Substance Use Disorders: Issues for Older Adults

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Substance Use in Older Adults

- It is estimated that the number of older adults in need of substance abuse treatment will increase from 1.7 million in 2001 to 4.4 million in 2020.

- This is due to a 50 percent increase in the number of older adults and a 70 percent increase in the rate of treatment need due to a higher abuse rate among older adults.

"Substance abuse treatment need among older adults in 2020: the impact of the aging baby-boom cohort" - Joseph Gfroerer, Michael Penne, Michael Pemberton and Ralph Folsom.

Substance Use in Older Adults

- Historically the individuals over 50 years of aged made up 10% of those in substance abuse treatment, i.e., 1.8 million older adults - predominately for alcohol abuse.

"Substance abuse treatment need among older adults in 2020: the impact of the aging baby-boom cohort" - Joseph Gfroerer, Michael Penne, Michael Pemberton and Ralph Folsom.

Substance Use in Older Adults

- Prescription drug abuse is now as common as alcohol abuse in older adults.
  - ✓Opioid misuse among older adults increased from 1.1 present in 2002 to 2.0 percent in 2014.
- Due to an increase use and addiction of “painkillers” and benzodiazepines.

Substance Use in Older Adults

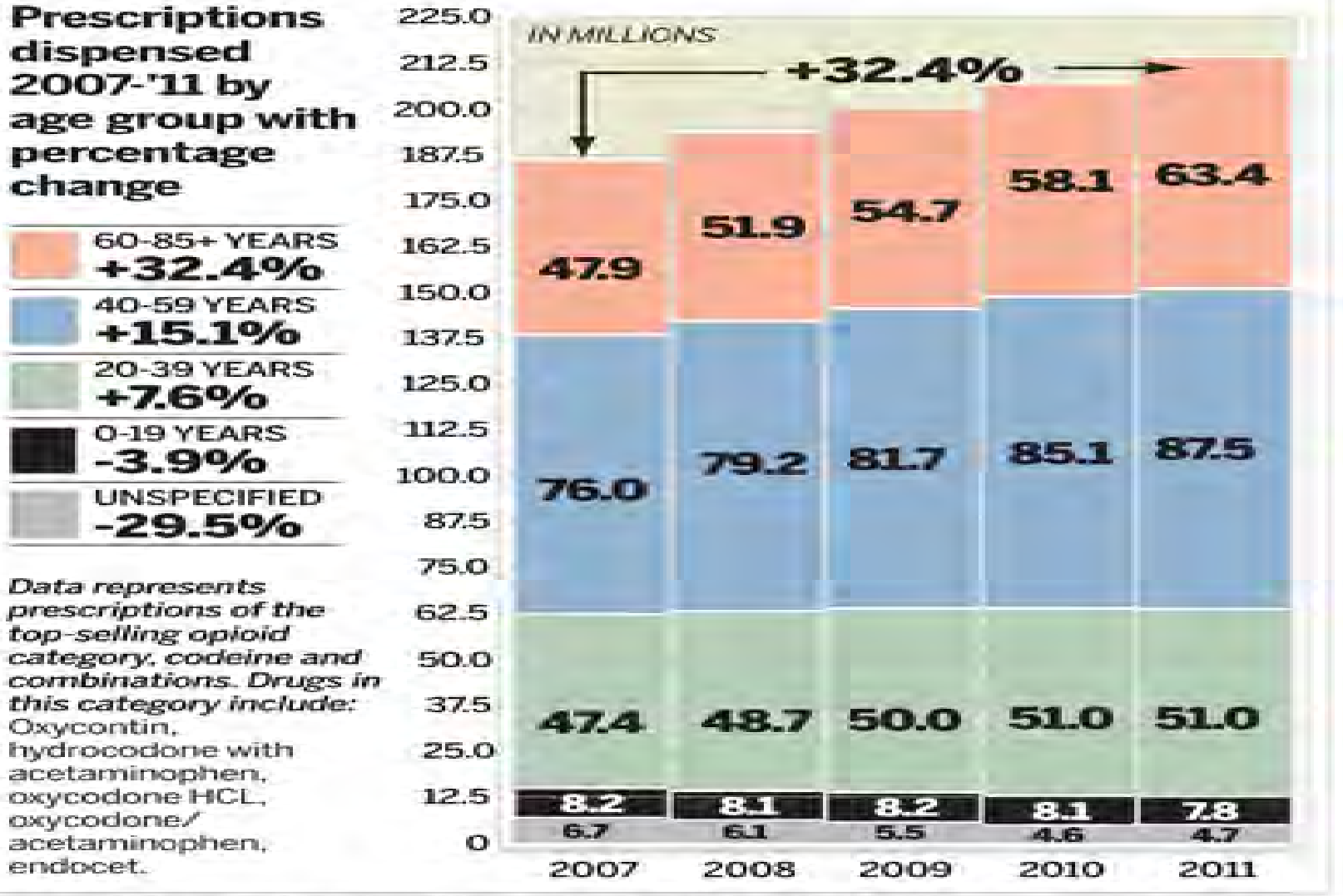
- In 2016 1/3 of Medicare Part D beneficiaries or 14.4 million individuals had at least one opioid prescription.
- Medicare beneficiaries (both aged and disabled) have among the highest and fastest growing rates of diagnosed opioid use disorders - more than 6 of every 1000 beneficiaries. (CMS January 2017)

Substance Use in Older Adults

- ✓ Issues for Older Adults
  - o "Ease" of prescribing by physicians
  - o Older Adults take medications for longer periods of time.
  - o Older adults metabolize medication more slowly so there is build up of medications.

Opioid use grows among elderly

In recent years, drugs prescribed to seniors, increasingly for chronic pain, have accounted for the largest growth in U.S. opioid prescriptions — more than double the next largest age group. The prescription increase has been fueled in part by doctors and pain advocacy organizations that receive money from drug companies and make misleading claims about the safety and effectiveness of opioids.



Source: IMS Health, IMS National Prescription Audit Plus TM, 05/2012

Journal Sentinel

Substance Use in Older Adults

- ✓ Issues for Older Adults
  - Opioid side effects may include:
    - Nausea
    - Constipation
    - Urinary retention
    - Central nervous system effects – sedation, mild cognitive impairment, and respiratory depression
    - Increased sensitivity to pain
    - Cardiovascular
    - Endocrine system effects

Substance Use in Older Adults

- ✓More individuals are dying of "legal" opioid abuse than illicit drug abuse. (CDC)
- ✓1999 – 2014 Opioid Deaths
  - o35 – 44 years of age increased from 4,225 to 10,475
  - o55 – 64 years of age increased from 226 to 7,486
  - oThe largest increase is in those individuals 65 – 74 years of age from 16 deaths in 1999 to over 6,800 in 2014, over 4,150 %

US CDC Control and Prevention's WONDER CDC Database

Substance Use in Older Adults

- ✓From 1999 – 2014
  - Older males experienced a 775% increase in opioid overdoses (16 to 140 deaths)
  - Older women experienced a 1682% increase with the number of deaths rising form 11 to 196.

