The Intersection of Substance Use and Aging for the General Population and those with IDD
Agenda for Today’s Forum

1. Introductions
2. Older Adults and Substance Use Disorders
3. Issues in Aging and Substance Use for Persons with ID/DD
4. Open Discussion
Introductions

**Nicole Cadovius**  
Director, Practice Improvement  
National Council for Behavioral Health  
Washington, D.C.

**Cynthia Zubritsky, Ph.D.**  
Department of Psychiatry  
University of Pennsylvania  
Philadelphia, PA

**Andrew W. Griffin, Ph.D.**  
Licensed Texas Psychologist  
Mexia, Texas

**Susan Blue**  
CEO  
Community Services Group  
Lancaster, PA
Issues in Aging and Substance Use for Persons with ID/DD

Andrew W. Griffin, Ph.D.
Licensed Texas Psychologist
Board Certified Behavior Analyst
Steering Committee for the National Task Group (NTG) on Intellectual Disabilities and Dementia Practices
Certified Older Adult

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Conflict of Interest Statement.

This presenter is not currently participating in active funded research programs, is not promoting the sale or distribution of products or publications and has no conflict of interest with the contents of this program but is open to suggestions.

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More Senior Adults

Beginning of the last century - 1900’s
  – Life span average was about 42
  – Only 2% living to 65

Now life span average about 75
  – Now about 13% of population
  – Estimated to be about 21% in three decades-

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Greying of America

- Over 50 million people in US are age 65 and older
  - 34% increase from 2007
- Expected to grow to 94.7 million by 2060. ¹
- Living longer after age 65!
  - Women = 65+ 20.6 yrs. Men = 65 + 18.1 yrs. ¹
- Result: more older adults with Substance Abuse Disorders. (SUDs) (Great acronym!)
  - Currently est at 5.7 million for 2020. ²

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Older Adults with IDD - Living longer

Persons with IDD – living longer
- Medical advances, public health improvements
- Number of older adults with IDD – projected to reach 1.2 million by 2030.
- Numbers of older adults with IDD - difficult to get.

Age-related disorders also affect persons with IDD
- May begin earlier (20 years earlier!)
- Include diabetes, heart disease, arthritis, dementia.
- Alcohol usage places higher risk for complications.

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Older Adults with IDD - Living longer

- Persons with IDD – living differently and longer
- Movement towards more independent and normalized life-style (away from institutions).
- Less Supervision. More independent.
- Wider contact with co-workers, social network
- More risk for involvement in substance use with co-workers, friends, bars, and at home.
- More risk for being exploited or subjected to social pressure, less able to process for better decisions.

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Older Adults with IDD - Living longer

On the other hand- Many older adults with IDD enter group home settings as they age.

– Were in large institutions – moved to smaller group homes in “de-institutionalization” in 1970s to 1990s
– Cared for by parents- but as caregivers die or can no longer provide care-where do they go?
– Is there a conflict between letting me make my own decisions (such as how much to drink) and what someone else feels is best for me? What could a group home do?

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Substance Abuse - Older Adults
Extent of problem

- About 15% of older Adults have some problem with alcohol, medication or drug use
- 15 - 25 % of medical and psychiatric inpatients have significant alcohol problems
- 20 - 30% of the elderly psychiatric clients have problems with alcohol use
- 25 - 45 % of elderly psychiatric acute admissions have problems with alcohol use
Alcohol Use by Older Adults.

• Research (2013 data) estimates 55% of adults who were age 65 and older drank alcohol
• 3.8 % engaged in “High Risk” usage
  – A 65% increase from 2002 data. (Boomers?) ³
• Research – 10% of older adults binge drink.
  – (Men- 5; Women 4 or more drinks on one occasion. ⁴
• Research – 3.1% of older adults met the DSM-IV criteria for Alcohol Use Disorder (AUD)
  – AUD for older adults increase 23% from 2005 to 2014. ³
Hidden Indicators of Problems

“I was never invited into my brother’s apartment. This is what we found when he went into a nursing home.”

