

Insight on the Issues

Prescription Drug Abuse among Older Adults

Olivia Dean
AARP Public Policy Institute

The recent increase in prescription drug abuse in the United States has garnered the attention of media and policy makers and led to widespread action. Older adults are not immune to the growing problem. However, the unique characteristics of older adults may demand more nuanced solutions. This analysis examines prescription drug misuse among adults ages 50 and older, describes the various challenges unique to this population, and offers broad recommendations to address those challenges.

Prescription drug abuse is a serious and growing public health problem,¹ affecting the lives of millions of Americans and costing the economy billions of dollars each year.² Drug overdose deaths reached a record high in 2015.³

Similarly, the number of people misusing prescription drugs—defined as the use of prescription drugs in a way a doctor did not direct—has increased in recent years. Such behavior is dangerous and can ultimately lead to patients using the drug for the feeling it creates.

Public awareness of prescription drug misuse and abuse has grown in tandem with these problems, and there is strong bipartisan support for addressing prescription drug abuse, with many federal and state efforts underway to help prevent opioid abuse and improve access to treatment.^{4,5} However, few efforts focus on older adults, whose unique characteristics may demand different or more nuanced solutions to these problems.

To assess the extent of prescription drug misuse among older adults, AARP's Public Policy Institute recently analyzed the prevalence of prescription

drug misuse among older adults using data from the National Survey on Drug Use and Health (NSDUH), sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA). This *Insight on the Issues* examines age-related differences in the prevalence of misuse for various types of prescription drugs, describes the challenges associated with defining and diagnosing prescription drug misuse and abuse in older populations, and discusses various implications and recommendations for policy and practice.

PREVALENCE

In 2015, painkillers topped the list for the most commonly misused prescription drugs, followed by tranquilizers and sedatives. A higher prevalence of younger adults reported misusing prescription drugs than older adults (figures 1–4). However, several factors may lead to underreporting among older populations.⁶

In addition, the prevalence of prescription drug misuse varies considerably by drug category.



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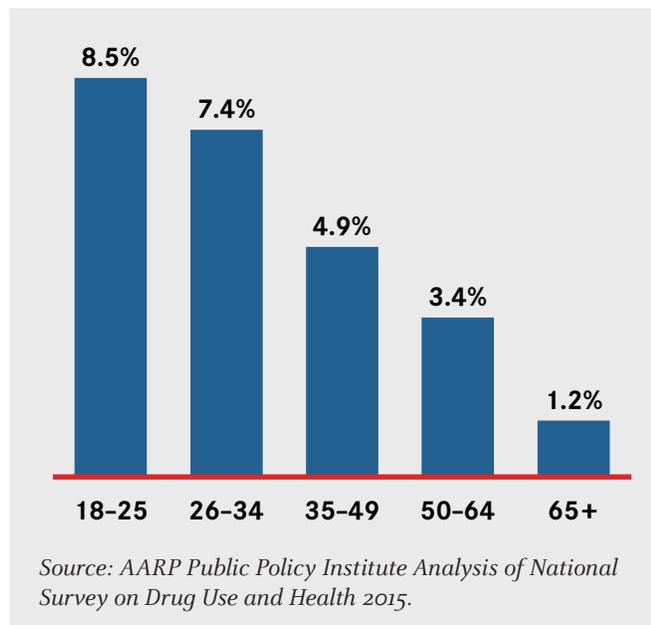
Painkillers

Painkillers refer to a group of drugs used to alleviate pain. Prescriptions for opioid painkillers, similar in effect to illegal opiates like heroin, have increased dramatically in the past two decades.⁷ Because opioid painkillers can create feelings of euphoria when taken in high doses, there is a high risk for dependence and addiction. Opioid abuse also leads to increased risk of overdose and death.⁸

The prevalence of older adults who reported misusing painkillers in the past year is about 1 percent among adults 65 and older and less than 4 percent among adults 50 to 64 (figure 1).

Nevertheless, older adults report misuse of painkillers more than any other type of prescription drug. Over 40 percent of older adults have chronic pain that is often treated with opioids,⁹ sometimes for long periods of time. Though the health effects of long-term opioid use among older adults needs to be studied further, opioid use among older adults may increase risk for falls, delirium, fractures, pneumonia, and all-cause mortality.¹⁰ The sheer magnitude of opioid use among older adults—coupled with the dangerous nature of this class of drugs—increases risk for abuse, addiction, and overdose.

