AGS19 ANNUAL SCIENTIFIC MEETING

Substance Use and Misuse Among Older Adults

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Disclosure

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THE MENTAL HEALTH AND SUBSTANCE USE WORKFORCE FOR OLDER ADULTS

IN WHOSE HANDS?

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

Presentation Overview

- Baby Boomers and Substance Use/Abuse
- Nature and Extent of Problem
- Risks and Benefits of Alcohol Use
- Cannabis, Benzos, Opioid Risks
- Screening Approaches

The New York Times

Bleak New Estimates in Drug Epidemic: A Record 72,000 Overdose Deaths in 2017

By Margot Sanger-Katz

Aug. 15, 2018

542

Jamie Lee Curtis discusses past opioid addiction

By Chloe Melas, CNN

Updated 10:03 AM ET, Wed October 24, 2018

Health | Nation

Opioid Crisis Blamed For Sharp Increase In Accidental Deaths In U.S.

by Scott Neuman NPR Jan. 17, 2018 9:23 a.m. | Updated: Jan. 17, 2018 10:27 a.m.

The New York Times

Deaths From Drugs and Suicide Reach a Record in the U.S.

By Adeel Hassan

March 7, 2019

75 million 'Baby Boomers'
Born from: 1946-1964, Now age: 55-73

The Silver Tsunami

- Baby boom cohort (1946-1964) is the fastest growing sector of U.S. population.[1]
- Enormous pressure on retirement systems, health care facilities, and other services
- Major implications for drug and alcohol prevention and treatment

1. Sandra L. Colby and Jennifer M. Ortman. 2014. The Baby Boom Cohort in the United States: 2012 to 2060: Population Estimates and Projections. 5: p25-141.
2. Colby, S.L., Ortman,J.M. 2014. The Baby Boom Cohort in the United States: 2012 to 2060: Population Estimates and Projections.

Extent of the Problem

Substance Abuse & Older Adults

#1 Most common addiction: Alcohol (~2-18%)

#2 Nicotine (~9%)

#3 Psychoactive Prescription Drugs (~6%)

#4 Other Illegal Drugs (cannabis, cocaine, narcotics) (<1%)

Issues Unique to Older Adults with Substance Use Problems

- Age-related changes in absorption and metabolism
- Interaction of medical conditions, cognitive impairment, functional impairment, and MH/SU conditions
- Frequent use of multiple medications both for chronic medical conditions and MH/SU conditions
- Goals of care play larger role in health care decisions
- Loss and grief are common

Alcohol and Older Adults

National rates of drinking, heavy drinking, and AUD in U.S. adults are **increasing**

Research

JAMA Psychiatry | Original Investigation

Increases in 12-Month Alcohol Use, High-Risk Drinking, and *DSM-IV* Alcohol Use Disorder in the United States, 2001-2002 to 2012-2013

Bridget F. Grant, PhD; S. Patricia Chou, PhD; Tulshi D. Saha, PhD; Roger P. Pickering, MS; Bradley T. Kerridge, PhD; W. June Ruan, MS; Boji Huang, MD, PhD; Jeesun Jung, PhD; Haitao Zhang, PhD; Amy Fan, PhD; Deborah S. Hasin, PhD

Alcohol use among **older adults** is increasing, including past-month binge alcohol use & AUD, with increasing trends among **females**

ELSEVIER

Drug and Alcohol Dependence

Volume 170, 1 January 2017, Pages 198-207

Full length article

Demographic trends of binge alcohol use and alcohol use disorders among older adults in the United States, 2005–2014

Benjamin H. Han [a, b], Alison A. Moore [c], Scott Sherman [a, d], Katherine M. Keyes [e], Joseph J. Palamar [b, d]

What's the Harm in a Few Drinks?

- Epidemiologic data suggests moderate drinking can be beneficial for:
  - Heart disease
  - Possibly preventing neurocognitive disorders
  - Low/moderate daily alcohol use most beneficial
  - Social aspects
- Potential confounds
  - Sample selection (fit elders with healthy lifestyles)
  - Surrogate for something else (nutrition, exercise)
  - No clinical trials data

Aging, Drinking and Consequences

- Aging-related changes make older adults more vulnerable to adverse alcohol effects
  - Higher BAC from a given dose
  - More impairment at a given BAC
  - Interactive effects of alcohol, chronic illness and medication
- Implications for older adult drinkers
  - Moderate levels of consumption can be more risky
  - More consequences from maintaining consumption
  - Increased consumption may quickly result in consequences


Benefits
Risks

Recommended Drinking Limits for Older Adults

Drinking Limits: no more than one drink per day on average for older men or less than one drink per day on average for older women.

Binge Drinking: drinking four or more drinks during a single occasion (drinking day) for men or three or more drinks during a single occasion for women.

Centers for Disease Control and Prevention, 2006

What is a Drink?

My Doctor said "Only 1 glass of alcohol a day". I can live with that.

What's a Standard Drink?

A standard drink in the United States is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Below are U.S. standard drink equivalents. These are approximate, since different brands and types of beverages vary in their actual alcohol content.

12 oz. of beer or cooler	8–9 oz. of malt liquor 8.5 oz. shown in a 12-oz. glass that, if full, would hold about 1.5 standard drinks of malt liquor	5 oz. of table wine	3–4 oz. of fortified wine (such as sherry or port) 3.5 oz. shown	2–3 oz. of cordial, liqueur, or aperitif 2.5 oz. shown	1.5 oz. of brandy (a single jigger)	1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.) Shown straight and in a highball glass with ice to show the level before adding a mixer*
						
~5% alcohol	~7% alcohol	~12% alcohol	~17% alcohol	~24% alcohol	~40% alcohol	~40% alcohol
12 oz.	8.5 oz.	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

https://www.niaaa.nih.gov/guide

What conditions may be caused or worsened by alcohol use?

