

# Populations Specific Prevention Focus: Older Adults



**July 27, 2022**

12:00 Noon – 1:30 PM CST

## Presenters

**Chuck Klevgaard**

Prevention Manager

Great Lakes PTTC

**Stephanie Asteriadis Pyle**

PhD, CPS, Emeritus

Center for the Application of Substance

Abuse Technologies (CASAT)



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Great Lakes PTTC



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# Objectives

Participants in this webinar will be able to:

1. Identify **trends** in misuse among older adults including related consequences
2. Describe **factors** that place older adults at risk
3. List prevention **strategies** shown to be effective with this population
4. List opportunities for cross-sector **collaboration**

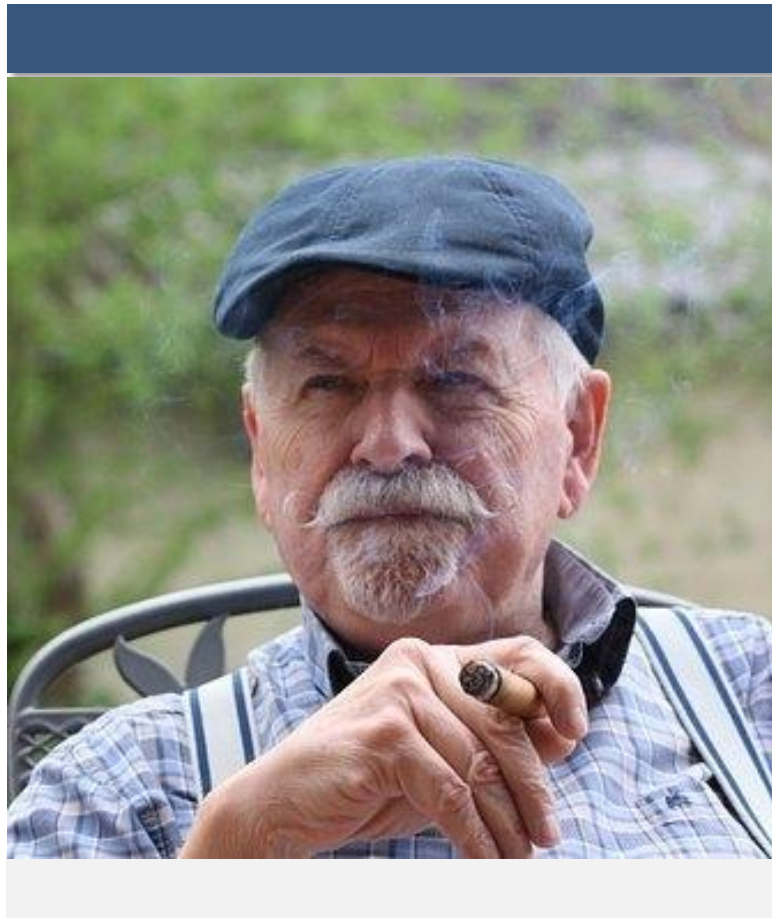


# Population Specific Prevention

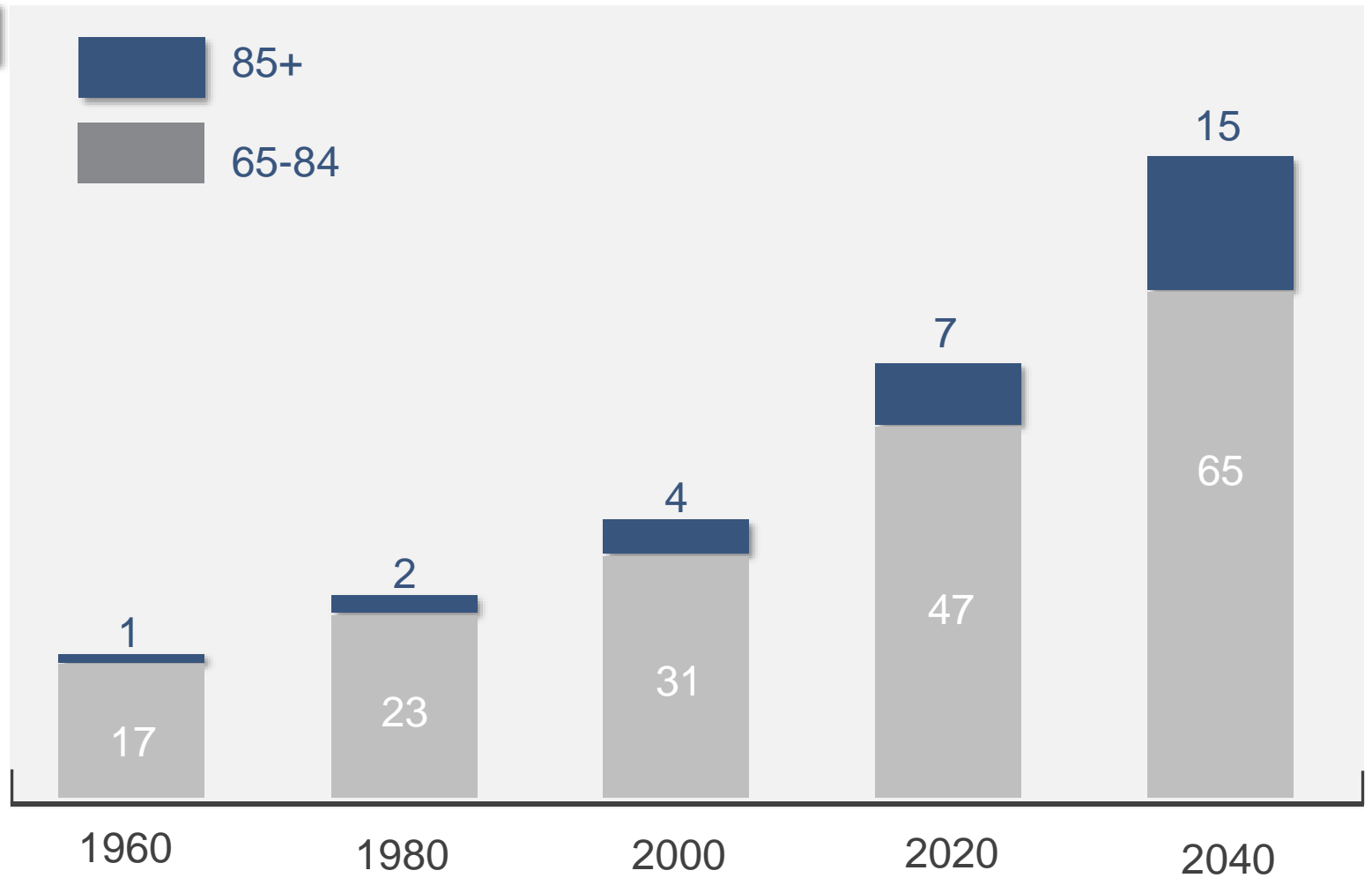
- The risks of substance misuse or addiction and the processes for prevention, treatment and recovery differ by gender, race, ethnicity, sexual orientation, age, and other factors.
- Risks are best understood in the context in which the influences of gender, race and ethnicity, culture, education, economic status, age, geographic location, sexual orientation, and other factors converge.
- Understanding group differences across segments of the population is critical to designing and implementing culturally responsive effective and targeted prevention programming.

