

# Older Adults and Illicit Substance Use/Misuse

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# Older Adults and Illicit Substance Use/ Misuse

Substance use/misuse has long been seen as an issue for young to middle aged adults, street entrenched and homeless, as well as persons with mental health issues.

Older adults have traditionally used substances such as alcohol or prescription medications to socialize or self medicate.

There has been a wealth of articles and studies around addiction within youth and adult age groups. There has also been a lot of effort put into providing homes for the homeless and assisting those with mental health and addictions issues to detoxify and rehabilitate into society.



# Substance use

Very little has been known regarding addictions in older adults.

Traditionally, substance use/misuse issues in older adults have been related to alcohol and prescription medication misuse.

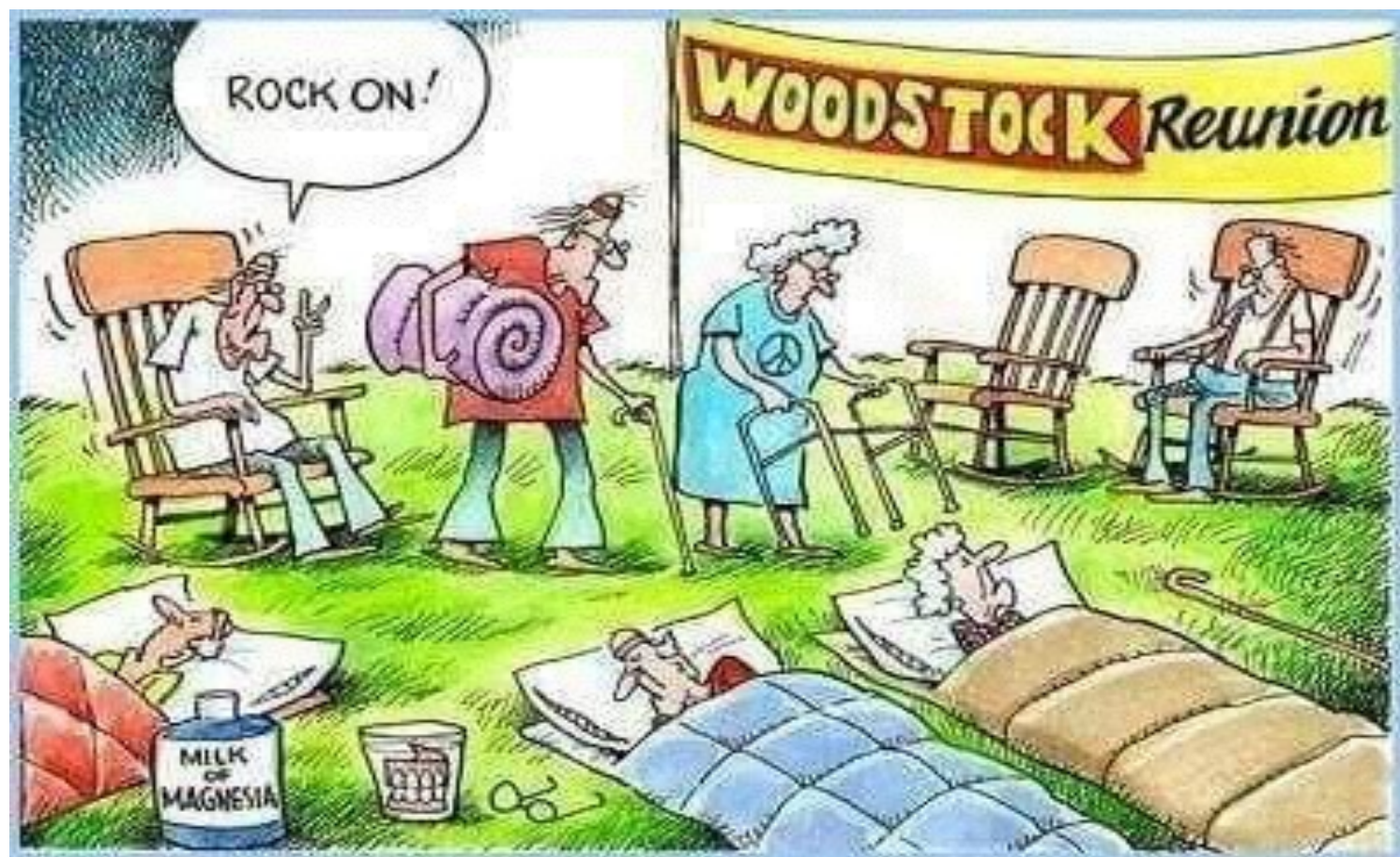
The baby-boomer generation (1946-1964) were a generation that made themselves known through music and rebellion of the establishment. Woodstock, Flower-Power, free love and illicit substance use were a symbol of this generation.



