Testimony

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Addressing the Opioid Crisis Among Older Americans

Strategies for Prevention, Treatment, and Supporting Families Affected by Addiction

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Testimony of Bradley D. Stein[1]
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Before the Special Committee on Aging
United States Senate

February 26, 2025

Thank you Chairman Scott, Ranking Member Gillibrand, and distinguished members of the committee for allowing me to testify on opportunities to enhance the government's efforts to combat the opioid crisis. I am a senior physician policy researcher at RAND, where I serve as director of the National Institutes of Health–funded RAND-USC Schaeffer Opioid Policy Tools and Information Center. The views I share today are based on work done as part of that center, as well as the RAND report *America's Opioid Ecosystem*, in which colleagues and I examined how leveraging system interactions can reduce addiction, overdose, suffering, and other opioid-related harms.[3]

In addition to my research, I am a practicing child and adolescent psychiatrist in Western Pennsylvania, one of the regions that has been dramatically affected by the opioid crisis. Much of our nation's response to the crisis has focused on fatal overdoses; however, as a clinician and researcher, I can confirm that the toll of the opioid crisis extends far beyond those who have lost

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[3] B. D. Stein, B. Kilmer, J. Taylor, and M. E. Vaiana, eds., *America's Opioid Ecosystem: How Leveraging System Interactions Can Help Curb Addiction, Overdose, and Other Harms*, RAND Corporation, RR-A604-1, 2023, https://www.rand.org/pubs/research_reports/RRA604-1.html.

their lives to an overdose: Approximately 40 million American adults have had their lives disrupted by a fatal drug overdose.[4] Of particular relevance to this committee are the harms of the opioid crisis affecting older Americans. Many of the challenges are ones with which we are all familiar. For example, one of my patients, along with her brother and sister, is cared for by their grandmother because their mother continues to struggle with her opioid addiction. The grandmother often has difficulty bringing my patient to our appointments because of her own chronic health issues, including significant arthritis, yet she is spending a good deal of time and resources trying to help her daughter get the treatment she needs for her addiction.

Other issues have not been as widely recognized but represent growing challenges in the years to come, such as the extent to which our health care system is prepared to address the needs of older adults experiencing opioid-related problems.

In my remarks today, I would like to address three important issues that I hope will provide a more nuanced understanding of how the opioid crisis has affected the nation:

- the growing opioid use disorder (OUD) crisis among older adults and their treatment needs
- upstream strategies for preventing opioid misuse and illegally produced opioids by addressing chronic pain
- the social impact of OUD among older adults—how the drug crisis affects the living arrangements of children.

The Growing Crisis of Opioid Use Disorder Among Older Adults and Its Effect on Health and Health Care

The prevalence of OUD has been increasing rapidly.[5] Among Medicare beneficiaries 65 and older, the percentage of individuals with OUD has increased threefold,[6] and increasing rates of OUD in this population are expected to continue.[7] Historically, rates of OUD among older adults have been lower than among younger age groups. Thus, the rapid escalation of OUD among older adults poses serious challenges for our health care system in effectively addressing physical health, cognitive impairment, and functional impairment in this vulnerable population—all issues that are worsened by OUD.

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[4] A. Athey, B. Kilmer, and J. Cerel, "An Overlooked Emergency: More Than One in Eight US Adults Have Had Their Lives Disrupted by Drug Overdose Deaths," *American Journal of Public Health*, Vol. 114, No. 3, March 2024.

[5] D. Dowell, S. Brown, S. Gyawali, J. Hoenig, J. Ko, C. Mikosz, E. Ussery, G. Baldwin, C. M. Jones, Y. Olsen, et al., "Treatment for Opioid Use Disorder: Population Estimates—United States, 2022," *Morbidity and Mortality Weekly Report*, Vol. 73, No. 25, June 27, 2024; N. D. Volkow and C. Blanco, "The Changing Opioid Crisis: Development, Challenges and Opportunities," *Molecular Psychiatry*, Vol. 26, No. 1, January 2021.

[6] C. Shoff, T. C. Yang, and B. A. Shaw, "Trends in Opioid Use Disorder Among Older Adults: Analyzing Medicare Data, 2013–2018," *American Journal of Preventive Medicine*, Vol. 60, No. 6, June 2021.

[7] C. B. Mistler, R. Shrestha, J. Gunstad, V. Sanborn, and M. M. Copenhaver, "Adapting Behavioural Interventions to Compensate for Cognitive Dysfunction in Persons with Opioid Use Disorder," *General Psychiatry*, Vol. 34, No. 4, 2021.