US CDC Control and Prevention's WONDER CDC Database

Substance Use in Older Adults

- ✓Common problem
- ✓Less likely to be recognized
- ✓Chronic illness more common
  - *Correlates with hospitalizations - dementia and hip fractures*
  - *Poly-pharmacy issues*
  - *Co-morbid mental health issues*
- ✓Less likely to be addressed

Substance and Medication Abuse/Misuse

- Illicit Drugs
- Prescription Medications
- Over the Counter Medications (OTC)
- Alcohol
- Any Combination of the Above
- Nicotine?

Any smoking is considered drug abuse and places the older person at risk for negative health consequences; advancing age increases the likelihood of respiratory and cardiovascular illnesses related to smoking.

Changes in the DSM 5 in regards to the Substance Use Disorders Criteria

Diagnostic Statistical Manual 5 Edition

- Substance use disorder “describes a problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress”.

- **DSM 5** Combines the **DSM IV - R** categories of substance abuse and substance dependence into a single disorder.
- They are then measured on a continuum from mild to severe.
- Each substance is then addressed as a specific disorder. (i.e.; alcohol use disorder, stimulant use disorder, etc.)

DSM 5 Changes

- ✓The Chapter on Substance Related and Addictive disorders also includes Gambling and “Process” Addictions

DSM 5 Changes

- Criteria is merged to diagnose disorders related to the use of alcohol, cigarettes, illicit or prescription drugs and other substances into a single 11-item list of problems associated with those disorders. (such issues as being unable to cut down or control, failing to meet obligations, etc.)

DSM 5 Changes

- Diagnosis is given based on how many criteria on that list them met
  - *No disorder (0-1)*
  - *Mild disorder (2-3)*
  - *Moderate (4-5)*
  - *Severe (6 or more)*

DSM 5 Changes

- Makes it easier to identify and address drug or alcohol problems before they become dangerous.
- Individuals who drink heavily at sporting events may be at risk but usually don't need lengthy treatment.

DSM 5 Changes

- Symptoms of people with substance abuse do not fit into two distinct categories.
- Guidelines also make it easier for primary care to be reimbursed by insurance for screening for alcohol and drug problems and conducting short counseling sessions.

DSM 5 Changes

- ✓Goal is to educate about the risks and make individuals aware of potential consequences.

DSM 5 Changes

- ✓Though there is a close correlation between the number of symptoms experienced by a person and the severity of the substance use disorder. Several studies demonstrate that abuse is not necessarily a precursor for dependence.
  - A "spectrum" in the new criteria addresses issues in a broader context
  - A "spectrum" in the new criteria may help allay issues of stigma

DSM 5 Criteria

- In order to be diagnosed with a disorder due to a substance, an individual must display 2 of the following 11 symptoms within 12 months.

DSM 5 Criteria

1. Consuming more alcohol or other substance than originally planned
2. Worrying about stopping or consistently failed efforts to control one's use
3. Spending a large amount of time using drugs/ alcohol, or doing whatever is needed to obtain them
4. Use of the substance results in failure to "fulfill major role obligations" such as at home, work, or school
5. "Craving" the substance (alcohol or drug)

DSM 5 Criteria

6. Continuing the use of a substance despite health problems caused or worsened by it. This can be in the domain of mental health (psychological problems may include depressed mood, sleep disturbance, anxiety, or “blackouts”) or physical health
7. Continuing the use of a substance despite it having negative effects in relationships with others (For example, using even though it leads to fights or despite others objecting to it)

DSM 5 Criteria

8. Repeated use of the substance in dangerous situations (for example, operating heavy machinery or driving a car)
9. Giving up or reducing activities in a person's life because of the drug or alcohol use
10. Building up a tolerance to the alcohol or drug. Tolerance is defined by the DSM-5 as "either needing to use noticeably larger amounts over time to get the desired effect or noticing less of an effect over time after repeated use of the same amount

DSM 5 Criteria

11. Experiencing withdrawal symptoms after stopping use. Withdrawal symptoms typically include, according to the DSM-5; “anxiety, irritability, fatigue, nausea/vomiting, hand tremor or seizure in the case of alcohol.

DSM 5

- Gambling is listed as a Behavioral Addictive Disorder

- Gambling is the only disorder listed, however others can be listed as Behavioral Addiction, Not Otherwise Specified.
- Rationale is that compulsive behaviors follow the same clinical pattern, physiology, treatment and may derive from the same neural network as compulsive substance use.

Process Addictions

- ✓**Behavioral Addictions** - A **process addiction** is a condition in which a person is dependent upon some form of behavior, such as gambling, love, sex, or shopping, and is a blanket term for any **behavioral addiction** that does not involve drugs or alcohol.

Process Addictions

- ✓ **Behavioral Addictions Continued –**
  - Compulsive nature of the behavior
  - Continual reward seeking behavior
  - Similar to chemical dependency
  - Negative consequences does not cause cessation

Process Addictions

- ✓**Behavioral Addictions** – Process Addictions cont.
  - Gambling (lottery most common, followed by casinos).
  - Food, shopping, exercising, video gaming, etc. may all be considered process addictions.
  - Sex as a process addiction – debate over how to classify it as an addiction. (Increase rate of HIV among older adults)

Aging of America…

Challenges of the varied aging populations requires consideration of different cultural and age-appropriate assessments and interventions …

Substance Misuse and Mental Health Issues in Older Adults

- In 2010 the estimates of individuals having one of more substance abuse or mental disorders were 14 – 20% of the over all older adult population.

Substance and Medication Abuse/Misuse

- Of those in treatment over 75, historically alcohol was predominately the drug of choice, but ages 50-64 have more extensive substance abuse treatment histories.
- The majority of problems in current older adults appear related to: prescription medications alone, alcohol in combination with prescription medications/OTC, or alcohol only.

Substance and Medication Abuse/Misuse

- Substance abuse among those 60 years and older currently affects 17% of this population. By 2020 the number of older adults with substance use problems is expected to double. (CDC)

Substance and Medication Abuse/Misuse

- ✓2011 Study by the Substance Abuse and Mental Health Services Administration found that among adults aged 50 – 59, the rate of current illicit drug use increased from 2.7% in 2002 to 6.3% in 2011.
  - Besides alcohol, the most commonly abused drugs were opiates, cocaine and marijuana.
- ✓Since then the rates have increased dramatically.

