



Substance Misuse in Older Adults

A Handbook for Community Groups

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Why is this Important?

Research shows a significant increase of older adults misusing substances such as alcohol and drugs¹. For example, one study found that 2.5 million older adults abuse alcohol and or drugs in the United States². Unfortunately, these numbers are disregarded because the increased use of drugs or alcohol is associated with pain management due to ageing². One study presented doctors with scenarios where older women displayed symptoms of substance abuse; however, only one percent of the doctors correctly identified the signs¹⁰. These findings are alarming because the current generation of older adults are misusing substances more than past generations and are not receiving treatment¹.

Society needs to be aware of the risks older adults face to help identify and treat this population effectively¹. This is especially important because the older adult demographic is steadily increasing¹. In the United States alone, it is estimated that there will be 70 million older adults by 2030¹. Therefore, about 19.3 percent of the United States population may consist of older adults by 2030¹. Since health practitioners often confuse substance misuse symptoms as changes due to ageing, it is important that community groups assist older adults⁸. If substance misuse continues to go unidentified, older adults risk continued neglect, and society will lose out on the knowledge and skills of this generation.

“

“Grey goes with all colours.”

-Ellsworth Kelly

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What is Substance Abuse?

Substance abuse occurs when using a drug impairs daily functioning⁹. This misuse can lead to troubles with finances, employment, relationships, and health⁹. Research has indicated that older adults are at an elevated risk for misusing substances⁹. Older adults are particularly at risk for abusing alcohol, prescription drugs, and legal psychoactive drugs¹. Furthermore, a small number of older adults use illicit drugs, such as such as cocaine¹.



Alcohol

For consumption of alcohol, it is considered misuse when a person drinks more than the recommended amount¹. However, defining when consuming alcohol becomes alcohol misuse or alcoholism can be challenging⁹. For the purpose of this booklet, the recommended amount of alcohol will come from the National Institute of Alcohol Abuse and Alcoholism (NIAAA)¹. The NIAAA recommends that men and women 65 years or older only have one drink a day¹. This institute believes at-risk drinking is consuming anything more than one drink a day¹. One alcoholic drink consists of 12 grams containing alcohol¹. Therefore, one drink would be 12 ounces of beer, five ounces of wine, or 1.5 ounces of spirits such as gin or vodka¹. Community groups need to use similar measurements to define the overuse of alcohol when helping older adults.

Alcoholism is a continual heavy intake of alcohol despite severe negative health consequences⁹. Also, displaying a sense of denial regarding one's unhealthy drinking problem is often a sign of alcoholism⁹. Furthermore, if consuming alcohol results in recurring trouble in a person's life and they cannot stop, it indicates they may suffer from alcohol misuse⁹.



Prescription medications and legal psychoactive drugs

Additionally, research has found a steady increase in the misuse of prescription and psychoactive drugs in older adults¹⁰. Besides alcohol, older adults are more likely to misuse prescription drugs and legal psychoactive drugs, such as nicotine¹⁰. Compared to other age groups, older adults have the highest prescription medication use¹. However, misuse occurs when prescription pills are taken more than the recommended amount by a physician¹. Also, misuse occurs when prescription drugs are taken together with alcohol or mixed with other drugs when they should not be combined¹⁰. Misuse of psychoactive drugs leads to dependency and cognitive and physical impairments¹⁰. One study found that about 11 percent of older women miss-take their prescription drugs¹⁰. The researchers highlight that social isolation, mental health disorders, and previous substance abuse increase the risk for legal drug abuse in older adults¹⁰.

Furthermore, evidence shows that illegal drug use among older adults is small, but the numbers are increasing¹⁰. The drugs that comprise illicit drugs change depending on how old the research is and where the study took place. However, Canada has legalized the use of Marijuana, but some places in the United States have not¹¹. For the purpose of this booklet, the inclusion of Marijuana is under legal psychoactive drugs. However, there is still research that a small number of older adults use illegal drugs such as cocaine, crack cocaine, heroin and hallucinogens¹⁰.