# Older and Growing – Numbers

Number of Older Adults, 1960-2040 (in millions)

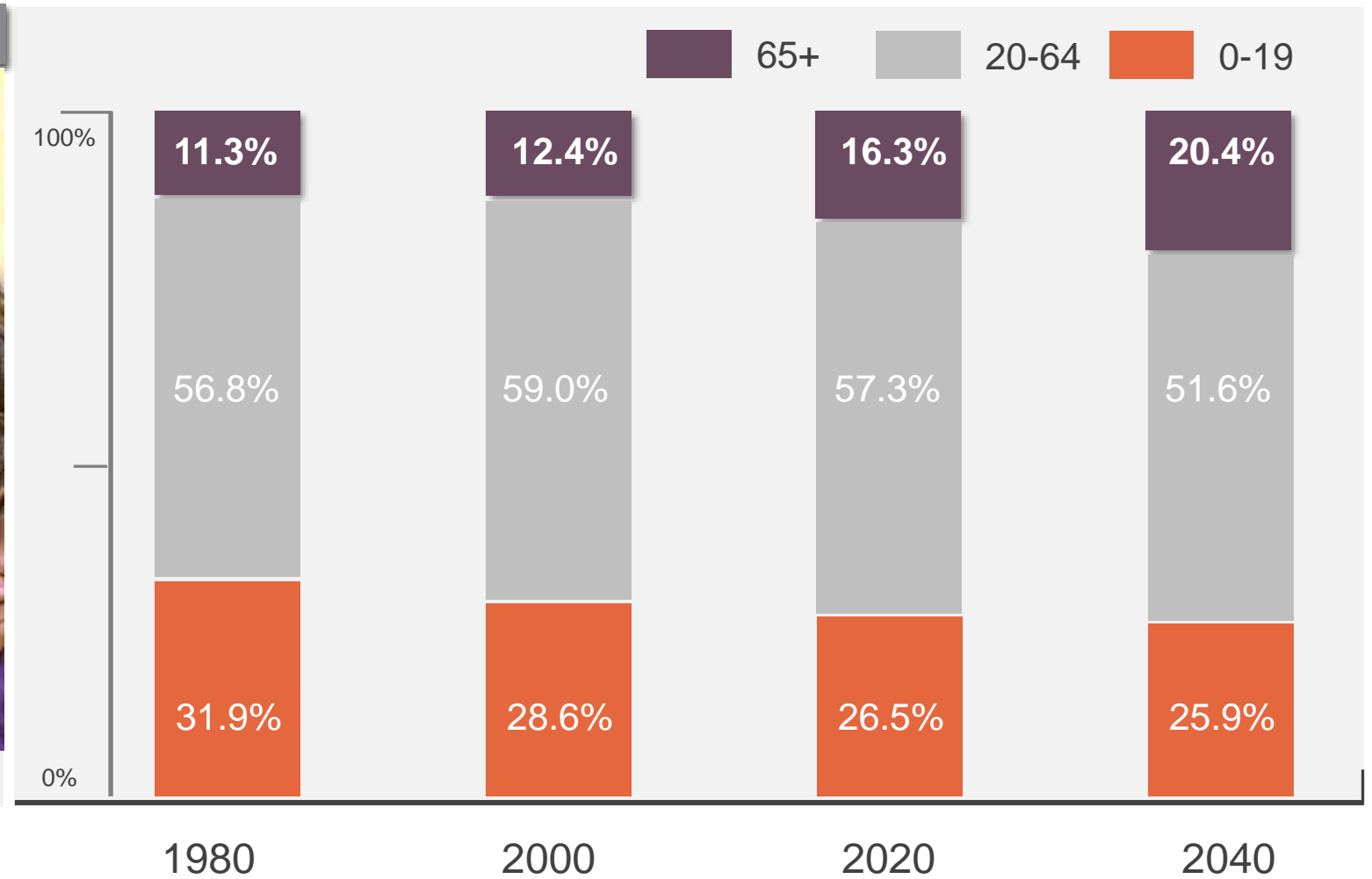


Source: U.S. Census Bureau (2004a, 2004b, 2004c).



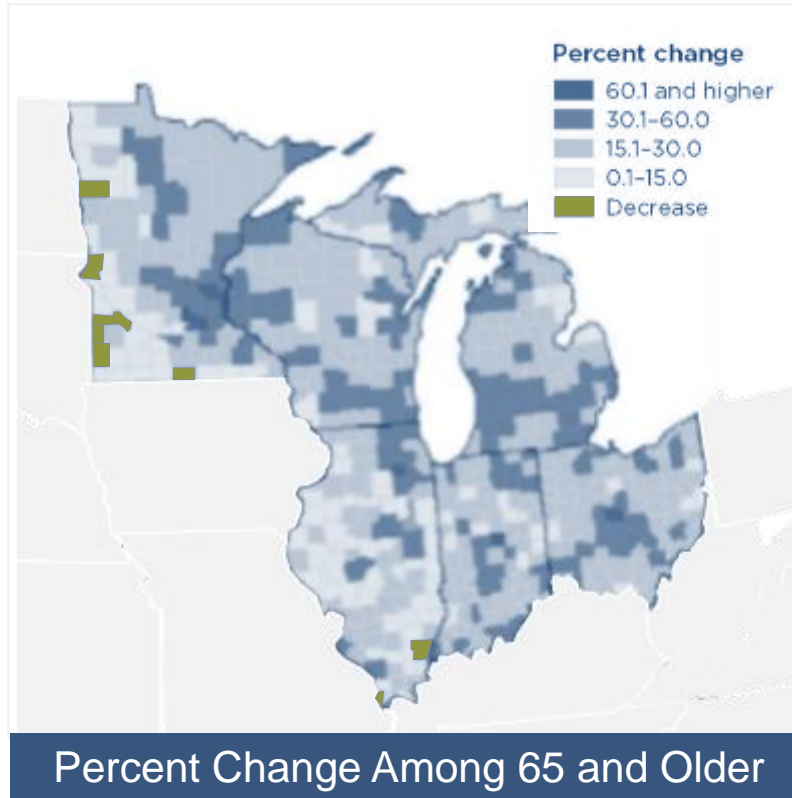
# Older and Growing – Distribution

Age Distribution of the Population, 1980-2040



Source: U.S. Census Bureau (2004a, 2004b, 2004c).

# Older and Growing - Regional



- Over half (29) of the states had a median age older than the median age in the USA (38.4 years), including six states in the Midwest.
- Based on U.S. Census data, almost 17 percent of counties in the U.S. showed a decrease in median age between April 2010 and July 2017. A few of these counties are in region 5, n Minnesota and Illinois.

# Poll: Older Adults



How much knowledge and experience do you have with prevention focused on older adults?

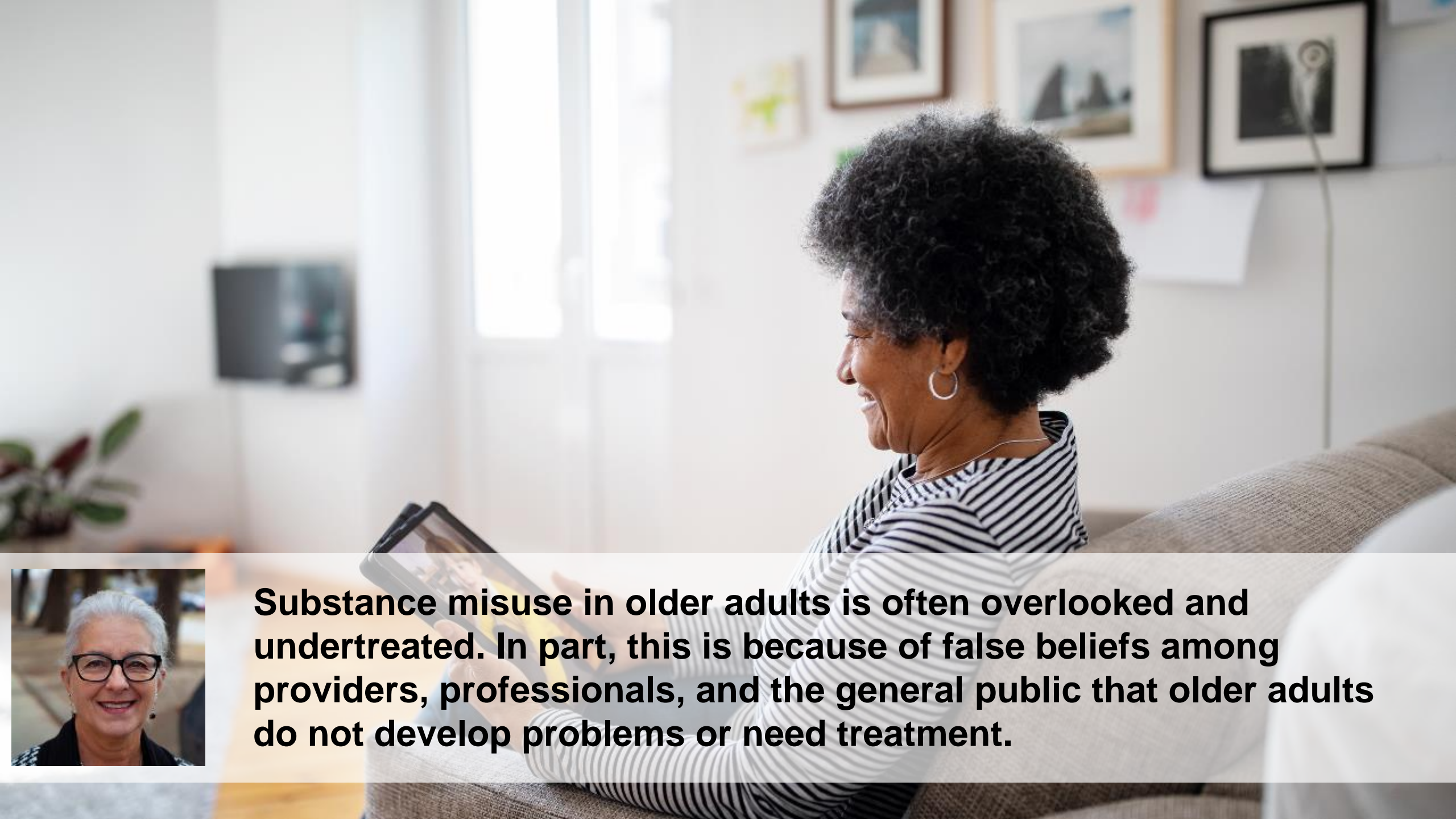
- A. A lot
- B. Some
- C. A little
- D. None



