ELDERS & SUBSTANCE USE: THE INVISIBLE CRISIS

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LEARNING OBJECTIVES

At the end of this lecture, you will be able to:

- Discuss why knowledge of elders and substance use is critically important
- Define age-related changes impacting dosage and type of medication prescribed
- List screening tools for use with elders
- Identify treatment options for elders

AN INVISIBLE CRISIS

BABY BOOMERS

- Born between 1946 and 1964
- 73 out of 78 million alive today
- More than 10,000 will turn 65 every day for the next 11 years (2030)
- Estimated 22% are elder orphans: without spouse/partner or children they can depend on

INCREASING DEPENDENCE

- Recreational drug use rates high for boomer generation
- Greater access to highly addictive prescription narcotics to treat pain
- 60+ who develop dependence do so more for alleviating physical and psychological pain than just getting "high"

National Council on Alcoholism and Drug Dependence (NCADD)

SUBSTANCE USE CATEGORIES

- Adults over 65+ with substance use are classified into two categories:
  - Hardy Survivors – older adults who have been using substances for years prior to reaching 65
  - Late Onset – older adults who developed substance issues after reaching 65

MISUSE BY OLDER ADULTS DEFINED

- Dose level more than prescribed
- Longer duration than prescribed
- Use for purposes other than prescribed
- Use in conjunction with other meds or alcohol
- Skipping doses/hoarding drugs

Substance Abuse and Mental Health Services Administration (SAMHSA)

SOME DATA…

PRESCRIPTION DRUG USE

- 89% report taking prescription meds
- 54% report taking 4 or more
- 20% of those taking meds report not doing so as prescribed due to cost
- Overall issues with drug interactions, side effects, and scheduling and taking

(Kaiser Family Foundation, 2019)

ALCOHOL

- 50% of nursing home residents have some form of alcohol use disorder
- Widowers over age of 75 have highest rate of alcoholism in the U.S.
- Elders hospitalized as often for alcohol related problems as for heart attacks

National Council on Alcoholism and Drug Dependence (NCADD), 2015

ALCOHOL

- Combo of alcohol and medication misuse affects about 2.5 million elders
- 14% admitted to ER due to drug and alcohol related issues
- 20% of psychiatric hospital admissions

National Council on Alcoholism and Drug Dependence 2017 (NCADD)

OPIOIDS

- Older adults use prescription opioids at higher rate than younger adults
- Often use prescribed opioids for painful chronic conditions
- Risks: death, hospitalization, use of ED

(Tilly, et al. 2017)

