

# Substance Abuse Among Older Adults



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## KEYWORDS

• Older adults • Alcohol • Prescription medication • Substance use • Assessment  
• Assessment tools • Brief interventions • Treatment

## KEY POINTS

- Although the current proportions of older adults with substance use disorders remain low compared with the general population, a growing proportion and number of older adults are at risk for hazardous drinking, prescription drug misuse, and illicit substance use and abuse.
- The identification of problematic substance use with older adults can be difficult because of overlapping symptoms with medical disorders that are common in older age.
- The assessment should include a respectful and nonstigmatizing approach along with direct questions about drinking, prescription medication, and illicit drug use.
- Several brief interventions centered on education about the harms of substance use have been shown to be effective with older adults.
- For older adults with more severe substance use problems, more intensive treatments geared toward a general population have been shown to be effective for older adults; however, treatments tailored for older adults have shown particular promise.

## INTRODUCTION

The initial wave of the baby boom generation turned 65 years old in 2011, a generation that comprises 30% of the total US population.<sup>1</sup> The size of this generation and their longer life expectancies<sup>2</sup> led the US Census Bureau to project that the number of older adults will increase from 40.3 million to 72.1 million between 2010 and 2030.<sup>3</sup> Historically, older adults have not demonstrated high rates of alcohol or other drug use

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compared with younger adults<sup>4,5</sup> or presented in large numbers to substance abuse treatment programs.<sup>6</sup> These facts have helped to perpetuate a misconception that older adults do not use or abuse mood-altering substances. Indeed, substantial evidence suggests that substance use among older adults has been underidentified<sup>7,8</sup> for decades. The aging of the baby boom generation creates a new urgency to effectively identify and treat substance use among older adults.

Baby boomers are distinct compared with past generations as they came of age during the 1960s and 1970s, a period of changing attitudes toward and rates of drug and alcohol use.<sup>9,10</sup> The prevalence rates of substance use disorder (SUD) have remained high among this group as they age,<sup>5</sup> and both the proportions and actual numbers of older adults needing treatment of SUD are expected to grow substantially. SUD rates among people older than 50 years are projected to increase from about 2.8 million in 2006 to 5.7 million in 2020.<sup>11</sup> There is, therefore, widespread recognition among both generalists and specialists in gerontology and psychiatry,<sup>3,12,13</sup> and health care overall, of the need for more information about assessment and interventions related to problematic substance use among older adults.

## PREVALENCE OF SUBSTANCE USE AMONG OLDER ADULTS

### *Alcohol Use*

Despite increasing rates of illicit and prescription drug misuse among adults older than 65 years,<sup>5,6,10</sup> alcohol remains the most commonly used substance among older adults.<sup>6,10</sup> Therefore, most of the research on substance use among and treatment of older adults has centered on alcohol use disorders (AUD). Among the population at large, older adults reduce their alcohol use as they age.<sup>14–17</sup> As of 2002, among individuals aged 65 years and older in the general population, the estimated prevalence is 1.2% for the *Diagnostic and Statistical Manual of Mental Disorders* (Fourth Edition) (DSM-IV) alcohol abuse and 0.24% for DSM-IV alcohol dependence.<sup>18</sup> Prevalence estimates inclusive of those older than 50 years are higher (2.98% for all AUD). Within health care settings, the rates of AUD among older adults ranges up to a proportion of 22%.<sup>19–21</sup> Although these rates are lower than for younger adults, they are likely impacted by the underreporting of heavy drinking,<sup>7</sup> difficulties with differential diagnoses of AUDs in older adults, and unidentified comorbidities.<sup>22</sup>

At-risk drinking is more prevalent among older adults than AUD and is likely responsible for a larger share of the harm to the health and well-being of older adults. Guidelines provided by the American Geriatrics Society and the National Institute for Alcohol Abuse and Alcoholism recommend that older adults drink no more than 7 standard drinks (12-oz beer, 4- to 5-oz glass of wine, 1.5 oz of 80-proof liquor) per week.<sup>10,16</sup> Prevalence rates for older-adult at-risk drinking (defined as more than 3 drinks on one occasion or more than 7 drinks per week) are estimated to be 16.0% for men<sup>23,24</sup> and 10.9% for women.<sup>20,21</sup> There is also a substantial proportion of the older-adult population who are binge drinkers (generally defined as 5 or more standard drinks in one drinking episode, though definitions vary for older adults).<sup>25</sup> Rates of older-adult binge drinking are 19.6% for men and 6.3% for women using data from the 2005–2006 National Survey on Drug Use and Health.<sup>20,26</sup> In a study of community-based older adults who reported drinking one or more drinks in the previous 3 months, 67% reported binge drinking in the last year.<sup>25</sup>

### *Tobacco Use*

Tobacco use is quite prevalent among older adults, with about 14% of those aged 65 years and older reporting tobacco use in the last 12 months,<sup>10</sup> and just more

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