How to identify at risk older adults?

Older adults are often an age group that is invisible and not prioritized for support and treatment². The challenges of older adults are continuously overlooked and underdiagnosed (Lecture 2, week 6). Therefore, this disparity in the healthcare system often leaves older adults behind without help or resources¹. Due to the lack of assistance for older adults, community groups are essential for bridging the gap for quality care and support for this age group. Older adults are often misdiagnosed for age-related issues because specific symptoms overlap with some age-linked disorders (Lecture 2, week 6). For example, symptoms of dementia are confusion, agitation, shifts in mood, and combativeness, but these are all symptoms of substance misuse¹⁰.

There are several signs of substance abuse that can apply to the overuse of any drug. Older adults who have a history of substance misuse are more likely to continue this type of behaviour¹⁰. Furthermore, the decline in personal hygiene and taking care of oneself is another indicator of substance abuse¹⁰. Community groups should be aware of older adults who lack a normal level of cleanliness¹⁰. Another marker of substance misuse is avoiding friends, family, and loss of interest in activities they used to enjoy¹⁰. Community groups should be cognizant of older adults' sudden avoidance or social withdrawal as a sign of substance misuse¹⁰.



Prescription drugs

For older adults, lack of motivation, memory loss, issues with relationships, and difficulty sleeping are signs of prescription drug abuse⁹. Unfortunately, some older adults may receive the wrong prescription drugs due to misdiagnosis⁹. Depressive symptoms are often overlooked and attributed as symptoms of typical ageing⁹. As a result, older adults are more likely to be given benzodiazepines, a treatment for sleep disorders and anxiety, than antidepressants⁹. Side effects of benzodiazepines include increased risk of falling, which heightens chances for injuries⁹.

Community groups should be mindful of older adults' falls and consider it a side effect of drug misuse instead of mistaking it as an age-linked incident.

Another indicator of prescription drug abuse is continued use for a problem that the patient should have recovered from¹⁰. For example, if an older adult had a prescription to relieve pain from a back strain but continued to take the drugs even though they should have recovered from the injury.

Community groups can check in on older adults and ask about their injuries and recovery.



Alcohol

In older adults, negative consequences of drinking alcohol can happen with low use¹. The changes to the brain and body due to age alter how drugs and alcohol affect people². Older adults may try to drink as they did when they were younger and not realize that it affects them more negatively¹. This can be due to a shift in metabolism that takes place as people age². As metabolism slows down, alcohol and drugs remain in the body for longer². Since these substances are processed slower, older adults may not be aware that they are under the influence for longer periods of time². Therefore, they may be unintentionally mixing drugs and alcohol, which causes adverse health outcomes². This includes taking aspirin while having alcohol in one's system can cause stomach and intestine bleeding². Also, taking Tylenol paired with alcohol can cause liver damage². Furthermore, when combined with alcohol, some cold and flu medication can cause sleepiness and heighten blood pressure².

Another reason older adults process alcohol differently than when they were younger is changes in body mass⁹. As people age, there is a decline in lean body mass, causing decreased water retention⁹. Due to less water retention in the body, there is a heightened amount of alcohol in older adults' blood⁹. Higher blood alcohol concentration paired with decreased metabolism

leads to increased health risks for older adults⁹. These effects compound and lead to increased rates of mortality for heavy drinkers compared to light drinkers⁹.

Community groups will need to educate older adults on the increased risks of drinking due to physiological changes.

