Substance Use in Older Adults

Resource Guide

Developed by Alice Joy Kirk, LCSW

A guide to compliment Substance Use Disorders, Recovery and APS Considerations Instructor Led Training, Dec 2023. Contact apstraining@sdsu.edu for any questions for feedback

Academy for Professional Excellence

APSWI
Adult Protective Services Workforce Innovations

The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

Substance Use in Older Adults Resource Guide

Objective:

This resource guide is created to be a both a guide in understanding older adults and substance use and having the resources to help them. It supports the concepts and learning from the *Substance Use Disorders, Recovery and APS Considerations* Instructor Led Training.

It is to provide information to APS professionals about the most commonly used substances, signs of substance use, and impacts of substance use. This will provide, or add, to one's foundational knowledge and allow for more complete service provision. It is not meant to be used clinically.

This guide also provides definitions, information and research that can be used in providing psychoeducation to older adults. Psychoeducation with older adults has been proven to be effective in behavior change. Having a knowledge base about substance use and older adults is an important resource on its own for those working with older adults who have high risk drinking or possible substance use disorder.

There are resources and links to tools that will help APS professionals build their tool box that helps them do their job.

Please use this resource in a way that benefits you and the people you work with.

Contents:

Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Information and concepts in this guide may activate feelings based on personal or professional experiences, including vicarious trauma and we encourage everyone to do what they need to do in order to safely engage in this material.

Alcohol Use & Older Adults

Method of Ingestion:

- Oral: time of impact depends on weight, gender, and stomach contents.

Impact of Alcohol:

- Increase in dopamine production.
- Increase in sociability.
- Dulls perception of pain.
- Warms body
- Sleepiness

Did you know…

"Recent studies show that although the vast majority of those with an Alcohol Use Disorder see their doctors regularly, for a range of issues, fewer than 1 in 10 ever receives treatment for drinking." (Fagbemi, 2023)

Signs of Alcohol Abuse:

- Drinking as a response to emotions.
- Drinking quickly, drinking all the time, or having multiple drinks in one setting.
    - Binge Drinking = 5 drinks or more in one setting.
- Being secretive about, or hiding their drinking.
- Injuries from loss of coordination.
- Isolating, or giving up activities previously valued.
- Decline in self-care/home care.
- Changes in memory.
- Legal, financial or social problems.
- Malnutrition.

Medications and Therapeutic Interventions for Alcohol Use Disorder:

- Benzodiazepines are the mainstay to manage alcohol withdrawal symptoms
- Two medications are used for reduction of cravings and relapse prevention. For optimal success they should be paired with behavioral therapy:
    - Naltrexone: Not recommended for those who need opiates for pain management as it blocks the opiate receptors. It is also contraindicated for those who have liver impairment.
    - Acamprosate can be used to reduce cravings in for those who use opiates for pain management or have impaired liver function. Patients must have adequate renal function.

- Disulfiram: Blocks enzyme that breaks down alcohol and creates acute sensitivity to alcohol. Can damage liver and has been shown to have adverse effects in older adults. Should only be used in those willing to have complete abstinence.
- Multiple studies have found brief interventions, including psychoeducation, are effective in helping older adults decrease drinking.

Withdrawal from Alcohol: (Requires Medical Detox)

Older adults are at higher risk for severe alcohol withdrawal symptoms and need closer monitoring, particularly if there is a history of delirium tremens and seizures.

- 1st Stage
  - 6-12 hours after abstinence
  - Mild symptoms
  - Changes in blood pressure, heart rate, breathing
  - Nausea and vomiting
- 2nd Stage
  - After 12 hours of abstinence
  - Alterations in perception, such as visual, auditor or tactile hallucination
- 3rd Stage
  - After 24 to 48 hours of abstinence
  - Can have tonic-clonic seizures
  - Delirium Tremens
- Other Symptoms of Withdrawal:
  - Agitation/Anxiety
  - Confusion (likely in older adults)
  - Sweating
  - Insomnia
  - Increased heart rate

Development of Alcohol Use Disorder

- Those who developed AUD before age 60:
  - Have a more severe course of the illness
  - Predominately Male
- Those who developed it after age 60:
  - Milder clinical picture
  - Predominantly women
  - Risk factors for onset are chronic pain, recent stressful life event, susceptibility to mood or anxiety disorders