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Alcohol and the Aging Body

- Alcohol *works better* in the older body
- Lower percentage of water in the older body
  - Leads to a Higher alcohol concentration in the system
- Aging body – also has changes in the function of Liver, Kidneys, and other organs.

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Alcohol and the Aging Body Liver Function

- Alcohol is oxidized in the liver-
- Reduced liver activity in older adult-
- More alcohol stays in the system
- More interference with medications.
- May increase the effects of blood thinners
- Increase risk of bruising and bleeding
Alcohol and the Aging Body - Interference with medications

- Liver breaks down prescribed medications through enzymes like the CYP450 and makes by-products
- Some medications need to be broken into by-products to be effective.
- Other medications take effect before being broken down.
- Less liver function can mean too few by-products or too much of the original medication (e.g. warfarin)
**Alcohol and the Aging Body - Liver Function**

**Long-term compounding effects of alcohol**
- May lead to damage of the liver and liver failure-
- Cirrhosis and other problems.
- Result- Not only the effect on medications
- But on other essential body functions.
- Liver failure is fatal.

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Alcohol and the Aging Body - Kidney Function

- Reduced kidney function in older bodies-
- Less able to take medications and by-products out of body
- More medications in system
- More chance for alcohol interaction with medications-

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Alcohol and the Aging Body - Impact of Long-Term Use

• Long-term effects of substantial alcohol use
• Cell death in brain
• Cell death in Liver, Kidney, and other organs
• Loss of brain cells- increased risk of dementia.

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The problem is complex

- Some research suggests that low-moderate (below 7 drinks a week) user has somewhat lower risk of heart failure than non-users, and lower risk than heavy users. (U-shape curve)
- The antioxidants from grapes in red wine may help offset physiological damage of alcohol- or not.
- Research suggests that low-moderate usage does NOT “protect” from strokes or atrial fibrillation (straight up line).  

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Late Onset Alcohol Abuse.

Common impression – Long Term alcohol use
– Start in teens through adult some live to old age.

Abuse of Alcohol can occur at any point
– Some by rehab programs
– Others on their own “Just got tired of it.”

Late Onset- abuse usage begins after 55 (or 65)
– Self Medicate for physical and psychological issues
– Loss of identity, social network, meaningful work.
– New social activities involve alcohol (Happy hours)
Late Onset Alcohol Abuse.

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More Difficult to detect-
- Not a problem at work- Not late, no missing deadlines
- Not driving DWI
- Nobody detecting alcohol on breath-
- Nobody seems to care-

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Late Onset Alcohol Abuse.

More Difficult to detect- retired- alone-

– Not a problem at work- Not late, no missing deadlines
– Not driving – no DWI
– Nobody detecting alcohol on breath-
– Nobody watching – or seems to care-
– Former level of “safe” usage now a problem
– Problems are just “OLD AGE” What do you expect?
– Memory loss, misplace keys, falls, bruises, can’t focus, not attentive, forgetful, medication problems, etc.

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Alcohol and the Aging Body
Impact of Long-Term Use Double Jeopardy

- Aging process- increased vulnerability
- Alcohol- May make problems worse
  - Balance- affected by inner ear and processing declines-
  - Balance- decrease in muscle controls
  - Thought processing slowed
  - Judgment and decision making affected

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Alcohol and the Aging Body
Impact of Long-Term Use
ID/DD Triple Jeopardy

- Persons with IDD- Especially older adults-
- May already have issues with medications, balance, physical illness,
- Substance abuse would make those problems worse.
- Increased isolation from social networks,
- Increased issues with mental illness.
- Dual Diagnosis- *Triple Diagnosis*- or more.

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So what to do?