- 1 or more drinks per day
  - Gastritis, ulcers, liver and pancreas problems
- 2 or more drinks per day
  - Depression, gout, GERD, breast cancer, insomnia, memory problems, falls
- 3 or more drinks per day
  - Hypertension, stroke, diabetes, gastrointestinal diseases, cancer of many varieties

THE LANCET
Volume 391, Issue 10129, 14–20 April 2018, Pages 1513-1523

Articles

Risk thresholds for alcohol consumption: combined analysis of individual-participant data for 599 912 current drinkers in 83 prospective studies

Angela M Wood PhD [a], Stephen Kaptoge PhD [a], Adam S Butterworth PhD [a], Peter Willeit MD [a, b], Samantha Warnakula PhD [a], Thomas Bolton MMath [a], Ellie Paige PhD [c], Dirk S Paul PhD [a], Michael Sweeting PhD [a], Stephen Burgess PhD [a, d], Steven Bell PhD [a], William Astle PhD [a], David Stevens MSc [a], Albert Koulman PhD [e], Randi M Selmer PhD [f], Prof W M Monique Verschuren PhD [g, h], Prof Shinichi Sato MD [i], Prof Inger Njølstad MD [j] ... John Danesh

Study Conclusions

- Alcohol is a colossal global health issue and small reductions in health-related harms at low levels of alcohol intake are **outweighed by the increased risk** of other health-related harms, including cancer.
- There is strong support here for the guideline published by the Chief Medical Officer of the UK who found that there is "**no safe level of alcohol consumption**".

Alcohol Use and Suicide

- Highest rates of completed suicides:
  - –Older white males who are depressed, drinking heavily, and who have recently lost their partner

*****People with alcohol dependence should be screened for psychiatric symptoms & for suicidality**

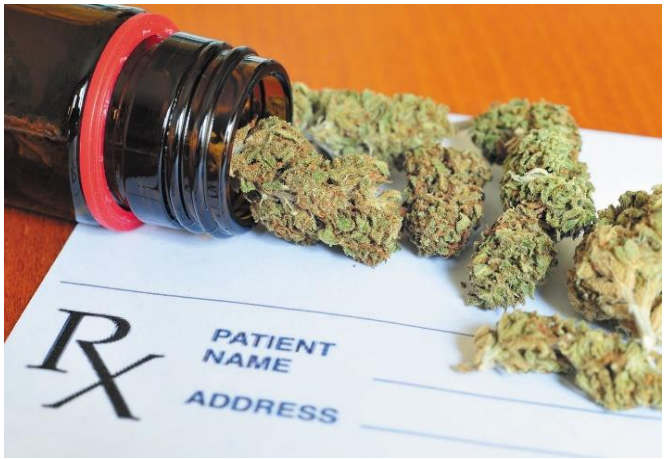
Cannabis and Older Adults

Cannabis Use in Older Adults

- On the rise, as a result of increased legalization and availability (33 MM states; 10 recreational)
- Used to treat pain and to promote relaxation
- Past year use in adults aged 50 to 64 more than tripled from 2.9% to 9.0%
- Rates of use are expected to continue rising

Cannabis Risks in Older Adults

- Rapid changes from smoking to edibles, vaping
- The effects of cannabis when combined with specific prescription drugs **is not known**
- Use is associated with:
  - Increased injury
  - Short-term memory deficits
  - Anxiety
  - Depression
  - Impaired Cognition
  - Impaired Learning
  - Motor coordination

