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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.



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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 (N=103)

		N	%
Gender	Female	46	44.7%
	Male	57	55.3%
Race	White	53	51.5%
	Black	38	36.9%
	Other	12	11.6%
Marital Status	Married	48	46.6%
	Divorced	26	25.2%
	Widowed	14	13.6%
	Separated	5	4.9%
	Never been married	7	6.8%
	Unmarried couple	3	2.9%
Living Arrangements	Living alone	34	33.0%
	Living with spouse	53	51.5%
	Living with other family members	16	15.5%
Job	Full-time	12	11.7%
	Retired	80	77.7%
	Part-time	8	7.7%
	Missing	3	2.9%
Volunteer	No	78	75.7%
	Yes, Part-time	18	17.5%
	Yes, Full-time	6	5.8%
	Missing	1	1.0%
Income	Less than 15,000	29	28.2%
	15,001-25,000	27	26.2%
	25,001-50,000	30	29.1%
	50,001-75,000	6	5.8%
	More 75,000	8	7.8%
	Missing	3	2.9%
Education	Mean (±SD)	12.56 (±2.26)	
	Range	4-18	
Age	Mean (±SD)	64.65 (±11.82)	
	Range	42-95	

Table 2 Use of Alcohol, Tobacco, Illegal Drugs within 30 days (N=103)

Substance	Category	Definition	N(%)	
Alcohol*	No		69 (67%)	
	Yes		34 (33%)	
		Low-risk	less than 3 drinks/day or less than 7 drinks/ week	16
	High-risk	more than 3 drinks/day or more than 7 drinks/ week	18	
Tobacco**	No		62(60.2%)	
	Yes		41(39.8%)	
		Heavy smoker	20 or more cigarettes/ day	18
		Moderate smoker	10-20 cigarettes/ day	14
		Light smoker	Less than 10 cigarettes/ day	5
	Non-daily smokers		4	
Marijuana	No		92 (89.3%)	
	Yes		11(10.7%)	
		Daily user	one or more unit/day	5
	Non-daily user		6	
Cocaine	No		101(98%)	
	Yes		2(2%)	
		Daily user		1
	Non-daily user		1	

*Source: National Institute on Alcohol and Alcoholism (NIAAA), 2010

**Source: Song, Sung, & Cho, 2008

- 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**).

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.