WashU Medicine

Polysubstance Use and Polypharmacy in Older Adults

RMPDS Annual Scientific Meeting

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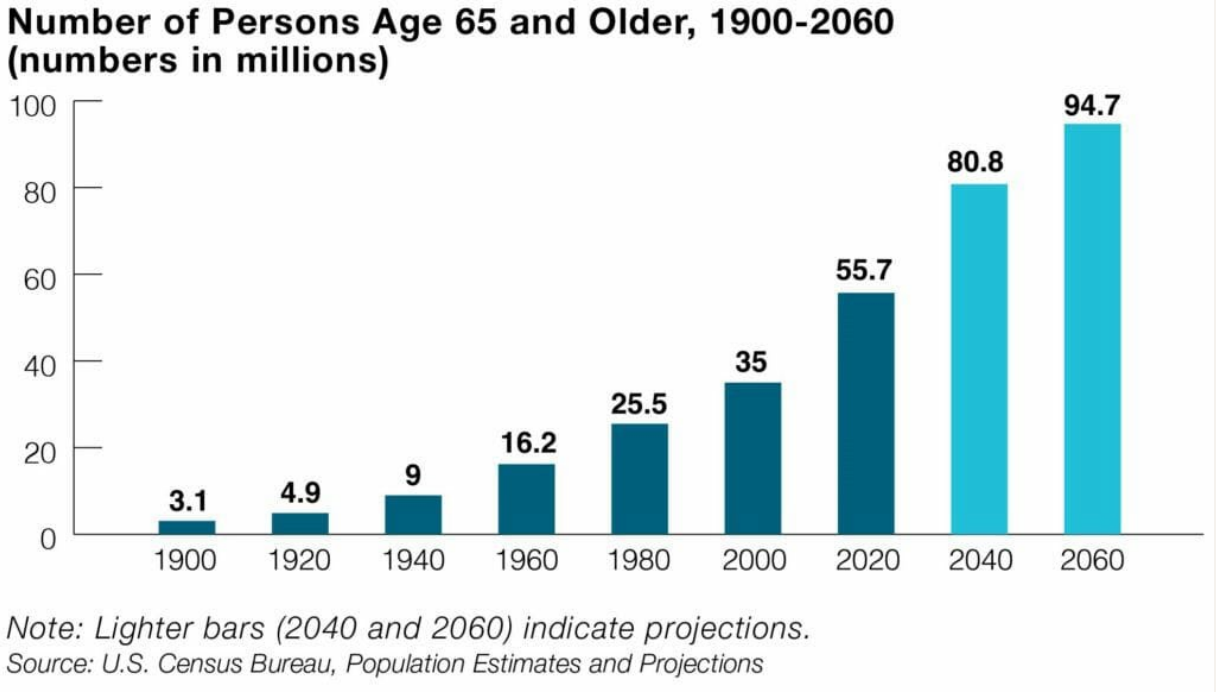
Disclosures

- PI for one arm of the Treatment Center Program of RADARS®, Denver Health and Hospital Authority
- Scientific Advisory Board for the National Drug Early Warning System (NDEWS)
- National Institute on Drug Abuse (5 R21 DA056835-02), *An examination of concomitant nonmedical use of gabapentin and opioids*

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Older Adults

- Vulnerable population due to higher rates of:
  - Opioid prescriptions
  - Polypharmacy
  - Health comorbidities
  - Adverse events
- Recent increases in overdose mortality
  - Particularly among specific race/ethnicities
- Growing at a faster rate than other age groups



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Methodology

- Use of two RADARS® programs to assess use of multiple substances in older adults
  - Survey of Non-medical Use of Prescription Drugs (NMURx) Program
    - National survey of general population adults aged 18 and older
  - Treatment Center Program
    - National survey of individuals entering treatment for opioid use disorder (OUD)
- Older adults defined as those age 55 and older

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NMURx

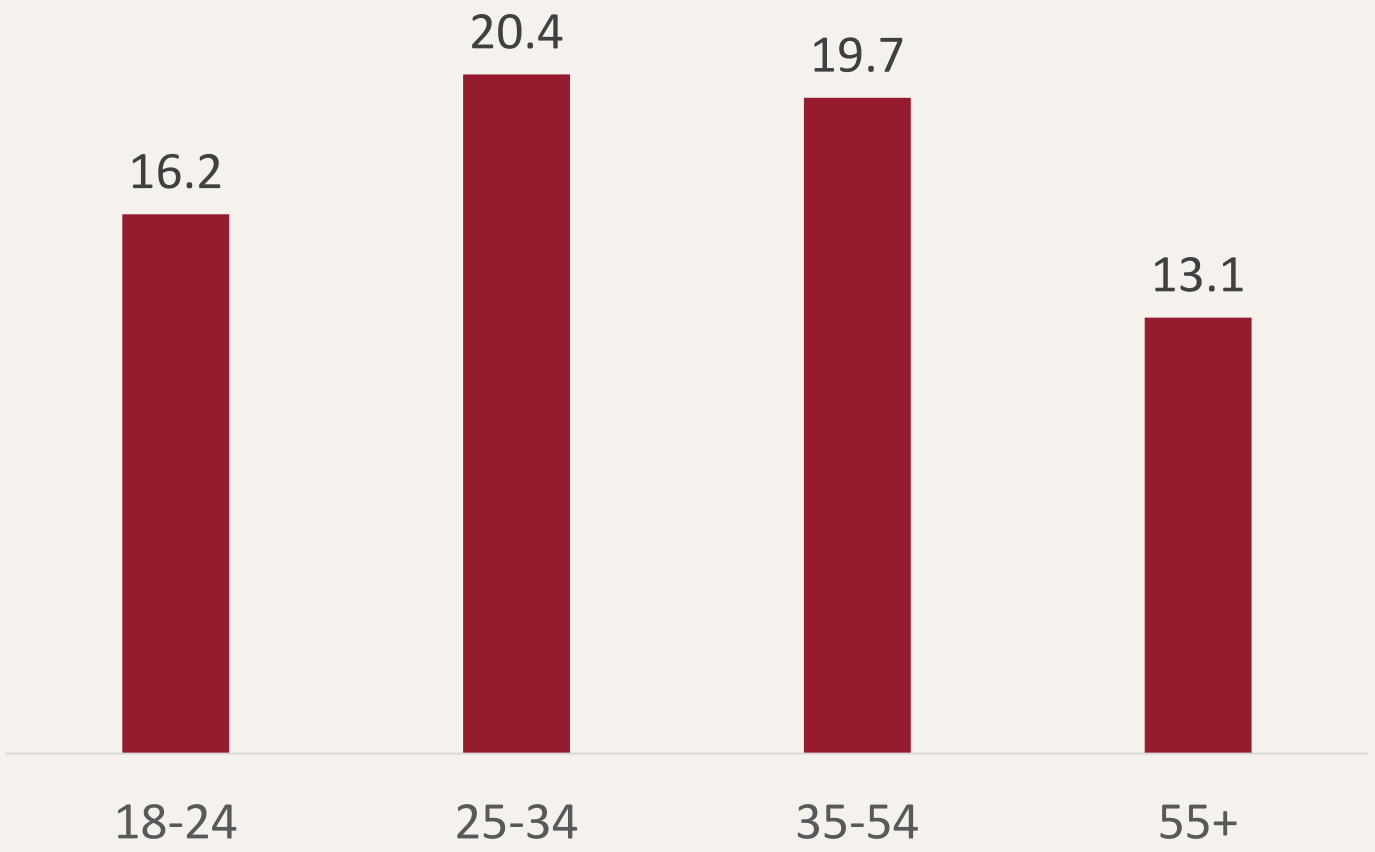
- Online repeated, cross-sectional survey of adults (18+) through panel company since 2018
- ~60,000 respondents per year across all 50 states to produce nationally representative estimates
- Demographics, health behaviors, and past year substance use
  - Medical use = use of a prescription as directed
  - Nonmedical use = use without a prescription or with a prescription other than as directed
- Data analyzed from 2022-2024

