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Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

# Substance Use Risk and Protective Factors for the Older Adult Population

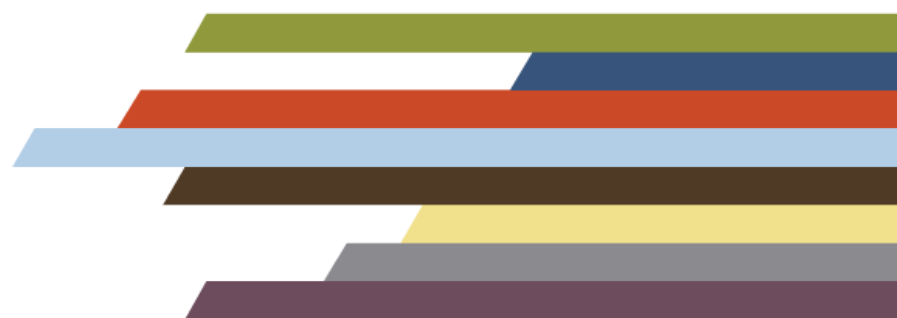
*February 20, 2025*

## ***Presenters***

*Charlotte Carlton*, Training and Technical Assistance Provider, Education Development Center

*Clara McCurdy-Kirlis*, T/TA Specialist & Technical Producer, Northeast & Caribbean PTTC

*Clare Neary*, Coordinator, Northeast & Caribbean PTTC



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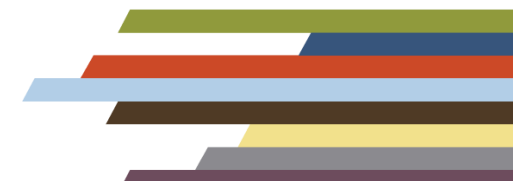
This session is being recorded. Presented in 2025.



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# Evaluation

Please take the time to complete a brief evaluation:

Post-Event Survey URL: <https://ttc-gpra.org/P?s=540901>



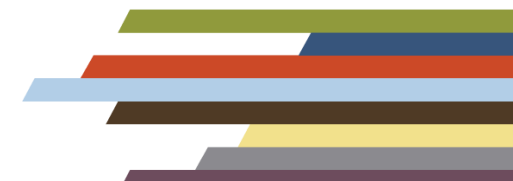
Your feedback is appreciated!



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# Presenters



**Charlotte Carlton**  
T/TA Associate  
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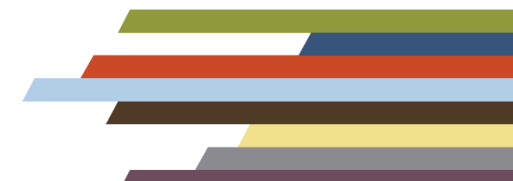


**Clare Neary**  
Project Coordinator  
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# Learning Objectives

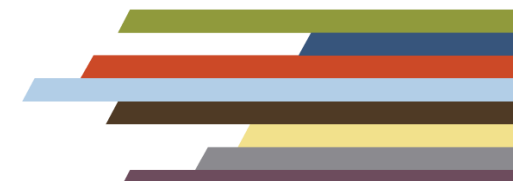
- Define the Older Adult Population age range
- Identify common substances used by Older Adults
- Understand the Risk and Protective Factors associated with the Older Adult population
- Identify Potential Strategies to Mitigate Risk Factors and Promote Protective Factors



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# What is an Older Adult?



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What do you think?

How do you define an  
Older Adult?

Please type your definition  
in the Chat.



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# It depends on whom we ask...

**The National Institute on Aging (NIH)** defines older adults as people aged 65 and older, but the definition of older adulthood can vary. Other age classifications for older adults include:

- **Young old:** 60–75 years old
- **Middle old:** 75–84 years old
- **Oldest old:** 85 years old and older

It's difficult to define older adulthood because people age biologically at different rates. For example, a 75-year-old person may be healthier than a 60-year-old person.

