

# Older Adults and Substance Use Disorders

July 2010

Report also available on the web at [www.ahci.org](http://www.ahci.org)

Allegheny HealthChoices, Inc. (AHCI) is an innovative non-profit agency dedicated to supporting the provision of high-quality mental health and substance abuse treatment.

Our mission is to assure equitable access to quality, cost-effective behavioral health care that promotes positive clinical outcomes, recovery, and resiliency.



Allegheny HealthChoices, Inc.  
444 Liberty Ave.  
Ste. 240  
Pittsburgh, PA 15222

Phone: 412 325 1100  
Fax: 412 325 1111  
Email: [rcarey@ahci.org](mailto:rcarey@ahci.org)  
Web: [www.ahci.org](http://www.ahci.org)

*This report examines substance abuse or dependency issues among older adults, growth in this population, and associated treatment and cost implications. Local and national data illustrate the unique characteristics and risk factors of this group, and inform new approaches to treatment.*

## Substance Abuse among Older Adults—A Growing National Issue

Nationwide, 2.8 million people ages 50 years and older are estimated to have a substance use disorder (alcohol or drug abuse or dependence).<sup>1</sup> This number is expected to double to 5.7 million people by 2020. Older adults who abuse drugs or alcohol are at greater risk for physical and mental health complications from addiction including drug-medication and drug-disease interactions, delirium, memory loss, falls, and fractures. The combined factors of aging and substance abuse result in increased mortality, suicide, disability, illness, hospitalization risk, nursing home placement, and caregiver stress.<sup>2,3</sup>

Forty-eight percent (48%) of US substance abuse treatment admissions in 2003 for adults 50 years and older were for alcohol use alone, while 52% of admissions were for illicit drug use (including misuse of prescription medications), or combined drug and alcohol use.<sup>4</sup> Epidemiological studies have shown that 37% of people with alcohol use disorders, and 53% of people with drug use disorders, also have a lifetime history of mental illness.<sup>5</sup>

Older adults commonly experience different pathways to addiction than younger age groups. Some adults enter late age with a lifetime history of drug and alcohol abuse. Some have never misused substances but develop problems as their bodies are less able to metabolize alcohol, or as they are prescribed drugs with abuse potential, such as narcotic pain killers. Older adults also encounter a web of psychosocial stressors associated with aging - economic hardship, isolation, divorce, loss - as well as physical and cognitive changes. Depression and anxiety are common among older adults, and many develop cognitive impairments such as confusion, forgetfulness, and difficulty concentrating, which can negatively impact medication management. These factors all play a role in the development of substance use problems in older adults.<sup>6</sup>

When treatment approaches are sensitive to the physical, social, and cognitive effects of aging, treatment outcomes for older adults are at least as good as those in younger adult populations.<sup>3</sup> Recommendations on ways to improve care are detailed on page four.

<sup>1</sup>Han, B., Gfroerer, J., Colliver, J., et al. (2009). Substance use disorder among older adults in the United States in 2020. *Addiction*, 104 (1), 88.

<sup>2</sup>Bartels, S., Blow, F., Brockmann, L., et al. (2005). Substance abuse and mental health among older Americans: the state of the knowledge and future directions. See <http://www.samhsa.gov/OlderAdultsTAC/>.

<sup>3</sup>Clay, S. (2010). Treatment of addiction in the elderly. *Future Medicine*, 6 (2), 177.

<sup>4</sup>SAMHSA. (2006). *The Drug and Alcohol Services Information System Report: Older adult alcohol admissions, 2003*.

<sup>5</sup>Regier, D., Farmer, M., Rae, D., et al. (1990). Comorbidity of mental disorders with alcohol and other drug abuse: results from the Epidemiologic Catchment Area (ECA) study. *Journal of the American Medical Association*, 264(19), 2514.

<sup>6</sup>Simoni-Wastila, L. & Yang, H. (2006). Psychoactive drug abuse in older adults. *The American Journal of Geriatric Pharmacotherapy*, 4 (4), 380.