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Polysubstance use

Past year use (medical or nonmedical) of TWO or more of the following:

- Prescription opioids
- Prescription stimulants
- Prescription benzodiazepines
- Prescription gabapentin
- Cannabis
- Illicit drugs



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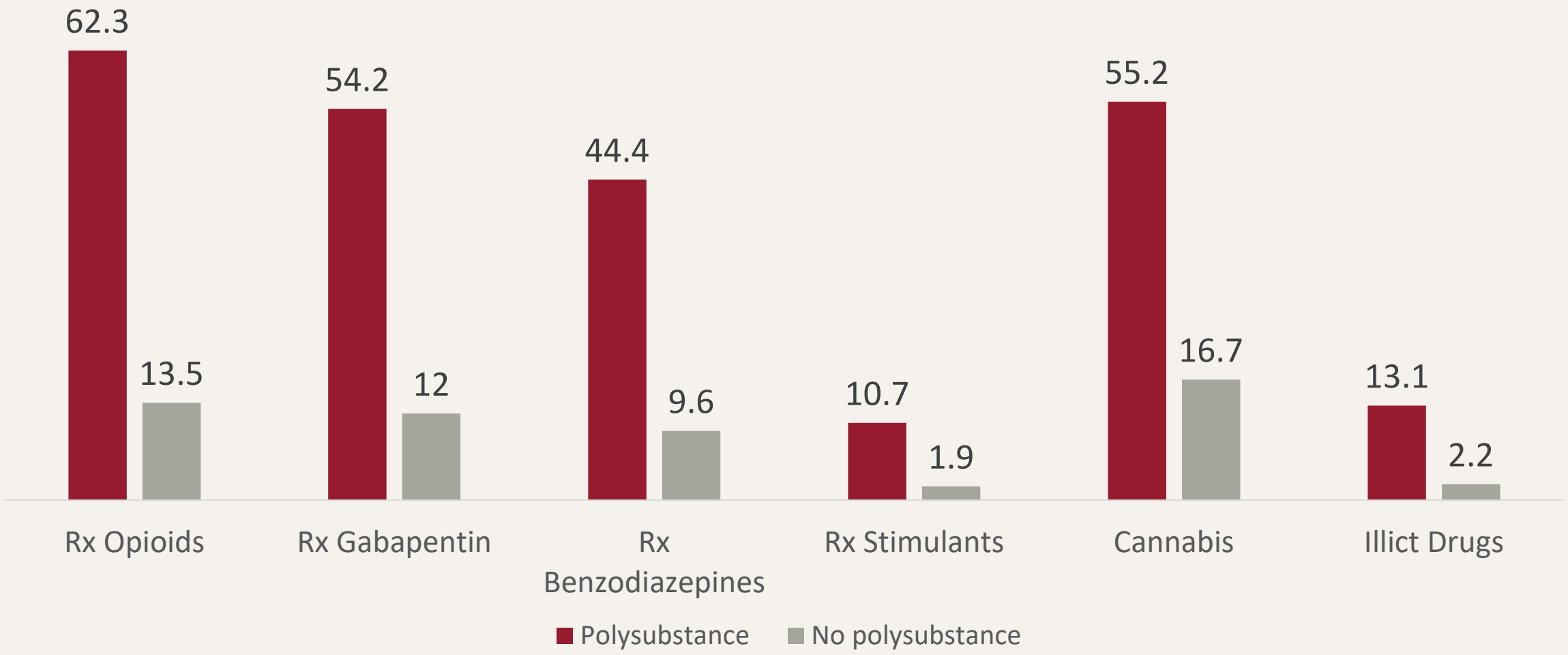
Polysubstance use: Demographic Differences

Adults aged 55+ with past year use of more than one substance were MORE LIKELY TO REPORT…..

	PY Polysubstance	No PY Polysubstance
…being female	57.8	52.6
…being divorced	24.7	18.7
…earning less than $50k	50.4	43.1
…poor/fair health	31.1	17.2
…a past year hospital stay	24.3	11.5
…past year acute pain	46.0	23.7
…past year chronic pain	68.5	35.6
…a diagnosis of depression	36.4	15.0
…a diagnosis of anxiety	18.0	6.6

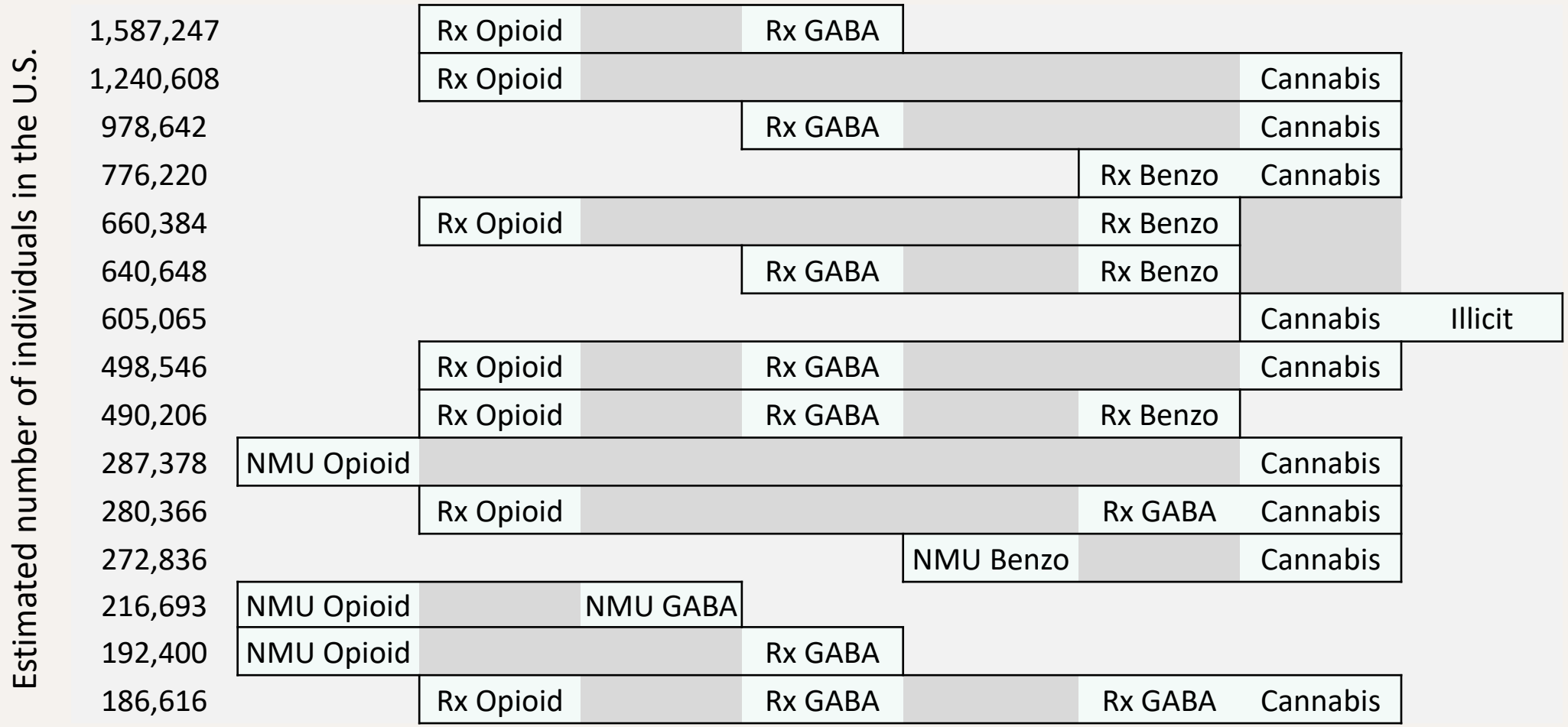
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Past year use (medical OR nonmedical) in adults 55+