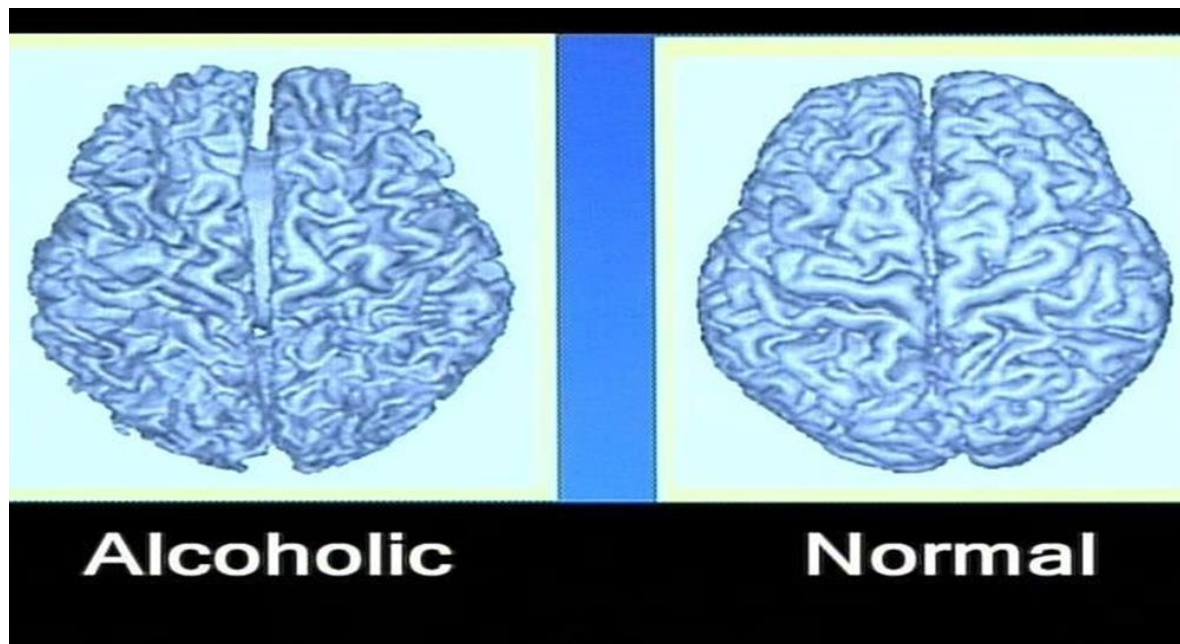
Changes in adults that occur physiologically due to ageing can be exacerbated due to drinking alcohol². Such as increased risk of stroke, diabetes, cancer, infections, and sleep issues². Also, drinking alcohol can exacerbate depression and anxiety in older adults². Researchers have found that half of those who are alcoholics suffer from neuropsychological issues². Research shows that about 2 million alcoholics suffer permanent damage from drinking leading to dementia².

Therefore, screening procedures for this group need to look at medical and psychosocial issues¹. Since using some medications when paired with alcohol can lead to adverse health outcomes¹.

One of the current challenges with diagnosing older adults is that their symptoms do not match standardized criteria¹. Typical behavioural signs of substance misuse are missing work or being noticeably impaired to others². However, for older adults who live by themselves or are retired, these typical signs are not applicable². To accurately screen older adults for substance misuse, the criteria will have to change¹. By shifting the criteria to pay attention to "level of use," older adults can be identified for treatment¹. Instead of focusing on how often older adults miss work which does not apply to all older adults, the criteria needs to focus on levels of intake¹.

Community groups will have to be aware to alter assessments to criteria that apply to older adults¹.

Additionally, tolerance to alcohol is usually looked at to assess misuse¹. Younger adults who regularly consume alcohol will build up a tolerance and need to consume more alcohol to feel the effects over time¹. However, tolerance is often not a side effect for older adults¹. As people age, they generally only need small amounts of alcohol to feel the effects¹.



[Medication + Counseling Can Help Alcoholics :: WRAL.com](http://www.wral.com)

Cognitive Effects

Alcohol

Older adults who only drink small amounts of alcohol have decreased cognitive impairment³. Research has shown that consuming light quantities of alcohol lead to decreased chances of dementia³. In contrast, high alcohol consumption in older adults is associated with a decline in memory, motor control and learning⁴. The hippocampus is one specific area of the brain that is negatively affected by high amounts of alcohol³. The hippocampus plays a

significant role in memory function³. Older adults who are alcoholics have an increased likelihood of developing a specific kind of dementia called Wernicke Korsakoff syndrome³. Furthermore, high alcohol consumption leads to shrinking brain volume that causes adverse health implications³. Based on the evidence, some occasional light drinking is okay for older adults³. However, they need to be mindful of their health when heavy amounts of alcohol are consumed⁴.

