







#### **PRESENTER**

Chuck Klevgaard, Chuck Klevgaard is a nationally recognized expert in substance misuse prevention and public health. Drawing on his experience in collective impact and prevention-focused partnerships, he builds the capacity of states, tribes, schools, communities, and cities to use evidence-based substance misuse prevention and intervention strategies.

PREVENTION SOLUTIONS@EDC OLDER ADULTS: Substance Use Trends and Prevention Strategies

## Agenda

- Population Specific Prevention
- Trends in Substance Misuse Among Older Adults
- Consequences
- Risk and Protective Factors
- Identifying Evidence-base Strategies
- Opportunities for Cross-sector Collaboration

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## **Objectives**

- 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

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# **OLDER ADULTS:**

Substance Use Trends and Prevention Strategies

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# Population Specific Prevention



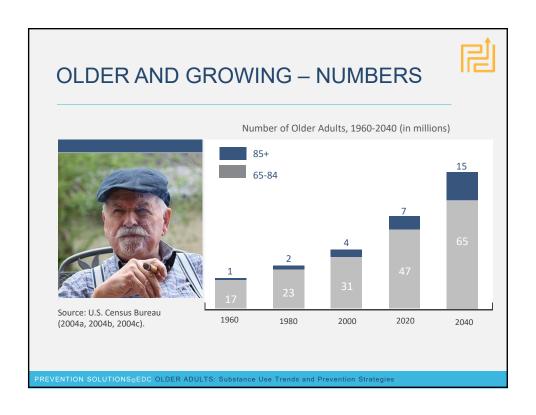
The risks of substance misuse or addiction and the processes for prevention, treatment and recovery differ by gender, race, ethnicity, sexual orientation, age, and other factors.

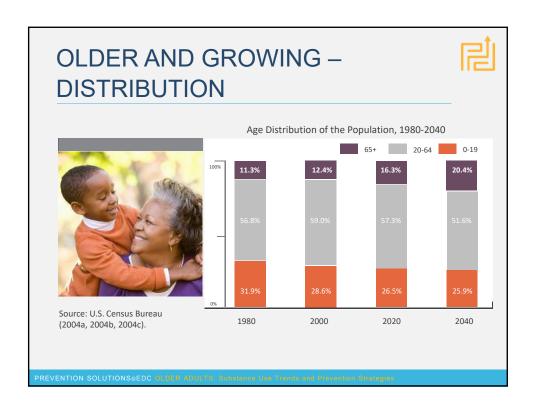
Risks are best understood in the context in which various population specific influences and other factors converge.

Understanding group differences across segments of the population is critical to designing and implementing culturally responsive effective and targeted prevention programming.

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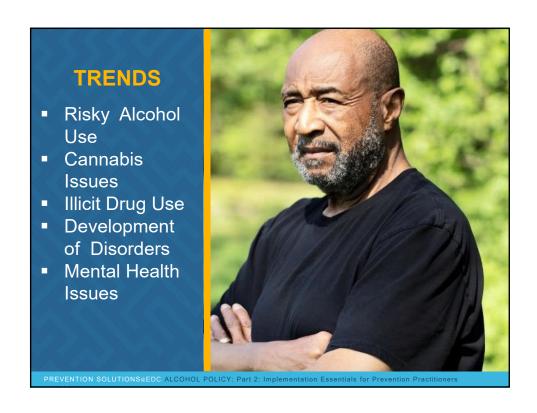


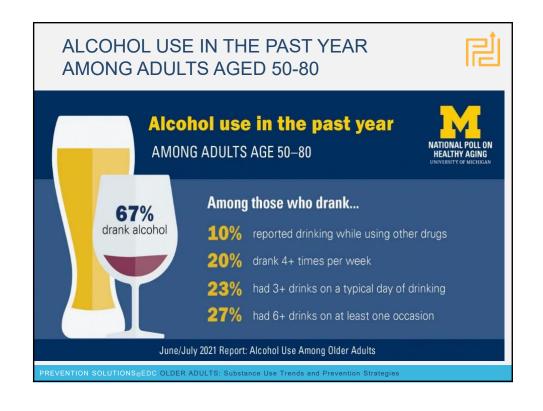
#### **Poll: OLDER ADULTS**



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

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







#### RISKY ALCOHOL USE

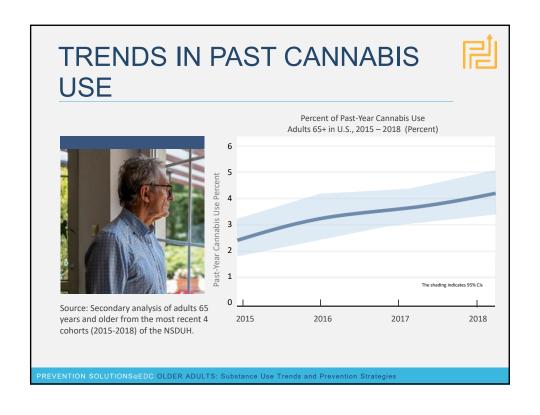
- Alcohol is the most widely used substance among older adults with substance misuse.
- Over a tenth of older adults in the United States are estimated to be current binge drinkers.
- Men were one and a half times more likely than women to have current or past alcohol related problems – such as injury 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.

