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PREVENTION ACROSS THE LIFESPAN: SPOTLIGHT ON OLDER ADULTS

There are currently more than 61 million[i] people in the U.S. over the age of 65;[*] by 2050, this number is expected to increase by more than a third.[ii] Living a long life can bring many benefits but it can also bring challenges.

Older adults face a broad collection of physical and behavioral health problems, including greater risk of substance use. Over the past decade, substance use has increased disproportionately among older adults. Yet few evidence-based practices, policies, and programs (EBPPPs) are designed to address the unique risk and protective factors that many older adults experience.

This tool provides prevention practitioners with an overview of substance use needs among older adults. Specifically, it explores:

- Recent trends in older adult substance use and related consequences
- Risk and protective factors associated with substance use among older adults
- Opportunities for addressing substance use in older adulthood

TRENDS IN OLDER ADULT SUBSTANCE USE AND RELATED CONSEQUENCES

Older adults currently use substances at lower rates than other adults. But compared to other age groups, prevalence rates among older adults are increasing at the fastest rate. This increase

[*] The definition of "older adult" is not consistent. Some sources define older adults as those ages 50+, others define older adults as ages 85+. This tool uses ages 65+ because it is the range most used in substance use-related data sources.

has led to a rapid growth in substance use disorders and negative health experiences among older adults. In recent years, these include increases in:

- **Illicit drug use.** Older adults had significantly higher increases in past-month marijuana and other illicit drug use compared to adults under 50.[iii]
- **Drug-related emergency department visits.** Older adults experienced the largest increase in drug-related emergency department visits of any age group.[iv,v]
- **Treatment admissions.** Older adults had the largest increase in admissions into substance use treatment of any age group.[vi]

Increases in substance use can also result in higher rates of substance-related mortality. Between 2018-2024, older adults experienced increases in:[vii]

- **Fatal opioid-involved overdoses.** Older adults ages 65-84 had the greatest increase in fatal opioid-involved overdoses of any age group. In 2024, opioid overdose deaths declined among younger age groups for the first time in nearly a decade. Older adults were the only age group where the rate of fatal overdoses continued to rise.
- **Fatal stimulant-involved overdoses.** The rate of fatal stimulant-involved overdoses increased almost 300% for those ages 65-74, and more than 400% among those ages 75-84. Although stimulant-involved overdoses rose among all age groups, the increase was the greatest among older adults.
- **Alcohol-related deaths.** Alcohol was the most used substance among older adults.[viii] Though other age groups used alcohol at higher rates, older adults saw a modest increase in deaths from alcohol-induced causes.
- **Death by suicide.** Suicide rates increased among older adults while declining among all other age groups. The greatest increase occurred among those age 85+. Substance use can elevate suicide risk among older adults, particularly when co-occurring with other known risk factors like depression or social isolation.[ix]

The Impact of Biology

Biological changes that come with age can make older adults more sensitive to the effects of drugs and alcohol.[x] For example, older adults may become intoxicated more quickly (and for longer) than younger adults because their livers metabolize alcohol more slowly.[xi] These metabolic changes often occur gradually, making them difficult to notice.

Older adults are also more likely to have problems with their lungs, heart, and memory, all of which are worsened by drug and alcohol use.[xii] These biological changes can make older adults more susceptible to substance-related consequences.[xiii]

Beyond mortality, substance use can also have many well-known serious health and social consequences, such as chronic or infectious diseases, mental health disorders, and loss of social support. Among older adults, consequences also include:

- **Fall risk.**[xiv] Opioid use is associated with an increased risk of falls and fall injuries among older adults.[xv] Death rates due to unintentional falls have nearly doubled over the past two decades among older adults.[xvi]
- **Traffic crashes.**[xvii] Older adults account for 20% of all traffic fatalities. Drug or alcohol-impaired older adult drivers are twice as likely to be at fault in a fatal car crash compared to other substance-impaired adults.[xviii]
- **Cardiovascular conditions.** Binge drinking is associated with an increased risk of hypertension, stroke, and arrhythmia among older adults.[xix]
- **Medication errors.**[xx] Inappropriate medication use can lead to accidental overdose. The rate of unintentional overdoses among older adults increased more than 1,200 percent over the past two decades.[xxi]

These trends underscore the importance of expanding prevention services to the growing older adult population.

RISK AND PROTECTIVE FACTORS FOR SUBSTANCE USE AMONG OLDER ADULTS

Risk factors are the biological, psychological, interpersonal, and social characteristics associated with a higher likelihood of substance use.[xxii] Protective factors are the characteristics associated

with a lower likelihood of substance use. Effective substance use prevention services seek to weaken risk factors and strengthen protective factors.

