

The Problem of Substance Misuse and Substance Use Disorders Among Older Adults



Data collected by the Vermont Department of Health shows that many older Vermonters drink alcohol at a risk level, i.e. at a level placing them at risk for health problems. For example, chronic drinking and binge drinking by this age group in Vermont is significantly higher than the national averages, 2% higher than the national average in Vermonters age 65 and older for both chronic and binge drinking (6% among Vermonters age 65 and older drink chronically versus 4% nationally for the group, and 9% versus 7% for binge drinking). We also know from VDH data that very few adults age 65 and older receive addiction substance abuse treatment; only 1% of all Vermont adults treated for substance abuse are in this age group. From national data we know that many older adults who drink alcohol at a risk level also take alcohol-interactive medications like opiates, tranquilizers or medications for sleep. It is recommended that physicians screen for alcohol use before prescribing alcohol-interactive medications and discuss with their patients the dangers of mixing alcohol with these medications.

To help combat substance use problems among all age groups the State of Vermont has launched an SBIRT (screening, brief intervention and referral to treatment) initiative. This initiative trains health care providers, behavioral health professionals, and elder care professionals across the state in screening and motivational interviewing skills to use to talk with individuals about their substance use. This allows more Vermonters, including older ones, with substance use problems to be identified and provided assistance and treatment earlier.

The role physicians can have in reducing harm to health and reducing health risks from substance use is substantial, especially in regard to older patients, because it is believed that many older patients are misusing alcohol and medications unintentionally. For patients who misuse alcohol or combine alcohol with alcohol-interactive medications some education, including education from their physicians, has been demonstrated to be effective. The consequences of substance misuse and abuse for older adults are mostly health related, and this is a natural domain for physician to patient discussion. However, this kind of discussion with patients may not be common practice yet as suggested by a 2014 study of US adults that found only 16% of adults who had received medical care had ever discussed alcohol use with a health care professional. The need for and efficacy of this discussion is well documented in many studies associated with the SBIRT program.

Without judgment of the behavior, a physician can inform the patient of the medical risks or other health consequences of the patient's use of alcohol or of combining alcohol with the medications they take. The evidence is that when this kind of physician-to-patient discussion occurs the results are often positive. Through use of the evidence-based substance abuse screening tools, the physician can also help patients earlier in the progression of problem alcohol or drug use. In the earlier stages of substance misuse and abuse behavior change can often be obtained from educational intervention or brief, specialized treatment. Research shows that educating patients about risks for harm works, especially with older adults. This is especially true when communicated by physicians and other health care providers in a non-judgmental and patient-centered manner. The research also shows that when referral to specialized addiction treatment is indicated, what works best is a referral within the same practice to behavioral health specialists or to closely allied addiction services, as opposed to a general recommendation to the patient to seek these services.

For information or consultation about substance abuse services for older Vermonters contact Charles Gurney, Substance Abuse and Aging Coordinator, Department of Disabilities, Aging and Independent Living and the Vermont Department of Health, ADAP Division: charles.gurney@vermont.gov

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