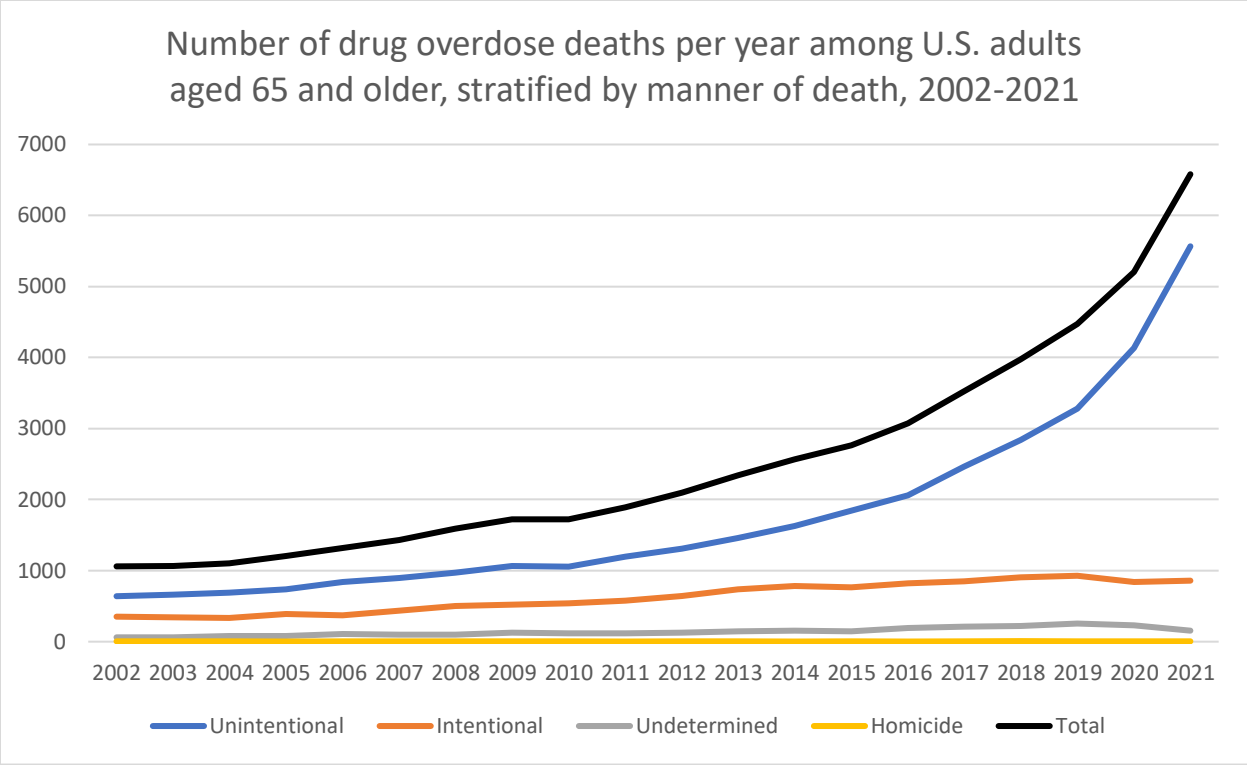
Written testimony submitted December 14, 2023 by Stanford University Professor Keith Humphreys to the U.S. Senate Special Committee on Aging hearing on "Understanding a Growing Crisis: Substance Use Trends among Older Adults"

Chairman Casey, Ranking Member Braun and distinguished committee members, thank you for granting me the opportunity to speak with you today about rising substance use problems among older Americans. My comments today are informed by my 35 years studying addiction and my service as a White House drug policy advisor in the administrations of Presidents Bush and Obama.

Using Centers for Disease Control and Prevention data, my colleague Professor Chelsea Shover and I recently published a peer-reviewed study[1] documenting that from 2002-2021, the rate of fatal drug overdoses among Americans aged 65 and older quadrupled from 3.0 per 100,000 to 12.0 per 100,000. About 13% of the 6702 overdose deaths that occurred in 2021 were judged by the coroner/medical examiner to be intentional. Most commonly these suicides involved legally prescribed drugs such as opioids (prescribed for pain) and benzodiazepines (mainly prescribed for anxiety and insomnia).

Drug-involved suicides among older Americans are obviously of great concern as is the fact that the rate at which they occur increased by 60% over the period we studied (rate in 2002 was 1.0 per 100,000 versus 1.6 per 100,000 in 2021). But they are not the main driver of the surge in drug overdose deaths that we documented. Eighty three percent of overdose deaths among older Americans in 2021 were unintentional, and usually involved illicit drugs such as fentanyl, cocaine, and methamphetamine. The rate of this type of overdose increased 450% from 2002 to 2021.



There are some important demographic differences across overdose deaths. Most older Americans who die of intentional drug overdose are white women. In contrast, most who die from unintentional overdoses are men (71%) with significant overrepresentation of African-Americans. The sharp increase in overdose deaths among older African-Americans started in 2014, which is when potent synthetic opioid fentanyl began to became prevalent in illicit drug markets.[2]

In 2021, about 1 in 370 deaths among older Americans were due to intentional or unintentional drug overdose. On the one hand, this is thankfully a lower rate in absolute terms than what we are seeing in working age populations. On the other hand, the quadrupling of the fatal overdose rate among older Americans should generate concern and prompt policy actions that can reverse this trend. On that note, let me add that since Dr. Shover and I published our paper, CDC released *provisional* overdose data for 2022, which shows that the mortality rate among older Americans rose another 14% to 13.7 per 100,000 (1 in every 318 deaths). This highlights the need for urgency.

