An overview of substance use and mental health among the Baby Boomer generation

Abstract

As the population ages, risk factors commonly shared by chronic degenerative disease can be exacerbated by behaviours and lifestyle choices. There is increasing evidence that those affected by chronic disease (and associated symptoms such as pain), depression and adverse behavioral and lifestyle patterns are at risk of substance misuse. This paper overviews substance use in Baby Boomers - people aged between 52-70 years old, and the implications this may have on their mental health and well-being. We provide an overview of the characteristics of the Baby Boomer generation, their health status and what is currently known about their substance use and misuse. A strengthening of older adult mental health outpatient services is recommended to prevent and address substance use among older adults. Further research examining factors that influence substance use among this group could better inform health promotion programs targeting Baby Boomers.

Key words

alcohol, assessment, baby boomers, nursing, older adults, mental health, prescription medication, substance use/misuse

Introduction

Ageing is a multidimensional construct, encompassing biological, psychological, social and cognitive risk factors. Increased life expectancy is but one of a myriad of consequences arising from medical and technological advances over the past two centuries. Whilst chronological life expectancy has increased, risk factors such as chronic illness, social isolation, dependence on substances such as drugs, alcohol and tobacco and mental health factors may have a profound influence on an individual's actual experience of biological ageing, and on many comorbidities (Moyle, Parker, & Bramble, 2014).

There are a number of factors that may lead older people to substance use and misuse, including physical and psychological health problems, and socio demographic characteristics (situations common to ageing such as retirement, loss of friends/spouse, loneliness, financial strain). Substance misuse affects millions of adults annually, and one in five are older adults (Morgan, Brosi, & Brosi, 2011). It is significant however, that substance misuse amongst older people has been under-identified for some decades (Kuerbis, Sacco, Blazer, & Moore, 2014). This paper overviews substance use in Baby Boomers - people aged between 52 and70 years old, and the implications substance misuse may have on their mental health and well-being. We commence with an overview of the characteristics of the Baby Boomer generation, their health status and what is currently known about their substance use and misuse. Prescription drugs and alcohol are the two main substances of choice for older adults (Morgan et al., 2011; O'Malley, 2012). As such these will be used as examples to demonstrate substance misuse and the relationship between these and mental health issues. Strategies for early identification of substance misuse are identified together with the need for enhancement of older adult mental health services.

The Baby Boomers – Ageing and Health Status

The ageing population in developed countries is growing at an unprecedented rate (Morgan et al., 2011). This ageing or "greying" of the population presents significant health and social challenges for this century and the largest increase in the number of older adults is yet to come, but is imminent, as more Baby Boomers grow older (Adams-Price, Turner, & Warren, 2015). Between 1946 and1964, 78 million children (Baby Boomers) were born in the United States of America (US), and in 2010, Baby Boomers comprised approximately 26% of the US population (King, Matheson, Chirina, Shankar, & Broman-Fulks, 2013). In 2011, the oldest of the Baby Boomer cohort turn 65 years old and by the year 2030, the entire Baby Boomer generation will be 65 or older (Duncan, Nicholson, White, Bradley, & Bonaguro, 2010). By 2030, it is estimated that the population over 65 years in the US will be twice as large as the number of individuals who turned 65 in 2000, (Snyder & Platt, 2013) reaching the 70 million mark (Bowman & Gerber, 2006b). One person out of every 5 Americans will be an older person (Bowman & Gerber, 2006a).

With improved longevity and the ageing of large cohorts of Baby Boomers, projections globally are that the average age of the world's older population will increase (United Nations Department of Economic and Social Affairs Population Division, 2015). Globally, in 2015, one in eight people was aged 60 years or over and by 2030, older persons are forecast to account for one in six people globally (United Nations Department of Economic and Social Affairs Population Division, 2015). As a result the proportion of the world's older persons who are aged 80 years or over is forecast to be more than 20 per cent by 2050 (United Nations Department of Economic and Social Affairs Population Division, 2015). This increase in life expectancy from 77.6 years in 2006 (Bowman & Gerber, 2006a) has been mainly due to advances in health, medical treatment and pharmaceuticals.. Whilst healthy ageing is a public health goal for older adults (Snyder & Platt, 2013), for many Baby Boomers, extended life expectancy is and will be a 'double edged sword', bringing with it

many potential years of financial, psychological and physical health concerns, which are not necessarily ameliorated by levels of income and wealth (Adams-Price et al., 2015).

