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**W**E ARE IN the midst of our nation's deadliest drug epidemic ever. And it is hitting older Americans particularly hard. In the pages ahead you'll discover how opioid abuse is harming people like your neighbor, hooked after wrenching his back at work, or the couple down the street caring for grandchildren whose parents are addicted. And you'll find out what you and others can do to begin to end the crisis and bring hope to those affected. —*Robert Love, editor in chief*

# THE OPIOID MENACE

A nationwide addiction to opioids threatens older Americans

# THE PROBLEM

## Doctors overprescribed pain pills for years, not realizing the impact

BY JOHN ROSENGREN

Americans over 50 are using narcotic pain pills in surprisingly high numbers, and many are becoming addicted. While media attention has focused on younger people buying illegal opioids on the black market, dependence can also start with a legitimate prescription from a doctor: A well-meant treatment for knee surgery or chronic back troubles is often the path to a deadly outcome.

Consider these numbers:

▶ Almost one-third of all Medicare patients—nearly 12 million people— were prescribed opioid painkillers by their physicians in 2015.

▶ That same year, 2.7 million Americans over age 50 abused painkillers, meaning they took them for reasons or in amounts beyond what the doctor prescribed.

▶ The hospitalization rate due to opioid abuse has quintupled for those 65 and older in the past two decades.

### FROM PAIN TO ADDICTION

Behind the numbers are the shattered lives of many who never dreamed they'd become drug abusers.

Cindy Thoma, 63, who owns and operates a bookstore in Muskegon, Mich., became addicted to opioid pain pills after being injured in a car crash with a drunk driver who ran a red light. "I was running away from my pain," she says. "I did well at first. But I began to take them sooner, which meant I needed more. I needed more because my body got used to the narcotics."

The way opioids are often prescribed, dependence can set in after just a few days, experts say. "Within one week you've made that person physiologically dependent on the drug, meaning they feel some discomfort or side effects when they stop using," says Andrew Kolodny, executive director of Phy-

"I was very, very sick. My mind was not right for a long, long time."

—Cindy Thoma, 63, sober for five years following an eight-year opioid addiction



sicians for Responsible Opioid Prescribing.

Thoma beat addiction after years of struggle. But for too many, their stories end badly.

Nearly 14,000 people age 45-plus died from an opioid overdose in 2015—42 percent of all such deaths in the U.S., according to the Centers for Disease Control and Prevention (CDC).

The actual number is likely much higher. Overdoses in older people are often mislabeled as heart failure or falls, Kolodny says.

"The deaths of older people are an untold part of it," says Jeremiah Gardner, public affairs manager of the Hazelden Betty Ford Institute for Recovery Advocacy. Gardner speaks from personal experience: His mother died two years ago from an overdose after becoming dependent on painkillers prescribed for chronic pain and a surgery. She was 59.

So how did we get here?

### THE SIN OF OVERPRESCRIPTION

"We overestimated the benefits of opioids and underestimated the risks," says Deborah Dowell, senior medical adviser at the CDC. "We assumed without adequate evidence that they would work as well long term as they did in the short term."

Pharmaceutical companies have market-

ed opioids aggressively to physicians, especially after the Federal Drug Administration approved OxyContin in 1995. "The campaign that led to the increase in opioid prescriptions was multifaceted," Kolodny says.

For example, Purdue Pharma, the maker of OxyContin, held pain management conferences in states like Florida attended by more than 5,000 doctors, nurses and pharmacists.

So beginning in the late '90s, when older patients suffering from chronic conditions like arthritis or back issues asked for pain relief, their doctors innocently wrote prescriptions for OxyContin, Vicodin, Percocet and other opioid painkillers.

By 2012, addiction rates and the number of overdose deaths had soared. In that year, 259 million opioid prescriptions were written—enough for every adult in the U.S. to have one.

The trade group representing most opioid manufacturers, PhRMA, did not return calls for comment. Purdue Pharma said in a statement, "The opioid crisis is among our nation's top health challenges," and the company is committed to being "part of the solution."

