

Co-Occurring Disorders in Older Adults

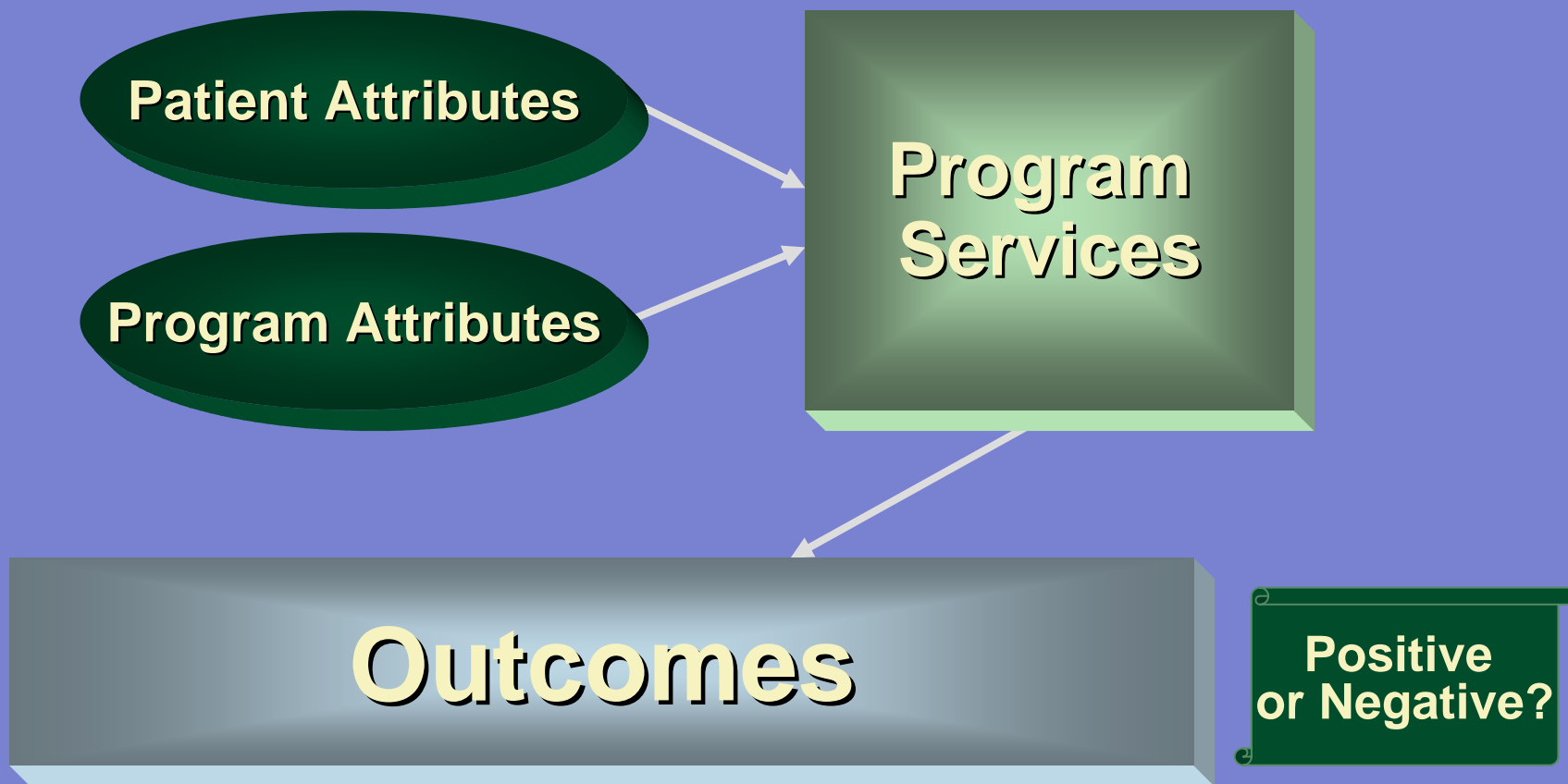
NASMHPD's Older Person's Division Annual Meeting
September 27, 2005

