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# Drugs in focus

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## Substance use among older adults: a neglected problem

Substance use is generally associated with young people, but such problems have no age limits. Current evidence in relation to the elderly is limited, making it difficult to estimate the precise extent and implications of this concern. However, forecasts for the coming years are troubling and substance use by older adults is likely to become a neglected problem among our neglected citizens.

As the graph shows, Europe is experiencing a pronounced ageing

of its population. During the 20th century, the number of Europeans aged 65 or over trebled, and life expectancy more than doubled. By 2028, more than a quarter of Europe's population will be aged 65 or more.

The number of older people with substance use problems or requiring treatment for a substance use disorder is estimated to more than double between 2001 and 2020. This is partly due to the size of the baby-boom cohort (born

between 1946 and 1964) and the higher rate of substance use among this group.

The increasing number of older adults with substance use problems will place new and greater demands on treatment services. Programmes that are accustomed to dealing mainly with young populations will need to adapt to meet the needs of this older group.

### Definition

**Older substance users can be categorised as early onset users (survivors) or late onset users (reactors). Early onset users typically have a long history of substance use which persists into old age. Late onset users often begin using because of stressful life events, including retirement, marital breakdown, social isolation or bereavement. In relation to alcohol use, studies show important clinical differences resulting from the age of onset in patients.**

### Key issues at a glance

1. Older adults are frequent users of prescribed and over-the-counter medications. Problematic use of these medications may be intentional or unintentional, and vary in severity.
2. Although illicit drug use is less frequent among older adults than younger people, its prevalence is increasing. Drug users are growing older, and as maintenance programmes retain more patients in treatment, the number of older patients is increasing.
3. Figures show that older adults have a relatively high risk of experiencing drinking problems. The combined use of alcohol and other drugs leads to an increased risk of social, psychological and physical health problems, and can cause difficulties even where alcohol intake is light or moderate.
4. Ageing may lead to psychological, social and health problems which serve both as risk factors for substance misuse, and which may also be aggravated by substance use.
5. Mental and physical health problems are more prevalent among older substance-using adults. However, most older adults have regular contact with primary care or other health services.
6. Relatively little is known about the treatment of substance use in older adults. However, older patients engage well with treatment programmes, and can achieve satisfactory treatment outcomes.

## 1. Prescribed and over-the-counter drugs

The elderly are frequent and regular consumers of prescription and over-the-counter drugs. Persons over 65 use about one third of all prescribed drugs, often including benzodiazepines and opioid analgesics. Older women are more likely to be prescribed, and to misuse, psychoactive medications than men, and are also at a higher risk of prescription drug misuse than other age groups. Problems in this group are particularly likely to go unrecognised.

Prescription drug misuse among the elderly may be iatrogenic (inadvertently caused by treatment). This may occur because of a failure to regularly monitor medication use and treatment response, or by being prescribed multiple drugs that have undesirable interactive effects. Medical exposure to prescribed medications with the potential for misuse or dependence is a significant cause of problematic drug use by many older adults.

Older adults who develop problems with prescription drugs often differ from their peers who consume illicit drugs, as misuse may be intentional or unintentional. Such incidents may range in severity from single cases of misuse, inappropriate use such as 'borrowing' a medication from a friend or relative, through periodic recreational use, to persistent abuse. Tolerance and physical dependence can develop when prescription medications are taken for prolonged periods, even at appropriate doses, and withdrawal symptoms can occur if the drug is discontinued.

Where the misuse of prescribed or over-the-counter drugs by older adults is intentional, this may involve: deliberately using higher than prescribed doses, using for extended periods, hoarding medication, and taking medication together with alcohol.

## 2. Illicit drugs

Like their younger counterparts, older adults may use illicit drugs. Although illicit drug use is less common in this group,

its prevalence is increasing. Estimates from the United States suggest that the number of persons aged over 50 needing treatment for illicit drug problems may increase by up to 300 % between 2001 and 2020.

As methadone and other maintenance programmes become more effective at retaining patients in treatment and reducing overdose deaths, the number of older patients will gradually increase. In Europe, between 2002 and 2005, the proportion of reported patients aged 40 or over being treated for opiate problems more than doubled (from 8.6 % to 17.6 %).

Although little is known about the risk factors for illicit drug use among older adults, previous abuse or dependence are often salient features: most older users of illicit drugs are early onset users. Illicit drug use is also a problem among persons with co-occurring mental health problems. Within mental health services, cannabis is the most commonly used illicit drug.