The teaching in medical school used to be that opioid medication is not addictive as long as it is given to someone in legitimate





pain—something we now know not to be true, says Vivek Murthy, who left the job of U.S. surgeon general in April.

It did not help that the American Geriatric Society in 2009 encouraged physicians to use opioids to treat moderate to severe pain in older patients, citing evidence that they were less susceptible to addiction. Though the society revised those guidelines, the myth persists. “Many doctors still think seniors can’t get addicted,” Kolodny says.

Last August, then-Surgeon General Murthy wrote a letter to every doctor in America. “Nearly two decades ago, we were encouraged to be more aggressive about treating pain, often without enough training and support to do so safely,” the letter said.

“This coincided with heavy marketing of opioids to doctors. Many of us were even taught—incorrectly—that opioids are not addictive when used as pain relief. The results have been devastating.”

The CDC issued guidelines last year recommending that doctors drug-test their patients before and during opioid therapy, to ensure that the medications are taken properly.

But doctors still overprescribe. A 2016 survey by the nonprofit National Safety Council found that 99 percent of physicians prescribe opioids beyond the dosage limit of three

days recommended by the CDC.

Thoma had no trouble getting opioids. “I could get them from different doctors, and there was no communication between them about what they were prescribing,” she says. “You could get it fairly easily.” In eight years, she lost her job and home and went bankrupt. Finally, she forced herself to stop. “I was very, very sick. My mind was not right for a long, long time.”

## A NEED FOR TREATMENT OPTIONS

As people age, they can become more at risk for dependence or overdoses. To start, they are more likely to have serious pain. Kidney and liver function slows with age, increasing the time drugs remain in the system. And memory loss can make it harder to manage opioid medication effectively.

Solving the problem will require major changes, experts say. There is an urgent need for more treatment centers able to administer to older patients. That includes counseling tailored to older patients. It doesn’t work to have “a buttoned-up elderly person sitting

## THE EPIDEMIC

In 2015, 22,598 Americans died from prescription opioid overdoses, according to data collected by the Kaiser Family Foundation. These states had the highest rates of death per 100,000 residents.

1. West Virginia 28.9
2. New Hampshire 28.0
3. Rhode Island 19.8
4. Massachusetts 17.0
5. Ohio 16.4
6. Maine 16.3
7. Kentucky 15.3
8. Utah 15.1
9. Tennessee 13.1
10. Maryland 12.2

next to a guy in his 20s who is pierced and tattooed,” says David Frenz, a Minneapolis physician certified in addiction medicine. And doctors need to be trained on medications used to treat opioid addiction, experts say.

There also needs to be a major attitude shift. “Some people still hold the mistaken belief that it’s a moral failing instead of a chronic medical condition that requires treatment,” says Melinda Campopiano, senior adviser for the federal Substance Abuse and Mental Health Services Administration.

But there are happy endings.

Thoma has been opioid-free for several years. She bought her bookstore in 2013, which helped refocus her life. She offers this advice for those who are dealing with drug issues: “Ask

your provider to monitor your intake very closely. Consider trying nonaddictive options first. Be patient with yourself. Involve family members and friends to encourage you with your fight. And be prayerful.”

*Rick Schmitt did additional reporting for this story.*

## THE BACKGROUND

### Common questions about the opioid problem

#### WHAT ARE OPIOIDS?

Opioids are powerful drugs that act on the nervous system to relieve pain. Traditionally these drugs have been used by people who are recovering from surgery or coping with highly painful diseases or injuries. Opioids are narcotics, meaning they affect your mood or behavior and can cause drowsiness. They work by attaching to receptors in the brain and other areas of the body, inhibiting the transmission of pain signals. Opioids can also create a sense of euphoria, and they are highly addictive.

#### ARE OPIOIDS RELATED TO OPIUM?

Modern factory-produced opioids are only slightly different in chemical makeup from opiates derived from opium poppy flowers. The mood-altering effects of opium have been known for centuries.

