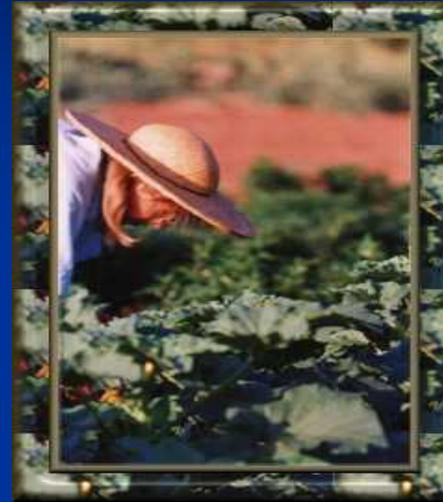


Granny's Garden



Mich Magness

Coordinator for Aging & Long Term Care
Oklahoma Department of Mental Health & Substance
Abuse Services

“Scholars and policy makers generally focus on old age as a distinctive life stage, isolated from the rest of the life course.”

(Hareven, 2001)

Do You Remember?



Pulitzer Prize-winning photo by John Filo

Do you Remember?

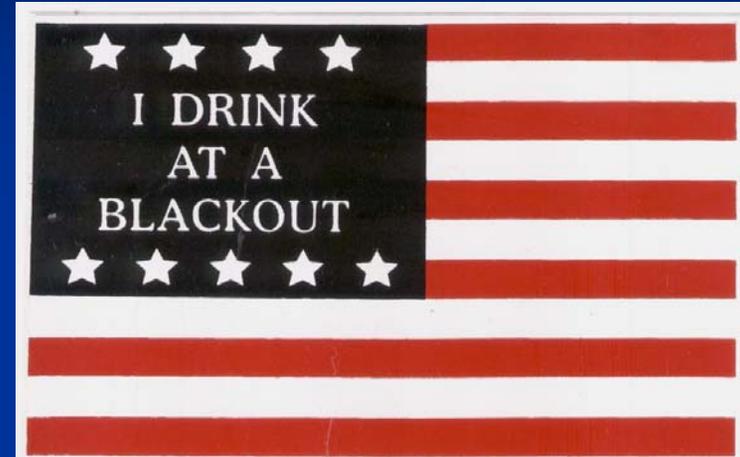


Do You Remember?



Vietnamese Girl Fleeing in Terror After a Napalm Attack, Nick Ut (Vietnam, 1972) © [Associated Press](#)

Remember These?



The Baby Boomers: Mixed Messages



RoseAnne, Season 6, Episode #705 "A Stash From The Past," © The Carsey-Werner Company LLC All rights reserved.

The Baby Boomers: Mixed Messages

AARP Survey - 2004

1,706 persons aged 45 and over

72% agree adults should be allowed to use medical marijuana *if a physician recommends it*

74% think that marijuana is addictive

30% report that they have smoked marijuana at some time;
however, younger respondents were more likely to have used marijuana:

58% of those aged 45 - 49 versus

8% of those 70 and older.

Reveals a changing attitude towards the usage of marijuana by baby boomers. (Kalata, 2004)

The Baby Boomers: Mixed Messages



What is AARP smoking? - Dr. David Demko

Current Substance Use & Abuse by Older Adults

In 2002 and 2003, persons aged 50 or older:

17.1 percent of had smoked cigarettes,

45.1 percent drank alcohol,

1.8 percent had used an illicit drug

during the past month - National Survey on Drug

Use and Health (Office of Applied Studies,

2005).

Current Substance Use & Abuse by Older Adults

Older adults are increasingly abusing alcohol and the use of illicit drugs, primarily marijuana, is also on the rise according to the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocol (TIP) Series 26 (1998).

Current Substance Use & Abuse by Older Adults

Several reasons substance use and abuse in older adults is overlooked:

1. Insufficient knowledge,
 2. Limited research data, and
 3. Hurried office visits. Also . . .
- Ageism
 - Mistaken symptoms:
 - dementia,
 - diabetes,
 - depression, or
 - other common disorders of the elderly

Current Substance Use & Abuse by Older Adults

Drug users' problems "often first become evident at work, or in run-ins with the criminal justice system" (Marks, 2002) and older adults are probably going to be retired and are not likely to become criminals to support their drug use. Failure to identify and treat alcohol abuse and substance use in elderly patients can have serious consequences.

Current Substance Use & Abuse by Older Adults

Gambert and Katsoyannis (1995) show that alcohol and drug use cause greater physical and psychological damage in older adults than in younger adults whose bodies can more readily eliminate the drugs from their systems. Biomedical changes that are typical in older adults that affect the way alcohol and other drugs are metabolized include:

- higher percentage of body fat to lean muscle mass,
- a reduction in water-soluble volume, and
- reduced liver function.

Current Substance Use & Abuse by Older Adults

Older adults who use alcohol and/or drugs are more at risk for

- falls,
- illness, and
- socioeconomic decline

- according to Tartar.