The gold standards for OUD treatment are medications such as buprenorphine and methadone, which are associated with reduced fatal overdose risk, less need for urgent health care, and improved quality of life.[8] But despite widespread federal efforts to increase access to such treatment, few older adults with OUD receive medication treatment: Only 15 percent of Medicare beneficiaries with OUD received medication treatment in 2022,[9] lower rates than among younger cohorts.[10] And treatment with buprenorphine, which (unlike methadone) can be provided by primary care clinicians, is highly concentrated in the elderly: Approximately 1,200 clinicians across the country are responsible for the treatment of more than one-third of the 68,000 older adults receiving buprenorphine.[11] Federal policy changes in 2020 and 2021 increased access to medication treatment for Medicare beneficiaries with OUD;[12] however, continued efforts are needed to ensure access to this life-saving treatment for this vulnerable population.

But there are challenges to treating OUD in the elderly that extend beyond the challenges experienced by younger cohorts; in many cases, these challenges are related to the complex interplay between OUD and other health conditions commonly experienced by the elderly.[13] For example, as members of this committee know, because many adults are living longer, rates of dementia are continuing to increase.[14] Medicare beneficiaries living with dementia are more

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[8] M. R. Larochelle, D. Bernson, T. Land, T. J. Stopka, N. Wang, Z. Xuan, S. M. Bagley, J. M. Liebschutz, and A. Y. Walley, "Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study," *Annals of Internal Medicine*, Vol. 169, No. 3, August 7, 2018; O. K. Golan, R. Totaram, E. Perry, E. Perry, K. Fortson, R. Rivera-Atilano, R. Entress, M. Golan, B Andraka-Christou, D. Whitaker, and T. Pigott, "Systematic Review and Meta-Analysis of Changes in Quality of Life Following Initiation of Buprenorphine for Opioid Use Disorder," *Drug and Alcohol Dependence*, Vol. 235, June 1, 2022.

[9] Y. F. Kuo, J. Westra, E. P. Harvey, and M. A. Raji, "Use of Medications for Opioid Use Disorder in Older Adults," *American Journal of Preventive Medicine*, January 30, 2025; Office of the Inspector General, "Many Medicare Beneficiaries Are Not Receiving Medication to Treat Their Opioid Use Disorder," U.S. Department of Health and Human Services, December 2021.

[10] C. M. Jones, B. Han, G. T. Baldwin, E. B. Einstein, and W. M. Compton, "Use of Medication for Opioid Use Disorder Among Adults with Past-Year Opioid Use Disorder in the US, 2021," *JAMA Network Open*, Vol. 6, No. 8, August 1, 2023; P. M. Mauro, S. Gutkind, E. M. Annunziato, and H. Samples, "Use of Medication for Opioid Use Disorder Among US Adolescents and Adults with Need for Opioid Treatment, 2019," *JAMA Network Open*, Vol. 5, No. 3, March 1, 2022.

[11] N. C. Ernecoff, F. Sheng, J. Cantor, and B. D. Stein, "Buprenorphine Prescribing Practices for Older Adults in 2019 and 2020," *Journal of the American Geriatrics Society*, December 4, 2024.

[12] Public Law 115-271, Substance Use-Disorder Prevention That Promotes Opioid Recovery and Treatment for Patients and Communities Act, October 24, 2018; Public Law 117-2, American Rescue Plan Act of 2021, March 11, 2021; C. Felix, J. M. Sharfstein, and Y. Olsen, "Help Is on the Way: Medicare Coverage of Opioid Treatment Programs," *Journal of the American Geriatrics Society*, Vol. 68, No. 3, March 2020.

[13] L. B. Gerlach, M. Olfson, H. C. Kales, and D. T. Maust, "Opioids and Other Central Nervous System-Active Polypharmacy in Older Adults in the United States," *Journal of the American Geriatrics Society*, Vol. 65, No. 9, September 2017; M. A. Davis, L. A. Lin, H. Liu, and B. D. Sites, "Prescription Opioid Use Among Adults with Mental Health Disorders in the United States," *Journal of the American Board of Family Medicine*, Vol. 30, No. 4, July–August 2017.