Effects of excessive Alcohol use:

- Disruptions in mood and behavior, including depressive disorders
- Mobility issues
- Difficulty thinking clearly
- Weakened immune system
- Atrophy and scarring of pancreas/Acute Pancreatitis
- Higher rate of oral, pharyngeal/laryngeal, colorectal, hepatic and esophageal cancers
- Cirrhosis
- Fatty Liver
- Vitamin deficiencies. (B vitamins in particular)
- Gastrointestinal (GI) problems/GI hemorrhage

Depression and Alcohol Use

Depressive disorders are the most commonly diagnosed psychiatric illness in older adults.

Depression is often underrecognized and underreported.

Alcohol use or dependence can be a first indication of a depressive disorder.

Alcohol use can initially decrease emotional distress but the long-term impact is to increase it.

Depression is a common risk factor for suicide. Alcohol use is a main risk component.

Other risk factors for suicide in older adults with depression:

- Male
- Physical Pain
- Bereavement
- Social Isolation
- Financial problems
- Lack of access to treatment
- Increase in psychotropic drugs

Cannabis Use & Older Adults

Method of Ingestion:

- Smoking
- Vaping/Dabbing
- Eating (edibles)
- Patches/Topicals
- Transdermal Patches
- Drinking

Impact of Cannabis:

- Sleepiness (Important with Older Adults)
- Relief from tension or anxiety
- Relaxation
- Decrease in pain.
- Increase in appetite
- Distortion in time perception
- Altered mood

Types of Cannabis:

Two Main Strains: Indica and Sativa

- Indica: relaxes, encourages sleep
- Sativa: energizes, can create anxiety
- Multiple hybrid strains of Indica and Sativa are available.
- Two active components.
    - THC has the stronger impact on one's senses—it is what makes a person feel "high"
    - CBD, evidence-based research promotes that it helps with pain

Did you know…

It is difficult to know how much THC, or what mix of Indica and Sativa are in the Cannabis items that are purchased. The percentage of THC varies. The amounts of Indica versus Sativa are combined in many variations. There are also additions to some products such being infused with wax or rolled in trichomes.

Each method of ingestion takes different times to impact the person who takes it.

Cannabis use in older adults is a blurry picture and any use should always be discussed with their doctor.

Prescribed for:

- Chronic Pain
- Glaucoma
- Seizures
- Chron's Disease
- HIV/AIDS
- ALS
- Nausea
- Multiple Sclerosis

Impact of Cannabis Abuse:

Research is limited. Current research suggests potential long-term impacts are:

- Grey matter decline in frontal and precentral cortex
- Reduction in performance on tasks that involve executive functions
- Grey matter decline in hippocampus corresponding with memory impairment
- Coronary Heart Disease
- Individuals with neurological disorders can face a stronger impact and more problems
- Cannabis use may be associated with Alcohol Use Disorder, nicotine dependence and misuse of prescription drugs.

Withdrawal from Cannabis: (24-48 hours after cessation)

- Irritability
- Anger
- Anxiety
- Insomnia/sleep disturbance
- Loss of appetite
- Depression

Note: There is no withdrawal from products that have CBD with THC removed.

Opiates/Narcotics & Older Adults

Method of Ingestion:

- Swallowed
- Smoked
- Sniffed
- Injected

Impact of Opiates/Narcotics

- Drowsiness and Stupor
  - Inability to concentrate
- Relieves pain
- Stimulates reward regions and gives a sense of euphoria
- Creates respiratory slowing
- Reduces tension and anxiety
- Creates constipation

Signs of Opiate Abuse

- Doctor and/or Pharmacy Shopping
  - Medications frequently get "spilled/lost/taken."
- Increase in Emergency Room visits due to falls/overdose.
- Driving impairment/motor vehicle accidents.