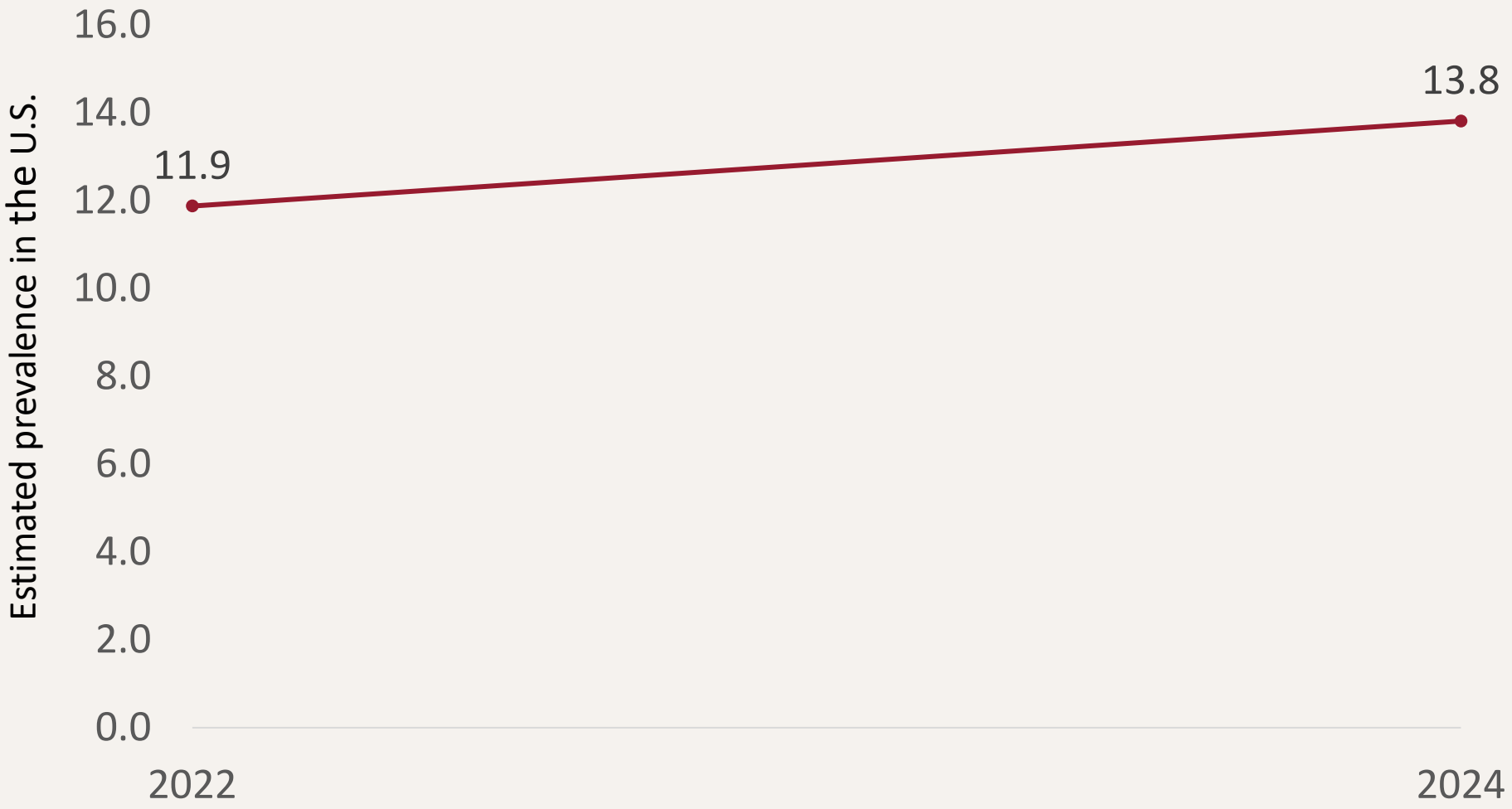
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Patterns of past year past year polysubstance use (Top 15)



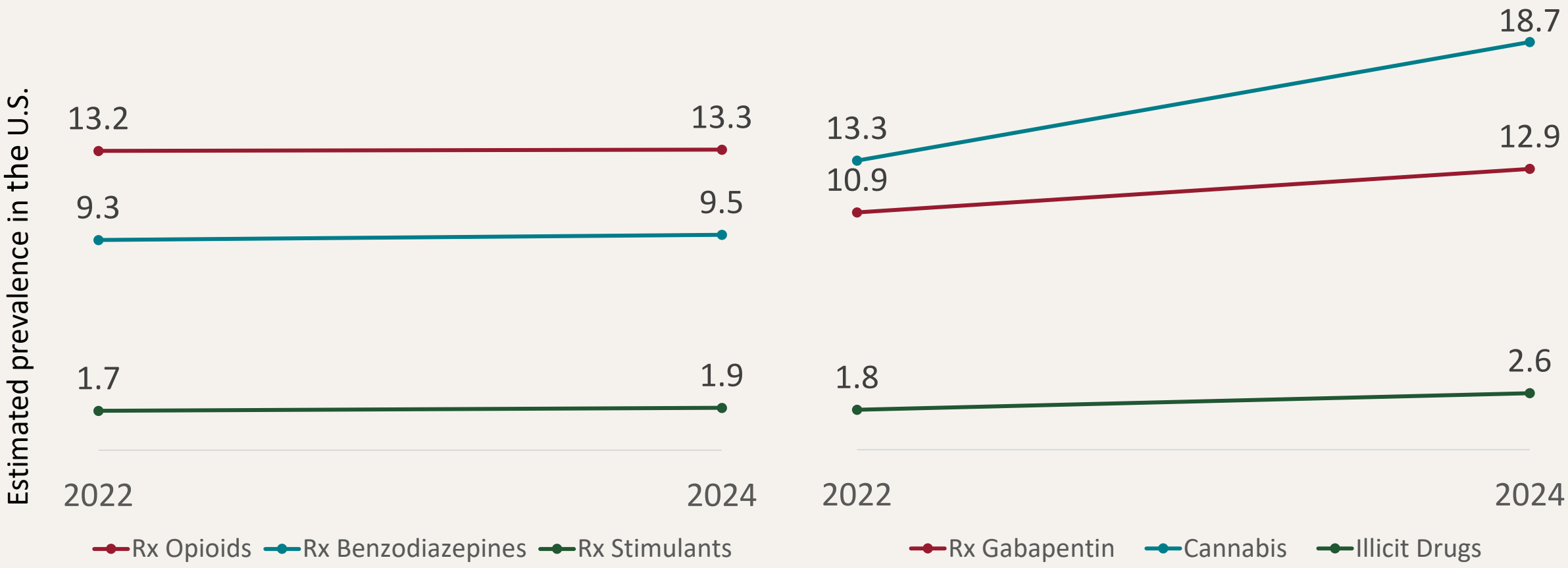
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Past year polysubstance use in adults 55+



