

Approach to Substance Use Disorder in Older Adults

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Disclosures

- Dr. Balasanova does not have any relevant financial relationships with commercial interests.



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Objectives

1. Define addiction and substance use disorder (SUD) and review related terminology
2. Summarize challenges in identifying substance use disorder in older adults
3. Discuss strategies for screening and diagnosing SUD in older adults

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First things first: what is addiction?

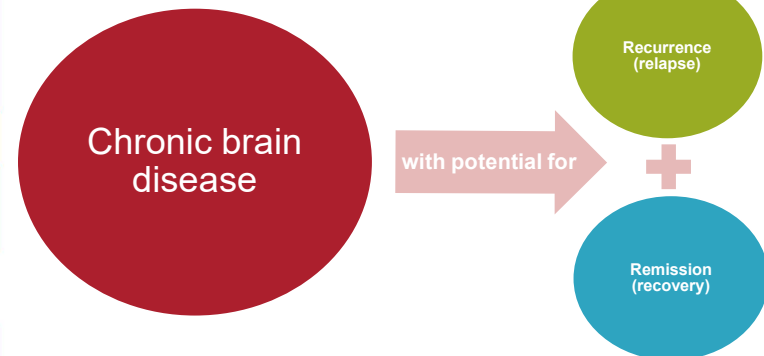
- A **chronic brain disease** that has the potential for both recurrence (relapse) and recovery (remission)
- Associated with **uncontrolled** or compulsive use of one or more substances
- The most severe form of **Substance Use Disorder (SUD)**



Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (2016)

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Addiction



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Uncontrolled use despite negative consequences



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Severe substance use disorder = addiction

SUD is a medical illness caused by repeated **misuse** of a substance(s)

- Develops **gradually** over time
- Leads to **brain changes**



Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (2016)

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Defining our terms: substance misuse

The use of any substance in a way that can cause harm to the individual or those around them



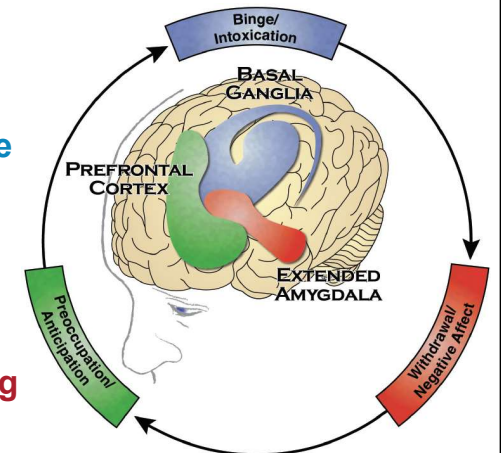
Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (2016)

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SUD-related **brain changes** result in impaired **executive function**

This causes problems with:

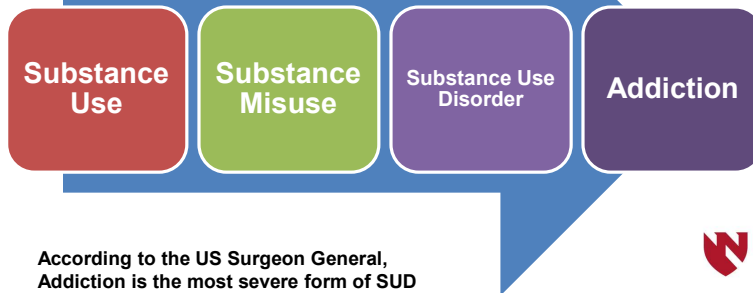
- **self control**
- **decision-making**



Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health (2016)

