

PSYCHOACTIVE SUBSTANCES AND AGING: TRENDS, CONSEQUENCES, AND INTERVENTIONS IN INDIVIDUALS OVER 65 YEARS

SUBSTÂNCIAS PSICOATIVAS E ENVELHECIMENTO: TENDÊNCIAS, CONSEQUÊNCIAS E INTERVENÇÕES EM INDIVÍDUOS COM MAIS DE 65 ANOS

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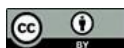
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Abstract

Older adults are increasingly vulnerable to the physiological and psychological effects of psychoactive substances, often abusing alcohol, medications, or combinations of substances as coping mechanisms in response to loss, retirement, chronic illness, and social transitions. Alcohol remains the most widely used psychoactive substance, with a significant increase in alcohol-related disorders among those over 65 years of age. Treating substance abuse in later life requires a multidisciplinary and integrated approach that combines pharmacological care with psychosocial interventions, including cognitive behavioral therapy, motivational interviewing, brief interventions, case management, and family support. Despite this need, specialized services and prevention programs for older adults remain limited. This article offers an original interdisciplinary contribution by integrating international empirical evidence and theoretical models from social work and public health perspectives. It systematizes age-specific risk factors such as polypharmacy, chronic diseases, social isolation and stigma and identifies personalized psychosocial interventions for people over 65 years of age. The article proposes a model for integrated psychosocial interventions, age-appropriate and applicable to professional practice, developed by the author. The model can serve as a conceptual basis for the development of policies in the prevention and treatment of substance abuse among the older population.

Resumo

Os idosos estão cada vez mais vulneráveis aos efeitos fisiológicos e psicológicos das substâncias psicoativas, muitas vezes abusando do álcool, medicamentos ou combinações de substâncias como mecanismos de enfrentamento em resposta à perda, aposentadoria, doenças crônicas e transições sociais. O álcool continua sendo a substância psicoativa mais amplamente utilizada, com um aumento significativo nos transtornos relacionados ao álcool entre pessoas com mais de 65 anos. O tratamento do abuso de substâncias na terceira idade requer uma abordagem multidisciplinar e integrada que combine cuidados farmacológicos com intervenções psicossociais, incluindo terapia cognitivo-comportamental, entrevistas motivacionais, intervenções breves, gestão de casos e apoio familiar. Apesar dessa necessidade, os serviços especializados e os programas de prevenção para idosos continuam limitados. Este artigo oferece uma contribuição interdisciplinar original, integrando evidências empíricas internacionais e modelos teóricos das perspectivas do serviço social e da saúde pública. Ele sistematiza fatores de risco específicos da idade, como polifarmácia, doenças crônicas, isolamento social e estigma, e identifica intervenções psicossociais personalizadas para pessoas com mais de 65 anos de idade. O artigo propõe um modelo de intervenções psicossociais integradas, adequadas à idade e aplicáveis à prática profissional, desenvolvido pelo autor. O modelo pode servir como base conceitual para o desenvolvimento de políticas de prevenção e



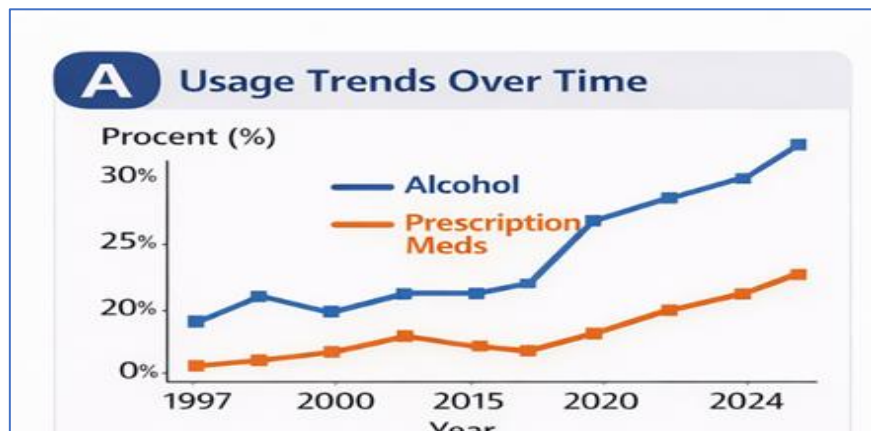
Keywords: Older Adults. Substance Use disorders. Alcohol Misuse. Prescription Drug Misuse. Aging Population. Psychosocial Interventions. Social Work. Integrated Care. Prevention and Treatment.