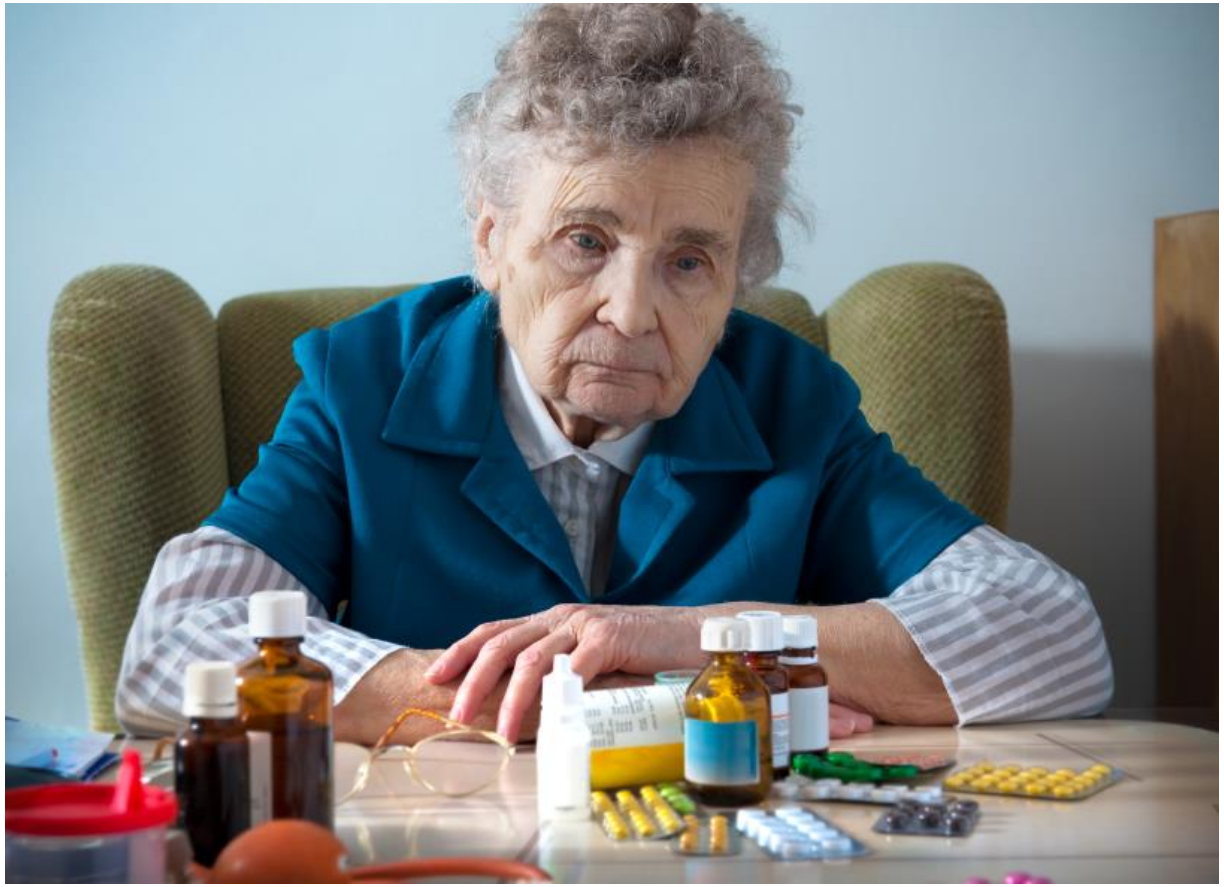


Acute Cannabis Intoxication

- Behavior problems (dysphoria or agitation)
- Tachycardia
- Increased blood pressure, especially in the elderly, orthostatic hypotension
- Increased respiratory rate
- Conjunctival infection
- Psychosis, confusion, panic attacks
- Dry mouth / Increased appetite
- Nystagmus
- Ataxia
- Slurred speech

Wang, G.S. 2019. Cannabis (marijuana): Acute Intoxication. Available at: https://www.uptodate.com/contents/cannabis-marijuana-acute-intoxication

Prescription Drugs & Older Adults



Medication Misuse and Alcohol Interactions

- Benzodiazepines
- Opiate/Opioid Analgesics
- Other sedatives
- Some anticonvulsants
- Some psychotropics
- Some antidepressants
- Some barbiturates

Bucholz et al., 1995; NIAAA, 1998

Non-Medical Use of Prescription Drugs among Older Adults

- At least 1 in 4 older adults use psychoactive medications with abuse potential
- Estimated up to 11% of older women misuse prescription drugs
- Factors associated with prescription drug abuse in older adults
  - female sex, social isolation, history of a substance-use or mental health disorder, and medical exposure to prescription drugs with abuse potential
- The non-medical use of prescription drugs among adults aged >/= 50 years is increasing

BZD Risks in Older Adults

- Fall risk in older adults[1,2]
- Impaired cognition[3]
- Overdose deaths[4]
- Motor vehicle accidents[5]
- Reduce efficacy of psychotherapies for insomnia and PTSD

Over 68 trials showed that short-, intermediate- and long-lasting benzos consistently induced cognitive impairments with evidence of a dose response relationship

1. Woolcott J.C., et al., *Arch Int Med* 2009.
2. Wang PS et al., *AJP* 2001.
3. Tannenbaum C., et al., *Drugs.*
4. Jones et al., *JAMA* 2010.
5. Dassanayake T, *Drug Saf* 2011.

BZD Risks in Older Adults

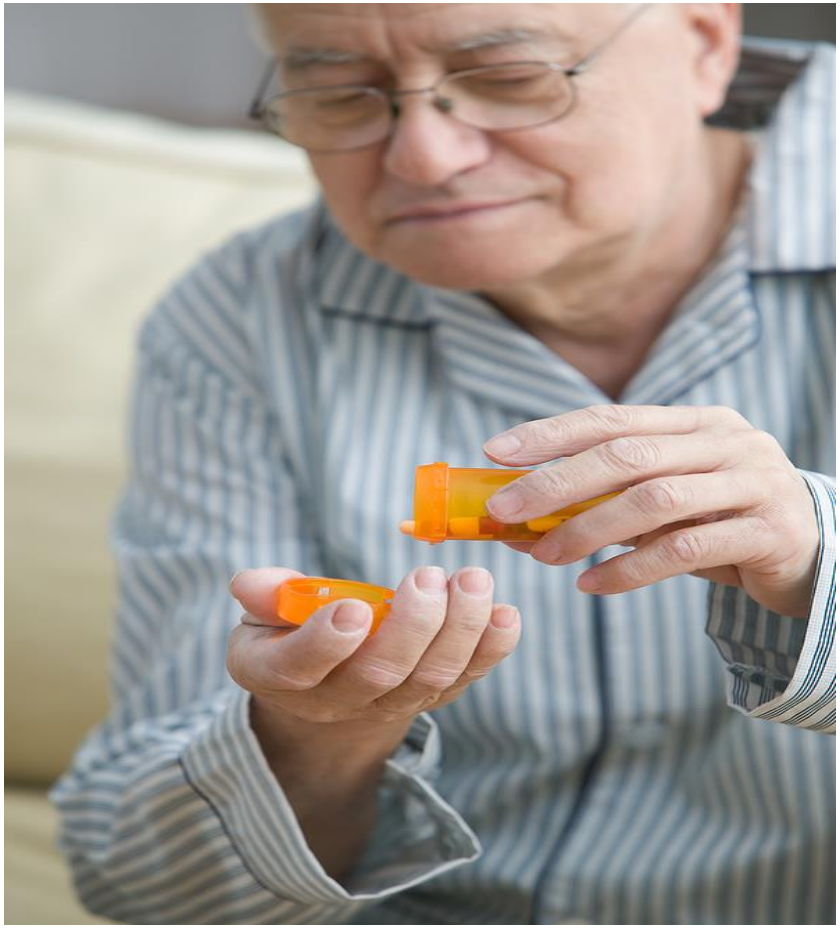
- New Beers Criteria from American Geriatrics Society is a measure for CNS-active polypharmacy (includes opioids, antidepressants, antipsychotics, BZDs, Z-drugs)
    - Higher burden = greater risk for falls[1] and cognitive decline[2]