- Support your state and local associations to help educate individuals, staff and decision makers.
- Support educational programs, conferences, webinars, and other means of informing people.
- Be active with your legislators. They make the decisions for priorities, funding, and attention.
- Encourage (demand) professionals in other fields—such as substance abuse—to learn about the specialties of older adults and persons with IDD as part of their basic curriculum.
- Persons in the IDD and Gerontology fields should also know about drug abuse.
- ASK for more information, resources and research from the federal and state governments. SAMHSA, etc.
On a wider scale, we need to Be Alert (Yes we need more alerts!)

- In messy and complicated times it is too easy to overlook the folks who can’t speak for themselves.
- For example, in the current discussion over potential restriction to access to ventilators, who has been considered for restriction? Without clear instructions from authorities, who would be left without one? *Only the most medically compromised* or *the physically or intellectually disabled* or *those less valued or financially disabled*
- There is historical precedent. (History - Ethics 101)
Ask the Question

• Ask the question- is substance abuse a possible cause of problems?
• Doctors think they do, patients think that doctors do not ask.
• Look for unexplained injuries from falls, bruises, etc.
• Look for declines in self-care, memory, or sense of concern about declines or health problems.

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Older Adults and Substance Use Disorders

Certified Older Adult Peer Specialists

Cynthia Zubritsky, Ph.D
University of Pennsylvania
Department of Psychiatry

Providing collaborative, person-centered recovery, support and hope to older adults.
Aging and ID

- The life expectancy of individuals with ID is increasing due to improvements in medicine and living circumstances.
- Individuals with mild ID are even experiencing life spans equal to those of the general population.
  - Adults with ID are subsequently in a position where age-related illnesses are becoming a greater concern. The most notable is dementia, for which an individual's age is the strongest risk factor.

![Figure 1: Comparison of Dementia Prevalence Rates by Age in England, 2015](image)
Reduction in Social Networks as a Result of Aging

- Older adults with ID may experience more isolation as their social networks decrease.
  - Loss of work colleagues after retirement.
  - Loss of friends and family members.
  - Long-term substance abuse may have isolated persons from their family and friends a long time ago.

- Persons with ID generally have restricted social networks; aging and substance use can increase isolate isolation.
Co-occurring Substance Abuse and Mental Illness

Figure 2: Past Year Substance Use Disorder and Mental Illness among Adults Aged 18 or Older: 2018 (SAMHSA, 2019)

57.8 Million Adults Had Either SUD or Mental Illness
Substance Use and Intellectual Disability

- Individuals with ID are likely to begin substance use earlier than expected.
- Individuals with ID and substance use disorders have a low likelihood of receiving or staying in substance abuse treatment.
- Patterns of substance use vary by age, presence of a co-occurring mental health disorder, and level of ID.
- Past trauma and physical or sexual abuse increase the risk of substance use disorder for people with ID.
- Abstinence is likely the best prevention and treatment strategy for them.
- Persons with ID who live in independent settings are at the highest risk for substance use because of exposure to substance use in the general population.
OLDER ADULT SUBSTANCE USE DISORDERS

OPIOID USE BY OLDER ADULTS

Providing collaborative, person-centered recovery, support and hope to older adults.
Opioid Use among Older Adults

- Older adults use prescription opioid pain relievers at a high rate, often for long-term pain management.³
  - 76% of older adults have persistent or chronic pain.³
  - 500,000+ older adults on Medicare received prescription opioid pain relievers from their physicians in 2016.³
  - Risk of dependence increases when these medications are used over a long period of time.³

- Older adults may unknowingly begin misusing medications.³
  - Aging-related confusion or memory loss may lead to taking multiple doses or a larger dose than prescribed.
  - Opioids may adversely react with other medications or alcohol.