tratamento do abuso de substâncias entre a população idosa.

Palavras-chave: Idosos. Transtornos por Uso de Substâncias. Abuso de Álcool. Abuso de Medicamentos Prescritos. Envelhecimento da População. Intervenções Psicossociais. Serviço Social. Cuidados Integrados. Prevenção e Tratamento.

1 INTRODUCTION

Substance use disorders are characterized by an intense, uncontrollable desire to consume drugs and compulsive behavior aimed at obtaining them, even in the presence of already evident devastating consequences. Substance use can lead to both psychological and physical dependence. This type of disorder is particularly concerning in older adults, as they are especially vulnerable to the consequences of addiction. It is important to note that substance use disorders do not discriminate by age, as individuals of all age groups can suffer from the brain impairments they cause. Research data indicate that the number of older adults seeking treatment for substance misuse has increased in recent years. This article aims to contribute to the existing scientific knowledge by systematizing and analyzing contemporary data on psychoactive substance use and misuse among older adults, with a focus on the specific risks, needs, and challenges characteristic of this age group. The study integrates medical, psychological, and social perspectives, highlighting the role of social work in prevention, early screening, and psychosocial intervention for older adults with problematic substance use. The article proposes a comprehensive model of interventions and necessary measures, tailored to the comorbidities, polypharmacy, and social vulnerabilities of individuals over 65, making it applicable for scientific analysis, professional practice, and policy development.

Figure 1*Panel A - Substance use by age*

Contrary to common assumptions, alcohol misuse among older adults is a growing problem. A study published in *JAMA Psychiatry* in 2021 revealed that between 2000 and 2017, the prevalence of alcohol use disorders among adults aged 65 and older increased by 107.8% (Center for Behavioral Health Statistics and Quality, 2025). In a study published in February 2020, the same source reported that the number of Americans over 65 who use marijuana or consume marijuana-containing products increased by 75% over a three-year period. Although the legalization of medical marijuana in several states may partially explain the rise in use, older adults living with chronic illnesses also contribute to this trend. The marijuana delivery platform Eaze reports that members of the “baby boomer” generation are its largest customers, spending around \$95 per month, compared to Generation Z (aged 21–24), who spend 53% less.

The National Survey on Drug Use and Health indicates that between 2015 and 2020, illicit drug use among individuals aged 50 and older increased from 2.8% to 6%, representing a substantial rise in this age group (SAMHSA, 2025).

Substance misuse among older adults is one of the fastest-growing health issues globally. The changing demographics of the aging population affect both the prevalence of substance misuse and the need for diverse services, including treatment.

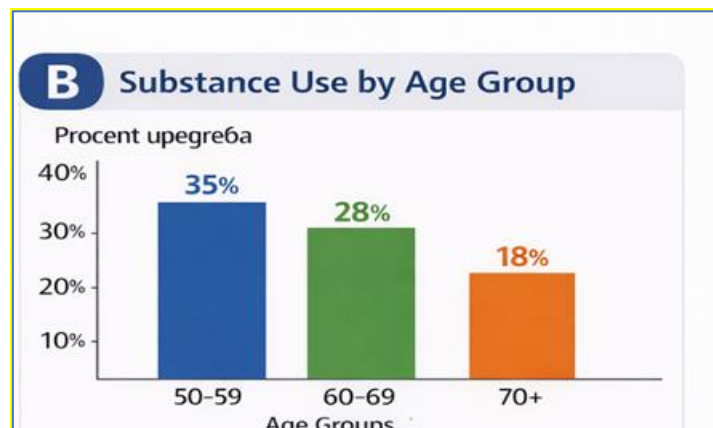
Historically, data on high levels of alcohol or other psychoactive substance use among older adults have not been widely reported, nor have treatment programs for substance misuse been as available as they are for younger populations. This has contributed to the misconception that older adults do not use or misuse mood-altering