[14] "2024 Alzheimer's Disease Facts and Figures," *Alzheimer's and Dementia*, Vol. 20, No. 5, May 2024; M. M. Corrada, R. Brookmeyer, A. Paganini-Hill, D. Berlau, and C. H. Kawas, "Dementia Incidence Continues to Increase

likely to be prescribed potentially inappropriate opioids than those without dementia in the year after a chronic pain diagnosis,[15] potentially leading to an increased rate of OUD.[16] The converse also appears to be true: Individuals with OUD have an 88 percent higher risk of developing dementia compared with those without OUD.[17]

The substance use disorder treatment system must be ready to address the needs of people living with co-occurring dementia and OUD.[18] But there is an acute shortage of the expertise needed to treat these co-occurring conditions. Primary care providers—the clinicians who most commonly care for people living with dementia—express discomfort with and a lack of resources and skills in treating OUD, including prescribing medications effective in treating OUD,[19] and may be less experienced in safely tapering individuals with OUD who have been

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with Age in the Oldest Old: The 90+ Study," *Annals of Neurology*, Vol. 67, No. 1, January 2010; M. Fang, J. Hu, J. Weiss, D. S. Knopman, M. Albert, B. G. Windham, K. A. Walker, A. R. Sharrett, R. F. Gottesman, P. L. Lutsey, et al., "Lifetime Risk and Projected Burden of Dementia," *Nature Medicine*, January 13, 2025.

[15] H. Mörttinen-Vallius, S. Hartikainen, L. Seinelä, and E. Jämsen, "The Prevalence of and Exact Indications for Daily Opioid Use Among Aged Home Care Clients With and Without Dementia," *Aging Clinical and Experimental Research*, Vol. 33, No. 5, May 2021; Y. J. Wei, S. Schmidt, C. Chen, R. B. Fillingim, M. C. Reid, S. DeKosky, L. Solberg, M. Pahor, B. Brumback, and A. G. Winterstein, "Quality of Opioid Prescribing in Older Adults With or Without Alzheimer Disease and Related Dementia," *Alzheimer's Research and Therapy*, Vol. 13, No. 1, April 12, 2021.

[16] F. Qeadan, A. McCunn, B. Tingey, R. Price, K. L. Bobay, K. English, and E. F. Madden, "Exploring the Association Between Opioid Use Disorder and Alzheimer's Disease and Dementia Among a National Sample of the U.S. Population," *Journal of Alzheimer's Disease*, Vol. 96, No. 1, 2023.

[17] F. Qeadan, A. McCunn, B. Tingey, R. Price, K. L. Bobay, K. English, and E. F. Madden, "Exploring the Association Between Opioid Use Disorder and Alzheimer's Disease and Dementia Among a National Sample of the U.S. Population," *Journal of Alzheimer's Disease*, Vol. 96, No. 1, 2023.

[18] C. B. Mistler, R. Shrestha, J. Gunstad, V. Sanborn, and M. M. Copenhaver, "Adapting Behavioural Interventions to Compensate for Cognitive Dysfunction in Persons with Opioid Use Disorder," *General Psychiatry*, Vol. 34, No. 4, 2021; C. Bruijnen, B. A. G. Dijkstra, S. J. W. Walvoort, W. Markus, J. E. L. VanDerNagel, R. P. C. Kessels, and C. A. J. De Jong, "Prevalence of Cognitive Impairment in Patients with Substance Use Disorder," *Drug and Alcohol Review*, Vol. 38, No. 4, May 2019; P. J. Na, R. Rosenheck, and T. G. Rhee, "Increased Admissions of Older Adults to Substance Use Treatment Facilities and Associated Changes in Admission Characteristics, 2000–2017," *Journal of Clinical Psychiatry*, Vol. 83, No. 3, March 28, 2022; V. Sanborn, J. Gunstad, R. Shrestha, C. B. Mistler, and M. M. Copenhaver, "Cognitive Profiles in Persons with Opioid Use Disorder Enrolled in Methadone Treatment," *Applied Neuropsychology: Adult*, Vol. 29, No. 4, July–August 2022.