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SAMHSA's Co-Occurring Center for Excellence (COCE)

- **Launched in 2003 as a national resource on co-occurring disorders (COD)**
- **Receive and transmit advances in COD**
- **Guide enhancements in infrastructure and clinical capacities**
- **Foster the infusion and adoption of evidence-based practices**

Service Delivery



COCE Core Products and Services

- The COCE Web Site www.coce.samhsa.gov
- Technical Assistance - direct request to:
Email: samhsacoce@cdmgroup.com
Phone: **301-951-3369**
- Meetings and conferences
- Pilot evaluation of the Performance Partnership Grant (PPG) measure
- Overview papers, technical reports, and other products

COCE Overview Papers

Priority Content Area	Overview Papers
Definitions, Principles, and Epidemiology	Definitions, Terminology, and Nosology Overarching Principles Epidemiology of Co-Occurring Disorders
Screening, Assessment, Treatment Planning, and Treatment Services	Screening, Assessment, and Treatment Planning Treatment: Vol 1: Treatment Techniques Treatment: Vol 2: Evidence- and Consensus- Based Practices Treatment: Vol 3: Special Settings Treatment: Vol 4: Special Populations
Workforce Issues	Workforce Development and Training Certification and Licensure
Systems Issues	Financing Mechanisms Systems Integration Services Integration
Prevention and Early Intervention	Prevention
Evaluation and Monitoring	Evaluation and Monitoring Information Sharing