#### WHY ARE PEOPLE CALLING THIS AN EPIDEMIC?

Prescription opioids were initially administered primarily for short-term bouts of pain. But starting in the 1990s, doctors began to prescribe them more to treat chronic pain. Long-term use led to higher levels of addiction and overdoses

among wide swaths of the population: Since 1999, the number of overdose deaths that were attributed to opioid misuse has quadrupled. About half of those deaths in 2015 were from prescription opioid drugs.

#### WHY ARE WE HEARING ABOUT A CONNECTION TO HEROIN?

Heroin is an opioid that is two to three times more powerful than morphine. Because opioid users tend to build up a tolerance to their prescription drug, they seek more potent forms to feed their addiction. In some cases, this has led addicts to heroin; the illegal recreational drug is a relatively cheap source of an opioid high, especially as prescription drugs become harder to obtain. And the mass addiction is fueling more dangerous forms of heroin. In a recent trend, heroin has been laced with carfentanil, a drug that is 100

times stronger than the opioid fentanyl; the primary use of carfentanil is to sedate elephants.

#### HOW ARE OFFICIALS RESPONDING TO THE CRISIS?

The Department of Health and Human Services is administering nearly a billion dollars in grants over the next two years to states and territories for prevention programs, treatment and training for health professionals. Meanwhile, 46 states now have caps on the quantity of opioid drugs that a Medicaid patient can receive, and 42 states have established medical criteria that a person must meet before getting a prescription through Medicaid. President Trump has created a commission on drug addiction, headed by New Jersey Gov. Chris Christie, to study the issue. And Congress passed legislation in 2016 to aid those struggling with pain and addiction.

# THE NEW DEALERS

## Older Americans are selling prescription painkillers to drug dealers to raise needed cash

BY JOE EATON

Over a span of about two years, Ajellon Dedeaux, a 29-year-old drug dealer, sold thousands of prescription painkillers on the illicit drug market near Sacramento, Calif. Finding customers was easy. The hard part was finding a supply of pills. A reliable source?

“Older people,” Dedeaux said in an email sent from a federal prison in Arizona, where he is serving a 12-year sentence on drug charges. “They want to make some extra money and don’t mind selling the pills.”

Interviews with law enforcement members across the country, along with a review of court cases, confirm that retirement-age Americans have become a new source of illicit prescription painkillers sold on the open market. Some sell their pills due to a financial crisis or to make ends meet. Others are victims of drug dealers, who target them for their prescriptions. And in some cases, caregivers and family members are pilfering their medications for profit or to feed their own addictions.

What helps fuel this troubling trend is not just the poverty faced by some older people. It’s also their ability to easily gain prescriptions from doctors.

“If they discover they can make \$20 a pill on the street, then it becomes a temptation to supplement their income,” according to Charlie Cichon, executive director of the National Association of Drug Diversion Investigators.

While there are no precise statistics to gauge the size of the problem, law enforcement officials from New York to Los Angeles say that older people selling prescription medication is a real issue. The reason for the lack of data: Federal prosecutors focus their efforts on large-scale opioid pushers. And local prosecutors say there is a reluctance to prosecute people at or near retirement age for selling their relatively small cache of pre-

scription drugs. These factors have allowed the problem to remain below the radar.

But treatment workers and researchers who study addiction say the prescription drugs of older Americans often end up on the open market.

“We know that some elderly patients use their prescriptions as a strategy for increasing income,” said Sharon Walsh, director of the

“**If they discover they can make \$20 a pill on the street, then it becomes a temptation to supplement their income.**”



Police mug shots of Americans convicted of selling their prescription painkillers. Courts typically grant probation in such cases.

University of Kentucky Center for Drug and Alcohol Research in Lexington.

Walsh said older Americans who sell their prescriptions do not operate like traditional drug dealers. Instead, they sell, and sometimes share, their medications through a network of friends and family members, often without a good understanding of the dangers or potential legal consequences.

“People, especially in rural communities, they don’t see anything wrong with selling or sharing prescription medications,” Walsh said. “It’s a culturally accepted thing” to supply medication to a person who is in pain.

### PROSECUTION UNCOMMON, SENTENCES LIGHT

In January, a 74-year-old woman in Kingsport, Tenn., was sentenced to probation for selling prescription pain pills after police seized more than 100 oxycodone pills and cash from her home.