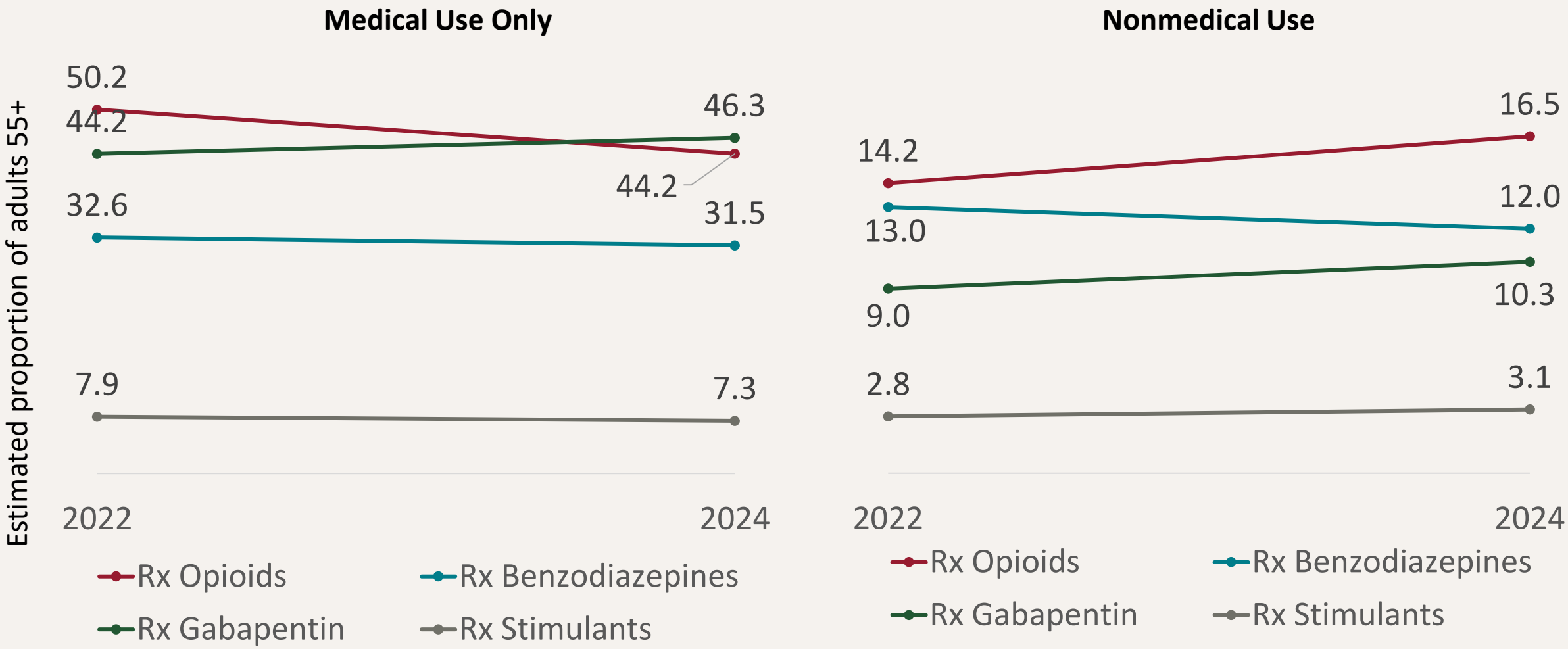
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Past year use (medical OR nonmedical) in adults 55+



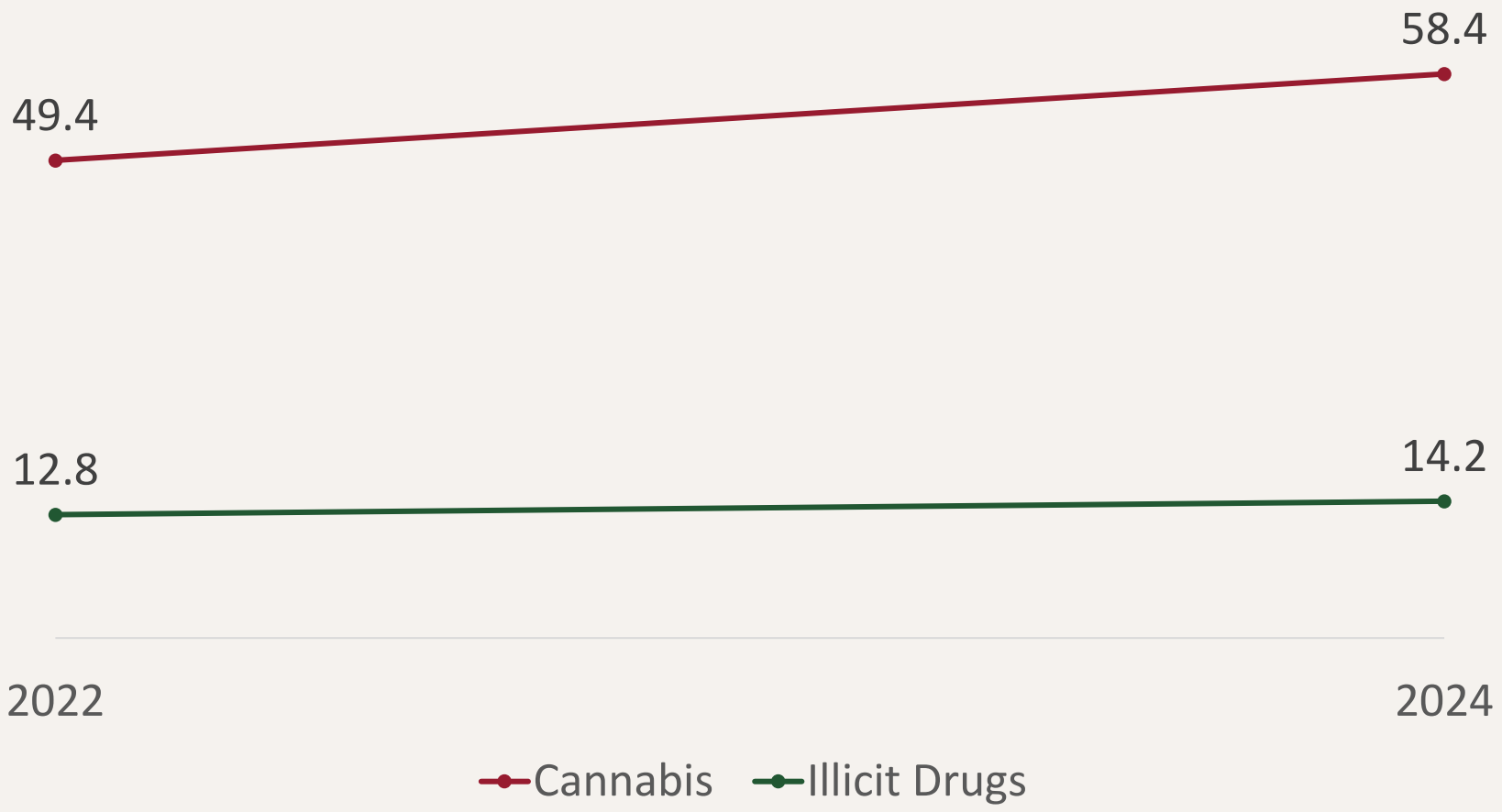
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Use behaviors in adults 55+ with PY polysubstance use



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Use behaviors in adults 55+ with PY polysubstance use



