

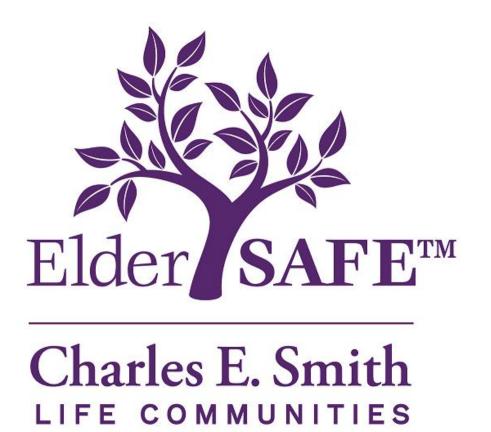
SAFE

Elder Abuse & the Opioid Epidemic: A Rural and Urban Perspective

November 9, 2020

The ElderSAFE Center

- Language-accessible helpline
 - Monday Friday: 9am 5pm
 - **301-816-5099**
- Temporary, safe shelter
- Community Education
- Advocacy



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Today's Presenters

Jonathan Rich

Special Agent, Medicaid Fraud Control Unit DC Office of the Inspector General

Pamela Teaster, PhD Director of the Virginia Tech Center for Gerontology Professor of Human Development and Family Science at Virginia Tech

Benjamin (Mike) Kellam

Senior Special Agent, Medicaid Fraud Control Unit DC Office of the Inspector General



Victim-Centered Response to Elder Exploitation

Identifying Abuse and Exploitation

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^eLearning Objectives

TLO 2 Demonstrate awareness of the problem of elder abuse.

- ELO 2.1 Define elder financial abuse.
- ELO 2.2 Compare and contrast elder financial abuse with other types of abuse.
- ELO 2.3 List reasons why elders are targets of abuse.
- ELO 2.4 Explain how abuse affects elders.
- ELO 2.5 Identify several scams targeting seniors.

Types of elder abuse



Many times, older adults can experience more than one type of abuse.

Source: National Center on Elder Abuse



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What is elder financial abuse?

The illegal or improper use of an elder's funds, property, or assets.

Source: National Center on Elder Abuse

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Types of elder financial abuse

Taking money or property.

Forging an elder's signature.

Getting an elder to sign a document through deception, coercion, or undue influence.

Using an elder's property or possessions without permission.

Using scams or deceptive acts against an elder for financial gain.

Source: National Committee for the Prevention of Elder Abuse

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Elder financial abuse is a crime.



invac Identifying Abuse and Exploitation

of adults 60 & older have been financially exploited *by a family member.*

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was the estimated dollar loss to elder financial exploitation in 2010.

\$29

billion

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Source: MetLife Study of Elder Financial Abuse

Why are elders targeted?

Have established assets.

Be isolated and lonely.

Elders may . . .

Be unfamiliar with financial matters.

Be reluctant to report the crime.

Have disabilities that make them dependent on others for help.

Consequences of elder abuse

Psychological distress

Declines in mental & physical health

\$2.9 billion in direct financial losses

\$5.3 billion in added direct medical costs

300% higher risk of death for abuse victims

Sources: National Center on Elder Abuse; MetLife Study of Elder Financial Abuse



Trusted persons Strangers

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Trusted persons

Strangers

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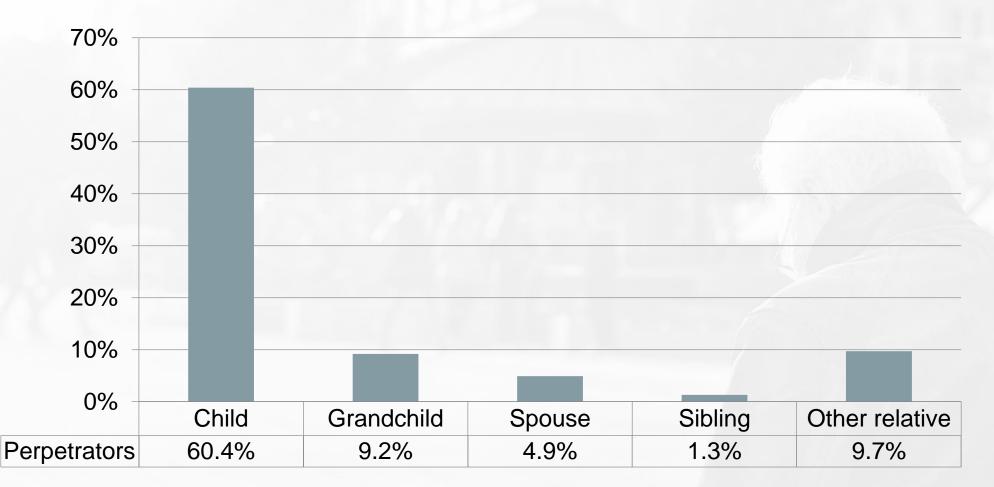
NW3C Identifying Abuse and Exploitation

85.5%

of elder financial abuse perpetrators are family members.

Source: Administration on Aging

Family members as trusted abusers



"I deserve it!"

Family members sometimes feel entitled to their elderly relatives' money or possessions.

"It's my inheritance."

"I take care of him."

Other trusted abusers

Friends and neighbors

• Especially new friends

Affinity groups

- Religious leaders
- Cultural group leaders
- Social media contacts

Health care providers

- Doctors & nurses
- Nursing home staff

Service providers

- Caregivers
- Van drivers
- Handymen & household help
- Senior centers

Professionals

- Attorneys
- Accountants
- Bankers & financial advisors
- Insurance agents

How does it get so bad?

Abuse can start small and **SNOWDALL** out of control.

Groceries and gas money can turn into drained bank accounts.



Caregiver stress

Caregiver stress is real. It can lead to physical and mental health problems.

but

No amount of stress justifies abuse.