Kent Chitwood, the assistant district attorney who prosecuted the case, said about 1 in 10 of the prescription drug cases he prosecutes involves an older adult.

“Some may have economic reasons why they chose to sell their drugs,” Chitwood said. “Others have long histories and continue to do these things until their elderly years.”

Prosecutions are challenging because juries are surprised to see an older person on trial, and judges are reluctant to give jail time, law enforcement officials say.

Capt. Jeff Orr, president of the Ohio Task Force Commanders Association, said for older drug sellers who are caught, it’s often their first brush with the law.

“If we get information about sellers, we are following up on it. Are they going to prison for it? No,” Orr said. “They are being diverted to probation at that age.”

Austin Serb, a convicted drug dealer in Boise, Idaho, said he knew many older people who sold their prescriptions. A patient who is prescribed three pills a day can make up to \$3,600 a month selling them, Serb said. “It’s too tempting, especially if they need the money,” Serb wrote from federal prison in Colorado. “Once they do it, they keep doing it.”

Capt. Steve Arthur of the Baldwin County Sheriff’s Office in Alabama said he sees few cases in which older people set out to sell drugs. More often, drug dealers recruit them, either with threats or promises of money, to get prescriptions that they later sell at a steep markup. And in some cases, fraudulent or careless prescribing has left older patients with more opioid pills than they need.

The flow of opioids from older Americans to the street isn’t always at a profit. Pills often are stolen by home health workers, taken from medicine cabinets by family members and visitors, and sometimes just given away.

But for drug dealers like Dedeaux, older Americans will continue to provide an irresistible opportunity to secure the profitable pills. “The old lady next door might be a great supplier,” he said.



# THE NEW CAREGIVERS

## Grandparents fill gaps in drug-ravaged families

BY MICHAEL HEDGES

**P**amela Livengood was happily embracing her status as a new grandmother when suddenly she became the primary caregiver for her daughter's 2-year-old son.

"It was quite an adjustment," said Livengood, 55, of Keene, N.H. "I wasn't ready to go back to changing diapers and getting up in the middle of the night. I thought all that was behind me. But my daughter and the baby's father got caught up in using opioids right after Francis was born. He needed me."

In Maine, about 8 percent of babies are born to women who are addicted to opioids and other drugs, according to Sen. Susan Collins (R-Maine), who chairs the Senate Special Committee on Aging. The number of children raised solely by grandparents in that state rose 24 percent between 2010 and 2015. Nationwide, more than 2.6 million people are raising grandkids, according to census data. That number is rising rapidly as more parents are jailed, are forced into treatment centers or die from overdoses, according to testimony at a recent aging committee hearing.

### FAMILIES OVERWHELMED

The epidemic "is overwhelming many families and child welfare systems," said Jaia Peterson Lent of Generations United, a Washington-based advocacy group cofounded by AARP, at a Special Committee on Aging hearing last March. "Suddenly [grandparents] are forced to navigate complex systems to help meet the ... challenges of the children who come into their care, often after experiencing significant trauma."

Livengood said her daughter started using opioids to deal with pain from a difficult childbirth. Soon she and the baby's father were deep into addiction. "They both have been incarcerated," she said. "My daughter has been in a treatment program. They weren't in a position to care for Francis."

It's an all too common story across America. In Pennsylvania, "103,000 children are in



Clockwise from top left: Pamela Cole and daughter Arlana Strickland; Mary Nunley with great-granddaughters Brooklyn and McKinley; Renee Hicks with grandchildren Justice and Faith

the care of grandparents or other relatives. Experts point to opioids as a major driver of the growth of that number," said Sen. Bob Casey (D-Pa.), who is the ranking Democrat on the Special Committee on Aging.

Mary Nunley, 73, of Cottonwood Heights, Utah, is caring for two great-granddaughters, 13-year-old McKinley and 10-year-old Brooklyn. "My granddaughter was involved with a lot of drugs and eventually became a heroin addict," Nunley said.