**Type in the Chat: What images pop into your minds when you think about older adults ? How would you describe them?**







**Substance misuse in older adults is often overlooked and undertreated. In part, this is because of false beliefs among providers, professionals, and the general public that older adults do not develop problems or need treatment.**





# Trends

- Risky alcohol use
- Cannabis issues
- Illicit drug use
- Developing disorders
- Mental health



NATIONAL POLL ON  
HEALTHY AGING  
UNIVERSITY OF MICHIGAN

# Alcohol use in the past year

AMONG ADULTS AGE 50–80



## Among those who drank...

**10%** reported drinking while using other drugs

**20%** drank 4+ times per week

**23%** had 3+ drinks on a typical day of drinking

**27%** had 6+ drinks on at least one occasion

# Risky Alcohol Use

- Alcohol is the most widely used substance among older adults with substance misuse.
- Over a tenth of older adults in the United States are estimated to be current binge drinkers.
- Men were one and a half times more likely than women to have current or past alcohol related problems – such as injury due to alcohol consumption.
- Hospital admissions for mental disorders related to alcohol has risen by 21% over the past five years in people aged 50 and over.

# Use of Cannabis

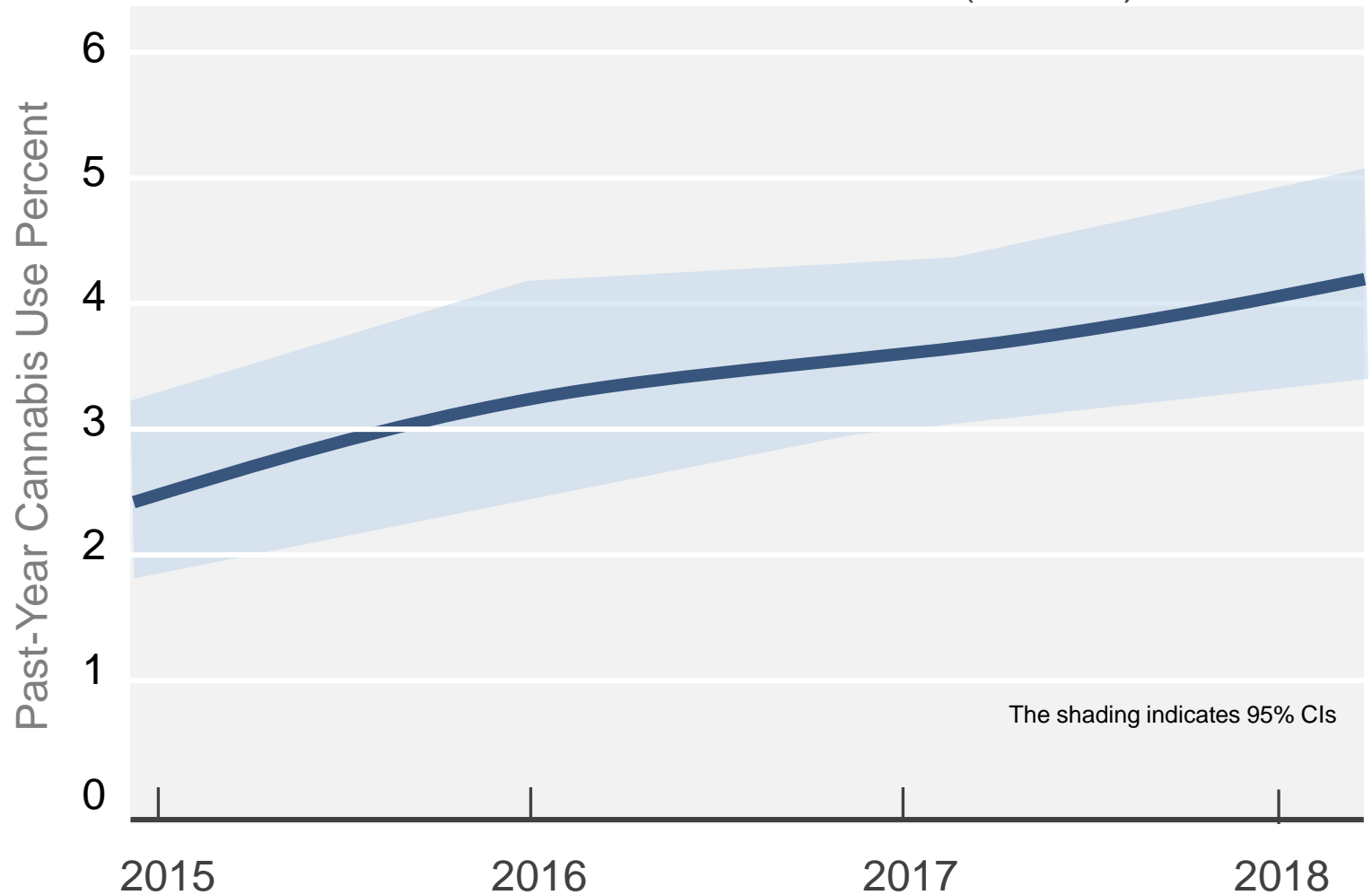
- The prevalence of cannabis use among older adults (aged 65 and above) for both recreational and medicinal purposes has significantly increased in recent years.
- Older individuals with psychiatric disorders are increasingly using cannabis, largely in the form of prescribed medical marijuana and cannabidiol (CBD).
- Older adults are using cannabis to treat common health conditions.

# Trends in Past Cannabis Use



Source: Secondary analysis of adults 65 years and older from the most recent 4 cohorts (2015-2018) of the NSDUH.

