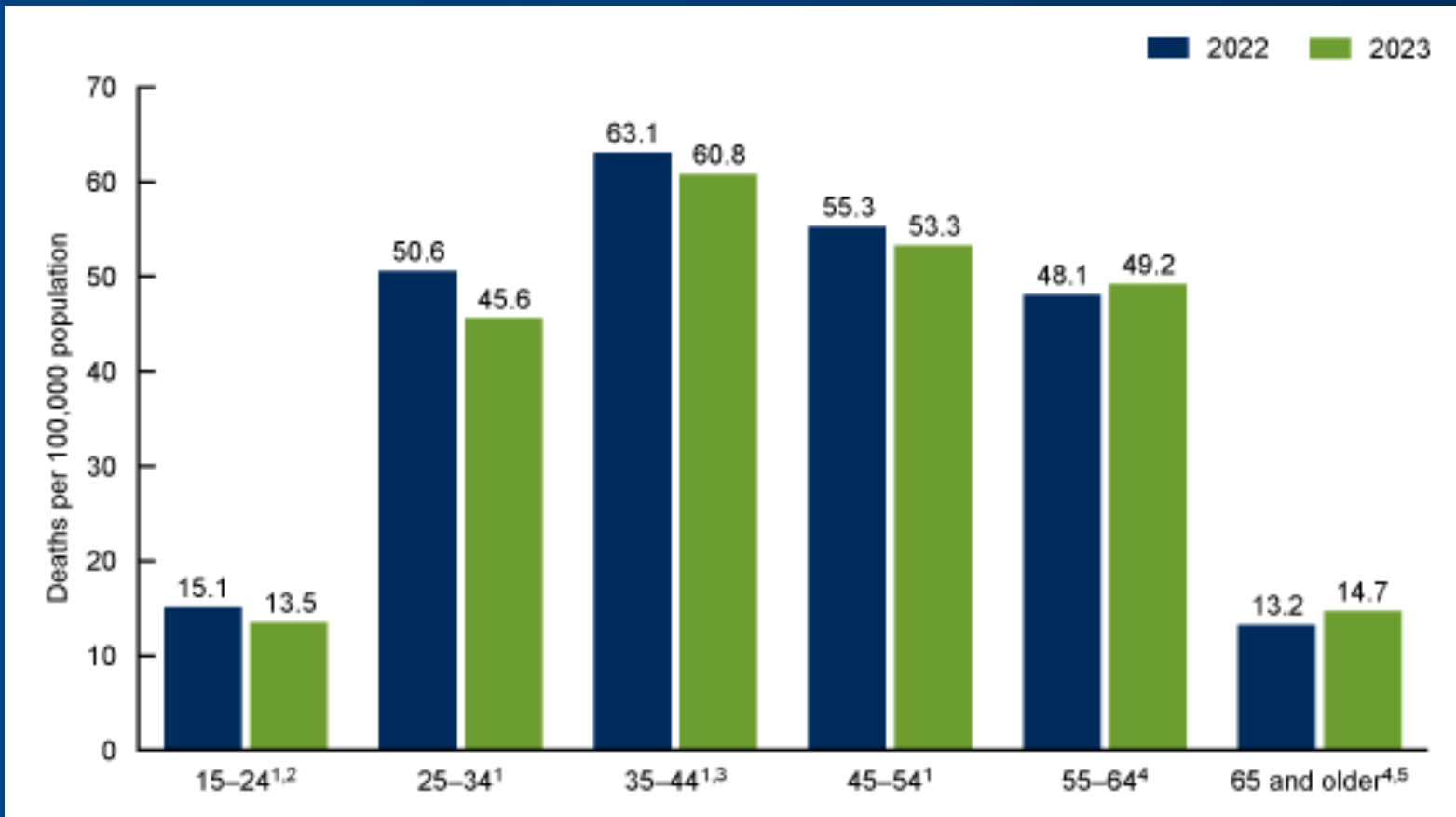
Rise in combination of psychostimulant drugs and strong synthetic opioids

THIRD WAVE (2014–2019)

Rise in strong synthetic opioid (e.g. fentanyl) overdose deaths



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



Between 2022 and 2023, the rate of drug overdose deaths increased among adults ages 55–64 (from 48.1 to 49.2) and 65 and older (13.2 to 14.7).

From 2022 to 2023, adults age 65 and older experienced the largest percentage increase in the rate of drug overdose deaths

Drug overdose death rate, by selected age group:
United States, 2022 and 2023



Opioid Use and Overdose Patterns in New Jersey Among Older Adults

New Jersey Overdose Data Dashboard

<https://www.nj.gov/health/populationhealth/opioid/>

Overdose Data Dashboard

This dashboard uses interactive data visualizations to display opioid and other drug-related overdose indicators for public health practitioners, researchers, policy-makers, and the public. Data for these indicators were obtained from multiple sources, including the Department of Health, the Division of Consumer Affairs, the Office of the Attorney General and other law enforcement bodies. Explore the dashboard to learn about the opioid epidemic and other drug-related indicators.

[Give Us Your Feedback](#)

Overdose Prevention Resources

The New Jersey Department of Health is committed to supporting communities in preventing fatal overdose. Below, you can find health information and resources for services and supplies to prevent overdose. If you or a loved one needs naloxone, here is a list of [pharmacies with access to free naloxone](#). You can also text/call 1-877-4NARCAN or [click here](#) to obtain a naloxone kit anonymously, for free, through the mail.

[New Health Alert: Tianeptine \(Updated 9/24/2024\)](#)

[New Flyer - Benzodiazepines: What Are They?](#)

[Health Alert: Xylazine](#)

[Xylazine: What to Know](#)

[Xilazina: Todo lo Que Debe Saber](#)

[Volante - Xilazina: Qué Saber](#)

Quick links to the dashboards

- [Prescription Monitoring Program](#)
- [Naloxone \(Narcan®\)](#)
- [Drug-related Hospital Visits](#)
- [Drug-related Deaths](#)
- [Substance Use Treatment](#)
- [Viral Hepatitis](#)
- [Neonatal Abstinence Syndrome](#)
- [Mortality Data Explorer](#)

New Jersey Prescription Monitoring Program

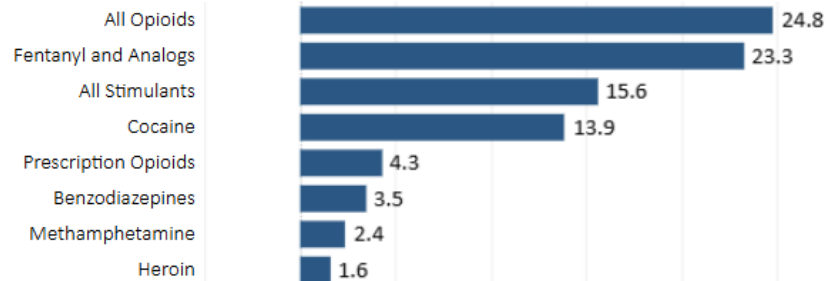
The New Jersey Prescription Monitoring Program (PMP) is a statewide database that tracks controlled dangerous substances and human growth hormones dispensed in outpatient settings in NJ and out-of-state pharmacies dispensing into NJ. This tool can be used to reduce prescription drug misuse and diversion by allowing providers to view patients' prescribing histories prior to prescribing medications.

[Open Dashboard](#)

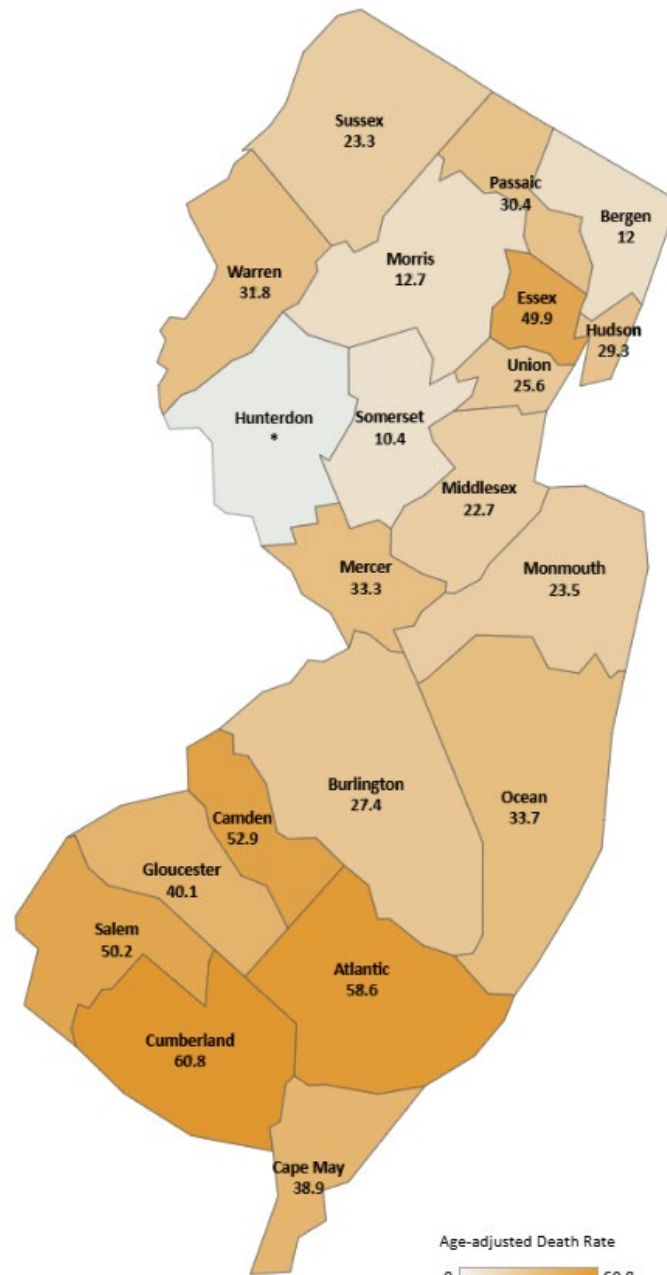
New Jersey SUDORS (State Unintentional Drug Overdose Reporting System) Overdose Mortality Data 2023

Breakdown by Substance Involved

Age-adjusted death rates from overdose (per 100,000 population).