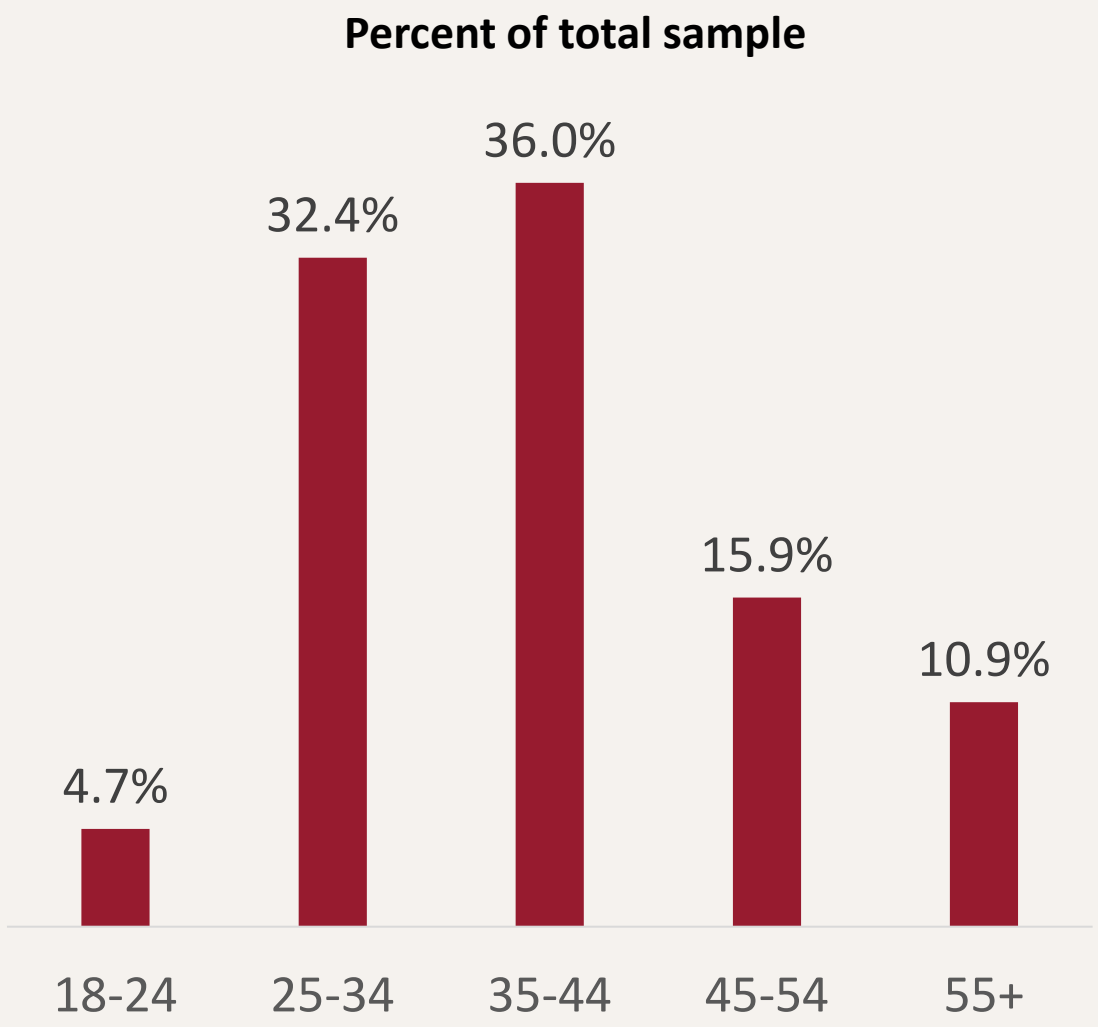
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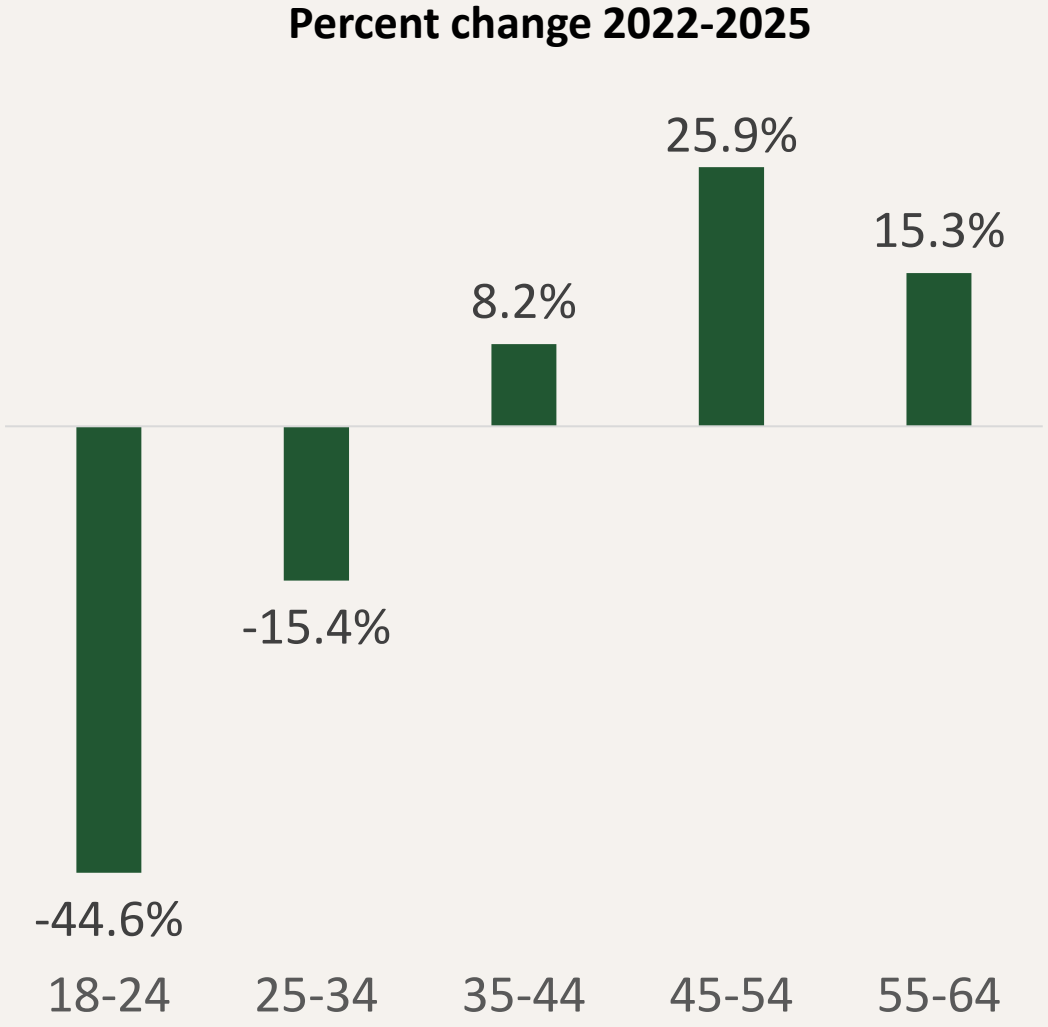
Treatment Center Program

- Ongoing surveillance of persons with opioid use disorder (OUD) since 2008
- ~80 Opioid Treatment Programs (methadone clinics)
- ~80 OUD treatment programs (various modalities)
- Anonymous survey of new entrants
- Data analyzed from 2022-2025 from 6,783 participants