[19] R. P. Winograd, B. Coffey, C. Woolfolk, C. A. Wood, V. Ilavarasan, D. Liss, S. Jain, and E. Stringfellow, "To Prescribe or Not to Prescribe?: Barriers and Motivators for Progressing Along Each Stage of the Buprenorphine Training and Prescribing Path," *Journal of Behavioral Health Services and Research*, Vol. 50, No. 2, April 2023; K. Foti, J. Heyward, M. Tajanlangit, K. Meek, C. Jones, A. Kolodny, and G. C. Alexander, "Primary Care Physicians' Preparedness to Treat Opioid Use Disorder in the United States: A Cross-Sectional Survey," *Drug and Alcohol Dependence*, Vol. 225, August 1, 2021; K. Mackey, S. Veazie, J. Anderson, D. Bourne, and K. Peterson, "Barriers and Facilitators to the Use of Medications for Opioid Use Disorder: A Rapid Review," *Journal of General Internal Medicine*, Vol. 35, Supp. 3, 2020; C. M. Jones and E. F. McCance-Katz, "Characteristics and Prescribing Practices of Clinicians Recently Waivered to Prescribe Buprenorphine for the Treatment of Opioid Use Disorder," *Addiction*, Vol. 114, No. 3, March 2019; C. H. A. Andrilla, C. Coulthard, and E. H. Larson, "Barriers Rural Physicians Face Prescribing Buprenorphine for Opioid Use Disorder," *Annals of Family Medicine*, Vol. 15, No. 4, July/August 2017.

prescribed benzodiazepines or opioid analgesics.[20] Clinicians who specialize in treating OUD often lack expertise in managing other chronic diseases, including dementia.[21]

Unfortunately, without concerted efforts to address this challenge, most older adults with OUD will not be treated by clinicians with expertise in dementia, and most older adults with dementia will not be treated by clinicians with expertise in substance use disorders. The greatest challenges will be in rural counties,[22] such as Mercer County in West Virginia and Warren County in Georgia, where older adults disproportionately reside and there often are critical shortages of health care clinicians.[23] The interaction of dementia and OUD will make unprecedented and extremely costly health care demands that the U.S. health care system—particularly primary care, geriatrics, and specialty substance use care—is ill prepared to meet.

I have focused thus far on older adults with dementia. However, we face similar challenges in treating older adults with OUD and chronic pain.

The Role of Upstream Strategies and Better Treatment for Chronic Pain

Chronic noncancer pain is one of the most prevalent health conditions in the United States; it is also among the most poorly managed.[24] More-aggressive efforts to treat chronic pain contributed to the dramatic increase in opioid analgesic prescriptions that drove the first wave of the opioid crisis.[25] A variety of federal and state policies, coupled with greater awareness of

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[20] American Society of Addiction Medicine, *ASAM Clinical Practice Guideline on Benzodiazepine Tapering*, draft, 2024, https://downloads.asam.org/sitefinity-production-blobs/docs/default-source/guidelines/bzd-cpg-narrative-draft-for-public-comment.pdf?sfvrsn=6d96408_2.

[21] J. Dill, C. Henning-Smith, R. Zhu, and E. Vomacka, "Who Will Care for Rural Older Adults? Measuring the Direct Care Workforce in Rural Areas," *Journal of Applied Gerontology*, Vol. 42, No. 8, August 2023; J. J. Fenton, A. L. Agnoli, G. Xing, L. Hang, A. E. Altan, D. J. Tancredi, A. Jerant, and E. Magnan, "Trends and Rapidity of Dose Tapering Among Patients Prescribed Long-Term Opioid Therapy, 2008–2017," *JAMA Network Open*, Vol. 2, No. 11, November 2019.

[22] C. H. A. Andrilla, T. E. Moore, D. G. Patterson, and E. H. Larson, "Geographic Distribution of Providers with a DEA Waiver to Prescribe Buprenorphine for the Treatment of Opioid Use Disorder: A 5-Year Update," *Journal of Rural Health*, Vol. 35, No. 1, Winter 2019; T. Beetham, B. Saloner, S. E. Wakeman, M. Gaye, and M. L. Barnett, "Access to Office-Based Buprenorphine Treatment in Areas with High Rates of Opioid-Related Mortality: An Audit Study," *Annals of Internal Medicine*, Vol. 171, No 1, July 2, 2019; C. H. A. Andrilla, C. Coulthard, and D. G. Patterson, "Prescribing Practices of Rural Physicians Waivered to Prescribe Buprenorphine," *American Journal of Preventive Medicine*, Vol. 54, No. 6, Supp. 3, June 2018.

[23] C. H. A. Andrilla, S. C. Woolcock, K. Meyers, and D. G. Patterson, "Expanding the Opioid Use Disorder Medication Treatment Workforce in Rural Communities Through the RCORP Initiative," *Journal of Rural Health*, Vol. 41, No. 1, Winter 2025; J. Dill, C. Henning-Smith, R. Zhu, and E. Vomacka, "Who Will Care for Rural Older Adults? Measuring the Direct Care Workforce in Rural Areas," *Journal of Applied Gerontology*, Vol. 42, No. 8, August 2023.