<https://www.nj.gov/health/populationhealth/opioid/sudors.shtml>

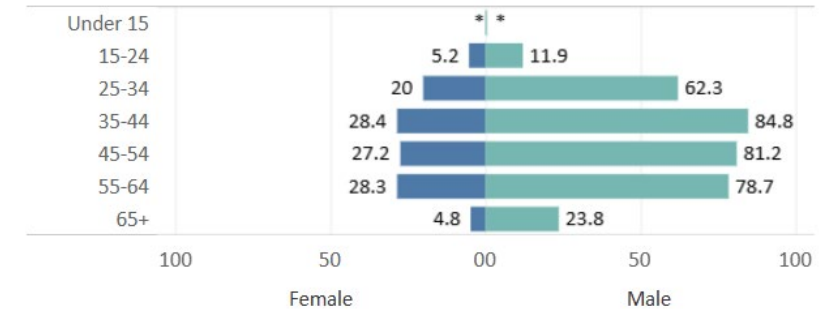


Age-adjusted Death Rate
0 60.8

(2023,
All Races/Ethnicities,

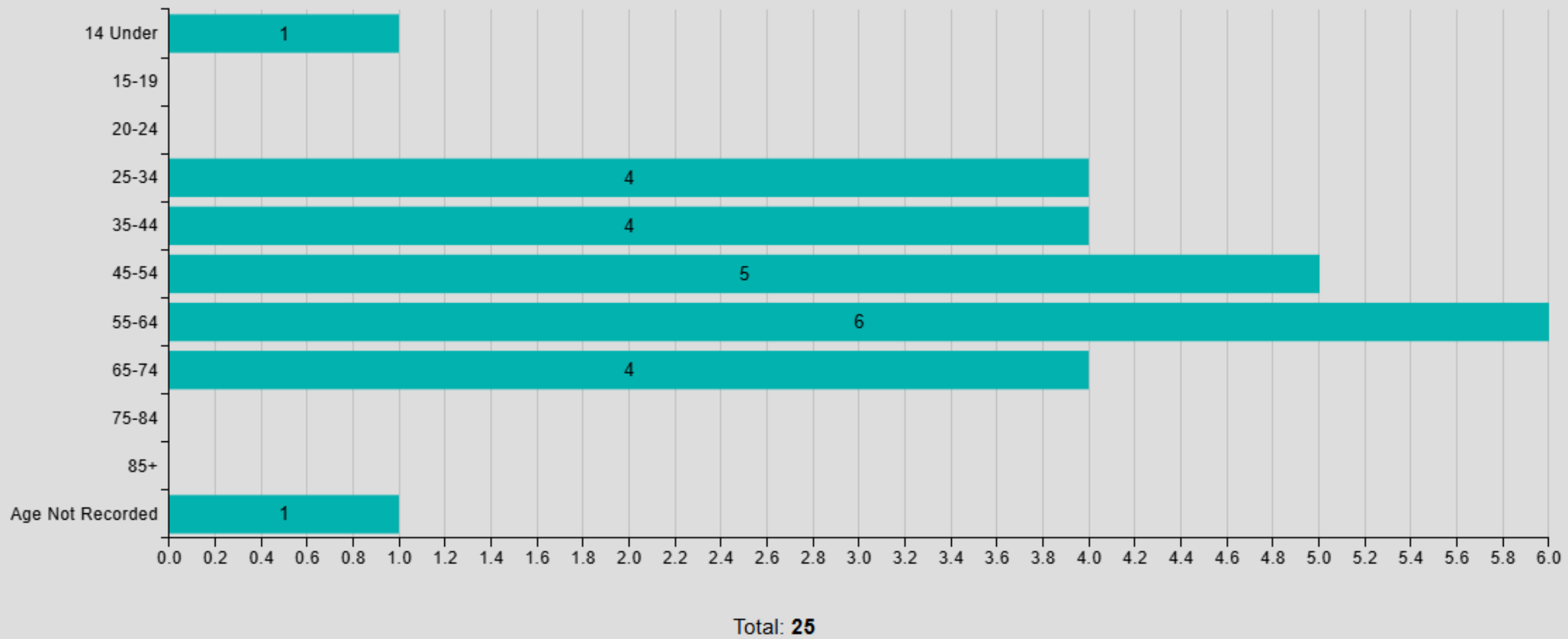
Breakdown by Age Group and Sex

Age-specific death rates from overdose (per 100,000 population).



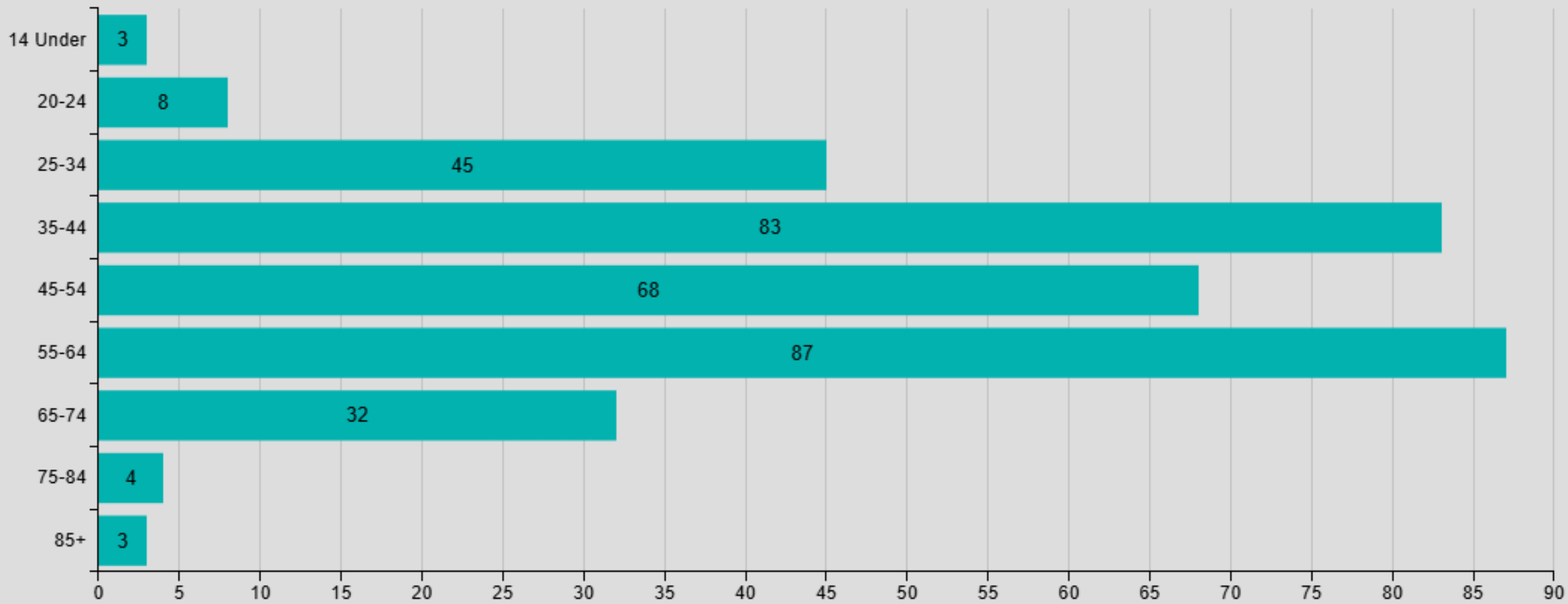
Last Week's Suspected Drug Deaths by Age
04/21/2025 through 04/27/2025

