

Substance Use in Older Adults



National Institute
on Drug Abuse

Drug Facts

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The scope of substance use in older adults

While illicit drug use typically declines after young adulthood, nearly 1 million adults aged 65 and older live with a substance use disorder (SUD), as reported in 2018 data.¹ While the total number of SUD admissions to treatment facilities between 2000 and 2012 differed slightly, the proportion of admissions of older adults increased from 3.4% to 7.0% during this time.²



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Are older adults impacted differently by alcohol and drugs?

Aging could possibly lead to social and physical changes that may increase vulnerability to substance misuse. Little is known about the effects of drugs and alcohol on the aging brain. However, older adults typically metabolize substances more slowly, and their brains can be more sensitive to drugs.³ One study suggests that people addicted to cocaine in their youth may have an accelerated age-related decline in temporal lobe gray matter and a smaller temporal lobe compared to control groups who do not use cocaine. This could make them more vulnerable to adverse consequences of cocaine use as they age.¹⁹

Older adults may be more likely to experience mood disorders, lung and heart problems, or memory issues. Drugs can worsen these conditions, exacerbating the negative health consequences of substance use. Additionally, the effects of some drugs—like impaired judgment, coordination, or reaction time—can result in accidents, such as falls and motor vehicle crashes. These sorts of injuries can pose a greater risk to health than in younger adults and coincide with a possible longer recovery time.

Prescription Medicines

Chronic health conditions tend to develop as part of aging, and older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications. One study of 3,000 adults aged 57-85 showed common mixing of prescription medicines, nonprescription drugs, and dietary supplements. More than 80% of participants used at least one prescription medication daily, with nearly half using more than five medications or supplements,⁵ putting at least 1 in 25 people in this age group at risk for a major drug-drug interaction.⁵

Other risks could include accidental misuse of prescription drugs, and possible worsening of existing mental health issues. For example, a 2019 study of patients over the age of 50 noted that more than 25% who misuse prescription opioids or benzodiazepines expressed suicidal ideation, compared to 2% who do not use them, underscoring the need for careful screening before prescribing these medications.⁶



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Opioid Pain Medicines

Persistent pain may be more complicated in older adults experiencing other health conditions. Up to 80% of patients with advanced cancer report pain, as well as 77% of heart disease patients, and up to 40% of outpatients 65 and older.⁸ Between 4-9% of adults age 65 or older use prescription opioid medications for pain relief.⁷ From 1995 to 2010, opioids prescribed for older adults during regular office visits increased by a factor of nine.⁷

The U.S. population of adults 55 and older increased by about 6% between 2013-2015, yet the proportion of people in that age group seeking treatment for opioid use disorder increased nearly 54%.⁴ The proportion of older adults using heroin—an illicit opioid—more than doubled between 2013-2015,⁴ in part because some people misusing prescription opioids switch to this cheaper drug.⁴

Marijuana

Nine percent of adults aged 50-64 reported past year marijuana use in 2015-2016, compared to 7.1% in 2012-2013.¹⁰ The use of cannabis in the past year by adults 65 years and older increased sharply from 0.4% in 2006 and 2007 to 2.9% in 2015 and 2016.²²

Medical Marijuana

One U.S. study suggests that close to a quarter of marijuana users age 65 or older report that a doctor had recommended marijuana in the past year.¹⁰ Research suggests medical marijuana may relieve symptoms related to chronic pain, sleep hygiene, malnutrition, depression, or to help with side effects from cancer treatment.¹¹ It is important to note that the marijuana plant has not been approved by the Food and Drug Administration (FDA) as a medicine. Therefore, the potential benefits of medical marijuana must be weighed against its risks, particularly for individuals who have other health conditions or take prescribed medications.¹¹



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Risks of Marijuana Use

Regular marijuana use for medical or other reasons at any age has been linked to chronic respiratory conditions, depression, impaired memory, adverse cardiovascular functions, and altered judgement and motor skills.¹² Marijuana can interact with a number of prescription drugs and complicate already existing health issues and common physiological changes in older adults.

Nicotine

The Centers for Disease Control and Prevention (CDC) reports that in 2017, about 8 of every 100 adults aged 65 and older smoked cigarettes, increasing their risk for heart disease and cancer.²⁰ While this rate is lower than that for younger adults, research suggests that older people who smoke have increased risk of becoming frail, though smokers who have quit do not appear to be at higher risk.¹⁴ Although about 300,000 smoking-related deaths occur each year among people who are age 65 and older, the risk diminishes in older adults who quit smoking.¹³ A typical smoker who quits after age 65 could add two to three years to their life expectancy. Within a year of quitting, most former smokers reduce their risk of coronary heart disease by half.¹³

Nicotine Vaping

There has been little research on the effects of vaping nicotine (e-cigarettes) among older adults; however, certain risks exist in all age groups. Some research suggests that e-cigarettes might be less harmful than cigarettes when people who regularly smoke switch to vaping as a complete replacement. However, research on this is mixed, and the FDA has not approved e-cigarettes as a smoking cessation aid. There is also evidence that many people continue to use both delivery systems to inhale nicotine, which is a highly addictive drug.



