INSIGHT on the Issues

Prevalence of Illicit Drug Use in Older Adults: The Impact of the Baby Boom Generation

The prevalence of illicit drug use among older adults is expected to increase as the baby boom generation ages. This Insight on the Issues examines illicit drug use and describes unique diagnosis and treatment challenges among persons ages 50 or older.

Relatively few studies focus on the prevalence of illicit,[1] or illegal, drug use among older adults. Nevertheless, it is commonly believed that its prevalence will increase in coming years owing to the higher rates of lifetime use among the roughly 78 million Americans who were born between 1946 and 1964, known as the baby boom generation.[2] This Insight on the Issues examines changes in illicit drug use among the population ages 50 or older. The challenges associated with defining and diagnosing illicit drug misuse and abuse in older populations are described, and various policy implications are discussed.

Costs of Illicit Drug Use

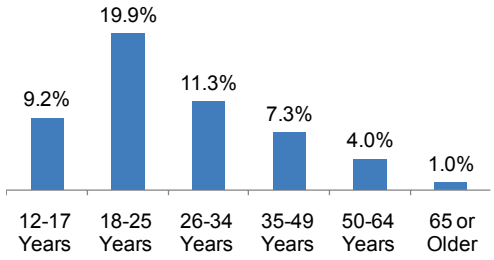
Substance abuse, commonly defined as use that leads to clinically significant impairment or distress,[3] is one of the most expensive health problems in the United States. Among national estimates of the costs of illness for 33 diseases and conditions, drug disorders ranked seventh.[4] Untreated substance abuse is also associated with increased general medical expenditures: Untreated alcohol- or drug-dependent persons use health care and incur costs at a rate about twice that of their treated age and gender counterparts.[5]

Overall, substance abuse costs the United States an estimated $151 billion each year through health and crime consequences, lost productivity, withdrawal from the workforce, and death.[6]

Prevalence

The vast majority of illicit drug use is normally found in younger populations (figure 1). In fact, in 2008, only 1 percent of adults age 65 or older reported currently using illicit drugs (i.e., within the past 30 days), compared with almost 20 percent of adults ages 18 to 25.

Figure 1
Younger Age Groups Are More Likely to Report Currently Using Illicit Drugs



Source: AARP Public Policy Institute analysis of National Survey on Drug Use and Health, 2008.

This unusually low prevalence has been linked to life experiences that moderate older adults' use of illicit drugs, as many grew up when drug use was socially

unacceptable and the availability of illicit drugs was extremely limited. Older adults also had limited exposure to drug use during their adolescent and young adult years, typically the time of greatest drug exploration. As a consequence, current older cohorts are less likely to abuse drugs or alcohol.[7]

However, the prevalence of illicit drug use among older adults is expected to undergo a profound change as the baby boom generation ages. Compared with earlier cohorts, baby boomers have much higher rates of illicit drug use.[8] Further, the baby boom generation is larger than any earlier cohorts, and there is some suggestion that they are more likely to drink or consume drugs than earlier cohorts.[9] As a result of these and other factors, the prevalence of substance use disorders among older adults is expected to double by 2020.[10]

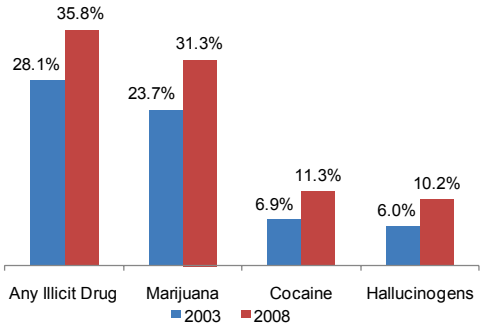
This trend is of particular concern given that age-related changes make older adults more vulnerable to the effects of illicit drugs. Physiological changes can result in higher drug concentration levels in the blood for longer periods, increasing the risks of accidents, falls, injuries, or impairments in activities of daily living. In addition, older adults experience increased sensitivity and decreased tolerance to illicit drugs, raising the risk of overdose. Furthermore, many prescription and over-the-counter medications commonly used by older adults interact adversely with illicit drugs.[11]

The Baby Boom Generation in Perspective

Given the unique challenges associated with illicit drug use among older populations, it is clear that the impact of the baby boom generation will need to be closely monitored. One way of observing whether the anticipated changes in drug use are occurring is by examining the characteristics of the age 50+ population. Even though baby boomers have not yet finished aging into the cohort, there is already evidence of change.