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Trusted persons

Strangers

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Strangers as abusers

In-person

- Door-to-door sales
- Car sales
- Charity solicitations
- Targeted robbery/burglary
- Street cons

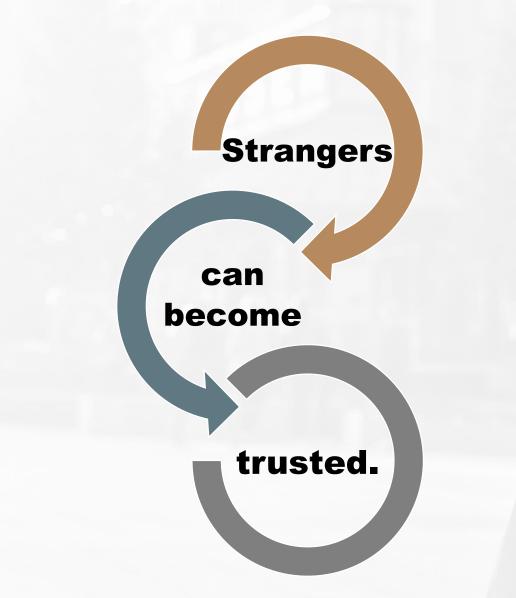
Phone, online, and mail

- Telemarketing
- Sweepstakes
- Email
- Scam websites
- Social media

Impostors

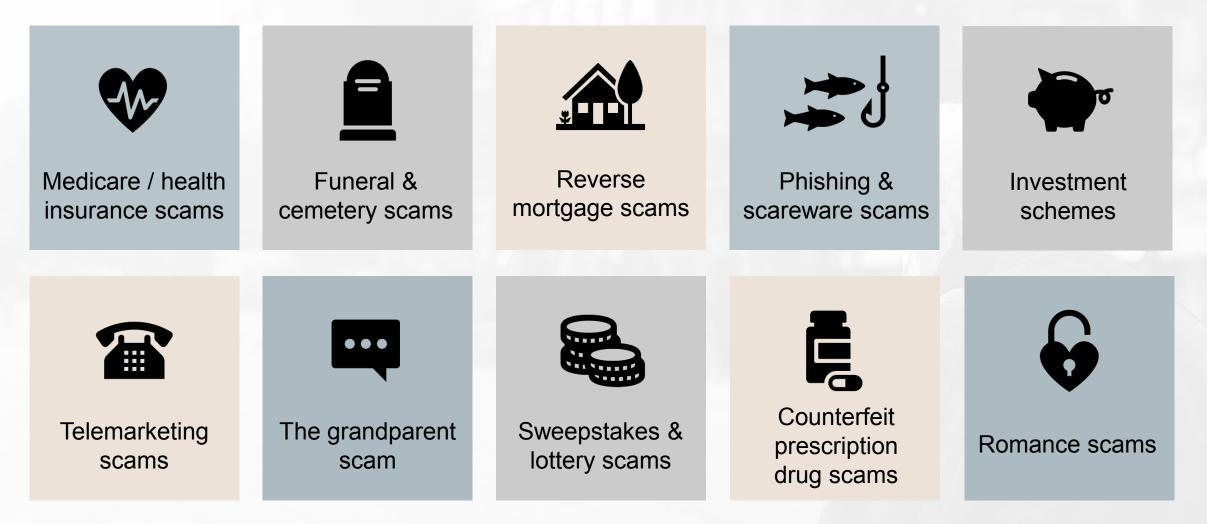
- "Grandchildren"
- "Government officials"
- "Bank employees"

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Common scams





COLLATERAL DAMAGE: Considering Elder Abuse and the Opioid Epidemic in Two Rural States

Pamela B. Teaster, Ph.D.

Professor and Director

Center for Gerontology

Virginia Polytechnic Institute and State University

ElderSAFE Center Webinar. November 9, 2020

Acknowledgements

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Research Team:

P.B. Teaster, K.A. Roberto, E. Hoyt, B.R. McCann, & K. Hurley, D. Poe, C. Du

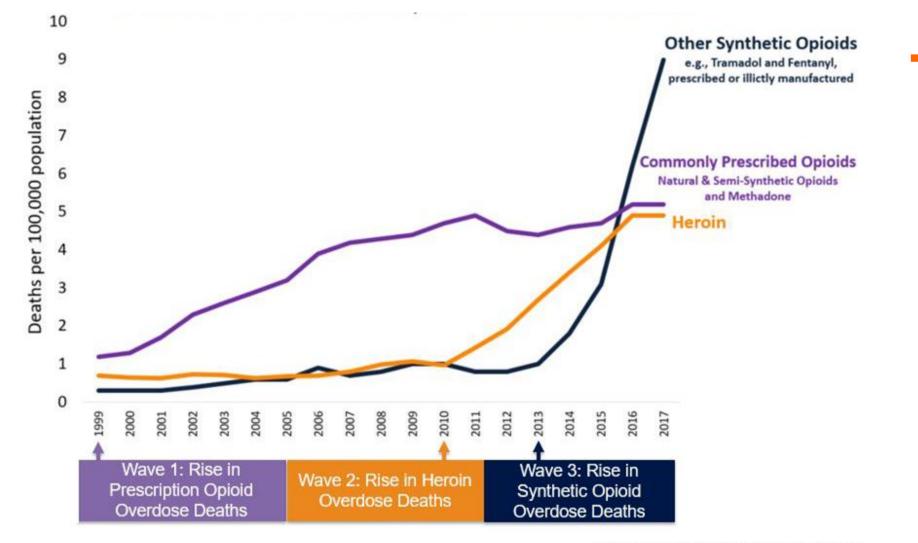
Opioids in America: A Public Health Epidemic



As a result of the consequences of the opioid crisis affecting our Nation, . . . I, Eric D. Hargan, Acting Secretary of Health and Human Services, . . . do hereby determine that a public health emergency exists nationwide.

October 26, 2017

Three Waves of the Opioid Epidemic



Opioid Deaths



American life expectancy declined for the 3rd consecutive year in 2017 driven by the **increase in deaths from drug overdoses**



More than 1 out of 5 drug overdose deaths involve an opioid



Every day, on average, 30 Americans die of a opioid overdose



Opioid overdoses killed more than 47,600 people in 2017

CDC Drug Overdose and Death Data. https://www.cdc.gov/drugoverdose/data/statedeaths.html.