Spectrum of Psychoactive Substance Use

Casual/Non-problematic Use

- recreational, casual or other use that has negligible health or social effects

Chronic Dependence

- Use that has become habitual and compulsive despite negative health and social effects



Beneficial Use

- use that has positive health, spiritual or social impact:
- e.g. medical pharmaceuticals; coffee/tea to increase alertness; moderate consumption of red wine; sacramental use of ayahuasca or peyote

Problematic Use

- use that begins to have negative consequences for individual, friends/family, or society
- e.g. impaired driving; binge consumption; harmful routes of administration

This Photo [Image: Spectrum of substance use \(teacherinbox.org.au\)](https://www.teacherinbox.org.au)

Prescription drug misuse

There are many adverse health effects on older adults' cognition from prescription drug misuse¹. Furthermore, there has been increased hospitalization for older adults due to prescription drug misuse, particularly when these drugs are mixed with alcohol¹. One study found that hospital visits for drug-related issues for the baby boomer group have increased 117 percent in the past decade¹. Prolonged use of benzodiazepines can lead to cognitive decline and

increased depressed emotions¹. Many older adults misuse prescription drugs to help manage pain, apprehension, and poor sleep¹.



Social effects that lead to substance misuse

There are several social effects that increase the risk of substance misuse¹⁰. As people age, there is an increase that other people around them will pass away¹⁰. Older adults who experience the death of a spouse or loved one are at a heightened risk of abusing substances to cope¹⁰.

Community groups should be vigilant to older adults who have recently experienced a significant loss¹⁰.



Prescription drugs

Several social factors can influence the likelihood of prescription drug misuse¹⁰. Studies have found that older adults who live in rural areas have an increased risk of drug misuse¹⁰. This may be due to a lack of resources due to the remoteness of where they live¹⁰. Another factor is social isolation, and those who live in rural areas may face even more social isolation than older adults living in urban areas¹⁰. Furthermore, older adults may feel they cannot perform the activities they used to enjoy, such as craft classes that increased their social time¹⁰. However, if they lose their licence and do not have transportation to these social events, they may self-medicate to fill the void¹⁰.

Community groups can help increase access to social events for older adults by providing transportation.

COVID-19 & Substance Abuse



Social effects of Alcohol & COVID-19

COVID-19 has led to increased health risks for older adults⁵. However, it is not just the virus but protocols like social distancing that worsen health conditions⁵. Social isolation for older adults can exacerbate depression, anxiety, and substance misuse⁵. The social isolating protocol can make a recovery from substance abuse extremely hard for older adults⁵. Those in recovery may face a decrease in support and resources due to the pandemic⁵. Furthermore, online support mechanisms may be complicated for older adults to use and glitchy⁵. Heavy amounts of alcohol can lead to falls, accidents, and injuries, especially for those living alone⁵. Furthermore, there has been an increased risk for suicide among older adults during COVID-19⁵. The elevated suicide risk is worse for those with depression and high alcohol consumption⁵. Unfortunately, these risks are further triggered due to social isolation and feeling alone for older adults⁵. It is vital for community groups to recognize the challenges that reducing socialization for older adults has caused.

Community groups will have to adapt to function during COVID-19 to decrease the risk of suicide for older adults.

High alcohol intake decreases immune functioning, which increases the risk of pneumonia and infectious diseases⁵. Therefore, community groups must ensure older adults understand the unhealthy consequences of drinking during COVID-19⁵. Anyone working to support older adults during the pandemic should ask them about their alcohol consumption⁵. Furthermore, community workers should be alert for increased drinking due to social isolation or financial difficulties⁵. Research demonstrates that health care professionals can use Motivational Interviewing to help reduce alcohol intake⁶ and there by decrease unhealthy drinking⁶. Motivational Interviewing (MI) uses patient centered care to help improve healthy behaviour⁶. Community group members can become certified at performing MI with about three days of training¹². MI is a short-term intervention technique that can be used over the phone⁶. This way, community groups can quickly and safely help older adults during COVID-19.