Prescribed For

- Moderate to severe pain

Commonly Prescribed Opiates

*Codeine *Morphine * Oxycodone and acetaminophen (Percocet) * Fentanyl

*Hydromorphone (Dilaudid) *Hydrocodone and acetaminophen * Buprenorphine (Belbuca, Butrans)

*Oxycodone (Oxaydo, Roxicodone, Roxybond) * Hydrocodone extended release (Hysingla ER)

*Methadone (*Methadone HCl Intensol)* *Morphine extended release (MS Contin)

*Tapentadol extended release (Nucynta ER). *Oxycodone extended release (OxyContin, Xtampza ER).

Risk Factors for Opiate/Narcotic Abuse

- Chronic Pain
- Mental Health Issue, Depressive and Anxiety disorders, PTSD
- Alcohol and other substance use disorders
- Bereavement
- Social Isolation
- Functional Decline

- Women are at risk of misusing opioids due to emotional stressors
- Men tend to abuse opioids for legal and problematic behavioral issues

Withdrawal from Opiates/Narcotics

- Restlessness
- Involuntary Leg Movement
- Insomnia
- Diarrhea
- Vomiting
- Bone Pain

Consequences of excessive Opiate/Narcotic Use

- Impaired Motor Coordination/Dizziness/Falls
  - Increased Emergency Room Visits
- Impaired Cognitive Functioning
- Chronic Constipation
  - Associated with fecal impaction & bowel perforation.
- Slowed respiration which can result in, Hypoxia, inadequate oxygen reaching the brain. This can result in coma, brain damage, or death.
- Elevated risk of Cardiovascular events; myocardial infarctions, stroke, heart failure

FYI . . .

It can be very difficult for those who have chronic pain to accept they have an opiate use disorder. If medications are decreased by their physician some will prefer to find other methods to procure opiates including illicit (street) purchase. Heroin is chemically similar; it produces the same effect and can be cheaper.

Benzodiazepines & Older Adults

Method of Ingestion

- Oral (Pills)
- Suppositories
- Snorted
- Smoked

Prescribed For

- Sleep Disorders
- Panic and Anxiety Disorders
- Alcohol Withdrawal

Commonly Prescribed Benzodiazepines

*Triazolam (Halcion) short acting	*Clonazepam (Klonipin) long acting
*Lorazepam (Ativan) short acting	*Alprazolam (Xanaz) short acting
*Flunitrazepam (Hypnodorm) long acting	* Diazepam (Xanax) long acting
* Nitrazepam (Alodorn) long acting	* Bromazepam (Lexotan) mid acting
* Clozbazam (Frisium) long acting	* Temazepam (Normison) short acting
* Oxazepam (Alepam) short acting	

Impact of

- Relaxed mood
- Ability to sleep
- Increased risk of falls for multiple reasons: increased reaction time, disrupted balance, sedation and impaired vision

Signs of Benzodiazepine Abuse

- Doctor and/or Pharmacy Shopping
  - Medications frequently get "spilled/lost/taken"
- Increase in Emergency Room visits due to falls/overdose
- Driving impairment/motor vehicle accidents
- Excessive sedation: Constant dozing off or sleeping

Withdrawal from Benzodiazepines

- Increased Heart Rate
- Hand trembling
- Insomnia
- Anxiety

- Vomiting
- Seizures (20%- 30%--if abruptly stopped)

Consequences of excessive Benzodiazepine Use

- Older Adults have the highest risk of adverse impacts
- Cognitive Impairment
- Delirium, **a serious and sudden change in mental abilities**
  It results in confused thinking and a lack of awareness of someone's surroundings

Note: Benzodiazepines should only be stopped under a doctor's care and with a tapering off plan.

Methamphetamine & Older Adults

Method of Ingestion

- Oral (pills)
- Snorted
- Smoked
- Injected

Prescribed For

- Attention Deficit Disorder
- Obesity (Desoxyn)

Impact of

- Releases high levels of Dopamine into body
- Decreased Appetite
- Increased Wakefulness
- Increased Activity

Signs of Methamphetamine Use

- Extreme weight loss
- Severe dental issues
- Skin picking/open sores
- Sleeping problems
- Paranoia/Delusions
- Violent behavior
- Confusion/Memory Loss
- Elevated body temperature

Withdrawal from Methamphetamine

- Depression
- Anxiety
- Symptoms of Psychosis
- Intense drug cravings
- Excessive sleep or appetite

Consequences of excessive/long term Methamphetamine Use

- Cardiovascular disease
- Hemorrhagic stroke
- Cellulitis and abscesses around injection sites
- Infective endocarditis and HIV
- Damages dopamine producing cells in brain after prolonged exposure, even in small amounts

- Associated with symptoms of psychosis, such as paranoia or delusions, which can exacerbate cognitive decline

Drug Scheduling

What is Drug Scheduling?