Primary COCE Target Audiences for Technology Transfer

States →

State Grantees

- **COSIG States**
- **Policy Academy States**
- **Other States**

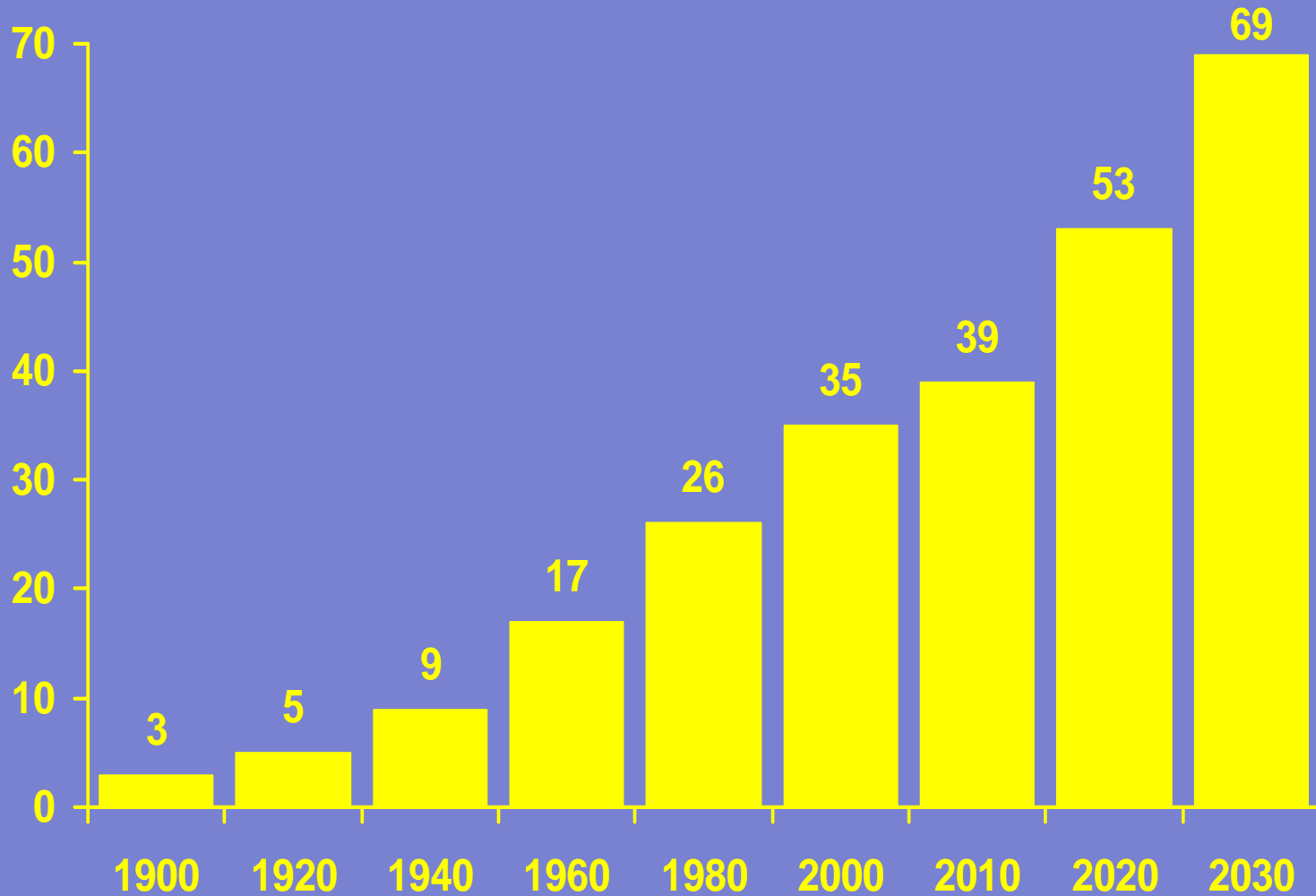
Sub-State Entities →

- **Cities**
- **Counties**
- **Tribes**
- **Public/Private Service Delivery Organizations/Associations**

“Age is only a number”

Linkletter

Number of Americans >65 (Millions)



U.S. Bureau of Census

Substance Use Problems in Older Adults: Drug Categories

- Illicit Drugs
- Alcohol
- Prescription/OTC

Illicit Drug Use in Older Adults

- Approx. 3.5% older adults (age 50 and older) have used 1 or more illicit substances in the past year
- Of these past-year users, 16.0% may have illicit drug abuse or dependence problems
 - 59% are male
 - 41% are female

(2002 National Survey on Drug Use and Health)

Substance Use in Older Adults

- Alcohol use is also high in 50+ population – 2.3 Million, or 14.1%, meet criteria for alcohol abuse/dependency
 - 1.84 Million are male (80.0%)
 - 459,000 are female (20.0%)