COVID-19 and Smoking

Smoking can lead to many adverse health conditions for older adults⁵. Smoking or vaping increases the risk of respiratory illness and leads to more serious symptoms of COVID-19⁵. For example, one study found that those with a respiratory illness were 6.3 percent more likely to die from COVID-19⁵. Furthermore, there is similar evidence that vaping nicotine can also exacerbate the symptoms of COVID-19 due to lung damage⁵. Community groups should be aware of how smoke inhalation negatively impacts lung health⁵. Since contraction of COVID-19 can restrict breathing, older adults should be encouraged to stop smoking because it adversely affects their respiratory system. If older adults find it challenging to stop smoking, then

community groups can advise them to switch to an alternative source of nicotine⁵. For example, they can try a patch or gum, which will reduce the negative impact of smoking nicotine⁵.

Improving respiratory health among older adults will increase their survival of COVID-19⁵.

Also, adults smoking cannabis should be advised to switch to an edible form of consumption⁵.

COVID-19 and Prescription drugs

Older adults are more likely to be prescribed drugs than other age groups⁵. One of the main reasons older adults receive prescription drugs is for chronic pain treatment⁵. Over time, persistent use of prescription drugs can lead to dependence for older adults⁵. Misuse of prescription drugs is more likely when the person also suffers from a psychological disorder⁵. During COVID-19, there has been an increased risk of prescription misuse⁵. Since routine medical appointments were interrupted, safe monitoring of patients' drug intake has declined⁵. Also, those who use prescription medication to recover from opioid addiction may experience a decline in access⁷. For example, those recovering from opioids like heroin may use a safer replacement like methadone to assist their treatment⁷. However, many people who take methadone need to take it in a controlled environment administered by a healthcare professional⁷. If the person who takes methadone is required to socially isolate, it will be challenging to access the drug⁷.

Community groups will have to work together with the healthcare system to ensure older adults still receive the same quality of care.

Drugs such as methadone have been listed as essential by the WHO during the COVID-19 pandemic⁷. Disruption to such treatment would be detrimental to older adults recovering from addiction⁷.



How can older adults be assisted?

The goal of treatment is to increase the quality of life and help older adults live healthier lives⁹. However, one study reported that only 15 percent of older adults who are alcoholics are getting sufficient treatment⁹. Many older adults are not aware of potential resources or do not pursue healthcare services¹⁰. Community groups can help increase the percentage of older adults who receive adequate care for substance misuse. There is a disproportionately low number of treatments that cater to older adults compared to other age groups⁹.

Community groups providing treatment will need to be aware of the unique differences older adults experience when receiving treatment⁹.

Also, ageism contributes to the lack of resources older adults receive⁸. Younger adults often think of different standards for quality of life for older adults⁸. These views are displayed in remarks from younger adults like, “it doesn’t matter, he won’t be around much longer”⁸. These ageist views affect the care and respect older adults receive and stigmatize this age group¹⁰. Ageism is the unspoken view that older adults are not worth treatment or resources⁸. Community groups can help speak up and advocate against this unequal care⁸. These groups can highlight to younger generations that eventually, they will be older adults too and would not want to be treated this way (Lecture 2, week 6). Also, community groups can help fix misperceptions about older adults⁸. Many older adults can live on their own and contribute a lot to society through knowledge and skills⁸. One study found that only 4.6 percent of older adults live in assisted living environments⁸. Negative views of older adults only contribute to substance misuse issues and push them to suffer in silence⁸. Older adults that “self-medicate” by misusing alcohol or drugs report a higher level of loneliness and decreased life satisfaction⁸.

Community groups can improve older adults’ quality of life by depicting older adults as capable and changing misunderstandings about this age group⁸.