Illicit Drug Use

Older Adults and Illicit Drug Use

The National Survey on Drug Use and Health (NSDUH) defines illicit drugs as marijuana/ hashish, cocaine, inhalants, hallucinogens, heroin, or prescription-type drugs used "non-medically".

THE NSDUH Report is published by the Office of Applied Studies, Substance Abuse Mental Health Services Administration.

Older Adults and Illicit Drug Use

- Nonmedical use is defined as the use of prescription-type pain relievers, tranquilizers, stimulants, and sedatives that were not prescribed for the respondent by a physician, or are being used for the experience or feeling they cause.

2007 National Survey on Drug Use and Health: National Findings (DHHS Publication No. SMA 08-4343, NSDUH Series H-34).

Older Adults and Illicit Drug Use

✓These medications include:

- Opioid Analgesics, e.g. Darvon, Percocet, OxyContin
- CNS stimulants such as Ritalin
- Minor tranquilizers such as Valium, Ativan
- Sedative/ Hypnotics, e.g. Seconal, Amobarbital

2007 National Survey on Drug Use and Health: National Findings (DHHS Publication No. SMA 08-4343, NSDUH Series H-34).

Older Adults and Illicit Drug Use

- Previously, illicit drug use by older adults was the lowest rate of all age groups.
- Approximately half of baby boomers have tried illicit drugs.
- Birth cohorts that experience high rates of illicit drug use in earlier ages have shown higher rates of use as they age as compared to other cohorts!
- This is what we are currently confronting!

Source: The NHSDA Report (National Survey on Drug Use and Health), "Substance Use Among Older Adults;" November 2001.

Older Adults and Illicit Drug Use

- Studies predict that as the baby-boom generation continues to age, rates of alcohol and drug abuse will continue to increase through the year 2020.

  Simoni-Wastila, L and Yang, HK Am J Geriatri Pharmacotherapy 2006 Dec;4(4):380-94. 2006.

Older Adults and Illicit Drug Use

- An estimated 4.8 million adults aged 50 or older (5.2%) had used an illicit drug in the past year.
- Marijuana use was more common than nonmedical use of prescription medications for those aged 50 - 54 and 55 – 59.
- Non-medical use of prescription drugs was higher among those 65 and older.

Source: The NSDUH (National Survey on Drug Use and Health), “Illicit Drug Use among Older Adults;” 2010 - 2011.

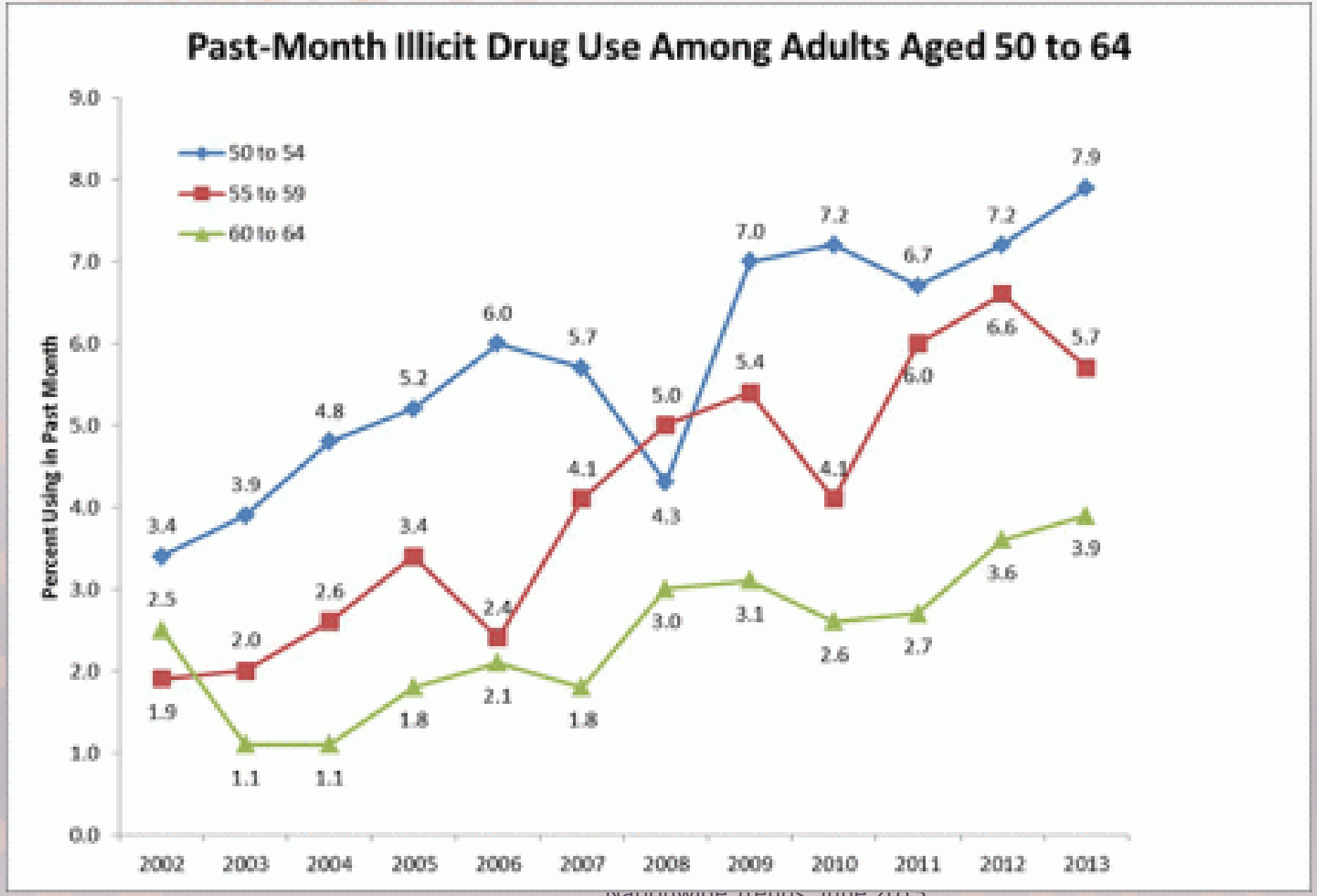
Older Adults and Illicit Drug Use

- Among adults aged 50 – 64 the rate of current illicit drug use increased from 2.7% in 2002 to 6.0% in 2013.
- For adults aged 50 – 54, the rate increased from 3.4% to 7.9% in 2013.
- For those aged 55 – 59, the rate of current illicit drug use increased from 1.9% to 5.7% in 2013.
- Among those 60 – 64 the rate increased from1.1% to 3.9% in 2013.