substances. In reality, there is substantial evidence that substance use among older adults has not been a focus of systematic research, leaving it insufficiently identified. Evidence that substance use and misuse among older adults is increasing worldwide has emerged in scientific literature over the past two decades. The main drivers of this trend are the changing global demographic structure, with a predominance of older age groups, increased demand for help and support from older adults, and a growing research interest in the topic.

The first wave of the baby boomer generation turned 75 in 2021, representing approximately 30% of the total population. This generation differs from previous ones, as they reached adulthood during the 1960s and 1970s - a period marked by changing attitudes toward alcohol and drug use. As a result, the prevalence of substance-related disorders remains high even as they age.

Although limited, research highlights important racial and ethnic differences in the prevalence of substance misuse among older adults. One study found that individuals more likely to experience a lifetime alcohol use disorder were: aged 65–74 years, white males, and living alone (divorced or widowed) (Lin J., *et al.*, 2011).

Women make up a larger proportion of the older population, particularly among those aged 85 and older. Patterns of substance use among older women differ from those of men. Studies indicate that excessive drinking among women aged 65 and older is lower than among men. Although the number of older adults misusing substances is increasing, the problem often remains undetected and undertreated in this population. Due to the stigma associated with substance misuse, older patients frequently do not report the problem. Healthcare providers tend to focus on treating somatic conditions and may misinterpret symptoms of substance use disorders as other comorbidities, age-related changes, or reactions to stressful life events. The number of comorbidities increases with age, and the presence of substance misuse can worsen medical outcomes and care results (Chhatre S., Cook R., Mallik E., *et al.*, 2017). Figure 1, Panel B visually illustrates substance use among individuals in different age groups (Chhatre S., Cook R., Mallik E., *et al.*, 2017; Lin J., *et al.*, 2011).

Figure 2*Panel B - Substance use by age groups*

Experts have identified several key factors contributing to the increasing number of older adults misusing substances:

- **Decreasing Social Support**

One of the main reasons older adults develop substance use disorders is the reduction in family support and social interaction with age. Social isolation is common among older adults, as family members and friends may live independently or have passed away.

- **Physical Changes in the Brain**

With aging, blood flow to the brain decreases, and neuronal connections change, resulting in reduced cognitive function. Declines in neurotransmitters responsible for emotion and mood lead to higher levels of anxiety and depression among older adults compared to younger age groups. These changes, in turn, predispose older adults to substance use and addiction.

- **Slower Metabolism**

Metabolism slows with age, affecting the absorption and breakdown of alcohol and other drugs. Substances remain in the bloodstream longer and have a more prolonged effect compared to younger individuals. Age-related brain changes, such as reduced neurotransmitter levels and slower metabolism, make older adults more sensitive to substances, increasing the risk of developing substance use disorders and addictive behaviors, including continued use despite negative consequences.

- Comorbid Psychiatric Disorders

Older adults with comorbid psychiatric conditions are more likely to use alcohol or drugs to suppress symptoms of depression or anxiety.

- Family History

A family history of substance misuse or addiction can also be a risk factor for older adults developing substance use problems. Studies show that individuals are more likely to engage in risky behaviors, such as excessive alcohol or drug use, if a close relative has had similar issues. Research indicates that cocaine use during adolescence or early adulthood can cause lasting changes in brain structure and function, contributing to increased vulnerability to addiction later in life (Bartzokis G. *et al.*, 1999).

