

COUNCIL ON SUBSTANCE ABUSE



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Substance Misuse and the Elderly Population





“Reduce the incidence and prevalence of the disease of alcoholism, other drug addiction diseases, and related problems.”



Objectives

Describe the impact of alcohol, prescription medication/ opioids, and other substances among older adults

Identify, screen, and assess substance misuse in older adults

Develop and implement recovery and wellness plans for older adults



Overview of Substance Misuse

Illicit substance use generally declines after young adulthood, however, nearly 1 million adults aged 65 and older live with a substance use disorder (SUD).

Substance misuse is an emerging public health issue among the nation's older adults. Aging could possibly lead to social and physical changes that may increase vulnerability to substance misuse.

Overview of Substance Misuse

- Older adults typically metabolize substances more slowly, and their brains can be more sensitive to drugs.⁹
- Illicit drug use among adults aged 50 or older is projected to increase from 2.2 percent to 3.1 percent between 2001 and 2020.
- Admissions to treatment facilities between 2000 and 2012 among older adults increased from 3.4% to 7.0% during this time.

Alcohol Use

- Alcohol is the most used drug among older adults, with about 65% of people 65 and older reporting high-risk drinking, defined as exceeding daily guidelines at least weekly in the past year.
- Concerning is a study showing more than a tenth of adults age 65 and older currently binge drink (defined as drinking five or more drinks on the same occasion for men, and four or more drinks on the same occasion for women)
- Research published in 2020 shows that increases in alcohol consumption in recent years have been greater for people aged 50 and older relative to younger age-groups.

Alcohol Use

- Most admissions to substance use treatment centers in this age group relate to alcohol.
- One study documented a 107% increase in alcohol use disorder among adults aged 65 years and older from 2001 to 2013.
- Alcohol use disorder can put older people at greater risk for a range of health problems, including diabetes, high blood pressure, congestive heart failure, liver and bone problems, memory issues and mood disorders.

Marijuana

- Nine percent of adults aged 50-64 reported past year marijuana use in 2015-2016, compared to 7.1% in 2012-2013.
- The use of cannabis in the past year by adults 65 years and older increased sharply from 0.4% in 2006 and 2007 to 2.9% in 2015 and 2016.

Medical Marijuana

- One U.S. study suggests that close to a quarter of marijuana users age 65 or older report that a doctor had recommended marijuana in the past year.
- Research suggests medical marijuana may relieve symptoms related to chronic pain, sleep hygiene, malnutrition, depression, or to help with side effects from cancer treatment. Marijuana plant has not been approved by the Food and Drug Administration (FDA) as a medicine.
- Potential benefits of medical marijuana must be weighed against its risks, particularly for individuals who have other health conditions or take prescribed medications.

Prescription Medications

- Chronic health conditions tend to develop as part of aging, and older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications.
- One study of 3,000 adults aged 57-85 showed common mixing of prescription medicines, nonprescription drugs, and dietary supplements.
- More than 80% of participants used at least one prescription medication daily, with nearly half using more than five medications or supplements,5 putting at least 1 in 25 people in this age group at risk for a major drug-drug interaction.



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Impact of Substance Misuse

- While illicit drug use typically declines after young adulthood, nearly 1 million adults aged 65 and older live with a substance use disorder (SUD),
- Admissions to treatment facilities between 2000 and 2012 among older adults increased from 3.4% to 7.0% during this time.²

Prescription Medications

- In 2019, pain reliever misuse was the fourth most common type of substance misuse among adults ages 65 and older in the United States.
- Many older adults do use prescription medications to “get high,” but many develop SUDs from misusing prescription medications to address
- The medications of most concern are psychoactive medications such as opioids and central nervous system (CNS) depressants.
- Opioids are medications that relieve pain. CNS depressants include antianxiety medications, tranquilizers, sedatives, and hypnotics. These medications affect brain function, which can result in changes in consciousness, behavior, mood, pain, perception, and thinking

Prescription Medications

- Opioids Older adults are at risk for nonmedical use of opioids, given the high prevalence of chronic pain in this population.
- Chronic pain is among the most common reasons for taking opioid medications, but for some individuals, prescription opioids do not relieve pain.
- Older adults are also at risk for alcohol–opioid interactions. When taken with opioids, alcohol increases the risk of negative outcomes in older adults, including death.

Illicit Drug Misuse

- While illicit drug use typically declines after young adulthood, nearly 1 million adults aged 65 and older live with a substance use disorder (SUD), as reported in 2018 data.
- While the total number of SUD admissions to treatment facilities between 2000 and 2012 differed slightly, the proportion of admissions of older adults increased from 3.4% to 7.0% during this time.
- Illicit drug misuse is more common among current older adults than among previous generations of older adults.
- Current 65-and older individuals and aging baby boomers (those born between 1946 and 1964) are more likely than members of previous generations to use illicit drugs



Impact of Substance Misuse

- Older adults may be more likely to experience mood disorders, lung and heart problems, or memory issues.
- Drugs can worsen these conditions, exacerbating the negative health consequences of substance use.
- The effects of some drugs—like impaired judgment, coordination, or reaction time—can result in accidents, such as falls and motor vehicle crashes.



Impact of Substance Misuse

- Other risks could include accidental misuse of prescription drugs, and possible worsening of existing mental health issues.
- A 2019 study of patients over the age of 50 noted that more than 25% who misuse prescription opioids or benzodiazepines expressed suicidal ideation, compared to 2% who do not use them, underscoring the need for careful screening before prescribing these medications.



Impact of Substance Misuse

- SUDs among older adults are expected to continue increasing.
- Rapidly growing numbers of older adults will need substance misuse prevention and counseling, and sometimes SUD treatment services, particularly to address non-medical use of prescription medication.