Multiple interacting phenomena are likely increasing fatal overdoses among older Americans.

(1) There are more pharmaceutical products today than at any point in history. A recent Kaiser Family Foundation survey[3] found that 89% of senior citizens take at least one medication, and 54% take four or more. Neither they nor their doctors may be aware of the potential for adverse interactions of drugs that can produce overdose, nor how these prescribed medications may interact adversely with alcohol.

(2) With aging, the body's ability to metabolize and tolerate drugs can change such that a dose that was once safe now raises risk of overdose as well as other problems such as cognitive impairment and falls.

(3) Generations carry substance use patterns with them through their lives. What are sometimes referred to as the "silent" and "greatest" generations used tobacco and alcohol at significant rates, but used far fewer prescription and illicit drugs than did the Baby Boomers. This may be hard to believe, but the people who went to Woodstock are today enrolled in Medicare, so we should expect drug use among older Americans to increase in the future as the Baby Boomers move into retirement.

(4) The expansion of synthetic drugs like methamphetamine, xylazine, and even moreso fentanyl has increased the risk of overdose among individuals who use illicit drugs. This is true even of those individuals who have long experience with drugs such as cocaine and heroin, some of whom may be exposed to fentanyl without their knowledge.

Because of older Americans' enrollment in Medicare, the federal government has multiple avenues available to prevent and treat substance use-related problems among senior citizens.

(1) In 2018, Congress passed and President Trump signed the 2018 SUPPORT Act (P.L. 117-271)[4], which among other provisions allowed Medicare enrollees to have access to clinics that offer

methadone maintenance for opioid use disorder. Early evidence[5] indicates that this change increased enrollees' access to and utilization of this effective treatment for addiction. Congress could build on this success by allowing additional types of community-based specialty substance use disorder treatment programs to become authorized providers within Medicare.

(2) Beginning in 2008 with the passage of the Mental Health Parity and Addiction Equity Act (PL 110-343)[6], the goal of health insurance "parity" has commanded wide bipartisan support. Parity means that any insurance benefits offered in a health plan for mental health and substance use treatment have to be comparable to those offered for care of other disorders. In a series of laws passed over the past 15 years, the federal government has expanded parity protections to employees of large, medium, and small companies, to people who purchase individual insurance on state exchanges, to most Medicaid recipients, and to users of outpatient (though not inpatient) services reimbursed by traditional Medicare. But this protection has not been extended to the Medicare Advantage program, which as you know is a fast-growing part of Medicare. Giving Medicare Advantage enrollees the insurance parity protections enjoyed by almost all other Americans could increase access to treatment for Medicare enrollees who have substance use disorders.

(3) Medicare already takes some important steps to reduce prescription drug-related risks among enrollees. For example, the Welcome to Medicare exam includes a screening for depression, and guidance regarding the risks of opioid medication as well as alcohol consumption. This screening and advice requirement in the Welcome to Medicare exam could be expanded to cover tranquilizing medications such as are commonly provided for anxiety and sleep disturbance (e.g., Ambien, Ativan, Xanax). Another way to lower the risks of prescription drugs would be to condition Medicare payment eligibility for health care organizations on all their clinicians receiving training on safe prescribing practices, including the provision where

appropriate of non-addictive medications and behavioral interventions for conditions like pain, anxiety, and insomnia.

Thank you again for allowing me to submit evidence, and also for highlighting the important public health challenge of substance use problems among older Americans.

References

1 Humphreys, K., & Shover, C.L. (2023). Twenty-year trends in drug overdose fatalities among older Americans. JAMA Psychiatry, 80, 518-520.

2 Humphreys, K., Shover, C. L., Andrews, C.M., Bohnert, A.S.B., Brandeau, M.L., Caulkins, J.P., Chen, J.H., Cuéllar, M-F., Hurd, Y.L., Juurlink, D.N., Koh, H.K., Krebs, E.E., Lembke, A., Mackey, S.C., Ouellette, L.L., Suffoletto, B., & Timko, C. (2022). Responding to the Opioid Crisis in North America and Beyond: Recommendations of the Stanford-Lancet Commission. Lancet, 399, 555-604.

3 Kirzinger, A., Neuman, T., Cubanski, K., Brodie, M. Data note: prescription drugs and older adults. Available on line at https://www.kff.org/health-reform/issue-brief/data-note-prescription-drugs-and-older-adults/

4 The text of the 2018 SUPPORT for Patients and Communities Act is available on line at https://www.congress.gov/bill/115th-congress/house-bill/6/text

5 Taylor, E.A., Cantor, J.H., Bradford, A.C., Simon, K., Stein, B.D. (2023). Trends in methadone dispensing for opioid use disorder after Medicare payment policy changes. JAMA Network Open, 6, e2314328.

6 The text of the Paul Wellstone and Pete Domenici 2008 Mental Health Parity and Addiction Equity Act is available on line at https://www.congress.gov/bill/110th-congress/house-bill/6983