- Sex

Studies indicate that, due to lower body mass and certain biological factors, women are more vulnerable to the harmful effects and consequences of alcohol and drug use (Breslow R.A., Castle I.P., Chen C.M., Graubard B.I., 2017). When older adults lack meaningful relationships or become socially isolated, feelings of loneliness may develop, increasing the risk of mental health problems such as depression, which can contribute to more frequent substance misuse. General practitioners, gerontology specialists, and psychiatrists report that the most common substances misused by older adults include:

- Alcohol

Globally, alcohol remains the most commonly used psychoactive substance among individuals aged 65 and older. Research shows that 16% of men and 10.9% of women in this age group consume alcohol above recommended limits (7 standard drinks per week; i.e., 355 mL beer, 115–150 mL wine, 45 mL of 40% spirits) (Merrick EL, Horgan CM, Hodgkin D, *et al.*, 2008). According to the 2023 National Survey on Drug Use and Health (USA), 2.7 million adults aged 65+ (4.6% of this age group) met criteria for an alcohol use disorder in the past year. Studies document a 107% increase in alcohol use disorders among adults aged 65 and older between 2001 and 2013 (Chhatre S., Cook R., Mallik E., *et al.*, 2017). According to the Centers for Disease Control and Prevention (CDC, USA), 38% of all alcohol-related deaths in 2020 and 2021 occurred among individuals aged

65 and older. The rapidly increasing number of older adults consuming alcohol is concerning. While the percentage of adults aged 65+ who drink monthly increased by 16% between 2002 and 2019, the actual number of drinkers in this age group rose by 80% during the same period, due to the large size of the baby boomer cohort (National Institute on Alcohol Abuse and Alcoholism, 2024). Research indicates that the increase in alcohol consumption in recent years is more pronounced among individuals aged 50 and older compared to younger age groups (White A., Castle I., Hingson R., Powell P., 2020).

There is evidence that in high-income countries, alcohol use and alcohol-related harm are increasing among older adults, although there is considerable variation between countries, reflecting well-documented differences in drinking cultures. Reports indicate that both moderate and heavy drinking in later life are rising in Austria, the Czech Republic, and the United States, but declining in Italy and Poland (Calvo E., Allel K., Staudinger U.M., *et al.*, 2021).

Most research on substance use among older adults, their treatment, and psychosocial interventions focuses on alcohol use disorders. Importantly, in this age group, statistics are primarily derived from medical records of individuals treated for substance-related problems. Risky alcohol consumption, particularly at home, is far more common than indicated by treatment statistics, leaving a large portion of older adults with alcohol problems unidentified and untreated.

- Tobacco Products

Tobacco use is widespread among older adults of both sexes. Approximately 14% of individuals aged 65 and older report daily tobacco use in the past 12 months, and 6% use both tobacco and alcohol simultaneously. According to the U.S. Centers for Disease Control and Prevention (CDC, 2017), 8 out of every 100 individuals aged 65+ smoke cigarettes, with an estimated 300,000 deaths annually attributed to nicotine use (CDC, 2024). Clinical studies on smoking cessation interventions indicate that older smokers are typically long-term, heavy smokers physiologically dependent on nicotine. Research on nicotine vaping (electronic cigarettes) in older adults is limited. Some studies suggest that switching from traditional cigarettes to e-cigarettes may be less harmful, but results in this area remain inconclusive.