General CMS Statistics Suspected Drug Death Statistics Confirmed
Drug



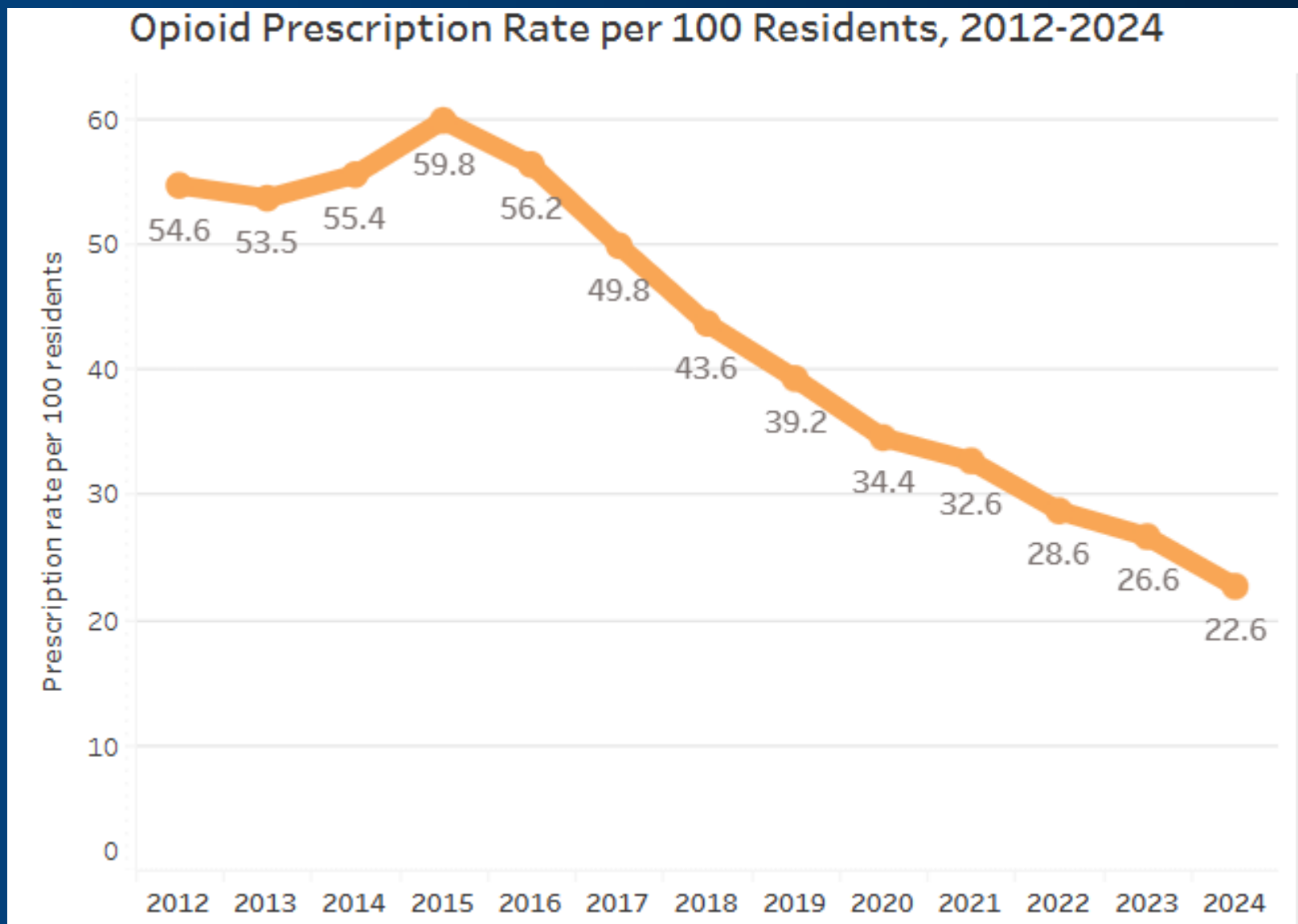
2025 Suspected Drug Deaths by Age

01/01/2025 through 04/26/2025



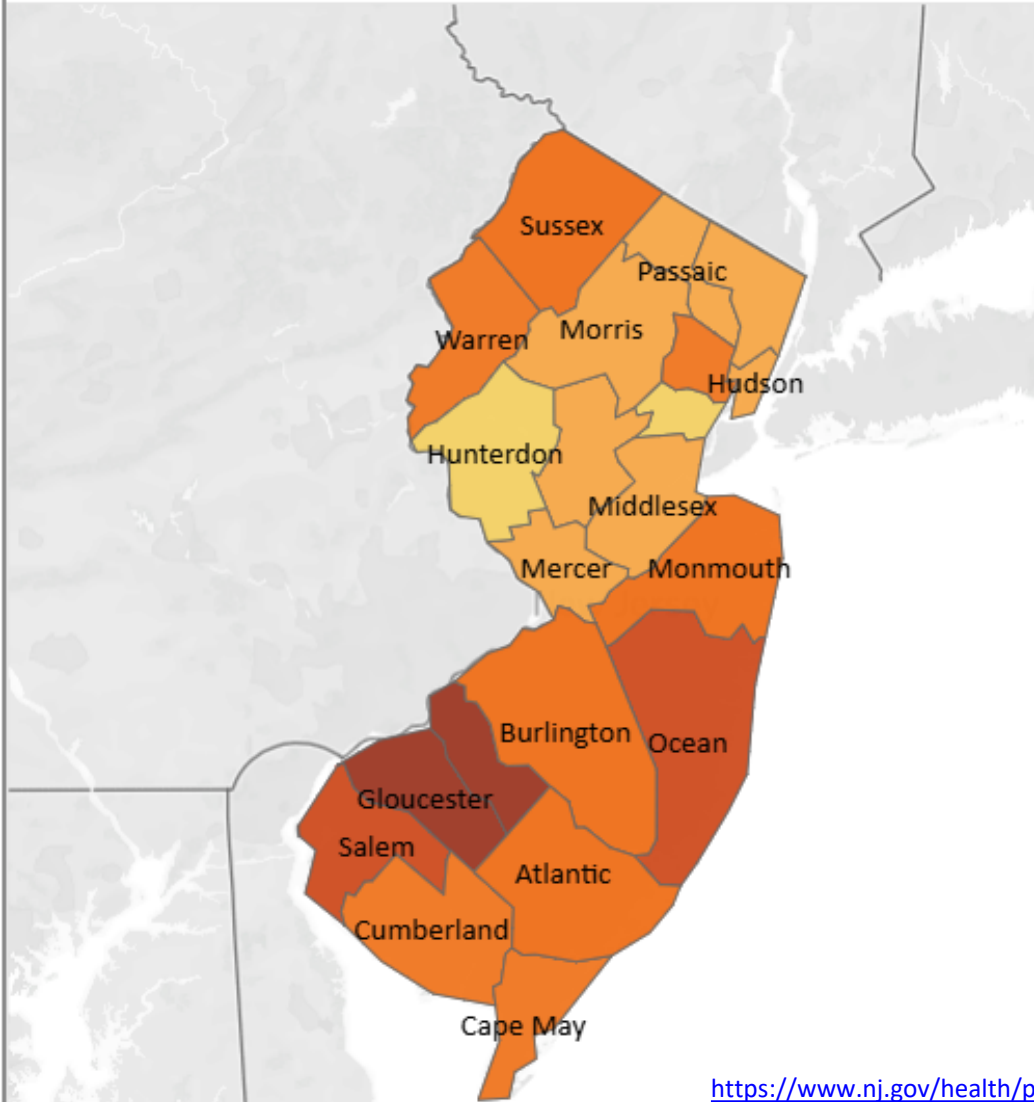
Total: 333

New Jersey Prescription Monitoring Program (NJMPMP)



Drug-Related Hospital Visits (Non-fatal Overdoses) *

Age-Adjusted Rate per 100,000 Residents, by County



<https://www.nj.gov/health/populationhealth/opioid/>

Year

2010

Drug Type

- ☐ All drug
- ☐ Benzodiazepines
- ☐ Heroin
- ☒ Opioids
- ☐ Stimulants

Age-Adjusted Rate per 100,000

14.3 77.8

Age-specific Rate per 100,000

2.1 60.3

Statewide Age-specific Rate per 100,000 Residents: Opioids

Age Group: 25-34
60.3 per 100,000 residents

Age Group: 35-44
45.8 per 100,000 residents

Age Group: 15-24
45.2 per 100,000 residents

Age Group: 45-54
42.5 per 100,000 residents

Age Group: 85 and Over
20.8 per 100,000 residents

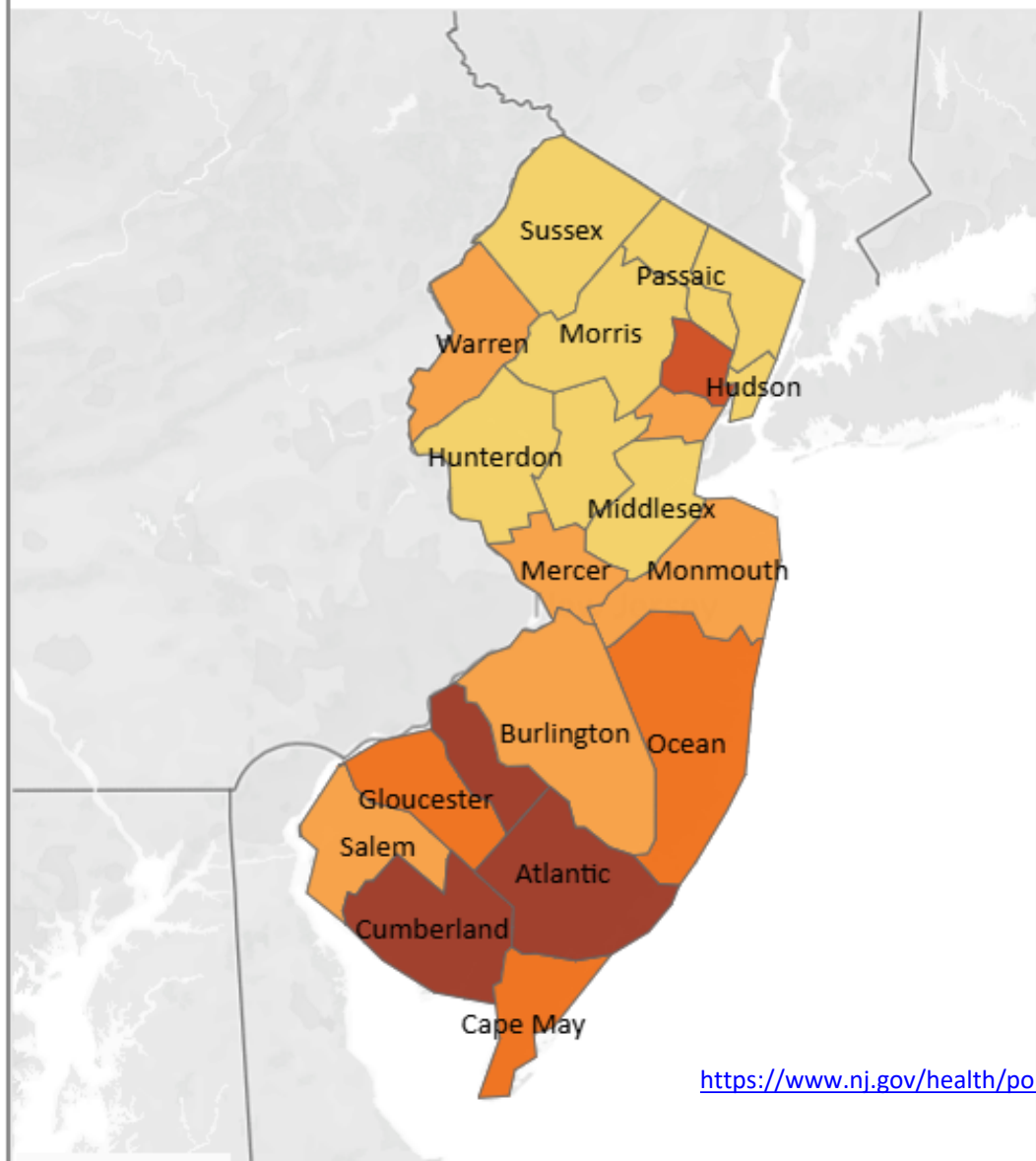
Age Group: 65-74
15.1 per 100,000

Age Group: 55-64
33.8 per 100,000 residents

Age Group: 75-84
12.9 per 100,000

Drug-Related Hospital Visits (Non-fatal Overdoses) ^{*}

Age-Adjusted Rate per 100,000 Residents, by County



<https://www.nj.gov/health/populationhealth/opioid/>

Year

2020

Drug Type

- ☐ All drug
- ☐ Benzodiazepines
- ☐ Heroin
- ☒ Opioids
- ☐ Stimulants

Age-Adjusted Rate per 100,000

42.2 220.1

Age-specific Rate per 100,000

1.8 189.3

Statewide Age-specific Rate per 100,000 Residents: Opioids

Age Group: 25-34
189.3 per 100,000 residents

Age Group: 35-44
149.0 per 100,000 residents

Age Group: 45-54
140.9 per 100,000 residents

Age Group: 55-64
130.1 per 100,000 residents

Age Group: 15-24
66.3 per 100,000 residents

Age Group: 85 and Over

Age Group: 65-74
57.6 per 100,000 residents

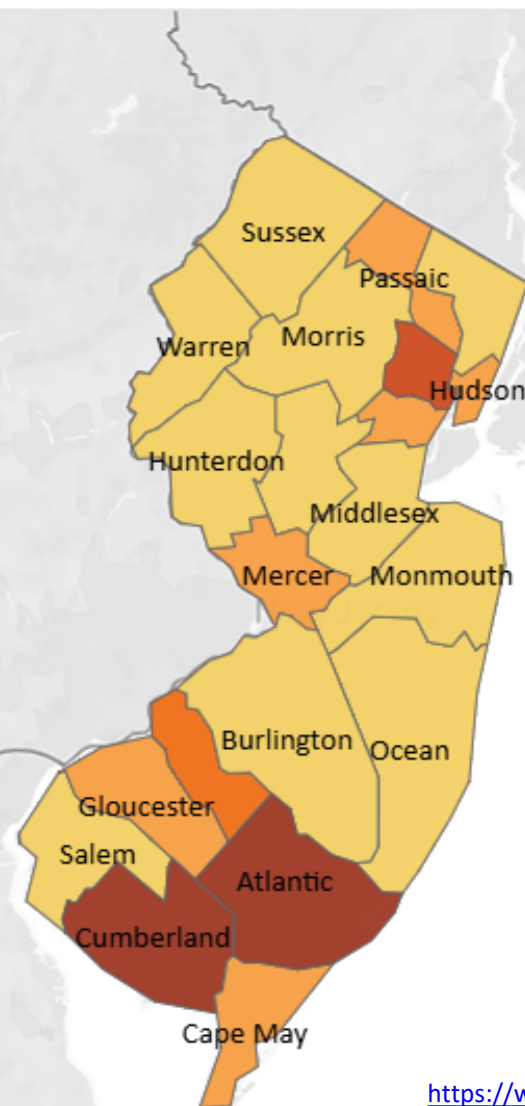
Age Group: 75-84
22.2

Drug-Related Hospital Visits (Non-Fatal Overdoses)