Substances that are considered to have high potential for addiction or abuse are scheduled under the Controlled Substances Act. The schedules are based on their currently accepted medical use, their abuse potential, and the ability to cause dependence.

Schedule I

- *No currently accepted medical use and high potential for abuse*.

Schedule II

- *Drugs with a high potential for abuse and can potentially lead to severe psychological or physical dependence*.

Schedule III

- *Drugs with moderate to low potential for physical or psychological dependence. Less than Schedule I or II, more than Schedule IV*.

Schedule IV

- *Substances, or chemicals defined as drugs with low potential for abuse and risk of dependence*.

Schedule V

- *Substances or chemicals defined as drugs with lower potential for abuse than schedule IV and consist of preparations containing limited quantities of certain narcotics*.

Why does Drug Scheduling Matter in APS Practice?

Drug Schedules help shape public perception of substance use and risk. These perceptions do not always fit older adults. Awareness of drug schedules can help provide foundational knowledge as one works with the older adult population. For example:

- *Alcohol* is the most common substance use disorder diagnosed in older adults, and alcohol impacts older adults more severely. Alcohol is not a scheduled substance; however, it does not indicate low risk for use and dependence. Risk should be considered by any professional assessing an older adult.
- *Benzodiazepines* are a Schedule IV drug with "low potential for abuse and risk of dependence." It is also a substance identified as putting older adults at risk due to the impact on cognition and mobility. The American Geriatrics society has recommended Benzodiazepines are avoided for older adults. At this time older adults are widely prescribed these medications.

- *Cannabis* is a schedule I drug. This means there is no current accepted medical use and high potential for abuse. Because Cannabis is being prescribed and there is ongoing research due to the legalization in many countries and states this will change. *Reminder: All clients using cannabis should be encouraged to talk to their doctor.*

Definitions

Ageism: stereotypes (how people think), prejudice (how people feel) and discrimination (how people act) towards others or selves based on age. Can be individual, institutional or systemic. World Health Organization states 1 in 2 people are ageist.

At Risk Use (Alcohol): More than 7 drinks a week, or mixing drinking with medications. A style of drinking that is not sustainable without causing health problems.

Baby Boomers: people born between 1946-1964 (now in their 60's-70's).

Binge Drinking: five or more drinks at one time. Ex. One bottle of wine has five drinks.

Brain Blood Barrier: a semipermeable and extremely selective system in the central nervous system. It plays a vital role in regulating the transport of necessary materials for brain function, furthermore, protecting it from foreign substances in the blood that could damage it. In aging, this barrier becomes more permeable.

Complicated Grief: When something interferes with the adaptation to loss of a significant person/animal. When this happens, acute grief can persist for very long periods of time and the person feels intense emotional pain. Complicated grief can be a risk factor for older adult substance use.

Delirium Tremens: Multiple symptoms when person dependent on alcohol stops drinking. Symptoms include: shaking, sweating, shivering, irregular heart rate. Less common symptoms are high body temperature, seizure and hallucinations.

Hyper polypharmacy: Use of 10 or more drugs at a time, prescribed or non-prescribed.

Nocturia: waking up more than one time a night to urinate. Common outcome of Polyuria. Can lead to impaired sleep, nocturnal falls, incontinence, daytime sleepiness.

Polypharmacy: Use of more drugs than clinically indicated. Use of 4 or more drugs at a time.

Polyuria: excreting more than 3 liters of urine a day.

Problem Use (Alcohol): use of substances that has already resulted in adverse medical, psychological or social consequences (impaired functioning). Medication misuse; skipping doses, borrowing medications, taking higher doses than prescribed fits into this category. Small amounts of drinking paired with contraindicated medications fits here.

Recovery (SAMHSA): A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Substance Use Disorder: a cluster of cognitive, behavioral and physiological symptoms with the continued use of the substance despite those symptoms.