- Prescription Medications

Chronic health problems are a common aspect of aging, and older adults typically take more prescription medications than younger age groups, increasing their exposure to potentially addictive substances. A study of 3,000 individuals aged 57–85 found frequent mixing of prescription drugs, over-the-counter medications, and dietary supplements (Qato D.M., Alexander G.C., Conti R.M., *et al.*, 2008). There is evidence that psychotropic drug use has increased among older adults in some countries (Ndukwe H.C., Tordoff J.M., Wang T., Nishtala P.S., 2014), with variations across countries and drug types. Due to the high prevalence of chronic, often multiple, health conditions, ensuring safe and effective pharmacological treatment in older adults is a global challenge. For example, despite clinical need, psychotropic medication use is a major factor in hospitalizations among older adults (Wojt I.R., Cairns R., Clough A.J., Tan E.C.K., 2021). While polypharmacy (use of ≥ 5 medications) may be necessary to manage multiple chronic conditions, it can lead to adverse health outcomes, including increased risk of nutritional deficiencies, falls, frailty, cognitive impairment, more frequent hospitalization, and premature mortality (Li Y., Zhang X., Yang L., Yang Y., Qiao G., Lu C., *et al.*, 2022). These findings underscore the potential risks associated with prescription drug use among older adults, especially when combined with substances such as alcohol.

Accidental overdose of prescription medications and subsequent worsening of existing mental health problems are common among older adults. A 2019 study of patients over 50 found that more than 25% of those taking prescribed opioids or benzodiazepines reported subsequent suicidal thoughts, compared to 2% among those not using these medications (Schepis T.S., Simoni-Wastila L., McCabe S.E., 2019). This highlights the critical need for careful screening before prescribing these medications.

- Opioids and Narcotic Analgesics

When studying opioid use disorders among older adults, it is important to distinguish between two main types of opioids: prescription opioids and illicit opioids such as heroin. In the older population, opioids are usually obtained through medications prescribed for themselves or others. A substantial portion of

pain-relieving medications contains opioids. Pain is a common symptom in many age-related health conditions. Older adults often experience chronic, multifactorial pain. Research shows that up to 80% of patients with advanced cancer, 77% of individuals with heart disease, and up to 40% of all outpatients aged 65 and older report chronic pain. Between 4% and 9% of individuals over 65 use prescription opioids for pain management (Galicia-Castillo, M., 2016). Studies indicate that the proportion of older adults seeking treatment for opioid use disorders is increasing at a faster rate than the overall proportion of the population in this age group (National Institute on Drug Abuse, 2024).

- Illicit Drugs

The available literature provides limited data on illicit drug use among older adults. When examining illicit drug use in this demographic, it is important to distinguish whether the behavior represents a continuation of past drug use habits or the introduction of substances not previously used. This distinction has significant implications for understanding drug use patterns and potential risks in older adults. It has been observed that baby boomer individuals were more likely to use illicit drugs in their youth and are also more likely to engage in substance misuse as older adults. Drugs commonly used during younger years often influence patterns of use later in life (Hu J., Kulkarni N., Maliha P., Grossberg G., 2024).

In Australia (Sutherland R., Chrzanowska A., Prael G., Peacock A., 2024) and the United States (Han B.H., Palamar J.J., 2020), there is an increase in cannabis use among older adults, as well as an increase in the proportion of treatment episodes where cannabis use disorder is listed as the primary diagnosis in Australia. Research also shows a higher proportion of older adults using injectable drugs in the United States, the United Kingdom, and Australia (Lewer D., Croxford S., Desai M., *et al.*, 2022), primarily among individuals who began use in the 1980s and 1990s.

Research indicates that cannabis use is increasing among adults over 65 years of age. A U.S. study reports that 2.9% of individuals over 65 use marijuana, and nearly one-quarter of them report that it was prescribed by a physician. Medical marijuana may help alleviate symptoms of chronic pain, sleep disturbances, malnutrition, depression (common in adults over 65), or manage side effects of cancer treatment. mHowever,

regular cannabis use at any age - whether for medical or other reasons - has been associated with chronic respiratory conditions, depression, impaired memory, adverse cardiovascular effects, and other health issues. Cannabis can also interact with various prescription medications, potentially complicating pre-existing medical conditions and age-related physiological changes (National Institute on Drug Abuse, 2024). In some countries, cannabis use is not legally permitted.