Need for Addiction Services

- Older adults are increasingly willing to seek services. Baby boomers tend to view addiction treatment as more acceptable than previous generations have.
- As baby boomers continue to enter old age, the number of older people needing treatment will continue to increase— and so therefore will the overall percentage willing to seek treatment.
- Feelings of shame and stigma linked to SUD treatment settings cause many older adults to seek addiction care from providers who do not specialize in addiction treatment, including primary care and emergency department providers.

Possible Signs and Symptoms

Occasional slurred speech	Decreased appetite
Weight loss	Unkempt appearance reflecting poor personal hygiene
Increased complaints of insomnia	Frequent health complaints without evidence of medical problems
Lying about drinking habits	Increased frequency of drinking
Irritability and mood instability when not drinking	Unexplained bruises and repeated falls
Black outs, Increased forgetfulness	Signs of withdrawal — such as tremors — when not drinking
Social withdrawal, Hiding alcohol or pills	Depression, anxiety and mental health problems, Discomfort when confronted about drinking or drug use behaviors

Identifying, Screening, and Assessing Substance Misuse

- There are several short assessment tools that health care professionals can use to point to possible substance abuse in older adults.
- The CAGE-AID questionnaire is the most common screening tool used to assess for potential alcohol dependence.
- The CAGE-AID was adapted to include drugs (AID) in addition to alcohol use. It is one common, quick tool used by health professionals to determine if they need to look more closely at an older adult's substance use.

Treating SUDs

- Few providers specialize in dealing with geriatric substance use. Little is known about the best models of care- research shows that older patients have better results with longer durations of care.
- Many behavioral therapies and medications have been successful in treating substance use disorders in older adults.
- Ideal models include diagnosis and management of other chronic conditions, re-building support networks, improving access to medical services, improved case management, and staff training in evidence-based strategies for this age group.

Treating SUDs

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- Providers may confuse SUD symptoms with those of other chronic health conditions or with natural, age-related changes.
- Research is needed to develop targeted SUD screening methods for older adults. Integrated models of care for those with coexisting medical and psychiatric conditions are also needed. It is important to note that once in treatment, people can respond well to care.

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Co-Occurring SA/MH

- 2019 National Survey on Drug Use and Health (NSDUH) indicated 1.5 percent of Americans ages 50 and older (1.7 million) had a past-year mental illness and SUD;
- An estimated 0.5 percent (607,000) reported both a past-year serious mental illness (SMI) and a past-year SUD. - 37 percent with a past-year SUD also had any mental illness; 13 percent, an SMI.
- 11 percent of older adults with any mental illness in the past year also had an SUD. - 18 percent of older adults with an SMI in the past year also had an SUD.



Providing Support

- Concerned family members must proactively sit down with the older adult suspected of alcohol or drug abuse to assess current situation.
- It is important to be gentle, but also to be direct and specific and avoid being judgmental.
- Proactively sit down with the older adult suspected of alcohol or drug abuse to assess current situation.
- If possible, communicate your concerns with their physician. If a problem is identified, appropriate treatment should be sought.



Developing and Implementing Recovery and Wellness Plans

- Strong social networks support older adults in achieving and maintaining recovery from substance misuse. Families and providers can help older adults develop and maintain a social network that promotes recovery and wellness.
- Families and providers can provide information- older adults have to increase their health literacy to maintain recovery and prevent relapse.
- Providers need to engage older adults in illness management and relapse prevention activities specific to substance misuse with a focus on health and wellness.
- Providers can help older adults feel more empowered by understanding the normal developmental challenges of aging and age-specific strategies for promoting resilience and setting goals.

Points to Remember

- While use of illicit drugs in older adults is much lower than among other adults, it is currently increasing.
- Older adults are often more susceptible to the effects of drugs, because as the body ages, it often cannot absorb and break down drugs and alcohol as easily as it once did.
- Older adults are more likely to unintentionally misuse medicines by forgetting to take their medicine, taking it too often, or taking the wrong amount.

Points to Remember

- Some older adults may take substances to cope with big life changes such as retirement, grief and loss, declining health, or a change in living situation.
- Most admissions to substance use treatment centers in this age group are for alcohol.
- Many behavioral therapies and medications have been successful in treating substance use disorders, although medications are underutilized.



Points to Remember

- It is never too late to quit using substances—quitting can improve quality of life and future health.
- More science is needed on the effects of substance use on the aging brain, as well as into effective models of care for older adults with substance use disorders.
- Providers may confuse symptoms of substance use with other symptoms of aging, which could include chronic health conditions or reactions to stressful, life-changing events.

References

A Day in the Life of Older Adults: Substance Use Facts. Margaret Mattson, Ph.D, Rachel N. Lipari, Ph.D., Cameron Hays, M.A., and Struther L. Van Horn, M.A.

Chatre S, Cook R, Mallik E et al. Trends in substance use admissions among older adults. *BMC Health Services Research*. 2017; 584(17). doi: <https://doi.org/10.1186/s12913-017-2538-z>

Han BH, Palamar JJ. Marijuana use by middle-aged and older adults in the United States, 2015-2016. *Drug Alcohol Depend*. 2018; 191: 374-381. Retrieved from: <https://www.ncbi.nlm.nih.gov/pubmed/30197051>

National Institute of Drug Abuse. <https://nida.nih.gov/publications/drugfacts/substance-use-in-older-adults-drugfacts>

Substance Abuse and Mental Health Services Administration
https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-011%20PDF%20508c.pdf

Treating Substance Use Disorder in Older Adults: Updated 2020 [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2020. (Treatment Improvement Protocol (TIP) Series, No. 26.) Chapter 7—Social Support and Other Wellness Strategies for Older Adults. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK571038/>



Questions and/or Comments?

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