Tonic-Clonic Seizure: Also known as a grand mal seizure. Tonic phase is loss of consciousness. Muscles suddenly contract. Clonic phase is when muscles alternately contract and relax leading to convulsions.

What medications can cause polyuria & nocturia?

*Alpha-blockers *Antihistamines *Diuretics
*Calcium channel blockers *Diabetes medications
*Antipsychotics *Decongestants *Opioids
*Mood stabilizers *Tricyclic Antidepressants

Resources

- Free Booklet: Rethinking Drinking: Alcohol and Your Health (left hand side of page) This resource has **a lot** of information. A PDF is provided.
  - What's a Standard Drink Measurement? - Rethinking Drinking | NIAAA (nih.gov)

- Drinking Tracker Cards: printable
  - Alcohol Consumption Tracker - Rethinking Drinking | NIAAA (nih.gov)

- Planning For Change: A printable template
  - Alcohol Reduction Plan Template - Rethinking Drinking | NIAAA (nih.gov)

- Drug Scheduling
  - dea.gov

- Substance Identification
  - Controlled Substances- Alpha Order (usdoj.gov)

SAMHSA Resources

- Home - FindTreatment.gov (below resources and more)
  - 988 suicide and crisis hotline—call or text 988
  - National Helpline—treatment and referral information 24/7—1800-662-4357
  - Disaster Distress Helpline—1-800-985-5990
- Online Book
  - TIP 26: Treating Substance Use Disorder in Older Adults | SAMHSA Publications and Digital Products
- SAMSHA Advisory—good information and a link to tip 35, a digital book on using motivational interviewing.
  - USING MOTIVATIONAL INTERVIEWING IN - Advisory 35 (samhsa.gov)
- Substance Use information and resources for Lesbian, Gay, Bisexual, Transgender, Queer and Intersex.
  - Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) | SAMHSA
- Link to Tip 63: Medications for Opioid Use Disorder
  - TIP 63: Medications for Opioid Use Disorder - Full Document | SAMHSA Publications and Digital Products

12 Step/Support Groups

- Alcoholics Anonymous Location Finder
  - AA Meeting Locator - Alcoholics Anonymous Meeting Near Me Search (aa-meetings.com)
- Narcotics Anonymous Meeting Locater
  - Find Narcotics Anonymous Meetings
- SMART Recovery—Self Directed, Science Based Recovery
  - SMART Recovery
- Veterans Support for Substance Use
  - Substance Use Treatment For Veterans | Veterans Affairs (va.gov)
- Alanon (For Families)
  - Find an Al-Anon or Alateen Face-to-Face, Phone, or Online Meeting

Geriatric Professionals Locator
Find a Geriatrics Healthcare Professional | HealthInAging.org

References

The following were used to inform this Resource Guide

Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol research: current reviews*, *38*(1), 115.

Bulut, E. A., & Isik, A. T. (2022). Abuse/misuse of prescription medications in older adults. *Clinics in Geriatric Medicine*, *38*(1), 85-97.

Connor JP, Stjepanović D, Budney AJ, Le Foll B, Hall WD. Clinical management of cannabis withdrawal. Addiction. 2022 Jul;117(7):2075-2095. doi: 10.1111/add.15743. Epub 2022 Jan 10. PMID: 34791767; PMCID: PMC9110555.

Department of Justice (2020, April 1). *Drug Fact Sheet: Narcotics*. Department of Justice/Drug Enforcement Administration. Retrieved October 22, 2023, from https://www.dea.gov/sites/default/files/2020-06/Narcotics-2020.pdf

Department of Justice (2020, April 1). *Drug Fact Sheet: Marijuana/Cannabis*. Department of Justice/Drug Enforcement Administration. Retrieved October 22, 2023, from Drug Fact Sheet: Marijuana/Cannabis (dea.gov)

Drug Enforcement Administration (n.d.). *Drug Scheduling*. DEA United States Drug Enforcement Administration. Retrieved October 21, 2023, from https://www.dea.gov/drug-information/drug-scheduling.