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Unintentional Misuse Rates for Prescription Opioids

Figure 3: Unintentional misuse rates for prescription opioids per 100,000 population by age category, RADARS System Poison Center Program, 2006–2014. (West & Dart, 2015)
Older Adults and Opioid Use Disorders

- 35% of people aged 50 and older report past-month misuse of prescription opioids.³
- The percentage of those receiving treatment for opioid use disorder (OUD) who are older adults is increasing.⁴
  - In New York City treatment programs, the 60+ population receiving OUD treatment increased from 1.7% in 2006 to 13.1% in 2012.⁵
  - There was a 53.5% increase in older adults seeking OUD treatment between 2013 and 2015.⁶
- The proportion of older adults who primarily used heroin more than doubled between 2012 and 2015.⁶
- Risk factors for chronic opioid use in older adults:
  - Being a low-income woman.⁷
  - Being in poor health.⁷
  - Having a mental health disorder.⁷
- Fatal overdoses from prescription opioids in adults aged 55+ increased 231% from 2005 to 2015.⁸
Patients Entering OUD Treatment for the First Time

Figure 4: Patients Entering OUD Treatment for the First Time by Age (Huhn et al., 2018)
Sources of Opioids for Older Adults

- Data from the National Survey on Drug Use and Health (NSDUH) from 2009-2014 found that among adults aged 65 and older who misused prescription opioids:\(^8\)
  - 48% obtained them from a physician
  - 23% got them from a friend or relative for free
  - 9% purchased them
  - 5.3% used a fake prescription or stole them
  - 5.3% used multiple sources

- In a sample of older adults from New Jersey, 15% of the sample used high-risk methods (such as stealing or writing a fake prescription) to obtain prescription opioids.\(^9\)
OLDER ADULT SUBSTANCE USE DISORDERS

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Marijuana Use

- In 2018, 4.2% of adults aged 65 and older reported using marijuana, a 75% relative increase from 2015.¹⁵
  - Significant increase in marijuana use occurred between 2015 and 2018, particularly with women, racial/ethnic minorities, individuals with high family incomes, and persons with mental health problems.¹⁵

- Past-year alcohol use disorder, nicotine dependence, cocaine use, and prescription medication misuse was higher among older adult marijuana users.¹⁶

- Marijuana use increased the likelihood of injury and Emergency Department visits in older adults.¹⁷
Past Year Marijuana Use, Older Adults

Figure 5: Percentage of older adults in United States using Cannabis in past year. (Bergen-Cico & Cico, 2017)
Medical Marijuana

- In states where marijuana is legalized, some older adults use marijuana for medical reasons.

- In an anonymous research survey of 345 older adults in Colorado (a state where medical and recreational marijuana is legal)
  - 26% reported having a prescription for medical marijuana.\(^\text{18}\)
  - 31% reported daily usage, and 12% reported weekly usage.\(^\text{18}\)
  - 67% obtained marijuana recreationally on their own.\(^\text{18}\)
  - 64% used marijuana to manage pain, 38% used it to improve sleep, 24% used it to manage anxiety, and 22% used it to manage depression.\(^\text{18}\)
OLDER ADULT SUD TREATMENT

OLDER ADULT SUBSTANCE USE DISORDERS
SUDs in Older Adults: A Hidden Problem

- SUDs are often perceived as an issue affecting mostly younger people.\(^ {19}\)
- Older adults are an underrepresented demographic in SUD clinical research and practice. \(^ {19}\)
- Barriers to identifying and treating SUDs in older adults: \(^ {20}\)
  - Provider discomfort leads to lack of screening.
  - Internal and societal stigma regarding SUDs leads to lack of disclosure.
  - Symptoms of a SUD (confusion, cognitive decline, incontinence, depression) may be mistaken for issues associated with aging.
SUD Treatment for Older Adults

- Accessing treatment is often difficult for older adults.\(^{21}\)
- Substance abuse treatment services are available under Medicare if they are deemed reasonable and necessary.\(^{22}\)
- Effective SUD treatment options for older adults include
  - Brief interventions using Motivational Interviewing (MI).\(^{21}\)
  - Pharmacological interventions (ex: naltrexone or buprenorphine).\(^{21}\)
  - Case management in primary care or community-based settings.\(^{21}\)
  - Group therapy\(^{21}\)
  - Supportive Therapy Models (STM) and Cognitive-Behavioral Therapy (CBT)\(^{21}\)
CERTIFIED OLDER ADULT PEER SPECIALISTS (COAPS)