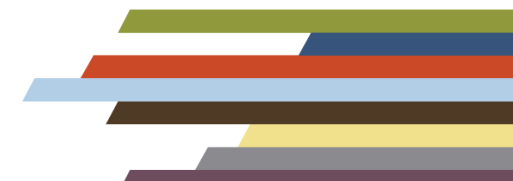
**All older adults are not “elderly” and should not be treated as such.**



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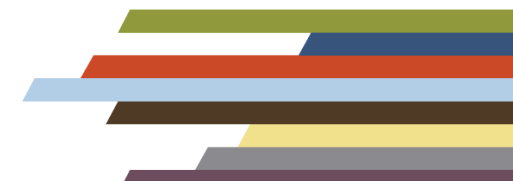




# Other agency/group designations further add to the confusion

- **Social Security Administration (SSA):** Retirement Benefits begin at 62, with increasing benefits each year until the age 70
- **Centers for Disease Control and Prevention (CDC):** 60+
- **The United Nations (UN):** 60+
- **National Survey on Drug Use and Health (NSDUH):** 50+
- **AARP:** Full membership at age 50+
- And let's not forget the **Senior Discount at Denny's:** 55+

Older Adulthood is largely defined by biological age, but not consistently. Prevention interventions should also consider stage of life realities (working/retired, etc.) and individual states of mind.



# Magnitude and Urgency

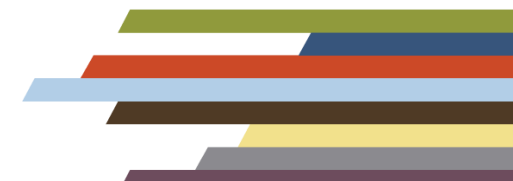
- In 2020, 1 in 6 people in the United States were 65 and older.
- Between 2010 and 2020, the population 65 years and over saw the largest and fastest growth in any decade since 1880 to 1890, reaching 55.8 million or 16.8 percent of the total population in 2020.
- This increase was largely driven by the aging of the baby boomers (those born between 1946 and 1964), the first of whom turned 65 years old in 2011.
- As the baby boomers continue to age, the older population will make up an increasing share of the total U.S. population.

*U.S. Census Bureau*



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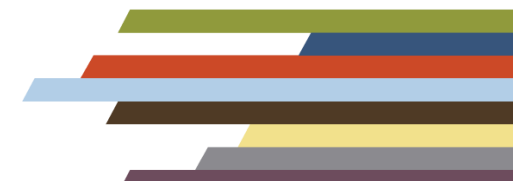
# Substance Use Prevention and Older Adults

- There is a limited understanding among people working with older adults about prevention.
- The healthcare concerns of older adults most often involve treatment interventions, not prevention.
- Historically, prevention services have focused almost entirely on youth concerns, specifically those aged 12-17.
- Substance use is not solely a youth problem. It also impacts every other age group. And it can be prevented!
- Because of historical focus on youth, there are limited proven strategies and identified evidence-based prevention programming for older adults.
- Limited is not zero. We have some research. More is being done.



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# What are the common substances used by Older Adults?

# Legal and Prescribed Substances

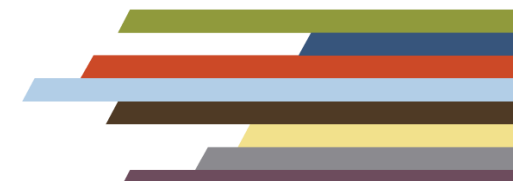
- Older adults tend to use legal, non-prescription substances like Alcohol, Tobacco, and Cannabis.
- They also tend to have a higher rate of prescription drug use, including potential drugs of misuse such as:
  - Pain medications
  - Benzodiazepines (depressants prescribed for such conditions as anxiety, insomnia, and seizures)
  - Other medications for such chronic conditions as high blood pressure, high cholesterol, diabetes, etc.



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# Common Reasons Older Adults “Misuse” Prescription Drugs?

Older adult prescription drug misuse is **primarily accidental**, resulting from:

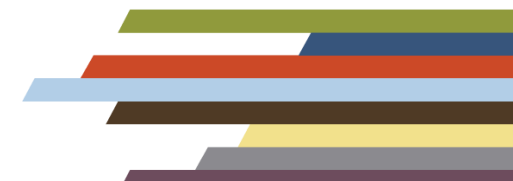
- Polypharmacy drug interactions combined with insufficient physician monitoring (*especially when mixing prescription drugs with alcohol or cannabis*)
- Outdated and contra-indicated prescribing practices (*particularly regarding benzodiazepines*)



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# Common Reasons Older Adults “Misuse” Prescription Drugs? (cont.)