The children survived emotional and psychological trauma, Nunley said, including witnessing a suicide attempt by their mother. Nunley and her husband became the legal guardians of the children in late 2015. "We knew somebody had to stand up for those children," she said.

But in February her husband died, reducing Nunley's Social Security benefits from just over \$1,000 a month for the couple to

exhausting. "You do it because you love them, and you want them to have a good life."

### LIMITED HELP

In May, Sens. Collins and Casey introduced a bill that would set up a task force to look for ways to help people raising grandchildren. But for now, there are few options for those seeking financial assistance. "It's a complicated issue, but at the federal level, there really isn't a lot of help for grandparents," said Donna Butts, the executive director of Generations United.

The National Family Caregiver Support Program allows states to funnel 10 percent of their grant money to people caring for grandkids. "That's a very small amount in most states," Butts said. Grandparents can also try to tap into Temporary Assistance for Needy Families, another federal program that gives grants to states to help families be self-sufficient.

State programs vary widely, according to Butts. Faith-based groups and other non-profit organizations can help fill in some gaps. The website Grandfamilies.org, set up by Generations United, the American Bar Association and Casey Family Programs, lists help available to grandparents in each state, as well as state laws and custody rules. But even with some assistance, taking on grandchildren from a drug-addicted parent can be a frightening roller coaster.

Pamela Cole, 60, of Mansfield, Ohio, has cared for grandchildren Joey, 14, and Braylen, 4, for most of their lives, beginning when her daughter Arlana was jailed for hitting a parked car while on opiates. Cole's husband shared the job until he died in 2014. More than once, Arlana has been rushed to the hospital with drug problems. "Once I found her slumped over my computer. They weren't sure she was going to make it that time," Cole said. She's grateful her daughter is doing well in treatment and is now a bigger part of the children's lives.

Renee Hicks, 54, also from Mansfield, has raised two grandchildren, Justice, 13, and Faith, 12, while waging a battle with cancer. "When I took over, they had no shoes, no car seats; it was like I was starting over."

Hicks said her daughter Amanda Price, 32, is now drug-free after years in and out of jail and drug treatment. But Hicks remains the children's legal guardian. "Their bonding was with me," she said. Hicks said her cancer is in remission—after she was given a year to live by doctors in 2011. "Miracles do happen. I've survived," she said. "And I give Faith and Justice credit for that. They gave me a reason to keep fighting."

## TAKE ACTION

### What you can do if the epidemic affects your life

#### WHAT SHOULD I DO IF PRESCRIBED AN OPIOID?

Ask if there is a way to deal with the pain other than taking a narcotic. If an opioid is the only option, use as little as possible and work with your doctor on "a game plan for when you will be off the opioids," says David B. Agus, M.D., professor of medicine and engineering at the University of Southern California. Avoid activities that may be affected by potent drugs, such as making critical decisions or driving.

#### WHAT ARE THE SIGNS THAT I MAY BE ADDICTED?

"When you can't stop yourself from taking the opioid, and your tolerance to the effects of the opioid goes up, you should pay attention," Agus says. If you fear that you may be addicted, consult with your prescribing physician, he says. Also, the Substance Abuse and Mental Health Services Administration offers a confidential help line that can connect you with treatment services in your state. Call 800-662-HELP (800-662-4357).

#### WHAT SHOULD I DO WITH UNUSED OPIOIDS?

The Food and Drug Administration (FDA) advises that you seek out a take-back program so that experts can dispose of them. Call the Drug Enforcement Administration (DEA) at 800-882-9539 to find a collector in your area. If you must dispose of them yourself, the FDA

offers these steps. First, mix the medicines with dirt, coffee grounds or cat litter; do not crush the tablets or capsules. Then place the mixture in a sealed plastic bag and put it in your household trash. Also, before discarding empty pill bottles, scratch out all personal information on the label.

