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## When Opioids Help and When They Harm Older Adults

Momentum Discussions Podcast from the Gerontological Society of America  
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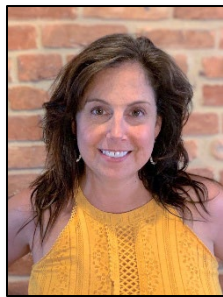
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Host:

**Elana Kieffer Blass, MBA**

Director of Strategic Alliances



Guest:

**Bethea (Annie) Kleykamp, PhD, MA**

Assistant Professor, Psychiatry Department, University  
of Maryland School of Medicine, Director, Research  
and Evaluation

Maryland Addiction Consultation Service (MACS)

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### Announcer:

Welcome to the Gerontological Society of America's Momentum Discussion, where we explore groundbreaking topics in the field of aging.

### Elana Kieffer Blass:

Welcome to this GSA Momentum Discussions podcast episode titled *When Opioids Help and When They Harm Older Adults*, developed by the Gerontological Society of America's Momentum Discussions, which highlights topics experiencing great momentum in the field of gerontology. My name is Elana Kieffer Blass. I am the Director of Strategic Alliances at the Gerontological Society of America, or GSA, and I am pleased to serve as the host for today's Momentum Discussion. Today's episode takes on a critical topic that most of us have little or no awareness of: opioid use among older adults. Our guest will share her research and personal journey in this field, and will also offer one small, easy step each of us can take to address it. Bethea (Annie) Kleykamp is an assistant professor in the psychiatry department of the University of Maryland School of Medicine and the Director of Research and Evaluation for the Maryland Addiction Consultation Service. She's a PhD-trained experimental psychologist. After completing her postdoctoral training, she pursued a non-traditional career path, holding science and writing roles in the nonprofit, for-profit, and public health care sectors, including the American Society of Addiction Medicine in 2021.

Her growing recognition of the lack of research at the intersection of aging and substance use, and of the growing older adult population, led to a full-time return to academia in 2023. Let's get started. Annie, welcome to the podcast.

**Annie Kleykamp:**

Thank you.

**Elana Kieffer Blass:**

Why is it important to talk today about older adults and opioid use? What do we already know about this topic, and what are some misconceptions around it?

**Annie Kleykamp:**

I think the obvious thing that many of us know is that opioids are prescribed, and older adults are often those who are prescribed opioids most commonly opioids. Now that's decreased in recent years as concerns over the opioid epidemic or the impact of drugs like heroin and fentanyl on the population, which has been driven in part by prescription opioid overprescribing. What we're seeing now for older adults is fewer prescriptions for opioids, but still a significant amount. Of course, this is for pain, this is for end-of-life care. There's a really important clinical need for opioids. At the same time, older adults have been disproportionately impacted by the opioid epidemic, and this has often gone undiscussed. What that means is older adults are the most likely to die of a fatal overdose. Where I live in Baltimore, it's unfortunate that it's the overdose capital of the country.

Adults 55 and above in our area are most likely to die. We think there are several reasons for that. Often this is not due to prescription opioid use. This is due to drugs from the street, including a synthetic version of opioids called Fentanyl, which is very deadly. We think that older adults, especially, are at risk because they already have other comorbidities. Maybe they also smoke cigarettes, and they have respiratory complications. Their risk of actually dying from an overdose is much higher, especially since fentanyl entered the market about 10 or 15 years ago. Misconceptions. A lot of people are fearful of opioids when they're prescribed, thinking they could automatically become addicted, and many people safely use opioids and need them for pain, end-of-life care.

Maybe they've had surgery, and it's just a short-term use, and they don't go on to develop what we call addiction, which is that uncontrolled use that can harm your life. But I think another misconception is that older adults don't use drugs recreationally. What we're seeing with the opioid epidemic is that there are a lot of older adults who still use drugs that aren't prescribed, that are opioids. There's a lot of information that we don't have on how to help them because older adults are often excluded from our research. I think having this conversation is so important, so we can talk about the benefits and risks of these drugs and shed light on this population that does intersect with opioids quite a bit.

**Elana Kieffer Blass:**

Is there any research on older adults who are using opioids that start when they're older? Or is this like, been like a lifelong struggle?

**Annie Kleykamp:**

There is some research to suggest what I think some research studies have called late adopters, where maybe they had no previous experience with opioids. I would say that's a smaller proportion.

You don't generally see people suddenly develop an addiction later in life, even if it's something like alcohol or tobacco. You do see signs of that usually earlier, but it's possible to, for example, never have moved into risky substance use or had an addiction, and suddenly that comes on in older age. They think some of the reasons are your changing metabolism. You may have social circumstances that make it more appealing to turn to drugs like opioids. It is a risk unique to older adults, although I would say most people whom we see, like in our treatment clinics, have struggled with this for many decades.

**Elana Kieffer Blass:**

This is obviously not an easy topic to talk about. Can you talk about how you first got interested in it and what has kept you in this field?