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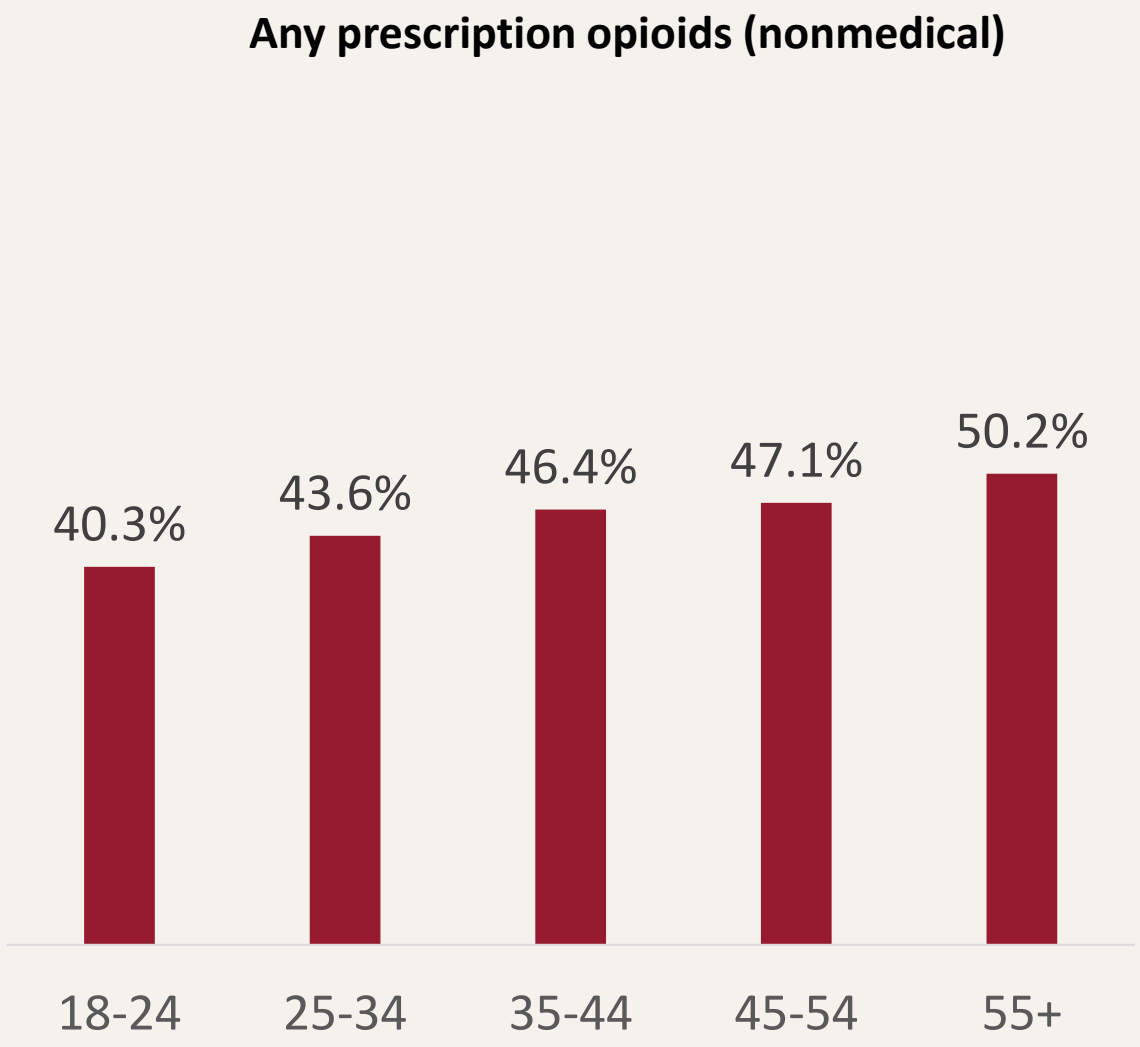
TC Program Population