#### HOW CAN I HELP AN ADDICTED FRIEND?

The National Institute on Drug Abuse (NIDA) advises that you try to convince your family member or friend to get a doctor's evaluation. Go to the family physician or find a specialist through the American Society of Addiction Medicine (asam.org) or the American Academy of Addiction Psychiatry (aaap.org). Be positive and encouraging. Addiction is a medical matter, not a character flaw; repeated use of opioids actually changes the brain, according to NIDA's website, drugabuse.gov. "Emphasize ... that it takes a lot of courage to seek help for a drug problem," the site says.

#### HOW CAN I REPORT A 'BAD' DOCTOR?

Complaints against doctors, including those who are "prescribing drugs in excess or without legitimate reason," are handled by state medical boards, which license physicians. Find the board for your state through the directory at the Federation of State Medical Boards' website, fsmb.org.

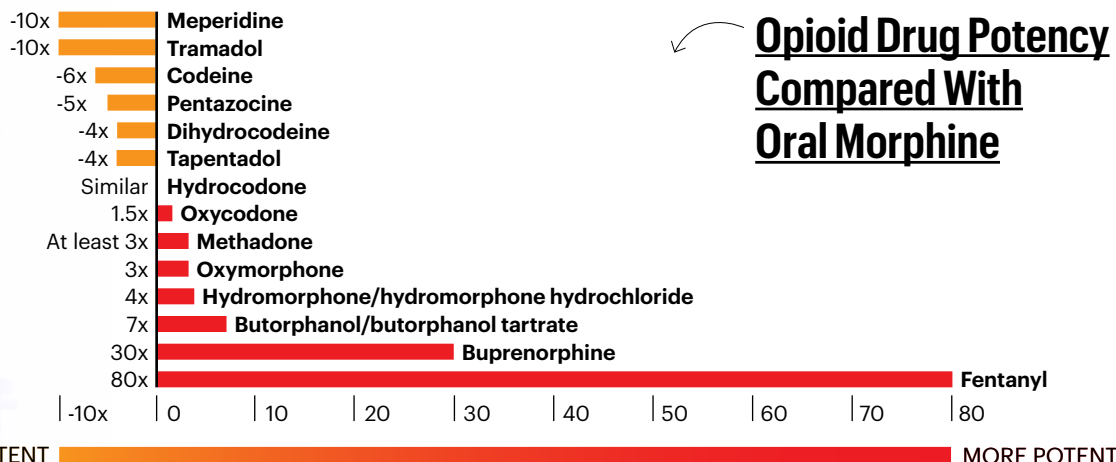
#### HOW CAN I REPORT ILLEGAL DRUG SALES?

Contact your local police or submit a tip to the DEA through an online form at [dea.gov/ops/submit.php](http://dea.gov/ops/submit.php). Or call a regional DEA office; there's a directory at [dea.gov/about/domesticoffices.shtml](http://dea.gov/about/domesticoffices.shtml).