[24] R. J. Yong, P. M. Mullins, and N. Bhattacharyya, "Prevalence of Chronic Pain Among Adults in the United States," *Pain*, Vol. 163, No. 2, February 2022.

[25] A. Van Zee, "The Promotion and Marketing of Oxycontin: Commercial Triumph, Public Health Tragedy," *American Journal Public Health*, Vol. 99, No. 2, February 2009.

clinically unnecessary prescribing, substantially reduced opioid prescribing.[26] However, there has not been a corresponding decrease in chronic pain experienced by older adults: 36 percent of Americans over the age of 65 experience chronic pain most days or every day, and 13 percent report that pain limited their life activities every day or most days.[27]

Given concerns about inappropriate prescribing, many clinicians are now reluctant to prescribe opioids to individuals experiencing chronic pain or may refuse to prescribe them at all,[28] despite the fact that thoughtfully prescribed opioids are effective and safe in managing pain in some individuals. Often, prescribing clinicians do not offer non-opioid alternative treatments, leaving elderly patients who are seeking adequate pain relief without options. Those who have trouble accessing appropriate pain management often suffer significant social and economic consequences, including reduced quality of life, impaired physical function, lost productivity, and increased risk of long-term pain.[29] Tragically, an unintended consequence of tighter restrictions on opioid prescribing has been an increase in illicit drug use, most notably heroin,[30] among pain patients who chose to self-medicate as access to prescription opioids became more difficult.[31]

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[26] Congressional Budget Office, *The Opioid Crisis and Recent Federal Policy Responses*, September 2022, https://www.cbo.gov/system/files/2022-09/58221-opioid-crisis.pdf.

[27] J. Lucas and I. Sohi, "Chronic Pain and High-Impact Chronic Pain in U.S. Adults, 2023," Centers for Disease Control and Prevention, November 2024, https://www.cdc.gov/nchs/data/databriefs/db518.pdf.

[28] P. A. Lagisetty, N. Healy, C. Garpestad, M. Jannausch, R. Tipirneni, and A. S. B. Bohnert, "Access to Primary Care Clinics for Patients with Chronic Pain Receiving Opioids," *JAMA Network Open*, Vol. 2, No. 7, July 3, 2019; U.S. Food and Drug Administration, "FDA Identifies Harm Reported from Sudden Discontinuation of Opioid Pain Medicines and Requires Label Changes to Guide Prescribers on Gradual, Individualized Tapering," April 9, 2019, https://www.fda.gov/drugs/drug-safety-and-availability/fda-identifies-harm-reported-sudden-discontinuation-opioid-pain-medicines-and-requires-label-changes; J. J. Fenton, A. L. Agnoli, G. Xing, L. Hang, A. E. Altan, D. J. Tancredi, A. Jerant, and E. Magnan, "Trends and Rapidity of Dose Tapering Among Patients Prescribed Long-Term Opioid Therapy, 2008–2017," *JAMA Network Open*, Vol. 2, No. 11, November 2019; T. L. Mark and W. Parish, "Opioid Medication Discontinuation and Risk of Adverse Opioid-Related Health Care Events," *Journal of Substance Abuse Treatment*, Vol. 103, August 2019; H. T. Neprash, M. Gaye, and M. L. Barnett, "Abrupt Discontinuation of Long-Term Opioid Therapy Among Medicare Beneficiaries, 2012–2017," *Journal of General Internal Medicine*, Vol. 36, January 29, 2021; Y. Bao, K. Wen, P. Johnson, L. R. Witkin, and M. C. Reid, "Abrupt Discontinuation of Long-Term Opioid Therapies Among Privately Insured or Medicare Advantage Adults, 2011–2017," *Pain Medicine*, Vol. 22, No. 7, November 6, 2020.

[29] M. Jukic and L. Puljak, "Legal and Ethical Aspects of Pain Management," *Acta Medica Academica*, Vol. 47, No. 1. 2018; R. Sinatra, "Causes and Consequences of Inadequate Management of Acute Pain," *Pain Medicine*, Vol. 11, No. 12, December 2010.

[30] T. J. Speed, V. Parekh, W. Coe, and D. Antoine, "Comorbid Chronic Pain and Opioid Use Disorder: Literature Review and Potential Treatment Innovations," *International Review of Psychiatry*, Vol. 30, No. 5, October 2018.