**Annie Kleykamp:**

It's really special to talk to you about this because, since I was born, I was in a family that was directly impacted by opioids. My father had prescription opioid dependence when I was born. He was lucky enough to have access to inpatient treatment at the Betty Ford Clinic, which he attended when I was five. I grew up navigating as a family member, his dependence on opioids, and then his post-treatment. He continued to struggle with opioids and other drugs, including alcohol, throughout his life. This, his struggles, and mine as a family member were the difficulties. I went on to study addiction with my PhD. He unfortunately passed away at age 63. I learned, after the fact, although I had suspicions that he was still struggling with opioid use.

That's really important to me because that was in 2014. I had always had an interest in aging and substance use, but I saw that my dad was able to use drugs, and he was a physician, and he went to special treatment for physicians. He probably had some of the best access to care. Wow. I saw that it impacted his whole life. There were a lot of reasons that he was using substances that weren't at all related to medicine. They were trauma and stress. I really take that experience with me into this, push that I'm doing to focus more on older adults with opioids. The other part of that is that we're talking about opioids today, but often they intersect with other substance use. That's something to keep in mind. It's easy to think of substances singularly and think, oh, if I could help someone who may be having issues with opioids, but often we are balancing lots of other substance use issues or mental health issues with that.

**Elana Kieffer Blass:**

What has kept you in this field?

**Annie Kleykamp:**

I would say just a persistent drive to understand, my personal experience of how this can happen, how someone like my father or many of the people that I see in my research studies can struggle for so long, even though we do have a lot of tools to help them. I think what really motivates me is the sheer amount of work to be done. I already mentioned that older adults are often excluded from research, especially in substance use. There's a huge gap there. That really motivates me to fill that gap in our understanding. But also I'm motivated to educate people and to, I guess, spread the message that it's never too late, that there are always opportunities to address if you have an addiction or a dependence on opioids. It's not going to look the same for everyone. There are lots of options that include harm reduction, not just cessation of the drugs, that can help people.

That really motivates me because I think what I want is for family members and people directly using opioids and other drugs to feel hope, even though they may have been using them for a long time. There's a lot we could do to help.

**Elana Kieffer Blass:**

Definitely, of course, one major concern about opioid use is the risk of an overdose, which could certainly lead to death. What are some concrete steps that we can take as a family member, a caregiver, a neighbor, or a friend to help prevent an opioid overdose?

**Annie Kleykamp:**

I think first being aware and knowledgeable, one is the person, is it possible to know if they have a prescription for opioids, are using them, or have access? Then, knowing the signs of a potential overdose, which could be very slow breathing or not breathing, they often point to blue-gray lips or pale skin. I would say lean towards being extra vigilant about that. Older adults can often move quickly into these overdose signs. What that could look like is: if you've seen these signs and are educated on them, you call emergency services. I think the really big win for public health is Naloxone, a medication you can easily get. I have it here just in case, somewhere in my community in Baltimore, someone's looking like they may be suffering from an overdose.

That's a safe medication that can stop an overdose in its tracks and save many people. There are lots of tools. I know GSA has put out tools on how to use Naloxone, which is really easy to learn to administer. I think having that on hand and with you. The other part is checking on people. It is the case that a decent portion of people who overdose and pass away are alone. There may be older adults who are using substances, maybe it's all prescribed, and they don't have any signs of addiction, but they could be at high risk. Being able to check on them or make sure they're being checked on would be really important for intervening early.

**Elana Kieffer Blass:**

Can you talk a little bit more about Naloxone? As you mentioned, GSA has written a report and a decision tool about it. Can you talk about how to get it and also what happens if you give it to someone and they're not overdosing? To quell some fears and show just how easy and safe it really is.

**Annie Kleykamp:**

There in your community, there's a lot of free access to Naloxone. In Baltimore, you can get it for free by contacting your local health department, by purchasing it through a pharmacy, or by talking to your doctor. The most common way to administer it is a nasal spray. It's safe to administer even if someone is not experiencing an overdose related to opioids. One thing to keep in mind is that they may be showing signs of sedation that aren't due to an opioid. The way Naloxone works in the brain is that it blocks the effects of an opioid. But if there may be another drug, sedatives, for example, like a Benzodiazepine, it wouldn't block that, but it would block the opioid overdose.

That's why it's important to also contact emergency services, just in case there's another medical or substance issue. But I would say the guidelines suggest that if you're in doubt, you think that it could be a chance, it's safe to administer it. There are lots of online videos, training, and different ways to learn about it. I would really urge people who are interested to reach out to their local health department or even talk to their doctor about it. If you're prescribed opioids, you can also talk to your doctor about also getting naloxone along with that in case you're worried that you may take too much.

**Elana Kieffer Blass:**

That leads to my next question: can you talk a little bit more about prescription opioids? Of course, we're working at GSA across the life course, but really focusing on older adults, many of whom are older. Again, many of us of all ages will be prescribed opioids for a variety of reasons. Can you talk a little bit about how to balance that? Because we don't want to scare people away from taking opioids if they need them for, as you mentioned, for pain relief and of life care and the like. How does one balance that?