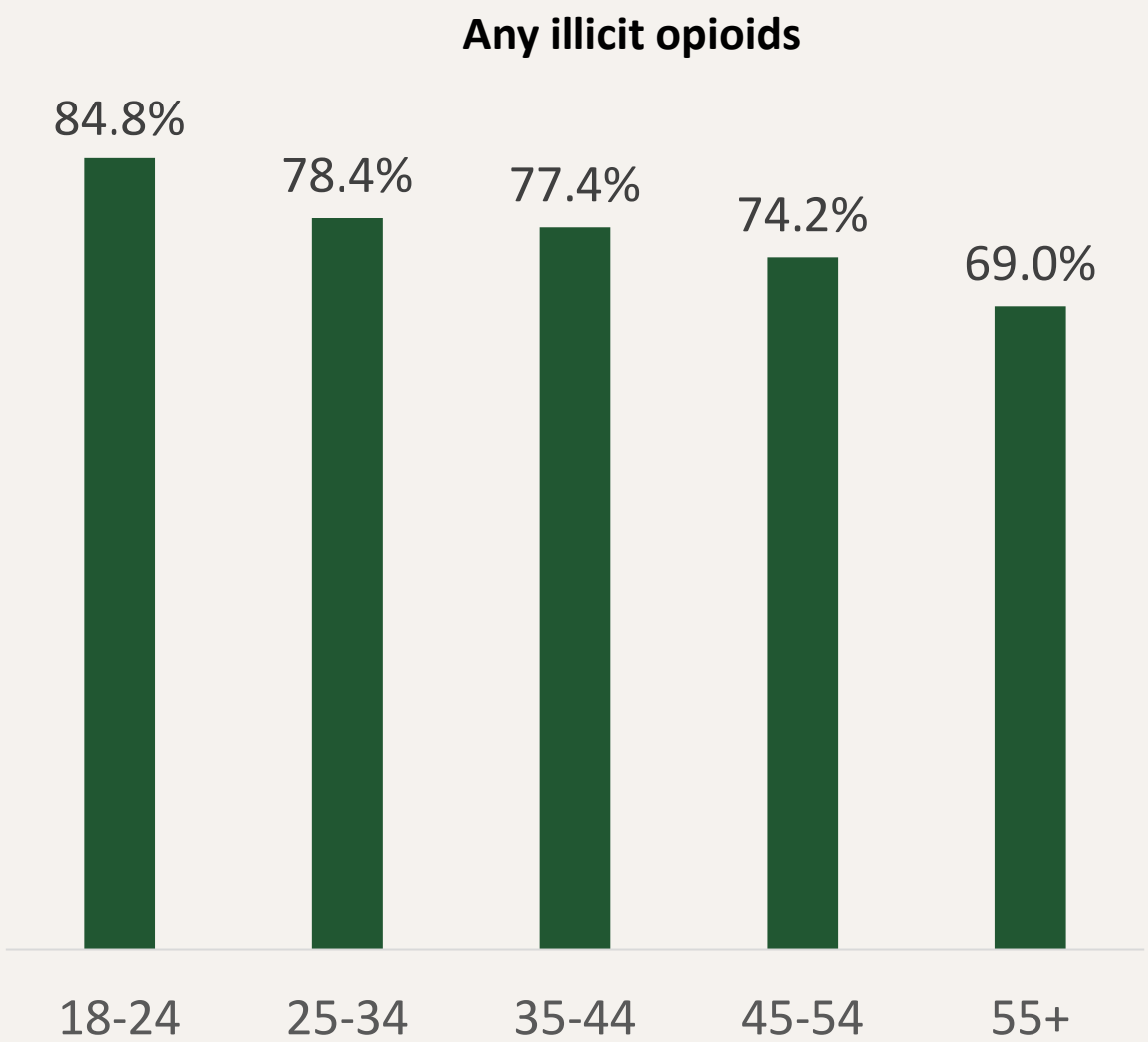




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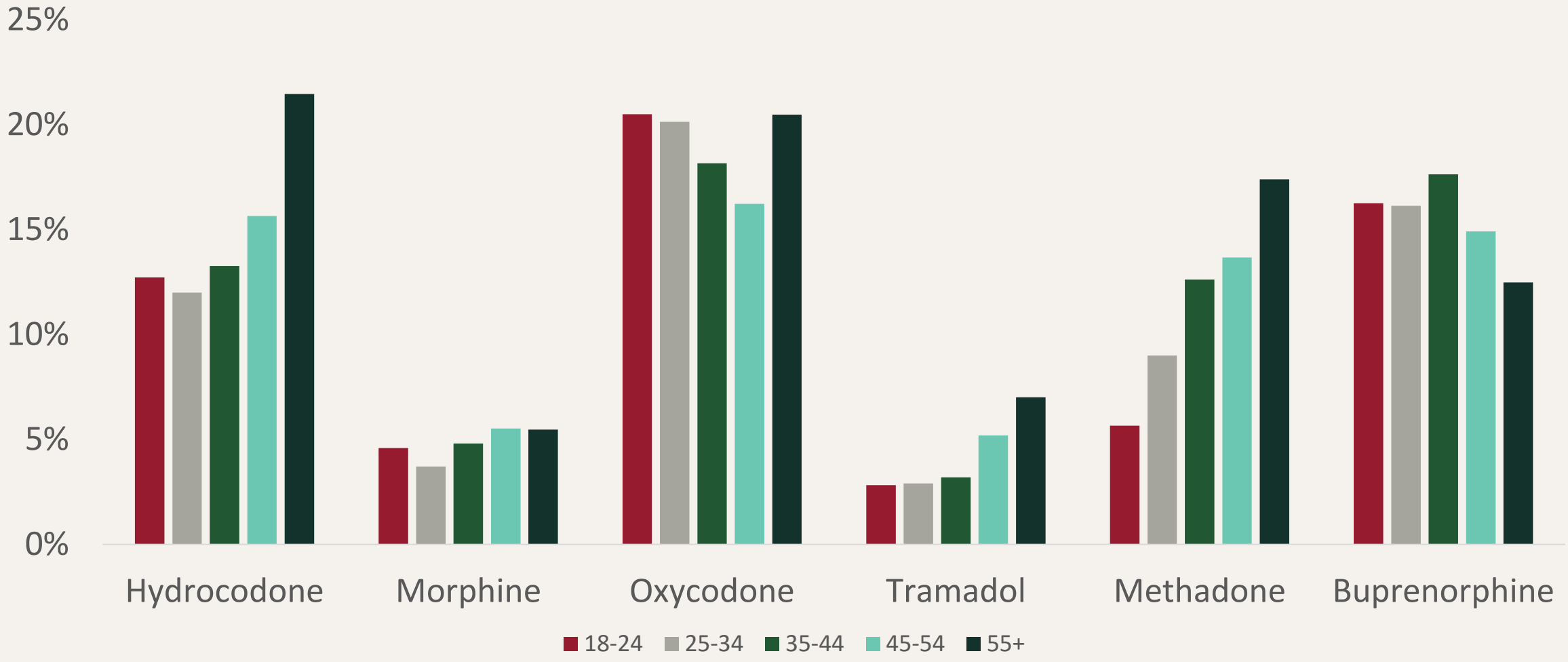
Past month opioid use





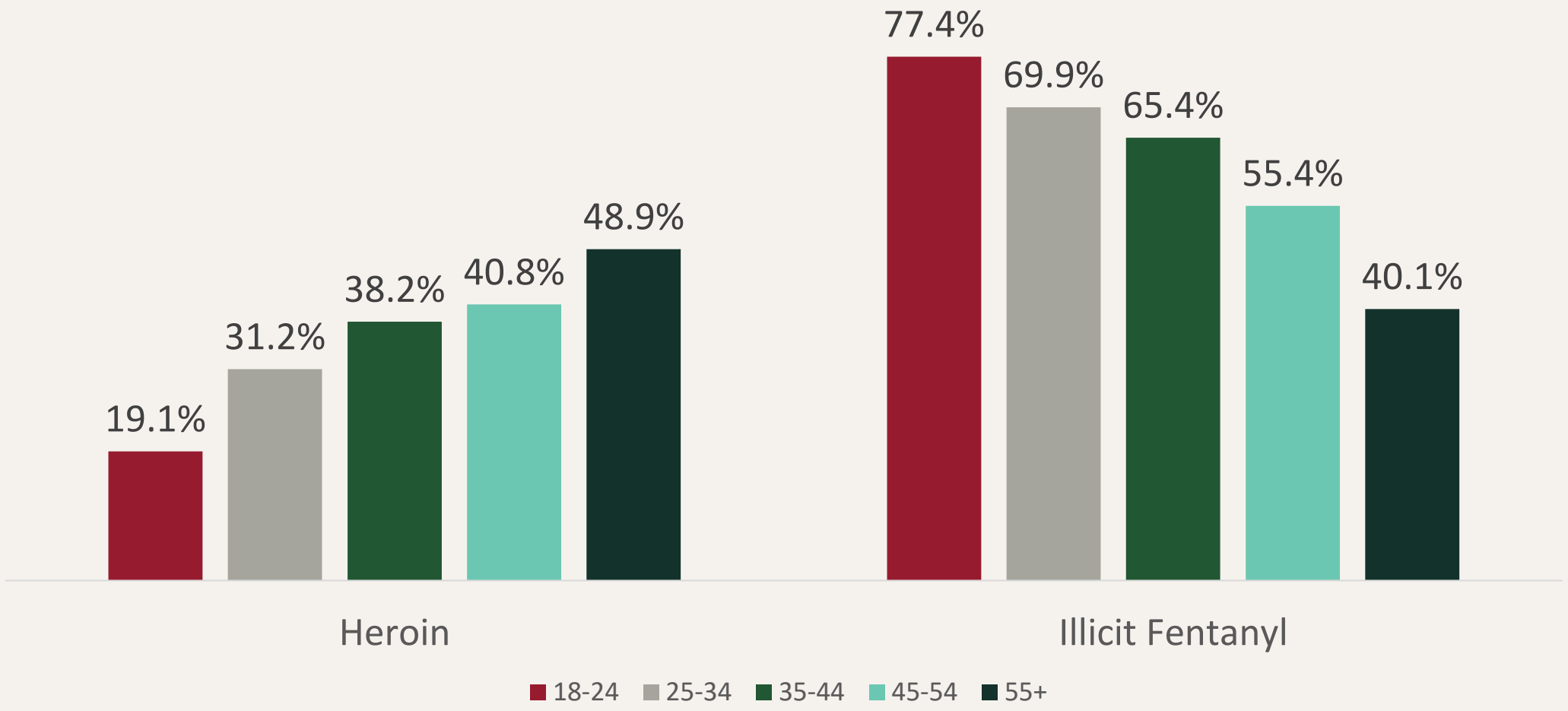
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Past month opioid use (nonmedical)



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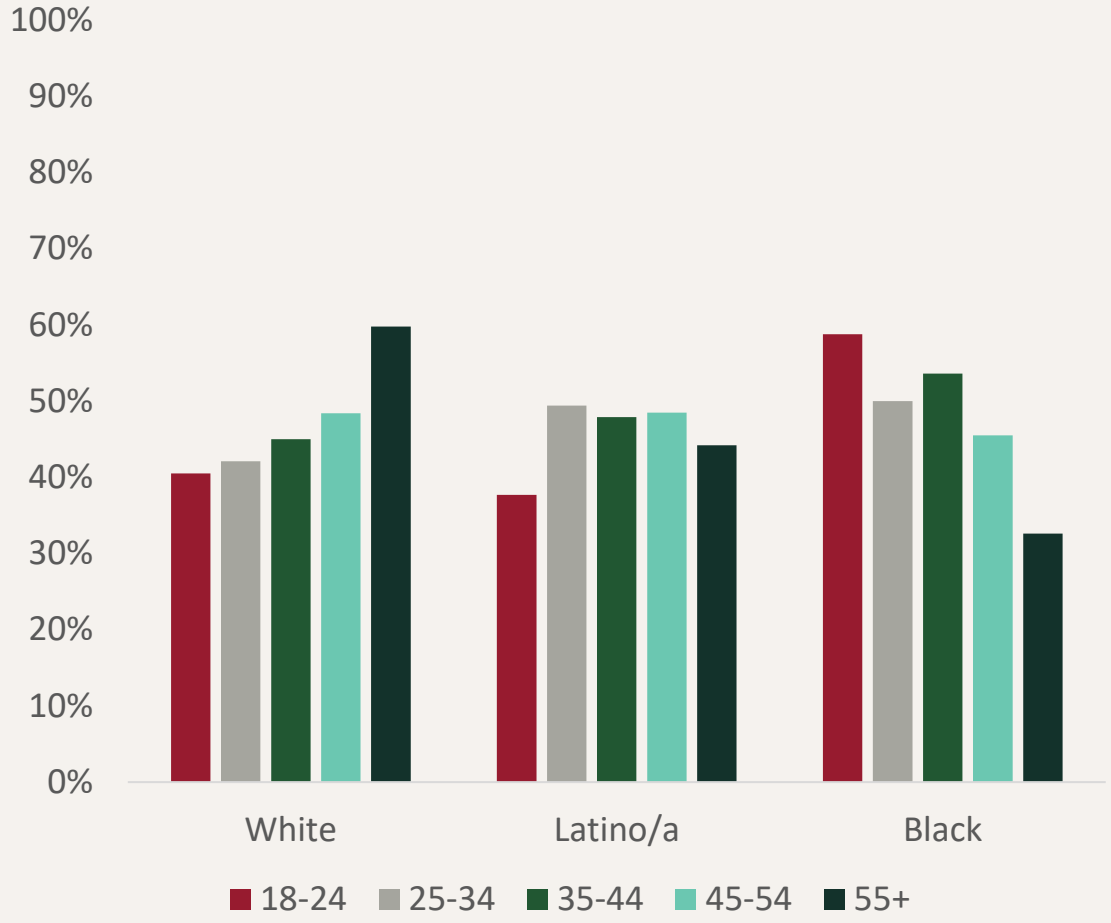
Past month opioid use