[31] A. Alpert, D. Powell, and R. L. Pacula, "Supply-Side Drug Policy in the Presence of Substitutes: Evidence from the Introduction of Abuse-Deterrent Opioids," *American Economic Journal: Economic Policy*, Vol. 10, No. 4, November 2018; D. Powell and R. L. Pacula, "The Evolving Consequences of Oxycontin Reformulation on Drug Overdoses," *American Journal of Health Economics*, Vol. 7, No. 1, Winter 2021; W. M. Compton, C. M. Jones, and G. T. Baldwin, "Relationship Between Nonmedical Prescription-Opioid Use and Heroin Use," *New England Journal of Medicine*, Vol. 374, No. 2, January 2016.

Nonmedication interventions, either alone or in conjunction with other approaches, can play an important role in addressing the needs of individuals experiencing pain.[32] Such interventions can reduce the need for medication for pain management,[33] particularly for widespread chronic conditions, such as back pain.[34] But nonmedication modalities, including such approaches as acupuncture, rehabilitative exercise, meditation, and therapeutic massage, are commonly underutilized.[35] Even if such interventions are covered by insurance, the burden associated with prior authorization, the number of sessions, and the size of copayments can make it simpler and easier for clinicians and patients to turn to a pill instead.

In addition, there need to be enough providers accessible and available in the insurer's network for patients to get a timely appointment for nonmedication treatment. Ensuring network adequacy and leveraging the existing complementary and integrative health care workforce in the short term is essential, but we also need to ensure an adequate pipeline of clinicians trained to provide nonmedication interventions.

Attention should also be given to enhance the delivery of nonmedication pain interventions in the existing system. Decision support tools can help to reduce the amount of opioids prescribed;[36] including nonmedication treatment in these tools could enhance coordinated efforts to better manage pain. Additionally, in recognition of the possibility that socioeconomically disadvantaged individuals might face additional barriers in accessing these interventions,[37]

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[32] Joint Commission, "Non-Pharmacologic and Non-Opioid Solutions for Pain Management," *Quick Safety*, No. 44, August 2018, https://www.jointcommission.org/-/media/tjc/newsletters/qs-nonopioid-pain-mgmt-8-15-18-final4.pdf.

[33] D. I. Rhon, T. A. Greenlee, and J. M. Fritz, "The Influence of a Guideline-Concordant Stepped Care Approach on Downstream Health Care Utilization in Patients with Spine and Shoulder Pain," *Pain Medicine*, Vol. 20, No. 3, March 2019; J. M. Whedon, A. W. J. Toler, J. M. Goehl, and L. A. Kazal, "Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids," *Journal of Alternative and Complementary Medicine*, Vol. 24, No. 6, June 2018; L. E. Kazis, O. Ameli, J. Rothendler, B. Garrity, H. Cabral, C. McDonough, K. Carey, M. Stein, D. Sanghavi, D. Elton, et al., "Observational Retrospective Study of the Association of Initial Healthcare Provider for New-Onset Low Back Pain with Early and Long-Term Opioid Use," *BMJ Open*, Vol. 9, No. 9, September 2019.

[34] Diagnosis and Treatment of Low Back Pain Work Group, *VA/DoD Clinical Practice Guideline for the Diagnosis and Treatment of Low Back Pain*, version 3.0, Department of Veterans Affairs and Department of Defense, 2022; A. C. Skelly, R. Chou, J. R. Dettori, J. A. Turner, J. L. Friedly, S. D. Rundell, R. Fu, E. D. Brodt, N. Wasson, C. Winter, and A. J. R. Ferguson, *Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review*, Agency for Healthcare Research and Quality, Comparative Effectiveness Review No. 209, June 2018; A. Qaseem, T. J. Wilt, R. M. McLean, and M. A. Forciea, "Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians," *Annals of Internal Medicine*, Vol. 166, No. 7, April 4, 2017.

[35] L. S. Penney, C. Ritenbaugh, L. L. DeBar, C. Elder, and R. A. Deyo, "Provider and Patient Perspectives on Opioids and Alternative Treatments for Managing Chronic Pain: A Qualitative Study," *BMC Family Practice*, Vol. 17, 2016; D. Dowell, K. R. Ragan, C. M. Jones, G. T. Baldwin, and R. Chou, "CDC Clinical Practice Guideline for Prescribing Opioids for Pain—United States, 2022," *MMWR Recommendations and Reports*, Vol. 71, No. 3, November 4, 2022.

[36] Centers for Disease Control and Prevention, "Electronic Clinical Decision Support Tools: Opioid Prescribing," May 8, 2024, https://www.cdc.gov/overdose-prevention/hcp/ehr/index.html.