Impacts of the Opioid Epidemic



Health

neonatal abstinence syndrome, Hepatitis C, dental issues, mental health issues, malnourishment, accidents and suicide



Economic

inability to recruit workers who can pass drug screening tests, absenteeism, loss of productivity, lack of ability to attract industry due to stigma of addiction



Crime

domestic violence, theft, prostitution, DUI, increased gang related activity

Families

parental absenteeism due to death or intoxication, incarceration, divorce, loss of parental custody, increase in grandparents raising grandchildren

ELDER ABUSE AND THE OPIOID CRISES: A Disquieting Connection

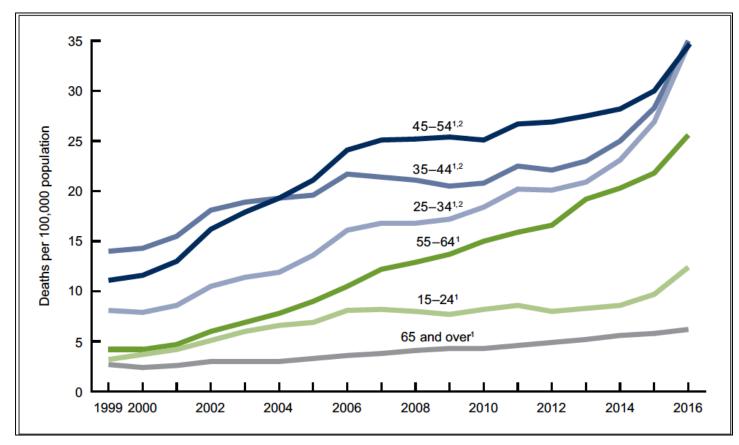
The Impact of the Opioid Epidemic on Older Adults

- 1. Opioid Misuse
- 2. Grandfamilies
- 3. Elder Abuse



1. Opioid Misuse by Older Adults

U.S. Drug Overdose Death Rates, per 100,000 Population, 1999-2016



Hedegaard. H. et al., Data Brief no 294, National Center for Health Statistics, 2017

Opioid Prescriptions

- Many older adults experience chronic pain
 - 29% filled a prescription for opioid pain relievers in the past two years
 - <50% report health providers counsel them about addiction, risk of overdose, or how to safely dispose of excess medication
 - 86% of those prescribed opioids reported keeping leftover pills



Opioid Misuse by Older Adults, con't

- As the U.S. older adult population is expected to grow with aging baby boomers, opioid misuse among this group is becoming more urgent
 - 25% of long-term opioid users are aged 65+
 - The population of older adults who misuse opioids is expected to double from 2004-2020
 - 6 out of 1,000 Medicare beneficiaries (aged and disabled) are diagnosed with opioid use disorder – one of the highest and fastest growing rates
 - Women over 60 are more likely to use opioids than men

2. "Grandfamilies"

- An increasing number of opioid-addicted adults, many of whom have children, are moving in with their older parents, creating "grandfamilies"
 - Parental substance misuse is the most common reason that an estimated 2.5 million children are being raised by grandparents and other relatives
 - Rural older adults are more likely than urban adults to be raising their grandchildren (8.9 vs.7.4%)





2018 Update Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies. Generations United.

Struggles of "Grandfamilies"



- Many of these grandparents are impacted financially, legally, socially and physically.
 - Some risk arrest, eviction or homelessness
 - Some purposefully or inadvertently increase the flow of drugs by selling their excess medications to supplement fixed incomes or by not closely tracking their medications which may be taken or sold by their addicted adult child
 - Many experience increased financial burden on fixed incomes
 - Many struggle with depression and both physical and social isolation as well as physical demands of parenting grandchildren

3. Elder Abuse

- Many experts believe the opioid epidemic is associated with an increase in elder abuse including:
 - Physical abuse including assault and battery, threatening behavior
 - Emotional abuse
 - Financial exploitation including theft, fraud and forgery
 - Potential for homelessness due to arrest, eviction or illegal activity at the home



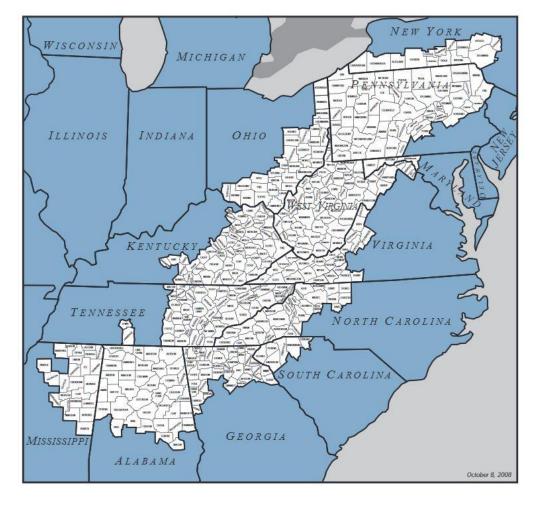
Examples of Opioid-Related Elder Abuse

Perpetrators: Opioid-addicted family members . . .

- Stealing medications for their own use or selling medications or other items of value belonging to the older adult for their own economic gain.
- Seeking refills on prescriptions, falsely claiming the older adult's need for the medication
- Using the older adult's home as a place of illegal activity placing the elder at risk of arrest or losing the home
- Using intimidation or engaging in physical violence against the elder

National Center on Elder Abuse brief: Opioids, Older Adults and Elder Abuse Survey: Highlights.

Opioid Use and Rural America



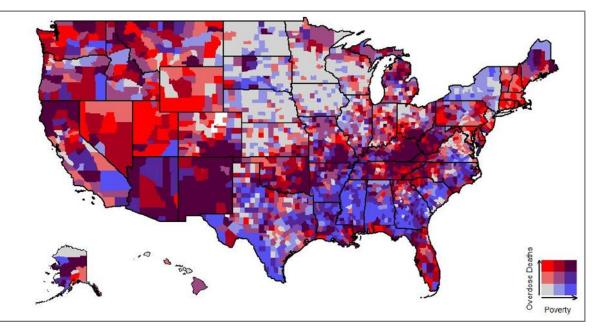
- The opioid crisis is particularly rampant in communities in rural America
- Opioid overdose death rates skyrocketed seven-fold from 2000-2015 in rural areas
- Rural Appalachian communities have been especially hard hit

Multiple Cause of Death 1999-2015, CDC WONDER Online Database.