Year	Statewide Age-Specific Rate per 100,000 (Rank #1-8)				Average Age Naloxone
	55-64	65-74	75-84	85+	
2020	<u>130.1 (#4)</u>	<u>57.6 (#6)</u>	<u>22.2 (#8)</u>	24.5 (#7)	43
2021	147 (#2)	74.4 (#5)	22.7 (#7)	17.1 (#8)	45
2022	171.0 (#1)	76.2 (#5)	29.5 (#8)	33.3 (#7)	47
2023	172.2 (#1)	91.5 (#5)	33.1 (#6)	28.0 (#8)	47
2024					48
2025 (Jan/Feb)					50

Drug-Related Hospital Visits (Non-fatal Overdoses) *

Age-Adjusted Rate per 100,000 Residents, by County



<https://www.nj.gov/health/populationhealth/opioid/>

Year

2023

Drug Type

- ☐ All drug
- ☐ Benzodiazepines
- ☐ Heroin
- ☒ Opioids
- ☐ Stimulants

Age-Adjusted Rate per 100,000

27.0 276.9

Age-specific Rate per 100,000

2.9 172.2

Statewide Age-specific Rate per 100,000 Residents: Opioids

Age Group: 55-64
172.2 per 100,000 residents

Age Group: 35-44
140.1 per 100,000 residents

Age Group: 45-54
138.3 per 100,000 residents

Age Group: 25-34
135.1 per 100,000 residents

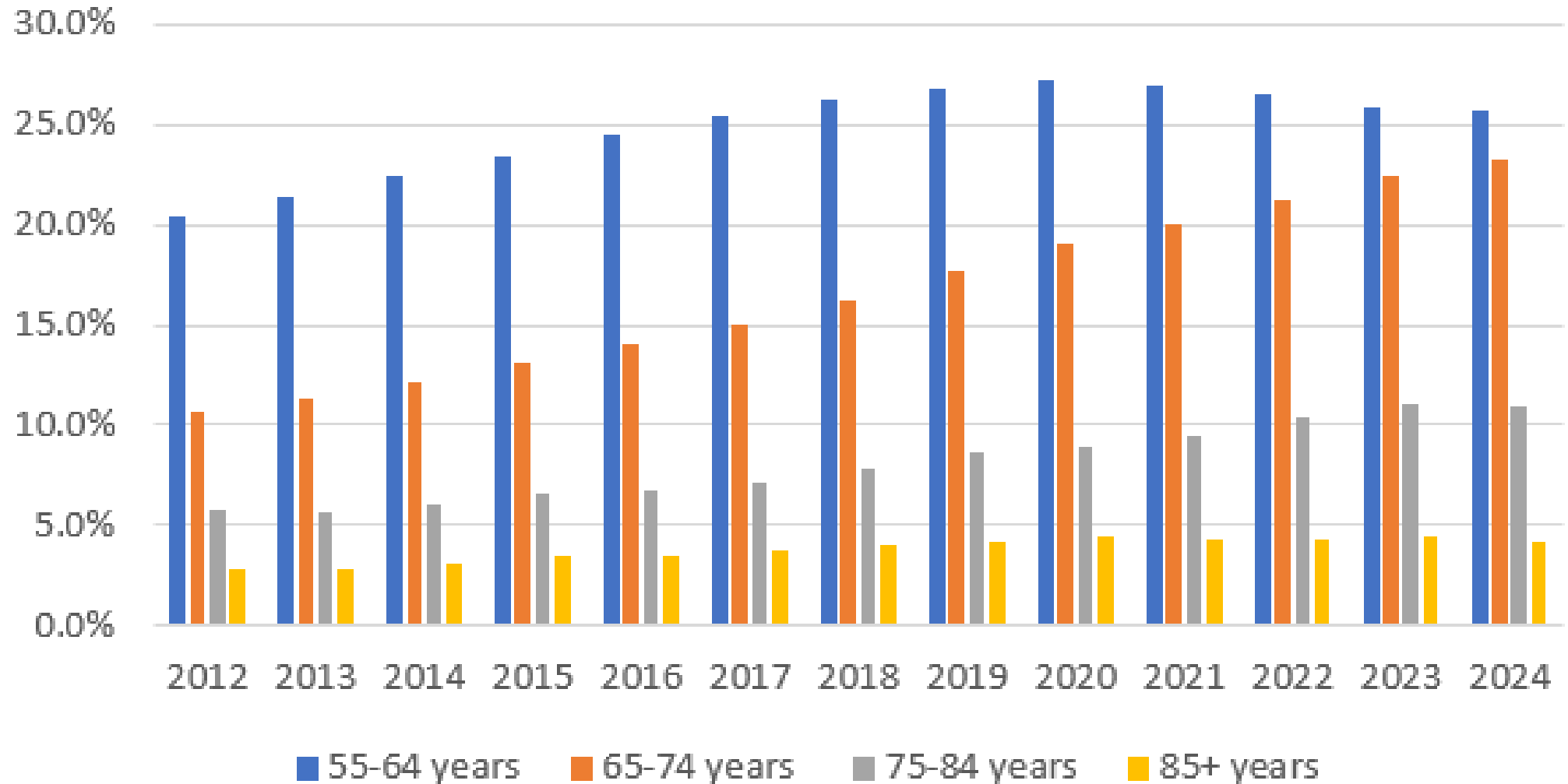
Age Group: 65-74
91.5 per 100,000 residents

Age Group: 15-24
32.6 per 100,000

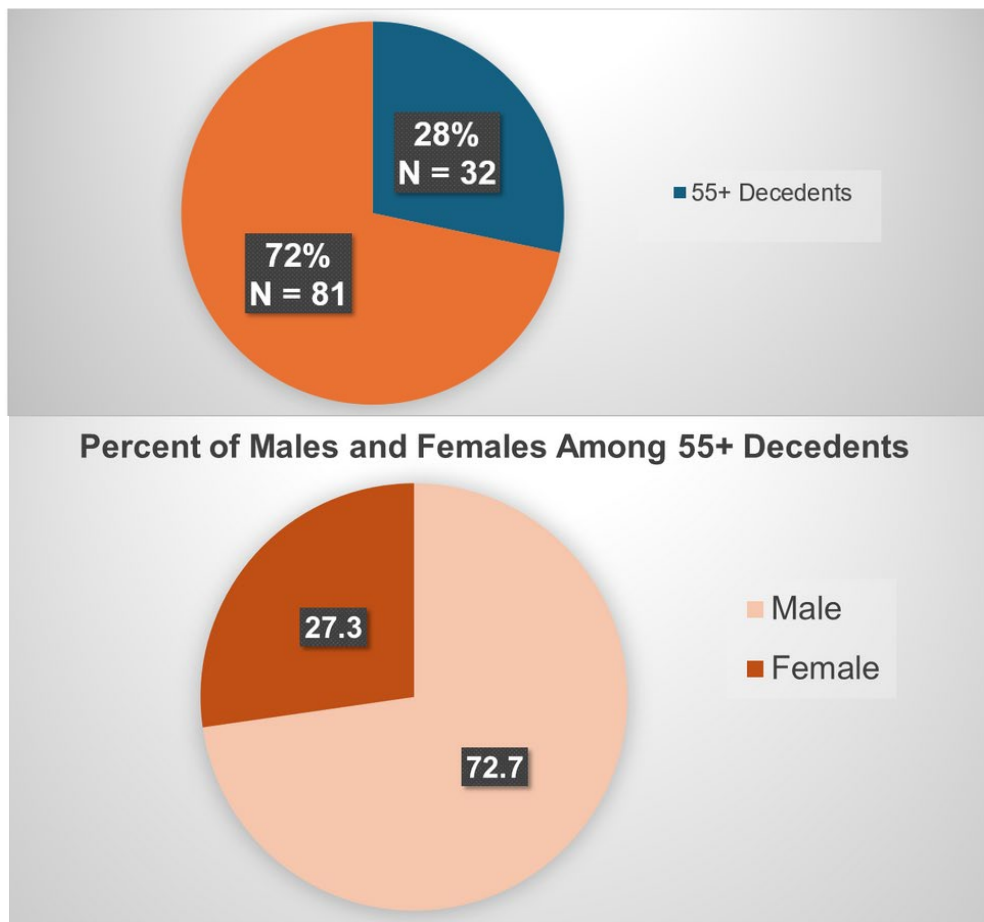
Age Group: 75-84
33.1 per 100,000

Age Group: 85 and Over
28.0 per 100,000

Prescription Opioid Use 2012-2024 By Age



Age 55+ Decedents Comprise 28% of the 113 Completed Overdose Fatality Reviews



Somerset County Overdose Fatality Review

Thank you to:

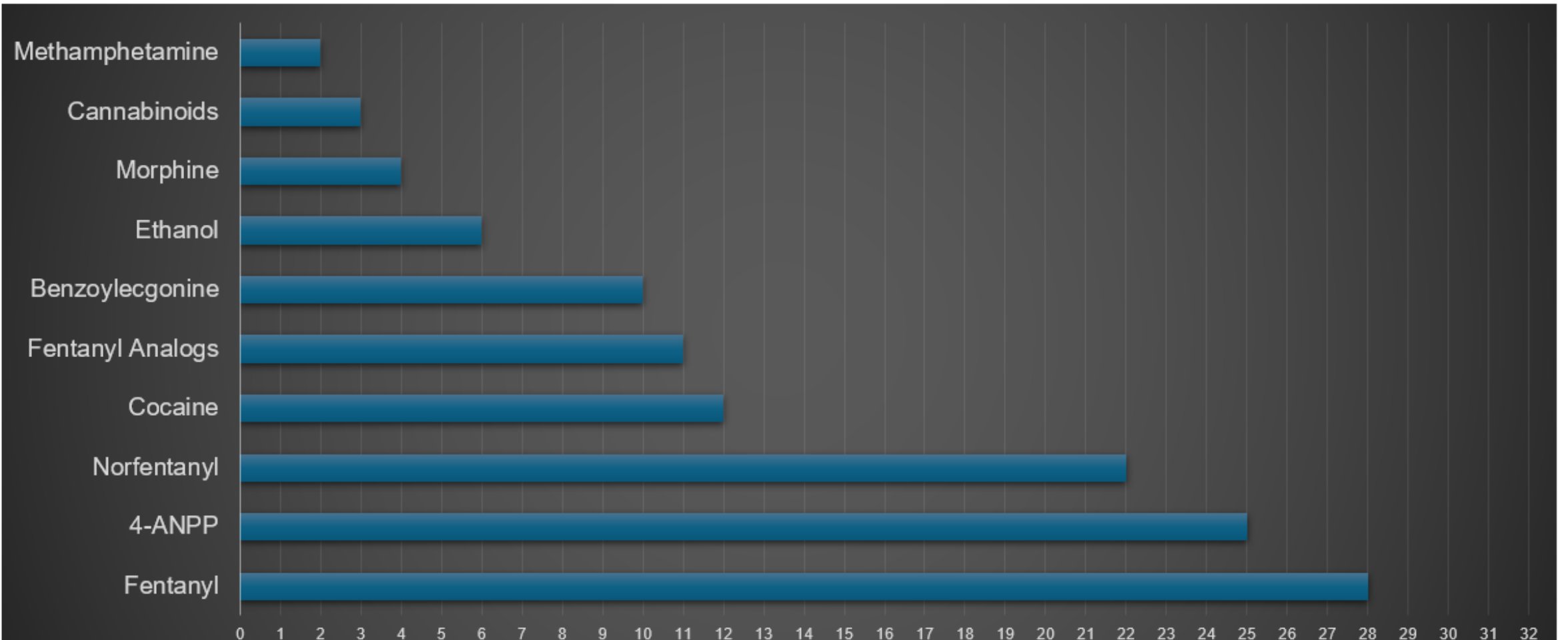
55+ Decedent Graphics for Somerset County Overdose Fatality Review Team

