

# Substance Use, HIV, and Older Adults: Tips for HIV Clinicians

**Why do providers need to focus specifically on the needs of older adults?** One in seven individuals living in the United States is an older adult, which is an increase of 21% since 2002<sup>1</sup>. With the number expected to grow in the overall population (becoming closer to 1 in 5 Americans by 2050<sup>2</sup>) in addition to increases among minority elderly by the year 2030 (131% increase in older African-Americans, 328% in elderly Latino-Americans<sup>3</sup>), the impact of these aging individuals on the healthcare system creates unique challenges for primary care, mental health, and substance abuse providers. Adults 65 and over take more over-the-counter medications than any other group in the United States<sup>4</sup>. Older adults are also susceptible to developing mental illness, substance use disorders and HIV at rates equal to, or greater, than their younger counterparts. From 2013-2014, the percentage increase in new HIV cases in CA was equivalent among adults 50 and older to the increase among adolescents (ages 13-19). This is a strong indication that HIV risk behaviors are not limited to a segment of the population prone to risk-taking behaviors of all kinds; an older, generally more conservative, better educated generation is also engaging in risk behaviors.

Older adults are at particular risk for contracting HIV and functional impairments across multiple life domains due to a combination of factors. A national study found that adults 50 and older were the most misinformed regarding HIV risk factors and transmission. The study found that older adults were likely to identify behaviors such as sharing a glass, swimming in a pool with someone, or touching a toilet seat used by someone who is HIV-positive as ways of transmitting the disease<sup>6</sup>.

Not unlike teenagers, many social and developmental changes and milestones occur for older adults that can contribute to risk-taking behaviors that may increase vulnerability to HIV infection. Older adults experience family and friends leaving the home or dying, and social isolation due to geographic obstacles, emotional barriers, or physical limitations that occur with aging. This places older adults at risk of developing significant mental health issues and substance use disorders which can cause and/or exacerbate physical health impairments. These multiple conditions require additional coordination and support from a variety of health providers. Unfortunately, little of the existing research targets psychiatric comorbidities among older adults who are HIV-positive.

## Misconceptions about Older Adults

Implicit biases about older adults and the functioning of older adults impacts the availability of resources to educate and support older patients. Surveys of 18-64 year-olds assessing their expectations of aging and functioning past 65 reveal consistently negative expectations compared to the actual experiences reported by individuals 65 and older, indicating a bias among younger adults. Studies also show that primary care providers hold biases in screening older adults for substance use or HIV risk factors as compared to younger patients, due to the assumption that presenting symptoms can often be attributed to the normative aging process<sup>7</sup>.

## Treatment Challenges with Older Adults

Older adults present unique challenges in treatment ranging from larger environmental or systemic factors (such as screening practices and biases discussed) to individual cultural differences and changes in functioning as an individual ages. As an individual ages, maintaining independence becomes more difficult due to physical limitations which can increase social isolation and symptoms of depression. Older white males exhibit the highest risk for attempting and completing suicide across any age range<sup>8</sup>. Financial concerns and the potential for financial exploitation or other types of elder abuse are common<sup>9</sup>. While memory issues and significant cognitive impairment are not part of the normal aging process, older individuals demonstrate reduced cognitive processing speed and greater risk of Alzheimer's and other neurodegenerative diseases. Substance abuse and HIV can significantly exacerbate neurocognitive impairments, which impact daily functioning and the ability to live independently. Older adults may also experience greater shame or stigma related to disclosure of sexual behaviors than younger adults, which may also impact screening and treatment.

## What is the Lifetime Prevalence of Substance Use among Older Adults?

While the vulnerability of developing a substance use disorder decreases beyond the early- and mid-twenties, older adults continue to use illicit drugs and alcohol at levels that may put them at risk for exacerbation of existing health conditions or development of additional physical or mental health issues. One study found that over half (58%) of older adults currently use alcohol and the majority (87%) of older adults using alcohol reported moderate to severe symptoms of depression<sup>10</sup>. Older HIV-positive adults who have lifetime occurrence of alcohol dependence are at greater risk of developing a non-alcohol substance use disorder (78%) as well as a lifetime occurrence of an affective disorder (78%)<sup>11</sup>.

## What are a Few Hot-Button Issues with Regard to National Older Adult Drug Trends?

Access to prescription medications continues to be an area of concern specifically related to older adults. As a result of older adults taking an average of 4.5 medications daily<sup>4</sup>, the potential for abuse/diversion or harmful side effects when combining prescription medications with illicit drugs remains an ongoing concern for treatment providers. Attitudes concerning the recreational use of illicit drugs and alcohol continue to shift as more Baby Boomers age. Growing up in the 1960s and 1970s, this generation's general attitude toward recreational drug use is more permissive than previous generations<sup>12</sup>. Advances in antiretroviral medications have extended life expectancy and led to significant improvements in daily functioning. Some medications even allow for concurrent alcohol consumption without the liver toxicity observed with other ART medications – though any illicit substance or alcohol use when taking ART medications remains inadvisable.

## It is Important to Know your Community Support and Treatment Resources!

Substance use transcends age, racial/ethnic, and geographic boundaries and impacts a very diverse array of populations. Though referral resources vary from location to location, Narcotics Anonymous, 12-step programs, substance use disorder treatment programs, and relapse prevention groups are often available for specific groups (MSM, women, HIV+ individuals, etc.). Enhancing social interaction – whether through 12-step groups, ongoing treatment, or engagement with other older adults – remains a critical goal in improving mental health, physical health, and substance use issues. You should become familiar with local treatment programs that have experience in treating older adult substance users. Treatment works...recovery is possible!

## HIV/Substance Abuse Websites Geared towards Older Adults

drugs + HIV > Learn the Link: <http://hiv.drugabuse.gov>.

New York Department of Health Reference Cards for Older Adults: <http://www.hivguidelines.org/clinical-guidelines/hiv-and-aging/>.

IKNOWHIV.ORG: <http://www.iknowhiv.org>.

**Keep a list of your local referral resources and update it regularly. Write down referral information you can share with your patient!**

**Need a local substance abuse treatment referral?** Phone: 1-800-662-HELP (SAMHSA National Helpline); Website: <http://findtreatment.samhsa.gov>

**Need a local 12-Step meeting?** Alcoholics Anonymous: <http://www.aa.org> (On the home page, click on the "How to Find A.A. Meetings" tab and then click on either the "Click Here" link [for A.A. Meetings in the U.S. or Canada] or "international General Services Office" link [for meetings located outside the U.S. or Canada])

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