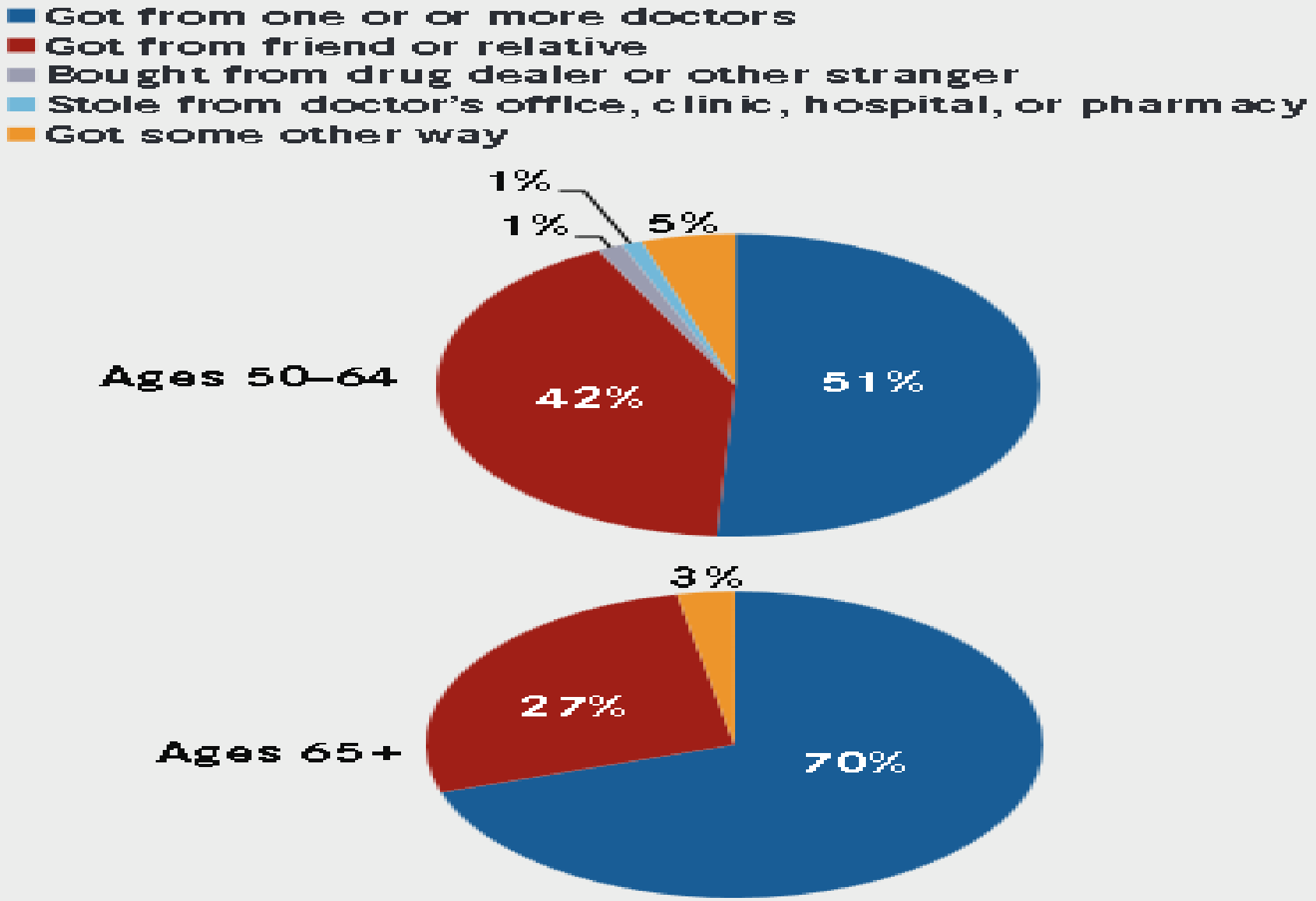
OPIOIDS

- Higher prevalence of unhealthy alcohol, tobacco, marijuana, cocaine and prescription use (sedatives, tranquilizers, stimulants) for older adults misusing opioids than those not doing so

(Han, Sherman & Palamar, 2019)

FIGURE 6

Source of Painkillers for Last Misuse



Source: AARP Public Policy Institute Analysis of National Survey on Drug Use and Health 2015.

MENTAL HEALTH & DRUG USE

- 4.6 million 50+ had a substance use disorder in past year
  - 1.8 million (39%) diagnosed with a mental illness
  - 562,000 (12%) diagnosed with a serious mental illness

SAMHSA 2017 National Survey on Drug Use and Health

MENTAL HEALTH & DRUG USE

- 1.8 million 50+ with SUD & MI received treatment at a specialty facility
  - 53% received either mental health or SUD treatment
  - 40% received only mental health care
  - 4% received only SUD treatment
  - 8.1% received both

SAMHSA 2017 National Survey on Drug Use and Health

RISK FACTORS

INVISIBLE…

- Ageism" - overlooked by healthcare professionals
- Can mimic symptoms of other disorders (depression, dementia, etc.)
- Lack of education about substance use and the elder population

INVISIBLE…

- Symptoms difficult to distinguish from changes due to aging
- Less likely to be in the workforce or in trouble with the law

HIGHER RISK OF MED MISUSE

- Elevated pain rates
- Sleep disorders/insomnia
- Anxiety
- Cognitive Decline
- Depression
- Historical trauma

POTENTIAL TRIGGERS

- Retirement
- Death of family, partner, friend or pet
- Loss of income or financial stress
- Transitioning from home to facility
- Family conflict

AGE-RELATED CHANGES

AGE-RELATED CHANGES

- Drug absorption
- Distribution
- Metabolism
- Elimination

DRUG ABSORPTION

- Decreased stomach acid
- Decreased intestinal blood flow
- Stomach-empting time slows
- Results: Decreases rate but not absorption amount - may delay onset of action and peak effect of meds

DRUG DISTRIBUTION

- Amount of water in body decreases and body fat increases
- Drugs that dissolve in water can be more concentrated
- Drugs that dissolve in fat lead to accumulation that makes it last longer
- Result: Toxic reactions

DRUG METABOLISM

- Liver metabolizes medication
- Filters & modifies drug to permit elimination
- Liver's drug metabolism enzyme activity decreases with age
- Result: more medication in bloodstream causes enhancement of drug effect and adverse reactions

DRUG ELIMINATION

- Kidney main organ in excreting meds
- Functions more slowly and less efficiently with age
- Result: More of drug can remain in system, increasing medication levels