Evidence demonstrates mixed results as to whether Baby Boomers are actually healthier than prior generations, with findings documenting poorer mental health status, increased rates of obesity, hypertension, diabetes, and other conditions (King et al., 2013; Moyle et al., 2014). Epidemiological studies provide evidence that with this increased longevity, the trend is toward a greater number of older people living with chronic disease and disability (Cangelosi, 2011; Moyle et al., 2014; Snyder & Platt, 2013). Risk factors commonly shared by chronic degenerative disease can be exacerbated by behaviours and lifestyle patterns such as lifetime drug use, inadequate exercise, and poor nutrition (Australian Institute of Health and Welfare, 2014; O'Malley, 2012). Subsequently there is increasing evidence that those affected by chronic disease (and associated symptoms such as pain and restricted movement), depression and adverse behavioral and lifestyle patterns are at risk of substance misuse (King et al., 2013; Morgan et al., 2011).

Chronic disease and prescription drug use and misuse in older adults

Deteriorating physical health in older adults is most likely due to an increasing prevalence of chronic conditions such as hypertension, rheumatoid arthritis, heart failure and diabetes, lung disease, cancer and mood and anxiety disorders (Gerteis et al., 2014; Rosen, Smith, & Reynolds, 2008). In America, 80% of people aged 65years and over suffer from multiple chronic conditions (Gerteis et al., 2014). For adults aged 50 and over managing chronic pain associated with conditions such as arthritis or cancer is identified as the most common health concern needing prescription drugs and over the counter drug use (Snyder & Platt, 2013). Inappropriate use of prescription drugs impacts up to 23.5% of older adults living in the community (Bowman & Gerber, 2006a).

This drug misuse may not be intentional, but may be associated with multiple conditions requiring multiple prescriptions (Morgan et al., 2011), andmay lead to dependency, with unsafe combinations and amounts of drugs being used (Culberson & Ziska, 2008). Polypharmacy also increases the risk of dangerous drug interactions and potential misuse, particularly among those taking medications to treat anxiety, pain, and insomnia as the nature of the medications used to treat these conditions increases the risk of dependency (Bowman & Gerber, 2006a; O'Malley, 2012). However, the individual is less likely to identify as a misusing or abusing a substance if the drug has a prescription (O'Malley, 2012).

It should be noted that women are more likely to be prescribed medications that have an increased abuse potential (Morgan et al., 2011). This may be because women are more likely to report having multiple chronic health issues than men (Gerteis et al., 2014) and visit their doctors more frequently. In addition, stereotypical views about women and their presenting symptoms may influence the treating doctor's approach as has occurred in studies of patients with heart disease whereby they "are more likely to tune into psychological cues and to search for psychological explanations for women's symptoms" than men (Adams et al., 2008, p. 10).

Increased prescribing of opioids for pain may also be a major reason for the increasing prevalence of opioid tolerance, dependency and addiction, and the parallel increase in morbidity and mortality associated with opioid misuse (Kolodny et al., 2015). For older adults, data show that mixing alcohol, prescription drugs and over-the-counter medication is particularly risky behaviour and may heighten the effects of each (Bowman & Gerber, 2006a; Kuerbis et al., 2014). Similarly, when alcohol and medications are used concurrently to reduce insomnia, sedation and cross tolerance may result (Morgan et al., 2011). Evidence suggests that the prevalence of drug abuse among the baby boomers is expected to increase by 2020 (Colliver, Compton, Gfroerer, & Condon, 2006) with the bulk of abuse expected to

involve over-the-counter and prescription drugs (Bacharach, Bamberger, Sonnenstuhl, & Vashdi, 2008).

The Baby Boomers – Substance Use and Misuse

Substance use can range from occasional use that may not be harmful to more frequent use that may lead to harm and addiction (Athanasos, 2016). Generally, the more frequent use of the substance and the greater the amount used, the greater is the risk of dependence and the more severe the consequences to physical and psychosocial health (Athanasos, 2016). The DSM-5 does not use the terms 'dependence', 'addiction' or 'substance abuse' as these terms can be very confusing and judgemental. Rather, the DSM-5 prefers "substance use disorder" (referring to drugs or alcohol) and then determines the severity of the disorder by the number of symptoms present (American Psychiatric Association, 2013; Athanasos, 2016). Assessing the multifactorial risk factors for addiction, dependence and misuse in Baby Boomers is important as these may not only be related to increasing age but also to gender, social isolation, depression, loneliness, comorbidities, cognitive problems, previous and family history of drug and alcohol abuse/dependence/misuse (Blow & Barry, 2012).