As the Baby-Boomer generation ages, there will be a huge influx of older adults entering their retirement years, some with longstanding histories of social use and/or misuse of substances such as cannabis, cocaine and heroin.

Clip art on previous slide from: [www.freevector.com](http://www.freevector.com) and Alan Aldridge, [www.singularcity.com](http://www.singularcity.com)

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Han, Gfroerer, Colliver & Penne (2009) state  
“Compared to earlier cohorts, baby-boomers  
(born from 1946 to 1964) have much higher rates  
of illicit drug use. Moreover, the population size  
of the baby-boom generation is larger than any  
earlier cohorts”.

Han, B., Gfroerer, J.C., Colliver, J.D. & Penne, M.A. , (2009). Substance use  
disorder among older adults in the United States in 2020. In Addiction  
Research Report, 2009 Society for the Study of Addiction, 104, 88-96.

“In 2000, more than half a million people over the age of 55 in the US had used illicit drugs in the last month”

Partnership for Drug-Free Kids, (2004). Heroin use among older adults is an emerging problem.  
Retrieved 03/06/2015 from: <http://www.drugfree.org/join-together/heroin-use-among-older-adults-is-an-emerging-pr...>

“The proportion of those aged 65 years and older has almost doubled in the last fifty years from 7.7 percent to 13 percent in 2006; 13.6 percent in Ontario (Statistics Canada, 2007)”

“Older adults who continue to use illicit drugs such as Cannabis, Heroin and Cocaine are also at risk when these substances are mixed with medications for physical health problems (Boddiger, 2008)”

National Initiative for the Care of the Elderly (N.I.C.E), (n.d.) Introduction to Older Adults and substance use. Retrieved 26/06/2015 from : <http://www.nicenet.ca/tools-introduction-to-older-adults-and-substance-use>

Gossop states, “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”

Gossop, M, (2008). Substance use among older adults: a neglected problem. In Drugs in Focus: Briefing of the European Monitoring Centre for Drugs and Drug Addiction .  
[www.emcdda.europa.eu](http://www.emcdda.europa.eu)



According to Caryl Beynon from The Centre for Public Health, Liverpool John Moores University (cited in the Guardian, 2014) “there are now around 70,000-75,000 addicts aged over 40 in the U.K. .... There is also some evidence that addicts are more prone to early onset dementia”

Ford, M (2011, updated 2014). Old habits die hard for ageing addicts. The Guardian. Retrieved 13/06/2015 from: <http://www.theguardian.com/society/2011/jan/26/older-drug-users-habits-die-hard>

Touhy, Jett, Boscart, & McCleary, (2012) (citing Adlaf et al., in CAMH, 2008) state,

“In 2005, about 13% of older persons aged 65 to 74 years reported having used marijuana in their lives—1% in the previous year. About 43,000 older Canadians have used marijuana in the past year... Based on data from Canadians aged 55 to 64 (the “near seniors”), it is anticipated that use of other illegal drugs will increase among those aged 65... Among “near seniors”, 4.5% used hallucinogens, 3.7% used cocaine, and 3.2% used methamphetamine...”