Prepared by Lillian Alexander, LCSW & Cory Morton, PhD

Rutgers Center for Prevention Science

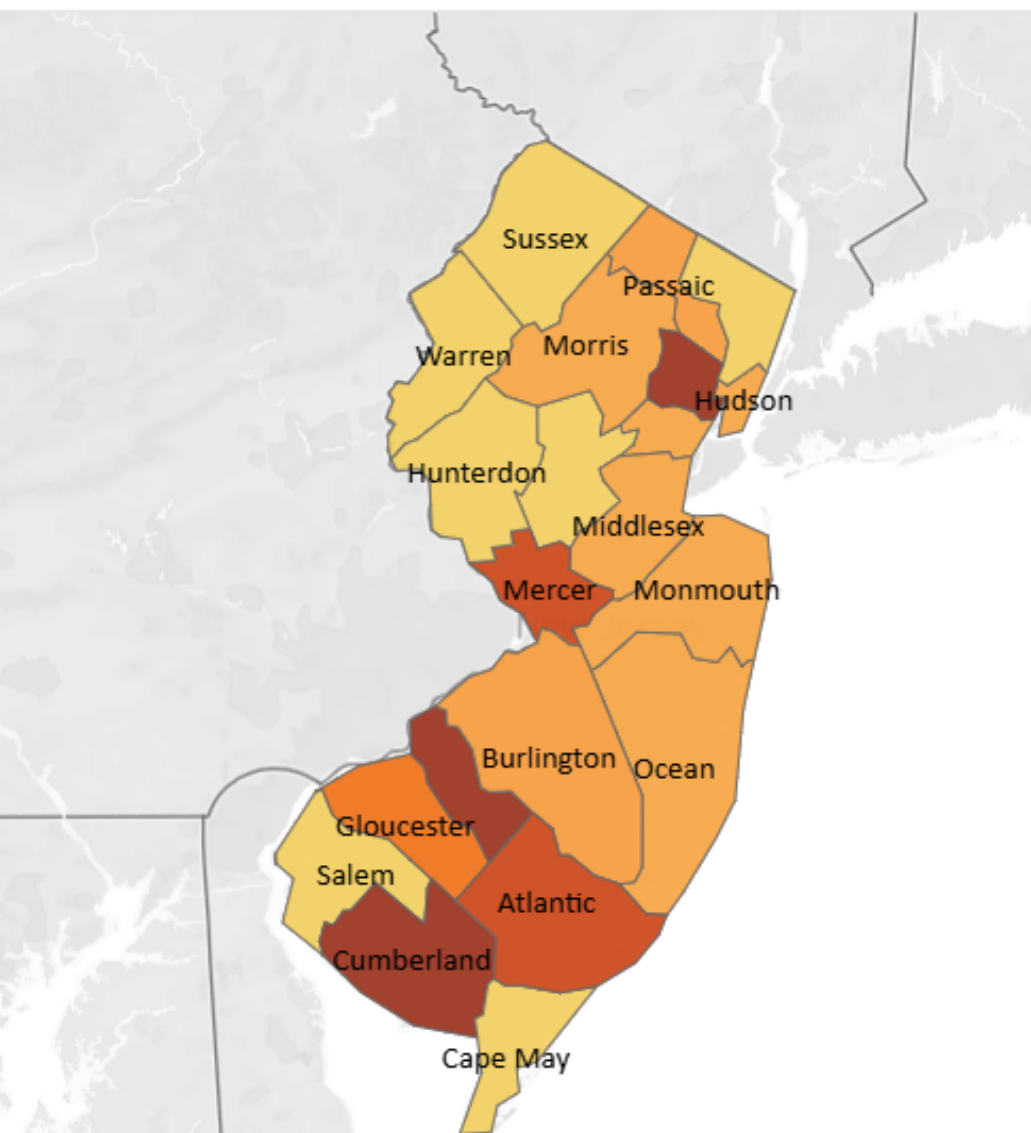
Updated: 2/25/25

Number of Times Common Substances Appeared Across Toxicology Reports Among Age 55+ Decedents (N = 32)



Drug-Related Hospital Visits (Non-fatal Overdoses) *

Age-Adjusted Rate per 100,000 Residents, by County



Year

2022

Drug Type

- ☐ All drug
- ☐ Benzodiazepines
- ☐ Heroin
- ☐ Opioids
- ☒ Stimulants

Age-Adjusted Rate per 100,000

5.6 33.9

Age-specific Rate per 100,000

1.6 22.8

Statewide Age-specific Rate per 100,000 Residents: Stimulants

Age Group: 55-64
22.8 per 100,000 residents

Age Group: 45-54
22.6 per 100,000 residents

Age Group: 25-34
21.8 per 100,000 residents

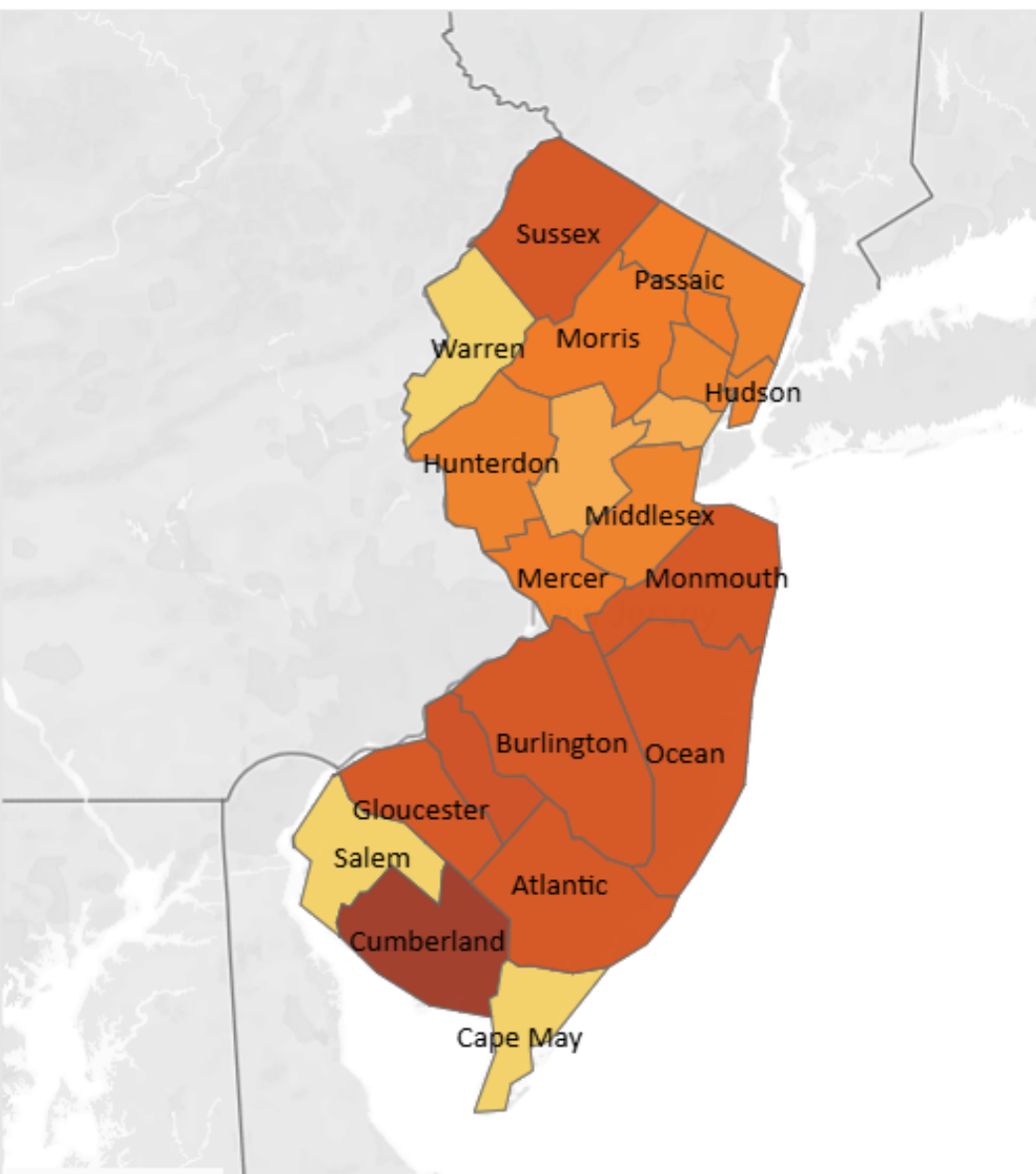
Age Group: 35-44
20.0 per 100,000 residents

Age Group: 15-24
9.8 per 100,000 residents

Age Group: 65-74
8.2 per 100,000 residents

Drug-Related Hospital Visits (Non-fatal Overdoses)

Age-Adjusted Rate per 100,000 Residents,
by County



Year

2019

Drug Type

- ☐ All drug
- ☒ Benzodiazepines
- ☐ Heroin
- ☐ Opioids
- ☐ Stimulants

Age-Adjusted Rate per 100,000

11.9 39.8

Age-specific Rate per 100,000

1.9 31.8

Statewide Age-specific Rate per 100,000
Residents: Benzodiazepines

Age Group: 55-64
31.8 per 100,000
residents

Age Group: 25-34
30.4 per 100,000
residents

Age Group: 45-54
27.1 per 100,000
residents

Age Group: 35-44
25.1 per 100,000 residents

Age Group: 65-74
19.2 per
100,000
residents

Age Group: 85 and Over
14.9 per
100,000
residents

Age Group: 15-24
21.5 per 100,000 residents

Age Group: 75-84
13.3 per 100,000 residents



Factors that Increase Opioid Use/Misuse in Older Adults

Factors that Contribute to Opioid Use/Misuse of Opioids in Older Adults

- Multicomorbidities associated with pain (e.g., arthritis, cancer)
- Surgical procedures
- Multiple medications that can interact with opioids - benzodiazepines, gabapentin, sedating antihistamines (e.g., diphenhydramine)
- Increased sensitivity to opioid due to changes in pharmacokinetics and pharmacodynamics
- Cognitive impairment (leads to overuse/ falls)
- Underlying respiratory disease (increased risk of respiratory depression)

Factors that Contribute to Opioid Use/Misuse of Opioids in Older Adults

- History of substance use
- Existential pain/ depression/anxiety/ isolation/ loneliness
- Unsafe medication practices- sharing medications with friends/family
- Inappropriate (or appropriate) prescribing of opioids/ Failure to try other medications first/ Failure of other pain medications
- Doctor or pharmacy shopping or buying drugs online

High-Risk Obtainment of Prescription Drugs by Older Adults New Jersey: The Role of Prescription Opioids

Sarah L. Gold, MSW, Kristen Gilmore Powell, PhD,* Michael H. Eversman, PhD,[†]
N. Andrew Peterson, PhD,* Suzanne Borys, Ed.D,[‡] and Donald K. Hallcom, PhD[‡]*



RESULTS: Almost 15% of the sample used high-risk methods of obtaining prescription opioids. Adults who previously used a prescription opioid recreationally had three times the risk of high-risk obtainment of prescription opioids.