Older Adults and Drug Abuse/Misuse

- Of concern is the increasing rate of problem substance use in the "baby boomer" population related to the "nonmedical use" of prescription drugs.
  - Americans are 4.6% of the world's population but consume 80% of the world's opioid supply.

    "Substance abuse treatment need among older adults in 2020: the impact of the aging baby boom cohort." Groerer, Penne, Pamberton and Folsom.
- As users of heroin and other opioids get older, their risk for overdose death increases dramatically.



Nationwide Trends, June 2015

Older Adults and Drug Abuse/Misuse

- In 2012, 259 million prescriptions were written for opioids, which is more than enough to give every American adult their own bottle of pills.

  Center for Disease Control and Prevention, National Vital Statistics System, Mortality File (2015). Number and Age-Adjusted Rates of Drug-poisoning Deaths Involving Opioid Analgesics and Heroin. United States, 2000-2014. Atlanta, GA.

- Four in five new heroin users started with misusing prescription pain killers.

Older Adults and Drug Abuse/Misuse cont.

- As a result, the rate of heroin overdoses increased an average of 6% per year from 2000 to 2010, followed by a much larger increase of 37% from 2010 – 2013.

Hedgegaard MD MSPS, Chen MS PhD, Warner PhD. Drug- Poising Deaths Involving Heroin: United States 2000 – 2013. National Center for Health Statistics Data Brief. 2015: 190: 1 – 8.

Older Adults and Drug Abuse/Misuse cont.

CDC found a 33.3% increase in older adults (65 and older) deaths from heroin between 2014 and 2015.

Older Adults and Drug Abuse/Misuse

- Drug overdose is the leading cause of accidental overdose in the US.

  o47, 055 lethal overdoses in 2014.

  - 18,893 related to prescription painkillers.
  - 10,574 related to heroin.

Center for Disease Control and Prevention, National Vital Statistics System, Mortality File (2015). Number and Age-Adjusted Rates of Drug-poisoning Deaths Involving Opioid Analgesics and Heroin. United States, 2000-2014. Atlanta, GA.

Older Adults and Drug Abuse/Misuse – Women's Issue

- Women are more likely to have chronic pain and be prescribed prescription pain killers; higher doses and, use them longer than men.
- Prescription pain reliever overdose deaths among women increased more than 400% from 1999 – 2010 and compared to 237% among men.
- Heroin overdose deaths among women have tripled from 2010 through 2013.

Center for Disease Control and Prevention, National Vital Statistics System, Mortality File (2013). Prescription Painkiller Overdoes: A growing Epidemic, Especially Among Women. Atlanta, GA.

Older Adults and Drug Abuse/Misuse

- Therapeutic opioid use has increased substantially: yet effectiveness is demonstrated only for short term acute pain.
- There are multiple adverse consequences – hormonal and immune system effects, abuse and addiction, tolerance and hyperalgesia.
- Long-term use has shown to increase overall cost of healthcare, disability, rates of surgery and late opioid use.

"Therapeutic Opioids: A Ten Year Perspective," 2007 – Manchikanti, Singh.

Older Adults and Drug Abuse/Misuse

Abuse of prescription drugs, particularly prescription opioids among older adults is projected to become worse over the next several years. (SAMHSA, 1998, 2014)

Older Adults and Illicit Drug Use

The number of current illicit drug users aged 50-59 more than tripled between 2002 and 2012, from 900,000 to more than 3.0 million.

Opioid Epidemic

- Includes prescription pain killers (Oxycodone; Tramadol; Vicodin; Percocet).
- Opioids killed more than 28,000 individuals in 2014 (CDC)
- 2 Million or more Americans abused or were dependent on opioids in 2014 (CDC)
- More than 75% of individuals with “drug-use” disorders do NOT receive any treatment. (NIH)

Opioid Epidemic

- Interventions:
  - Limitations on opioid prescriptions (expanding PT and other alternative pain treatments – requiring that insurance plans cover those treatments).
  - Opioid prescription protocols.
  - Requirement that insurance plans cover substance abuse treatment.
  - Expanding the number of treatment programs

Opioid Epidemic

- ✓Alternative Interventions:
  - **Methadone**
    - Given at Methadone clinics.
    - Reduces illicit drug use and keeps people in treatment.
    - Cuts the risk of fatal overdose in half.
  - **Suboxone** (Combination of the Opioid, Buprenorphine and Naloxone which blocks the high)
    - Reduces illicit drug use and keep people in treatment.
    - Cuts the risk of fatal overdose in half.
    - 43% of Counties don't have physicians who can prescribe it due to protocols.

Opioid Epidemic

- ✓Alternative Interventions:
  - Long-lasting opioid blocker
    - **Naltrexone** – daily pill that blocks the effect of opioids and alcohol.
    - **Vivitrol** – new extended release - $1000/ month
      - Barnstable County, Mass – offered it to inmates in county corrections 50% have remained sober; 12% were re-incarcerated.
    - **Probuphine implant** – releases a steady dose over 6 months.

Opioid Epidemic

- ✓ Alternative Interventions:
  - Alcohol Use Disorder Medications
    - **Disulfiram** – treats chronic alcoholism ; taken once a day
    - **Acamprosate** – works to prevent drinking; 5th day of abstinence; full effectiveness in 5 – 8 days. Taken 3 times a day
    - **Naltrexone** – treats alcohol dependence by blocking euphoric effects and feelings of intoxication.

Opioid Epidemic

2017 DHHS 5 Point Strategy to address the Opioid Crisis

- Improve access to prevention, treatment and recovery services including the full range of medication assisted treatments.
- Targeting availability and distribution of overdose-reversing drugs.
- Obtain better public health data and reporting.
- Proving support for cutting edge research on pain and addiction.
- Advancing better practices for pain management.

Medication Abuse and Misuse

Medication Misuse

- Adults 65 and older consume more prescribed and over-the-counter medications than any other age group.
- Older adults are 12% of population but consume 34 % of all prescription medications.
- Among older Americans (aged 60 and over), more than 76% used two or more prescription drugs and 37% used five or more per month.
- One of fastest growing health concerns.

Medication Misuse (cont.)

- Adults 65 and older consume:
  - 25- 30% of all medications.
  - 70% of all over-the-counter medications.
- One out of four prescription medications taken by older adults is psychoactive.

Medication Abuse and Misuse (cont.)