## Regional Trends - Allegheny County

The census proportion of older adults living in Allegheny County is 7% higher than the national average (Table 1), and continues to grow. Efforts to raise provider awareness about issues relevant to this age group, including substance use disorders, should therefore be a priority of the behavioral health system.

To better understand local trends in the Medical Assistance (MA) service system, the following analysis examined claims data for MA-funded behavioral health services in Allegheny County. This analysis included adults at least 50 years old, with one or more claims associated with a substance use diagnosis paid through MA. All services an individual received during the year of the diagnosis were included in the analysis, including mental health services. This methodology identifies people with active substance use diagnoses, but likely underreports the prevalence of substance use disorders as well as co-occurring mental illness in the older adult population, as many people may not seek treatment in the behavioral health system, or at all. This methodology also does not include claims paid by commercial insurance or Medicare.

Results from the analysis show that the number of older adults who accessed services for treatment of substance use disorders has grown in the last 10 years. During 2009, 1,650 people 50 years and older with a substance use disorder used behavioral health services—an increase of 203% since 2000 (see Table 2). In 2009, more than one in five older adults that used mental health or drug and alcohol services had a substance use disorder.

**Table 1. US Census population estimate, adults 50 years old and older, 2006-2008 average**

	<u>United States</u>	<u>Alleg. County</u>
Male	42.1 million	198,000
Female	49.6 million	255,000
Total adults 50+	91.7 million	453,000
%of total population	30%	37%

This analysis also showed that, of the older adults with substance use diagnoses in 2009, 49% had opioid abuse or dependency (illicit drugs, like heroin, and prescribed medications, like oxycontin), 28% had alcohol-only abuse or dependency, 25% abused or were dependent on multiple substances, and 13% abused or were dependent on cocaine. Other types of substance use were reported at lower rates.\*

The cost of services for older adults with substance use disorders increased from \$2.1 million in 2000 to \$9.5 million in 2009. In 2009, the cost of services for people with substance use disorders made up 31% of all paid claims for people 50 years and older.

The average annual cost per service user also grew between 2000 and 2009, from \$3,811 to \$5,771. In 2009, the average annual cost of services for an older adult with a substance use diagnosis was 64% higher than for an older adult without this type of diagnosis. A discussion of possible causes for these cost differences follows on the next page.

**Table 2. Service users 50+ years old with a substance use diagnosis**

	<u>2000</u>	<u>2009</u>	<u>% change</u>
Number of service users	545	1650	203%
Proportion of all service users 50+ years old	16%	22%	6%
Total cost (millions)	\$ 2.1	\$ 9.5	358%
Proportion of total cost for all service users 50+	27%	31%	4%
Average cost per person	\$ 3,811	\$ 5,771	51%

\*People may receive more than one type of substance use diagnosis within a year.

## Cost Factors for Allegheny County Medical Assistance Service Users

Table 3 shows the different services used in 2009 by older adults with and without substance use diagnoses. It is notable that many older adults with substance use diagnoses accessed mental health treatment and services. In fact, 50% of older adults with a substance use diagnosis also received a diagnosis of a mental illness in 2009, and 37% of the total cost of treatment for older adults with substance use disorders was for mental health services.

used methadone maintenance services, costing \$3,379 per user annually (see Table 4 for service costs). The majority of older adults without substance use diagnoses in 2009 used outpatient mental health (66%) and/or medication checks (69%), which are less intensive and less costly forms of treatment.

Based on these data, the higher average cost per person for services used by older adults with substance use disorders can be attributed to two

**Table 3. Proportion of members 50+ years old who accessed behavioral health services, 2009**

	<u>Substance use diagnosis* (n=1,650)</u>	<u>No substance use diagnosis (n=5,930)</u>
Outpatient (mental health)	39%	66%
Medication checks	38%	69%
Inpatient mental health	12%	9%
Crisis services	12%	9%
Service coordination	11%	20%
Outpatient (substance use)	53%	
Methadone maintenance	37%	No other service category was used by more than 3% of people in the non-substance use group
Non-hospital rehabilitation	19%	
Intensive outpatient (substance use)	12%	
Partial hospitalization (substance use)	8%	
Non-hospital detoxification	7%	

Percentages do not sum to 100% because people may access more than one service per year.  
 \*Fifty percent of people with a substance use diagnosis also received a diagnosis of mental illness within the same year.