[37] D. Elton, T. M. Kosloff, M. Zhang, P. Advani, Y. Guo, S. T. Shimotsu, S. Sy, and A. Feuer, "Low Back Pain Care Pathways and Costs: Association with the Type of Initial Contact Health Care Provider; A Retrospective

efforts should be made to increase their delivery in Federally Qualified Health Centers and rural health clinics, both by ensuring an adequate workforce to deliver these interventions and by making sure that reimbursement is sufficient to allow the communities served by these providers to benefit.

Many efforts to address the drug crisis focus primarily on those who are already misusing opioids. But such downstream efforts overlook strategies to prevent individuals from needing or using opioids to begin with. It is essential to invest in upstream strategies that reduce or eliminate common causes of opioid analgesic use and adequately manage pain, decreasing the likelihood that the many Americans with chronic pain will not turn to the illicit market for relief. Adequately treating pain with non-opioid alternatives implements an upstream preventive strategy for reducing opioid use.

Congress has the following levers for promoting nonmedication approaches to pain management:

- Work to ensure that public insurance fully covers nonmedication therapies—e.g., by expanding coverage for licensed acupuncture for more than chronic low back pain, modernizing chiropractic service coverage to include a broader range of Medicare-covered benefits within a chiropractor's scope of practice.
- Reduce copayments for nonmedication therapies, which now may cost patients more out of pocket than medications do and which sometimes exceed the cost of the nonmedication care itself.
- Ensure that all communities have access to providers delivering nonmedication therapies for managing pain.
- Generate a larger workforce and more robust provider network by including providers of nonmedication therapies in existing loan forgiveness programs, such as rural health grants or the National Health Service Corps, and by providing funding for integrative training opportunities to complementary and integrative health providers, similar to those available through Centers for Medicare & Medicaid Services–funded graduate medical education residency programs.

These strategies are complementary. Ideally, if implemented together, they have the potential to significantly reduce the flow of new OUD cases and associated costs to the health care system, which are estimated to exceed $89.1 billion annually.[38]

Cohort Study," *medRxiv*, November 8, 2022; P. J. Johnson, J. Jou, T. H. Rockwood, and D. M. Upchurch, "Perceived Benefits of Using Complementary and Alternative Medicine by Race/Ethnicity Among Midlife and Older Adults in the United States," *Journal of Aging and Health*, Vol. 31, No. 8, September 2019; D. S. Overstreet, B. D. Pester, J. M. Wilson, K. M. Flowers, N. K. Kline, and S. M. Meints, "The Experience of BIPOC Living with Chronic Pain in the USA: Biopsychosocial Factors That Underlie Racial Disparities in Pain Outcomes, Comorbidities, Inequities, and Barriers to Treatment," *Current Pain and Headache Reports*, Vol. 27, No. 1, January 2023.

[38] S. M. Murphy "The Cost of Opioid Use Disorder and the Value of Aversion," *Drug and Alcohol Dependence*, Vol. 217, December 1, 2020.

Social Impact of Nonfatal Opioid Use Disorder Harms Among Older Adults

But the societal impact of the opioid crisis on older Americans extends well beyond their health needs and the health care system. Many of these issues are well recognized: Far too many older Americans are grieving adult children lost to fatal overdoses, and many are spending their life savings trying to help their children get the treatment they need to break the cycle of addiction. However, older Americans are also shouldering larger burdens generated by the drug crisis that are less recognized. An estimated 320,000 children lost a parent to overdose in the past decade.[39] As a consequence, grandparents are increasingly assuming parenting responsibilities.

The strain of grandparenting is greatest in states that have been hardest hit by the opioid crisis, such as Alabama, where the percentage of individuals over 30 raising grandchildren is 50 percent higher than the national average.[40] Between 1980 and 2018, the percentage of children living in a household headed by a grandparent more than doubled, from 3.7 percent to 8.3 percent. An estimated 2.6 million grandparents are helping to raise the children of parents who are unable to care for them because of substance use,[41] and more than 400,000 children are living in households headed by a grandparent.[42] Opioid misuse has been the primary driver of the increase in grandparenting in recent years, but misuse of other drugs has also contributed. The burden of grandparenting falls most heavily on individuals ages 46 to 65,[43] potentially affecting their ability to fully participate in the workforce.