Contributors to the Rural Crisis

- Persistent poverty & lack of economic opportunity
 - Closure of plants, mines and large businesses – related depression and anxiety
 - Lack of productive, employed role models for youth; "nothing to do"
 - Reliance on government assistance and access to prescription coverage

Poverty Rates and Drug Overdose Death Rates, 2016



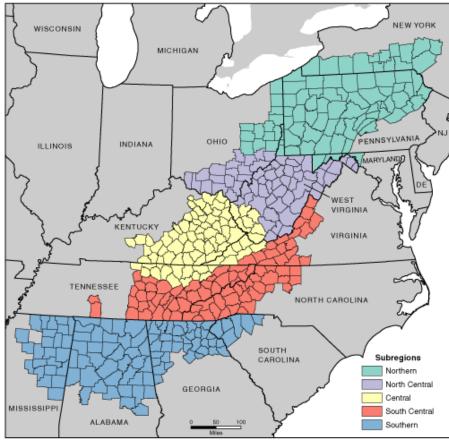
<u>Sources</u>: U.S. Census Bureau, Small Area Income and Poverty Estimates, CDC Small Area Estimates of Drug Mortality from Ghertner & Groves, ASPE Research Brief: *The Opioid Crisis and Economic Opportunity: Geographic and Economic Trends*

Purpose of Study

To explore how older adults in rural areas are adversely affected by a perpetrator for whom drugs were involved because:

- of the role of drugs by the perpetrator taking drugs,
- the perpetrator(s) was stealing money from an older adult to support a drug habit,
- the perpetrator assaulted an older adult in addition to exploiting them for drugs, or
- the older adult himself or herself were taking drugs.

Methods



Map by: Appalachian Regional Commission, November 2009.

Conducted one-hour focus groups in

- Kentucky: Lawrence, Letcher, Pike Counties
- Ohio: Brown, Scioto, Vinton Counties
- Virginia: Bland, Russell, Tazewell
- West Virginia: Mercer, McDowell, Campbell Counties
- Representatives from
 - Adult Protective Services (APS),
 - State Attorney General's Office,
 - Mental Health/Substance Abuse Services
 - Law Enforcement
 - Senior Services, and
 - Medicaid Fraud Control

Focus Groups

- Used standard focus group methodology.
- Generated questions based upon our conceptual framework and conversations with elder abuse experts working in the APS.
- Promoted interactions among group members, guided by a preestablished set of probing questions.
- Designed questions specifically to elicit predominant beliefs held by participants with respect to their perceptions of the relationship between opioid use and elder abuse.

Questions

- Agency/organization role
- Increases over the past 3 years in cases involving drug abuse
- Reporters
- Perpetrators (motivation)
- Victims (characteristics and vulnerability)
- Harm to victims
- Services provided
- Case outcomes
- Challenges when working the cases
- Data collection

Data Analysis

- Data collection, coding, and analysis were ongoing and integrated.
- Teaster and Roberto independently read the transcripts, identified primary analytical codes, and developed themes represented in the data.

Strauss, A., & Corbin, J. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, CA: Sage Publication.



The problem is escalating in scope and severity

- Everyone believes that opioids, outside of exploitation cases, have absolutely exacerbated the abuse/neglect of vulnerable adults. This is occurring not only by exploiting elders to receive money for opioids and stealing opioids, but by using opioids to sedate and neglect elders.
- Drugs open the possibility for more types of abuse because there are more individuals inside the home. Another threat and danger is when the money runs out, the victim does not have any resources to help with daily needs.

Older adults are essentially prisoners in their own homes

A grandson who had a heroin addiction went to live with his elderly grandfather. The grandfather had dementia, and the grandson exploited the grandfather for \$85,000 to support his heroin addiction. He was taking money out of his debit card, writing checks to his friends, and opening credit cards in his grandfather's name to support his addiction. An elder's home becomes a safety hazard for them, for workers involved in the cases, and for the community

- Homes become a marketing environment for drugs or people coming back and forth where they are taking drugs. [In] some situations, the older adult is involved with the drug abuse. One difficult situation is when the older adult is completely capacitated and can make his/her own decisions, but the case managers and workers don't realize what is going on because it is not reported by the elderly adult.
- [We are receiving] complaints of self-neglect where bills are not getting paid, elders are missing appointments, and after investigation, they [APS] find that there is a drug issue going on.

Older adults are being drug exploited in facility settings

An LPN at a nursing home had an opioid addiction and took multiple medications off the medication cart one night and was found passed out at a nearby gas station after her shift. She had taken more than that day's medicine, so may have been caught later as well. She had taken a lot of those medications, near the point of overdose. The residents whose medications were taken didn't receive medications and were in pain as consequence.

Facility settings are not confined to nursing homes

Have seen a lot of cases where hospice patients are getting exploited because of the number of narcotics that they are on during this type of care.

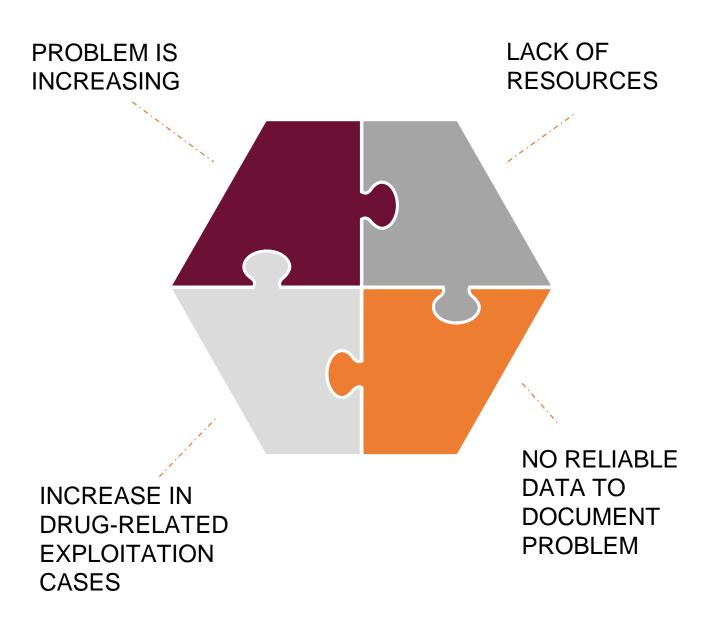


A service conundrum exists

Some of the services that they [older adults] accept help with may allow the abuse to continue or enable the perpetrator to keep abusing. These services help the elders to solve their immediate problems of paying a utilities bill, but it allows the perpetrator to stay in the house. The tipping point is usually when the perpetrator gets in trouble and is no longer living in the home or when the elders lose capacity and allow workers to come into home. Most of the time, the perpetrator lives at the elder's home or is coming into the household regularly to help with care.

