Use of Alcohol, Tobacco, and Marijuana in Older Adults with Prescription Opioid Treatment

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Background

- Older adults are frequently prescribed prescription opioids for their chronic pain. Research indicates that 15% of community dwelling older adults over the age of 65 used at least one opioid analgesic drug in 1999.
- Older adults are particularly susceptible to the development of dependence on opioids as a result of their changes in body composition and drug metabolism.
- The combined use of substance and opioid drug can have very detrimental effects on one’s health and has been found to be a risk factor for prescription drug misuse.
- The potential for drug-substance interactions lead to adverse events.

Purpose

The purpose of this study is to describe the use of alcohol, tobacco, and illegal drugs in older adults with prescription opioid treatment.

Methods

Design: Cross-sectional design
Measures:
- Demographic questionnaire
- The Timeline Followback (TLFB)
  - A tool for assessing use of prescription drugs, alcohol, tobacco, and illicit substances by subjective report from participants
  - Can be used to assess the prevalence of addictive behaviors among participants
- Data analysis: Descriptive statistics using SPSS 19.0

Setting:
- Adult day care, a geriatric primary clinic, and the geriatric evaluation and management clinic at Buffalo VA medical center
- Pain management clinic
- Senior apartments and senior centers in Buffalo area

Eligibility Criteria
- Age: 50 or above
- Mini Mental Status Exam (MMSE) scores equal to or greater than 24
- Currently taking prescribed opioids for treatment of chronic pain
- Be able to communicate in English

Results

Table 1 Demographic Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N=103</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Mean 64 ± 11.82</td>
</tr>
<tr>
<td>Gender</td>
<td>Male 57 (55.3%)</td>
</tr>
<tr>
<td>Race</td>
<td>White 53 (51.5%)</td>
</tr>
<tr>
<td>Marital Status</td>
<td>Married 48 (46.4%)</td>
</tr>
<tr>
<td>Mental Status</td>
<td>Depression 16 (15.4%)</td>
</tr>
<tr>
<td>Living Arrangements</td>
<td>Living alone 14 (13.5%)</td>
</tr>
<tr>
<td>Income</td>
<td>Low 34 (32.8%)</td>
</tr>
<tr>
<td>Education</td>
<td>Less than HS 4 (3.9%)</td>
</tr>
</tbody>
</table>

Table 2 Use of Alcohol, Tobacco, Illegal Drugs within 30 days

<table>
<thead>
<tr>
<th>Substance</th>
<th>Daily use</th>
<th>Non Daily use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol</td>
<td>41 (39.8%)</td>
<td>62 (60.2%)</td>
</tr>
<tr>
<td>Tobacco</td>
<td>14 (13.6%)</td>
<td>89 (86.4%)</td>
</tr>
<tr>
<td>Marijuana</td>
<td>6 (5.8%)</td>
<td>97 (94.2%)</td>
</tr>
</tbody>
</table>

Conclusions

- The concurrent use of substances and prescription opioid is especially concerning because of the possible drug-substance interactions.
- Findings indicated that substance use in older adults receiving opioid treatment is a common problem.
- It is important that health care providers routinely assess use of substance in this population.
- It also suggests a need for providing education to older adults taking prescription opioids to reduce the use of substances.

Limitations

- Cross-sectional design limits generalizability of the findings.
- There may be an underreport of substance use because of social desirability.
- Futures studies should investigate the effects of emotional distress (e.g., depression and anxiety) on substance use among older adults.
- Next step of this study will be to identify risk factors of substance use among older adults.

Bibliography

Turk, D. C., Swanson, K.S., & Gatchel, R.J. (2008). Predicting opioid use disorders a result of their changes in body composition and drug metabolism.

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A total of 103 older adults with prescription opioid treatment participated in the study (Table 1).
Thirty-three percent of participants reported alcohol consumption with 18 participants reporting high-risk drinking and 16 participants reporting low-risk drinking. Forty percent of them reported tobacco use, 11% reported marijuana use, and two participants reported cocaine use. (Table 2).