- **BZD + opioids = #1 pharmaceutical combo for overdose deaths[3]**

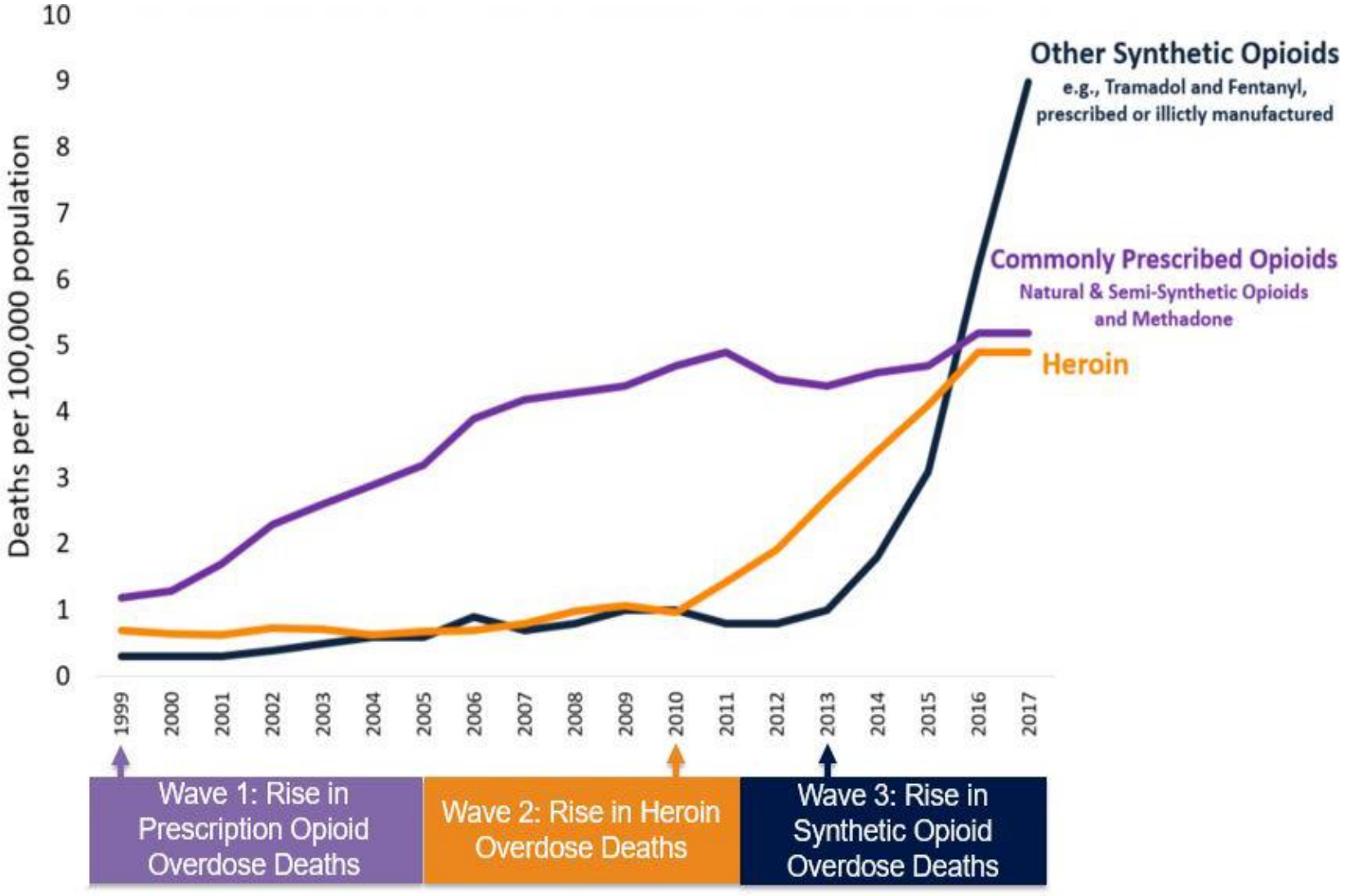
- FDA: Black box warning in 2016 due to increased risk of respiratory suppression and death from opioids + CNS-depressants, including:
    - BZD
    - Antipsychotics
    - Muscle relaxants