FIGURE 1
Misuse of Painkillers in Past Year

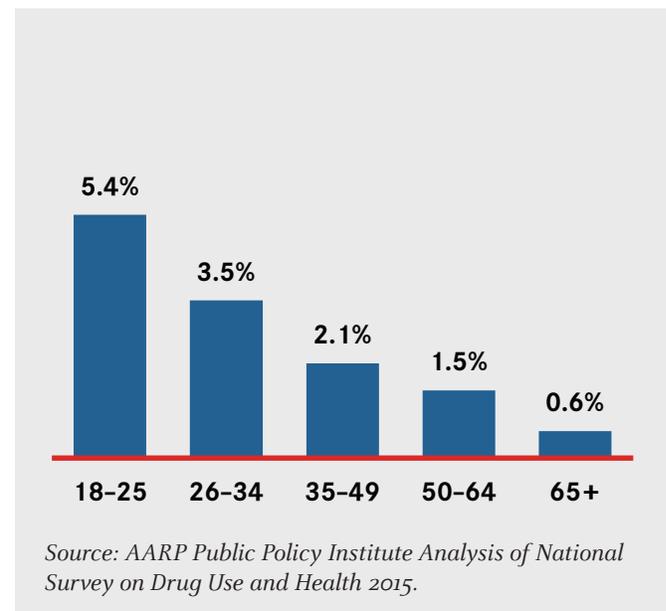


Tranquilizers

Providers often prescribe tranquilizers to reduce stress and anxiety, as they depress the central nervous system. This group of drugs includes benzodiazepines, which have a high potential for abuse and addiction.¹¹

The prevalence of reported tranquilizer misuse is very low among older adults and lower than the prevalence among all other age groups (figure 2). However, older adults taking benzodiazepines may be at higher risk of falls and other negative side effects associated with impaired motor coordination, and some evidence points to higher risk for intellectual and cognitive impairment.¹² Misuse and abuse of benzodiazepines, therefore, could be particularly unsafe for older adults.

FIGURE 2
Misuse of Tranquilizers in Past Year



Stimulants

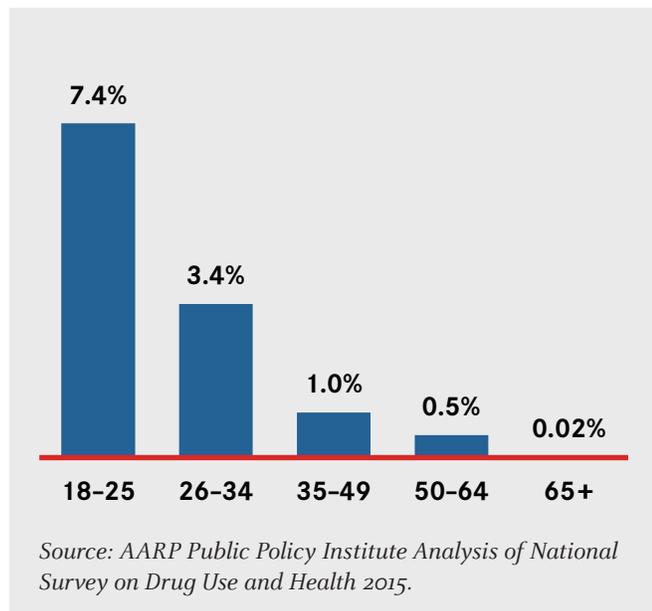
Stimulants speed up the body's processes. They can increase a person's alertness and energy levels, can suppress appetite, and may induce euphoria. The prescribing of stimulants is much more limited now than in previous years due to awareness of their high potential for abuse and addiction.¹³

Stimulant misuse and abuse could pose serious health consequences for those with cardiovascular

issues. Stimulants can increase blood pressure and heart rate, which can increase cardiovascular risk.¹⁴

Stimulant misuse is fairly common among younger age groups and virtually nonexistent (less than 1 percent) among older adults ages 50 and older (figure 3). However, because older adults often have cardiovascular problems,¹⁵ stimulant abuse can be very dangerous among this population.

