



## Substance misuse in older people

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The module has detailed the growing problem of substance misuse in older people, highlighting the importance of alcohol misuse, but also that of nicotine, benzodiazepines and less commonly, stimulants and opiates/opioids.

Substance misuse in older people is most likely to present with dual diagnosis (co-morbid substance misuse and psychiatric illness). Current services are ill-equipped to manage older people with substance misuse, even though empirical evidence points to better engagement in treatment, when compared with younger adults.

Terminology in differentiating chemicals that affect biological function (drugs) from those that are associated with addiction and misuse/dependence (substances) is important. Dependence syndrome is central to substance misuse and diagnostic criteria are used across the whole range of addictive substances. In older people, there is greater potential for harm in the interaction between substances and physical/mental disorders. Terminology is also relevant in defining 'older people', which, in this module refers to people aged 65 and over, which is in line with conventional care pathways within mental health services.

A broad understanding of the way in which alcohol misuse is distributed by age/sex and geographical distribution is needed, in order to plan ahead for future service provision. Alcohol misuse has increased by nearly two thirds in both older men and women over the past 20 years and is likely to increase further in successive generations. Certain Black and Ethnic Minority Groups may be at particular risk, particularly in areas of greater socio-economic deprivation. Alcohol related deaths have nearly doubled in older men over a similar timeframe.

The detection of alcohol misuse and dependence in an older person is not straightforward. The lack of detection in various settings may be related to a number of factors, including the lack of sensitivity of traditional screening instruments used in younger people. However, age-specific instruments do exist and are able to detect problems that are more relevant to older people.

Alcohol interacts with a number of prescribed medications, which may either potentiate or diminish the effect of these other drugs. These drugs include opiate and non-opiate analgesics, anti-inflammatory drugs, benzodiazepines, anti-clotting agents, antihistamines and antibiotics.

There may be considerable barriers to the identification of alcohol misuse; these include ageism, stigma and misattribution.

Risk assessment in older people with substance misuse has a very different profile to that of younger people. Legal/forensic concerns are, in older people, outweighed by those relating to personal care, physical health, domestic activities of daily living and social factors such as isolation. Unlike personality disorders in younger people, substance misuse in older people is more likely to be associated with depression and dementia.

There have been considerable advances in helping people with substance misuse to address their addiction. The most widely used psychological therapeutic intervention is termed motivational interviewing. Using a 'Stages of Change' framework, the therapist uses a number of techniques to allow people to move through a sequence of stages, with the aim of reducing misuse and acquire insight.

In older people with dual diagnosis, depression is the most common accompanying mental disorder. There may be risk factors common to both depression and substance misuse (especially alcohol misuse). Alcohol misuse also greatly increases the risk of suicide in older people with depression.

A 'pure' form of cognitive impairment is rare. More common, is a dementia where alcohol is seen as a contributory rather than a sole causal factor. This dementia sub-type requires time limits when considering the role of alcohol in the aetiology of the dementia and clinical/radiological findings.

Benzodiazepines are the most commonly misused prescribed drug in older people. The prevalence of misuse varies with setting (more common in long term care), age (rising with advancing age) and sex (more likely to occur in women). Classical withdrawal symptoms may not be seen.

Tobacco smoking is the most commonly used mode for misusing nicotine, with well documented evidence for an association between smoking and premature death. Smoking is considerably more common in older people who drink alcohol, thereby presenting a dual risk to health.

The effect of the 'baby boom' cohort of those older people now entering their 60s is beginning to show a noticeable rise in the use of illicit drugs, both in the UK and USA.

The hidden hazards of 'Over-the-Counter' (OTC) drugs has been recognised in older people, with over 90% of people aged 75 and over report using one or more OTC preparation and up to 40% of elderly primary care patients on low-dose opioid analgesics showing dependence syndrome.

There is a risk of considerable physical morbidity from substance misuse in older people. In particular, respiratory and CNS complications are common with benzodiazepines and opiates/opioids. Amphetamines and amphetamine-like compounds increase the risk of cardiovascular events.

The range of pharmacological interventions in older people is limited, owing to restrictions in licensing, contra-indications and lack of evidence of efficacy.

For psychological treatments, the available evidence suggests that outcomes for alcohol misuse are as favourable as in younger people. Interventions for smoking show mixed outcomes and may be attributable to a lack of tailored programmes that are age-specific. There is a general lack of evidence for the impact on misuse of other substances.

Access to substance misuse services is a particular problem in older people. This may be because of physical impairment and disability, mental disorders, and social disadvantage (handicap). There is also a lack of a central point of access to services, given that older people may present through routes such as casualty departments, primary care and social services. Given the favourable outcomes if treated, older people deserve better services for substance misuse that they currently receive.

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