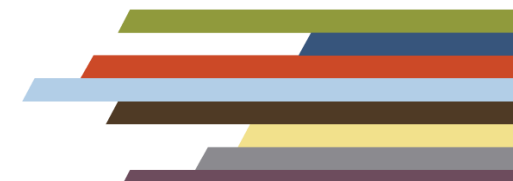
- Inconsistent doses resulting from:
  - Cognitive impairment
  - Patients trying to extend the prescription duration for financial reasons
  - Self-regulating to mitigate unpleasant medication side-effects
  - Misunderstanding label instructions (particularly for “as needed” use)
  - Sharing medications for benevolent reasons



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# What are the Substance Use Risk and Protective Factors Associated with Older Adults?





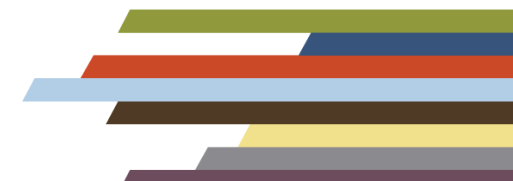
- **Substance Use affects all ages**, but older adults' ability to metabolize certain drugs changes as they age, and prescriptions need to change accordingly.
- **Older adults' physical strength and endurance** also changes as they age, and they often cannot physically do the things they once could. These changes are sometimes called **Life Transitions** and can lead to depression and substance misuse.



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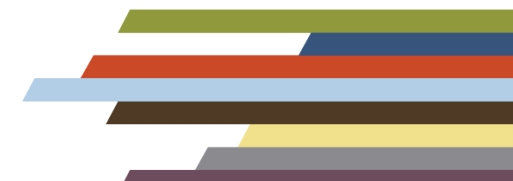
# Common Risk Factors for “Misuse”

- Polypharmacy
  - Drug Interactions
  - Medication Adherence
- Life Transitions
  - Bereavement/Grief
  - Retirement/Relocation
  - Mobility Concerns, Pain
  - Ageism/Changing Perceptions
  - Loss of Position/Respect
  - Isolation, Loneliness, Depression
- History of Substance Misuse
  - Particularly regarding legalized cannabis
- Outdated/Contra-Indicated Prescribing
  - Benzos are metabolized differently as people age, and we now know they should not be taken long-term.
  - When we know better, we do better.)
- Stockpiling Unused Prescriptions
  - “Just in case I need them later”
- Sharing medications for benevolent reasons
  - Without knowing potential interactions



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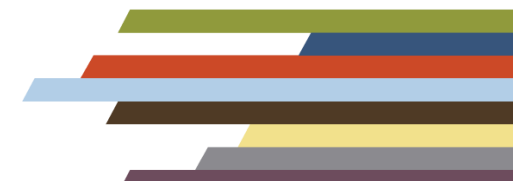
# Polypharmacy

- Polypharmacy is defined as the use of five or more medications. Approximately 1/3 of American adults in their 60s and 70s use five or more prescription drugs regularly.
- “Polypharmacy can be beneficial when managing multiple morbidities. However, its use in older adults also poses a greater risk of medication-related harm (Gillespie, R., et.al., 2023).
- “Polypharmacy is associated with negative effects on long-term physical and cognitive functioning, drug-drug interactions, nonadherence, adverse health outcomes (e.g., falls, cognitive impairment, hospitalization, mortality) and medication errors” (Ali, et.al., 2022).



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# Life Transitions

- Loss of spouse and/or other close relationships
- Retirement and the often-associated loss of purpose/respect
- Ageism – changing societal perceptions as people age (*OK, Boomer!*)
- Chronic pain and physical/mobility challenges that limit access to care and impact mental health
- Existential fears about the end of life

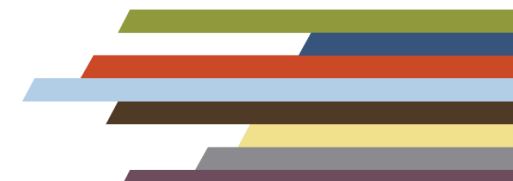
These and other transitions are all relevant factors in isolation and depression concerns, sometimes resulting in an over-reliance on benzodiazepines, alcohol, cannabis, and/or other drugs.



