

Addendum to At-Risk Substance Use in Older Adults Sounding the Alarm: Implications for SUD Treatment in Wisconsin

The purpose of the addendum is to fully capture current data regarding older adults and substance use disorder.

Consensus Panel Recommends Based on TIP 26 (September 2020)

More details of recommendations can be found at https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-011%20PDF%20508c.pdf

- **The TIP consensus panel recommends yearly Substance Use Disorder (SUD) screening for all adults ages 60 and older and when major life changes occur.**

Screening for substance-related problems include:

- Healthcare clinics, hospitals, SUD treatment programs, home health care, nursing homes, social service agencies, senior centers, assisted living facilities, faith-based organizations.
- **The consensus panel recommends that you engage your clients in discussions about their attitudes toward substance misuse, create an age-sensitive treatment environment that is responsive to older adults, and offer age-specific treatment options when possible.**
- **The consensus panel recommends that you maintain awareness of older adults' racial, ethnic, gender, and LGBTQ diversity when addressing late-life substance misuse, health disparities, and barriers to access to care.**
- **The consensus panel recommends that, as part of regular screening and assessment, you determine whether clients have a history of substance misuse or are using in response to more recent stressors. Use this information to identify appropriate treatment options. Discuss these options with clients.**
- **The consensus panel recommends that providers across settings in which older adults may seek care:**
 - Promote early identification, education, outreach, and prevention in their programs/ communities.
 - Promote universal screening for alcohol misuse, drug use, and prescription medication misuse for older adults.
 - Develop and expand brief interventions for older adults who misuse substances
- **The consensus panel recommends engaging in health risk reduction practices to lessen the impact of substance misuse on the physical and mental health of older adults.**
 - For example, medical providers can slowly taper older adults to the lowest possible doses of benzodiazepines without withdrawing them completely.
- **The consensus panel recommends that you engage older clients in a comprehensive, person-centered, trauma-informed approach to SUD treatment that emphasizes their values, needs, and preferences. Offer a menu of care options, including the least intensive treatment approach.**
 - Person-centered approach to care for older adults puts older adults' values and preferences at the center of the decision-making process regarding healthcare options and treatment goals.
- **The consensus panel recommends incorporating into your program age-sensitive and age-specific treatment practices that engage clients and improve retention in treatment. For example:**
 - Implement age-sensitive group treatment approaches to meet older adults' needs and preferences.
 - Match older adults who have experienced trauma to gender-specific groups and those with chronic pain to groups that address pain and medication misuse.

- Outpatient programs should provide services during daytime hours and assist clients with transportation. Offer in-home or telehealth support services to homebound older adults
- Programs should modify design and delivery of services to accommodate vision, hearing, and mild cognitive problems that develop or increase in later life.
- A slower program pace, repetition of information and instructions, and allowing time for clients to integrate and respond to information and questions can enhance their learning and participation in program activities.
- **The consensus panel recommends that SUD treatment programs help older clients connect with social networks that promote recovery. Use a Case and care management (CCM) approach to link clients actively to community services. CCM services are often the keys to:**
 - Better outcomes, particularly for older adults with SUDs or co-occurring medical conditions or mental disorders.
 - The CCM provider helps clients gain access to healthcare, addiction treatment, mental health, social, financial, education, employment, and other community-based services.
- **The consensus panel recommends that, with older clients' consent, providers across service settings involve caregivers in all aspects of older clients' treatment and recovery**
- **The consensus panel recommends that you establish ongoing relationships with providers across services and community-based programs to ensure active linkage of clients to older adult services, healthcare professionals who specialize in geriatrics, addiction treatment services, mental health services, and recovery resources.**
 - *Linking Older Adults With Resources on Medication, Alcohol, and Mental Health* (<https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>.) addresses developing and actively linking to referral resources for alcohol misuse prevention and treatment among older adults. <https://store.samhsa>.
- **The consensus panel recommends that you do an organizational self-assessment and have a plan in place before implementing any organization-wide changes to policies and practices regarding your older adult clients.**
- **The consensus panel recommends that you implement workforce development strategies for building or improving age-sensitive and age-specific treatment for older adults with SUDs.**
- **The TIP consensus panel recommends that addiction treatment, other behavioral health service, and healthcare providers screen for alcohol, tobacco, prescription drug, and illicit drug use in all older clients at least annually. The TIP consensus panel recommends performing universal screening during health visits.**
 - Even if a screener is negative, the TIP consensus panel recommends that you occasionally rescreen clients.
 - No clear scientific data indicate exactly how often you should rescreen clients. The TIP consensus panel recommends that you use your clinical judgment to determine how often to rescreen.
- **The consensus panel recommends widespread screening of older adults for alcohol misuse and alcohol-related problems in all healthcare settings and emergency departments, where older adults are frequently seen because of accidents and falls related to alcohol use. Also screen older adults for alcohol misuse at the initial intake or assessment when admitted to social services agencies and behavioral health service programs.**