AMERICAN GERIATRICS SOCIETY 2019 UPDATED AGS BEERS LIST

BEERS LIST

- In 1991, Dr. Mark Beers (UCLA) published first set of criteria for inappropriate drug use in nursing home residents
- In 1997, updated to address general population of older adults
- Since 2011 AGS has taken responsibility to update every three years

BENZODIAZEPINES

- Used to Treat: Anxiety, insomnia, delirium, and dementia behavioral symptoms
- Examples: Valium, Xanax & Tylenol PM
- Age-Related Changes: increased sensitivity to medication; decreased metabolism of long-acting agents
- Side Effects: cognitive impairment, delirium, dizziness, urinary retention

ANTICHOLINERGICS

- Used to Treat: asthma, diarrhea, insomnia, COPD, urinary incontinence and more
- Examples: Benadryl, Dramamine & Advil PM
- Age-Related Changes: lower ability of liver & kidney to break down and excrete meds; increase in blood–brain barrier permeability
- Side Effects: confusion, delirium, falls and risk for fractures, and more

SCREENING

SAMHSA RECOMMENDATIONS

- 60 and older: screen as part of physical exam
- Screen or rescreen if individual undergoing changes or transitions
- Caregivers interject screening questions with older, homebound adults
- When possible, honor elder's right to self-determination

SIGNS OF DRINKING OR DRUG USE

- Solitary or secretive drinking
- Ritual of drinking before, with, or after dinner
- Loss of interest in hobbies or pleasurable activities
- Drinking in spite of warning labels on prescription drugs
- Immediate & frequent use of tranquilizers

National Council on Alcoholism and Drug Dependence (NCADD) 2015

SIGNS OF DRINKING OR DRUG USE

- Slurred speech, empty liquor and beer bottles, smell of alcohol on breath, change in personal appearance
- Chronic & unsupported health complaints
- Hostility or depression
- Memory loss & confusion

National Council on Alcoholism and Drug Dependence (NCADD) 2015

SCREENING TESTS

- Michigan Alcoholism Screening Test – Geriatric Version (MAST-G)
- Short MAST-Geriatric Version (SMAST-G)
- CAGE & CAGE-AID
  - Not targeted towards elders but found to discriminate elders with history of drinking from those with no history

TREATMENT

THE CONVERSATION

- Talk with elder when they are not currently using
- Be supportive, non-confrontational and empowering
- Talk about here and now – not the past
- Be direct and treat the elder like an adult
- Be specific
- Do not get rid of their substances

TREATMENT CONSIDERATIONS

- Do not get rid of their substances
- Focus on coping with losses (of all kinds), loneliness, depression and anxiety
- If appropriate, focus on rebuilding elder's support network
- Linkage with other current and/or necessary services

TREATMENT CONSIDERATIONS

- Counselors who have education on or training in working with elders
- Treatment setting
- Potential for lifetime substance use
- Age-specific treatment
- Age-related changes

AGE-RELATED CONSIDERATIONS

- Communication
- Eye sight
- Hearing
- Distractions
- Reviewing materials

GENERAL APPROACHES

- Groups
- Individual counseling
- Case management services
- Outreach
- Cognitive-Behavioral Approaches

PROBLEM-SOLVING THERAPY

- Enhance elder's ability to prevent and cope with stressful life experiences
- Enhance elder's positive orientation
- Have elder:
  - Identify why current situation is problematic
  - Generate alternative solutions
  - Conduct cost-benefit analysis
  - Implement solution
  - Monitor effects
  - Evaluation outcome(s)

MOTIVATIONAL THERAPY

- Counselor
  - Listens to elder's perspective
  - Info identifies negative consequences & helps shift elder's perceptions of habits
  - Empowers elder to gain insights about solutions
- Elder part of their own recovery, and responsible for changes
- Avoids labels and confrontations

TREATMENT BARRIERS

- Insurance
- Language
- Provider lack of cultural competence
- Transportation
- Literacy

MOVING FORWARD

IMPLICATIONS

- Awareness campaigns
- Education of mental and physical health professionals
- Culturally appropriate screening tools
- Advance screening tools
- Interventions for based on elder's living situation
- Integrated treatment models

MAST-G (Michigan Alcoholism Screening Test--Geriatric Version)

Directions: The following is a list of questions about your past and present drinking habits. Please answer yes or no to each question by marking the line next to the question. When you are finished answering the questions, please add up how many "yes" responses you checked and put that number in the space provided at the end.