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What are some other  
Life Transitions?

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# History of Substance Misuse

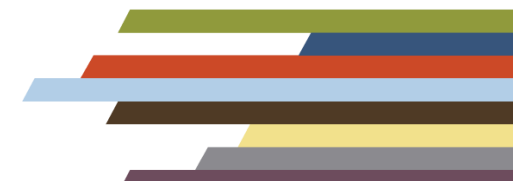
- Familiarity is often a comfort – “It’s worked before, it will work now.”
- Many Baby Boomers used cannabis in the 60s and 70s. Now that it is legal in many states, they don’t see the harm.
- They also don’t understand the THC potency difference between 60s/70s cannabis and today’s levels. **It’s a different drug now.**
- And they don’t anticipate the potential drug interactions between THC and other Prescription Drugs they may be taking, like blood pressure medications. **“It’s legal; I’ve used it before; It wasn’t a problem.”**



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# Outdated/Contra-Indicated Prescribing

- Prescribing practices are changing slowly over time, **but they are changing.**
- Younger physicians are taught updated practices in medical schools.
- Older physicians are changing practices as they review current research.
- Again, when we know better, we do better. Just not quickly.

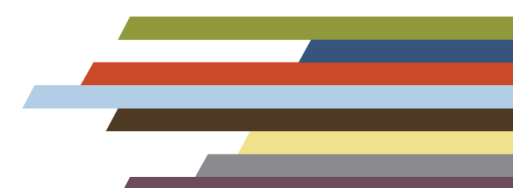
**In the meantime,  
Awareness campaigns targeting older adults can  
Help them understand and have a voice in their medications.**



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# Stockpiling Unused Prescriptions

- Keeping unused pills from old prescription is COMMON
- Conditions change and the pills that were appropriate in the past may not be appropriate now (i.e., metabolism changes with age, drug interactions with new medications, “shelf life” problems, other possible problems)

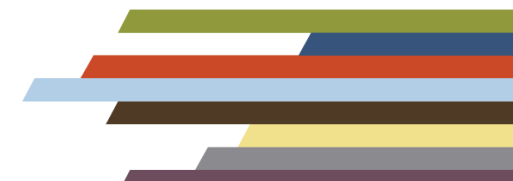
Awareness Campaigns, Drug Take-Back Programs, and/or  
Safe Disposal Programs  
may be effective prevention interventions.



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# Sharing Prescriptions

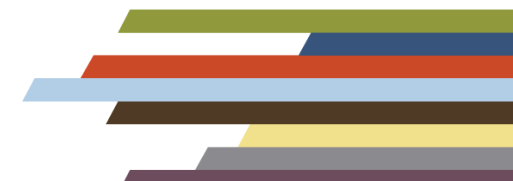
- Closely related to the problem of Stockpiling Unused Prescription Medications
- Sharing medications is also COMMON
- Friend A says, “My back is killing me.” Friend B says, “I have some leftover oxy from my surgery.”
- The person sharing the medications does so for benevolent reasons, but the risk of adverse drug interactions and other problems is high. **Good intentions don't always have good outcomes.**



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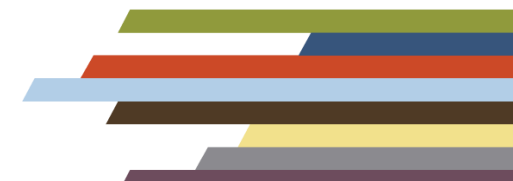
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# How Ageism can impact Substance Use

- Fear of Judgment
  - Older adults don't often talk about their prescription problems for **fear of losing their independence**. If, for example, a drug makes them dizzy and they fall, they may just stop taking it (leaving the underlying condition untreated) rather than fall again and risk being unable to continue living on their own.
  - Some older adults may intentionally not take their drugs as directed for financial or other reasons, but may choose not to tell their prescriber. They think, **"I can work it out on my own."**
- Avoidance of Perceived Disrespect
  - All older adults are not elderly.
  - All older adults do not have cognitive decline or dementia.
  - Older adults constitute a heterogeneous group with different needs, different socio-economic backgrounds, and different life experiences.