Regular users of recreational drugs are also growing older and may experience more complications with ageing. Older people metabolise drugs more slowly and the brain may be more sensitive to drug effects with age. Many stimulants lead to changes in brain receptor function, raising concerns about their long-term effects. Such problems may interact with other processes to speed up the progression, or increase the severity of, neurocognitive impairments associated with ageing.

## 3. Alcohol

Statistics show that up to 10 % of the elderly population of the United States are heavy or problem drinkers, and between 2 and 4 % meet diagnostic criteria for alcohol use or dependence. In Europe, 27 % of persons aged 55 and over declare drinking alcohol on a daily basis. Available evidence suggests that this age group is at a relatively high risk of experiencing drinking problems.

The metabolic and physiological changes associated with ageing may lead to harmful effects at lower levels of consumption than

for younger drinkers. A study of alcohol misusing patients in six European countries found that older problem drinkers had more physical health problems than their younger counterparts, despite drinking less and being less alcohol dependent than the latter. Excessive drinking among the elderly may also aggravate medical problems associated with ageing. Older adults with health problems who are heavy drinkers are at an elevated risk and should be targeted for interventions to help address this particular problem.

The use of drugs and alcohol in combination leads to a greater risk of social and health problems. Apparently innocuous prescribed or over-the-counter medications may interact with alcohol, leading to excessive sedation and increased risk of accidents and injuries. Similarly, the combined use of alcohol and other drugs can cause problems among older persons, even with light or moderate drinking. Central nervous system depressants (e.g. benzodiazepines and opioid analgesics) are commonly used by older adults. The adverse effects of these drugs are enhanced by even small amounts of alcohol. In addition, mixing alcohol and sedatives substantially increases the risk of overdose.

## 4. Special risks for the elderly

The ageing process is often associated with a range of social, psychological and health problems. Many of these are risk factors for substance misuse among older persons, and may in turn be aggravated by substance use.

Social problems among older persons may arise from bereavement, social isolation, lack of social support, and financial difficulties. Psychological problems may include depression, loneliness, anxiety, memory problems, cognitive impairment, dementia and confusion. Physical problems may include lack of mobility, falls, reduced self-care and general ill health.

Ageing carries an increasing risk of painful medical conditions, and the vast majority of older persons report having recently experienced some sort of pain. This may

lead to the development or continuation of improper use of substances (including alcohol) to help cope with pain because of their short-term analgesic effects. For example, pain is sometimes given as a reason for therapeutic cannabis use.

As chronic drug users grow older, many will develop serious and terminal illnesses and some may turn to psychoactive substances to cope. Special issues are raised by the need to provide palliative care for terminally ill drug users. This is a major challenge for medical professionals and healthcare services. Little is known about how best to meet the needs of this end-of-life population.

## 5. Identification and assessment

Because health problems are highly prevalent among older substance-using adults, many of them have regular contact with medical services. Primary care and other healthcare services therefore provide a valuable opportunity to screen this group.

However, despite their regular contact with healthcare professionals, substance use disorders among older persons are often missed or misdiagnosed. Many doctors lack adequate training in this field and current diagnostic criteria for assessing dependence and addiction in

older adults may be unsatisfactory. Also, common comorbid conditions seen in older adults (e.g. cognitive impairment) can make screening more difficult, and some comorbid conditions (e.g. agitation, confusion) may be antecedents or consequences of substance use. Older adults may also not admit their problem because of the stigma it brings with it among their age group.

Improved assessment of substance use disorders among older adults may therefore require age-specific measures of use and dependence. Also, a clearer distinction may be required between different types of substance use to take into account a range of behavioural and clinical manifestations. Later onset use may have fewer or different dependence characteristics.

Simple improved screening procedures could be implemented through adequate monitoring of repeated prescriptions, and/or prescription of multiple medications. Screening and assessment questionnaires could be specifically developed to target the needs and problems of older people.

## 6. Treatment: interventions and services

The realities of demographic change and the increasing service needs of ageing

*'When considering how we respond to drug problems in the community or the needs of those in treatment, we have to accept that drug use in Europe is no longer a phenomenon restricted to the young. This fact brings with it the obligation to develop approaches and review interventions to ensure that they are also appropriate for older citizens.'*

**Wolfgang Götz, EMCDDA Director**

drug users are placing a financial strain on existing resources. Inaction itself incurs costs and may even lead to greater costs because of subsequent crises. Overall expenditure for this older age group may be reduced by providing timely, effective interventions in appropriate settings.