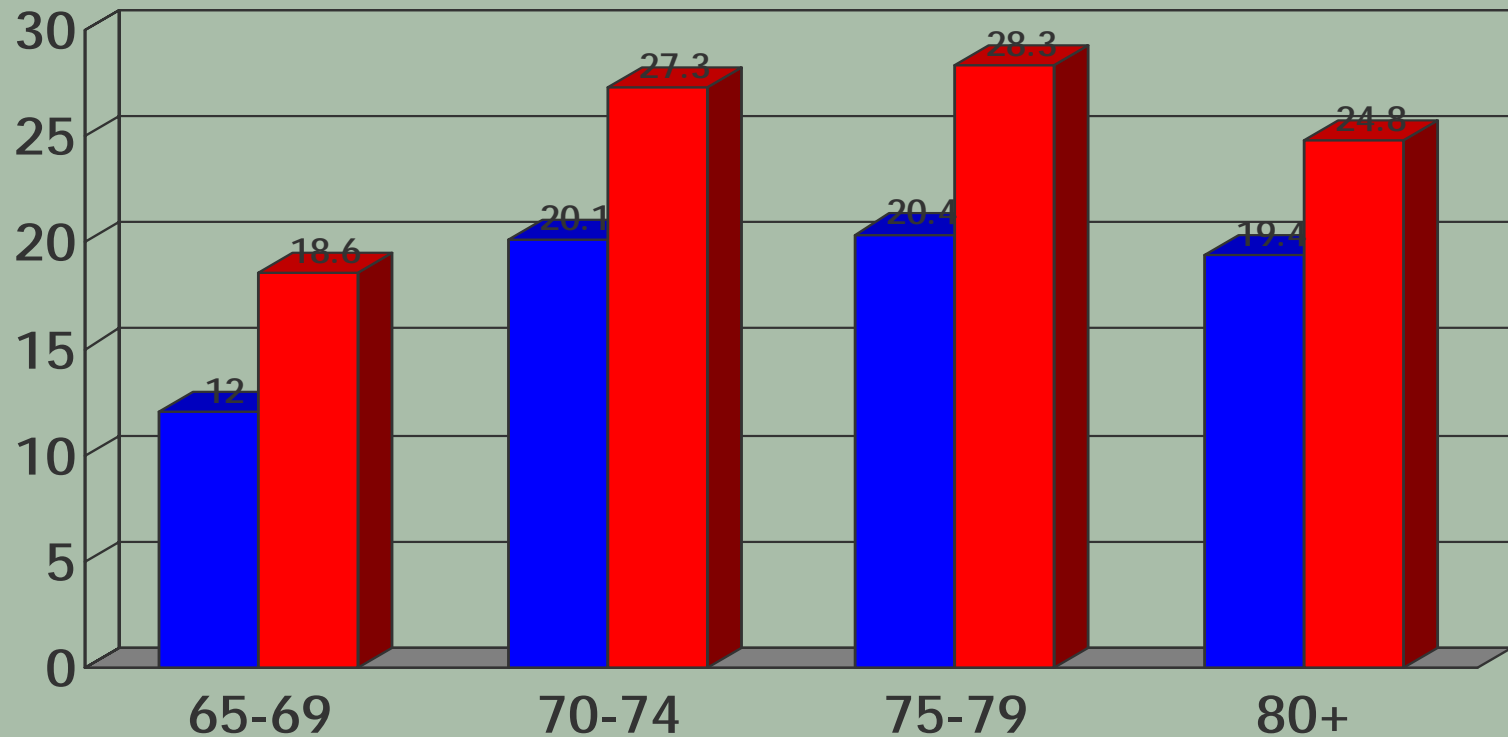
(2002 NSDUH)

Abuse Potential: Medical Exposure

- General US population
 - Women = 20.0%
 - Men = 12.5%
- Among elders aged 65 and older, 21.7%, or 7.22M, receive at least 1 abusable Rx annually
 - Women = 24.6%
 - Men = 17.7%