**As with everything else, a little respect goes a long way.**



# Potential Strategies to Mitigate Risk Factors and Promote Protective Factors

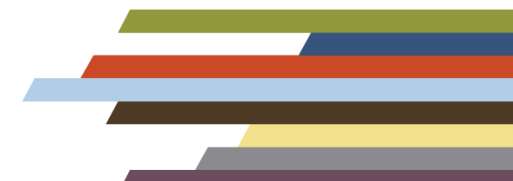
# Protective Factors

- Access to quality healthcare and medication management assistance
- Understanding of and control over health decisions/Health Literacy
- Non-pharmacological activities for life transition concerns (exercise, community engagement, diet, creative activities, etc.)
- Healthy lifestyle behaviors and coping skills
- Social Connectivity
- Having a Partner
- Having a Sense of Purpose
- Life Satisfaction



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What are some other potential  
Protective Factors?

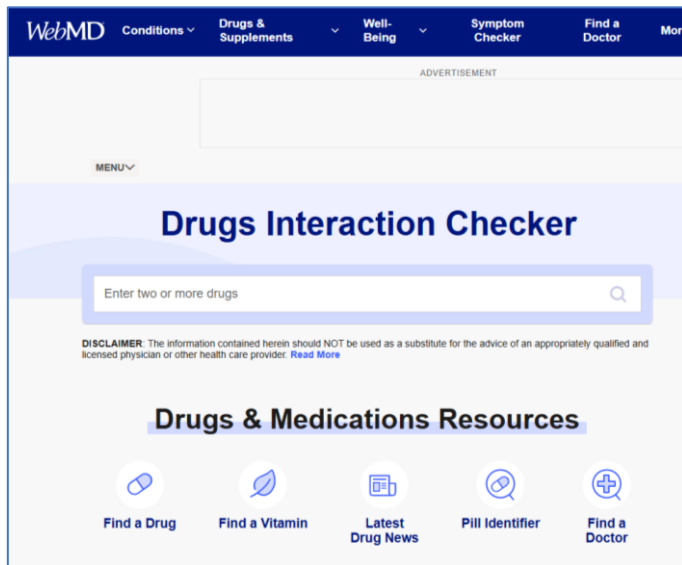
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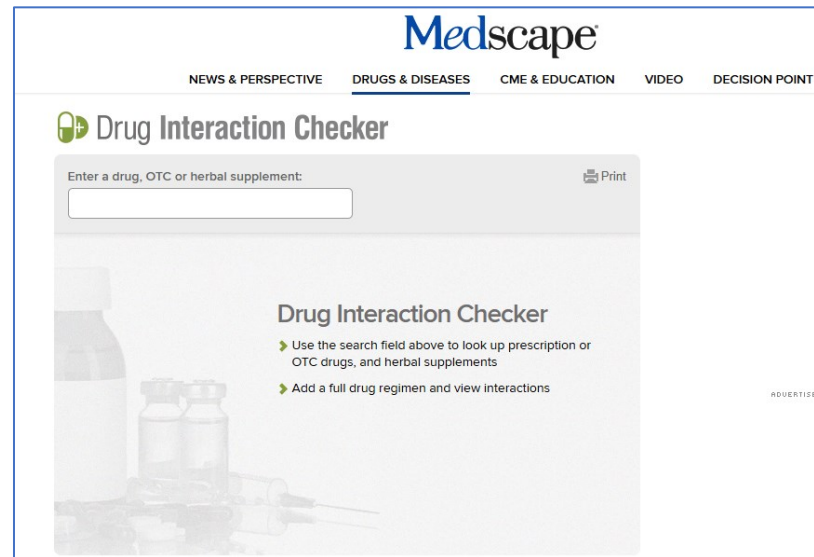
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# Mitigating Polypharmacy Concerns