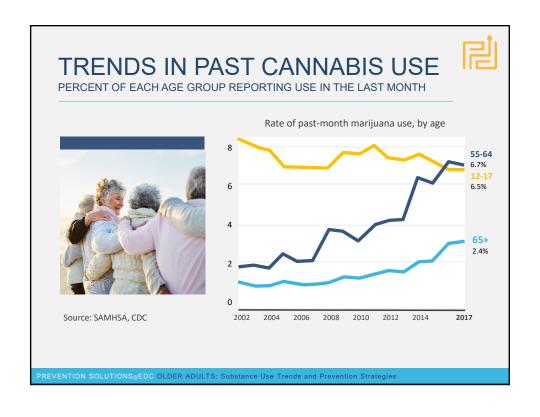
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# TWO IMPORTANT POINTS ON PHYSIOLOGICAL ISSUES



- 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.







#### **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 Using Cannabis to Treat Common Health Conditions

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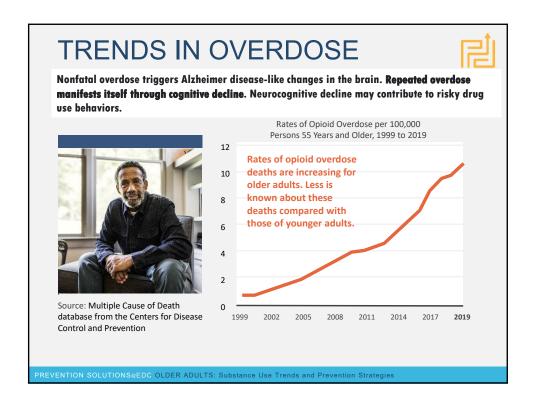
### TRENDS IN ILLICIT DRUG USE

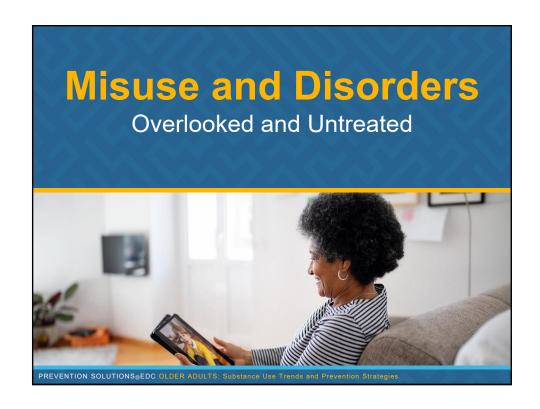


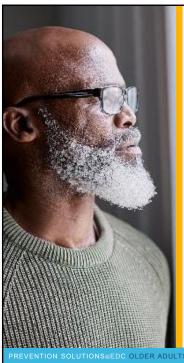


Source: CHHSQ Report, Short Report, A Day in the Life of Older Adults, May 2017 Illicit drug use among adults aged 50 or older is projected to increase from 2.2 percent to 3.1 percent between 2001 and 2020.

Some older adults may experience including physical and mental health issues, social and family problems, involvement with the criminal justice system, and death from drug overdose.







# OLDER AND WULNERABLE: 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.

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#### DISPELLING MYTHS; AGING QUIZ (YES OR NO)

Υ	N	Signs of alcohol or drug misuse in older adults are often mistaken for signs of aging or chronic illness.
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.
Υ	N	Older adults residing in nursing homes don't develop alcohol and drug problems.
Υ	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.
Υ	N	Older adults with drug problems have likely been using continuously since they were young



# OLDER AND VULNERABLE: SUD

- Early & late-onset groups
- Late onset groups 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.