Percent of Past-Year Cannabis Use  
Adults 65+ in U.S., 2015 – 2018 (Percent)

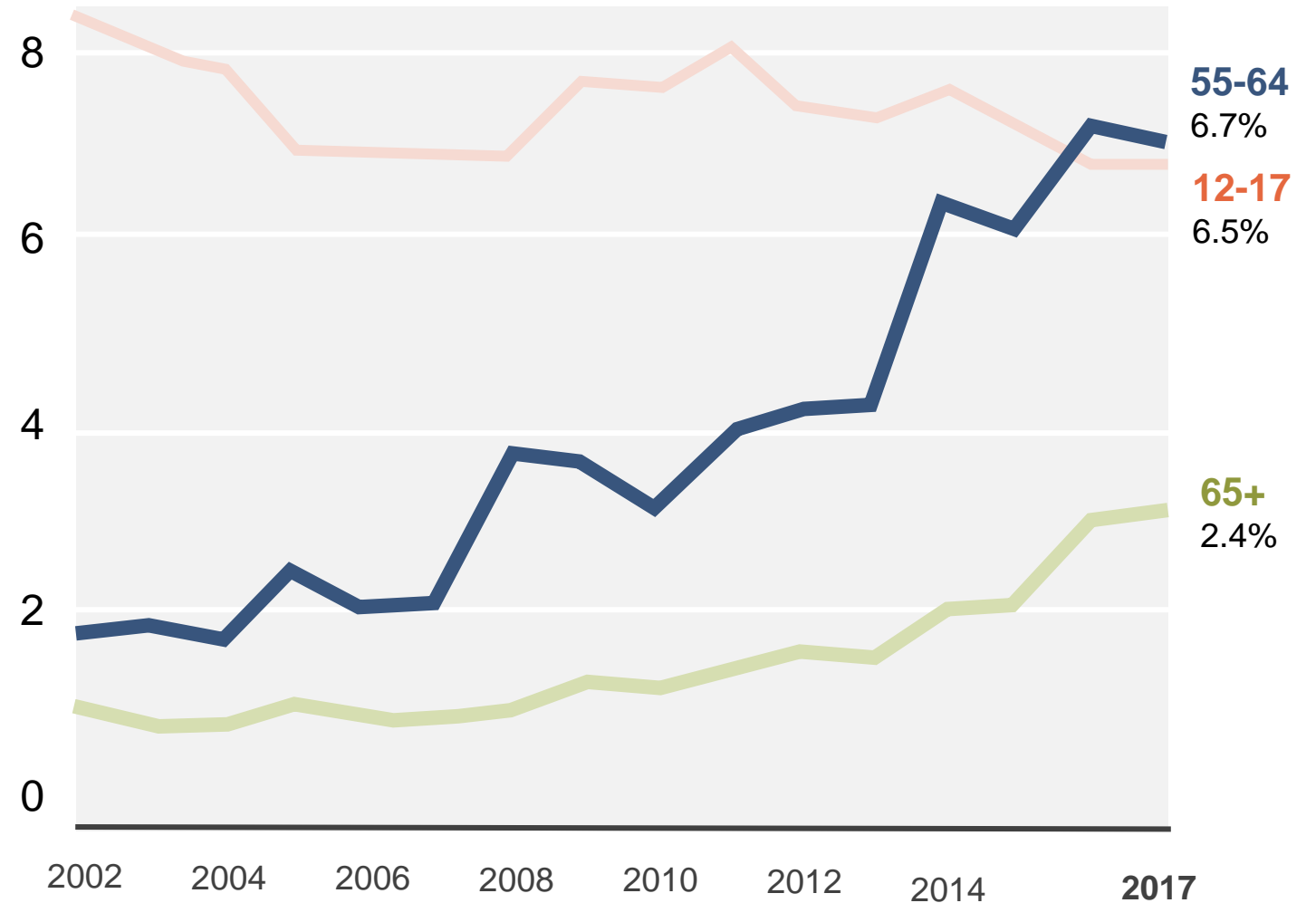


# Trends in Past Cannabis Use

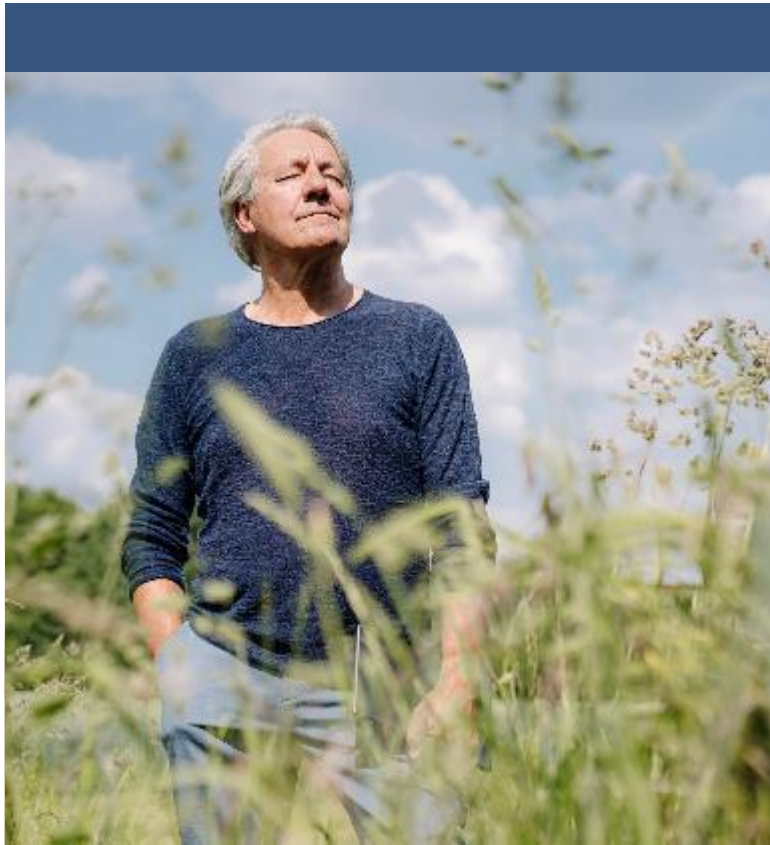


Source: SAMHSA, CDC

Rate of past-month marijuana use, by age



# Trends in Illicit Drug Use



Source: CHHSQ Report, Short Report, A Day in the Life of Older Adults, May 2017

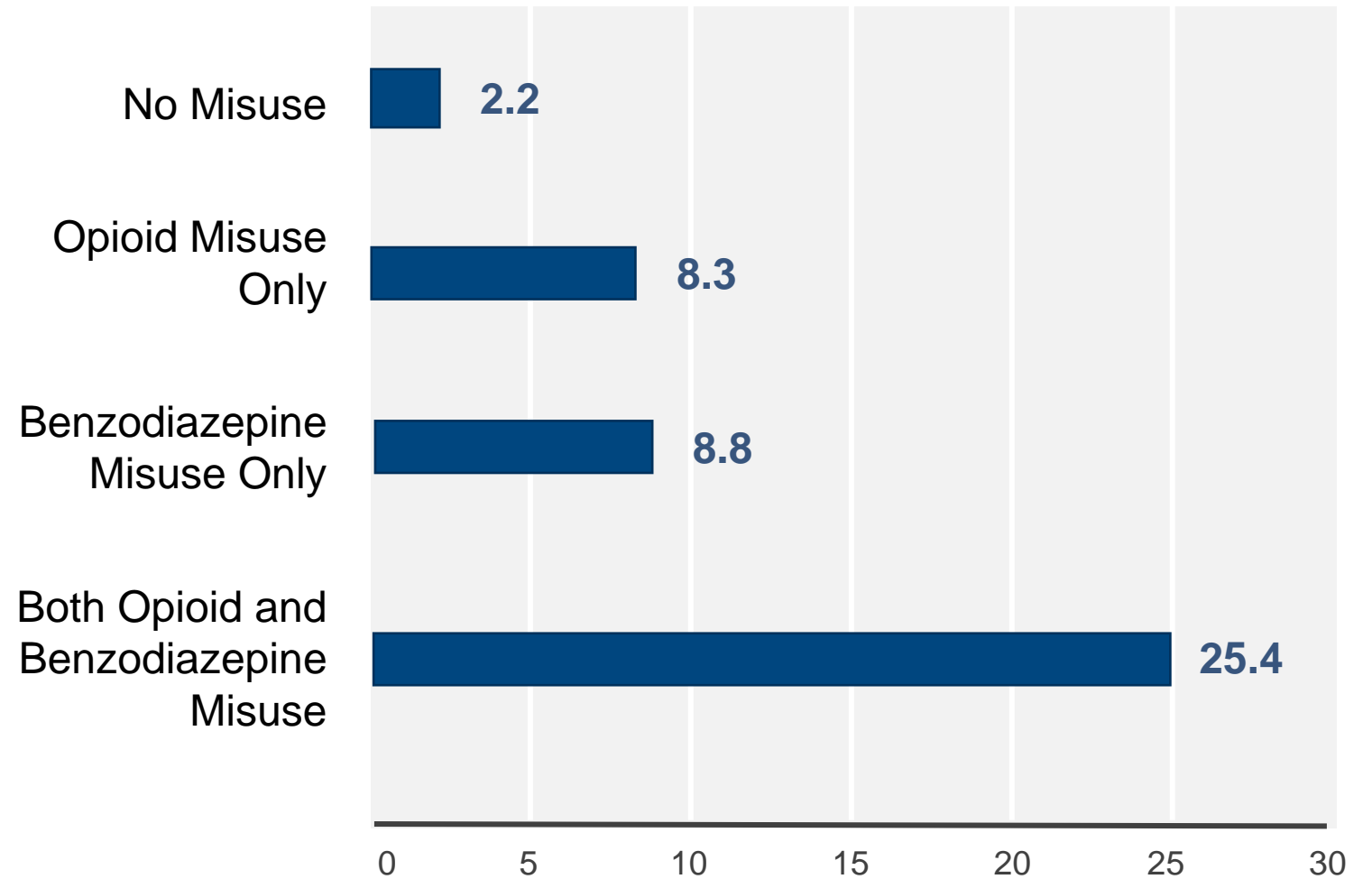
- Illicit drug use among adults aged 50 or older is projected to increase from 2.2 percent to 3.1 percent between 2001 and 2020.
- Some older adults may experience physical and mental health issues, social and family problems, involvement with the criminal justice system, and death from drug overdose.