**Annie Kleykamp:**

I think, for example, if you're having a surgical procedure, your provider who's going to prescribe the medication is really going to weigh these risks and benefits. They're going to prescribe you the amount that they think is safe and talk to you about that. There's a lot of research suggesting that treating the pain can help you heal faster. I want to reiterate that if you do have pain and you've been prescribed opioids, taking those is not going to lead to addiction instantaneously. Many people safely take opioids. I would say don't let that fear stop you from using the tool that medicine really has for us to help us live a healthier, higher-quality life. A lot of people have chronic pain, and there's a lot of discussion about the role of prescription opioids in that your doctor will decide, and more and more doctors are restricting access to chronic opioid opioids.

But seeing a pain management specialist, someone who has expertise in that, if you do feel like opioids are the only thing helping, could really help. I would recommend that if you are prescribed opioids, follow the instructions on taking them, even if you want to take more and not replace them with anything that's not prescribed, because that can be really risky. If, for example, you were to purchase some from a friend or someone on the street, that's because, as we know, prescribed medications are FDA-approved. They're really going through a lot of rigorous testing on the street. We're unfortunately seeing that opioids are mixed with a lot of other drugs, including cocaine. This could be really, really risky. If you find yourself needing more, I think having that conversation, that honest conversation with your doctor, because there are ways to pair opioids with non-opioid medications for pain that can reduce your use of them.

I think that there's some research to suggest that many people will not accept opioids for fear of addiction. That's definitely a conversation to have with your doctor, because there is a real benefit to him. I saw it recently. I unfortunately lost my stepfather to cancer on December 1st, and I was with him those last two weeks, and he was with hospice. The availability of pretty serious opioids towards the end of his life was critical for helping him live a more comfortable life. Then, up until a couple of months before, he was very hesitant to use those. I would think, you know, understanding that the FDA approves opioids and they are available as medicines for good reason. They have benefits, but also appreciate the risks, and watch yourself and the signs that you could be developing a dependence on them that may not be in your best interest.

That could look like maybe you need more and more of the same dose to have the same or a higher dose to have the same effect, or maybe you find yourself wanting to use them when you actually aren't experiencing pain, or if you are seeking them outside of the context of your doctor. You can keep an eye on those things. Also, if you have family members, if you're concerned about that, they can help you keep an eye on it. I think that's a really long way of saying, it's complex because opioids do have these benefits and risks.

Each person will have a slightly different scale; if they have the pain and a low likelihood of developing an addiction to it, it could be a medicine that their doctor thinks is reasonable, especially in the short term.

**Elana Kieffer Blass:**

Definitely, I think one way to mitigate the fear of someone who might need to take prescribed opioids and be nervous about it. Information is power. As you just said, if you can learn about recognizing the symptoms, if you are concerned about an overdose or dependency, to make sure you have naloxone nearby, to make sure you know how to use it, to make sure that others near you know how to use it, that can all hopefully help with that. Then also allow people to take opioids safely.

My final question today is, what is one takeaway that you want our listeners to understand after listening to this episode?

**Annie Kleykamp:**

My life experience with my dad and also working with a lot of patients who take opioids, I think my bigger picture is that there's a lot of judgment around drugs and stigma, even if you're prescribed them. Opioids have really risen on that list because of the opioid epidemic. I think my main take-home point is that if you are a person taking prescription opioids or you're taking opioids recreationally, or a family member or a friend, I think removing the character evaluation from that, there's this history of evaluating people on their substance use, suggesting they have some moral failure. The truth is these are drugs that impact the brain in important ways, and they can reduce pain, and they can also elicit addiction. But that is not something you have full control over.

If you find yourself using opioids in a way that's not benefiting you anymore, I think trying to approach it without the shame, the self-shame, or shaming your family members, there are a lot of solutions and resources out there. We mentioned the American Society of Addiction Medicine. Clearly, GSA is doing a lot, and it really is more of a medical issue than anything else. If we can keep our eye on that and seek out the medical care we need, the information, as you said, resources, I think that that can remove a lot of the silence that's around substance use, including prescription opioid use. Because there's just so much shame that keeps people from talking about it, if we don't know that people are using opioids, we can't help them if they run into something like an overdose, or maybe they get into a pattern that they want to stop, but they need help with that.

**Elana Kieffer Blass:**

Yes, I deeply agree. Dr. Kleykamp, thank you for taking the time to join me for this podcast episode. Most of all, thank you for your research, your passion, and your action on this topic of older adults and opioid use. Thank you also to Emergent BioSolutions for their support of this podcast. Thank you to our listeners. We hope you found today's episode enlightening and informative.

**Announcer:**

Check out [GSA Enrich](#) for engaging learning resources, including toolkits, publications, webinars, podcasts, and more.