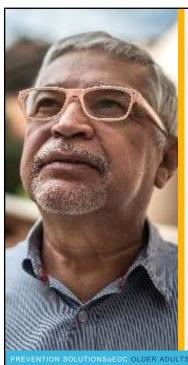
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## CO-OCCURRENCE



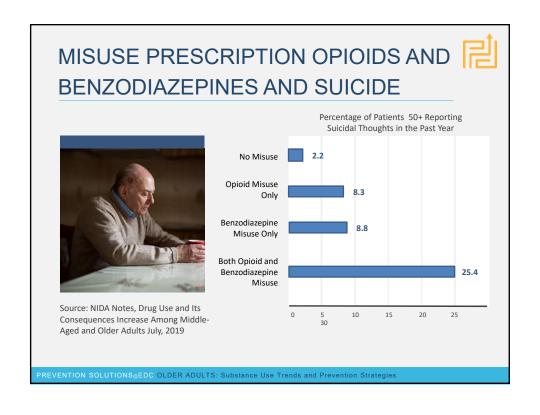
- One in 10 older primary care patients with depression, anxiety disorder, or at-risk alcohol use experiences active suicidal ideation.
- Mental Health and Substance use conditions in older people are associated with a wide range of negative effects.

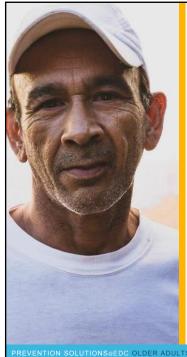


#### SUICIDE RISK



- Suicide is an important problem among older adults.
- Rates are particularly high among older men, with men ages 85 and older
- Attempts by older adults are much more likely to result in death than among younger persons.







#### **MEDICATIONS**

- At-risk for psychoactive drug use as aging-related health and psychosocial conditions can complicate drug use, and medical exposures to psychoactive medications increase.
- Prescriptions of psychoactive medications also may increase the user's risk for nonmedical use, abuse, or dependence.

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#### **COMPLEX INTERACTIONS**



At-risk Drinking

Cannabis
Illicit Drugs

Alleviate
Trigger

**\*\*\*** 

Other Conditions
Health Issues
Suicidal ideation,
plans, or attempts

**Prescriptions** 

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

#### **CONSEQUENCES**



**TYPE IN THE CHAT**, WHICH OF THESE DO YOU SEE PREVENTION PLAYING A ROLE IN PREVENTING OR REDUCING



Physical Health



Mental Health



Family and Social Problems



Criminal Justice



Drug Overdose

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#### **RISK & PROTECTIVE FACTORS**

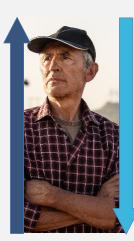


Being male, more affluent, Caucasian, and young-old (those in the early stages of late life)23 are consistently associated with **unhealthy drinking in late life**.

#### **Risk Factors**

Increase Risk for Consequences

- ✓ History of Use
- ✓ Medical History
- ✓ Mental Health
- ✓ Isolation
- ✓ Significant Life Events
- ✓ Prescriptions
- ✓ Prior Overdose
- ✓ Low Perception of Harm
- ✓ Lack of Knowledge Around Risk



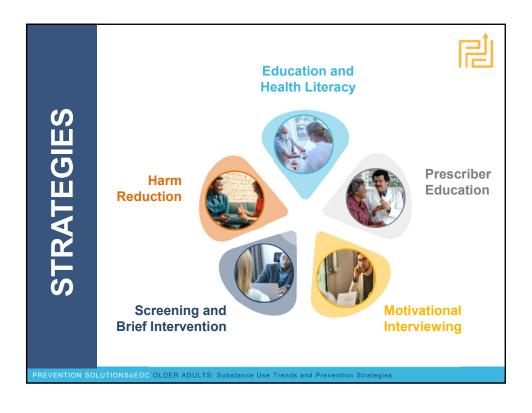
#### **Protective Factors**

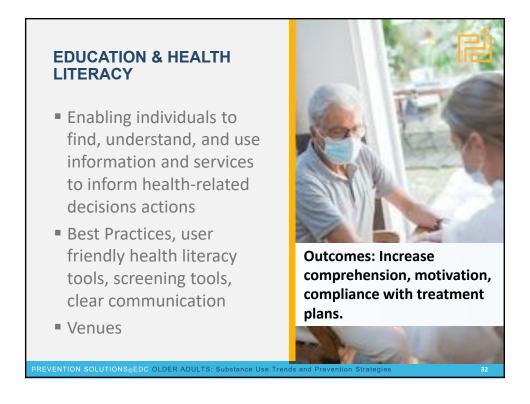
Prevent or Reduce Risk for Consequences

- ✓ Awareness & Access to Physical / Mental Health Care
- ✓ Early Identification
- ✓ Positive Relationships
- ✓ Interpersonal &
  - **Community Connectedness**
- ✓ Access to Harm Reduction Services and Supplies
- ✓ Health Literacy

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#### PRESCRIBER FOCUSED

- Educating prescribers
- Best practices, how and when to prescribe, how to talk with patients, how to assess risk, and strategies to prevent overdose
- Venues



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#### **SBIRT**

- A comprehensive, integrated, public health approach to the delivery of early intervention and treatment services
- It is an evidence-based approach used to identify, reduce, and prevent problematic use and dependence on alcohol, illicit drugs, and tobacco.