Simoni-Wastila et al, Sub Use and Misuse, 2004

Medical Exposure to Abusable Rx Drugs by Gender and Age



Simoni-Wastila et al, 2004

■ Male ■ Female

Prescription Drug Misuse

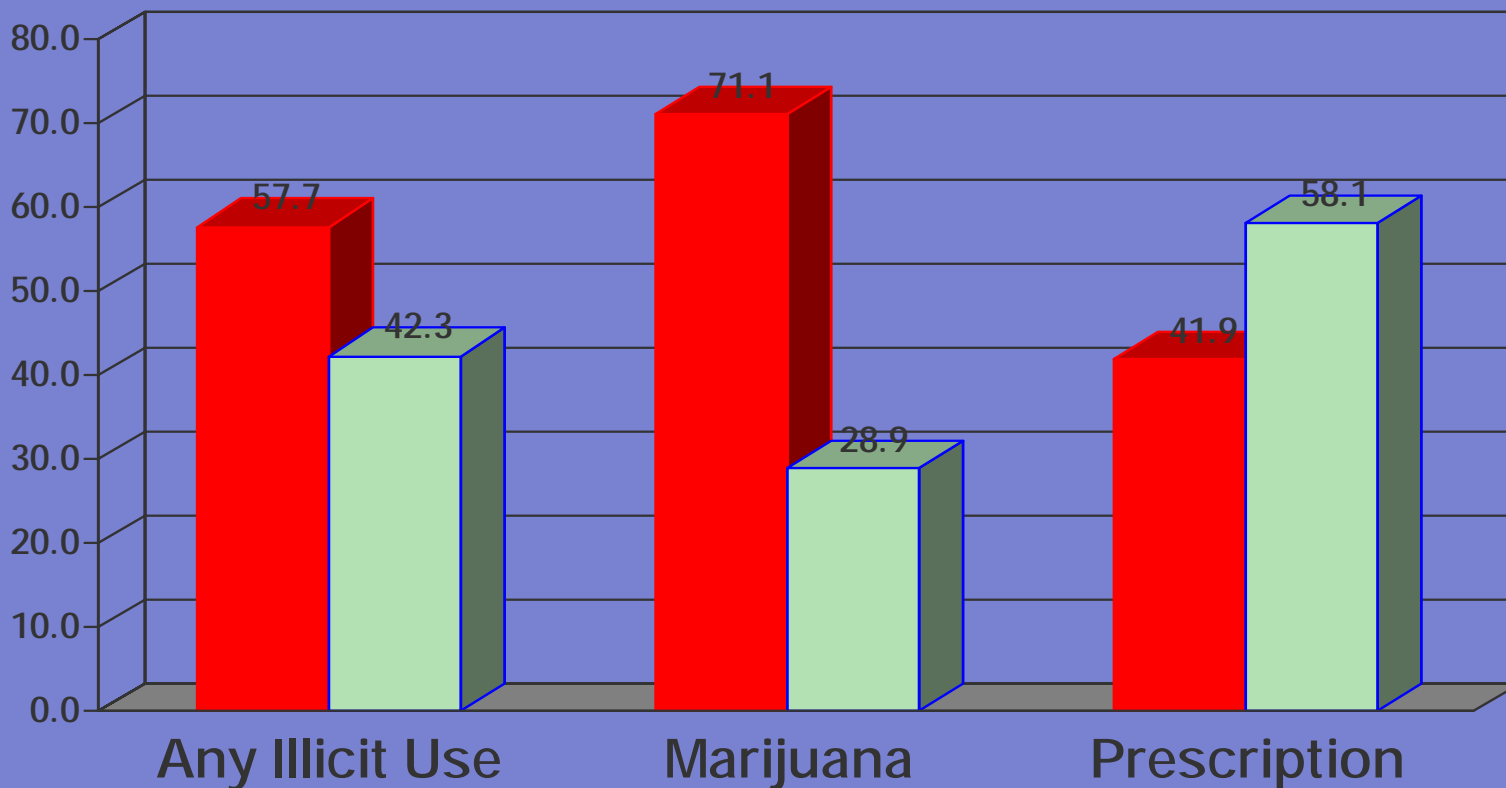
Any Rx drug can be “misused”

Misuse: outside of medically prescribed regimen, eg:

- Non-compliance
- Taking a different dose
- Sharing drug with others
- Obtaining drug from non-medical source
- Taking drug for psychoactive effects
- Using the drug with alcohol

Simoni-Wastila et al, Sub Use and Misuse, 2004

Substance Use Type by Gender – 50 and Older



Male Female

(2002 NSDUH presented by Thomas Patterson, PH.D.)

The Internet: a Significant Source for Prescription Drugs

“The internet has become a virtual wild west bazaar for spam emails and websites that sell controlled substances with little or no oversight..”