New Study – February 13, 2017

- ✓The number of "retirement-age" Americans taking at least 3 "psychiatric" medications has more than doubled between 2004 and 2013.
  - Based on data from doctors office visits between 2004 – 2013
  - Prescribing was for psychiatric, sleep and pain medications
  - No diagnosis of mood, chronic pain or sleep disturbance.

JAMA Intern Med. Published online February 13, 2017. doi:10.1001/jamainternmed.2016.9225

Medication Misuse

- ✓Concerns due to the rise in "polypharmacy" in primary care.
  - Office visits where multiple prescribing took place increased 150%.
  - Largest jump was in rural areas.
  - Nearly 46% of individuals taking at least 3 prescriptions had no diagnosis to fit the prescription regiment.
  - Could this be due to lack of access to "other treatment options"?

JAMA Intern Med. Published online February 13, 2017. doi:10.1001/jamainternmed.2016.9225

Medication Misuse

- 60% of prescribed medications are not taken according to directions. Approximately 140,000 die each year as a result.
- One in four older adults skips dosages of medications or does not fill prescriptions due to cost.
- Older adult who fail to take their medications are more likely to experience a significant decline in their health.

Medication Misuse

- Older adults experience two to three times as many adverse drug reactions as do younger adults.
- Over ½ of individuals who are hospitalized for adverse drug reactions are over age 65.
- Special concern - prescription medications and alcohol!

Older Adults and Medications

- Age-related changes affect how we process medications and alcohol:
  - Lean body mass decreases
  - Fat increases
  - Total body water decreases
  - Decrease in the stomach's ability to metabolize alcohol
  - Renal changes
  - Decreases in liver function
  - Neurotransmitter/brain-related changes

Older Adults and Medications

- 20% suffer from problems with medications or alcohol and may not know it.[1]
- Likely to be prescribed more long-term prescriptions, as well as multiple prescriptions.

SAMSHA—Get Connected! Linking Older Americans With Medication, Alcohol, and Mental Health Resources. DHHS Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2003.

Older Adults and Medications

- Large percentage also use over-the-counter (OTC) medications, herbs and dietary supplements along with prescription medications .
- Also at risk for prescription drug abuse – intentionally take medications that are not medically necessary: “accidental addicts”.

[1] SAMSHA—Get Connected! Linking Older Americans With Medication, Alcohol, and Mental Health Resources. DHHS Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2003.

Older Adults and Medications

- ✓ Experience more adverse health consequences with OTC and prescription drug misuse or abuse…
  - Complicated by high rates of co-morbid illnesses.
  - Potential for drug interaction.
  - Changes in drug metabolism with age (resulting in drug activity lasting longer).

Older Adults and Medication Misuse

- Over-use, under-use or irregular use of prescription or OTC drugs are forms of drug misuse.
- Particular medications of concern include:
  - ✓Those for anxiety, depression, insomnia, other mood disorders.
    - *–25% of older adults use psychotherapeutic drugs.*

Risk Factors for Medication Misuse

- Taking extra doses, missing doses, not following instructions, taking the wrong medications.
- Using medications that have expired.
- Not knowing about side effects.
- Sharing or borrowing medications.

Risk Factors for Medication Misuse

- Mixing medications or drinking alcohol while taking medications.
- Going to multiple physicians to get more of the same drug.
- Going to multiple physicians who are unaware of complete medications regiment.

Risk of Drug Misuse Among Older Persons Increases for Many Reasons:

- Inappropriate prescribing, especially for women.
- Failure to tell doctor about OTC, herbs, vitamins.
- Memory problems.
- Problems taking medications.

Risk of Drug Misuse Among Older Persons Increases for Many Reasons:

- Small print on packaging and labels.
- Health literacy issues, e.g., not understanding the physician's instructions.
- Missing or misunderstanding instructions – vision, hearing and/or language barriers.

Tips for Preventing Medication Errors

- Always:
  - Ask why each medication is prescribed and what it is intended to do.
  - Make sure you understand when and how to take each medication.
  - Take your medications exactly as directed by your health care provider and ask what to do if you miss a dose.
  - Take a list of all of your medications and their dosages and review all medications with your health care provider at each visit.

Tips for Preventing Medication Errors

- Always:
  - Use the same pharmacy for all of your prescription medications.
  - Read labels on medication carefully.
  - If you drink alcohol ask your health care provider about the safety of drinking while taking medication.
  - Contact you health care provider immediately if you experience any problems or side effects.

Alcohol

Myths about Alcohol Use/Abuse

- Feeling sad or depressed is part of growing old. There's nothing you can do to help the older adult.
- Over-the counter medications and alcohol can be used together safely.
- Very few women become alcoholics.
- If an older adult says that drinking is his or her last remaining pleasure, it is generally best to allow the person to continue to drink.

Even social drinking can be a problem for someone taking medications regularly!

Alcohol and Substance Abuse

Alcohol and substance abuse is less likely to be recognized in the older adult:

- Lack of adequate history
- Alcohol-related problems may be mistaken for medical or psychiatric problems
- Older individuals live alone
- No job-related difficulties
- Usually no legal problems

Older Adults and Alcohol Abuse

- The proportion of older adult admissions who reported alcohol as their only substance of abuse decreased from 87.6% in 1992 to 58% in 2009.
- Older Adults who reported alcohol use in combination with drugs increased from 12.4% to 42% during the same time.

"Older Adult Admissions Reporting Alcohol as a Substance of Abuse: 1992 and 2009."The TEDS (Treatment Episode Data Set) Report, SAMHSA, November 15, 2011.

Older Adults and Alcohol Abuse

- The proportion of older adults admitted with co-occurring psychiatric problems tripled from 10.5% in 1992 and 31.4% in 2009.

"Older Adult Admissions Reporting Alcohol as a Substance of Abuse: 1992 and 2009."The TEDS (Treatment Episode Data Set) Report, SAMHSA, November 15, 2011.

Misuse, Abuse and Addiction….

While the prevalence of alcohol/substance abuse problems in the general population is under 10%, it is estimated that the prevalence for older adults is much higher in healthcare settings.

Older Adults and Alcohol Abuse

Types:

- At Risk - a pattern of use with potential for adverse consequences
  - Individuals whose quantity/ frequency have not changed, but experience problems due to age-related changes in alcohol metabolism, combining alcohol with medications

Older Adults and Alcohol Abuse

Types (cont.):

- Early Onset (Chronic) – alcohol abusers in adult years who have grown older without treatment
  - Higher incidence of psychiatric co-morbidity
  - Intermittent (Periodic)
    - ✓ Same as Early Onset
    - ✓ Periods (sometimes lengthy) of abstinence from substances

Older Adults and Alcohol Abuse

Types: (cont.)

