

At a Glance: Substance Use Disorder in Older Adults

Introduction

Substance use and misuse affect millions of Americans, and directly or indirectly imposes an enormous burden on families and society. Substance use can also compromise physical and mental health and quality of life of individuals.¹ Despite extensive efforts to address substance use and misuse, the issue continues to escalate and has become a national public health emergency.^{1,2} Prolonged misuse can lead to substance use disorder (SUD), which is categorized as its own illness and involves significant impairment to health and social function.¹ Substance use among older adults is especially complex as it is often not recognized due to other health-related aging conditions, or it is not treated effectively when identified. The following information and resources will equip community health center providers to better address these concerns with their older adult patients (aged 65 and older).³



A Shifting Pattern in Older Adult Substance Use

Although substance use often declines as people age and move through adulthood,⁴ the pattern of substance use and its consequences among older adults have shifted in recent years.² In the United States, the number of older adults needing treatment for substance use has tripled from 1.7 million in 2000 to 5.7 million in 2020. This is partially due to increasingly easier access to drugs, alcohol, and tobacco at early ages.^{2,4,5} Additionally, improper drug use due to cognitive decline, potential drug-prescribed interactions (i.e., opioids and benzodiazepines for pain, anxiety, and sleep disorders respectively), alcohol, and attempts to save money by taking another person's remaining medications, could potentially lead to addiction.³ Nearly 17% of older adults are affected by addiction problems, which can increase the risk of falls and memory/retention.³

Alcohol remains the most commonly used substance by older adults, and heavy use can impact comorbidities, metabolic efficiency, drug metabolism, and can lead to organ damage.⁶ When older adults are prescribed medications for multiple health conditions, drug interactions can severely change the absorption, distribution, and metabolism of alcohol;⁷ therefore, it is vital that healthcare providers identify and differentiate substance use disorder (SUD) from age-related health complications (i.e., physical or mental health problems), and effectively refer these patients for treatment.²

Addiction or dependence on prescription medications (e.g., opioids) among older

adults is on the rise, leading to serious health effects such falls, delirium, hypertension, liver dysfunction, diabetes mellitus, functional decline, depression, anxiety, cognitive impairment and potentially self-harm and suicide.^{8,9}

Older adults experiencing SUD are at higher risk of experiencing negative health outcomes due to chronic disease complications, age related changes (i.e., physiological, psychological, functional or social), and polypharmacy. Patients with SUD are at an increased risk of facing physical and mental health issues, social and family problems, and more involvement with the criminal justice system. Negative drug interactions or overdose could lead to hospitalization, nursing home placement, and even death.^{4,5}

Did You Know?

- Adverse early life experiences can influence the development of a substance use disorder later in life.¹⁰
- Over the past 20 years, the number of adults over 65 hospitalized for opioid abuse has quintupled.⁸
- Men over 65 are more likely to be heavy drinkers than women of the same age (13% vs 8%, respectively).¹¹
- There are many major medical illnesses that have been associated with substance use disorders. Patients with alcohol use disorder have higher rates of conditions such as cardiovascular diseases, cancer, and injuries. Those with opioid use disorder are more likely to experience chronic pain, arthritis and hepatitis C.¹²
- Older adults could be more predisposed to developing addiction due to social isolation. Feelings of shame, or the perception that their substance use does not require a professional intervention may keep this population from seeking treatment.⁶

A Need for Integrated Services

Everyone involved in the routine care of older adults has a role in identifying disorders associated with SUD.¹ Strategies and evidence-based practices³ for integrating clinical prevention and treatment services for SUD suited for older adults into a conventional health care practice include identification of risks, support systems, and monitoring programs.¹ Primary healthcare providers are encouraged to include within their regular care management approach a lower threshold of prescribing medications and higher degree of caution when treating older adults.⁹

The [SAMHSA-HRSA Center for Integrated Health Solutions \(CIHS\)](#) has many practical resources for primary and behavioral health providers seeking to improve coordination of their services:

- [Screening Tools](#)
- [Integrated Care Models](#)
- [Clinical Practice](#)
- [Screening, Brief Intervention, and Referral to Treatment \(SBIRT\)](#)

Additional Resources for Promoting Older Adult Patient Care and Safety

- From the Substance Abuse and Mental Health Services Administration (SAMHSA): [Linking Older Adults with Medication, Alcohol, and Mental Health Resources](#) Toolkit for providers focused on mental illness and SUD in older adults, including information on alcohol and medication use.
- From the Administration for Community Living (ACL): [Older Adults and Medication Safety](#) Materials that address the safe use of medications for older adults and their caregivers. [Opioids and Older Adults Fact Sheet](#) Data and local program information for professionals involved in care for this population.

Summary

Substance use and misuse is a significant concern for the growing older adult population. Signs and symptoms often mirror those of other aging-related health problems, which can make it more challenging for providers to identify substance use disorder. After screening for SUD, health care services will need to be adapted to specific older adult needs, such as living environment, level of frailty, and dependence of caregiver services. Providers should carefully tailor therapies to balance risk and benefits for older adult patients and should closely monitor them for drug interactions or other clinical complications.

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