FINDINGS

Perspectives of Service Providers



Experts suggest that the opioid epidemic is associated with:

- Physical abuse including assault and battery, threatening behavior
- Emotional abuse
- Financial exploitation including theft, fraud and forgery
- Potential for homelessness due to arrest, eviction or illegal activity at the home
- Self-neglect

APS Cases in Rural Kentucky

Opioids and Kentucky

- From 2006 to 2012 there were 1,901,662,933 prescription pain pills supplied to Kentucky.
- In 2017, there were **1,160** reported opioidinvolved deaths in Kentucky.
 - A rate of **27.9 deaths per 100,000** persons compared to the national average of 4.6 deaths per 100,000 persons

Purpose of Study



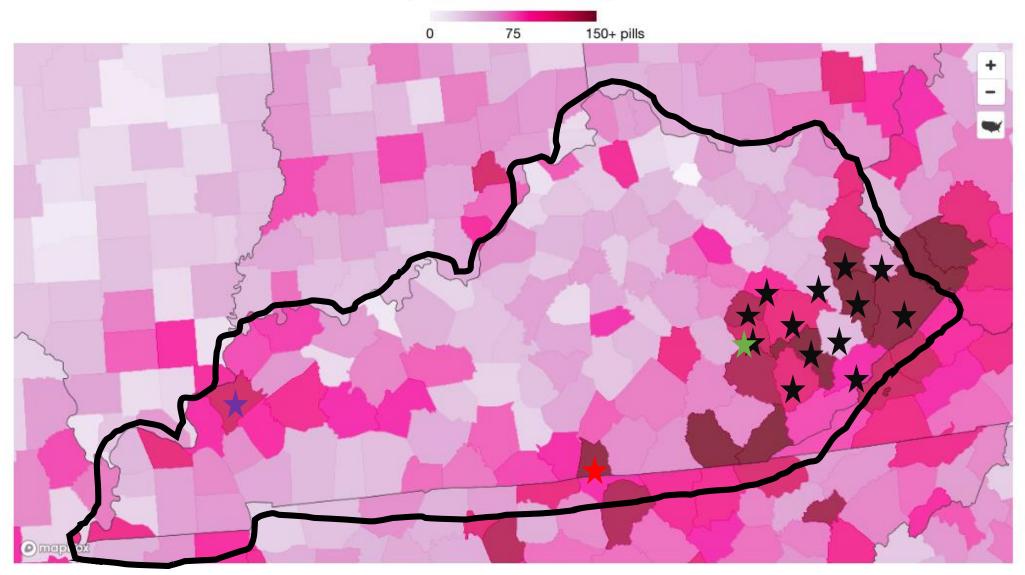
Examine characteristics of substantiated cases of elder abuse associated with opioid misuse by perpetrators.



Compare characteristics of opioid-related cases of elder abuse to cases where opioid misuse was not involved.

Number of pills distributed per person, per year

Average yearly total, by county, 2006 through 2012



Methods-Quantitative Component

- Kentucky Department for Community-Based Services
- All substantiated cases in 2015, 2016, and 2017
 - Data collected using the Assessment and Documentation Tool (ADT)

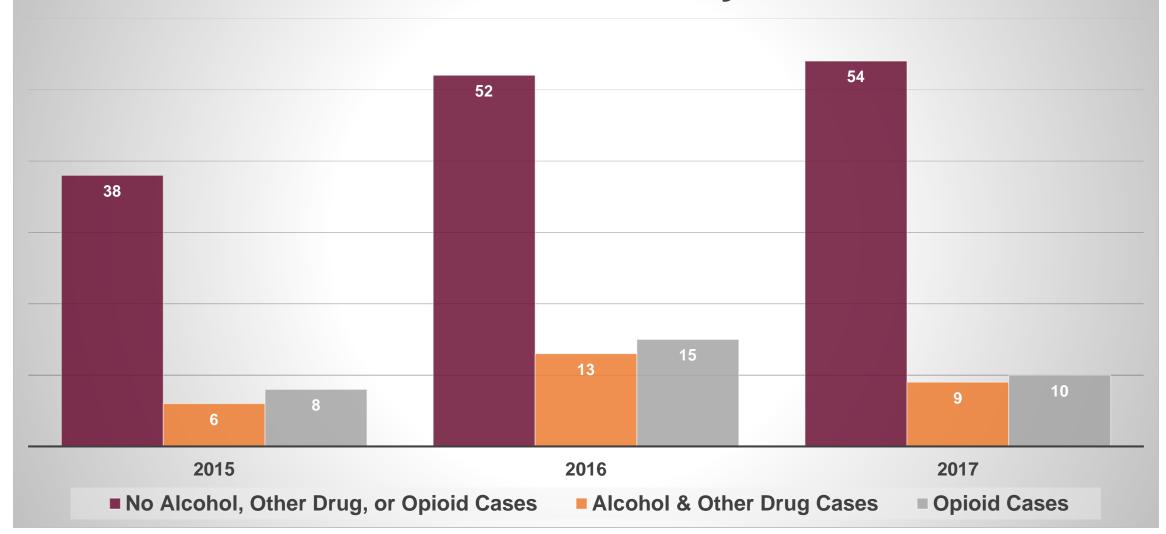
Conducted Multinomial Logistic Regression Analysis with Bootstrapped Standard Errors

Findings

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Number of Cases By Year



NUMBER OF CASES BY AGE GROUP

AGE GROUP	ALCOHOL & OTHER DRUGS CASES	OPIOID CASES
64 Years or Below	9	11
65 Years or Above	15	14