Touhy, T.A., Jett, K.F., Boscart, V., & McCleary, L., (2012). Chapter 24. Mental health and wellness in later life. In *Ebersole and Hess' Gerontological Nursing & Healthy Aging*. (1<sup>st</sup> Canadian Edition) pp. 423-453. Toronto, ON:Elsevier

So now that we have the statistics, we can see that this is a growing problem.

How will this history affect their health needs?

Gossop (2008) states “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”

Gossop, M, (2008). Substance use among older adults: a neglected problem. In Drugs in Focus: Briefing of the European Monitoring Centre for Drugs and Drug Addiction . [www.emcdda.europa.eu](http://www.emcdda.europa.eu)

Han, Gfroerer, Colliver & Penne (2009) state substance use “is often underdiagnosed, misdiagnosed, untreated, or undertreated. Health professionals often overlook substance use disorders among older adults, attributing the symptoms instead to dementia/Alzheimer’s disease, depression, or other problems common among older adults”

Han, B., Gfroerer, J.C., Colliver, J.D. & Penne, M.A. , (2009). Substance use disorder among older adults in the United States in 2002. In *Addiction Research Report*, 2009 Society for the Study of Addiction, 104, 88-96.

# Warning signs of substance abuse in older adults

Warning signs can include:

- Memory problems

- Sleep complaints

- Unexplained physical complaints

- Depression, anxiety, persistent irritability

- Gait disturbance, frequent falls, bruising

- Neglect of hygiene

- Non-adherence with treatment for medical problems

(Slide courtesy of Donna White, RN, PhD, CNS, CADAC. Lemuel Shattuck Hospital, Boston, MA)

Drug use/abuse doesn't just bring pleasure, or euphoria, it also causes changes that can impact memory, learning, self control and behaviour.

So, how are we to know whether the older adult is experiencing behaviours related to substance use?

NIHSeniorHealth: built with you in mind, (n.d.). Illicit drug abuse. Retrieved 13/06/2015 from : <http://nihseniorhealth.gov/drugabuse/illicitdrugabuse/01.html>

# Non-Specific and Behavioural Signs and Symptoms of Substance Abuse

Depression, irritability	Mood swings
Progressive isolation	Incontinence
Insomnia or hypersomnia	Worsening of medical conditions
Decline in cognitive functioning	Chronic pain
Unexplained recurrent falls	Poor grooming
Mania, paranoia, anxiety	Burns
Auditory/visual hallucinations	Head trauma
Decreased motivation	Accidental hypothermia
Memory loss	Vague GI complaint
Drug seeking behaviour	Gait disorders/altered mobility
Suicide ideation	

(DeHart & Hohhman, 1995; Cutezo & Dellasega, 1992; Lichtenberg et al. 1993; Solomon et al., 1993; Widlitz & Marin, 2002)

(Slide courtesy of Donna White, RN, PhD, CNS, CADAC. Lemuel Shattuck Hospital, Boston, MA)



As we can see, many of these signs, symptoms and/or behaviours are common to those seen in older adults with dementia, delirium, or depression.

Is that hallucination post cocaine psychosis, or BPSD?

It may also be difficult to notice these symptoms and behaviours as older adults tend to be less visible in society due to retirement, mobility issues, loss of friends, family living away and possible loss of driving abilities.

(Reardon, 2012; Seniors Health Research Transfer Network, 2011)

So how can we know if an older adult is using?

Are there any tests or screening tools to assess an older adult for licit/illicit substance use?

Ideally, screening for substance (illicit, as well as alcohol, or prescription medication) abuses should be included in regular health screening by family physicians, or on admission to clinics, or hospitals.

This is especially important when the older adult has experienced major losses or life change.

White, D., (2014). Use of substances by an older population: Risks, problems and interventions. Presented at the International Nurses Association on Addictions Conference October , 2014. Washington DC

Although there are no authorized screening tests, or questionnaires specifically for screening for substance use in older adults; Schonfeld, King-Kallimanis, Duchene, Etheridge, Herrera, Barry, & Lynn, (2010) developed the Florida BRITE Project.

