

APA Resource Document

Resource Document on Substance Use Disorders in Older Adults

Approved by the Joint Reference Committee, June 2023

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Prepared by the Council on Geriatric Psychiatry

Screening and Prevention

- Psychiatrists and other involved healthcare clinicians should promote screening for alcohol and nicotine use disorder along with co-occurring psychiatric disorders in older adults and encourage integrated treatment strategies. Screening tool examples include the NIDA Screener (<https://archives.drugabuse.gov/nmassist/>) and NIAAA Rethinking Drinking (<https://www.rethinkingdrinking.niaaa.nih.gov/>) resources.
- Screening can occur in multiple clinical settings, including the emergency department.
- Clinicians should practice responsible prescribing of controlled substances in older adults and access the Prescription Drug Monitoring Program (PDMP) for regular review of prescriptions, other prescribing providers, and patterns of use.
- Careful attention is needed in evaluating psychosocial stressors that may contribute to increased risk of substance use in older adults, including grief and loss, retirement, financial stressors, pain, and medical comorbidity.

Education

- Older adults with identified substance use disorders (SUDs) should be provided education about the condition, treatment options, and potential adverse medical sequelae of continued use.
- Training can begin at the medical-school level, and in residency should focus on developing competency in the diagnosis, treatment, and prevention of SUDs in older adults.
- Practicing psychiatrists should be encouraged to pursue continuing education regarding best practices in the assessment and management of older adults with SUDs.
- Support is needed for more research to develop best practices in the assessment and treatment of SUDs in older adults.
- Education should include information about frequently co-occurring medical and psychiatric conditions in older adults with SUDs.

Treatment

- When a screening test for a SUD is positive or a diagnosis of a SUD is made, the older adult should be provided with treatment or given appropriate treatment referrals. Science-based, best-practice guidance should be used to inform treatment options.
- The psychiatrist should engage older adults in open conversations about substance use.

- Identification and treatment of comorbid psychiatric conditions are important and may reduce self-medication with substances.
- Older adults should have full access to an affordable and comprehensive range of mental health services, including SUD services. These should include treatment and prevention of SUDs and should include home-based care and community-based care as well as outreach to long-term care facilities.
- Initiation or continuation of evidence-based pharmacotherapy is an essential component of comprehensive SUD treatment. It should be selected with careful consideration of comorbidities and potential drug-drug interactions in older adults.
- Appropriate treatment in older adults may include a combination of pharmacotherapy, psychotherapy, case management, and social support services. It may also involve referral to relevant collaborative providers for co-occurring medical sequelae of use such as alcoholic hepatitis, tobacco-related lung disease, or hepatitis associated with injection drug use.
- Engagement of social supports in treatment is particularly important for older adults who may be more isolated or face functional barriers to accessing care independently.