For example, while 28.1 percent of the 50+ population reported in 2003 ever using illicit drugs, this number had grown to 35.8 percent by 2008, a 27 percent increase over five years (figure 2). Similarly, the percentage of the 50+ population reporting ever using marijuana has increased by 32 percent since 2003, and the percentage reporting ever using cocaine or hallucinogens[12] has increased by 64 percent and 70 percent, respectively.

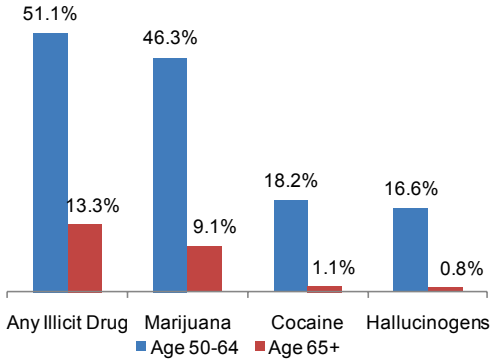
Figure 2
Percentage of Age 50+ Population Reporting Ever Using Various Illicit Drugs Has Increased Substantially over Five Years



Source: AARP Public Policy Institute analysis of National Survey on Drug Use and Health, 2003 and 2008.

Baby boomers' influence on the 50+ population is even more evident in comparisons of the baby boomer-filled 50- to 64-year-old population and the baby boomer-less 65+ population.[13] For example, while 51.1 percent of the 50- to 64-year-old population reports ever using illicit drugs, only 13.3 percent of the 65+ population does so (figure 3). In addition, the percentage of the population reporting ever using marijuana is 5 times higher among 50- to 64-year olds than among people age 65+, and the percentage reporting ever using cocaine or hallucinogens is

Figure 3
The 50- to 64-Year-Old Population Reports Much Higher Rates of Ever Using Various Illicit Drugs



Source: AARP Public Policy Institute analysis of National Survey on Drug Use and Health, 2008.

approximately 16 times higher. Such marked differences show that the recent increases in drug use among the 50+ population are primarily due to the baby boomers who have entered the cohort.

While the changes in the percentage of the 50+ population having ever used illicit drugs confirm that more of its members have at least tried illicit drugs, it is unclear whether this behavior will translate into future illicit drug use. Current illicit drug use (i.e., within the past 30 days) is likely a better indicator of future substance abuse service needs.

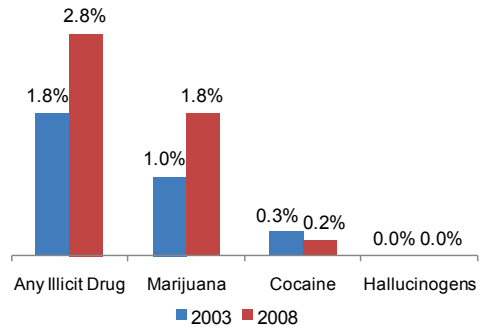
Again, there is clear evidence that the influx of baby boomers has increased levels of current illicit drug use. For example, while 1.8 percent of the 50+ population reported using any illicit drug in the past month in 2003, 2.8 percent reported such behavior five years later, an increase of 55 percent (figure 4). Similarly, while 1.0 percent of the 50+ population reported using marijuana in the past month in 2003, 1.8 percent of the 50+ population did so in 2008, an 80 percent increase. While these levels of use are not high, they do show that baby boomers are more likely than older cohorts to be currently using illicit drugs, particularly marijuana.

Another noteworthy characteristic of the 50+ population is its increasingly positive attitude toward seeking mental health care, including substance abuse services. The baby boom cohort has tended to utilize mental health services more frequently than the current older adult cohort and to be less stigmatized by seeking such care.[14] In fact, there is already some evidence of this change in the 50+ population: While 0.3 percent of the 50- to 64-year-old population reported receiving treatment for illicit drug use in the past year, only 0.03 percent of the 65+ population reported similar behavior.[15]

Challenges to Diagnosis and Treatment

While the data make it clear that illicit drug use is becoming more common among older adults in the United States, it can be extremely difficult to diagnose illicit drug use disorder among this population, owing to coexisting physical and mental conditions and psychosocial factors.[16] There is also a good deal of denial and resistance among older populations and their families; overall,

Figure 4
Age 50+ Population Reports Higher Rates of Current Illicit Drug Use in 2008



Source: AARP Public Policy Institute analysis of National Survey on Drug Use and Health, 2003 and 2008.

