



National Association of County & City Health Officials

*The National Connection for Local Public Health*

## **National Association of County and City Health Officials (NACCHO)**

### **Media Backgrounder**

### **Drug Misuse and Older Americans**

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By:

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**[Editors' Note:** This document is submitted by the [National Association of County and City Health Officials](#) (NACCHO). NACCHO represents the nation's nearly 3,000 local health departments. Co-author Dr. Michael E. Kilkenny is a member of NACCHO's [Board of Directors](#).]

### **Introduction**

As the American opioid epidemic continues, and evolves to include other drugs, it is easy to overlook the older victims of the crisis. Some are longtime users, but others are those who have recently become illicit users, after being cut off from their long-term prescriptions through changes in circumstance. Drug use in the abyss of this epidemic often involves the use of multiple drugs of varying quality mixed with unknown substances, and older people are at greater risk of complications from many drugs. The results of this drug use among elderly users can include confusion that might be mistaken for dementia, falls with resultant injury or death, and any of the infectious complications (hepatitis, abscesses, HIV) associated with injection drug use, if they are injecting the drugs and sharing needles.

Most older Americans are prescribed drugs by their doctors and can be at risk, even from short-term use. Long-term use of some drugs can cause dependence issues and stopping these suddenly can be dangerous. Family members and caretakers should be

alert to the risks and assist in preventing inappropriate use or monitoring for adverse effects.

### **Commonly Prescribed Medication for Older Americans**

A short list of the most commonly prescribed drugs and their effects on older people includes:

- **Benzodiazepines** – These anxiety or sleep medications are addictive and can cause life-threatening withdrawal, if stopped suddenly. Risks include falls causing bone fractures or head injuries, which can be fatal. They can cause confusion and depression. Examples include alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin), diazepam (Valium), and others.
- **Narcotics/Opioids** – These pain relievers are addictive, can cause sedation, confusion that can resemble dementia/Alzheimer’s disease, prolonged or increased chronic pain, reduced sexual function, depression, decreased motivation, decreased appetite, and severe constipation. Examples include hydrocodone, oxycodone, codeine, and others, as well as heroin and fentanyl.
- **Anticholinergic Medications** – These are present in prescriptions, as well as many over-the-counter cold and sleep medications. As a side effect, they remove a chemical in the brain (acetylcholine) that is necessary for memory and cognitive function. These drugs can cause falls, confusion, dry mouth, constipation, glaucoma, and urinary retention (making it harder to urinate, which puts the elderly at risk of urinary tract infections/bladder infections). Examples of prescription anticholinergic meds are hyocyamine, scopolamine, dicyclomine, glycopyrrolate, atropine, ipratropium, oxybutynin, and benztropine. Over-the-counter examples include diphenhydramine (Benadryl), and the “PM” meds, such as Tylenol PM or Advil PM.

- **Illicit drugs**, besides the opioids listed above, can include stimulants like cocaine and methamphetamine that can cause rapid heart rate and arrhythmias, high blood pressure, stroke, heart attack, sleeplessness, and psychosis.

### **Consulting Your Healthcare Provider**

Patients should always check with their healthcare provider if they are on any of these medications, as they may have legitimate reasons for prescribing, and stopping them without medical supervision is not advised. Physicians and other healthcare providers should routinely review their patient's list of medications, both prescribed and over-the-counter, and try to reduce or minimize medications where possible.

Patients should keep an accurate list of their medications, both prescribed as well as any over-the-counter medications or supplements they take, to discuss with their healthcare providers. If they are on any medications from these classes, they can consider discussing the reason they are prescribed the medication, any potential side effects they are having, and the "risk/benefit " for continuing the medication. Patients should not stop any prescribed medication without the supervision and approval of their healthcare provider.

### **How Local Health Departments Help**

The Surgeon General's 2016 Report on Alcohol, Drugs, and Health calls for a public health-based approach to addressing substance use disorders (SUD) and discusses the importance of building awareness of substance misuse as a public health issue.

(<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>)

As front-line responders in many communities, local health departments are often the first place an individual with SUD might seek help. The [National Association of County and City Health Officials](#) (NACCHO) representing the nation's nearly 3,000 local health departments, works with members across the country to prevent substance use disorder, to implement appropriate harm reduction strategies, and ensure individuals have access to healthcare and treatment services within the community healthcare network.

According to NACCHO's [Profile Study report](#), local public health departments provide population-based or direct substance use disorder services (34% and 11%

respectively). Also, 44% of NACCHO members report partnering through written agreements, or sharing personnel/resources with local mental health/substance abuse providers. SUD is also a high priority through NACCHO's advocacy agenda. NACCHO's work on Capitol Hill supports the passage of legislation including the recent [Farm Bill](#), which contains provisions to authorize additional grant dollars for combating substance use disorder and telehealth facilities to combat substance use disorders in rural America.

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### **About NACCHO**

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. For more information about NACCHO, please visit [www.naccho.org](http://www.naccho.org).