Substance Use in Older Adults

Resource Guide

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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
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:

- Alcohol Use & Older Adults
- Cannabis Use & Older Adults
- Opiates/Narcotics & Older Adults
- Benzodiazepines & Older Adults
- Methamphetamine & Older Adults
- Drug Scheduling
- Definitions
- Resources
- References

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

<table>
<thead>
<tr>
<th>Commonly Prescribed Opiates</th>
</tr>
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<tbody>
<tr>
<td>*Codeine</td>
</tr>
<tr>
<td>*Morphine</td>
</tr>
<tr>
<td>* Oxycodone and acetaminophen (Percocet)</td>
</tr>
<tr>
<td>* Fentanyl</td>
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<tr>
<td>*Hydromorphone (Dilaudid)</td>
</tr>
<tr>
<td>*Hydrocodone and acetaminophen</td>
</tr>
<tr>
<td>* Buprenorphine (Belbuca, Butrans)</td>
</tr>
<tr>
<td>*Oxycodone (Oxaydo, Roxicodone, Roxybond)</td>
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<tr>
<td>* Hydrocodone extended release (Hysingla ER)</td>
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<tr>
<td>*Methadone (Methadone HCl Intensol)</td>
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<tr>
<td>*Morphine extended release (MS Contin)</td>
</tr>
<tr>
<td>*Tapentadol extended release (Nucynta ER).</td>
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<tr>
<td>*Oxycodone extended release (OxyContin, Xtampza ER).</td>
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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**

<table>
<thead>
<tr>
<th>Short Acting</th>
<th>Long Acting</th>
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<tbody>
<tr>
<td>Triazolam (Halcion)</td>
<td>Clonazepam (Klonipin)</td>
</tr>
<tr>
<td>Lorazepam (Ativan)</td>
<td>Alprazolam (Xanax)</td>
</tr>
<tr>
<td>Flunitrazepam (Hypnodorm)</td>
<td>Diazepam (Xanax)</td>
</tr>
<tr>
<td>Nitrazepam (Alodorn)</td>
<td>Bromazepam (Lexotan)</td>
</tr>
<tr>
<td>Clozbazam (Frisium)</td>
<td>Temazepam (Normison)</td>
</tr>
<tr>
<td>Oxazepam (Alepam)</td>
<td>*</td>
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</table>

**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
  - Mediations 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)](aa-meetings.com)

- Narcotics Anonymous Meeting Locator
  - [Find Narcotics Anonymous Meetings](https://www.na.org/)

- SMART Recovery—Self Directed, Science Based Recovery
  - [SMART Recovery](https://smartrecovery.org/)

- Veterans Support for Substance Use
  - [Substance Use Treatment For Veterans | Veterans Affairs (va.gov)](https://www.va.gov)

- Alanon (For Families)
  - [Find an Al-Anon or Alateen Face-to-Face, Phone, or Online Meeting](https://www.alan.org/)

Geriatric Professionals Locator
[Find a Geriatrics Healthcare Professional | HealthInAging.org](https://www.healthinaging.org)
The following were used to inform this Resource Guide


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