Indicators of possible substance misuse in older adults can be categorized into physical, cognitive, psychiatric, and social domains:

- Physical indicators: sudden or frequent falls, bruises, burns; deterioration in personal hygiene; frequent headaches; new-onset incontinence; increased tolerance or unusual reaction to alcohol or medications; poor nutrition; unexplained weight loss; idiopathic seizures; dizziness, distractibility, irritability; sensory deficits; chronic pain.
- Cognitive indicators: disorientation, memory loss, impaired decision-making, unexplained global cognitive decline.
- Psychiatric indicators: sudden onset of sleep disturbances or insomnia, anxiety, depression, unexplained behavioral changes.
- Social indicators: family, financial, or legal problems; social isolation; premature depletion of medications; borrowing or seeking additional prescription medications (Barry K.L., Blow F.C., Oslin D.W., 2002; Sacco P., Kuerbis A., 2013).

These indicators are critical for healthcare providers and social workers to identify potential substance misuse in older adults and to provide timely interventions.

Substance use among older adults represents a significant public health concern that is often underdiagnosed. The prevalence of alcohol use disorder (AUD) and cannabis use disorder (CUD) is increasing in this demographic, with a substantial proportion of older adults reporting use of these substances. The legalization of cannabis in the United States has further contributed to the rise in older adults using medical marijuana to manage conditions such as sleep disturbances and chronic pain. This trend, combined with the unique health consequences and challenges it poses, underscores the need for comprehensive and individualized approaches to prevention, screening, and treatment.

Treatment of substance use in older adults requires a multifaceted approach that addresses the unique needs of this population. The prevalence of polypharmacy and multiple chronic medical comorbidities complicates the pharmacological management of substance use. Effective treatment typically involves pharmacological interventions as well as non-pharmacological strategies, including cognitive-behavioral therapy, motivational interviewing, 12-step programs, and medication-assisted treatment for AUD and opioid use disorder (OUD). The availability and accessibility of age-appropriate treatment services are often limited, highlighting the need for increased attention and resources in this area. Substance use among older adults is a complex issue that requires a comprehensive and nuanced approach. As our understanding of this population continues to evolve, it is critical to advance research and develop interventions tailored to the unique needs and challenges of older adults (Hu J, Kulkarni N, Maliha P, Grossberg G., 2024).

Older adults typically have an established temperament and social role, often maintaining a stable position within family and community structures. This can make medical and psychosocial interventions particularly challenging, for several reasons. Some individuals may deny the existence of a problem, avoiding treatment and being resistant to external support. Others may suspect a problem exists but prefer to keep it hidden from family and peers, relying on self-regulation and self-medication, which can complicate effective intervention. A continuum of treatment options is recommended, tailored to the individual's environment and the severity of their substance use problems. Barriers to specialized treatment include stigma and shame, geographical isolation, financial limitations, and transportation difficulties. The scientific literature contains relatively few studies assessing the efficacy and effectiveness of substance use treatment among older adults. Successful medical and psychosocial interventions require that older adults are motivated and willing to engage in the treatment process and that they receive adequate support for implementation.

Figure 3

Panel C - Model of Psychosocial Interventions

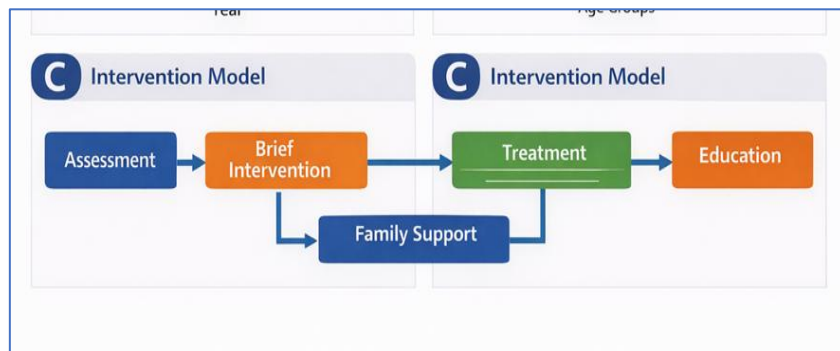


Figure 1, Panel C visualizes a model of psychosocial interventions that can be implemented either alongside medical treatment or independently (Barry, K. L., Blow, F. C., & Oslin, D. W., 2002; Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A., 2014; Oslin, D. W., Grantham, S., Coakley, E., *et al.*, 2006).