Older adults may be less likely to seek help because of different generational views². For example, they may feel that their problems with substances are private matters². Moreover, they may feel a lot of shame regarding their substance abuse⁸. Their family members may treat their substance misuse with shame and ignore the problem⁸. Therefore, community groups need to know that some older adults may have difficulty opening up about issues they feel are private. Also, it is important not to further shame older adults for substance misuse⁸.

Alcohol

For treatment dealing with alcohol withdrawal, the symptoms differ for older adults than younger adults. For example, people going through withdrawal often experience trembling⁹. However, young adults usually experience trembling 8 to 12 hours after their last drink, and the severity increases around 24 to 36 hours⁹. In comparison, older adults can experience trembling commencing a few days after their last drink⁹.

Community groups should note that withdrawal from alcohol for older adults can take longer and require more monitoring⁹.

In addition, older adults may experience hallucinations for several weeks or months after cessation, which is much longer than younger adults⁹. The symptoms of withdrawal can be anticipated if the older adult has tried withdrawing from alcohol before⁹. Community groups should gather information on previous experiences of withdrawal from older adults to be prepared for the symptoms they may have again⁹. If the older adults have been an alcoholic for a long time and had severe symptoms in a previous attempt to withdraw, they should be encouraged to try in a hospital setting⁹. Since chronic alcohol use is associated with many other health issues, withdrawal could increase the risk of mortality⁹.

Once alcohol withdrawal is complete, older adults will benefit from support to develop a plan for abstinence⁹. Evidence shows that older adults remain abstinent longer when they have an age specific treatment⁹. Community groups can help older adults find hobbies or activities sense of purpose to fill the time that used to be spent drinking⁹. Participating in an Alcoholics Anonymous (AA) group is an effective treatment for older adults, and it is free⁹.

Community groups could help older adults with transportation to meetings and increasing awareness for these types of groups for those in recovery⁹.

Studies have found that older adults are more likely than younger adults to drink at home alone⁹. Therefore, community groups should look at treatments that decrease that type of behaviour⁹.

Prescription drugs

Older adults with prescription drug misuse will require different levels of treatment depending on the severity of addiction¹⁰. All older adults should consult with a medical practitioner to detoxify from drugs¹⁰. Since some older adults will have comorbid conditions and may require more medical resources¹⁰.

Unfortunately, there is little evidence on treatments for illicit drug use for older adults¹⁰. Typically, people addicted to illicit drugs have a lifelong addiction and sadly often do not live into older adulthood¹⁰. Also, this may be due to incarceration, which is common for illicit drug user¹⁰. Older adults with an illicit drug addiction should consult medical professionals for treatments¹⁰. Community groups can support older adults through treatment by providing transportation and helping them access resources¹⁰. Older adults' recovery from prescription or illicit drug abuse can join support groups to assist healing¹⁰. One of the most well-known support groups is Narcotics Anonymous⁹.

Community groups can help older adults choose and access a group meeting.



[three people over age 50 are holding up signs that tell stories | Atypical 60](#)

General support

Older adults who lack social support have less successful attempts at withdrawal and abstinence⁹. Once they are stabilized after detoxification, they can return to their community¹⁰. Community groups can increase the likelihood of successful withdrawal from substances by providing older adults with support⁹. Simple acts like a phone call to ask how someone is doing can help older adults feel cared for and valued. Furthermore, helping older adults get to a medical appointment or support groups decreases the risk of relapse¹⁰. Helping older adults increase their education on the negative effects of substance abuse can motivate them to seek treatment¹⁰. Community groups can substantially positively affect on older adults living healthy lives⁹.

Resources & Help Lines

- [Protection from Elder Abuse and Neglect - Province of British Columbia \(gov.bc.ca\)](http://gov.bc.ca)
- Seniors Abuse & Information Line (SAIL) at **604-437-1940**
- Alcohol Anonymous [Alcoholics Anonymous \(aa.org\)](http://aa.org)
- Narcotics Anonymous [NAWS : Find a meeting](#)

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