1.	After drinking have you ever noticed an increase in your heart rate or beating in your chest?	____ Yes	____ No
2.	When talking to others, do you ever underestimate how much you actually drank?	____ Yes	____ No
3.	Does alcohol make you sleepy so that you often fall asleep in your chair?	____ Yes	____ No
4.	After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	____ Yes	____ No
5.	Does having a few drinks help you decrease your shakiness or tremors?	____ Yes	____ No
6.	Does alcohol sometimes make it hard for you to remember parts of the day or night?	____ Yes	____ No
7.	Do you have rules for yourself that you won't drink before a certain time of the day?	____ Yes	____ No
8.	Have you lost interest in hobbies or activities you used to enjoy?	____ Yes	____ No
9.	When you wake up in the morning, do you ever have trouble remembering part of the night before?	____ Yes	____ No
10.	Does having a drink help you sleep?	____ Yes	____ No
11.	Do you hide your alcohol bottles from family members?	____ Yes	____ No
12.	After a social gathering, have you ever felt embarrassed because you drank too much?	____ Yes	____ No

13.	Have you ever been concerned that drinking might be harmful to your health?	____ Yes	____ No
14.	Do you like to end an evening with a night cap?	____ Yes	____ No
15.	Did you find your drinking increased after someone close to you died?	____ Yes	____ No
16.	In general, would you prefer to have a few drinks at home rather than go out to social events?	____ Yes	____ No
17.	Are you drinking more now than in the past?	____ Yes	____ No
18.	Do you usually take a drink to relax or calm your nerves?	____ Yes	____ No
19.	Do you drink to take your mind off your problems?	____ Yes	____ No
20.	Have you ever increased your drinking after experiencing a loss in your life?	____ Yes	____ No
21.	Do you sometimes drive when you have had too much to drink?	____ Yes	____ No
22.	Has a doctor or nurse ever said they were worried or concerned about your drinking?	____ Yes	____ No
23.	Have you ever made rules to manage your drinking?	____ Yes	____ No
24.	When you feel lonely, does having a drink help?	____ Yes	____ No

Scoring: If a person answers "yes" to 6 or more of the 24 questions, there is a high probability that he or she may be dependent on alcohol. Refer this person to a psychologist or alcohol counselor for future evaluation.

The Short MAST-GERIATRIC VERSION (SMAST-G)

Please answer Yes or No to the following questions:	Yes	No
1. When talking with others, do you ever underestimate how much you drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to calm your nerves?		
6. Do you drink to take your mind off your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		
10. When you feel lonely, does having a drink help?		
SCORING: Score 1 point for each 'yes' answer and total the responses **2+ points = are indicative of an alcohol problem and a BI should be conducted. The extra question below should not be calculated in the final score but should be asked.**		
Extra Q: Do you drink alcohol and take mood or mind altering drugs, including prescription tranquilizers, prescription sleeping pills, prescription pain pills, or any illicit drugs?"		

CAGE Questionnaire

- Have you ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

Scoring:

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

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Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Cahpel Hill, CAGE is an internationally used assessment instrument for identifying alcoholics. It is particularly popular with primary care givers. CAGE has been translated into several languages.

The CAGE questions can be used in the clinical setting using informal phrasing. It has been demonstrated that they are most effective when used as part of a general health history and should NOT be preceded by questions about how much or how frequently the patient drinks (see "Alcoholism: The Keys to the CAGE" by DL Steinweg and H Worth; American Journal of Medicine 94: 520-523, May 1993.

The exact wording that can be used in research studies can be found in: JA Ewing "Detecting Alcoholism: The CAGE Questionaire" JAMA 252: 1905-1907, 1984. Researchers and clinicians who are publishing studies using the CAGE Questionaire should cite the above reference. No other permission is necessary unless it is used in any profit-making endeavor in which case this Center would require to negotiate a payment.

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Source: *Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill*

The CAGE Questionnaire Adapted to Include Drugs (CAGE-AID)

1. **Have you felt you ought to cut down on your drinking or drug use?**
2. **Have people annoyed you by criticizing your drinking or drug use?**
3. **Have you 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 to steady your nerves or to get rid of a hangover (eye-opener)?**

Score: __ /4

2/4 or greater = positive CAGE, further evaluation is indicated

Source: **Reprinted with permission from the *Wisconsin Medical Journal.* Brown, R.L., and Rounds, L.A. Conjoint screening questionnaires for alcohol and drug abuse. *Wisconsin Medical Journal* 94:135-140, 1995.**

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