FIGURE 3
Misuse of Stimulants in Past Year

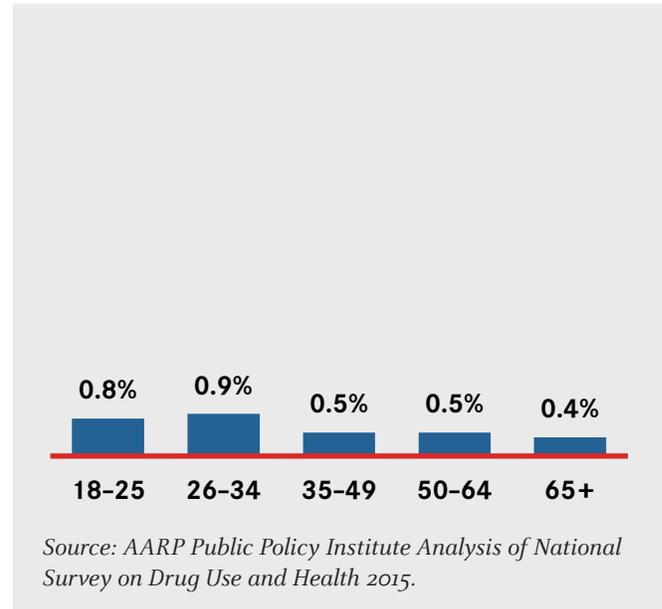


Sedatives

Because sedatives are similar to tranquilizers, people tend to use the two terms interchangeably. Often used to reduce stress and anxiety, sedatives can also be helpful for those suffering from insomnia and other sleep disorders, which become increasingly common with age.^{16, 17} Sedatives often have intense effects and can be very addictive.

Misuse of sedatives is very low among all age groups (figure 4). However, sedative use among older adults can be risky, and abuse can be very dangerous. Side effects of sedatives like dizziness and loss of balance put older adults at higher risk for falls and disorientation. Overdose on sedatives can slow the heart rate to the point of death.

FIGURE 4
Misuse of Sedatives in Past Year



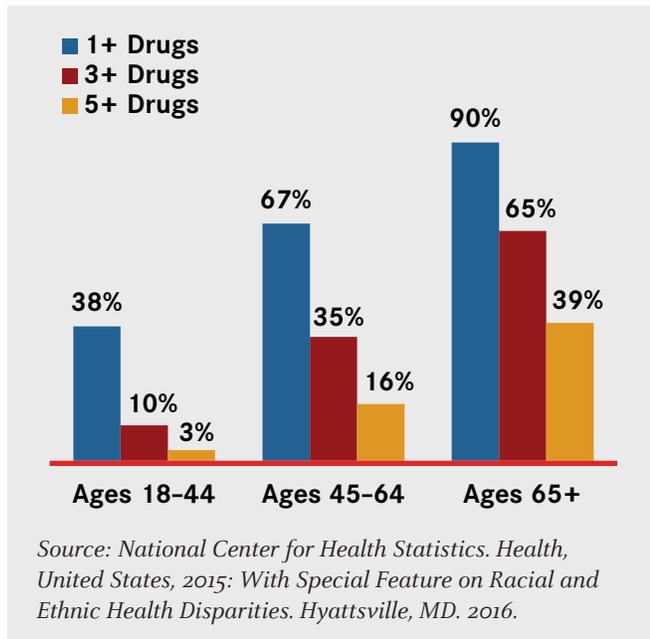
RISK FACTORS

Older adults have several unique risk factors that make them particularly susceptible to misuse¹⁸ of prescription drugs.

For example, older adults use more prescription drugs than do any other age group. Eighty percent of older adults ages 65 and older live with multiple chronic conditions, such as diabetes or high blood pressure.¹⁹ Older adults also have higher rates of pain, anxiety, and sleep disorders.²⁰ Treatment for such conditions often involves complex drug therapy that can require using multiple prescriptions for long periods of time.²¹ As figure 5 shows, 65 percent of Americans ages 65 and older reported using three or more prescription drugs in the past 30 days.