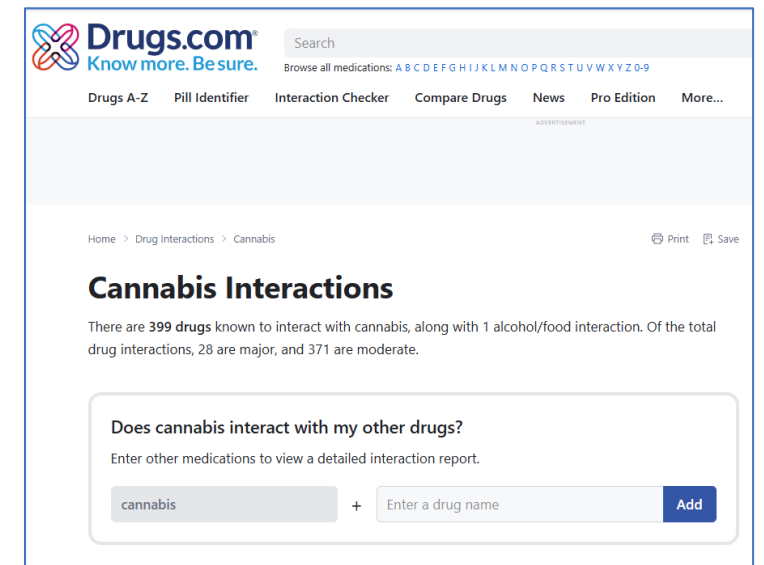
- Encourage older adults to review their medications with their prescriber.
- Access Drug-Interaction Tools – Take control of your health care discussions!



The screenshot shows the WebMD website's 'Drugs Interaction Checker' page. At the top, there is a navigation bar with links for 'Conditions', 'Drugs & Supplements', 'Well-Being', 'Symptom Checker', and 'Find a Doctor'. Below the navigation bar is a search bar with the placeholder text 'Enter two or more drugs'. A disclaimer is visible below the search bar, stating that the information should not be used as a substitute for professional medical advice. At the bottom of the page, there are several icons for 'Find a Drug', 'Find a Vitamin', 'Latest Drug News', 'Pill Identifier', and 'Find a Doctor'.



The screenshot shows the Medscape website's 'Drug Interaction Checker' page. The page features a search bar with the placeholder text 'Enter a drug, OTC or herbal supplement:'. Below the search bar, there are two bullet points: 'Use the search field above to look up prescription or OTC drugs, and herbal supplements' and 'Add a full drug regimen and view interactions'. The page also includes a 'Print' button and a navigation bar with links for 'NEWS & PERSPECTIVE', 'DRUGS & DISEASES', 'CME & EDUCATION', 'VIDEO', and 'DECISION POINT'.

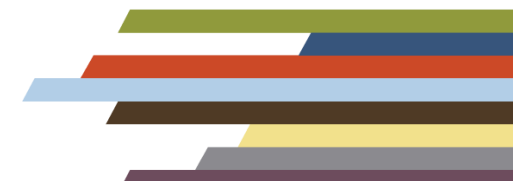


The screenshot shows the Drugs.com website's 'Cannabis Interactions' page. The page features a search bar with the placeholder text 'Enter a drug name'. Below the search bar, there is a section titled 'Cannabis Interactions' with the text 'There are 399 drugs known to interact with cannabis, along with 1 alcohol/food interaction. Of the total drug interactions, 28 are major, and 371 are moderate.' Below this text, there is a section titled 'Does cannabis interact with my other drugs?' with the text 'Enter other medications to view a detailed interaction report.' At the bottom of this section, there is a search bar with the placeholder text 'cannabis' and a button labeled 'Add'.



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What are some other resources  
you recommend?

