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Editorial

Addressing the Crises in Treating Substance Use Disorders in Later-life: Tele-medication Assisted Treatment (TELE-MAT) for an Older Adult Population

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Weber et al¹ in their article, *Older Adult Substance Use Treatment First-time Admissions between 2008 and 2018*, document trends that researchers and practitioners who focus on older adults with substance use disorders have long predicted. Not only are an increasing number of older adults with substance use disorders entering treatment, but the majority are seeking services to primarily address a problem with an illicit substance other than alcohol. These findings, though long expected through the tracking of substance use by age cohorts,² indicate the need for substance use disorder clinics that are age appropriate and culturally competent. Treatment settings need to be accessible to an older adult cohort and practitioners must have adequate training to ensure they have the clinical skills necessary to screen for and treat substance use disorders among an older adult population.

It is notable that the findings in Weber et al. are from data during the period 2008–2018—before the onset of the coronavirus disease 2019 (COVID-19) pandemic. The COVID-19 pandemic has had a particularly devastating impact on individuals with substance use disorders as social isolation, lack of resources and untreated behavioral health issues have contributed to an increased rate of illegal drug use and overdose deaths.³ In addition, the COVID-19 pandemic altered the treatment landscape overnight as many brick and mortar treatment facilities transformed to virtual services due to stay-at-home orders and facility closures.

Older adults with substance use disorders have been particularly vulnerable during the COVID-19 pandemic as they are more likely to live alone, face economic hardship, and have less ability to successfully navigate treatment resources.⁴ Exponential

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increases in overdose among older adults during the pandemic coupled with the increased number of older adults entering treatment documented in the data provided by Weber et al highlights the critical need to rethink the scope and scale of how substance use treatment services are provided to older adults. Leveraging virtual and remote services to provide tele-medication assisted treatment (TELE-MAT) offers an opportunity to rapidly support the burgeoning number of older adults entering treatment.

Utilizing TELE-MAT for older adults addresses common barriers to treatment, such as transportation, limited treatment options in remote areas, stigma, utilization challenges that many older adults have in navigating complex care systems and provides treatment in an expedient and cost-effective manner. TELE-MAT also offers the opportunity for older adults with substance use related disorders to meet with clinicians specifically trained to work with this population. As pointed out by Weber and colleagues, substance-related disorders present differently in later life and the elderly are at an increased risk for such disorders. Clinicians who treat younger individuals with substance use disorders may not be aware of the unique etiology of addiction in later life. Training on screening for substance use across age demographics is also necessary in helping to accurately capture the level of misuse among older adults.

A fundamental requirement to implementing TELE-MAT for an older adult population is ensuring that resources are distributed equitably for an older adult cohort that may face economic hardships. In addition, the design of the TELE-MAT should incorporate user interface appropriate for an older adult population with larger font, strong color contrast, and a design that promotes an intuitive navigation of the platform. As clinicians begin to enhance their “web-side manner,” it will be important to provide training and guidelines for practitioners on best practices for engaging and treating older adults via a telehealth platform.

The availability of funding for treatment providers to launch a telehealth solution, train their staff, and to be reimbursed for treatment services will ultimately determine the success of implementing a TELE-MAT program. Regulatory changes, waived in the initial phases of the pandemic, allowed for reimbursement of physical and behavioral health treatment.

Legislation at the Federal level to support the use of telehealth for substance use disorder treatment and mental health services needs to be made permanent. Provisions that would allow certain controlled substances that are used to treat substance use disorders, such as buprenorphine, to be prescribed online after a video consult with a provider, could be an effective method for addressing the urgency for treatment options for older adults. These adaptations to funding and prescribing would allow patients to see a provider and commence treatment more quickly with fewer barriers to care.

The COVID-19 pandemic has hastened the transition to telehealth services and the rapidity of the change has been unsettling for both practitioners and patients. There is a critical need for training and to evaluate the outcomes of these clinical interactions as new ways of navigating treatment emerge. For older adults with substance use disorders, there is a dearth of research on evidence-based interventions.⁵ Thus, while the potential benefits of TELE-MAT for an older adult population offers the opportunity to reduce barriers to care, there will need to be metrics in place to assess the efficacy of clinical outcomes. As the number of older adults with substance use disorders increases, and their needs become more clinically complex, time is of the essence in developing and implementing treatment services via a telehealth platform.

AUTHOR CONTRIBUTION

Daniel Rosen, Ph.D. is the sole contributor of this editorial.

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Daniel Rosen, Ph.D. does not have any conflicts to declare.

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