CONCLUSION: These findings illustrate the importance of strengthening prescription drug monitoring programs to reduce high-risk use of prescription drugs in older adults by alerting doctors and pharmacists to potential prescription drug misuse and interactions. *J Am Geriatr Soc* 64:e67–e71, 2016.

Letter to the Editor |  **Free Access**

Comment on: “High-Risk Obtainment of Prescription Drugs by Older Adults in New Jersey: The Role of Prescription Opioids”

Donna M. Lisi PharmD, BCPS, BCPP

First published: 10 March 2017 | <https://doi.org/10.1111/jgs.14755> | Citations: 1

Cannabis Use in Older Adults

- Cannabis poisoning increasing in older adult as observed in Canada based on ED visit. Following legalization period 1, which permitted the sale of dried cannabis flowers and period 2, in which allowed for edibles, the rate of ED visits was substantially higher than prelegalization (15.4 vs 5.8 per 100 000 person-year, respectively for period 1 and (21.1 per 100 000 person-years), respectively for period 2. (Stall et al)
- A study from California found that cannabis-related ED visit rate increased significantly for adults aged ≥ 65 and all subgroups ($p < 0.001$). The overall rate increased from 20.7 per 100,000 visits in 2005 to 395.0 per 100,000 ED visits in 2019, a 1804% relative increase. (Han et al)
- Cannabis use that results in ED visit increases dementia risk (Myran et al)
- There are 400 drugs known to interact with cannabis including 28 major and 372 moderate drug-herb interactions (Drugs.com)



CANNabinoid Drug Interaction Review (CANN-DIR®) is intended to evaluate for potential Drug-Drug Interactions based on the Cannabinoids (THC & CBD) affecting the Metabolism of OTHER concomitantly prescribed medications.

<https://cann-dir.psu.edu/>

Cannabis Use in Older Adults



Blackout Brownie: A Final Dessert Case Study FREE

Nancy Kedzierski ✉, Melanie Hernandez

Journal of Analytical Toxicology, Volume 46, Issue 4, May 2022, Pages e105–e109, <https://doi.org/10.1093/jat/bkac008>

Published: 08 February 2022 **Article history** ▼

The 65-year-old female decedent with a history of chronic pain ingested an edible cannabis brownie after other alternative edibles and prescribed medication produced no desired effects. She was found expired at the base of the stairs the following morning. Autopsy found severe cardiovascular disease, with blood level of delta-9-tetrahydrocannabinol present at >5,000 ng/mL

AHA SCIENTIFIC STATEMENT

Medical Marijuana, Recreational Cannabis, and Cardiovascular Health

A Scientific Statement From the American Heart Association

Circulation

Volume 142, Issue 10, 8 September 2020; Pages e131–e152

<https://doi.org/10.1161/CIR.0000000000000883>

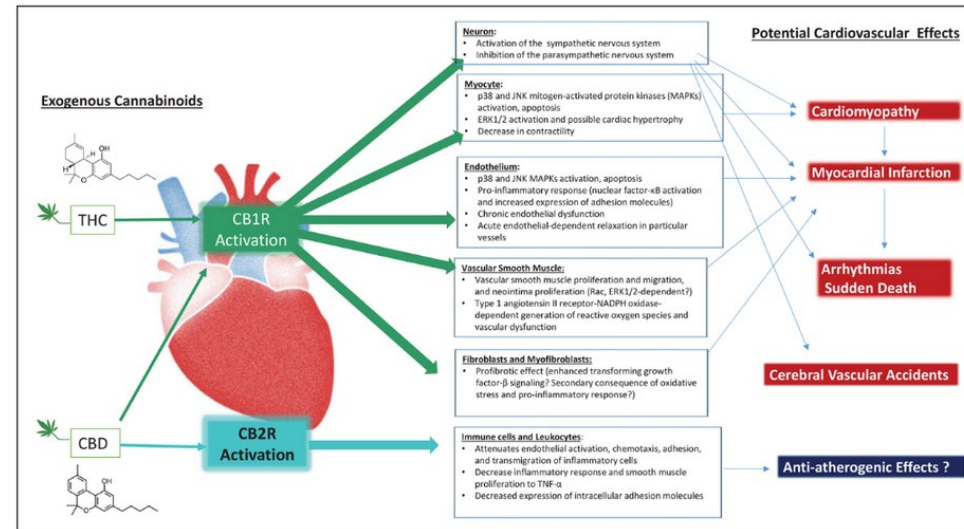


Figure 5. Effects of exogenous cannabinoids on the cardiovascular system



Fake Pills

October 7, 2024: DEA warning - Dozens of fake online pharmacies sold millions of fake pills to customers in all 50 states

???



REAL OR FAKE?

https://www.dea.gov/sites/default/files/2022-12/DEA-OPCK_FactSheet_December_2022.pdf

<https://www.safemedicines.org/2024/10/oct-07-2024.html>

Fake Pills

October 7, 2024: DEA warning - Dozens of fake online pharmacies sold millions of fake pills to customers in all 50 states

???

REAL



FAKE



REAL OR FAKE?



https://www.dea.gov/sites/default/files/2022-12/DEA-OPCK_FactSheet_December_2022.pdf
<https://www.safemedicines.org/2024/10/oct-07-2024.html>

What older adults say health care providers talked about when prescribing opioid medication AMONG ADULTS AGE 50-80

90%

How often to take it

60%

Side effects

59%

When to reduce the amount

48%

Risk of addiction

43%

Risk of overdose

37%

What to do with leftover pills




July/August 2018 Report: Older Adults' Experiences with Opioid Prescriptions



INSTITUTE FOR HEALTHCARE POLICY AND INNOVATION
NATIONAL POLL ON HEALTHY AGING
UNIVERSITY OF MICHIGAN

<https://www.healthyagingpoll.org/reports-more/report/older-adults-experiences-opioid-prescriptions>



DESTIGMATIZING NALOXONE AMONG OLDER ADULTS

HAVE THE TALK!!!

A change in a medication, a change in organ function, drinks with friends... it can unintentionally happen!

What are the signs of an opioid overdose?

- 1 Small, constricted "pinpoint pupils"
- 2 Falling asleep or loss of consciousness
- 3 Slow, shallow breathing
- 4 Choking or gurgling sounds
- 5 Limp body
- 6 Discolored skin (especially in lips and nails)

→ www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf

https://www.cdc.gov/overdose-resources/pdf/Signs-of-Opioid-Misuse-Opioid-Use-Order-and-Overdose_508.pdf

Most opioids emergencies
happen at home, in front
of a loved one.

www.narcan.com.

What older adults did with leftover opioid medications*

Among those who had a prescription for opioids in the past two years



86%

Saved for
later use/kept
at home



13%

Returned to
approved
location**



9%

Disposed,
threw in trash,
or flushed
down toilet

July/August 2018 Report: Older Adults' Experiences with Opioid Prescriptions

*Respondents could select more than one response; **Pharmacy, health care provider, law enforcement, or community takeback event

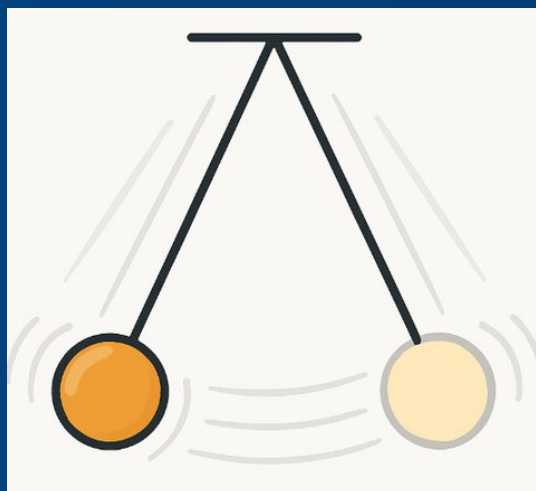
IMPORTANT PROGRAM UPDATE AS OF 3/31/2025

New pre-paid drug mail-back envelopes are available for safe disposal.


Pre-paid drug mail-back envelopes are another option for safe disposal of unused opioid analgesics, an important component of the Opioid Analgesic REMS. Starting March 31, 2025 the Opioid Analgesic REMS Program Companies are required to provide pre-paid drug mail-back envelopes upon request to pharmacies and other dispensers of opioid analgesics.

[Click here](#) to order pre-paid drug mail-back envelopes.





⑥ Trends in Outpatient Opioid Prescriptions for Cancer Pain Between 2016 and 2021

Sonal Admane, MD, MPH¹ ; Patricia S. Bramati, MD¹ ; Bryan Fellman, MS²; Ali Rizvi, BS³; Evelin Kolenc, MSN¹; Annie Berly, MSN¹; Aline Rozman de Moraes, MD, MPH¹ ; David Hui, MD, MSc¹ ; Ali Haider, MD¹ ; and Eduardo Bruera, MD¹ 

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JCO Oncol Pract 00:1-9

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Clinical Oncology



[View Online
Article](#)

From 2016 to 2021, there was a five-fold decline in opioid dose prescribed by oncologists for cancer pain. This raises concerns for undertreatment of pain in patients with cancer



Community Partners to Minimize Risk Associated with Opioid Use/Misuse in Older Adults t

NALOXONE 365

New Jersey's Pharmacy-based Initiative to Provide Naloxone Freely and Anonymously

Opioid addiction and overdoses continue to impact communities throughout New Jersey and across the country at an alarming rate. Since 2018, tens of thousands of New Jerseyans have experienced an overdose and more than 15,000 died of a suspected drug-related death. To combat and curb this epidemic, New Jersey has worked to bolster harm reduction efforts throughout the state including expanding the availability of naloxone through statewide distribution days. In 2023, New Jersey took the next steps to make naloxone readily available every day of the year for free.