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Continuum



According to the US Surgeon General, Addiction is the most severe form of SUD



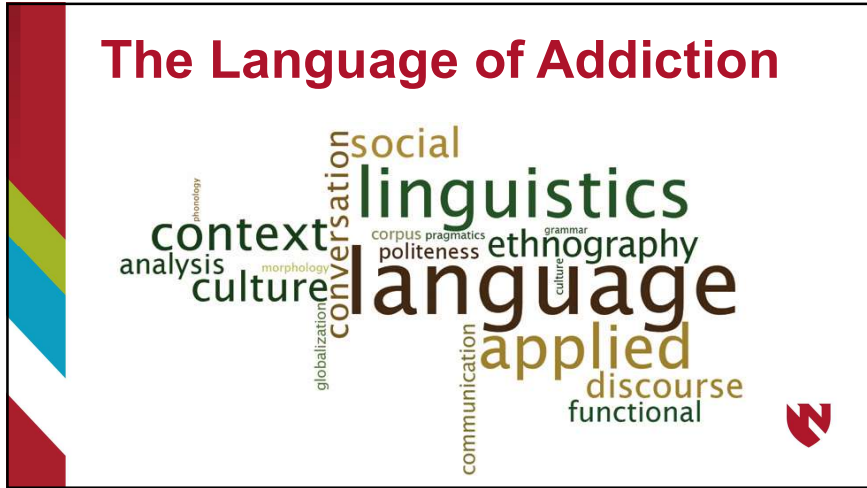
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Addiction: what is it not?

- ✓ Moral failing
- ✓ Character deficit
- ✓ Bad behavior
- ✓ Poor decision-making
- ✓ Voluntary choice



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The words we choose matter

<u>SAY THIS</u>	<u>NOT THAT</u>
Substance Use Disorder	Substance Abuse
Substance Misuse	Replacement therapy
Substance Use	Alcoholic
Addiction	Drug Abuser
Person with a SUD	Addict

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Language impacts patient care

Attitudes & implicit bias drive clinician behavior

- More likely to **assign blame**
- Agree with need for **punishment**
- View a “substance abuser” **less deserving of treatment** than if same person is described as a “patient with a SUD”

Drug Alcohol Depend. 2013 Jul 1;131(1-2):23-35.

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Stigma

An overarching term that refers to problems of:

- **Knowledge** (ignorance)
- **Attitude** (prejudice)
- **Behavior** (discrimination)

“attitudes, beliefs, behaviors, and structures that interact at different levels of society (i.e., individuals, groups, organizations, systems) and manifest in prejudicial attitudes about and discriminatory practices against people...”

-National Academy of Medicine 2016



Int J Dev Disabil 2021;67(3):168-187

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Stigma against people with SUD



- Healthcare stigma, including physician misinformation and bias, is a significant driver of negative health outcomes and disparities for people with SUD
- Healthcare providers may hold biased views that individuals with SUD are too complex, dangerous, or challenging to treat
 - May result in overlooking SUD in certain populations

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How common are SUDs?



will develop a substance use disorder at some point in their lives.

#FacingAddiction

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Unique aspects of substance use in older adults

“Baby Boomers” (born 1946-1964) may be more likely to use substances than previous generations due to growing up in an era when substances were more readily available and culturally acceptable

- “If you can remember the 60s, you weren’t there”



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Unique aspects of substance use in older adults (cont'd)

- Older adults may use substances to cope with the aging process (e.g., end of a career, loss of a spouse or close friend, etc.)
- Alcohol and prescribed medications (benzodiazepines, opioids) as well as cannabis are the most commonly used substances by older adults
 - Illicit drugs more common among younger individuals



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Stigma and bias related to older adult substance use

Lack of attention to substance use in older adults among clinicians and lay public alike

- Stigma, shame, disapproval of using substances results in reluctance to seek professional help
- Bias that someone who looks like your grandparent couldn't possibly have a problem with alcohol or drugs



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Stigma and bias (cont'd)

- Biased ideas that substance use problems can't successfully be treated in older adults or that treatment for this population is an inefficient use of health care resources
- Lack of education about how to screen for and identify substance use problems in the older adult population



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Diagnostic challenges

- Older adults with substance use problems often present with memory problems, depression, or agitation
 - Symptoms that stereotypically get attributed to cognitive impairment rather than a substance use disorder
 - Clinicians may not think to assess for SUD in this context
- Older adults don't typically seek 'euphoria' or 'high' that younger folks do
- Polypharmacy may result in confusion and accidental overdoses



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Barriers to accessing care

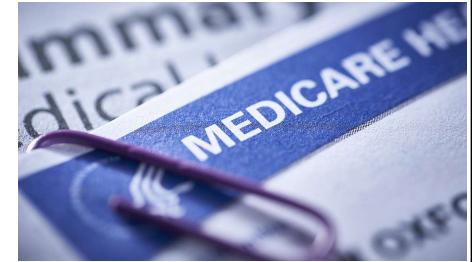
- “What would the neighbors think?” mentality regarding seeking help
- Lack of awareness on how to navigate the treatment system
 - Levels of care: residential, intensive outpatient, outpatient
- Practical barriers such as transportation, health insurance



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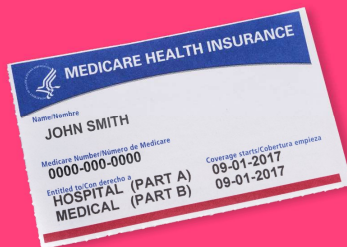
Health Insurance

Federal parity laws require the same coverage for mental health (including substance use treatment) and physical health



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This does not apply to Medicare!