1. Hanlon et al., *J Gerontol Series A* 2009.
2. Wright et al., *JAGS* 2009.
3. Jones et al., *JAMA* 2010.

Opioids & Older Adults

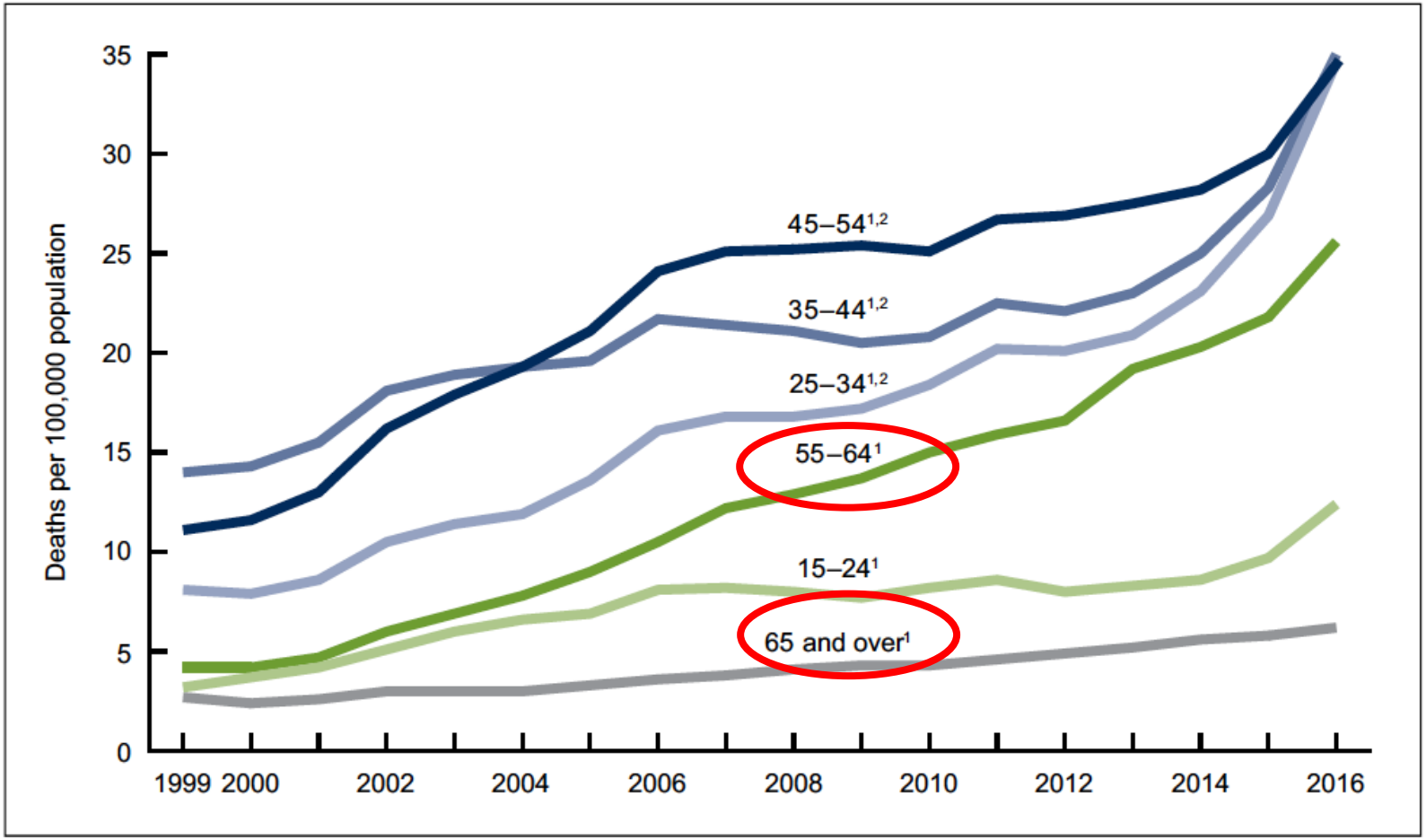


3 Waves in the Rise of Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

U.S. Drug Overdose Death Rates Per 100,000 population, 1999-2016



Hedegaard H et al., Data Brief no 294, National Center for Health Statistics, 2017

Opioids Risks in Older Adults

- Higher prevalence of pain
- More clinic visits due to pain
- Higher rates of psychoactive drug use compared to earlier cohorts
- High doses and dosing variability increase risks

=

↑ in opioid addiction

↑ in overdose deaths

↑ in suicide rates

The Opioid Crisis: Not Just an Urban Problem

- Increasing use of opioids and prescription painkillers in rural areas
- Since 1999, rate of overdose deaths involving an opioid nearly quadrupled
- Drug-related deaths 45% higher in rural areas than urban areas
- Opioid-related overdose deaths increased over past 15 years in both rural and urban areas, with exponential increases in rural areas 2013 - 2014
- Men in rural areas using more opioids than women, but more women are dying from opioid overdose

Rise in Opioid Misuse Among Rural Elders Due to Variety of Reasons

- **Demographics:** Rural populations tend to be older than populations in urban areas
  - 16% of rural Americans age 65+
  - Have higher proportion of those 85 and older, who are more likely to have chronic diseases and disabilities
- **Economic:** Low income, unemployment, and substandard housing
- **Education**: Health illiteracy a big issue in opioid misuse

New GWEP Funding Opportunity

- **Applications were due February 8, 2019**
- **MIPS MEASURE 2:** Evaluation or Interview for Risk of Opioid Misuse: All patients 18 and older prescribed opiates for longer than six weeks duration evaluated for risk of opioid misuse using a brief validated instrument (e.g., Opioid Risk Tool, Screener and Opioid Assessment for Patients with Pain-Revised [SOAPP-R]) or patient interview documented at least once during Opioid Therapy in the medical record.

Required Patient Outcome Measure

- **Medication measure:**
  - **MIPS: Use of High-Risk Medications in the Elderly:** Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported:

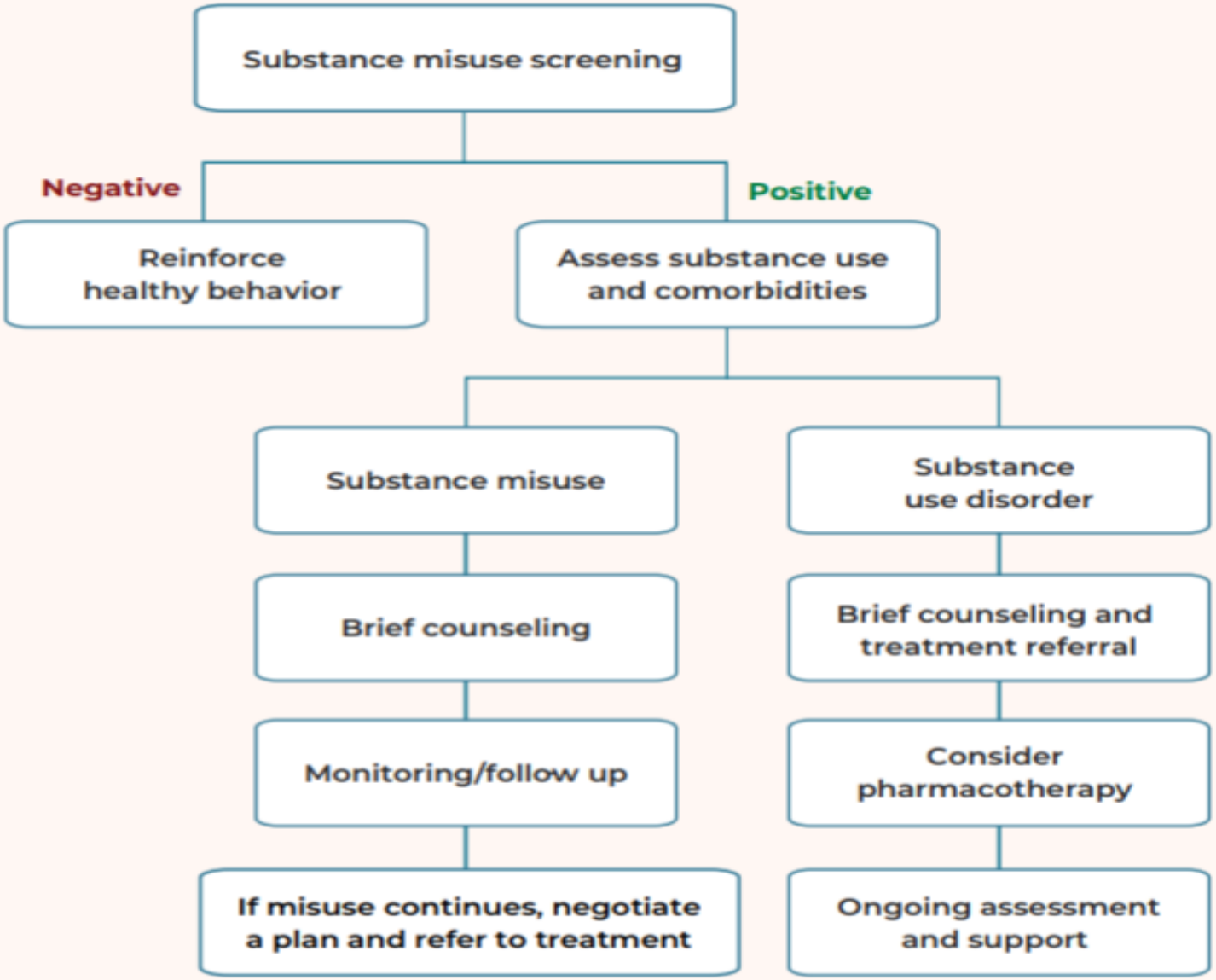
a. Percentage of patients who were ordered at least one high-risk medication, and