- Late Onset – increased consumption of alcohol due to losses or stresses associated with age
  - Represents 1/3 of older adults with alcohol problems (SAMHSA, 2005)
  - Sensitivity/tolerance to alcohol changes in older years
  - More rapid progression of addiction: < 1 year
  - Significant problem for older women

Older Adults and Alcohol Abuse (cont.)

- Alcohol use appears to decline with age, but lower levels have more impact on the older adult.
- Approximately 66% of reported cases of alcoholism among older adults are considered early onset - 33% considered late onset.
- Alcohol use in older adults is often overlooked.

SAMHSA, 2005, National Survey on Drug Abuse

Risk Factors for Alcohol Problems – Late Onset

- Being female
- Loss of social and economic support
- Death of a spouse, friends and other family members
- Separation from children and loss of home as a result of relocation
- Social isolation
- History of mental health problems – anxiety, depression
- Loss of job – and related income, social status and sometimes, self-esteem – as a result of retirement

Risk Factors for Alcohol Problems – Late Onset

- Loss of mobility – trouble using public transportation, inability to drive, etc.
- Impaired vision and hearing, insomnia and memory problems
- Declining health because of chronic illness
- Lack of interesting activities, hobbies or employment
- Family history of addiction

One Drink is Equal to the Following:

One 12-ounce can or bottle of regular beer, ale, or wine cooler

One 8- or 9-ounce can or bottle of malt liquor

One 5-ounce glass of red or white wine

One 1.5-ounce shot glass of hard liquor (spirits). The label will say 80 proof or less. Spirits include whiskey, gin, vodka, rum, and other hard liquors.

Drinking Guidelines for Older Adults

The Consensus Panel[1] recommends the following usage guidelines for Older Adults:

Guidelines for Men

- No more than one drink per day (1)
- A maximum of two drinks on any drinking occasion (e.g., New Year's Eve, weddings).

Guidelines for Women

- Somewhat lower than for men

TIP 26: Substance Abuse Among Older Adults, Frederick C. Blow Consensus Panel Chair, SAMHSA, 1998.

Protective Factors

- Access to resources, such as housing and health care
- Availability of support networks and social bonds
- Involvement in community activities
- Supportive family relationships
- Education (e.g. wise use of medications) and skills
- Sense of purpose and identity

Co-occurring Disorders in Older Adults

Worsening of physical health problems

Alcohol can trigger health problems or make them worse…

- Increased risk of high blood pressure, heart disease, stroke
- Impaired immune system
- Cirrhosis and other liver diseases
- Decreased bone density and chronic pain
- Internal bleeding and ulcers
- Depression, anxiety, amnesia, other MH problems
- Cancer of the stomach, larynx, pancreas, liver or esophagus
- Nutritional disorders & sleep disorders
- Overall increase in mortality

Co-occurring Disorders in Older Adults

- Mental Health

✓Depression is often associated with substance use and misuse in older adults.

✓Results from Florida BRITE

Mental Health Disorders co-occur in:

- 48% for 50 – 64 years old
- 61% for those 65 and older

Co-Occurring Disorders

- Co-occurring mental health disorders that often occur at the same time as alcohol or other substance use disorder:
  - ✓Social phobia
  - ✓Generalized Anxiety Disorders
  - ✓Agoraphobia
  - ✓Simple Phobia
  - ✓Post Traumatic Stress Disorder
  - ✓Panic Disorder
  - ✓Major Depression
  - ✓Schizophrenia

Substance Use Disorders in Older Adults:

- ✓Are under-estimated
- ✓Are under-identified
- ✓Are under-diagnosed
- ✓Are under-treated

Assessment

Screening Process

Screening needs to be holistic as the older adult is more likely to have a co-occurring physical, behavioral or cognitive impairment.

Where to Screen?

- ✓Traditional referral sources may not be appropriate for older adults
- ✓Link with agencies that serve seniors
  - Aging Offices
  - Protective Services
  - Senior Centers
  - Visiting nurses
  - Personal Care Homes/ Assisted Living/ Nursing Homes
  - Health clinics
  - In their own homes

Alcohol Screening Instruments

- AUDIT - Alcohol Use Identification Test
- CAGE - Cut down, Annoyed, Guilty, Eye Opener
- MAST-G - Michigan Alcoholism Screening Test – Geriatric Version
- ARPS/shARPS/CARPS – Computerized Alcohol-Related Problems Survey

AUDIT (Alcohol Use Disorders Identification Test)

- 10 question Interview or Self-Administered questionnaire
- Most often used in SBIRT efforts
- Designed for use in medical settings or other settings where the individual may present
- Screens for risky behavior related to alcohol use

CAGE Assessment (Alcohol Abuse)

- One of the most widely used alcohol screening tests
- Consists of four questions –one point each
- A score of two suggests a diagnosis of alcoholism
- Hinkin et al. (2001) modified for older adults – CAGE-AID; added questions about illicit drug abuse
- Recent studies say you need to supplement amount and frequency questions for older adults

MAST-G (Michigan Alcohol Screening Test – Geriatric Version)

- The Michigan Alcoholism Screening Test Geriatric Version (MAST-G) is a well known alcohol screening instrument that has been validated for use with older adults
- 24 questions – Yes/No response
- Score 5 or more indicates alcohol problems

SMAST – G (Short MAST Geriatric Version)

- 10 Questions
- Also evidenced-based
- Validated
- Two points are indicated of an alcohol problems

Alcohol-Related Problems Survey (ARPS)

- Self-administered questionnaire – 60 questions[1]
  - ✓Medical and psychiatric conditions
  - ✓Symptoms of disease
  - ✓Medication use
  - ✓Physical function and health status

shARPS & CARPS (includes ARCS Model of Learner Motivation)

[1] Arlene Fink, et.al. 2002, Alison A. Moore, et.al. 2002

Alcohol-Related Problems Survey (ARPS) cont.

- Self-administered questionnaire – 60 questions[1]
  - ✓Quantity and frequency of alcohol use
  - ✓Episodic heavy drinking
  - ✓Symptoms of alcohol abuse and dependence
  - ✓Drinking after driving

shARPS & CARPS (includes ARCS Model of Learner Motivation)

[1] Arlene Fink, et.al. 2002, Alison A. Moore, et.al. 2002

Alcohol-Related Problems Survey (ARPS)

- ✓Classifies drinking as:
  - Non-hazardous – no known risk for physical or psychological health events
  - Hazardous – consumption with above risks
  - Harmful – results in adverse events
- ✓The majority of ARPS "hazardous or harmful drinkers" did not screen positive on the CAGE, AUDIT or MAST
- ✓Drinkers had medical conditions or used medications that placed them at higher risk

Alcohol-Related Problems Survey (ARPS)

Sample ARPS Report Using ARCS

Learning Model

(Attention, Relevance, Confidence, Satisfaction)

Attention - Did You Know?