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Medicare

- Medicare does not cover Residential substance use treatment
- Only as of Jan 1, 2024 Medicare cover Intensive Outpatient Treatment (IOP)
 - Required Congressional action resulting from substantial advocacy
- Only as of 2020 does Medicare cover care at Opioid Treatment Programs (i.e. methadone clinics)



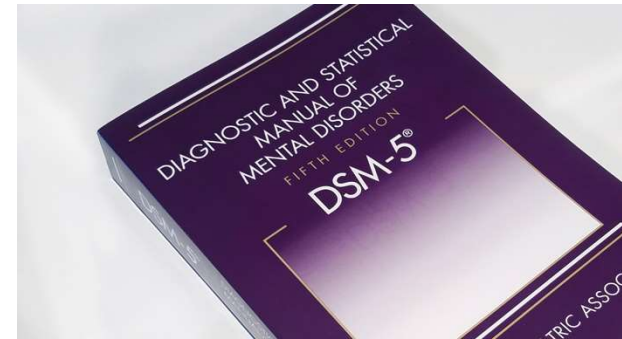
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Screening tools

Instrument	Population(s)	Description
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	Adults, Adolescents	8-item tool developed for WHO by international researchers to detect and manage substance use and related problems in primary and general medical care settings. Includes patient feedback report card. Available in multiple languages.
Drug Abuse Screening Test (DAST)	Adults	20 and 28-item adaption of Michigan Alcohol Screening Test (MAST) to detect consequences related to drug use without being specific about the drug, thus alleviating necessity of using different instruments specific to each substance
NIDA Drug Use Screening Tool	Adults	1 to 7-question screening tool adapted from WHO's ASSIST by National Institutes on Drug Abuse (NIDA)

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Diagnosing a substance use disorder

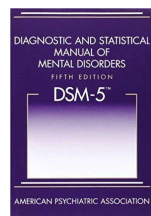


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Substance-Related and Addictive Disorders

(Academic) categories of criteria comprising SUD diagnosis

1. Impaired Control
2. Social Impairment
3. Risky Use
4. Pharmacological Criteria



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Impaired Control

1. Taking the substance in larger amounts or over a longer period than was originally intended
2. Having a persistent desire to cut down or regulate substance use but reporting multiple unsuccessful efforts to do so
3. Spending a great deal of time obtaining, using, or recovering from effects of the substance
4. Craving, as manifested by an intense desire or urge for the drug that may occur at any time (but is more likely when in an environment where the drug was previously obtained or used)

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Social Impairment

5. Recurrent substance use results in failure to fulfill major obligations at work, school, or home
6. Continued substance use despite social or interpersonal problems caused or exacerbated by the effects of the substance
7. Important social, occupational, or recreational activities are given up or reduced because of substance use



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Risky Use

8. Recurrent substance use in situations in which it is physically hazardous
9. Continued substance use despite knowledge of having a physical or psychological problem that is likely to have been caused or exacerbated by the substance



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Pharmacological Criteria

10. Tolerance, signaled by increasing doses of the substance to achieve the desired effect or a markedly reduced effect when the usual dose is consumed
11. Withdrawal symptoms occurring with abrupt reduction or cessation of substance use in an individual with previous prolonged use of the substance

****Pharmacological criteria alone is insufficient for diagnosis of SUD if occurring during the course of appropriate medical treatment****

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Specifiers

There are 11 total criteria for SUD – it does not matter which of the 11 criteria an individual meets.

To specify severity of SUD, count up the criteria met:

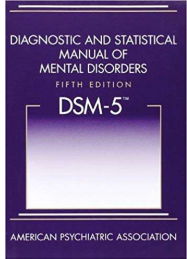
Mild: 2-3

Moderate: 4-5

Severe: 6+



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Generic DSM-5 Criteria for SUD (must specify substance)

Impaired Control

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Thank You!

 **Questions?**

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