Baby Boomers, are more accepting of drug use generally than earlier generations (Cangelosi, 2011). There are increased rates of lifetime drug use reported for both illicit and prescription drugs among the Baby Boomer generation, and given the size of this group and the impacts of chronic illness, rates are expected to increase (Colliver et al., 2006; Wu & Blazer, 2011). A forecast report for 2020 found that in the US, 3.3. million Baby Boomers are expected to be using marijuana, 2.7 million using psychotherapeutic drugs and 3.5 million will carry on concealing their illicit-drug use (O'Malley, 2012). In the US the Baby Boomer cohort also contains a historically high number of people who are already drug dependent and estimates are that the number of adults aged 50 and older with substance misuse problems will increase

to 5.7 million in 2020. (Grella & Lovinger, 2012). It is projected that this long term dependency will be associated with unprecedented levels of substance use disorders, associated health problems, and the need for treatment among this cohort (Grella & Lovinger, 2012). Research suggests that the number of adults in the US aged 50 or over who need treatment for a substance abuse problem will rise to about 4.4 million by 2020 (Gfroerer, Penne, Pemberton, & Folsom, 2003).

Documented higher rates of heavy alcohol use are noted among Baby Boomers than in earlier and smaller cohorts of older adults (Gfroerer et al., 2003). Amongst this generation, alcohol is one of the commonly used substances as it is socially acceptable, legal, affordable, readily available and not usually scrutinized (Bowman & Gerber, 2006a; Kuerbis et al., 2014; Salmon & Forester, 2012). However alcohol use and misuse in older people may be associated with other factors such as loneliness, isolation and loss of connection, stress, pain, and anxiety (Moyle et al., 2014). Often mental health disorders, such as depression, can co-occur with alcohol disorders in older adults (Bowman & Gerber, 2006a). This group is also at higher risk of drug interactions, depression, diabetes, memory impairment and sleep problems as a consequence of their alcohol intake (Blow & Barry, 2012). Older adults who misuse or abuse alcohol were also found to have higher use of marijuana, other illicit drug and tobacco use (Choi, DiNitto, Marti, & Choi, 2016) and are at greater risk of accidents and death (Morgan et al., 2011).

Associations between substance abuse and mental health disorders

The mental health needs of the Baby Boomer cohort has been a concern for several decades, given their use of alcohol and that many on the verge of retirement are in poor health reporting increased pain and chronic conditions, as well as psychiatric problems (Maust, Kales, & Blow). With the reported higher rates of drug and alcohol use/misuse it is expected

that comorbid substance use disorders (SUDs) and mental health disorders will be a significant issue of concern among Baby Boomers (Choi, DiNitto, & Marti, 2015; Kerfoot, Petrakis, & Rosenheck, 2011). Depression, sleep disturbance, and anxiety are reported to be the most common psychiatric symptoms among older adults (Salmon & Forester, 2012). By the year 2030, the number of older adults in America with major psychiatric disorders is forecast to increase to 15 million (Stephen J. Bartels, 2006). These disorders may be long-standing or may have developed in response to late-life stressors and/or changes associated with the ageing brain (Salmon & Forester, 2012).

The high rate of SUDs and mental health disorders (MHDs) is well documented in the adult population (Horsfall, Cleary, Hunt, & Walter, 2009; Hunt, Malhi, Cleary, Lai, & Sitharthan, 2016; Hunt, Siegfried, Morley, Sitharthan, & Cleary, 2013; Lai, Cleary, Sitharthan, & Hunt, 2015). People with MHDs are more likely to have substance-related problems than those without MHDs (Green, Yarborough, Polen, Janoff, & Yarborough, 2015). Substance abuse has been found to be closely associated with stressful and traumatic life events and those who experienced rejection and isolation from society because of their mental health problems (Chorlton & Smith, 2016). The co-occurrence of mental illness with SUDs is also associated with vulnerability to premature death, and shortened life expectancy (Kerfoot et al., 2011). Furthermore adults with MHDs have more disability than people with only a physical illness, in addition to poorer health outcomes and higher rates of hospitalization (Bartels & Naslund 2013).