Schonfeld, L., King-Kallimanis, B.L., Duchene, D.M., Etheridge, R.L., Herrera, J.R., Barry, K.L. & Lynn, N., (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100(1): 108-114. Retrieved 29/06/2015 from PubMed, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2791238/>

# The Florida BRITE Program

The program was a 3 year state-funded pilot project for screening and brief intervention of substance misuse in older adults in 4 counties in the US.

3497 older adults were screened. “Prescription medication misuse was the most prevalent substance use problem, followed by alcohol, over-the-counter medications and illicit substances”

“The pilot paved the way for obtaining federally funded grant to expand BRITE to 27 sites in 17 counties in Florida”

Schonfeld, L., King-Kallimanis, B.L., Duchene, D.M., Etheridge, R.L., Herrera, J.R., Barry, K.L. & Lynn, N., (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100(1):108-114. Retrieved 29/06/2015 from PubMed, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2791238/>

Taylor and Grossberg (2012) state the BRITE project “demonstrated the effectiveness of a standardized screening interview for substance use and abuse; while it identified only a handful of illicit substance users... the project’s results bode well for the possibility of an effective illicit drug use screening questionnaire for substance abuse in the elderly”

Taylor, M.H. & Grossberg, G.T., (2012). The growing problem of illicit substance abuse in the elderly: A review. In *The Primary Care Companion for CNS Disorders*, 14(4). Retrieved on-line 02/06/2015 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505129/?report=printable>

Although older adults have been treated in Homewood (Ontario), Edgewood (Nanaimo, BC), and at the Victoria Detox unit, These facilities are more familiar with alcohol withdrawal in seniors.

The Clinical Opiate Withdrawal Scale (COWS), used for assessing opiate withdrawal in medically supervised detox facilities, does not address the particular physiological needs of older adults.



This may present issues for care as older adult physiology does not process the drugs through the body system as rapidly, and may in fact build up, leading to unintentional overdoses, or the need for lower doses to achieve the same high.

The older adult may take longer to clear the drug also, due to decreased renal, or liver function.

Touhy, Jett, Boscart & McCleary (2012) (citing Masoro & Austed, 2003)state:

“Potential alterations of medication distribution in late life are related to changes in body composition, particularly decreased lean body mass. Increased body fat, and decreased total body water. Decreased body water leads to higher serum levels of water-soluble medications...

Adipose tissue nearly doubles in older men and increases by one half in older women...

Medications that are highly lipid-soluble are stored in the fatty tissue, extending and possibly elevating the medication effect”

Touhy, T.A., Jett, K.F., Boscart, V., & McCleary, L., (2012). Chapter 14. Safe medication use for older adults. In *Ebersole and Hess' Gerontological Nursing & Healthy Aging*. (1<sup>st</sup> Canadian Edition) pp. 224-245. Toronto, ON:Elsevier

## According to Taylor & Grossberg (2012),

“The increased susceptibility of older adults to adverse effects of many substances ... is also relevant to substance abuse treatment. Physiological changes related to aging, including decreases in total body water and lean mass with a reciprocal increase in total body fat, alter the metabolism of various drugs, often resulting in smaller effective or toxic doses and lower half-lives.”

Taylor, M.H. & Grossberg, G.T., (2012). The growing problem of illicit substance abuse in the elderly: A review. In *The Primary Care Companion for CNS Disorders*, 14(4). Retrieved on-line 02/06/2015 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505129/?report=printable>

# Treatment of SUDs

Identification

Intervention

Detoxification

Rehabilitation

(Slide courtesy of Donna White, RN, PhD, CNS, CADAC. Lemuel Shattuck Hospital, Boston, MA)

Taylor & Grossberg (2012) question whether the need for a geriatric psychiatry unit , where staff may not have any awareness of the detoxification process for older adults; or a clinical detox unit, where they may not have knowledge of the specific health concerns of older adults might be best for treatment of substance use/misuse disorders in older adults.