Please type your recommendation  
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# Potential Prevention Strategies

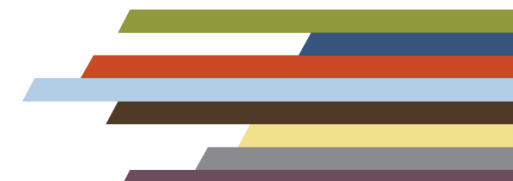
- Promote Drug Take-Back events to mitigate drug-sharing and drug-stockpiling concerns.
- Disseminate resources for safe storage and disposal.
- Conduct media campaigns targeting older adults and focused on:
  - Non-pharmaceutical interventions for life transition concerns
  - Healthy lifestyle behaviors and coping skills (e.g., physical exercise, dance, balanced diet, creative arts, relaxation techniques, problem solving skills, financial management skills, cooking classes).
- Conduct a targeted awareness campaign for caregivers and family members on risk factors associated with older adult misuse of prescription drugs.
- Promote social engagement strategies



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What are some other strategies?

Please type your suggestions  
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# Choosing the Right Messenger

- Older adults often report that they often feel invisible to the broader community and, if “seen,” they believe the broader community perceives them as different and less capable.
- Those implementing strategies to older adults should be age-appropriate and culturally-appropriate.
- When possible, veterans should provide resources to veterans. Baby Boomers should provide resources to Baby Boomers.
- The one exception seems to be the inherent trust older adults have for their physicians, regardless of their physician’s age.

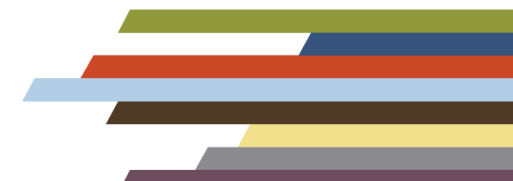
**“Change happens at the speed of trust.”**



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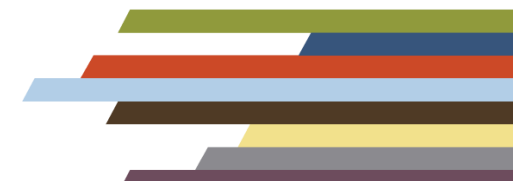


# Questions?



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# Evaluation

Please take the time to complete a brief evaluation:

Post-Event Survey URL: <https://ttc-gpra.org/P?s=540901>



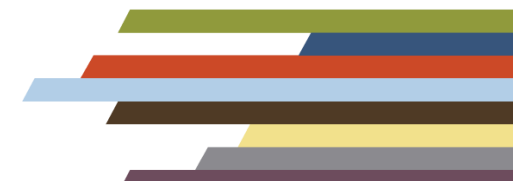
Your feedback is appreciated!



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# Thank You!

If you have questions or comments, don't hesitate to contact:

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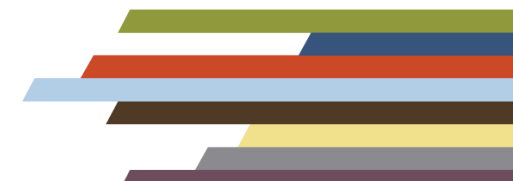


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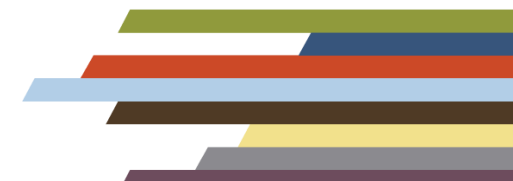
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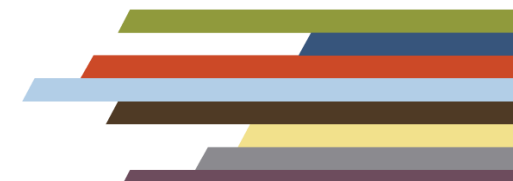
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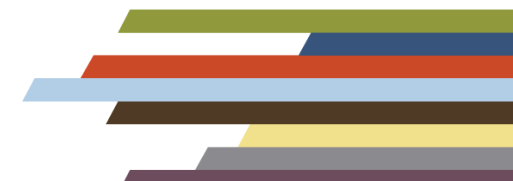
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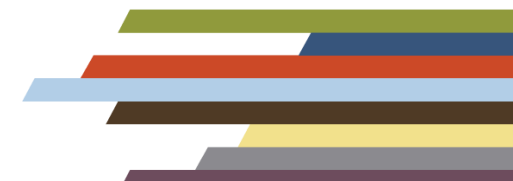
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