# Aging, Alcohol & Drugs



# Older Adults in Community June 13, 2017





# The Bureau of Substance Addiction Services (BSAS)



# Bureau of the MA Department of Public Health in the Executive Office of Health and Human Services

- Licenses addictions treatment programs and counselors
- Tracks statewide substance use trends
- Develops and implements policies and programs



- Funds and monitors prevention, intervention, treatment and recovery support services
- Provides access to addictions services for the uninsured
- Supports the addictions workforce





# **Alcohol and Aging Bodies**



- Increased sensitivity
- Lowered tolerance
- Slowed metabolism
- Effects experienced more quickly and for longer time

"When you're young, you have a lot of plasticity in how you respond to things that are toxic. You lose some of that as you get older."

George Koob, Director of NIH National Institute on Alcohol Abuse and Alcoholism.

Lower amounts = bigger effect





#### **Alcohol and Falls**





- Alcohol affects
  - Coordination
  - Reaction time
  - Alertness
- Use may lead to
  - Drowsiness
  - Poor judgement/Risky situations
  - Orthostatic hypotension (head rush)





#### Alcohol doesn't mix....



#### Medications with **significant** alcohol interactions

- Benzodiazepines & Other sedatives
- Opiate/Opioid Analgesics
- Some anticonvulsants
- Some psychotropics
- Some antidepressants
- Some barbiturates



Bucholz et al., 1995; NIAAA, 1998





# What Is a Drink?







#### What is a drink?









# 'Safe Levels' for healthy elders



#### Men AND women age 65+:

No more than 1 drink/day

#### **AND**

No more than 7/week



### **Older Adults and Binge Drinking**





- Older Men:
  - 4 or more standard drinks on a drinking occasion
- Older Women:
  - 3 or more standard drinks on a drinking occasion

Massachusetts binge rate: 9% for ages 65+

Older Americans Behavioral Health Issue Brief 2: Alcohol Misuse and Abuse Prevention. SAMHSA 2012 Massachusetts Healthy Aging Data Report: Community Profiles, 2014





# Between 2000-2001 and 2012-2013 Alcohol Use, Risky Drinking and AUDs...



- ↑ Increased especially among women, older adults, racial/ethnic minorities and those who are economically disadvantaged
- ↑ 'Substantial and unprecedented' increases in older adult use:
  - 12-month alcohol use increased by 22.4%
  - High risk drinking increased by 65.2%
  - Alcohol Use Disorder increased by 75%

Grant BF, et al. Prevalence of 12-month alcohol use, high risk drinking and DSM-IV alcohol use disorder in the United States, 2001-2001 to 2012-2013. JAMA Psych 2017; DOI: 10.1001/jamapsychiatry.2017.2161.



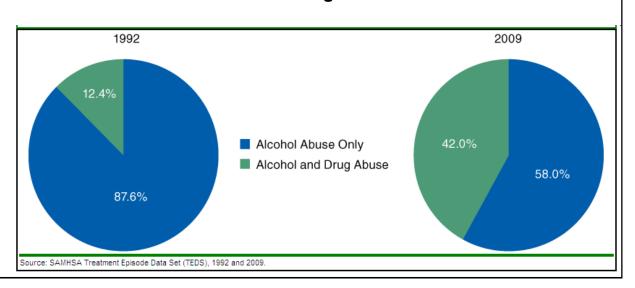


#### **Lifetime Illegal Drug Use** More exposure and earlier use 60 50 40 50% + ■ Ages 65+ 47.6% 30 ■ Ages 60 - 64 ■ Ages 20 - 59 20 10 19.3% 0 % Lifetime Illegal Drug Use **BSAS** National Survey on Drug Use and Health, 2012

