

Prescription Drug Misuse Among Older Adults: Understanding the Problem



Approximately 2.7 million older adults reported ever misusing prescription drugs in 2012, compared with 2.0 million in 2011.¹



In 2012, significantly more adults aged 65 or older reported lifetime misuse of prescription drugs than in 2011—that is, their use in a manner not prescribed or intended by a physician.¹ This represents a growing public health problem among older adults.

Much of this growth is attributed to the aging of the baby boom cohort (born between 1946 and 1964).²⁻⁴ This cohort had higher rates of illicit drug use as teenagers and young adults than did older cohorts. In fact, continued growth in older adults' misuse of prescription drugs is projected, and may become more pronounced, as the 60–64 age group (persons born from 1948 to 1952) continues to age into the 65 and older age range, followed in turn by the younger baby boomers (aged 50–59).³⁻⁵ This is due in part to a higher frequency of prescription and illicit drug use seen in persons aged 50–59 and persons aged 60–64, which could portend higher misuse as these individuals age.

Persons aged 65 and older constitute 13 percent of the U.S. population. Fully one-third of all prescriptions in the United States are written for these older adults.⁶

In 2012, approximately 442,000 adults aged 65 or older reported having misused a prescription drug within the past month.¹ Past-year prescription drug misuse is tied with marijuana use as the most commonly reported category of illicit drugs among older adults.^{7,8}

Prescription drug misuse among older adults is rooted in their increased risk of experiencing chronic pain—both physical and emotional—ranging from musculoskeletal disorders and physical trauma (e.g.,

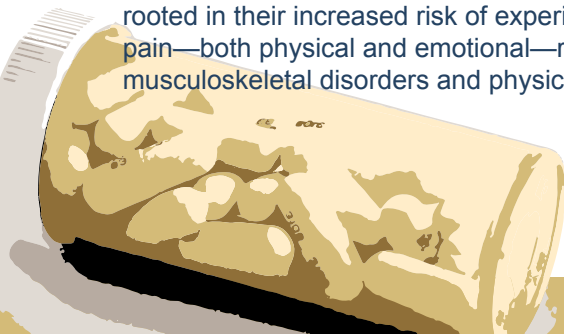
as a result of falls) to anxiety, depression, loss of family members, and social isolation.^{9,10} Controlled substances also are more likely to be prescribed long term to older adults for what are perceived to be chronic conditions, and the appropriateness of these prescriptions may not be sufficiently reviewed.¹¹ Older adults may also be at high risk for the indicated side effects of some prescription medicines or for their interactive effects when taken with other medications.

Misuse Increases With Age

Intentional prescription drug misuse among older adults is relatively rare, particularly among individuals who lack a history of substance abuse.¹² However, medical exposure to prescription drugs with abuse potential is a risk factor associated with drug abuse in older adults. The misuse of prescribed drugs among individuals undergoing treatment for substance use problems increases markedly with age.¹³ Other risk factors include social isolation, a history of a mental health or substance use disorder, and female gender.⁹ Problems related to the misuse of these drugs may be exacerbated when increasingly frail older adults who are experiencing adverse changes in cognition take inappropriate doses of these medications, consume them for the wrong reasons, or combine them with alcohol.⁶ Dementia may be particularly problematic because of resulting challenges to the ability of older individuals to read and understand medication labels and also to remember whether they took their medications as indicated.¹⁴

Pain: An Underlying Cause of Prescription Drug Misuse Among Older Adults

Pain relievers are the most commonly misused types of prescription drugs among older adults.^{3,13} Chronic pain is by far the most common reason for misuse of prescription pain medications.¹⁵



References

- 1) Office of Applied Studies. (2013). Table 1.17A—Nonmedical use of prescription-type psychotherapeutics in lifetime, past year, and past month, by detailed age category: Numbers in thousands, 2011 and 2012. In *Results from the 2012 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect1peTabs1to46-2012.htm>
- 2) Han, B., Gfroerer, J. C., Colliver, J. D., & Penne, M. A. (2009). Substance use disorder among older adults in the United States in 2020. *Addiction*, 104, 88–96.
- 3) Substance Abuse and Mental Health Services Administration. (2013). *Results from the 2012 National Survey on Drug Use and Health: Summary of national findings* (NSDUH Series H 46, HHS Publication No. [SMA] 13-4795). Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 4) Wu, L.-T., & Blazer, D. G. (2011). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health*, 23, 481–504. Available at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3097242/>
- 5) Colliver, J. D., Compton, W. M., Gfroerer, J. C., & Condon, T. (2006). Projecting drug use among aging baby boomers in 2020. *Annals of Epidemiology*, 16, 257–265.
- 6) Clay, S. W. (2010). Treatment of addiction in the elderly. *Journal of Aging and Health*, 6, 177–189.
- 7) Office of Applied Studies. (2013). Table 1.12B—Marijuana use in lifetime, past year, and past month, by detailed age category: Percentages, 2011 and 2012. In *Results from the 2012 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect1peTabs1to46-2012.htm>
- 8) Office of Applied Studies. (2013). Table 1.17B—Nonmedical use of prescription-type psychotherapeutics in lifetime, past year, and past month, by detailed age category: Percentages, 2011 and 2012. In *Results from the 2012 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Available at <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect1peTabs1to46-2012.htm>
- 9) Simoni-Wastila, L., & Yang, H. K. (2006). Psychoactive drug abuse in older adults. *American Journal of Geriatric Pharmacotherapy*, 4(4), 380–394.
- 10) Levi-Minzi, M. A., Surratt, H. L., Kurtz, S. P., & Buttram, M. E. (2013). Under treatment of pain: A prescription for opioid misuse among the elderly? *Pain Medicine*, 14(11), 1719–1729.
- 11) National Institute on Drug Abuse. (2011). *Prescription drugs: Abuse and addiction* (Research Report Series, NIH Pub. No. 11-4881). Bethesda, MD: National Institutes of Health.
- 12) Culberson, J. W., & Ziska, M. (2008). Prescription drug misuse/abuse in the elderly. *Geriatrics*, 63(9), 22–31.
- 13) Cicero, T. J., Surratt, H. L., Kurtz, S. P., Ellis, M. S., & Inciardi, J. A. (2012). Patterns of prescription opioid abuse in an aging treatment population. *Journal of Substance Abuse Treatment*, 42, 87–94.
- 14) Davis, T. C., Federman, A. D., Bass, P. F., Jackson, R. H., Middlebrooks, M., Parker, R. M., & Wolf, M. S. (2008). Improving patient understanding of prescription drug label instructions. *Journal of General Internal Medicine*, 24, 57–62.
- 15) Blazer, D. G., & Wu, L. T. (2009). Nonprescription use of pain relievers by middle-aged and elderly community-living adults: National Survey on Drug Use and Health. *Journal of the American Geriatrics Society*, 57(7), 1252–1257.



The Substance Abuse and Mental Health Services Administration supports the Preventing Prescription Abuse in the Workplace Technical Assistance Center. For more information, contact PAWTArequest@PIRE.org.