OLDER ADULT SUBSTANCE USE DISORDERS
Peer Recovery Support

- Peer recovery support has demonstrated effectiveness in recovery outcomes when working with older adults with mental illness.
  - In older adults with depression, a peer specialist intervention was associated with statistically significant improvements in depression and improved health and functioning.\(^\text{26}\)

- Peer-based recovery services are associated with positive treatment outcomes
  - Increased addiction treatment adherence.\(^\text{23}\)
  - Reduction in substance use.\(^\text{23}\)

- COAPS work in SUD settings
  - Assist peers to identify strengths and set goals.\(^\text{23}\)
  - Help peers navigate the recovery process.\(^\text{23}\)
  - Provide referrals and support for treatment, housing, drug court proceedings, and probation.\(^\text{23}\)
Peer Recovery Support and Older Adults

- **Certified Peer Specialists (CPS)** are individuals with lived experience of mental illness or addiction and successful recovery who are certified through a two week specialized training to support others in the recovery process. ²⁴

- **Certified Recovery Specialists (CRSs)** are peers with lived experience with addiction and successful recovery. They are credentialed through a 54-hour peer support program with education in addictions, recovery management, and education and advocacy. They work with peers experiencing addiction. ²³

  - CRSs may also be known as Recovery Coaches or Peer Recovery Specialists. ²³
Certified Older Adult Specialists (COAPS) are Certified Peer Specials and Certified Recovery Specialists who are 50 and older, are in recovery, and have successfully completed the COAPS training.

CPS and CRS designed, developed, and facilitate COAPS training and supervision. Trained COAPS are certified through the Pennsylvania Certification Board and are eligible (in 32 states) as MA reimbursable behavioral health recovery specialists.
COAPS Curriculum

Individualized for each local area/state (peer designed and developed)

• Day 1: Aging
  • Older adult demographics * What is normal aging? * Special considerations * Elder Abuse * LGBTQ * Legal Issues * Culture and Aging

• Day 2: Behavioral Health Issues in Aging
  • Depression * Anxiety * Addictive Disorders * Trauma * Suicide

• Day 3: Interventions and Implementation
  • Recovery * Stages of Change * Motivational Interviewing *
  • Legal Issues * Positive psychology * Systems Collaboration
• Over 300 COAPS have been trained in Pennsylvania, Massachusetts, New Jersey, Rhode Island, and New Mexico; 95% of them are employed.

• COAPS work in behavioral health and aging settings such as:

Peer support service providers...Mental health providers...Addiction Programs...Inpatient settings ...State hospitals...ACT Teams...Psychiatric Rehabilitation Centers...ICM teams...Drop-in Centers...Senior Centers ...Area Agencies on Aging...Long term care facilities... Senior Apartments...Assisted Living Facilities...Skilled Nursing Facilities...
Hilary Cantiello  
hpearson@upenn.edu  
215-898-8847

Anne Futterer  futterer@upenn.edu

Cynthia Zubritsky  
cdz@upenn.edu

COAPS Website  www.olderadultpeerspecialists.org

Facebook @COAPSIstitute
Covid-19 Discussion with Susan Blue
Open Discussion
Cynthia Zubritsky, Ph.D.
cdz@upenn.edu
Department of Psychiatry
University of Pennsylvania
Philadelphia, PA

Nicole Cadovius
NicoleC@thenationalcouncil.org
Director, Practice Improvement
National Council for Behavioral Health
Washington, D.C.

Andrew Griffin
awgriffinphd@att.net
Licensed Texas Psychologist
Texas

Susan Blue
blues@csgonline.org
CEO
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Lancaster, PA


Webinar Survey

https://www.surveymonkey.com/r/D2F7SBG