In January 2023, Governor Murphy announced a nation-leading program to allow anyone 14 years or older to acquire naloxone anonymously and at no cost at participating pharmacies across New Jersey. The Department of Human Services partnered with the New Jersey Board of Pharmacy and its Medicaid division to craft and implement this unique program.

https://data.nj.gov/Human-Services/Naloxone365-NJ-Free-Naloxone-at-Pharmacies-Program/nfsa-3664/data_preview

Somerset County Substance
Awareness and Guidance for
Elders Prevention Collaborative

Mission:

To share targeted prevention strategies that raise awareness, educate, and provide resources for older adults to reduce the risk of substance use and its associated harms while fostering a supportive, informed community that promotes healthy aging and well-being.

2025

Somerset County

Substance Awareness
and Guidance for Elders
Prevention Collaborative

2ND WED. OF THE MONTH
9:30 - 10:30 AM

WE INVITE YOU TO JOIN US IN SUPPORT OF HEALTHY
AGING BY PROVIDING PREVENTION, EDUCATION, AND
RESOURCES THAT REDUCE SUBSTANCE USE RISKS FOR
OLDER ADULTS.

FOR QUESTIONS, EMAIL EBENY J. TORRES AT
ETORRES@CO.SOMERSET.NJ.US



Community Partners

"Not Your Best Option" Bench



Opioid Education Workshop

**Tuesday, April 30th
1:00pm**

**Franklin Township/Community Senior Center
505 DeMott Lane**

This program is open to all.

The opioid epidemic has affected everyone including older adults. This presentation will discuss best strategies for pain management and alternatives to the use of opioids. The proper use of Naloxone will be demonstrated. A free Naloxone kit will be given to attendees.

This program is presented by:
Dr. Donna M. Lisi, PharmD, Clinical Pharmacist
Chair, Franklin Township Board of Health Advisory Council
Chair, Somerset County Local Advisory Council on Alcohol and Drug Abuse.

Register at:
franklintwp.recdesk.com

FRANKLIN TOWNSHIP
PARKS & RECREATION

Prevention Resources

<https://njprevent.com/rx-opioids/>

FREE
Gift Card
for attending

Community in Connection

Peer Recovery Pop Up

Community in Connection, Somerset County's Community Peer Recovery Center

How can we help you on your recovery journey?



CONNECTION

Come join us for a coffee or a cold drink and let's start a conversation about what recovery can look like for you!



RECOVERY

- One-on-One Peer Support with a Certified Peer \ Recovery Specialist
- Mental Health Peer Support
- Substance Use and Mental Health resource referrals



SUPPORT

- Free Narco distribution
- Connection to education, employment, and other resources
- Free wellness items



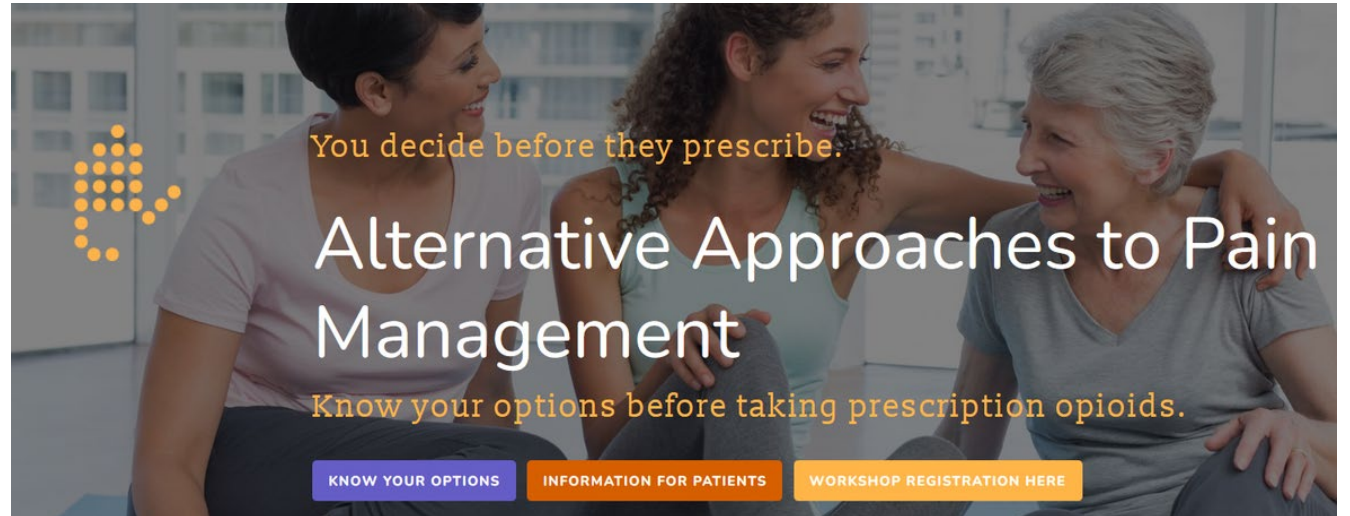
This month's featured talk:

First Baptist Church of Lincoln Gardens
771 Somerset St,
Somerset, NJ 08873
THURSDAY 4-7 PM

For more information please contact: Sarah: spopa@communityincrisis.org

Community Partners

Peer Recovery Specialists



You decide before they prescribe.

Alternative Approaches to Pain Management

Know your options before taking prescription opioids.

[KNOW YOUR OPTIONS](#) [INFORMATION FOR PATIENTS](#) [WORKSHOP REGISTRATION HERE](#)

Communities in Crisis

<https://communityincrisis.org/>

Resources

- WISE (Wellness Initiative for Senior Education) Program (<https://www.njpn.org/wise>): an evidence-based program for older adult that educates on making healthy choices and avoiding substance use disorders
- SAMSHA- Preventing Opioid Misuse and Treating Opioid Use Disorder in Older Adults (<https://www.njpn.org/wise>)
- SAMSHA- Substance Abuse and Mental Health Services Administration (US); 2020. (Treatment Improvement Protocol (TIP) Series, No. 26.)(<https://www.ncbi.nlm.nih.gov/books/n/tip26v2/pdf/>)
- NIDA- Older Adults (<https://nida.nih.gov/research-topics/older-adults>)
- ACL- The Opioid Public Health Emergency and Older Adults (<https://acl.gov/programs/addressing-opioid-crisis>)
- AHRQ- Opioids in Adult Adults Compendium (<https://www.ahrq.gov/opioids/implementing-what-works/compendium.html>)
- AHRQ- AHRQ Older Adult Opioid Initiative (<https://integrationacademy.ahrq.gov/about/initiatives/older-adult-opioid-initiative>)

Passing the Torch

Prevention: Emerging role of Pharmacogenomics and Epigenomics and National Action Plan on Adverse Drug Event Prevention

Early Diagnosis: OUD-related ADEs may be mistakenly attributed to other drugs

Treatment:

- 1-12-2022 FDA Drug Safety Communication - transmucosal buprenorphine use and dental issues
- Methadone is associated with 835 drugs known to interact with methadone including 420 MAJOR drug interactions

Gene	Impact
OPRM1 (μ-opioid receptor gene)	Affects opioid receptor binding and response
CYP2D6 (drug-metabolizing enzyme)	Influences how opioids like codeine and tramadol are activated
COMT (catechol-O-methyltransferase)	Regulates dopamine breakdown
DRD2 (dopamine receptor D2)	Modulates dopamine reward system



National Action Plan for Adverse Drug Event Prevention

Thank you



Dr. Abhilash Desai, MD
Medical Director, Idaho Memory & Aging Center, P.L.L.C.
Clinical Associate Professor, Department of Psychiatry and Behavioral Sciences,
University of Washington School of Medicine, Idaho Track

Opioid Use Disorder in Older Adults

Abhilash Desai MD

5/8/2025

Dr.abhilashdesai@icloud.com

Financial disclosures

I receive royalties from Cambridge University Press for my book (co-author George Grossberg MD) titled *Psychiatric Consultation in Long-Term Care: A Guide for Healthcare Professionals*. 2nd Edition. 2017.

I receive royalties from his book (co-author my wife Faith Galliano Desai PhD) titled *One Day Mindfulness Millionaire: Living mindfully – A lighthearted primer for the uninitiated*. 2020. Book Publishing.

I have no other financial relationships with commercial interests to disclose.

Learning objectives

Summarize how to assess risk factors for opioid use disorder in older adults

Explain how the care team can mitigate risks among older adults when prescribing opioids

Summarize how to treat opioid use disorder in older adults

Aging is a privilege

Growing old is not a disease to be cured or defeated, but a privilege, tremendous privilege to be humbled by, to be grateful for. A privilege withheld from most of our ancestors and so many of our brothers and sisters. Let's become worthy of becoming old, by falling in love easily, holding our heart gently, holding our fears lightly, and forgiving continuously.

Opioid misuse (OM) and opioid use disorder(OD) risk factors

Opioid risk tool (ORT) score of 4 or higher (not validated in older adults but has some clinical utility)

Prescription of opioids for acute pain longer than usual

Prescribing opioids for chronic non-cancer pain in individuals with 4 or more score on ORT

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

Opioid misuse (OM) and opioid use disorder(OD) risk factors

Higher dose and longer duration of prescription opioid use

Trauma - cumulative (high ACE scores, high PCL-C scores)

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

Opioid misuse (OM) and opioid use disorder(OD) risk factors

Permissible social biome (friends / family using misusing opioids)

Social determinants of health (e.g., social isolation, LOSILDA / LSD)

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

Opioid misuse (OM) and opioid use disorder(OD) risk factors

Access to opioids

Conduct disorder in childhood

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38

Learning objective #2

Explain how the care team can mitigate risks among older adults when prescribing opioids

Prevention

There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they're falling in.

– Bishop Desmond Tutu

Prevention

Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat. – Sun Tzu

Prevention strategies – Opioid overdose

Enhance access to virtual treatment

Expand access to OUD treatment

Increase education on naloxone

- Patkar et al. Reducing opioid overdose deaths during COVID-19. Current Psychiatry January 2021. Rush University Medical Center, Chicago.

Prevention strategies – Opioid overdose

Develop early identification and prevention programs with evidence-based approaches such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) and Integrated Dual Diagnosis Treatment (IDDT)

Improve education on opioid prescribing

Treat comorbid psychiatric conditions

- Patkar et al. Reducing opioid overdose deaths during COVID-19. Current Psychiatry January 2021. Rush University Medical Center, Chicago.

Prevention of opioid overdose deaths

Rational deprescribing of sedating medications besides opioids (e.g., benzodiazepines, Z drugs [zolpidem, eszopiclone, zaleplon], gabapentin, pregabalin, trazodone, hydroxyzine).

- Desai and Grossberg. Chapter 12. Psychiatric aspects of rational deprescribing. *Psychiatric consultation in long-term care: A guide for healthcare professionals*. 2nd Edition. Cambridge University Press 2017.