Dufort, A., Samaan, Z. Problematic Opioid Use Among Older Adults: Epidemiology, Adverse Outcomes and Treatment Considerations. *Drugs Aging* **38**, 1043–1053 (2021). https://doi.org/10.1007/s40266-021-00893-z

Fagbemi, M. (2021). How do you effectively evaluate the elderly for alcohol use disorder?. *Cleveland Clinic journal of medicine*, *88*(8), 434-439.

Fenollal-Maldonado, G., Brown, D., Hoffman, H., Kahlon, C., & Grossberg, G. (2022). Alcohol use disorder in older adults. *Clinics in Geriatric Medicine*, *38*(1), 1-22.

Ghantous, Z., Ahmad, V., & Khoury, R. (2022). Illicit drug use in older adults: an invisible epidemic?. *Clinics in Geriatric Medicine*, *38*(1), 39-53.

Lehmann, S. W., & Fingerhood, M. (2018). Substance-use disorders in later life. *New England Journal of Medicine*, *379*(24), 2351-2360.

Le Roux, C., Tang, Y., & Drexler, K. (2016). Alcohol and opioid use disorder in older adults: neglected and treatable illnesses. *Current psychiatry reports*, *18*, 1-10.

Markota, M., Rummans, T. A., Bostwick, J. M., & Lapid, M. I. (2016, November). Benzodiazepine use in older adults: dangers, management, and alternative therapies. In *Mayo Clinic Proceedings* (Vol. 91, No. 11, pp. 1632-1639). Elsevier.

Mayo Clinic (2021, December 4). *Medical Marijuana*. Healthy Lifestyle: Consumer Health. Retrieved October 22, 2023, from https://www.mayoclinic.org/healthy-lifestyle/consumer-health/in-depth/medical-marijuana/art-20137855

Maree RD, Marcum ZA, Saghafi E, Weiner DK, Karp JF. A Systematic Review of Opioid and Benzodiazepine Misuse in Older Adults. Am J Geriatr Psychiatry. 2016 Nov;24(11):949-963. doi: 10.1016/j.jagp.2016.06.003. Epub 2016 Jun 7. PMID: 27567185; PMCID: PMC5069126.

National Institute on Alcohol Abuse and Alcoholism (2019, August 30). *The Science Behind Why We Drink Alcohol*. Alcohol's Effects on Health. Retrieved October 22, 2023, from https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body

NIDA. 2019, May 16. Methamphetamine DrugFacts. Retrieved from https://nida.nih.gov/publications/drugfacts/methamphetamine on 2023, October 22

NIDA. 2021, June 1. Prescription Opioids DrugFacts. Retrieved from https://nida.nih.gov/publications/drugfacts/prescription-opioids on 2023, October 22

Scott, E. P., Brennan, E., & Benitez, A. (2019). A systematic review of the neurocognitive effects of cannabis use in older adults. *Current addiction reports*, *6*, 443-455.

Taylor, C., Jones, K., & Dening, T. (2014). Detecting alcohol problems in older adults: Can we do better? *International Psychogeriatrics, 26*(11), 1755-1766. doi:10.1017/S1041610214001641

The Open University (2019, August 30). *The Science Behind Why We Drink Alcohol*. Open Learn. Retrieved October 22, 2023, from https://www.open.edu/openlearn/health-sports-psychology/health/the-science-behind-why-we-drink-alcohol

Yoo HB, DiMuzio J, Filbey FM. Interaction of Cannabis Use and Aging: From Molecule to Mind. J Dual Diagn. 2020 Jan-Mar;16(1):140-176. doi: 10.1080/15504263.2019.1665218. Epub 2019 Sep 30. PMID: 31570066; PMCID: PMC8177073.

Zorick, T., Nestor, L., Miotto, K., Sugar, C., Hellemann, G., Scanlon, G., ... & London, E. D. (2010). Withdrawal symptoms in abstinent methamphetamine-dependent subjects. *Addiction*, *105*(10), 1809-1818.

Our Why: Revolutionize the way people work to ensure the world is a healthier place.

OUR WHY:

REVOLUTIONIZE THE WAY PEOPLE WORK TO ENSURE THE WORLD IS A HEALTHIER PLACE.

Academy for Professional Excellence

theacademy.sdsu.edu

6505 Alvarado Road, Suite 107; San Diego, CA 92120 (619) 594-3546