# Misuse Prescription Opioids and Benzodiazepines and Suicide



Percentage of Patients 50+ Reporting Suicidal Thoughts in the Past Year



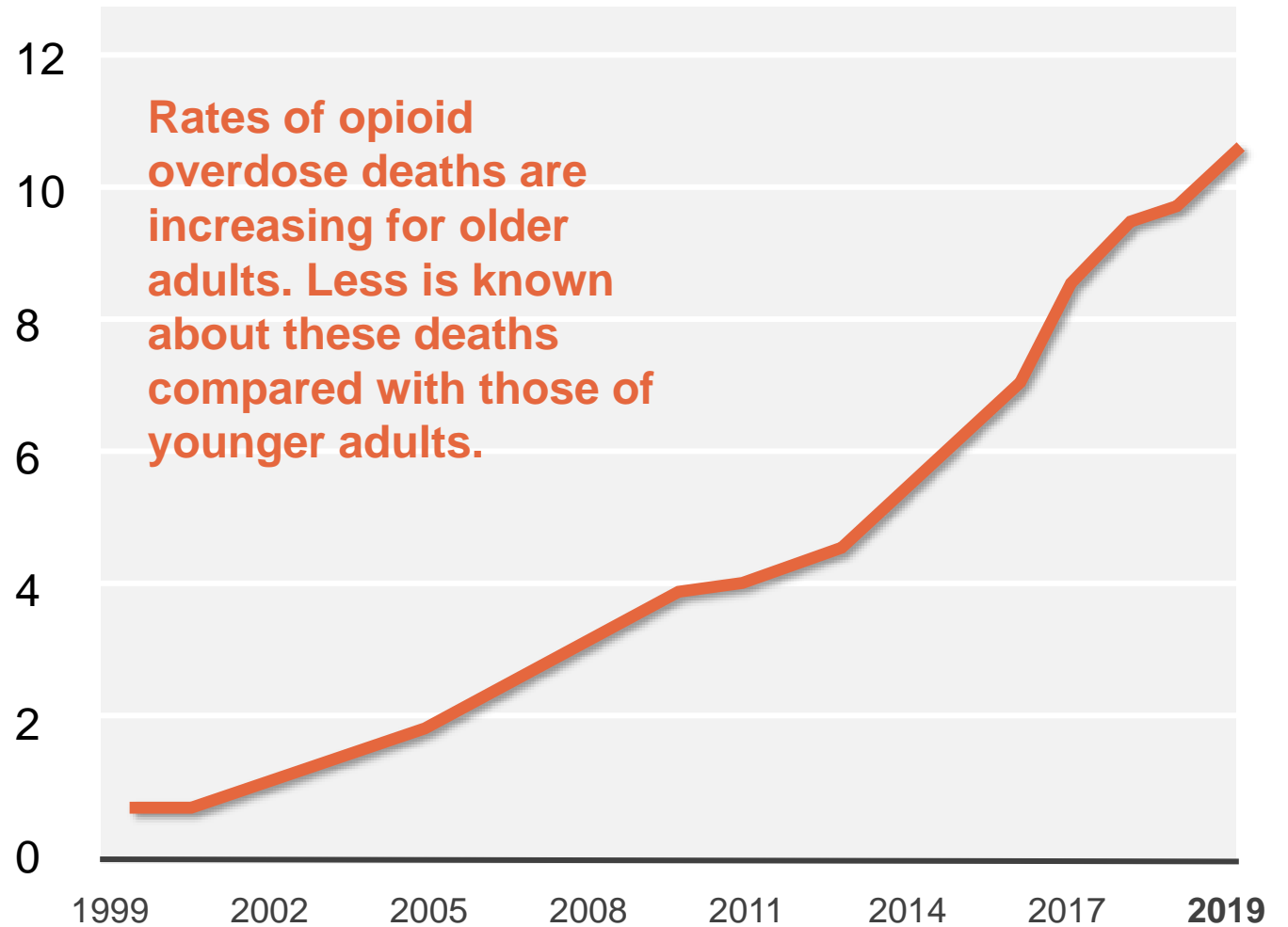
Source: NIDA Notes, Drug Use and Its Consequences Increase Among Middle-Aged and Older Adults July 10, 2019

# Trends in Overdose

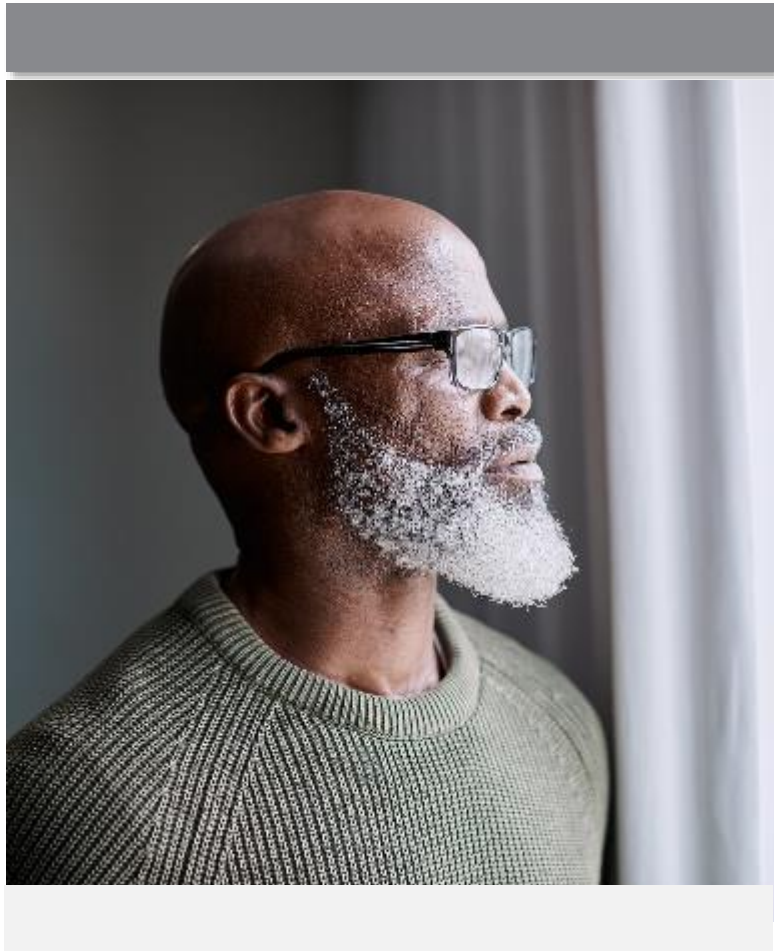


Source: Multiple Cause of Death database from the Centers for Disease Control and Prevention

Rates of Opioid Overdose per 100,000  
Persons 55 Years and Older, 1999 to 2019



# Older and Vulnerable: SUD



- Substance use disorders (SUDs) among older persons are among the fastest growing health problems in the United States.
- Despite this, substance use disorders in the elderly remain underestimated, under identified, underdiagnosed, and undertreated.
- Older individuals are using illicit drugs and meeting criteria for SUDs at higher rates than previous geriatric cohorts resulting in substantial negative impacts on medical and psychiatric conditions.