- ✓One to two drinks a day may be safe and for some people may prevent heart disease or stroke. BUT, for other people, 1–2 drinks may actually be dangerous. Why?

Alcohol-Related Problems Survey (ARPS)

Relevance

- **About Your Alcohol Use**
  - You said you drink 3 drinks a day every day
- **About Your Health**
  - You said that you
    - *have been diagnosed with hypertension*
    - *are on Coumadin at least once a week*
    - *are on 6 medications regularly*
    - *felt depressed most of the time in the past 4 weeks*

Alcohol-Related Problems Survey (ARPS)

What Does this Mean?

- **Your alcohol use may be risky.** Here is why:
- **How much should I drink?** Experts recommend that men 65 years of age and older consume 1 or less drink per day.
- **Medicine and alcohol.** Many medicines and alcohol interact. . . you reported that you are on Coumadin… you are taking 6 medications regularly.
- **Depression and alcohol.** Alcohol can sometimes make you feel even more depressed because. . .

Alcohol-Related Problems Survey (ARPS)

Confidence and Satisfaction

What Should You Do?

- Here are some ways to drink less: Drink nonalcoholic wine or beer; put orange juice in champagne; don't drink at lunch; don't drink alone…, etc.

*Katherine Nguyen, BS, Arlene Fink, PhD, John C. Beck, MD, and Jerilyn Higa, MS "*Feasibility of Using an Alcohol-Screening and Health Education System With Older Primary Care Patients", **JABFP** January–February 2001 Vol. 14 No. 1, Page 10

Alcohol-Related Problems Survey (ARPS)

Confidence and Satisfaction

What Should You Do?

- Speak to your physician about ways to reduce the amount of alcohol you drink, the medications you are taking, your hypertension and other medical conditions, and your risk for depression.

Katherine Nguyen, BS, Arlene Fink, PhD, John C. Beck, MD, and Jerilyn Higa, MS "Feasibility of Using an Alcohol-Screening and Health Education System With Older Primary Care Patients", **JABFP** January–February 2001 Vol. 14 No. 1, Page 10

Substance Abuse Screening Tools

- Drug Abuse Screening Test (DAST) - 20-question self-test. Does *not* include alcohol use.
- Drug Use Disorders Identification Test (DUDIT)

  11 question self reporting
- Cut down, Annoyed, Guilty, Eye-opener – Adapted to Include Drugs (CAGE-AID)
- SSI-SA - Simple Screening Instrument for Substance Abuse

CAGE-AID

1. Have you ever felt you should **cut down** on your drinking or drug use?
2. Have people **annoyed** you by criticizing your drinking or drug use?
3. Have you ever felt bad or **guilty** about your drinking or drug use?
4. Have you ever had a drink or used drugs first thing in the morning **(eye opener)** to steady your nerves or to get rid of a hangover?

"0" for no and "1" for yes. A score of 1 or above accurately detects 91% of alcohol users and 92% of drug users. A score of 2 or greater is considered clinically significant.

Hinkin, 2001, Buschsbaum et. al., 1992; Booth, et. al., 1998

Treatment

Treatment Needs of Older Adults

- Consider the different needs of late-onset problems versus those with early onset problems.
- Educate about aging and substance abuse problems.
- Address life changes and help individuals understand possible reasons for substance use.
- Motivate individuals to follow treatment recommendations by focusing on staying healthy and independent.

Center for Substance Abuse Treatment. Substance Abuse Among Older Adults: Tip 26, 1998; National Institute on Aging. Working with Older Patients: A Clinician's Handbook.

Treatment Needs of Older Adults

- Educate/ teach older adults ways to address issues of depression and loss.
- Work with individuals to build their self esteem and social networks.
- Make sure “detoxification units” meets the special needs of older adults.
- Assist older individuals in identifying and managing “triggers” of misuse, abuse and addiction.

Center for Substance Abuse Treatment. Substance Abuse Among Older Adults: Tip 26, 1998; National Institute on Aging. Working with Older Patients: A Clinician’s Handbook.

Specialized Treatment for Older Adults (cont.)

- Current older adults are more complaint with treatment and have treatment outcomes (medical) as good or better than younger patients (Oslin, 1997, Atkinson, 1995) – particularly **late-onset** drinkers.

- Baby Boomers – treatment programs will need to adapt.

Specialized Treatment for Older Adults (cont.)

- ✓At this time there are few "rehabilitation units" specializing in older adult and addictions in the country.
- ✓It is a challenge to find ambulatory care options specifically for older adults.
  - Private treatment centers – 18% address needs of older adults
  - Approximately 5% of facilities have specific tracts for older individuals
- ✓Targeted older adults programs are rare.

Specialized Treatment for Older Adults (cont.)

- Hazelden Betty Ford – Recover@50Plus
  - Offers both in and outpatient treatment
  - Addresses age-specific addiction issues related to physical health, mental acuity, career, family structure and financial security
  - Health and wellness concerns
  - Importance of rediscovering pupose and meaning in life.

Specialized Treatment for Older Adults (cont.)

- Senior Hope
  - ✓Compassionate Chemical Dependency Care for Seniors and their Families.
  - ✓Free standing non-intensive outpatient clinic in New York state.
  - ✓Goal is to give individuals tools they need to recapture who they are.
  - ✓Includes 12 step program and referrals to AA groups.

Specialized Treatment for Older Adults (cont.)

The Project Lazarus Model

Specialized Treatment for Older Adults (cont.)

- The Project Lazarus Model
  - ✓Public health model to address overdose deaths.
  - ✓Communities are responsible for their own health.
  - ✓**The HUB**
    - Public awareness
    - Coalition Action
    - Data and Evaluation

Specialized Treatment for Older Adults (cont.)

- The Project Lazarus Model
  - ✓Public health model to address overdose deaths.
  - ✓Communities are responsible for their own health.
  - ✓**The Spokes**
    - Community education
    - Provider Education
    - Hospital ED Policies
    - Diversion Control

Specialized Treatment for Older Adults (cont.)

- ✓Medicare will help pay for treatment of alcoholism and drug abuse in both inpatient and outpatient settings if:
  - You receive services from a Medicare-participating provider or facility;
  - A doctor states that the services are medically necessary; and
  - A doctor sets up your plan of treatment.