These interventions are carried out in the following stages:

- Assessment and Screening

Addiction is the result of a complex interaction of psychological, medical, social, cultural, and economic factors unique to each individual. Social workers need to understand the unique dynamics inherent to their clients and the nature of their specific problems to screen for substance use disorders and assess treatment needs. This may involve understanding the type of substances used, the manner and frequency of use, and the individual's medical history, including mental health conditions or trauma. Careful assessment and screening can help determine the most appropriate treatment approach with the highest likelihood of success. Interventions always begin with evaluating the severity of the condition and the extent of harm caused to the body. Screening tools yield reliable results only if the individual recognizes the existence of a problem, responds responsibly to questions, and provides truthful answers. Screening can be conducted in settings such as social services for older adults, primary or secondary care offices, emergency departments, urgent care, and others.

- Counseling and Therapy

Qualified social workers are competent to directly implement therapeutic interventions such as individual or group therapy or family counseling.

- **Brief Interventions**

Effective brief interventions are typically conducted in primary care settings. They focus on alcohol and prescription drug misuse and may last from 15 minutes to five one-hour sessions. Their goals are to provide information about the substance and its harmful effects, increase motivation for change, and link heavy users to more intensive treatments if needed. One widely used and highly effective brief intervention for older adults is normative feedback, in which the individual's substance use is compared to that of peers and combined with brief counseling.

- **Advocacy**

Social workers advocate for the needs of their clients, helping them make decisions regarding treatment, ensuring they understand their rights, and providing support and guidance. Advocacy may also involve promoting policies and legislation that enhance and expand harm reduction measures and access to treatment for substance use disorders.

- **Motivational Interviewing / Motivation Enhancement Therapy**

This approach encourages practitioners to use a client-centered, nonjudgmental method to discuss substance use and promote positive, healthy changes in the client's life. The goal is to increase ambivalence in the older adult, helping them recognize the negative effects of substances on their body and the benefits of stopping use. Motivating factors for older adults may include maintaining independence, optimal health, a presentable appearance, preserved cognitive abilities, and social engagement - areas the practitioner should emphasize during the interview.

- **Case Management**

Case management models applied in primary care or community-based social institutions leverage nontraditional settings to engage older adults in reducing substance use and/or connecting them to treatment. These interventions offer several benefits: they provide a comprehensive approach, addressing the complexity of medical and psychiatric comorbidities common in this population,

while linking socially isolated older adults to community resources. Substance use interventions are embedded in a broader strategy for health promotion, stigma reduction, and achieving overall well-being among older adults. Program evaluations support the view that case management is a vital tool when working with older adults, particularly those with alcohol dependence (Oslin DW, Grantham S, Coakley E, *et al.*, 2006).

- Family Support

In social work with individuals with substance use disorders, social workers often work with family members and friends as part of the treatment process. This may include offering or referring them to counseling services, providing education about addiction, and supplying guidance on how best to support the client during and after treatment.

- Continuing Education

Maintaining up-to-date knowledge about substance use disorders, including new theories on etiology and treatment, emerging frameworks, and best practices, enables social workers to provide the highest quality services and increases the likelihood of successful treatment. Ongoing education ensures that social workers apply the most current, evidence-based strategies in the care of individuals with substance use disorders.