The common co-occurrence of SUDs in people diagnosed with a bipolar disorder, and mood and anxiety disorders is noted (Hunt, Malhi, Cleary, Lai, & Sitharthan, 2016; Hunt et al., 2016; Lai et al., 2015; Salmon & Forester, 2012) Research highlights not only the high prevalence of comorbid substance abuse and mental disorders in older adults, but also increased suicidality and higher service utilization, in both inpatient and community samples

(Bartels, Blow, Van Citters, & Brockmann, 2006; Kerfoot et al., 2011; Regier et al., 1988). Despite the predicted growth of older adults with co-occurring mental illness and substance use disorders in the coming decades this cohort remains relatively under researched. Much of the research regarding comorbid SUDs and MHDs is limited to younger adults. Those that address older people tend to focus on particular older populations such as a study examining prevalence rates of comorbid substance use and mental health disorders in the older Veteran population. (Searby, Maude, & McGrath, 2015).

Implications for Service Providers

The current healthcare system needs to be prepared to meet the increased demand for health services for Baby Boomers with comorbid mental health and substance use disorders (Bartels & Naslund 2013; O'Malley, 2012; Searby et al., 2015). As the Baby Boomer generation continues to age, mental health services and resources will in all likelihood be stretched (Searby et al., 2015). Community collaborations; a strengthening of outpatient services; and a focus on health, prevention, and education are recommended to address this shortfall (Cangelosi, 2011). Understanding when and why baby Boomers begin substance abuse and the long term health impacts is essential to better understand their needs and ensure these are met (Kerfoot et al., 2011; O'Malley, 2012; Rosen et al., 2013; Salmon & Forester, 2012).

The standard diagnostic criteria for abuse/dependence may not appropriately encompass older people with problematic patterns of use, and can be difficult to apply to older adults in the context of comorbid medical illnesses and other cognitive changes associated with poly pharmacy and aging (Blow & Barry, 2012; Kerfoot et al., 2011; Salmon & Forester, 2012). Sleep problems and confusion which may be attributed to aging in older adults may also be signs of substance misuse (O'Malley, 2012). Alcohol misuse can also mimic symptoms of normal aging processes and exacerbate others, such as mental health concerns about anxiety

and depression (Bowman & Gerber, 2006a). This complexity may contribute to potentially serious problems being overlooked and under-reported.

Screening and decisions regarding interventions and treatment should focus on the complex interplay of risk factors and comorbidities for misuse, not just on levels of use (Blow & Barry, 2012). There are a number of screening tools intended for older people that may aid detection of substance use problems that explore the relationship between substance use and worsening health, medication use, and functional status (Kerfoot et al., 2011). Further, issues related to stigma and discomfort associated with providing a diagnosis may also arise (Kerfoot et al., 2011; Kuerbis et al., 2014). Baby Boomers themselves may hold strong, entrenched beliefs about the need for treatment and health professionals need to ensure that the person feels safe disclosing information that could be viewed negatively or perceived to demonstrate bad or weak character. It is therefore important to focus the person on getting the help needed (Morgan et al., 2011) and addressing the specific susceptibilities and needs of the person (for example grief, isolation, feeling productive) (Bowman & Gerber, 2006b). Failure to screen represents a missed opportunity given many of these older adults will be receiving regular treatment for chronic diseases (Duncan et al., 2010). Through effective screening strategies, older adults with comorbid substance abuse and mental disorders can be identified and assisted to access relevant substance use and mental health treatment (Choi et al., 2015).

Research on addressing the socio-economic factors contributing to substance abuse and evaluating the effectiveness of educational and health promoting programs or interventions are also needed (Deren & Tross, 2015). In addition research is required on how to integrate routine screening across settings, the effectiveness of specific treatment interventions, and examination of vulnerabilities to increased risk for substance abuse. These are among some of the suggestions to develop an evidence base to support clearer recommendations for both psychosocial interventions and effective and safe pharmacotherapy approaches (Salmon &

Forester, 2012). There is a need both to develop evidence based practice for comorbid mental health and substance use disorders as well as to implement effective and responsive community models of service delivery (Kerfoot et al., 2011). Choi et al. (2016) also suggested that research is needed to examine the genetic, lifestyle, environmental, cultural, religious and socio-demographic factors that influence substance use.

Conclusion

As the Baby Boomer generation ages, risk factors commonly shared by chronic degenerative disease can be exacerbated by behaviours and lifestyle patterns including substance misuse. Nurses are well positioned to assess older persons' heath status including strengths and risks and alert to recognising substance misuse and harnessing appropriate interventions. It is expected that the ageing Baby Boomer generation will increase the pressure on health services providers as increased numbers of older adults with substance related issues require care and support (Searby et al., 2015). Further research is needed around metal health and substance use disorders to develop age specific cost-effective strategies to support current and predicted demand for healthcare services.

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