- In assessing and diagnosing Alcohol Use Disorder (AUD) in older adults, the consensus panel recommends that you think through all aspects of health-related risk in addition to age-specific issues.
- The consensus panel recommends that you educate older adults about negative alcohol– drug interactions and work with your clients to help them reduce or abstain from alcohol use while taking these medications
 - 78% of older adults in the U.S who drink also take medications that interact with alcohol.
- The consensus panel recommends that all treatment providers adopt the age-sensitive practices such as:
 - **Supportive and nonconfrontational** (e.g., forming a respectful partnership)
 - **Flexible** (e.g., supplying services at home or over the phone if clients cannot get to you).
 - **Sensitive to gender differences** (e.g., addressing in AUD treatment the fact that women are more likely to be prescribed psychoactive medications than men).
 - **Sensitive to cultural differences** (e.g., using print materials in your clients’ primary language).
 - **Sensitive to the client’s level of physical and cognitive functioning** (e.g., using shorter sessions; meeting in a room close to the building entrance; giving information in multiple formats, like verbally and in writing).
 - **Holistic and thorough** (e.g., addressing cognitive, physical, social, mental, financial, emotional, and spiritual factors that may inhibit treatment engagement or enhance recovery).
 - **Focused on helping older adults develop and improve coping and social skills** (i.e., Use treatment that focuses on behavioral change to reduce their alcohol-related risk and increase quality of life, such as developing problem-solving strategies to manage triggers for drinking and strengthening social connections).
- The consensus panel recommends that you treat co-occurring medical conditions and mental disorders among older adults while you treat the AUD.
- The consensus panel recommends using medications to treat AUD in older adults when necessary.
Key parts of pharmacotherapy for older adults include:
 - Carefully reviewing potentially harmful drug– drug interactions, using lower doses of medication, following up with clients and linking clients to recovery supports.
- The consensus panel recommends that you actively link older clients to age-sensitive case management and ongoing recovery supports for older adults. Family, caregivers, and community-based mutual-help groups are key elements of recovery support for older adults.
- The consensus panel recommends screening all adults ages 60 and older yearly and when life changes occur (e.g., retirement, loss of a partner or spouse, changes in health).
- The consensus panel recommends that you slowly titrate older adults off of opioids, while at the same time offering them other pharmacological and no pharmacological treatment options
- The consensus panel discourages treatment of insomnia with sedative-hypnotics for more than 7 to 10 days. Patients need frequent monitoring and reassessment if treatment continues past 2 to 3 weeks. Intermittent dosing at the lowest possible dose is best. Prescribe no more than a 30-day supply.

- The TIP consensus panel recommends that you counsel older clients on the possible dangers of alcohol misuse, especially heavy alcohol use and possible alcohol–medication interactions. If you screen a client for alcohol misuse, you should also screen him or her for cognitive impairment
- The consensus panel recommends that you assess the number of social connections older adults have and also gauge the quality and diversity of those connections and how they promote wellness and recovery.
- The consensus panel recommends that you screen older adults for social isolation and help them learn about the link between social isolation and substance misuse as part of your efforts to educate clients on health literacy
- The consensus panel recommends the following interventions to promote social support for older adults who misuse substances.
 - Involving family members and other caregivers in older adults' treatment (with express consent from clients).
 - Educating clients, caregivers, and families about the importance of emotional and instrumental support for older adults' recovery.
 - Educating caregivers about skillful ways to provide support.
 - Educating family members about the importance of visiting the older adult when he or she is not misusing substances, rather than visiting only during substance-related crises (e.g., binge episodes).
- **SAMHSA Resources for Older Adults:** SAMHSA has a number of products for serving older adults with mental and substance use disorders that can be useful to clinicians, other service providers, older adults, and caregivers. (<https://www.samhsa.gov/resources-serving-older-adults>)

2019 Substance Use Disorder Data on Older Adults

2019 National Survey on Drug Use and Health (NSDUH)¹:

- Estimates showed that 4.7 million adults ages 50 and older had a past-year SUD.
- Alcohol is the substance that older adults use and misuse most frequently.
- An estimated 1.5 million (2.8 percent) engaged in past-month heavy alcohol use.
- An estimated 8.8 million adults ages 50 and older reported using an illicit drug in the past month.
- More than 56 million adults ages 50 and older were estimated to have engaged in past-month alcohol use.
- 10.7% of adults ages 65 and older binge drink.
- 78% of older adults in the U.S. who drink also take medications that interact with alcohol.
- 1.5 percent of Americans ages 50 and older (1.7 million) had any past-year mental illness and SUD.
- Estimated 0.5 percent (607,000) reported both a past-year serious mental illness (SMI) and a past-year SUD.
- 37 percent with a past-year SUD also had any mental illness; 13 percent, an SMI.
- 11 percent of older adults with any mental illness in the past year also had an SUD.
- 18 percent of older adults with an SMI in the past year also had an SUD.
- The most commonly misused medications were pain relievers, with an estimated
- 1.7 percent (900,000) of adults ages 65 and older misusing them in the past year.
- In 2019, pain reliever misuse was the fourth most common type of substance misuse among adults ages 65 and older in the United States.

Other Relevant Data on Older Adults^{2, 3,4,5,6,7.}

- In 2019, about 2.7 million adults ages 65 and older (5.1 percent) engaged in past-year cannabis use.²
- From 2000 to 2019, the percentage of adults ages 50 to 64 who had ever used cannabis increased from approximately 24 percent to around 54 percent.²
- According to national survey data, use of illicit drugs among adults ages 50 to 64 rose from 2.7 to 10.4 percent from 2002 to 2019.²
- In a study in 2017 about 52 percent of people 50 and older have had at least one adverse childhood experience, such as sexual abuse, physical abuse, neglect, or extremely stressful family events.³
- In 2018, more than 9,200 opioid overdose deaths occurred among people ages 55 and older. From 2017 to 2018, opioid overdose deaths among people ages 65 and older increased by 14.3 percent, and deaths from prescription opioid overdose among this same age group increased by 7.4 percent.⁴
- In a 2013 study 60 percent to 85 percent of older adults who participated in age-specific inpatient treatment programs in were still abstinent 12 months after leaving treatment.⁵
- 2018-Drug use and prescription medication misuse are growing problems among older adults. In the next decade, approximately 20 percent of the U.S. population will be over age 65.⁶
- Most older adults take at least one prescription medication. Many take more than one. According to national estimates released in 2019, 87.5 percent of older adults in the United States have at least one prescribed medication, and 39.8 percent take five or more prescription medications at the same time.⁷

References

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