83 percent of the 50+ population whose substance abuse problems warrant treatment—a need based on standard criteria—do not seek help.[17] Further, many health professionals mistakenly attribute substance abuse symptoms to dementia, depression, or other health problems common among older adults.[18]

A further challenge to diagnosing substance use disorders among older populations is the current diagnostic criteria, which were developed and validated on young and middle-aged adults. For example, *Diagnostic and Statistical Manual of Mental Disorders-IV* criteria for substance abuse include increased tolerance to the effects of a substance that results in increased consumption over time. However, age-related physiological changes could lead to decreased consumption with no real reduction in intoxication.[19] In addition, diagnostic criteria that address the impact of drug use on the typical daily tasks of young and middle-aged adults are not necessarily applicable to older adults, who often live alone and are retired.[20]

An additional factor that could impact the assessment of substance use disorders in older populations is the growing acceptance of medical marijuana. Marijuana can be very effective in treating a number of symptoms and diseases, including chronic pain, nausea, and glaucoma. Thus far, 14 states have enacted laws that legalize medical marijuana, and another 14 are expected to consider similar legislation this year.[21] Besides making it easier to obtain marijuana, this change could make it difficult to differentiate between legitimate users and those who have a substance abuse problem.

Furthermore, even if a substance abuse problem is properly identified, it can be difficult for older adults to get adequate treatment. Traditional drug abuse treatment strategies such as medication and behavioral therapy tend not to be sensitive to the unique biological, psychological, and social changes that accompany the aging process.[22] In addition, relatively few treatment facilities meet the needs of older populations. In 2008, only 7 percent of substance abuse treatment facilities in the United States reported having a program designed specifically for older adults.[23]

Implications for Health Care Services

Between the increasing prevalence of illicit drug use among older adults and the challenges associated with identifying and treating substance abuse problems, it is evident that the health care system is not well prepared for the changes that are expected over the next 20 years.

Efforts should be made to develop effective illicit drug use screening instruments and to improve health care providers' knowledge and treatment of illicit drug use and abuse among older adults. In addition, techniques with demonstrated success among older populations—such as supportive and nonconfrontational approaches, cognitive-behavioral therapy, and slower treatment pace[24]—should be promoted and utilized more widely.

Substance abuse treatment programs targeted toward older Americans should be expanded. These efforts can help reduce overall health care spending, as studies have shown that among treated substance abuse patients, emergency room visits are reduced by 39 percent, hospital stays by 35 percent, and total medical costs by 26 percent.[25]

Older adults should also be regularly screened for substance abuse problems. For example, the federally funded

Florida Brief Intervention and Treatment for Elders (BRITE) project was designed to screen and serve elders at risk for misusing alcohol, prescription and over-the-counter medications, and illicit drugs. Individuals who screened positive for substance misuse were offered a brief intervention and rescreened at discharge from the intervention program and at follow-up interviews. The program tripled the number of older adults served by the state, and the results also suggested that BRITE was able to identify "hidden" cases often overlooked by traditional service systems. Furthermore, among those receiving screening and brief intervention, alcohol severity scores decreased and medication misuse diminished.[26]

Another approach that is growing in popularity is integrating primary care with substance abuse programs.[27] Many older adults suffer from chronic illnesses and other conditions that, when combined with a substance abuse problem, can lead to misdiagnoses, unexpected side effects from prescribed medicines, and poor treatment adherence.[28] Since the treatment of both chronic conditions and substance abuse requires regular physician visits, integrating primary care and substance abuse treatment gives health care providers the opportunity to manage all of their patients' conditions simultaneously and effectively.

Integrated care has been the focus of several pieces of recent legislation,[29] and the recently passed health care reform legislation[30] has a provision that allocates funding for demonstration projects that provide integrated services in community-based mental and behavioral health settings for adults with co-occurring mental and physical illnesses.

An additional needed change that is already underway is the expansion of parity, or equal insurance coverage for mental disorders, substance abuse, and physical disorders. Health plans have historically applied higher patient cost-sharing and more restrictive treatment limitations to mental health and substance use benefits than for physical health benefits. However, the health care reform bill and the Mental Health Parity and Addiction Equity Act of 2008 are taking steps toward correcting this imbalance by greatly expanding the number and type of health plans that must provide parity, making substance use services more accessible for millions of Americans.[31]

Conclusion

Given the patterns of illicit drug use among the baby boom generation and the increased health spending that is often associated with substance abuse problems, it is clear that policymakers should address this often overlooked problem as part of their efforts to reduce health care spending. More important, the poor health outcomes, increased disability and impairment, and increased mortality associated with substance abuse among older adults[32] indicate that addressing the problem will help improve quality of life as well.

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[1] For the purposes of this fact sheet, "illicit drugs" are defined as marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used nonmedically. Alcohol use and prescription drug use will be addressed separately in forthcoming fact sheets.