Older adulthood is often marked by many major life transitions, such as retirement or loss of physical independence.[xxiii] These transitions are a natural part of aging, but they can alter a person's identity and sense of purpose. People may react positively or negatively to these changes. Negative reactions can increase risk of engaging in harmful behaviors, including substance use.[xxiv] These unique risk factors, combined with other risk factors that can be experienced at any age but are particularly relevant to older adults, may contribute to the rapid growth in older adult substance use rates.

Risk factors for substance use among older adults include the following:

- **Polypharmacy.** Many older adults use multiple medications at the same time, as they are prescribed more medications than any other age group.[xxv] Older adults are at a great risk for unintentional misuse, like taking extra doses of medications due to memory lapses. They are also more likely to take medications that are alcohol-interactive, which increases the risk of medical complications.[xxvi]
- **Depression.** Among older adults, the risk of major depression increases as individuals need higher levels of medical care.[xxvii] Depression is one of the most common mental disorders faced by older adults[xxviii,xxix] and a significant risk factor for substance use.[xxx]
- **Loss of autonomy.** For some adults, old age brings significant life changes, such as involuntary retirement, relocating to assisted living, experiencing cognitive decline, and financial strain from living on a fixed income. These changes are all associated with an increased risk of substance use.[xxxi]
- **Fewer social connections.** Whether from the loss of loved ones or living alone, reduced social connection increases the risk of substance use among older adults.[xxxii]
- **Problem gambling.** Although rates of problem gambling are generally lower among older adults, they are more vulnerable to the adverse outcomes from gambling—including substance use.[xxxiii] Problem gambling is still a significant risk factor for alcohol use disorder and tobacco use among older adults.[xxxiv]

Research on protective factors is less robust, but some protective factors relevant to older adults include the following:[xxxv]

- **Promoting autonomy.** Ensuring that older adults retain greater self-direction and choice can reduce substance use risk. Older adults can improve their self-esteem and self-efficacy by making choices that enforce their sense of identity and purpose, including voluntary retirement and living independently.
- **Positive relationships.** Engaging in regular social interaction and having supportive family relationships and social networks is protective against substance use for all ages. Positive relationships are especially important among older adults because social circles tend to decrease with age.[xxxvi]
- **Access to basic resources.** For older adults, unmet basic needs can exacerbate physical and behavioral health challenges. Access to basic resources such as food, housing, and medical care can reduce stress and provide a sense of security.[xxxvii] Access to these resources also supports well-being and reduces vulnerability to substance use.

Potential Partners

- State Units on Aging
- Area Agencies on Aging
- Local Divisions of Aging and Disability Services
- Department of Veterans Affairs
- State Medicaid programs
- Public health departments
- Adult Protective Services
- Health care providers
- Physical or occupational therapy providers
- Fall prevention programs
- Home health agencies
- Pharmacies and pharmacists
- Meals on Wheels
- Senior centers
- YMCAs
- Local libraries
- Assisted living facilities
- Nursing homes
- Independent senior housing communities
- Faith-based organizations
- Older adult-focused advocacy organizations

OPPORTUNITIES FOR ADDRESSING SUBSTANCE USE IN OLDER ADULTHOOD

Few substance use prevention EBPPPs are designed specifically for older adults. Prevention providers interested in addressing substance use in this population may thus need to develop novel approaches or adapt existing adult EBPPPs. In either case, collaborating with agencies and organizations that serve older adults is an important starting point. Building relationships with these partners can connect substance use prevention with social and physical health services to address the full range of older adults' needs. These partners may also have established and

trusted relationships with the older adults living in their communities. Prevention providers can build upon these relationships to improve service outreach and uptake.

Effective interventions to prevent substance use and related consequences among older adults fall into three categories:

1. **Screening and brief interventions**
2. **Education and behavior change programs**
3. **Medication management interventions**

Each intervention is described below, accompanied by selected examples of relevant EBPPPs.

Screening and Brief Intervention

Screening and brief intervention (SBI) is an evidence-based approach that identifies individuals who are at risk for substance use problems and provides resources to prevent or reduce substance misuse and promote health. SBI can be conducted in many different settings and is effective at identifying and reducing substance misuse among older adults.[xxxviii]

Older adults are less likely to be screened for problem substance use compared to younger adults.[xxxix] Few widely used screening tools are validated for use with older adults, and of those, almost all are focused primarily on detecting alcohol misuse. However, there are a growing number of newly developed or adapted tools designed specifically for older adults:[xl]

- **Alcohol-Related Problems Survey (ARPS).** A 60-item tool used to identify potential alcohol-related problems among older adult drinkers, including those with low levels of alcohol consumption. ARPS identifies the frequency and quantity of drinking, and assesses problems related to declines in functional status and concurrent medication use.[xli]
- **CAGE Questionnaire.** A 4-item tool used to identify problem alcohol use among all adults. The tool is validated for use among older adults.[xlii] Named for the questions themselves, the tool asks about **C**utting down on drinking, being **A**nnoyed by others' criticisms of alcohol use, feeling **G**uilty about drinking, and having an **E**ye-opener about alcohol use.
- **Comorbidity-Alcohol Risk Evaluation Tool (CARET).** A 27-item tool derived from the ARPS that aims to identify older adults at-risk for adverse effects from alcohol misuse.[xliii,xliv] CARET assesses older adults for binge drinking prevalence,

alcohol use with medications, and alcohol use with co-morbid medical or psychiatric conditions.