Grandparenting can dramatically alter an individual's lifestyle: Grandparents taking care of grandchildren because of parents' OUD defer their downsizing plans; take on new mortgages; and incur new costs by trying to move to more child-friendly, and often pricier, communities with good schools.[44] In fact, almost one-third of grandparents caring for their grandchildren either delayed retirement or were forced to go back to work.[45]

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[39] C. M. Jones, K. Zhang, B. Han, G. P. Guy, J. Losby, E. B. Einstein, M. Delphin-Rittmon, N. D. Volkow, and W. M. Compton, "Estimated Number of Children Who Lost a Parent to Drug Overdose in the US from 2011 to 2021," *JAMA Psychiatry*, Vol. 81, No. 8, August 1, 2024.

[40] L. Anderson, "States with High Opioid Prescribing Rates Have Higher Rates of Grandparents Responsible for Grandchildren," U.S. Census Bureau, April 22, 2019, https://www.census.gov/library/stories/2019/04/opioid-crisis-grandparents-raising-grandchildren.html.

[41] Generations United, *Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies*, 2018, https://www.gu.org/app/uploads/2018/09/Grandfamilies-Report-SOGF-Updated.pdf.

[42] K. Buckles, W. N. Evans, and E. M. J. Lieber, "The Drug Crisis and the Living Arrangements of Children," *Journal of Health Economics*, Vol. 87, January 2023.

[43] A. Laurito, "Spillovers of the Heroin Epidemic on Grandparent Caregiving," *Population Research and Policy Review*, Vol. 43, No. 2, 2024.

[44] M. T. Davis, M. E. Warfield, J. Boguslaw, D. Roundtree-Swain, and G. Kellogg, "Parenting a 6-Year Old Is Not What I Planned in Retirement: Trauma and Stress Among Grandparents Due to the Opioid Crisis," *Journal of Gerontological Social Work*, Vol. 63, No. 4, May–June 2020.

[45] C. Stanik, *Collateral Damage of the Opioid Crisis: Grandparents Raising Grandchildren—What They Need and How to Help*, Altarum, 2018.

Children in foster care with relatives (such as grandparents) fare better than those with nonrelative foster families,[46] but relative caregivers require adequate financial, emotional, and social support to effectively meet the needs of these children.[47] Unfortunately, in many communities, collaborative efforts between child welfare agencies and other core systems supporting parents with substance use disorders are limited to the parents, nonrelative foster parents, and children.[48] Given the vital role that grandparents are increasingly playing in the lives of these children, it is essential to expand such collaborative efforts to improve the level of support provided to relative caregivers.

Congress has the following levers it can pull to help support older Americans who are grandparenting children due to the opioid crisis:

- Facilitate grandparents' access to reliable respite care and affordable child care through targeted funding in Head Start and Early Head Start or alongside Child Abuse Prevention and Treatment Act (CAPTA) reauthorization.
- Support efforts to keep families together by ensuring that grandparenting adults and the children they are caring for have access to such supports as kinship navigators and such benefits as health insurance, including both those grandparents participating in the formal child welfare system and those grandparents who choose to care for kin outside the formal child welfare system.
- Support the development of educational materials and tools for grandparents about (1) the effects of prenatal substance exposure on children and (2) how to talk with and support their grandchildren in understanding and dealing with their parent's addiction.

Unfortunately, there is no silver bullet for addressing the country's opioid crisis. However, implementing some of the measures I have mentioned can better prepare us for the challenges ahead. It would help the grandmother of my patient, and many like her around the country, to better care for her grandchildren, increasing the likelihood that the family can stay together. It would also help the U.S. health care system prepare to care effectively and efficiently for the growing elderly population with complex health care needs.

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[46] M. A. Winokur, A. Holtan, and K. E. Batchelder, "Systematic Review of Kinship Care Effects on Safety, Permanency, and Well-Being Outcomes," *Research on Social Work Practice*, Vol. 28, No. 1, January 2018.

[47] M. L. Dolbin-MacNab and L. M. O'Connell, "Grandfamilies and the Opioid Epidemic: A Systemic Perspective and Future Priorities," *Clinical Child and Family Psychology Review*, Vol. 24, No. 2, June 2021.

[48] M. T. Davis, M. E. Warfield, J. Boguslaw, D. Roundtree-Swain, and G. Kellogg, "Parenting a 6-Year Old Is Not What I Planned in Retirement: Trauma and Stress Among Grandparents Due to the Opioid Crisis," *Journal of Gerontological Social Work*, Vol. 63, No. 4, May–June 2020; L. Templeton, "Dilemmas Facing Grandparents with Grandchildren Affected by Parental Substance Misuse," *Drugs: Education, Prevention and Policy*, Vol. 19, No. 1, 2012.