Taylor, M.H. & Grossberg, G.T., (2012). The growing problem of illicit substance abuse in the elderly: A review. In *The Primary Care Companion for CNS Disorders*, 14(4). Retrieved on-line 02/06/2015 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505129/?report=printable>

Certainly the fact that due to changes in their physiology, older adults metabolize substances differently than the mainstream clients of detox facilities needs to be taken into account. As does their lifestyle and ways of coping with life stressors.

“treatment of older adults must be adjusted to account for the life stage of the individual and the aging process and should be expanded to settings that are convenient and comfortable, such as retirement communities and senior centers”

Substance Abuse and mental Health Services Administration, Center for Behavioral Health Statistics and Quality (September 1, 2011). The NSDUH Report: Illicit Drug Use among Older Adults, Rockville, MD

“Older adults in treatment may require services for both the potential health consequences of substance abuse and the chronic illnesses that often appear as a person ages”

Substance Abuse and Mental Health Services Administration, Office of Applied Studies., (June 17, 2010). The TEDS Report: Changing Substance Abuse Patterns among Older Admissions: 1992 and 2008. Rockville, MD



# Age-Specific Treatment

Consider the pace of treatment

A culture of respect

Sensitivity to language and current “values”

Comprehensive assessments

Age-specific competence in staff

Key issues are life transitional events such as  
grief, depression, loneliness

(Slide courtesy of Donna White, RN, PhD, CNS, CADAC. Lemuel Shattuck Hospital,  
Boston, MA)

## Age-Specific Treatment (cont'd)

Avoid confrontational approach

Address social isolation

Provide structure with rest periods

Consider the shame of profound losses from drug use at this point in their life

Offer a way to live their life without being lonely and to not have to rely on a drug for socialization

*Shulman, 1998, 2002*

(Slide courtesy of Donna White, RN, PhD, CNS, CADAC. Lemuel Shattuck Hospital, Boston, MA)

# Thank you!

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Questions?

# References

- Ford, M (2011, updated 2014). Old habits die hard for ageing addicts. *The Guardian*. Retrieved 13/06/2015 from: <http://www.theguardian.com/society/2011/jan/26/older-drug-users-habits-die-hard>
- Gossop, M, (2008). Substance use among older adults: a neglected problem. In *Drugs in Focus: Briefing of the European Monitoring Centre for Drugs and Drug Addiction* . [www.emcdda.europa.eu](http://www.emcdda.europa.eu)
- Han, B., Gfroerer, J.C., Colliver, J.D. & Penne, M.A. , (2009). Substance use disorder among older adults in the United States in 2002. In *Addiction Research Report, 2009 Society for the Study of Addiction*, 104, 88-96.
- National Initiative for the Care of the Elderly (N.I.C.E), (n.d.) Introduction to Older Adults and substance use. Retrieved 26/06/2015 from : <http://www.nicenet.ca/tools-introduction-to-older-adults-and-substance-use>
- NIHSeniorHealth: built with you in mind, (n.d.). Illicit drug abuse. Retrieved 13/06/2015 from : <http://nihseniorhealth.gov/drugabuse/illicitdrugabuse/01.html>
- Schonfeld, L., King-Kallimanis, B.L., Duchene, D.M., Etheridge, R.L., Herrera, J.R., Barry, K.L. & Lynn, N., (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100(1):108-114. Retrieved 29/06/2015 from PubMed, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2791238/>

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Substance Abuse and Mental Health Services Administration, Office of Applied Studies., (June 17, 2010). The TEDS Report: Changing Substance Abuse Patterns among Older Admissions: 1992 and 2008. Rockville, MD

Taylor, M.H. & Grossberg, G.T., (2012). The growing problem of illicit substance abuse in the elderly: A review. In *The Primary Care Companion for CNS Disorders*, 14(4). Retrieved on-line 02/06/2015 from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505129/?report=printable>

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White, D., (2014). Use of substances by an older population: Risks, problems and interventions. Presented at the International Nurses Association on Addictions Conference October , 2014. Washington DC