## THE DRUGS

### THE FDA HAS APPROVED 18 OPIOID DRUGS.

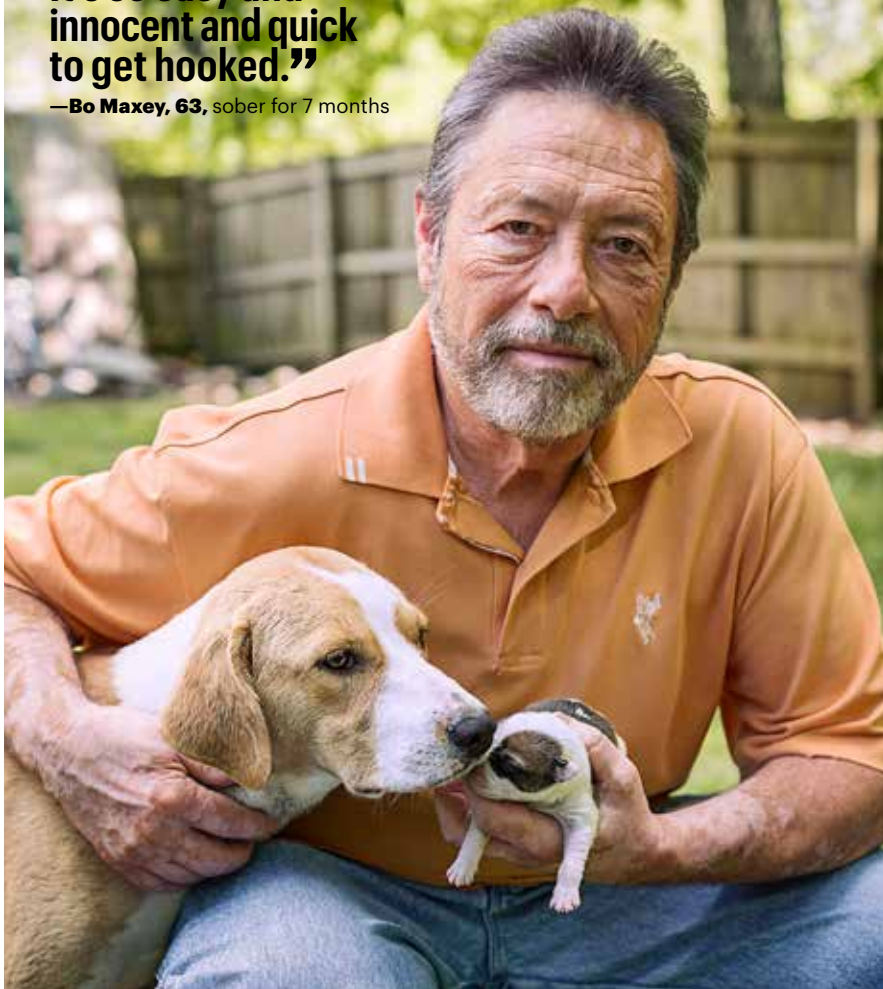
The generic names are listed here. Drugs primarily used in surgery (such as alfentanil and remifentanil) were not included.





**“It’s so easy and innocent and quick to get hooked.”**

—Bo Maxey, 63, sober for 7 months



## THE FACES OF ADDICTION

### From golf injury to an opioid-alcohol dependence

It was soon after he retired in 2006, while golfing, that Bo Maxey, 63, first felt the twinge in his lower back. He began treating the pain with the opioid Lortab. His prescription was for one pill every four hours, but soon he was taking two or three every two hours. And he couldn't bear to be without them.

“When the addiction kicks in, you lie,” he says. “It becomes a way of life and increasing bad behavior.”

Maxey, of Atlanta, began a 10-year cycle of using opioids, then overusing alcohol to kick the pills, then going

back to opioids. The toll on his family was devastating.

Last October, after being hospitalized from a bad fall that followed a bout of heavy drinking, he checked into a drug rehabilitation center. “I felt like an embarrassment, a failure,” he says. “I had hurt my family, my friends and myself. It cost me my marriage.”

As of this writing, Maxey has been sober for seven months. “It’s so easy and innocent and quick to get hooked,” he says. “There should be a huge warning label on those pill bottles that says ‘highly addictive.’” —*John Rosengren*

### Hope and recovery after car accident led to years of abuse

A car accident in 2001 began a yearslong cycle of despair for Laura Thompson, who fell deep into addiction to pain pills and then had to battle back.

The Chico, Calif., woman began her descent by simply following doctors’ orders. “I had a lot of respect for the medical field, maybe too much respect,” says Thompson, 64. “I looked at doctors as god figures, and I think I was too trusting.”

Thompson chased relief from neck pain through multiple prescriptions. Then in 2007, she underwent spinal surgery and was prescribed fentanyl, a synthetic opioid that is about 80 times more powerful than morphine. The drug proved dangerously seductive.

In 2008, she checked into an addiction treatment facility. “I thought I was going through hell,” she says. “I felt like my whole body was turning inside out.” Next, her husband got her into a rehab facility in Newport Beach. That proved to be a turning point.

Thompson hasn’t abused prescription painkillers since 2008. She still attends Pills Anonymous meetings but has agreed to give up her anonymity—a strong tradition in 12-step programs—to help others struggling with addiction. “I want people to know there is hope and there is a solution.” —*Joe Eaton*

**“I looked at doctors as god figures, and I was too trusting.”**

—Laura Thompson, 64, sober for nine years