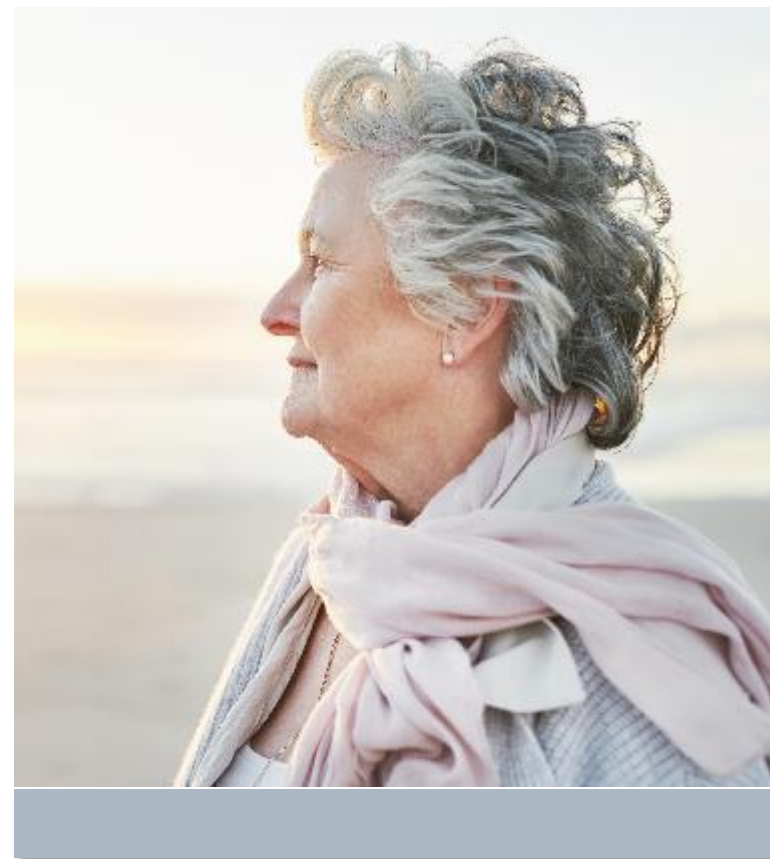
# Older and Vulnerable: SUD *Continued*



- Older adults with alcohol-use disorder fall into two groups, early onset and late onset, with two thirds of people falling into the early onset group.
- People in the early onset group have been drinking for many years, whereas those in the late onset group frequently have had a recent stressful life event: *loss of a partner, retirement, or a new impairment affecting activities of daily life.*
- Women represent a greater proportion of the late onset group than the early onset group.

# Co-Occurrence

- Dual diagnosis among older adults is a growing public health problem.
- One in 10 older primary care patients have depression, anxiety disorder, or at-risk alcohol use experiences active suicidal ideation.
- Mental health and substance use conditions in older people are associated with a wide range of negative effects, including emotional distress, functional disability, reduced physical health, increased mortality, suicide, high rates of hospitalization.



# Older Adults and Suicide

- Suicide is a significant problem among older adults.
- Suicide rates are particularly high among older men, with men ages 85 and older having the highest rate of any group in the country.
- Suicide attempts by older adults are much more likely to result in death than among younger persons. Reasons include:
  - ✓ *Older adults plan more carefully and use more deadly methods.*
  - ✓ *Older adults are less likely to be discovered and rescued.*
  - ✓ *The physical frailty of older adults means they are less likely to recover from an attempt.*

# Poll: Factors

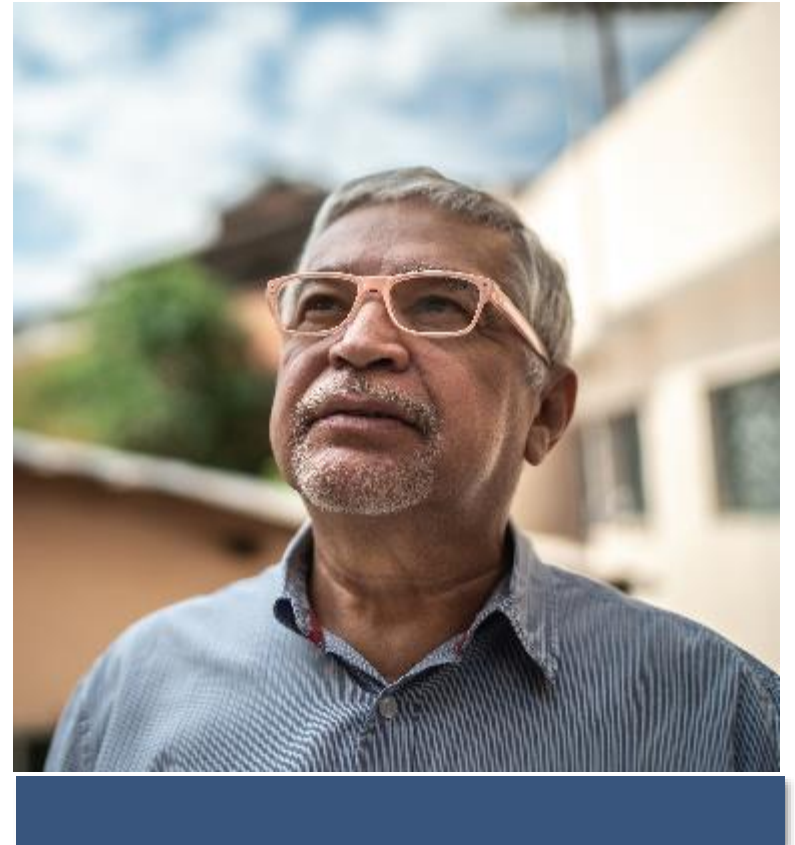


What factors place older adults at risk?

- A. Increased sensitivity
- B. Health problems
- C. Loss and isolation
- D. Mental health issues
- E. Medications
- F. All the above

# Physiological Issues

- Physiological changes in hepatic metabolism that occur with aging affect the pharmacokinetics of both alcohol and other substances, leading to increased susceptibility to harmful effects.
- Older adults are more likely than younger people to have multiple chronic health conditions and to be using prescription medications that can interact with alcohol and other substances, putting them at increased risk for adverse consequences.







# Medications

- Older adults constitute a unique, at-risk population for psychoactive drug use. As middle-aged cohorts enter later life, aging-related health and psychosocial conditions can complicate drug use, and medical exposures to psychoactive medications can increase.
- Prescriptions of psychoactive medications also may increase the user's risk for nonmedical use, abuse, or dependence.

# Complex Interactions

**At-risk Drinking**

**Cannabis**

**Illicit Drugs**

**Prescriptions**



*Alleviate*  
*Trigger*  
*Make Worse*



**DSM IV Mental Disorders**

**Other Conditions**

**Health Issues**

**Suicidal Ideation,  
Plans, or Attempts**

The interaction of physical health conditions, cognitive and functional impairments, and MH/SU conditions is a defining feature of the geriatric mental health and substance use fields and has critical implications for the workforce

# Strategies

- Scant evidence regarding universal prevention programs targeted for older adults to abstain or reduce substance use.
- Some health education programs have been shown to increase knowledge regarding unhealthy alcohol use among older adults.
- Health literacy



# Strategies *Continued*

- Prescriber education
- Medication management
- Motivational interviewing
- Screening and brief intervention
- Training friends and family members



## Dispelling Myths; Aging Quiz (*Yes or No*)

- |   |   |   |
|---|---|---|
| Y | N | Signs of alcohol or drug misuse in older adults are often mistaken for signs of aging or chronic illness.                                       |
| Y | N | Older people are more likely than younger people to admit to having a problem.  |
| Y | N | When a person has been taking a prescribed medication for years, there is no reason for it to be re-evaluated just because the person is older. |
| Y | N | Older adults with drug problems have likely been using continuously since they were young   |