# **Changes in Older Adult Use**

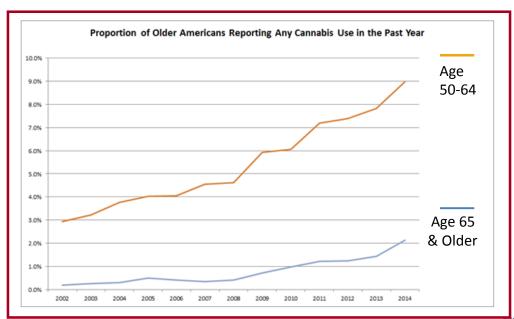


# Alcohol Admissions: Ages 50 and older reporting alcohol abuse only and combined alcohol and drug use: 1992 and 2009



# **Growing Marijuana Use**





NSDUH 2002-2014 --- National Survey of Drug Use and Health (NSDUH)





### Marijuana



- The most widely used (illicit) drug; active ingredient – tetrahydrocannabinol or THC
- Chronic use may affect ability to learn new information
- Not safe with medications that already affect memory, thinking and coordination

"For somebody who is older, the effects may be the same but the baseline is different."

Susan Weiss, scientific advisor to NIH National Institute on Drug Abuse Director on marijuana

**Huffington Post** 12/07/2012 | **Updated** Mar 26, 2013

https://www.drugabuse.gov/publications/research-reports/marijuana/how-does-marijuana-use-affect-your-brain-body





### Marijuana



- May cause
  - Orthostatic hypotension/head rush
  - Functional cognitive impairment
- When inhaled heart rate speeds up
- Other drugs in system may amplify effect



Volkow ND, Swanson JM, Evins AE, et al. Effects of Cannabis Use on Human Behavior, Including Cognition, Motivation, and Psychosis: A Review. *JAMA Psychiatry*. February 2016. doi:10.1001/jamapsychiatry.2015.3278.





#### **Smoke is Smoke**



- Marijuana smoke irritates throat and lungs; can cause heavy cough while using
- Associated with
  - Airway inflammation
  - Chronic bronchitis
- May reduce respiratory system immune response → respiratory infections → pneumonia

National Academies of Sciences, Engineering, and Medicine. 2017. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. Washington, DC: The National Academies Press. https://doi.org/10.17226/24625.





#### **Polypharmacy**



'America's Other Drug Problem': Copious Prescriptions For Hospitalized Elderly'

Nearly 20% of older adults discharged had a medication complication within 45 days of discharge

- ~ 35% preventable
- ~ 5% life threatening



Kanaan A et al. Adverse Drug Events After Hospital Discharge in Older Adults: Types, Severity, and Involve of Beers Criteria Medications. *J AM Geriatr Soc.* 2013; 61(11):1894-9. Epub 2013 Oct 1.



# **Growing Problem**



 ~20% (1 in 5) of US adults shared pain meds with someone else - friend/family member



Kennedy-Hendricks, et al. Medication Sharing, Storage, and Disposal Practices for Opioid Medications among US Adults. *JAMA Intern Med.* 2016;176(7):1027-1029. doi:10.1001/jamainternmed.2016.2543.

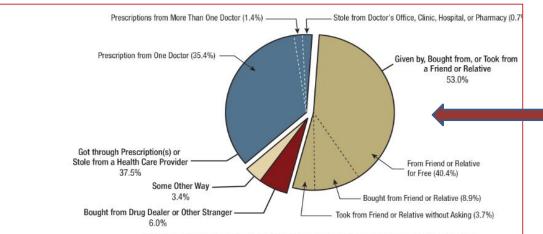




#### **Access to Pain Meds**



#### Over half who misused prescription painkillers got them from a friend or relative for free



11.5 Million People Aged 12 or Older Who Misused Prescription Pain Relievers in the Past Year

Note: Respondents with unknown data for Source for Most Recent Misuse or who reported Some Other Way but did not specify a valid way were excluded. Note: The percentages do not add to 100 percent due to rounding.