Prevention of OUD in older adults: One Key Strategy

Minimize / Avoid long-term opioid treatment (LTOT) for chronic pain

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

Prevention: Tactic #1

Collaborative care model

- Watkins et al. Collaborative Care Model for Patients With Opioid Use Disorder and Mental Illness. JAMA Open Network 2024

Prevention: Tactic #2

Peer-led pain management program

- Tse et al. Effectiveness of a Peer-Led Pain Management Program in Relieving Chronic Pain and Enhancing Pain Self-Efficacy Among Older Adults: A Clustered Randomized Controlled Trial. *Frontier Medicine*. 2021.

Tactic #3: Optimize non-opioid interventions for chronic non-cancer pain

Step 1: Acetaminophen, Topical analgesics, Non-pharmacological interventions

Step 2: Duloxetine, Gabapentin, Pregabalin, Interventional pain management

Step 3: Nortriptyline, Cox-2 inhibitors, NSAIDs

Step 4: Opioids (includes tramadol)

- Desai and Grossberg: Geriatric Psychiatry. Chapter in Pathy Textbook of Principles and Practice of Geriatric Medicine. 2023

Chronic pain management – Four Key Nonpharmacological interventions

Physical therapy

Cognitive behavior therapy for pain (CBT-pain)

Exercise therapy

Mindfulness-based therapies (includes Yoga, Tai Chi, MBSR)

- Agency for Healthcare Research and Policy. Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review Update. 2020.

Learning Objective #3

Summarize how to treat opioid use disorder in older adults

Early accurate diagnosis – DSM 5-TR criteria

Routine periodic screening using validated tools

Routine use of Prescription Drug Monitoring Program (PDMP)

Family / friend / staff / professional caregiver input

Falls, confusion, memory problems, daytime sleepiness

Red flags

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

Red flags

Frequent early refill requests

Escalating dose without consulting physician

Multiple emergency room/urgent care presentations for opioid treatment

Seeking opioids from multiple prescribers

- OUD: Diagnosis and Treatment Guidelines. Kaiser Permanente 2022.

Red flags

Recurrent lost or stolen medications

Stealing or borrowing from others

Disruptive behavior

Not taking as prescribed

- OUD: Diagnosis and Treatment Guidelines. Kaiser Permanente 2022.

OIH – Opioid Induced Hyperalgesia

OIH: pain increases with increased dose

Opioid tolerance: analgesic effect reduces with increased dose

Opioid withdrawal: pain increases accompanied by withdrawal symptoms

OUD: continued non-medical use despite adverse consequences

- Wilson et al. Mechanisms, diagnosis, prevention and management of perioperative opioid-induced hyperalgesia. Pain Management 2021.

4Ms of Age-Friendly Healthcare

What Matters

Mentation (delirium, dementia, depression)

Mobility

Medications (avoiding / deprescribing medications that are on the AGS 2024 Beers list of medications that are potentially inappropriate in the older adult population)

- Institute of Healthcare Improvement. Age-Friendly Health Systems
<https://www.ihi.org/networks/initiatives/age-friendly-health-systems>

Treatment of OUD in the elderly

Pharmacological interventions

Psychosocial interventions

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

Psychosocial interventions for OUD

Education of patient, family and professional caregivers

Motivational interviewing

Individual therapy / counseling

Group therapy

Mutual-aid support groups

Contingency management (if stimulant use disorder also present)

- Desai and Grossberg. Substance use disorders in post-acute and long-term care. Psychiatric Clinics of North America 2022.

Pharmacological interventions for OUD

Naloxone (for overdose management)

Lofexidine, clonidine (for withdrawal symptoms)

Naltrexone (for OUD)

Buprenorphine (for OUD)

Methadone (for OUD)

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

Pharmacological interventions for OUD

Slow release morphine as second line agent (Buprenorphine and methadone are first line)

- Canadian 2024 Guidelines. Opioid Use Disorder.

Buprenorphine-naloxone

Buprenorphine-naloxone is for a chronic condition (OUD) similar to insulin for Diabetes

Buprenorphine is a partial agonist to the mu opioid receptor, thus:

- causes much less euphoria compared to full agonists
- Extremely difficult to overdose on buprenorphine alone as due to being a partial agonist, there is built in “ceiling effect.”

Buprenorphine-naloxone alone (without any other treatment) has been found to be effective for OUD

It can be continued for as long as patient prefers

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

Buprenorphine, methadone, naltrexone

Buprenorphine and methadone preferred over naltrexone

Buprenorphine is preferred over methadone due to greater safety

Older adults with memory problems and living alone, naltrexone is preferable over buprenorphine and methadone

Naltrexone requires full withdrawal from opioids as opposed to partial withdrawal for buprenorphine and methadone

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

Older adults and psychosocial aspects

Engaging family and friends is even more essential

Shared decision making is essential

Anticipate and address ageism bias (e.g., stereotypes of incapacity)

- Duggirala, Khushalani, Palmer, Brandt and Desai. Screening and management of opioid use disorder in older adults in primary care. Clinics of Geriatric Medicine. Special issue on Substance use disorders in older adults. 2022;38:23-38.

Key Takeaway Messages for the OUD Care Team

Innovate using collaborative care models

Manage chronic non-cancer pain in older adults without opioids

Learn to prescribe buprenorphine

Learn how to implement the 4Ms of Age-Friendly Medical Care

Confronting Reality – Atul Gawande

We're caught in a transitional phase. However miserable the old system has been, we are all experts at it. We know the dance moves. With this new way, in which we together try to figure out how to face mortality and preserve the fiber of a meaningful life with its loyalties and individuality, we are plodding novices. We are going through a societal learning curve, one person at a time.

Book: Being Mortal – Medicine and What Matters in the end.

Research advances

In October 2023, OTC Fentanyl Test (urine test) got FDA clearance. Results obtained in 5 minutes. Results are preliminary and need confirmation testing.

Mindfulness-Oriented Recovery Enhancement (MORE) lead to sustained reduction in opioid use, chronic pain, cravings and cue reactivity. RCT in veterans. AJP in Advance 2023.

Virtual Reality – aided mindfulness, meditation, guided imagery, and cognitive behavioral strategies to reduce pain is being studied.

Basic components of humane care

Taking time to understand the experience and perspective of the person with OUD.

Next four key components of humane care

Getting to know the person

Kindness

Friendship

Optimism

Final five key components of humane care

Participation

Accountability

Non-Discrimination

Empowerment

Legality

- Human rights-based approach

Language matters

Please let me know if I am using words or language that undermine the dignity of persons with OUD.

Language matters

Fear-based messaging vs Evidence-based messaging

Biopsychosocial spiritual approach

Away from treating symptoms to preventing distress and suffering

Away from removing disability to **promoting optimal biopsychosocial spiritual wellbeing**

Away from increasing lifespan to enhancing quality of life

- Center for Health Outcomes and Interdisciplinary Research (CHOIR). Formerly, Integrated Brain Health Clinical and Research Program. Massachusetts General Hospital.

Two key actions towards humane care

Mindful visit – be present, in the moment

Offer hope through harnessing the power of humane evidence-based care and collaboration

Four key barriers to humane care that improves outcomes

Information asymmetry (poor brain health literacy)

Power asymmetry (health systems, insurance companies and Big Pharma call the shots)

Profit centered care

Fast medicine

- Personal opinion

Four Poisons

Fast medicine

Biomedical approach

Untrained healthcare professionals

Single discipline care

Four antidotes

Slow medicine

Biopsychosocial approach

High-quality training

Multidisciplinary team care

Comprehensive OUD Care

- Comprehensive multidisciplinary assessment
 - Comprehensive biopsychosocial treatment care plan
 - Addressing social disparities (social determinants of health) from the beginning
 - Friends of OUD program
-
- Personal opinion.

Lifestyle medicine: NEAT approach

Nutrition

Exercise

- Physical
- Cognitive stimulation
- Mind-body (Yoga, Tai Chi, Meditation, Breath work, Relaxation response)

Active social life

Treatment of risk factors (e.g., pain, insomnia, dehydration, constipation, adverse effects of medications)

Treatment

Comprehensive OUD Care = Multidisciplinary care

Health navigator / OUD care navigator

- Personal opinion. Extrapolation from research on Parkinson's disease care.

Giving a diagnosis mindfully

Done with great sensitivity

Promoting hope

Preferably with support system present

Ongoing support, education and guidance

- Personal opinion

Resources

Partnership to End Addiction: obtain free support for family members concerned about a loved one's opioid use (<https://drugfree.org/get-support>. opens in new tab)

Fentanyl poisoning and counterfeit pills (<https://drugfree.org/fentanyl-poisoning/>. opens in new tab)

Supporting a loved one's recovery (<https://drugfree.org/recovery-resource-center/>. opens in new tab)

Comprehensive guide for families with a teen or young adult struggling with opioid use (<https://drugfree.org/wp-content/uploads/2018/03/Heroin-Fentanyl-Other-Opioids-eBook-Partnership-for-Drug-Free-Kids.pdf>. opens in new tab)

Information on medications used to treat opioid use disorder (<https://drugfree.org/article/medications-to-treat-opioid-use-disorder/>. opens in new tab).

High Quality Apps

- (1) Lean PD (Lean = Efficient [minimize waste] and PD = Personal Development) by Paul Akers to create a checklist of identified daily wellness activities and track one's engagement in it.
- (2) Cleveland Clinic Wellness Mindful Moments (free)
- (3) UCLA Mindful (free)
- (4) CBTi Coach (free, cognitive behavioral therapy for insomnia by VA)
- (5) **Healthy Minds Program** (my favorite)

High Quality Apps

(6) PTSD coach (free, by VA)

(7) Plum Village Zen Meditation (free)

(8) Lifesum (free) - to track food and fluid intake calorie counting

(9) Cronometer (free) – to tells you the amount of macro and micro nutrients intake

Websites

Center of Excellence for Behavioral Health in Nursing Facilities.
<https://nursinghomebehavioralhealth.org>

LinkedIn

Faith Galliano Desai PhD. Articles on wellness and mental health focusing on resilience, healing, trauma-recovery, parenting and relationships.

Rainer Maria Rilke

Ultimately, and precisely in the deepest and most important matters, we are unspeakably alone; and many things must happen, many things must go right, a whole constellation of events must be fulfilled, for one human being to successfully advise or help another.



To register for continuing education for today's webinar:
Physicians, physician assistants, nurses, nurse practitioners, dentists, pharmacists, other: knockoutday.drugfreenj.org/may8
EMT: KnockOutDay.DrugFreeNJ.org/EMT
Athletic Trainers: KnockOutDay.DrugFreeNJ.org/Trainers

UPCOMING WEBINAR

Improving Prevention & Treatment for Opioid Use Among Racial & Ethnic Minorities

11 a.m. Thursday, June 12, 2025

Register at KnockOutDay.DrugFreeNJ.org/events