PREDICTORS OF ABUSE FOR VICTIMS

VARIABLE	NO ALCOHOL, OTHER DRUGS, OR OPIOIDS (N=144)	ALCOHOL & OTHER DRUGS CASES (N=28)	OPIOID CASES (N=33)	SIGNIFICANCE
# of Victim's Health Problems (Range: 1-28)	6.29 (4.81)	4.73 (4.19)	8.29 (4.29)	Significant
Any ADLs	91%	86%	88%	
Any Cognitive Difficulties	69%	64%	67%	
Any Financial Exploitation	27%	55%	92%	Significant
Victim: Female	55%	82%	79%	Significant
Age Group: 65+	36%	59%	58%	

SUMMARY OF FINDINGS

Types of Substances

• There was *no significant difference* in the type of substance involved in cases among younger adults or among older adults.

Age

- For *both* opioid cases and alcohol & other drugs, *older adults appeared more often* the victims.
 - Alcohol & Other Drugs = 62.50%
 - Opioids = 56%
 - These were trends, and did not reach significance

Gender

- Compared to cases where perpetrators were not abusing substances *women* were *more likely* to be victims of perpetrators who used alcohol & other drugs.
- Women were also more likely to be victims when perpetrators used Opioids, but this trend was not significant.

Exploitation

 Victims of perpetrators who use opioids were more likely to be financially exploited, than victims of perpetrators who used alcohol & other drugs or used no substances.

Perpetrators of Elder Abuse

Relatively little information is available about perpetrators beyond demographic characteristics and personal behaviors Information about perpetrators comes from surveys of older adult victims and cases in which abuse was identified and formally investigated

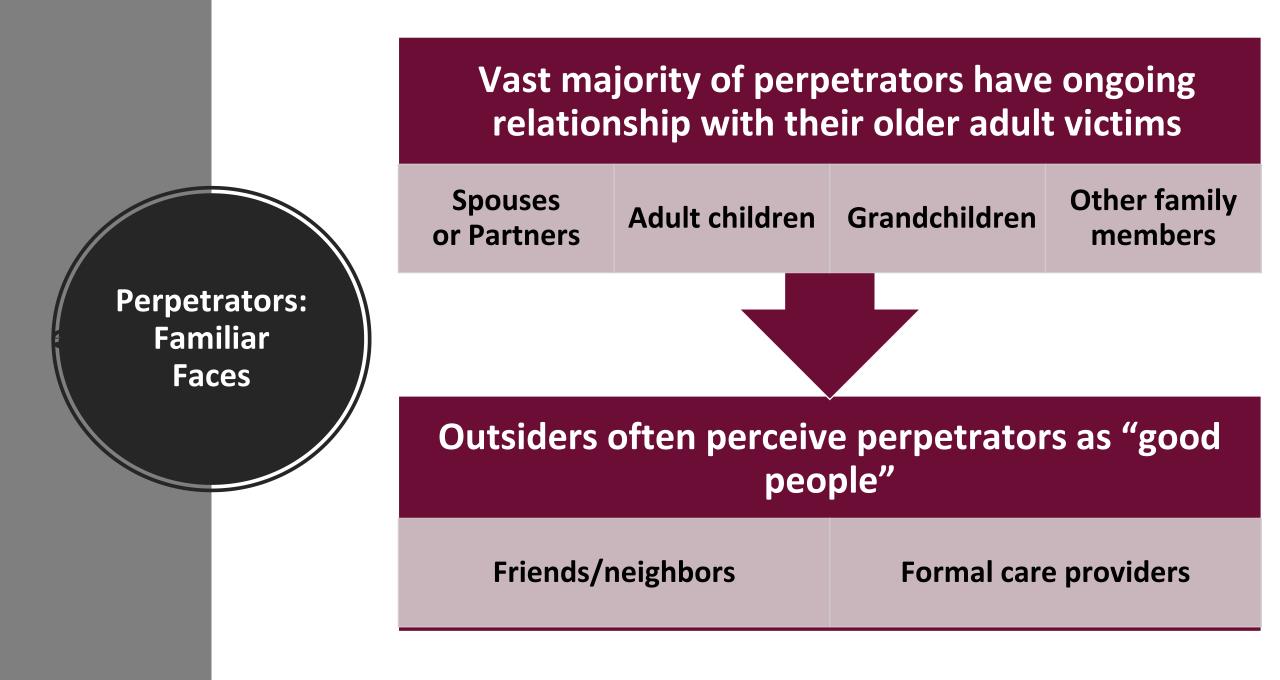
PERPETRATORS: AGE AND SEX

PERPETRATORS ARE OF ALL AGES

As young as 14 . . . as old as 93

BOTH MEN AND WOMEN

- Male perpetrators accounted for 72% of elder abuse incidents in criminal justice system
 - State and local investigations also show men are more likely to be perpetrators



PERPETRATOR – OLDER ADULT RELATIONSHIPS: DEPENDENCY-INTERDEPENDENCY

Older adults unable to live independently

- often rely on assistance from perpetrators
- Most caregivers are not abusive
 - but stress can be overwhelming

Perpetual Dependency

- Due to personal, relational, or financial issues
 - Relationship may become abusive if support diminishes

SUBSTANCE ABUSE AMONG PERPETRATORS

- 21-56% report substance abuse problems (vs. 11% general population)
- According to the WHO, 44% of male and 14% of female elder abuse perpetrators were dependent on alcohol or drugs in the United States.