While the cost of mental health services make up a sizable portion of the total cost of services for older adults with substance use disorders, other factors contribute to a higher average cost per person for this group.

Older adults with and without substance use diagnoses accessed services with a range of costs; however, older adults with substance use diagnoses tended to use intensive or long-term drug and alcohol treatment services, which are more expensive than other types of care. For example, in 2009, 19% of the individuals with a substance use diagnosis accessed non-hospital rehabilitation—an intensive, residential service costing \$5,588 per user annually; 37% of people

main factors: first, people in this group have considerable rates of co-occurring mental illness, and therefore access both substance use and mental health services; second, drug and alcohol addictions are considered chronic conditions, requiring intensive, and sometimes long-term, services to support ongoing recovery.

**Table 4. Average annual cost per service user 50+ years old, 2009**

Non-hospital rehabilitation	\$ 5,588
Methadone maintenance	\$ 3,379
Outpatient (substance use)	\$ 827
Outpatient (mental health)	\$ 519
Medication checks	\$ 216

## Improving Services for Older Adults with Substance Use Problems

To better serve older adults with substance use disorders, prevention, detection, early intervention, and treatment must be tailored to fit the needs of this population. In the Allegheny County HealthChoices system, a number of recommendations for both providers and Community Care Behavioral Health (the managed care organization for MA-funded behavioral health services in Allegheny County) can begin to improve the system's capacity to identify and address substance abuse in older adults.

**Improved consumer education**—Because substance use disorders may stem from—or be exacerbated by—prescription medication misuse, it is imperative that older adults receive clear, written information explaining dosage, frequency, side effects, and potential for abuse for each of their medications. To further explore the intersection of the physical and behavioral health needs of this population, AHCI recommends that Community Care incorporate a targeted analysis of older adults into their future Physical Health/Behavioral Health initiatives.

**Improved screening**—Providers of MA-funded mental health treatment and services in Allegheny County currently screen all consumers for co-occurring substance use problems

(substance abuse providers also screen consumers for mental health problems).

Screening tools *developed specifically for older adults* will better identify older adults with substance use problems. SAMHSA's TIP 26 includes a number of screening tools for older adults (see box below). AHCI recommends that Community Care provide guidance to their network providers in using screening tools appropriate for older adults.

**Training for providers**—Older adults who screen positive for substance use problems then need formal assessments, referrals, and treatment that are tailored to meet their unique needs. Currently, the behavioral health system as a whole lacks the necessary skills to provide age-appropriate care to older adults who misuse or abuse substances. As a first step in addressing this need, AHCI, in collaboration with the Office of Behavioral Health and Community Care, will begin to develop a training in the fall of 2010. Details will be available on [www.ahci.org](http://www.ahci.org).

**Collaboration with other systems**—Physical health providers, area aging services, and other public assistance programs would also benefit from education and training initiatives, as these services often have very regular contact with older adults at risk for substance use problems.

### Resources

**TIP 26: Substance Abuse Among Older Adults**, published by the Substance Abuse and Mental Health Service Administration, is a comprehensive resource outlining the prevalence of this issue and effective screening, assessment, and treatment approaches. Visit <http://tie.samhsa.gov/externals/tips.html>.

**IRETA**, the Institute for Research, Education, and Training in Addictions, provides training and educational resources for older adults and other special populations. Visit [www.ireta.org](http://www.ireta.org).

**The National Institute on Aging**, one of the U.S. National Institutes of Health, conducts research on aging, and publishes materials for older adults to use to learn about managing their medications, mental health concerns, and alcohol use. Visit <http://www.nia.nih.gov>.

**Allegheny County Department of Human Services** provides funding for a variety of mental health, substance abuse, and community resources that can assist older adults in addressing not only their substance use problems but stressors contributing to substance abuse. Visit <http://www.alleghenycounty.us/dhs>.