Drug Enforcement Administration, 2004

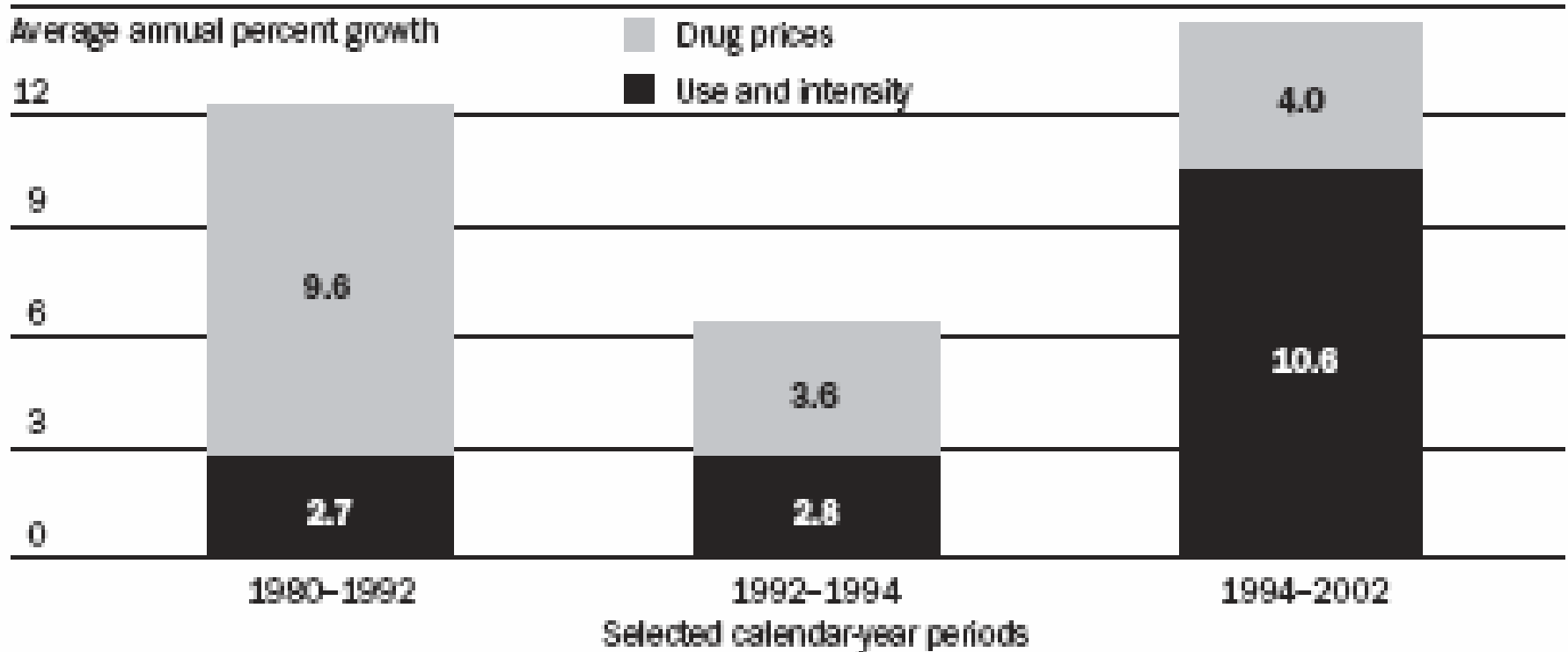
Baby Boomers “Come of Age”

- Current Problem: minimal knowledge of substance use and co-occurring disorders in older adults
- Substance misuse in older adults expected to be a growing problem due to “boomers”:
 - More accepting of alcohol and drug use
 - Used more in youth
 - Use more NOW
 - Use more psychoactive Rx drugs now
 - 3-4x more emotional disorders

Increased Spending Primarily Due to Increased Use

EXHIBIT 2

Factors Accounting For Growth In U.S. Prescription Drug Spending, 1980–2002



SOURCE: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group.

NOTES: Use and intensity includes changes in the quality and mix of drugs as well as the increase in cost of new drugs in their first year of introduction. The price change of new drugs is not captured in the price component until their second year of use, which eliminates the initial new drug price impact.

(Reinhardt et al., 2004)

Under-Use of Medications May be Increasing

“Two-thirds of older patients reduce use of medications due to cost”

(Archives of Internal Medicine, 2004)

Prescription Drug Abuse (cont)

- **Scope of use**
 - 30% of prescription consumed by 12% of population >65 years
 - \$15 billion/year in elderly (4x's younger individuals)
- **Access to prescription drugs is easier than ever before**

Where Do We Go From Here?

- Improve diagnostic criteria
- Focus research on compliance
- Develop integrated treatment programs tailored to older adults
- Explicate age related changes in drug abuse
- Examine impact of internet/foreign purchase of med's

COD Resources

- **SAMHSA's Co-Occurring Center for Excellence at www.coce.samhsa.gov**
- **Co-Occurring Dialogues Discussion List:** Membership is free and unrestricted and can be done by sending an e-mail to dualdx@treatment.org.
- **Co-Occurring State Incentive Grants (COSIG) and Policy Academies:** see SAMHSA website for information at www..samhsa.gov
- **Reports** (see COCE website)