

APA Official Actions

Position Statement on Substance Use Disorders in Older Adults

Approved by the Board of Trustees, December 2015

Approved by the Assembly, November 2015

"Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . ." – *APA Operations Manual*

Issue:

Substance use disorders are a growing trend among older adults and aging Baby Boomers (born in 1946-1964) and are currently underdiagnosed and undertreated. Substance use disorders in older adults can lead to significant problems for individuals, families and communities, and present major challenges to primary care and substance use disorder treatment providers due to increased comorbidity with medical, mental and cognitive disorders in later life, and increased rates of suicide. It is currently estimated that 8.2% of older adults misuse alcohol and medications and although the majority (87%) of older adults see a physician regularly about 40% of those who are at risk do not self-identify or seek services for substance-related problems and are unlikely to be identified by their physicians (7).

APA Position:

1. The diagnosis and treatment of substance use disorders should be recognized as an essential part of medical and psychiatric care of older adults. Patients with identified substance use disorders should be educated about the condition and offered or referred for appropriate treatment;
2. Psychiatrists and other involved healthcare providers should promote screening for co-occurring mental and substance use disorders by primary health care, mental health, and substance abuse treatment providers and encourage the development of integrated treatment strategies;
3. Careful attention is needed in evaluating psychosocial stressors that may contribute to increased risk of substance use disorder (e.g., retirement, financial stressors, loneliness, medical problems, etc).
4. Psychiatrists must remember that older adults, and particularly older women, may be more sensitive to the toxic effects of substances due to physiological changes with aging, including reduction in lean body mass, comorbid medical, cerebrovascular and neurodegenerative processes that reduce brain resilience to the effects of substances and prescription pain- and sedative medications. Assessment of these risk factors should be considered routinely in management of older adults, particularly when considering prescribing controlled substances or when managing substance use disorders.
5. Older adult mental health services, including substance use prevention and treatment services, should be integrated into primary health care, long-term care and community-based service systems;

6. Older adults should have full access to an affordable and comprehensive range of mental health services, including substance use disorder services; these should include acute treatment and prevention of substance use disorders and should include home-based care and community-based care, as well as outreach to long-term care facilities;
7. Training at the level of medical school, residency and fellowship should help develop competence in the diagnosis, treatment, and prevention of substance use disorders in older adults;
8. More research is needed on the effects of medicinal and recreational cannabis use in older adults and interaction with comorbid medical and cognitive disorders and other prescription medication;
9. Development of public policy should help modify public and private health and long-term care insurance plans to:
 - eliminate exclusions based on pre-existing conditions;
 - guarantee parity in coverage and reimbursement for physical health and mental health, including substance use disorders;
 - ensure that older persons who are eligible for Medicare have access to a full range of treatment options for substance use disorders;
 - improve and effectively coordinate benefits, at all government levels, for those individuals who are dually eligible for Medicare and Medicaid coverage;
 - promote the development and implementation of home and community-based care for substance use disorders as an alternative to institutionalization through a variety of public and private funding mechanisms;
 - promote older adult mental health and substance use disorder treatment research, and coordinate and finance the movement of evidence-based and emerging best practices between research and service delivery;
 - increase collaboration among aging, health, mental health, and substance use disorder consumer organizations, advocacy groups, professional associations, academic institutions, research entities, and all relevant government agencies to promote more effective use of resources and to reduce fragmentation of services.