As with other population groups, treatment for substance use disorders in older adults is provided along a continuum of intensity, depending on the severity of the problem, ranging from detoxification to outpatient care or follow-up services. All treatment plans - both pharmacological and psychosocial - must be individualized and flexible to meet the specific needs of each person. The literature describes two psychosocial and psychotherapeutic approaches that have been studied specifically in the context of older adults: supportive therapy and cognitive-behavioral therapy (CBT). Research on the supportive therapy model generally concludes that fostering an attitude of problem acceptance and readiness for behavioral change in the older adult facilitates treatment engagement and improves outcomes. Supportive therapies focus on building social support, enhancing self-esteem, and adopting a holistic approach to treatment planning by addressing multiple biopsychosocial domains in the client's life. Cognitive-behavioral therapy targets the identification and modification of patterns of thought,

emotion, and behavior that contribute to problematic substance use. CBT can be delivered individually or in groups. There is strong evidence for its effectiveness, including among older adults, due to its highly structured and didactic approach, which is particularly helpful for individuals experiencing memory difficulties (Kuerbis A, Sacco P, Blazer DG, Moore AA., 2014).

Necessary Measures for Older Adults with Problematic Substance Use Treatment and psychosocial care specifically targeting older adults with substance use problems remain limited. It is often assumed that older adults using substances represent a smaller population and may be less motivated to change. This highlights the need for multidisciplinary and innovative approaches that address the medical (including dental), psychological, and social needs of older adults with substance use disorders.

To address their social isolation and loneliness, there is a need to focus on coping strategies, improving social contacts, and promoting activities that enhance overall well-being. Access to antiviral therapies for hepatitis C and their proper administration also needs to be improved for this population. Specialized social services for older adults with addictive behaviors are extremely limited and insufficiently equipped to meet the needs of people over 65 who, in addition to substance use disorders, often have comorbid chronic conditions.

There are also very few community-based programs that provide home-based interventions targeting substance use and its consequences. A lack of adequate training, awareness, and skills among staff in healthcare and social service institutions for working with older adults with addictions has been demonstrated. Targeted continuing education for staff is necessary to improve the quality of care provided.

To address ageism and stigma experienced by older adults who use substances, support can be offered through peer advocacy programs involving individuals from the same age group within substance use services. Peer support can enhance self-esteem, feelings of acceptance and understanding, and promote more positive outlooks on the future. Individuals serving as peers or volunteers may also benefit from this type of engagement.

Safe and appropriate housing is essential for addressing social, health, and physical challenges. Housing solutions for older adults who use substances often require careful planning to ensure that individuals are removed from social circles associated with

substance use, while remaining close enough to supportive individuals who can assist them in managing their challenges (NCPH, 2021).

2 CONCLUSION

Although the use of psychoactive substances among older adults remains lower compared to other age groups, it has shown a consistent increase in recent years. Older adults are particularly susceptible to the effects of substances and more often inadvertently misuse medications, such as forgetting doses, taking them too frequently, or using incorrect amounts. Additionally, some use substances as a coping mechanism for life changes, including retirement, the loss of loved ones, declining health, or changes in social status. A significant proportion of hospitalizations in addiction treatment centers in this age group are due to alcohol misuse. Pharmacological treatments, alongside behavioral therapies, have been shown to support recovery from substance use disorders, but further research is needed to assess their effects on the aging brain and to develop effective care models for older adults with these issues. The changing demographic structure of the population, coupled with increasing patterns of substance use, suggests a wide range of psychological, social, and physiological needs. Older adults often exhibit symptoms of substance misuse that can be mistaken for normal aging changes, including chronic health problems and responses to stressful life events. The consequences of rising substance use place a substantial burden on healthcare and social systems, highlighting the need for integrated, multidisciplinary, and individualized approaches to prevention, screening, and treatment.

Therefore, the increasing substance misuse among older adults, combined with population aging, requires timely resource planning, development of appropriate preventive and treatment policies, and expanded access to services. Emphasis should be placed on combined pharmacological and psychosocial interventions, including cognitive-behavioral therapy, motivational interviewing, and case management, as well as family support and social integration. Such a targeted approach will promote the well-being of older adults, reduce the risks of substance misuse, and strengthen the capacity of healthcare and social systems to meet the challenges of an aging population.

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Authors' Contribution

All authors contributed equally to the development of this article.

Data availability

All datasets relevant to this study's findings are fully available within the article.

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