Older adults who take multiple medications may have trouble remembering to take all of their medications at the right time and in the correct dosages.²² Hearing and vision loss, which are common with aging, may also make it difficult to read or understand medication instructions.²³ Taking multiple medications can also lead to potentially dangerous drug interactions. Though these behaviors are unintentional, they can

FIGURE 5
Number of Prescription Drugs Taken in Past 30 Days (2009–2012)



sometimes escalate into intentional abuse and dependency.²⁴

Age-related mental health issues can also lead to prescription drug abuse. Older adults, especially those with serious health problems, often experience social, emotional, physical, cognitive, and functional changes that may cause them to turn to medications to cope.²⁵ An estimated 14 percent of adults ages 50 and older have a mental illness,²⁶ such as depression and anxiety. Untreated depression can lead to substance use and abuse, and vice versa. This situation is exacerbated by the fact that drugs used to treat adults with anxiety, depression, or insomnia can also be addictive.²⁷

Age-related physiological changes can also increase the potential for prescription drug abuse. Changes in metabolism, weight, and body fat can affect how a medication works in the body, increasing the potential for misuse and abuse and potentially dangerous side effects. The combination of alcohol and medications can bring about particularly adverse reactions among older adults, as their bodies detoxify and eliminate medications and alcohol more slowly.²⁸

CHALLENGES TO DIAGNOSIS

It can also be difficult to diagnose prescription drug misuse and abuse in older adults, making it likely that actual prevalence among this population is higher than reported.

Prescription drug misuse and abuse can go unrecognized, undiagnosed, or misdiagnosed due to coexisting physical and mental conditions and psychosocial factors.²⁹ Providers typically lack training in identifying substance abuse and addiction,³⁰ and abuse among older adults may be misdiagnosed because conditions like dementia and depression, for example, have similar symptoms.³¹

Further, diagnostic criteria used to identify prescription drug misuse and abuse often have not been validated on older adults and may be inadequate.^{32,33} Without a proper diagnosis, older adults may not be aware that they are abusing prescription drugs.

In addition, stigma and resistance around diagnosing and treating substance abuse issues is still pervasive among many older adults.³⁴ Many are reluctant to seek treatment because they are ashamed or because they do not realize they are abusing. Whether due to unawareness, denial, stigma, or fear of penalty, it is possible that self-reported abuse among older adults is underreported.

POLICY AND PRACTICE IMPLICATIONS

The overall number of older adults who misuse and abuse prescription drugs will likely increase as the size of the population continues to grow. Efforts to respond to this problem must balance prevention with ensuring appropriate access to prescription drugs for patients with legitimate medical needs.

In the case of opioid prescribing, there is concern that increased monitoring and fear of prescription drug abuse and associated penalties has pushed some providers to be overly conservative in prescribing opioids, potentially limiting access.³⁵ For older adults with severe chronic pain, opioids can be an important and necessary treatment.

Fortunately, there are many ways to help prevent older adults from abusing prescription drugs—without inappropriately limiting access. For example, prescribers should regularly reevaluate drug dosages

“BEERS CRITERIA”

Updated by the American Geriatrics Society in 2015, the Beers Criteria are guidelines for appropriate medication prescribing among older adults.³⁶ The guidelines include a list of potentially inappropriate medications for older adults as well as certain drugs that may need adjusted dosages or have the potential for drug interactions. This list can be useful in educating providers and patients and intends to improve medication selection, reduce negative drug outcomes, and improve quality of care.

for older patients to help compensate for physiological changes and declining drug metabolism.

In addition, though many current policy efforts focus on reducing opioid prescribing, it is important to pay attention to inappropriate prescribing of other prescription drugs as well. For example, the American Geriatrics Society recommends that physicians avoid giving tranquilizers to elderly patients, but many older adults are still taking these products, sometimes for long periods.³⁷