OPIOID PRESCRIPTIONS



- Many older adults experience chronic pain
 - 29% filled a prescription for opioids in the past two years
 - 86% of those prescribed opioids reported keeping leftover pills



25% of long-term opioid users are aged 65

Older women are more likely to use opioids than older men

PURPOSE OF STUDY

To characterize substantiated cases of elder abuse in **13** eastern counties in Kentucky in which the perpetrator used opioids and related substances

Methods— Qualitative Component

- Data collected using the Assessment and Documentation Tool (ADT)
- 28 substantiated cases of elder abuse in which opioids were noted as an underlying or contributing factor
- Within-case and across-cases thematic analysis of case notes

CASE BREAKDOWN



26 OLDER VICTIMS

25 PERPETRATORS

OLDER ADULTS (N=26)

Sex

- 22 female
- 4 male

Age

- M age = 75 years old
- Range = 61 years 94 years

Race

26 White

Living Arrangement

- 17 lived in their own home
- 4 lived with a relative
- 4 lived in a care facility
- 1 unknown

Marital Status

- 4 Married
- 13 Widowed
- 3 Never Married
- 2 Divorced
- 4 unknown

TYPES OF ABUSE (N=28 cases)

Caretaker Neglect

16 Cases

Financial Exploitation

2 Cases

Material Exploitation

25 Cases

Physical Abuse

5 Cases

PERPETRATORS (N=25)

Sex

- 12 female
- 13 male

Age

- M age = 35 years
- Range = 33 years to 52 years

Race

■ 25 White

Living Arrangement

15 home with the victim

Caregiver Status

- 16 Informal Caregivers
- 3 Paid Caregivers
- 6 not a Caregiver

PERPETRATORS (Cont.; N=25)

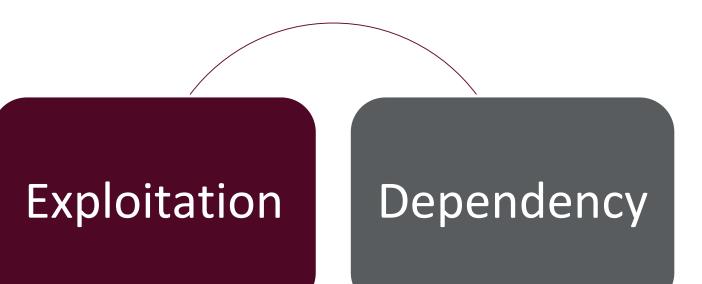
Criminal History

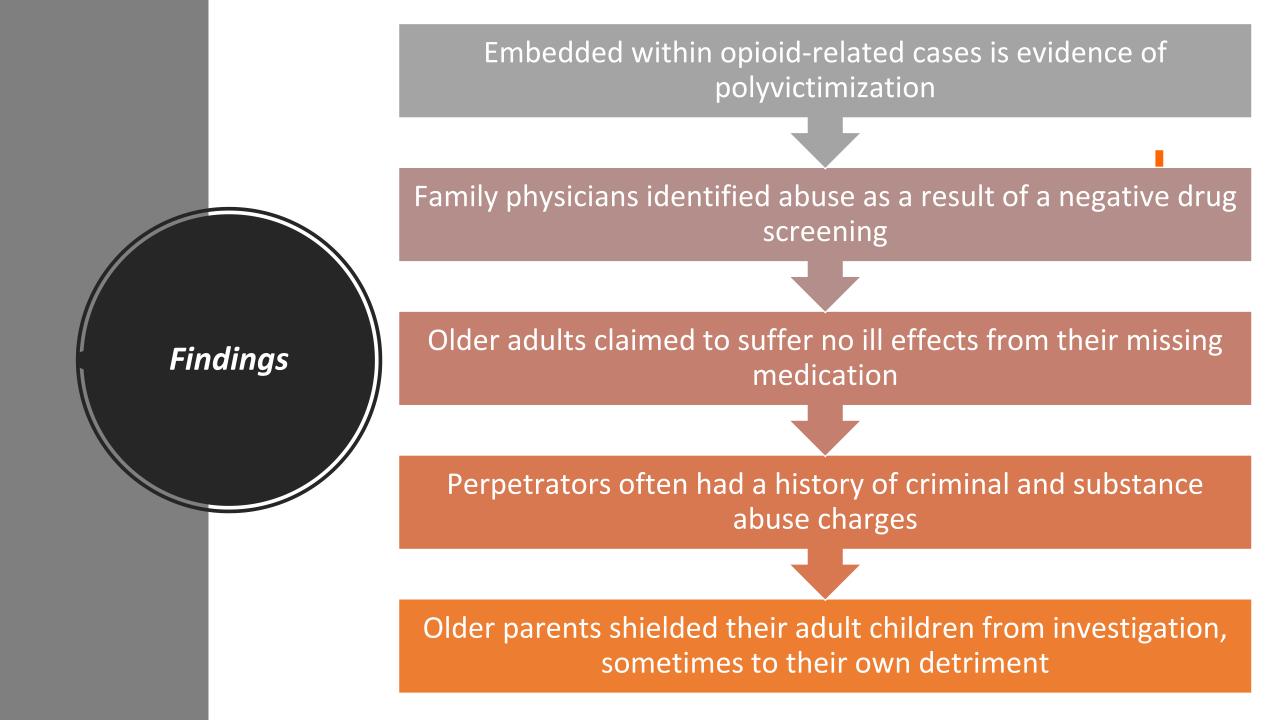
- *M* number of criminal charges: 13
 - Range: 0-53
- *M* number of drug charges: 3.5
 - Range: 0-17
- Number of perpetrators with previous drug charges: 13

Abuse History

- Current victim: 4
- Different victim: 8
- Unspecified victim: 12

Overall Categories





Case Example Noreen & Nevin

Perpetrator

- Adult son caring for his mother
- Previous history of caregiver neglect and exploitation

Abuse Allegations

- Physical
- Neglect
- Exploitation

Victim's Health Status

 Needs help with ADLS due to heart and kidney problems and other chronic illness

What APS found

- Pain medications missing
- Physical abuse
- Son picked up meds from the pharmacy and kept them
- Son used mother's money to purchase drugs for himself

Result

- Older adult moved to a hospice center where she later died
- Both caregiver neglect and exploitation were substantiated

Case Example Paula & Perry

Perpetrator

• Grandson caring for his grandmother

Abuse Allegations

- Exploitation
- Neglect
- Physical

Victim's Health Status

Alzheimer's disease and physical health problems

What APS Found

- Grandson failed to bring grandmother to doctor's appointments
- Grandson had been picking up medication from the pharmacy and taking it for himself

Result

- Exploitation and neglect were substantiated.
- Physical abuse not substantiated denied that grandson harmed her
- Older adult passed away before the investigation was over