## Dispelling Myths; Aging Quiz (*Yes or No*)

- |   |   |   |
|---|---|---|
| Y | N | More than half of all older people have memory problems or dementia.  |
| Y | N | Older adults residing in nursing homes don't develop alcohol and drug problems.   |
| Y | N | Polypharmacy can lead to a change in mental status.   |
| Y | N | The body's reaction to changes in medications remains constant with advancing age.  |
| Y | N | If an older person says that a behavior is his/her last remaining pleasure, it is generally best to allow the person to continue as long as others are not being put at risk. |

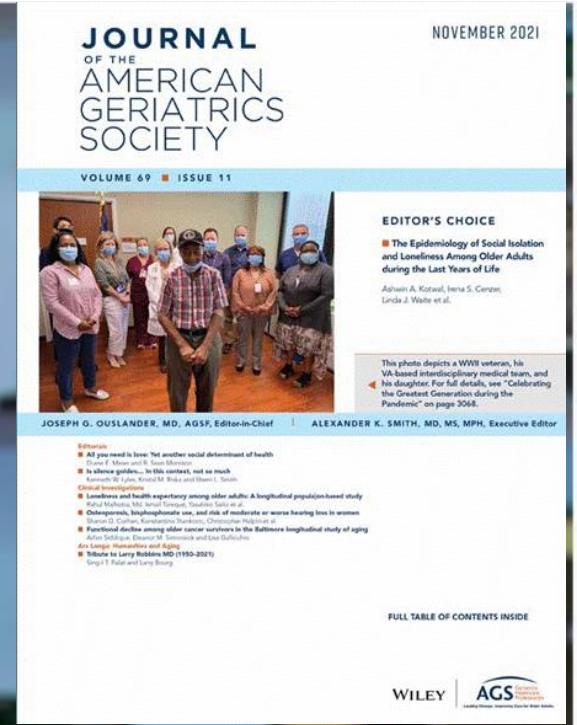
# Binge Drinking & the Elderly

## Possible Factors

- **Free time**
- **Lack of responsibility**
- **Finances**
- **Social changes**
- **Health conditions**



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Prevention can provide a wide range of education and resources to help older adults and their family or caregivers better understand the risk factors for, signs and symptoms of, and treatments and services available for alcohol misuse.

[Trends in binge drinking prevalence among older U.S. men and women, 2015 to 2019 - Al-Rousan - 2022 - Journal of the American Geriatrics Society - Wiley Online Library](https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17573)  
<https://agsjournals.onlinelibrary.wiley.com/doi/10.1111/jgs.17573>



# Partnerships


- State and city departments on aging
- Health centers
- Senior services or centers
- Primary care
- Specialized workers (geriatric psychiatrists, gerontological nurses, geropsychologists, and gerontological social workers)
- Associations (i.e., American Geriatric Society)



# The Handout

- ✓ Academic
- ✓ Data
- ✓ Risk Factors
- ✓ Strategies
- ✓ Other





Great Lakes (HHS Region 5)  
PTTC Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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## Resources for Substance Misuse Trends and Prevention Strategies for Older Adults

*Note: All resources are linked to source content, including publication information & references.*

### Academic Resources

#### Books

[Motivational Interviewing in Health Care: Helping Patients Change Behavior \(Applications of Motivational Interviewing\)](#)  
Stephen Rollnick, William R. Miller, & Christopher C. Butler

[The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands?](#)  
Authored by the Committee on the Mental Health Workforce for Geriatric Populations; Board on Health Care Services; Institute of Medicine  
Edited by: Jill Eden, Katie Maslow, Mai Le, & Dan Blazer

#### Peer-reviewed Articles

[Alcohol Use Disorders in Elderly People: Fact or Fiction?](#)  
Karim Dar

[Disparities by Sex and Race and Ethnicity in Death Rates Due to Opioid Overdose Among Adults 55 Years or Older, 1999 to 2019](#)  
M. Mason, R. Soliman, H.S. Kim, & L.A. Post

[Handbook of Cannabis and Related Pathologies. "Chapter 4 - Age as a Predictor of Cannabis Use"](#)  
D. Bergen-Cico & R.D. Cico

[Illicit and Nonmedical Drug Use Among Older Adults: A Review](#)  
L.T. Wu & D.G. Blazer

[Late Effects of a Brief Psychological Intervention in Patients with Intermittent Claudication in a Randomized Clinical Trial](#)  
M.A. Cunningham, V. Swanson, R.J. Holdsworth, & R.E. O'Carroll

[Marijuana Use Among Adults 50 Years or Older in the 21st Century](#)  
S.L. Lloyd & C.W. Striley

[Motivational Interviewing and the Older Population in Psychiatry](#)  
Tania Bugelli & Terrence R. Crowther

[Motivational Interviewing for Older Adults in Primary Care: A Systematic Review](#)  
Janet Purath, Annmarie Keck, & Cynthia E. Fitzgerald





**Questions**

# Educational Resources



**RETHINKING DRINKING<sup>SM</sup>**

ALCOHOL AND YOUR HEALTH



National Institute on Alcohol Abuse and Alcoholism

## A Guide to Cannabis for Older Adults

### What Is Cannabis?

Cannabis, commonly called marijuana, pot or weed, is a product made from the cannabis plant. It is often used for non-medical purposes because of its intoxicating effects or the "high" it produces. Cannabis can also be used for medical purposes. However, for most health conditions, more research is still needed to determine whether it is effective. Cannabis contains over 100 chemical compounds called cannabinoids. The two best-known cannabinoids are:


- Tetrahydrocannabinol (THC) is the primary "psychoactive" component of cannabis. It is the ingredient in cannabis that produces the high. Research suggests that THC might have some medical benefits for certain health conditions.
- Cannabidiol (CBD) does not produce a high, but can cause drowsiness. Scientists are also studying CBD for its medical applications.

Cannabis comes in many forms, including dried cannabis, cannabis extracts and cannabis topicals. Edible cannabis products, commonly known as edibles, are cannabis-infused food (e.g., chocolate) and drinks (e.g., tea).

### Did You Know?

Concentrations of THC in dried cannabis have increased over the past few decades. In 1995, dried cannabis contained about 4% THC. Nowadays, it averages about 15-20% THC. Some cannabis extracts, called concentrates, can contain more than 80% THC. There are also cannabis products that are made up mostly of CBD and contain only small amounts of THC.

**Always read the label to check the amount and concentrations of THC and CBD.**



### What Can I Expect When Using Cannabis?

Cannabis affects everyone differently.

Smoking, vaping or eating cannabis products can lead to feelings of euphoria (happiness) and relaxation. It can also cause impairment, which can include:


- Concentration and memory problems
- Impaired motor skills and slower reaction time that can increase the risk of falls and injury

Cannabis can impact your ability to drive safely. Cannabis-impaired driving is illegal.

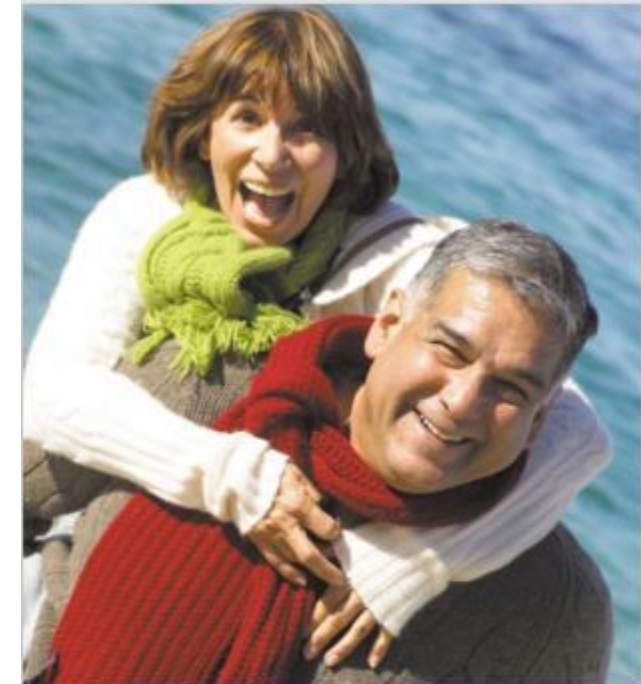
Consuming too much cannabis or cannabis with higher levels of THC can lead to over-intoxication. Symptoms can include:

- Anxiety, panic and elevated heart rate
- Nausea and vomiting
- Paranoia and psychosis (e.g., hallucinations and delusions)


If you or someone you know has consumed too much cannabis and is not feeling well, seek medical attention.