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Alcohol

Alcohol is the most used drug among older adults, with about 65% of people 65 and older reporting high-risk drinking, defined as exceeding daily guidelines at least weekly in the past year.¹⁶ Of particular concern, more than a tenth of adults age 65 and older currently binge drink,¹⁸ which is defined as drinking five or more drinks on the same occasion for men, and four or more drinks on the same occasion for women. In addition, research published in 2020 shows that increases in alcohol consumption in recent years have been greater for people aged 50 and older relative to younger age-groups.²¹

Alcohol Use Disorder: Most admissions to substance use treatment centers in this age group relate to alcohol.² One study documented a 107% increase in alcohol use disorder among adults aged 65 years and older from 2001 to 2013.¹⁶ Alcohol use disorder can put older people at greater risk for a range of health problems, including diabetes, high blood pressure, congestive heart failure, liver and bone problems, memory issues and mood disorders.¹⁶

Risk Factors for Substance Use Disorders in Older Adults

Physical risk factors for substance use disorders in older adults can include: chronic pain; physical disabilities or reduced mobility; transitions in living or care situations; loss of loved ones; forced retirement or change in income; poor health status; chronic illness; and taking a lot of medicines and supplements. Psychiatric risk factors include: avoidance coping style; history of substance use disorders; previous or current mental illness; and feeling socially isolated.¹⁹

How are substance use disorders treated in older adults?

Many behavioral therapies and medications have been successful in treating substance use disorders in older adults.

Little is known about the best models of care, but research shows that older patients have better results with longer durations of care.⁷ Ideal models include diagnosis and management of other chronic conditions, re-building support networks, improving access to medical services, improved case management, and staff training in evidence-based strategies for this age group.⁷

Providers may confuse SUD symptoms with those of other chronic health conditions or with natural, age-related changes. Research is needed to develop targeted SUD screening methods for older adults. Integrated models of care for those with coexisting medical and psychiatric conditions are also needed.² It is important to note that once in treatment, people can respond well to care.²



Photo by NIDA

Read more about drug addiction treatment in our [Treatment Approaches for Drug Addiction DrugFacts](#).

Points to Remember

- While use of illicit drugs in older adults is much lower than among other adults, it is currently increasing.
- Older adults are often more susceptible to the effects of drugs, because as the body ages, it often cannot absorb and break down drugs and alcohol as easily as it once did.
- Older adults are more likely to unintentionally misuse medicines by forgetting to take their medicine, taking it too often, or taking the wrong amount.
- Some older adults may take substances to cope with big life changes such as retirement, grief and loss, declining health, or a change in living situation.
- Most admissions to substance use treatment centers in this age group are for alcohol.
- Many behavioral therapies and medications have been successful in treating substance use disorders, although medications are underutilized.
- It is never too late to quit using substances—quitting can improve quality of life and future health.
- More science is needed on the effects of substance use on the aging brain, as well as into effective models of care for older adults with substance use disorders.
- Providers may confuse symptoms of substance use with other symptoms of aging, which could include chronic health conditions or reactions to stressful, life-changing events.

Additional Resources

- *Talking with Your Adult Patients about Alcohol, Drug, and/or Mental Health Problems: A Discussion Guide for Primary Health Care Providers:*
<https://store.samhsa.gov/product/Talking-with-Your-Adult-Patients-about-Alcohol-Drug-and-or-Mental-Health-Problems/sma15-4584>
- *Linking Older Adults With Medication, Alcohol, and Mental Health Resources:*
<https://store.samhsa.gov/product/Linking-Older-Adults-With-Medication-Alcohol-and-Mental-Health-Resources/sma03-3824>
- *Too Many Prescription Drugs Can Be Dangerous, Especially for Older Adults:*
https://publichealth.hsc.wvu.edu/media/3331/polypharmacy_pire_2_web_no-samhsa-logo.pdf
- *National Council on Aging, Issue Brief 2: Alcohol Misuse and Abuse Prevention:*
<https://www.ncoa.org/resources/issue-brief-2-alcohol-misuse-and-abuse-prevention/>

Learn More

For more information about substance use in older adults, visit:

- [NIDA Notes: Drug Use and Its Consequences Increase Among Middle-Aged and Older Adults](#)
- [Principles of Drug Addiction Treatment: A Research-Based Guide \(Third Edition\)](#)

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