b. Percentage of patients who were ordered at least two different high-risk medications.

Screening & Assessment Recommendations

- Every person over age 60 should be screened for alcohol and prescription drug abuse as part of regular physical examination, at least annually.
- "Brown Bag Approach"
- Screen or rescreen if certain physical symptoms are present or life events (traffic accidents, ADL issues)
- Major life transitions (menopause, retirement, caretaker, empty nest)
- Ask direct questions about concerns. Preface question with link to medical conditions of health concerns
- Do not use stigmatizing terms (alcoholic, addict, etc.)
- Each practice should have plan in place for patients who screen positive.

Substance Use Screening Workflow



Source: SAMHSA. TIP 63. Available online at: https://store.samhsa.gov/system/files/sma18-5063pt2.pdf

Screening for Risky Drinking

- Screening for alcohol misuse can identify patients at increased risk for opioid misuse
  - NIAAA Single-Item Screener can identify at-risk patients:

How many times in the past year have you had five or more drinks in a day (four drinks for women and all adults older than age 65)?

One or more times constitutes a positive screen. Patients who screen positive should have an assessment for AUD.

- For patients who screen positive, more detailed screening should follow:
  - Alcohol Consumption, Quantity, frequency, binge drinking
    - AUDIT-C (3 questions)
  - Alcohol Consequences
    - CAGE, AUDIT, MAST, SMAST
    - Elder-specific: MAST-Geriatric Version, SMAST-G

Brief Screening for Drug Use in Primary Care Settings

Single-Item Drug Screener

How many times in the past year have you used an illegal drug or a prescription medication for nonmedical reasons?

(A positive screen is 1 or more days.)

Two-Item Drug Use Disorder Screener for Primary Care Clinics Serving U.S. Veterans

Question 1: How many days in the past 12 months have you used drugs other than alcohol? (A positive screen is 7 or more days.) If fewer than 7, proceed with Question 2.

Question 2: How many days in the past 12 months have you used drugs more than you meant to? (A positive screen is 2 or more days.)

***If using nonspecific screens, need to assess further which substances patients use and to what degree.

Universal OUD Screening

The TIP expert panel recommends universal OUD screening

- Tobacco, Alcohol, Prescription Medications and Other Substance Use (TAPS) Tool
  - Two-Step Screening & Brief Assessment, developed and tested in primary care settings
  - Based on NIDA Quick Screen V1.0 and modified WHO ASSIST-lite
  - Screens for clinically relevant heroin and prescription opioid misuse
  - May detect SUDs only for the most often-used substances
- The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
  - Computerized version available
  - Shorter version ASSIST-lite makes use more efficient

OUD Screening, continued

- NIDA-Modified ASSIST (NM ASSIST)
  - Developed from the ASSIST
- NIDA Drug Use Screening Tool: Quick Screen (NMASSIST)
  - series of questions to identify risky substance use in adult patients
- Opioid Risk Tool
  - Brief, self-report, can be administered and scored in 1 minute; personal & family hx of SA, sexual abuse, MH
  - Primary care settings, assesses risk for opioid abuse among chronic pain patients, non-specific
- Screener and Opioid Assessment for Patients with Pain-Revised (SOAPP®-R)
  - ❑ 24 items, broad screen, non-specific

NIH. Screening and Assessment Tools Chart. Available online at:https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools

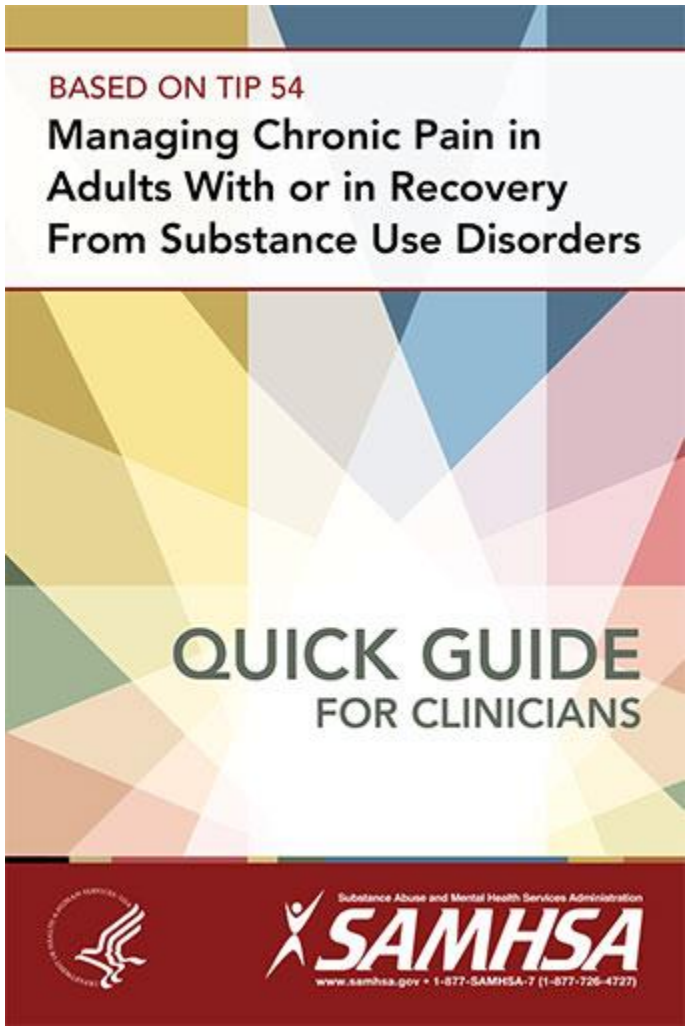
Become a OUD Medication Treatment Provider!