[2] AARP Public Policy Institute analysis of U.S. Census Bureau, "Projected Population by Single Year of Age, Sex, Race, and Hispanic Origin for the United States: July 1, 2000 to July 1, 2050," 2008.

[3] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 4th

ed. (Washington, DC: American Psychiatric Association, 2000).

[4] National Institutes of Health, *Disease-Specific Estimates of Direct and Indirect Costs of Illness and NIH Support: Fiscal Year 2000 Update* (Bethesda, MD: Office of the Director, Office of Science, Policy and Planning, 2000).

[5] S. J. Bartels et al., *Substance Abuse and Mental Health Among Older Americans: The State of the Knowledge and Future Directions*, Westat report prepared for the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (Rockville, MD: Substance Abuse and Mental Health Services Administration, August 2005).

[6] T. Miller and D. Hendrie, *Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis,* DHHS Pub. No. (SMA) 07-4298 (Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2009).

[7] J. J. Benshoff, L. K. Harrawood, and D. S. Koch, "Substance Abuse and the Elderly: Unique Issues and Concerns," *Journal of Rehabilitation* 69, no. 2:43–48.

[8] B. Han, J. C. Gfroerer, J. D. Colliver, and M. A. Penne, "Substance Use Disorder Among Older Adults in the United States in 2020," *Addiction* 104:88–96.

[9] Benshoff, Harrawood, and Koch, "Substance Abuse and the Elderly."

[10] Han, Gfroerer, Colliver, and Penne, "Substance Use Disorder Among Older Adults in the United States in 2020."

[11] B. Han, J. Gfroerer, and J. Colliver, "An Examination of Trends in Illicit Drug Use among Adults Aged 50 to 59 in the United States," *OAS Data Review*, August 2009.

[12] Several drugs are grouped under the hallucinogens category, including LSD, PCP, peyote, mescaline, psilocybin mushrooms, and "Ecstasy" (MDMA). Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Results from the 2008 National Survey on Drug Use and Health: National Findings* (Rockville, MD: Substance Abuse and Mental Health Services Administration, September 2009).

[13] The baby boom generation will not begin turning age 65 until January 1, 2011.

[14] Bartels et al., *Substance Abuse and Mental Health Among Older Americans*.

[15] AARP PPI analysis of National Survey on Drug Use and Health, 2008

[16] Benshoff, Harrawood, and Koch, "Substance Abuse and the Elderly."

[17] K. Blank, "Older Adults and Substance Use: New Data Highlight Concerns," *SAMHSA News*, Jan/Feb 2009.

[18] Han, Gfroerer, Colliver, and Penne, "Substance Use Disorder Among Older Adults in the United States in 2020."

[19] U.S. Department of Health and Human Services, U.S. Public Health Service, Chapter 5: "Older Adults and Mental Health," in *Mental Health: A Report of the Surgeon General* (Washington, DC: U.S. Public Health Service, 1999).

[20] Ibid.

[21] W. M. Welchand and D. Leinwand, "Slowly, States Are Lessening Limits on Marijuana," *USA Today*, March 9, 2010.

[22] Bartels et al., *Substance Abuse and Mental Health Among Older Americans*.

[23] U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *National Survey of Substance Abuse Treatment Services (N-SSATS): 2008. Data on Substance Abuse Treatment Facilities* (Rockville, MD: Substance Abuse and Mental Health Services Administration, 2009).

[24] Han, Gfroerer, Colliver, and Penne, "Substance Use Disorder Among Older Adults in the United States in 2020."

[25] S. Parthsarathy, C. Weisner, T-W Hu, and C. Moore, "Association of Outpatient Alcohol and Drug Treatment with Health Care Utilization and Cost: Revisiting the Offset Hypothesis," *Journal of Studies on Alcohol* 62, no. 1:89–97.

[26] L. Schonfeld et al., "Screening and Brief Intervention for Substance Misuse Among Older Adults: The Florida BRITE Project," *American Journal of Public Health* 99, no. 7:108–114.

[27] Han, Gfroerer, Colliver, and Penne, "Substance Use Disorder Among Older Adults in the United States in 2020."

[28] Open Society Institute, *Unforeseen Benefits: Addiction Treatment Reduces Health Care Costs* (New York: Open Society Institute, July 2009).

[29] E.g., the Community Mental Health Services Improvement Act (S. 1188/H.R. 1011) and the Positive Aging Act (H.R. 3191).

[30] The Patient Protection and Affordability Care Act of 2010 and the Health Care and Education Reconciliation Act of 2010.

[31] S. Kershaw, "Mental Health Experts Applaud Focus on Parity," New York Times, March 29, 2010.

[32] Bartels et al., *Substance Abuse and Mental Health Among Older Americans*.

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