- **Screening Tool of Older People's Prescriptions and Screening Tool to Alert to Right Treatment (STOPP/START).** A two-part 114-item tool used by clinicians to review medication needs of older adults and minimize the risk of adverse drug events. STOPP identifies prescriptions that may be harmful for older adults, while START helps identify the correct medications to address their needs.
- **Senior Alcohol Misuse Indicator (SAMI).** A 5-item tool administered by health care professionals to detect alcohol misuse among older adults. SAMI was designed specifically to avoid negative reactions from the person being screened.
- **Short Michigan Alcoholism Test Geriatric Version (SMAST-G).** A 10-item tool used to detect alcohol problems in older adults adapted from the adult SMAST tool.

These tools can be used on their own or as a component of an EBPPP. The Florida Brief Intervention and Treatment for Elders (BRITE) Project is an example of a program that uses validated assessment tools to screen for problematic substance use among older adults, provides education on the risks of substance misuse, and refers participants to treatment as needed.[xlv] BRITE's brief intervention includes a short curriculum focused on health promotion and educational worksheets about risk reduction, coping, and substance refusal skills. BRITE is associated with reductions in harmful alcohol use and medication misuse.[xlvi]

Education and Behavior Change Interventions

Education and behavior change aims to reduce substance use by increasing knowledge and supporting informed, healthy decision-making. These strategies often include individual or group educational sessions, skills-building workshops, and/or motivational interviewing.[xlvii] Examples of education and behavior change programs developed for older adults include:

- **Wellness Initiative for Senior Education (WISE) Program.**[xlviii] A group education program that teaches older adults about the aging process and how substances affect them differently. Participation in WISE is associated with positive behavior changes, including reduced use of alcohol and tobacco.[xlix]

- **Prevention BINGO.**[l] An educational intervention designed as a bingo game to teach older adults about the risks of alcohol and medication use. Participants reported that their understanding about their own alcohol and medication use increased after playing the game. They also reported greater knowledge of the potential harmful interactions between medication and alcohol.

The Impact of Ageism

Ageism can be a significant barrier to older adults receiving substance use prevention or treatment services. A common ageist misconception is that older adults do not misuse substances. As a result, providers may misdiagnose signs of substance misuse among older adults as age-related physical or cognitive declines, thereby missing crucial opportunities for identification and intervention.[li] Ageism is also reflected in the false belief that older adults are less willing or able to change their behaviors.[lii] This belief can cause providers to incorrectly assume that prevention services would not be beneficial.

Medication Management Interventions

Medication management monitors and coordinates medications to ensure safe and effective use.[liii] This is especially important for older adults because they are often prescribed multiple medications and can be more vulnerable to adverse reactions. Some examples of medication management programs are:

- **HomeMeds.**[liv,lv] A medication safety program that includes in-home assessments of the older adults' medication inventory that are reviewed by a medical provider for any alerts for potential problems. The provider gives the older adults or their caregivers recommendations for safe medication use. HomeMeds is associated with reduced medication-related problems and less use of duplicative drugs.
- **Pharmacist-led programs.**[lvi,lvii,lviii] These interventions involve counseling and education delivered by pharmacists. They may include consultations with older adults about alcohol and medication interactions during pharmacy visits. Some programs offer brief education interventions about potentially dangerous medication misuse. Others incorporate substance misuse screenings or develop care plans with older adults' primary care providers. Pharmacist-led programs often result in greater adherence to medication plans and increased awareness of medication safety.

ADAPTING EBPPPS FOR OLDER ADULTS

Because there are relatively few substance use prevention EBPPPs specifically for older adults, providers may have to adapt certain program elements to suit their communities. EBPPPs for older adults should be age-sensitive, meaning the programs are accessible to and consider the specific needs and limitations of older adults. When adapting programs for older adults, some broad recommendations include the following:[lix]

- Use large print, as many older adults may be visually impaired
- Provide sessions in locations that are easy for older adults to access, such as a senior center or in older adult housing
- Keep sessions shorter and slower paced to accommodate older adults with cognitive processing difficulties
- Emphasize privacy and confidentiality to build the trust needed to discuss sensitive topics

CONCLUSION

Substance use and related consequences are rising among older adults, but few EBPPPs address the risk and protective factors influencing substance use among this population. Prevention can find opportunities to work with agencies that already serve older adults to better reach this growing population. Practitioners should also consider whether adapting EBPPPs or piloting new programs is more appropriate to meet the complex health and social needs of older adults in the community.

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SPTAC@edc.org | samhsa.gov/SPTAC

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