Substance Use and Misuse Among Older Adults

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THE MENTAL HEALTH AND SUBSTANCE USE WORKFORCE FOR OLDER ADULTS
IN WHOSE HANDS?
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
Bleak New Estimates in Drug Epidemic: A Record 72,000 Overdose Deaths in 2017
By Margot Sanger-Katz
Aug. 15, 2018

Jamie Lee Curtis discusses past opioid addiction
By Chloe Melas, CNN
Updated 10:03 AM ET, Wed October 24, 2018

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

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

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

<table>
<thead>
<tr>
<th>12 oz. of beer or cooler</th>
<th>8–9 oz. of malt liquor</th>
<th>5 oz. of table wine</th>
<th>3–4 oz. of fortified wine (such as sherry or port)</th>
<th>2–3 oz. of cordial, liqueur, or aperitif</th>
<th>1.5 oz. of brandy (a single jigger)</th>
<th>1.5 oz. of spirits (a single jigger of 80-proof gin, vodka, whiskey, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>~5% alcohol</td>
<td>~7% alcohol</td>
<td>~12% alcohol</td>
<td>~17% alcohol</td>
<td>~24% alcohol</td>
<td>~40% alcohol</td>
<td>~40% alcohol</td>
</tr>
<tr>
<td>12 oz.</td>
<td>8.5 oz.</td>
<td>5 oz.</td>
<td>3.5 oz.</td>
<td>2.5 oz.</td>
<td>1.5 oz.</td>
<td>1.5 oz.</td>
</tr>
</tbody>
</table>

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
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

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

3. Tannenbaum C., et al., Drugs.
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)
  o 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:
  o BZD
  o Antipsychotics
  o Muscle relaxants

2. Wright et al., *JAGS* 2009.
3 Waves in the Rise of Opioid Overdose Deaths

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
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

- Substance misuse screening
  - Negative
    - Reinforce healthy behavior
  - Positive
    - Assess substance use and comorbidities
      - Substance misuse
        - Brief counseling
          - Monitoring/follow up
            - If misuse continues, negotiate a plan and refer to treatment
      - Substance use disorder
        - Brief counseling and treatment referral
          - Consider pharmacotherapy
        - Ongoing assessment and support

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:

  ![Image of screening question]

  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
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

- Managing Chronic Pain in Adults With or in Recovery From Substance Use Disorders
- Talking With Your Adult Patients About Alcohol, Drug, and/or Mental Health Problems
Resources, continued

**Quick Guide**
**For Clinicians**

*Based on TIP 24*
*A Guide to Substance Abuse Services for Primary Care Clinicians*
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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