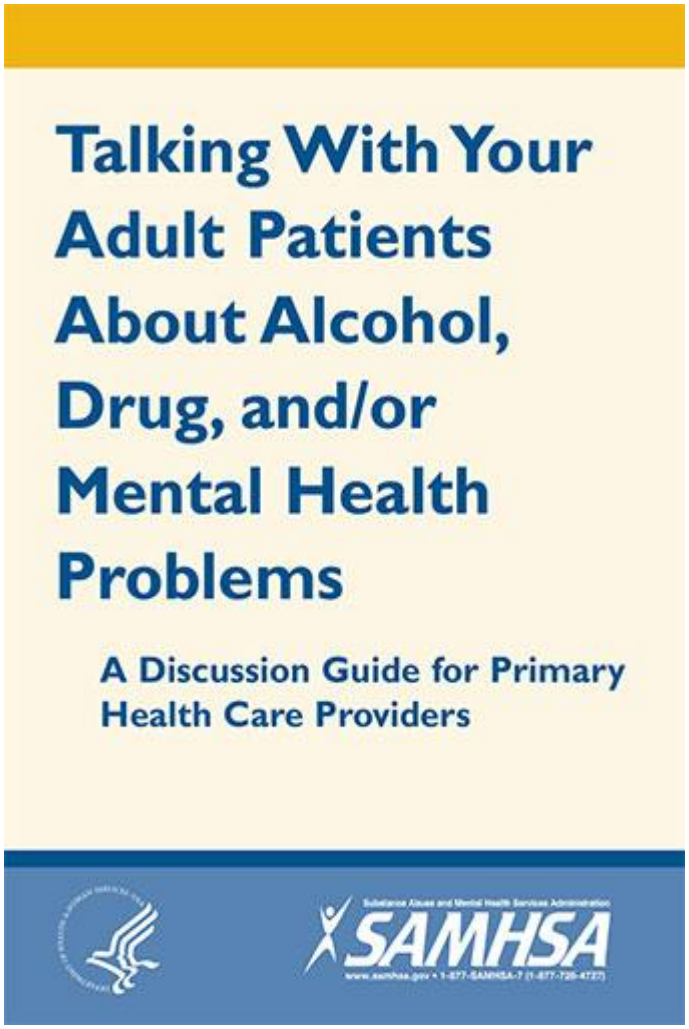
- Patients who are medically and mentally stable can benefit from receiving OUD medications in integrated care settings
- SAMHSA strongly urges physicians, NPs, and PAs to obtain waivers that will qualify them to offer buprenorphine pharmacotherapy:

1. Meet set criteria
2. Complete buprenorphine training (in person or online)
3. Apply for a waiver from SAMHSA

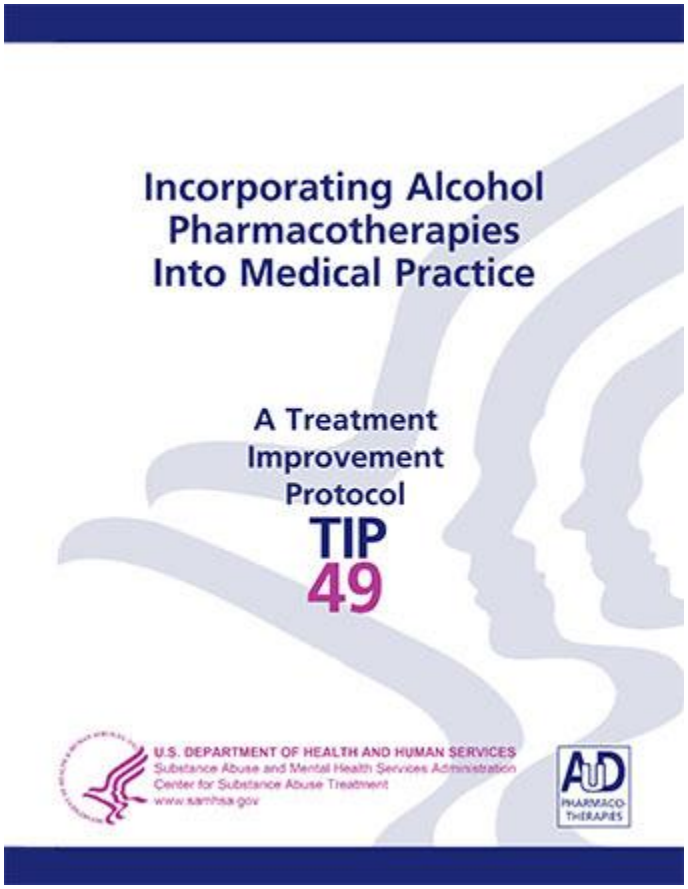
See TIP 63: Medications for Opioid Use Disorder

