

As the number of older adults in Canada rises from under 15% in 2010 to more than 25% projected in 2036, addressing substance use by older adults who use alcohol and other drugs becomes increasingly important. Health care providers need to understand the needs of older adults and how the Canadian healthcare system can adapt to meet them. <sup>(1)</sup>

## Terms

**Substance use:** The term “substance” includes all legal and illegal drugs or psychoactive substances, including alcohol and tobacco.

**Addiction:** A health condition characterized by compulsive drug use despite harmful consequences. Someone suffering from addiction is unable to consistently abstain from substance use, even when it causes physical, psychological, social or economic harms. Other symptoms include craving for the substance and diminished recognition of problems with one’s behaviour and relationships.

**Substance dependence:** A physiological dependence on a psychoactive substance developed after prolonged use, where an individual experiences withdrawal symptoms when the substance is abruptly discontinued. Dependence can occur without the psychological and behavioural symptoms associated with addiction, such as compulsive use and craving.

**Substance misuse:** Substance misuse can be defined specifically as the use of a prescription medication by someone other than the person to whom the medication is prescribed or in a manner or for a purpose contrary to what is medically intended.

**Substance use disorder:** A cluster of cognitive, behavioural and physiological symptoms related to the use of a psychoactive substance and experienced by an individual who continues to use the substance despite the symptoms. A substance use disorder is characterized by a maladaptive pattern of use that continues despite harms to the individual’s physical or mental health, or the welfare of others. A disorder can also result in adverse social consequences related to substance use, such as failure to meet work, family or school obligations, interpersonal conflicts or legal problems.

## Risk Factors

- Maintaining social contacts, pursuing stimulating activities and cultivating a sense of purpose in life are all key to successful aging. The absence of these factors appears to increase the risk of problematic substance use: social isolation, sudden lifestyle changes (such as retirement) and declining physical health are some of the main reasons why older adults use alcohol, prescription drugs and other substances.
- Individuals between the ages of 50 and 64 report using more illicit and non-medical drugs than older cohorts.

## Tobacco

- Men are more likely than women to smoke tobacco; however, this gender difference is smaller in the 55 and older age group than in younger age groups.
- While older Canadians smoke tobacco at a lower frequency than younger Canadians, those who do are smoking larger quantities of cigarettes and are more often dependent on nicotine.

## Alcohol

- The frequency of daily or almost daily alcohol use peaks in the 65–74 age group where it is almost three times as high as in the 15–54 age group.
- More than 13% of Canadians age 55 and older report a pattern of problematic binge drinking.

## Prescription Drugs

- While the frequency of prescription opiate use is lower in the 55 and older age group compared to younger age groups, a pattern of daily use is seen more frequently among older adults.

## Cannabis

- As age increases, cannabis use and dependence tend to decrease. This pattern is consistent with a cohort effect, meaning cannabis use among older adults could increase in future generations as the current higher cannabis-using cohort ages.
- The frequency of cannabis use for medical purposes is lower among older adults despite an increase in the indicators for such use (e.g. chronic pain).

## Other Drugs

- The frequency of illicit drug use is lower in the 55 and older age group compared to younger age groups.
- The pattern of lifetime illicit drug use suggests a possible cohort effect, raising concerns that illicit drug use could increase in future generations of older Canadians.

## Consequences of Alcohol and Drug Use in Older Adults

- Changing physiology makes older adults more vulnerable to the physical effects of substances, resulting in significantly increased risk of adverse outcomes.
- The use of alcohol and medication, whether prescribed or misused, causes greater harm in older adults than illicit substances. Alcohol represents the greatest risk and range of harms among older adults.
- There is a strong association between substance use and falls, accidents, cognitive impairment, depression and suicide among older adults.
- Older adults are often hospitalized as a result of adverse events related to the use of opioids, alcohol and other substances. Mortality rates are significantly higher in older adults with substance use disorders.
- Older adults may experience social consequences of substance use, such as abuse, homelessness, family breakdown, crime and social isolation.

## Screening and Assessment

- While health care providers and caregivers often overlook the possibility of problematic alcohol and substance use among older adult patients, there are also many barriers to detecting such use in this population.
- Screening tools and processes should be tailored specifically to older adults and take into account their sensitivities, including concerns about stigma.
- There is no consensus on the most appropriate and useful screening tools for older adults.
- Screening for substance use should be carried out for all older adults during routine health examinations and hospitalizations, when certain physical or mental health problems arise, or if the person is experiencing a major stressful life event.
- Standard diagnostic criteria might have limited applicability for older adults.
- A comprehensive assessment of older adults is essential, including a full history of substance and medication use, comorbid medical and psychiatric illnesses, social and family history and functional assessment and cognitive screening.
- There is an urgent need for better training of healthcare professionals and students on the prevention, detection and care of older adults with substance use disorders.

## Treatment

- As the number of older adults with substance use disorders increases, it will become particularly important for treatment centres to offer age-specific services.
- Older adults face societal barriers as well as unique complexities in their physical and mental health, all of which make it difficult to identify and treat substance use disorders in this population.
- Health care providers play a key role in increasing older adults' awareness of the relationship between substance use and health outcomes.
- A variety of patient-centred approaches and techniques can be incorporated into clinical practice to help identify, refer and treat substance use in older adults.
- Although age-specific services can lead to better treatment outcomes in older adults, the availability of such services in North America is limited.

## References

1. Canadian Centre on Substance Use and Addiction. (2018). Improving Quality of Life: Substance Use and Aging. Retrieved April 2, 2020, from <https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Substance-Use-and-Aging-Report-2018-en.pdf>