Substance Abuse and Mental Health Services Administration. (2017). Key substance use and mental health indicators in the United States:
Results from the 2016 National Survey on Drug Use and Health (HHS Publication No. SMA 17-5044,NSDUH Series H-52). Rockville, MD:
Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from https://www.samhsa





# Safe Storage











# **Dispose of Unused Meds**





DEA Take Back Days twice each year Also check local, safe, drop boxes

And check **FDA Unused Medicines** web page for disposal tips





# Opioid Use: What We Know Nationally (all ages)



- Roughly 21 29% of patients prescribed opioids for chronic pain misuse them
  - Between 8 12% develop an opioid use disorder
  - Only about 4 6% who misuse prescription opioids transition to heroin



 About 80% of those who use heroin first misused prescription opioids

https://www.drugabuse.gov/drugs-abuse/opioids/opioid-crisis



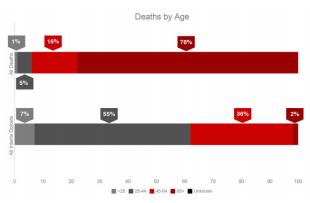


# Massachusetts Confirmed Opioid¹-Related Deaths, All Intents Compared to All Deaths by Age: Jan – Dec 2017



Confirmed Opioid¹-Related Deaths, All Intents
Compared to All Deaths by Age: January 2017-December 2017

	0-14	15-24	25-34	35-44	45-54	55-64	65+	Unknow n	Total
All Deaths	380	495	1,271	1,499	3,163	6,333	45,61 7	0	58,758
Confirmed Opioid <sup>1</sup> -Related Deaths, All Intents	0	126	576	451	428	251	42	0	1,874



<sup>1</sup>Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids

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https://www.mass.gov/lists/current-opioid-statistics May 2018

#### Messages



- Use correct opioid dose and only for as long as prescribed;
- Ask about possible side effects and when to report;
- Read all medication-related information;
- Inform doctors and pharmacists about all medications, over-the-counter, and any alcohol use; and
- Tell the MD/NP/PA if a medication is not working.
   Other meds or non-pharmacologic approaches may be appropriate before opioid doses are increased.

SAMHSA and the Administration for Community Living (ACL) (2012)





# What Massachusetts is Doing



Limit initial prescription to 7 days or less

Prescribers & pharmacists must use Prescription Monitoring Program





Prescriber Training on Pain Medication/Signs & Symptoms

Make the Right Call



Safe community disposal sites

FOR HELP: 1-800-327-5050 (ity: 1-800-439-2370)

#State Without StigMA

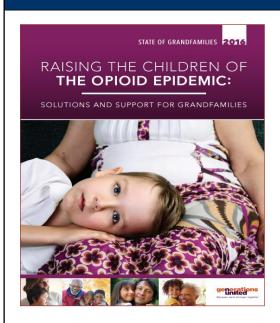
**Health Care & Social Work Professional Core Competencies** 





# A Serious Related Concern





Per 2013 census data:

- •34,000 MA Grandparents are raising grandchildren
- •20% increase since 2005

Approximately 80% of placements with grandparents are due to substance use issues

Survey conducted by the Commission on the Status of Grandparents Raising Grandchildren





#### **Not All Grandchildren Are Small**



- Pre-teen and adolescence: Ages when they or friends may think about experimenting
- These grandchildren have higher risk for substance use problems
  - Genetic predisposition
  - Possible trauma
  - Other environmental factors





# **Messages For ALL**



- Keep pain and anxiety medications secure
  - Medicine cabinet NOT the safest place
  - Get and use a lock box
  - Don't share any meds
  - Properly dispose of meds when no longer needed
- Support people whose family members suffer from substance use disorders







# Judgmental language perpetuates stigma



SAY	NOT
Substance misuse	Substance abuse
Substance use disorder	Drug habit
Person with a substance use disorder	Addict, drunkard, junkie, user,
Person who uses drugs	substance abuser
Person with an alcohol use disorder	Alcoholic
Person in Recovery	Former Addict
Substance Free	Clean

#StateWithoutStigMA





# Resources & Help







https://helplinema.org

BSAS website - <a href="http://www.mass.gov/dph/bsas">http://www.mass.gov/dph/bsas</a>





#### **Support for Family Members**



Learn to Cope



27 chapters statewide for family members

- (508) 738-5148 <a href="http://learn2cope.org">http://learn2cope.org</a>

#### Allies in Recovery

MA residents have free unlimited membership using their zip code



- http://alliesinrecovery.net



# **Questions?**



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