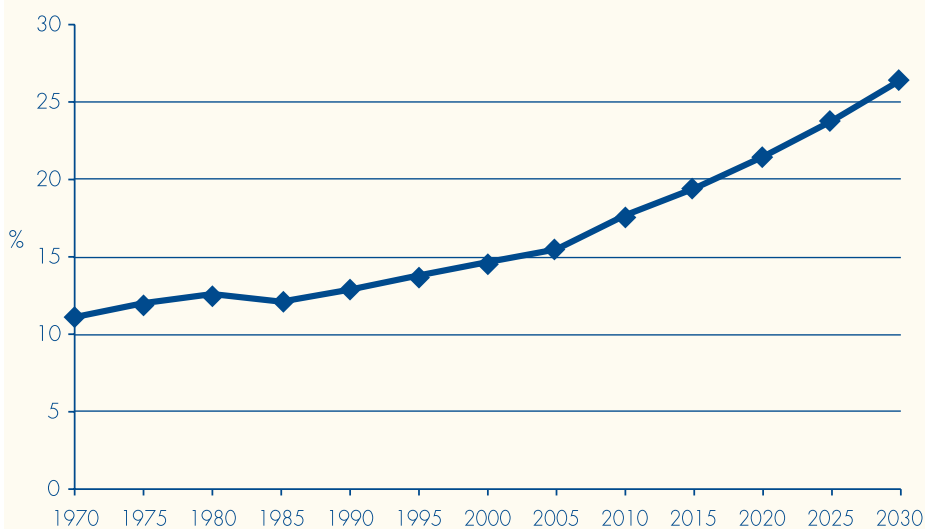
As already expressed, greater attention should be paid to comorbid health problems when dealing with older patients. Older drug users may, for example, have chronic illnesses, including liver disease because of chronic hepatitis C infection, or HIV-related illnesses, and may therefore require specialised forms of treatment.

Addiction services typically have limited medical treatment resources. Substance use programmes for older adults should be able to provide basic-level medical services and, where severe or complex health problems are identified, provide referral to specialist medical services.

Detoxification may be best conducted in a medical setting to avoid potential interactions between medications and other substances, or because of comorbid illnesses. Different dose regimens may be required because of age-related metabolic changes.

Many therapeutic issues are poorly understood regarding ageing drug users. However, older patients do achieve equivalent or better results than younger adults when they enter into treatment. Older citizens should have access to effective healthcare services where they will be catered for with dignity and sensitivity. This may require developing a wider range and alternatives to current treatment.

Percentage of the total European population aged 65 or more (historical and predicted)



Source: Eurostat

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## Conclusions and policy considerations

1. Problematic use of prescribed and over-the-counter medications by older adults is common. Improved identification requires regular monitoring of medication use and treatment response, and careful assessment of other social and health problems that could be caused by substance use.
2. The prevalence of illicit drug use by older adults is increasing. Addiction treatment and other healthcare services are insufficiently aware of the needs of older drug users and need to anticipate and prepare for predicted increases in demand from this age group.
3. Alcohol problems are more prevalent among older adults and may coexist with problems with illicit drugs. Drug services may therefore need to review their care systems to ensure that alcohol-related problems are recognised.
4. Many social, psychological and health problems may affect older adults and put them at increased risk of substance use. Such problems require specific attention if interventions for this group are to be fully effective.
5. Improved assessment of substance use disorders among older adults may require age-specific measures of use and dependence. Although the identification of substance use disorders may be difficult, primary care and other healthcare services are well placed to screen for substance use problems.
6. Appropriate and effective treatment should be tailored to the specific needs of older drug users, even if little is currently known about this patient group. This may require modifying existing forms of treatment, or developing new ones. In particular, treatment should be more attentive to comorbid health conditions faced by older adults.

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## Web information

**European Commission website – Health and the elderly**

[http://ec.europa.eu/health-eu/my\\_health/elderly/index\\_en.htm](http://ec.europa.eu/health-eu/my_health/elderly/index_en.htm)

**Dutch National Alcohol and Drugs Information System Bulletin**

[http://www.sivz.nl/content/\\_files/bulletin\\_alcohol\\_english.pdf](http://www.sivz.nl/content/_files/bulletin_alcohol_english.pdf)

**Office of Applied Studies – Older adults in substance abuse treatment: update**

National survey on drug use and health. Substance use among older adults: 2002 and 2003 update

<http://oas.samhsa.gov/2k5/olderadults/olderadults.htm>

**Eurobarometer survey – Attitudes towards alcohol**

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/documents/ebs272\\_en.pdf](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/ebs272_en.pdf)

Alcohol main page:

[http://ec.europa.eu/health/ph\\_determinants/life\\_style/alcohol/alcohol\\_en.htm](http://ec.europa.eu/health/ph_determinants/life_style/alcohol/alcohol_en.htm)



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