The Increased Need for Treatment

130th annual meeting of the American Public Health Association,

- “relatively high rates of substance abuse among the baby boom cohort”.
- higher rates of substance abuse in conjunction with the large size of the baby boom generation would result in
- doubling the need for substance abuse treatment for older adults (50+ in their study) by the year 2020.
- from 1.6 million cases of substance abuse treatment for older adults in 2000 to 3.0 million cases in 2020.
- “This is the result of a 52% increase in the size of the older adult population (from 77.0 million to 112.5 million) combined with a 23% increase in their rate of treatment need (from 2.2% to 2.7%).”
 - Joseph Gfroerer, Michael Penne, and Michael Pennington

No Le Hace?

- Marijuana use is positively correlated with triggering a myocardial infarction
- Marijuana use is associated with increase in heart rate, supine hypertension, and postural hypotension
- The “generation born in the 20 years after the end of the Second World War” [baby boomers] has a high prevalence of marijuana use and have now become an age group prone to increased coronary artery disease.
- Marijuana use was associated with a five-fold increase in heart attacks

No Le Hace?

- Some researchers have established a link between cannabis use and recurrent stroke in younger patients, but the mechanism is unknown (Mateo, Pinedo, Gomez-Beldarrain, Basterretxea, & Garcia-Monco, 2005). This is typical in that the research is aimed at younger users of marijuana. However, since older adults are more at risk for stroke, there is probably a heightened risk for stroke for older marijuana users.

No Le Hace?

- Delta-9-Tetrahydrocannabinol [THC] has been found to have a procoagulatory effect in an *in vitro* study (Deusch, Kress, Kraft, Kozek-Langenecker, 2004). This study found that blood platelets, when exposed to THC in a laboratory setting, tended to react by forming more clots. This has potential repercussions for older adults at risk for a stroke, heart attack, phlebitis, or other diseases for which blood thinners are indicated. The authors suggest that this be further tested on living subjects.

The Need for Increased Prevention

Prevention is less costly and more effective than treatment.

Prevention programs are mostly targeted towards a youth market

Public Health programs often overlook older adults when planning prevention services

The Need for Increased Prevention

Some practices have been developed and proven to be effective in preventing substance abuse in older adults:

Brief alcohol intervention consists of a series of questions a physician asks an older person to screen for alcohol use and possible abuse and some very brief teaching statements the physician can use to encourage the older adult to stop drinking or reduce their drinking responsibly (Barry 2001).

Brief therapy model of substance abuse prevention and treatment.

SAMHSA TIP #34, Brief Interventions and Brief Therapies for Substance Abuse.

The Need for Increased Prevention

Elder-specific alcohol screening tool, the MAST-G. This tool was developed from another tool that was being used to screen for problem drinking, but it was apparent that some of the questions were inappropriate, or not culturally competent for older adults. For instance, one of the questions asked if using alcohol had interfered with the person's ability to hold down a job or show up for work on time. Most older adults are retired, and so this question had no relevance.

The Need for Increased Prevention

- These models of prevention for Alcohol Abuse among older adults may or may not be effective when modified for marijuana use
- Marijuana is illegal, Alcohol is legal
- Baby Boomers may have a different relationship with their physician than today's older people
- The physiological and psychological components of addiction may be different for Alcohol and Marijuana

Abuse vs. Casual Use

The diagnostic criteria for Cannabis Abuse is as follows:

- A. Cannabis Abuse: A destructive pattern of cannabis use, leading to significant social, occupational, or medical impairment.
- B. Must have three (or more) of the following, occurring when the cannabis use was at its worst:
 - Cannabis tolerance: Either need for markedly increased amounts of cannabis to achieve intoxication, or markedly diminished effect with continued use of the same amount of cannabis.
 - Greater use of cannabis than intended: Cannabis was often taken in larger amounts or over a longer period than was intended
 - Unsuccessful efforts to cut down or control cannabis use: Persistent desire or unsuccessful efforts to cut down or control cannabis use
 - Great deal of time spent in using cannabis, or recovering from hangovers
 - Cannabis caused reduction in social, occupational or recreational activities: Important social, occupational, or recreational activities given up or reduced because of cannabis use.
 - Continued using cannabis despite knowing it caused significant problems: Continued cannabis use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been worsened by cannabis

Another Problem: Prescription Drug Interactions

- Older persons regularly consume on average between two and six prescription medications and between one and three over the counter medications (Larsen, Martin 1999).
- Much study has been made of the drug to drug interactions between alcohol and many commonly-prescribed medications for older adults.
- Fraser (1997) writes about alcohol use interfering with the metabolism of many medications and being a leading risk factor for the development of adverse drug reactions.
- The interactions between psychoactive medications such as benzodiazepenes, barbiturates, and antidepressants and other medications can be problematic for older adults (Bartels, Blow, Brockman, Van Citters, 2005).

Another Problem: Prescription Drug Interactions

- Herbal supplements can be dangerous when mixed with prescription drugs (Paddison, 2001).
- Many herbal remedies have a blood thinning effect and when mixed with prescription blood thinners may cause an internal bleed or increase the risk of a stroke by bleeding.
- Some herbal remedies may increase blood clotting.
- Echinacea, which boosts the immune system, is contraindicated for persons who take medications for lupus, arthritis, and organ transplantation because immune system suppression is called for.
- For the most part, the effects of marijuana when mixed with most prescription drugs are unknown.

The Future of Aging ?



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