Case Example Edna & Edward

Perpetrator

• Adult son caring for his mother in mother's home with his girlfriend

Abuse allegations

- Caretaker Neglect
- Exploitation

Victim's Health Status

- Multiple chronic health conditions
- Required help with transportation and housework

What APS Found

- Son had been stealing his mother's pain medication and syringes
- Son had been manufacturing methamphetamine inside the home

Result

- Granddaughter moved in to care for older adult after son's arrest
- Both caregiver neglect and exploitation were substantiated

Case Example Calvin & Carly

Perpetrator

- 33-year-old wife caring for her 61-year-old husband.
- Main caregiver for her husband
- History of substance abuse, specifically with opioids
- Very dependent on husband for resources

Abuse Allegations

- Caretaker Neglect
- Material Exploitation

Victim's Health Status

 Multiple chronic health conditions including rheumatoid arthritis, Parkinson's disease, spinal stenosis, and osteomyelitis

What APS Found

- Oxycodone and Neurontin were missing from the home
- Wife had been stealing husband's medications
- Wife had not been feeding husband properly

Result

Both allegations of abuse were substantiated

Case Example Henry & Hunter

Perpetrator

• Adult son who lives with his father, Henry.

Abuse Allegations

Caretaker Neglect.

Victim's Health Status

Multiple chronic health conditions including dementia.

What APS Found

- Hunter failed to provide his father with the proper medications.
- Hunter had been taking Henry's medications for himself.

Result

 Henry and his wife requested that the case remain opened to help provide for his safety and well-being and to get services in place.

CONCLUSIONS



INCREASED SUSCEPTIBILITY

Opioid misuse by perpetrators appeared to heighten susceptibility for elder abuse



HEIGHTENED VULNERABILITY

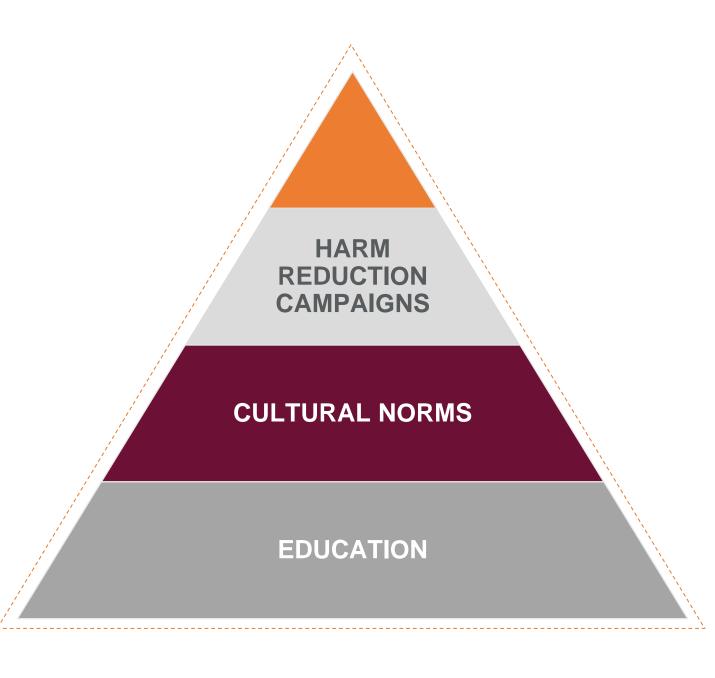
Older adults support to family members may place them in an increasingly vulnerable position



UNRELIABLE CAREGIVING

Older adults who need care may find themselves depending on those who are in no position to give support

PRACTICE IMPLICATIONS



Conduct in-depth interviews with affected elders and their families.

RELATIONSHIP BETWEEN OPIOID EPIDEMIC AND ELDER ABUSE

Focus on older adults who misuse opiates

INDIVIDUAL AND COLLECTIVE INFLUENCES

Disentangle individual and collective influences on opioid-related abuse in late life

OLDER ADULTS AND OPIOID ADDICTION

FUTURE RESEARCH CONSIDERATIONS

Next Steps . . . A 2020-2021 National Study



Prospective collection of quantitative and qualitative data via online tool



Case-specific APS qualitative via in-depth interviews with APS investigators



Thank you!

An Urban Perspective The dynamics of elder abuse cases involving opioids in urban settings

BENJAMIN (MIKE) KELLAM SENIOR SPECIAL AGENT, MEDICAID FRAUD CONTROL UNIT DC OFFICE OF THE INSPECTOR GENERAL

Agenda

• Urban setting

• Dynamics

- Challenges
- Successes
- o Trends

• Summary



Urban Setting

• Urban defined as:

o belonging to, or relating to, a town or city

• Setting defined as:

o particular place or type of surroundings where something is or takes place



Urban Setting

- Variable Living Environments
- Access to Healthcare
- Access to Prescription Medicine





- Cognitive Abilities
- Over-Prescription
- Adverse Effects of Opioid Abuse/Use
- Chronic Medical Conditions





- Family Member Abuse
- Sale of Prescription Opioids
- Use of Non-Prescribed Opioids
- Education of Family Members/Caregivers





• Identification of Abuse

• Caregivers

• Guardians/Representatives

• Family Members

• Reporting





- Education
- Prescription Data Monitoring Programs
- Law Enforcement Actions
- Partnering of Multidisciplinary Organizations



Trends

- Increase in Chronic Opioid Prescriptions
- Increase in Associated Hospitalization/Deaths
- Education of Healthcare Providers on Opioid Prescriptions
- Involvement of Multi-Disciplinary Organizations Proactive vs. Reactive





QUESTIONS?

Please put all questions and comments into the chat box.

Presenters Contact Information

Jonathan Rich

jonathan.rich@dc.gov

Office: (202) 727-8008

Cell: (202) 359-6792

Pamela B. Teaster, Ph.D.,

pteaster@vt.edu

Office: 540-231-7657

Mike Kellam Benjamin Kellam

Benjamin.Kellam@dc.gov

Office: (202) 727-3135

Cell: (202) 262-8715

Upcoming Event

Recharge and Connect: A Yoga Workshop for Caregivers

November 17th, 2 p.m. - 3 p.m. EST



Thank you!