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**Getting Older & Wiser:  
SAFER DRINKING  
as you age**



BSAS  
Beverly Sussman Associates, Inc.

MAKING IT EASIER FOR OLDER ADULTS  
OFFICE OF HEALTHY AGING



# Screening Resources

## Center for Disease Control and SAMHSA

Centers for Disease Control and Prevention  
**MMWR** | **Screen and Intervene to Reduce Binge Drinking**


**Binge Drinking Can Cause Injury, Disease, Death**

Binge drinking is defined as

 +  
 +

**on an occasion, in about 2–3 hours**

**More Intervention Is Needed**



**4 in 5** adults who binge drink were **not advised** to reduce drinking by a healthcare provider\*

**Primary Care Providers Can Make a Difference\*\***

- SCREEN** all adults
- PROVIDE FEEDBACK** about health risks
- WORK TOGETHER** to reduce drinking if patient desires


\*At most recent checkup within the past 2 years | \*\*The US Preventive Services Task Force recommends alcohol screening for all adults and brief counseling for those who exceed recommended limits which includes binge drinking. | 2017 data from the BRFSS, 13 states and the District of Columbia, as reported in McKnight-Eily et al., MMWR 2020. Learn more: [bit.ly/MMWRVA35](https://bit.ly/MMWRVA35)

[WWW.CDC.GOV](http://WWW.CDC.GOV)



CS 315900-8

Substance Abuse and Mental Health Services Administration  
**SAMHSA**  
[www.samhsa.gov](http://www.samhsa.gov) | 1-877-SAMHSA-T (1-877-726-4721)

The Substance Abuse Prevention  
 Older Americans Technical Assistance Center




**A Guide to Preventing  
 Older Adult Alcohol and Psychoactive  
 Medication Misuse/Abuse:  
 Screening and Brief Interventions**

# Academic and Data Resources

**THE MENTAL HEALTH AND SUBSTANCE USE WORKFORCE FOR OLDER ADULTS**

**IN WHOSE HANDS?**



INSTITUTE OF MEDICINE  
OF THE NATIONAL ACADEMIES

**Alcohol Use Among Older Adults**

June/July 2021 [www.healthyagingpoll.org](http://www.healthyagingpoll.org)

While drinking alcohol is a source of enjoyment for many older adults, it can also pose health risks. These risks include memory loss, injuries, and potentially harmful interactions with commonly prescribed medications, even at low levels of alcohol consumption. In January 2021, the University of Michigan National Poll on Healthy Aging asked a national sample of adults age 50–80 about their alcohol use and reasons for drinking.

**Alcohol use among older adults**

Two in three adults age 50–80 (67%) reported drinking alcohol at least occasionally in the past year. Among those who drank, 42% drank monthly or less often, 19% two to four times per month, 18% two to three times per week, and 20% four or more times per week. On a typical day of drinking, the majority (77%) consumed one to two drinks, 17% had three to four drinks, and 6% had five or more drinks.

Among older adults who reported drinking any alcohol in the past year, the most commonly reported reasons for drinking included liking the taste (50%), to be social (49%), to relax (38%), or because it was part of their routine (13%). Other reasons were to cope with stress (10%), to help with mood (9%), out of boredom (8%), or to help with pain (5%).

Men were more likely than women to report any drinking in the past year (73% vs. 61%). Men were also more likely to report a higher daily quantity of alcohol use. One in five men age 50–80 (20%) reported having three to four drinks containing alcohol on a typical day of drinking compared to 15% of women, and men were twice as likely to report five or more drinks on a typical day of drinking (8% vs. 4%).

Among adults age 50–80 who drank alcohol, one in four (27%) reported having six or more drinks on at least one occasion in the past year, and 7% said that alcohol had ever made it difficult for them to remember parts of the day or night (i.e., alcohol use led to a “blackout”).

**Alcohol use in the past year**  
AMONG ADULTS AGE 50–80

Among those who drank...

- 67% drank alcohol
- 10% restarted drinking while using other drugs
- 20% drank 4+ times per week
- 27% had 6+ drinks on at least one occasion

**Number of drinks on a typical day of drinking**

- 1–2: 77%
- 3–4: 17%
- 5+: 6%

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**NIH** National Institute on Drug Abuse  
Advancing Effective Treatments

DrugFacts  
Revised July 2020

**Substance Use in Older Adults DrugFacts**

**The scope of substance use in older adults**

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.



**Are older adults impacted differently by alcohol and drugs?**

Aging could possibly lead to social and physical changes that may increase vulnerability to substance misuse. Little is known about the effects of drugs and alcohol on the aging brain. However, older adults typically metabolize substances more slowly, and their brains can be more sensitive to drugs. One study suggests that people addicted to cocaine in their youth may have an accelerated age-related decline in temporal lobe gray matter and a smaller temporal lobe compared to control groups who do not use cocaine. This could make them more vulnerable to adverse consequences of cocaine use as they age.

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. Additionally, the effects of some drugs—like impaired judgment, coordination, or reaction time—can result in accidents, such as falls and motor vehicle crashes. These sorts of injuries

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# CASAT Resources

Older Adults And Substance Use Disorder: How Can Family, Friends And Providers Help?

<https://casatondemand.org/2021/04/14/older-adults-and-substance-use-disorder-how-can-family-friends-and-providers-help/>

Addiction Among the Aging: SELF-PACED ONLINE COURSE

<https://casatlearning.org/all/self-paced/addiction-among-the-aging-self-paced-online-course>



# NIH Resources

The screenshot shows the NIH National Institute on Aging website. At the top left is the NIH logo and the text 'National Institute on Aging'. To the right is a search bar and a button labeled 'En Español'. Below the header is a navigation menu with 'Health Information', 'Research & Funding', 'News & Events', and 'About NIA'. On the left side, there is a vertical social media sharing bar with icons for Facebook, Twitter, Pinterest (with 1.9K shares), LinkedIn, Print, and a plus sign for more options. The main content area has a breadcrumb trail: 'Home / Health Information / Facts About Aging And Alcohol'. The title 'Facts About Aging and Alcohol' is displayed in a large blue font. Below the title is a blue box with the heading 'Uncle George's and Grandma Betty's Stories' and a paragraph of text. To the right of this box is a promotional graphic for free publications, including 'What's On Your Plate?', 'Clinical Trials and Older Adults', and 'Caring for a Person with Alzheimer's Disease'. Below this graphic is a call to action: 'Check out our free publications. Order here!'. At the bottom right, there is a graphic of colorful speech bubbles and a call to action: 'We're here to help! Contact our information centers by phone or email.'

NIH National Institute on Aging

En Español

Search

Health Information Research & Funding News & Events About NIA

Home / Health Information / Facts About Aging And Alcohol

## Facts About Aging and Alcohol

### Uncle George's and Grandma Betty's Stories

Anyone at any age can have a drinking problem. Uncle George always liked his liquor, so his family may not see that his drinking is getting worse as he gets older. Grandma Betty was a teetotaler all her life until she started having a drink each night to [help her get to sleep](#) after her husband died. Now, no one realizes that she needs a couple of drinks to get through each day.

These are common stories. The fact is that families, friends, and healthcare workers often overlook their concerns about older people drinking. Sometimes trouble with alcohol in older people is mistaken for other conditions related to aging, for example, a [problem with balance](#). But, how the body handles alcohol can change with age. You may have the same drinking habits, but your body has changed.

Check out our free publications. Order here!

We're here to help! Contact our information centers by phone or email.

<https://www.nia.nih.gov/health/facts-about-aging-and-alcohol>



# Thank You!



Great Lakes (HHS Region 5)

PTTC

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

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The Great Lakes ATTC, MHTTC, and PTTC are funded by the Substance Abuse and Mental Health Services Administration (SAMHSA under the following cooperative agreements:

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Great Lakes PTTC: 1H79SP081002-01



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