Specialized Treatment for Older Adults (cont.)

- Effective treatment models
  - ✓Address aging issues
  - ✓Include family, friends and support
  - ✓Respectful, non-confrontational
  - ✓Peer support
- Motivational Interviewing
- Psycho-educational/ workbook-based/ follow-up

SBIRT Intervention and Treatment

- Screening, Brief Intervention, and Referral to Treatment – www.ireta.org
  - ✓Addresses prevention and screening for risky behaviors and problem substance use.
  - ✓Health and wellness focus
  - ✓Brief process
  - ✓Structured, non-confrontational approach.
  - ✓"Normalizes" message

SBIRT
Intervention and Treatment

- Program approved by Administration on Aging (AoA), SAMHSA/ Center for Substance Abuse Treatment.
- Targets community dwelling older adults who are at-risk for/ or experiencing substance abuse problems.
- Substances include alcohol, prescription medications, over-the-counter medications and illicit drug use.
- Offered nationwide.

SBIRT

- **Screening** – to identify those at risk (AUDIT)
- **Brief Advice -** One-time intervention and informational literature (3-5 minutes)
- **Brief Intervention -** one or more short motivational sessions to encourage healthy behaviors
- **Brief Treatment -** 1-6 sessions intervention either MET (Motivational Enhancement Therapy), CBT (Cognitive Behavioral Therapy), etc., provided by professionals
- **Referral to Treatment**- as needed for dependent users

Brief Advice & Brief Interventions

- Non-threatening, non-judgmental manner
- Confirm the problem
- Characterize the dimensions of the problem
- Feedback regarding current health information or potential problems associated substance use.
- Stress client's responsible choice.
- Advice must be clear about reducing his or her amount of drinking or total consumption.
- Reinforce recommended drinking levels.

Brief Advice & Brief Interventions

- Provide information based on scientific evidence
- Avoid minimizing
- Acknowledge the difficulty of change
- Avoid confrontation.
- Empathy is essential.
- Use active listening techniques

Brief Advice & Brief Interventions

- ✓Explore situations that may trigger substance abuse.
- ✓Develop an individualized service plan
  - Identify goals
  - Summarize health habits
  - Develop a drinking agreement
- ✓Refer for medical or psychiatric assessment as necessary
- ✓Remember many older adults with substance use issues have mental health issues (depression).

Florida's BRITE Project

- Brief Intervention and Treatment for Elders (BRITE) – identified non-dependent substance users or individuals with prescription medication issues. Provided effective service strategies prior to the need for more extensive treatment.
  - Initial 3 year state-funded project.
  - Agencies in 4 counties conducted screenings (3497 older adults) for alcohol, medication and illicit substance misuse problems and depression and suicide risk.

Florida's BRITE Project Cont.

- Results:
  - ✓ Prescription medication misuse was the most prevalent substance use problem, followed by alcohol, over-the-counter and illicit substances.
  - ✓ Depression was common among abusers of alcohol and prescription medications.
  - ✓ Those who received the "Brief Intervention" had improvement across all measures.

Florida's BRITE Project Cont.

- Brief Intervention and Treatment for Elders (BRITE) - A 3 year pilot project funded by SAMHSA (Grant ended 9/2011).
  - ✓Focused on providing services in primary and emergency health case settings, public health clinics, facilities and sites coordinated by aging services.
  - ✓Older adults had screenings, brief intervention and brief treatment. If needed, they were referred to more extensive treatment.

Florida's BRITE Project Cont.

- Brief Intervention and Treatment for Elders (BRITE) cont.
  - ✓31 sites in 18 counties
  - ✓Over 20% received interventions
  - ✓6 Month evaluation demonstrated a decrease in use of alcohol and medications as well as improvement in depressive symptoms.
  - ✓Over 91,000 older adults were screened!

Interventions

- **Project GOAL** (Guiding Older Adult Lifestyles)
  - ✓Two ten to fifteen minute physician delivered counseling sessions scheduled one month apart.
    - *Advice, education and contracting using a scripted workbook .*
    - *Follow-up phone call by nurse two weeks after each session.*

Interventions (Cont.)

- **Project GOAL cont.**
  - ✓ Older adults receiving the brief physician delivered intervention showed
    - o 34% reduction in 7-Day alcohol use
    - o 74% reduction in the mean numbers of binge-drinking episodes
    - o 62% reduction in the percentage of older adults drinking more than 21 drinks per week, compared with a control group.
  - ✓ DSM 5 recommendations

Prevention and Early Intervention

Prevention and Early Intervention

- Increase education and awareness of substance use disorders in older adults.
- Use approaches in prevention, intervention and treatment involve natural systems/pathways for older adults.
- Come up with ways to finance/incentivize the development of models for prevention, education, and treatment regarding substance and medication abuse/misuse in older adults.
- Ensure routine screening for older adults in settings where they frequent.

Prevention and Early Intervention

2012 SAMHSA and ACL Recommendations to the National Aging Network

- Integrate screening and brief interventions into existing programs such as medication reviews.
- Know the substance use prevention and treatment service providers in your areas and build relationships with them.
- Implement depression and pain management programs such as Healthy IDEAS, PEARLS and Chronic Pain Self-Management Program to address older adult specific issues.

Prevention and Early Intervention

- Remember that reducing and treating substance abuse problems among the older adult population requires an integrated system of care that combines medical and behavioral health services.

The NSDUH, "Illicit Drug Use among Older Adults;" December 29, 2009.

Collaborative Approach to Care

- Coordinate care with the individual's primary care physician.
- Link to medical care for co-occurring health problems and services that support independence.
- Involve family members if and when appropriate.
- Provide age specific treatment; those whose lifestyles and problems are similar.
- Provide a continuing "plan of care" that links individuals to "older-adult-friendly" groups.

Summary

- Gather information and determine readiness for treatment
- Formal instruments administered by trained assessors, clinicians
- Need medical work-up
- Consider instruments developed for older adults and/or modify as necessary
- Contact your local county authority for information about substance abuse services.

Resources

- **IRETA (Institute for Research, Education and Training in Addictions) - www.ireta.org**
- **Administration on Aging - www.aoa.gov/**
- **American Society on Aging–www.asaging.org**
- **Aging To Perfection Program** - Hanley Center, West Palm Beach, FL lguelzow@hanleycenter.org

When we ask for a chance to live our old age in comfort, creativity and usefulness we ask it not for ourselves alone, but for you. We are not a special interest group. We are your roots. You are our continuity. What we gain is your inheritance.

Irene Pauli,

"Some Ironies of Aging"