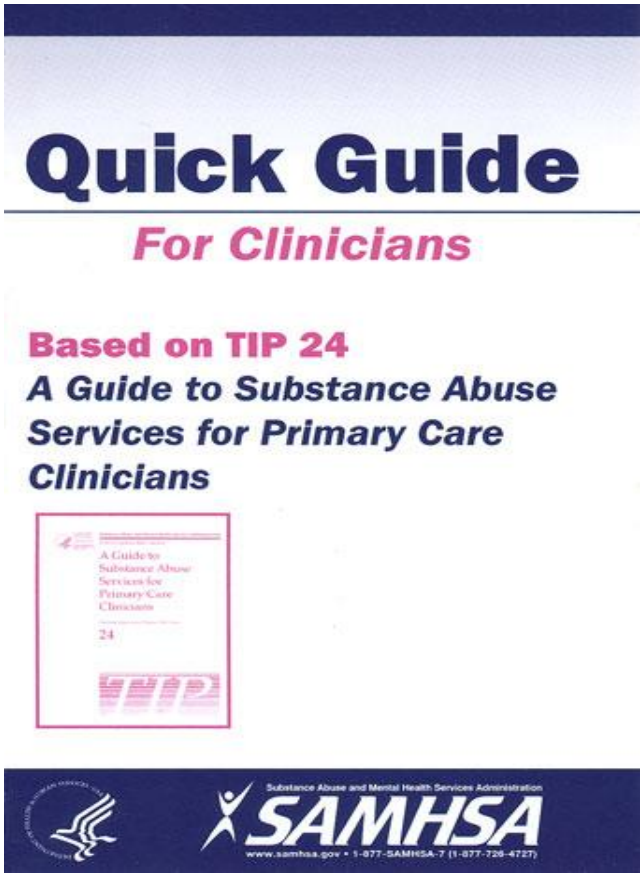
Resources


BASED ON TIP 54
Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders
QUICK GUIDE
FOR CLINICIANS
SAMHSA

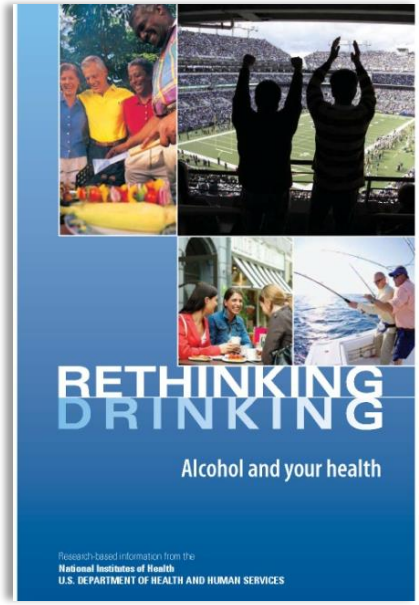

Talking With Your Adult Patients About Alcohol, Drug, and/or Mental Health Problems
A Discussion Guide for Primary Health Care Providers
SAMHSA

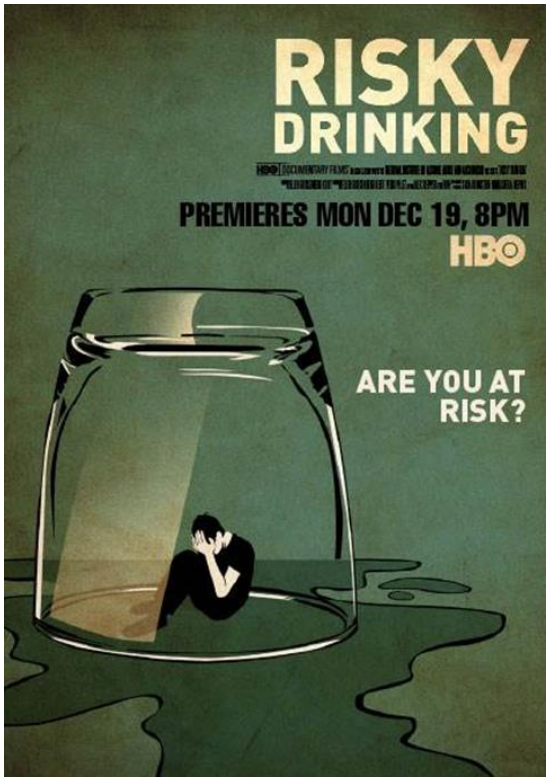
Resources, continued





NIAAA





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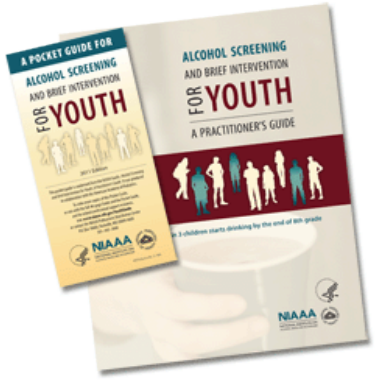

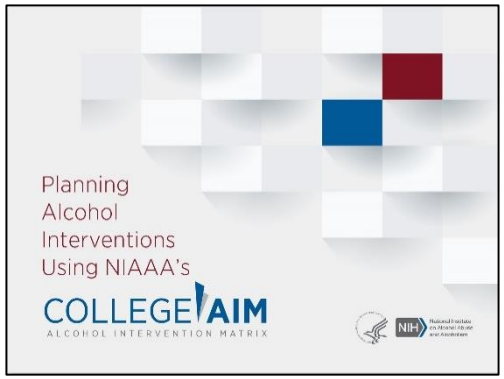

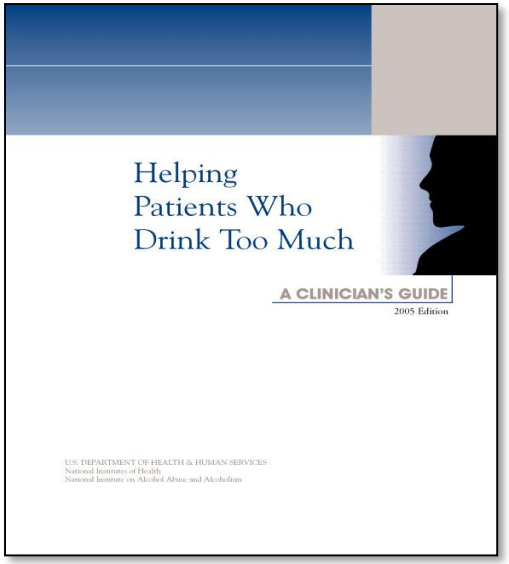

Take-Home Messages

- Prevention in the form of early identification of and early intervention for substance abuse in older adults is crucial.
- For those with serious problems/addiction: TREATMENT WORKS!
- National focus on mental health and substance abuse prevention and treatment is critically important as the “Baby Boom” generation reaches later adulthood.

Contact Information

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