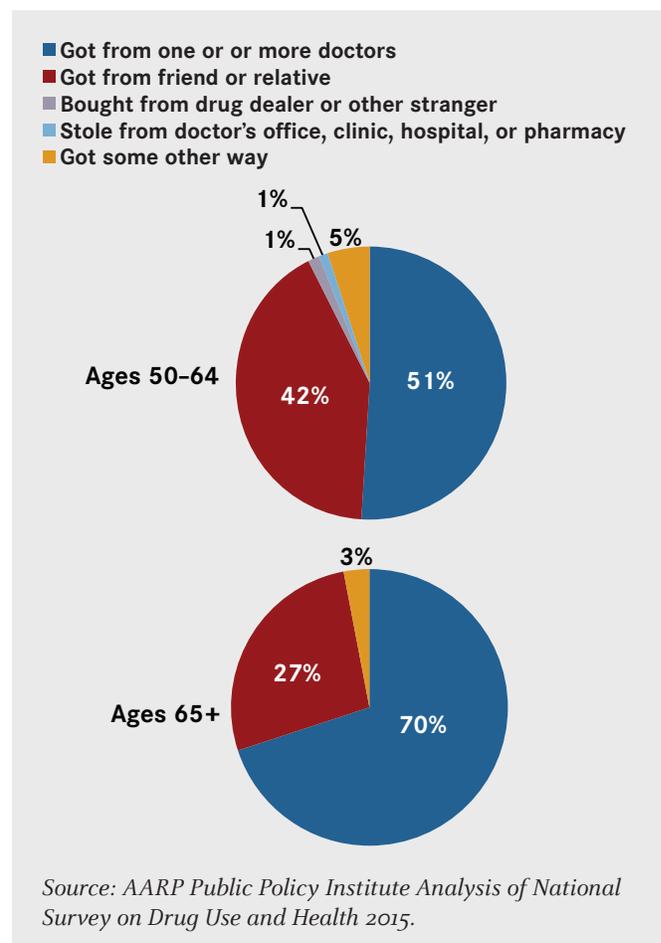
Further, because patients often see multiple health care providers and obtain multiple prescriptions, prescribers and other providers should be incentivized to keep an eye on patients’ full prescription drug regimens. Avoiding excessive, unnecessary, or duplicative medications can help reduce opportunities for abuse and negative health outcomes. For example, Medicare beneficiaries often receive opioids from multiple prescribers, a practice linked to greater hospital admission rates related to opioid use.³⁸

All states except Missouri have implemented prescription drug monitoring programs,³⁹ which rely on electronic databases to collect and analyze prescription drug prescribing and dispensing data in order to avoid potential drug interactions and reduce overprescribing and “doctor shopping”, or visiting multiple providers to get several prescriptions.

When prescription drug abuse prevention fails, screening and diagnosis must step in. Diagnostic criteria for identifying prescription drug abuse should be updated for older adults, and medical schools and continuing education programs should train health care professionals to recognize prescription drug abuse among older adults. For screening older adults, the Substance Abuse and Mental Health Services Administration (SAMHSA) recommends specific methods that include measuring functional and cognitive impairments through specific tests and questionnaires, as well as visual and auditory problems.⁴⁰

It is also crucial to increase awareness about older adult prescription drug misuse and abuse among patients and caregivers. Many older adults who misuse drugs (especially those ages 50 to 64) get

FIGURE 6
Source of Painkillers for Last Misuse



them from their family and friends (figure 6), demonstrating a critical need for increased education among patients, caregivers, and the general population about the dangers and illegality of sharing pills, as well as proper disposal methods.

For older adults diagnosed with prescription drug abuse disorders, treatment needs to be affordable. Medicare and Medicaid pay for substance abuse addiction treatment, though coverage can be limited,⁴¹ and Medicaid coverage rules differ by state.⁴² The Affordable Care Act requires private marketplace plans to provide substance abuse services,⁴³ but recent evidence shows issues with coverage parity exist.⁴⁴ Parity, or equal insurance coverage for mental disorders, substance abuse, and physical disorders, is required by law⁴⁵ but needs enforcement.

Integration of substance abuse, mental health, and primary care services can also improve prevention, diagnosis, and treatment of prescription drug disorders.⁴⁶ Integration of care can both improve health outcomes and reduce health costs.⁴⁷ The

Affordable Care Act made several reforms that aim to integrate care,⁴⁸ and further efforts should be made to reduce financial and structural barriers to integrating care.

CONCLUSION

Prescription drug abuse is a growing public health problem that affects people of all ages and warrants intervention on several levels; however, policy makers should remain mindful that the problem does not impact all age groups equally and that overly broad solutions could have negative repercussions for patients with legitimate medical needs. Similarly, the unique characteristics of older adults may require designing policies and practices specific to this age segment. Such policies should focus on increasing awareness and education, changing prescriber behavior, and increasing access to prescription drug abuse treatment for older adults. Implementing age-appropriate policies and practices will help improve health care delivery and ensure that all patients receive the treatment they need.

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