## MOTIVATIONAL INTERVIEWING

- A type of conversational method
- Best Practices, express empathy, develop discrepancy, roll with resistance, develop self efficacy.
- Modifications for older adults
- Venues



Outcomes: Risky Behavior
Changes & Reductions in
Overdose Death

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#### HARM REDUCTION

- A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.
- Best practices, go to those who need service rather than inviting participation, principle driven, antidotes, risk mitigation education.
- Venues



Outcomes: Decrease in risky behavior, less harms, bridge to services, improved self efficacy, reduced stigma, readiness for treatment, and reduction in overdose death.



#### PREVENTION APPROACHES

#### Examples:

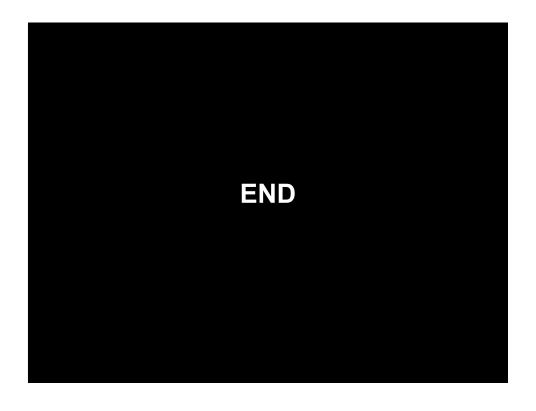
Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors <a href="http://healthyideasprograms.org/">http://healthyideasprograms.org/</a>

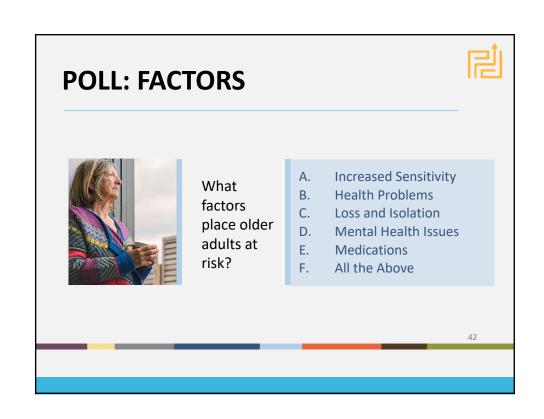
Wellness Initiative for Senior Education (WISE) <a href="https://www.njpn.org/wise">https://www.njpn.org/wise</a>

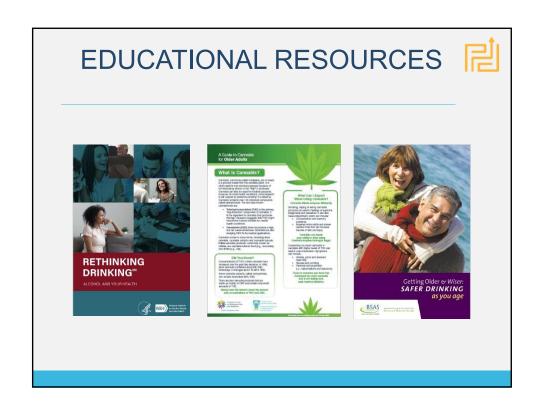
# PARTNERS State and City Departments on Aging Health Centers Senior Services or Centers Primary Care Specialized Workers (i.e. geriatric psychiatrists, gerontological nurses, geropsychologists, and gerontological social workers) Associations (i.e. American Geriatric Society) PREVENTION SOLUTIONSEEDC ALCOHOL POLICY: Part 2: Implementation Essentials for Prevention Practitioners

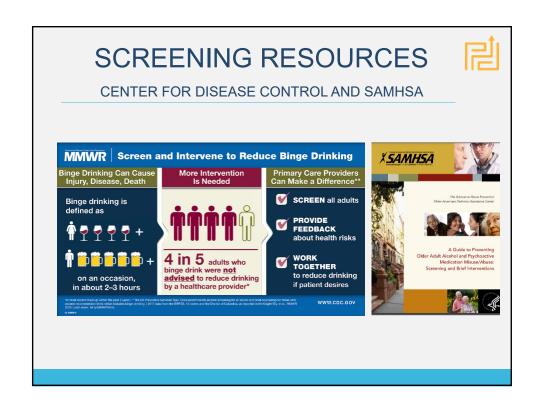














#### **CASAT RESOURCES**



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