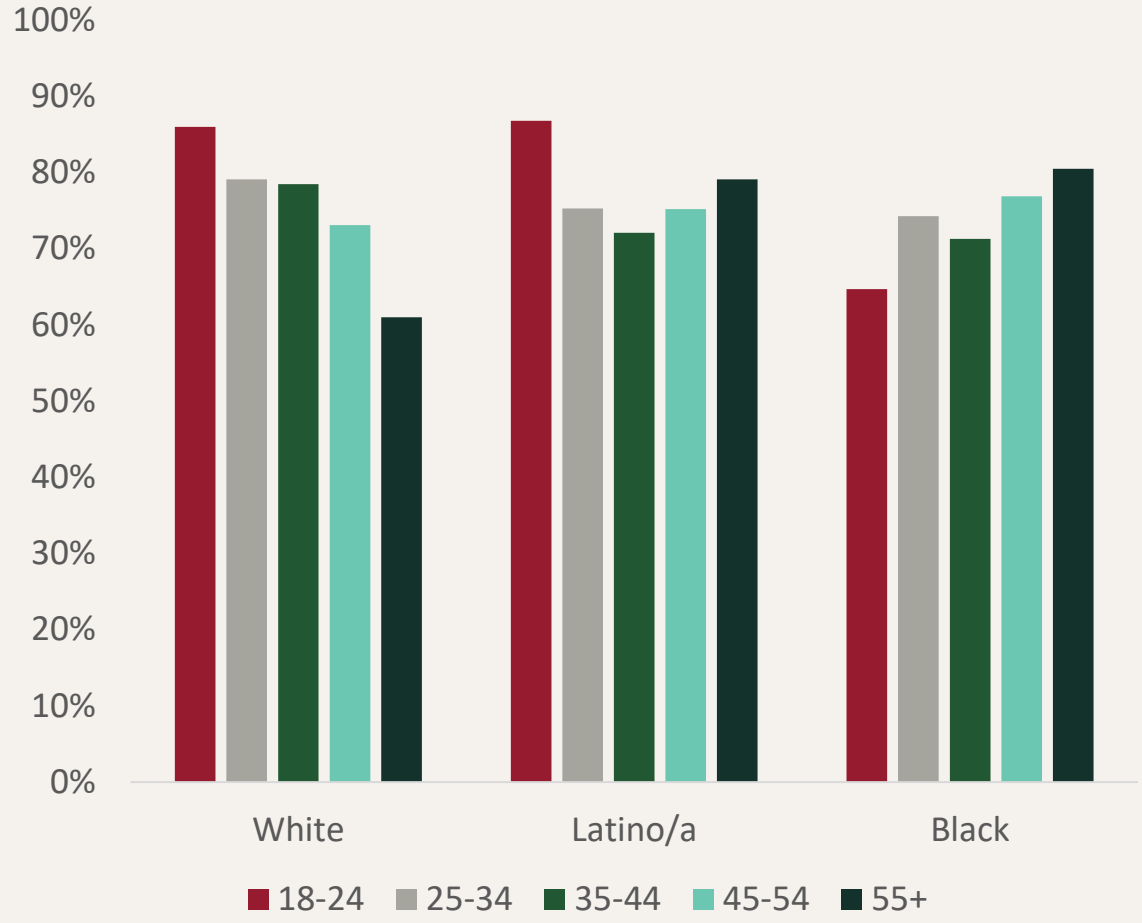
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Past month opioid use

Any prescription opioids (nonmedical)

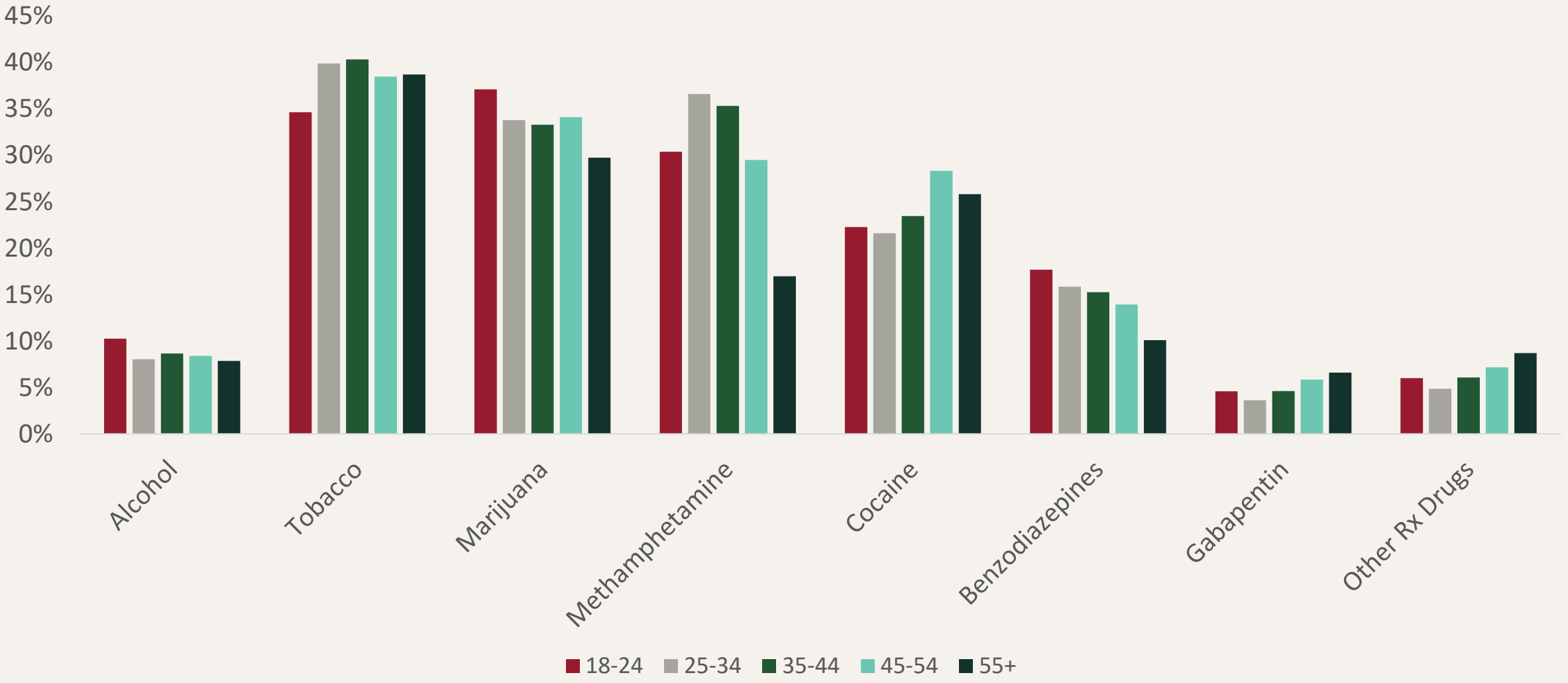


Any illicit opioids



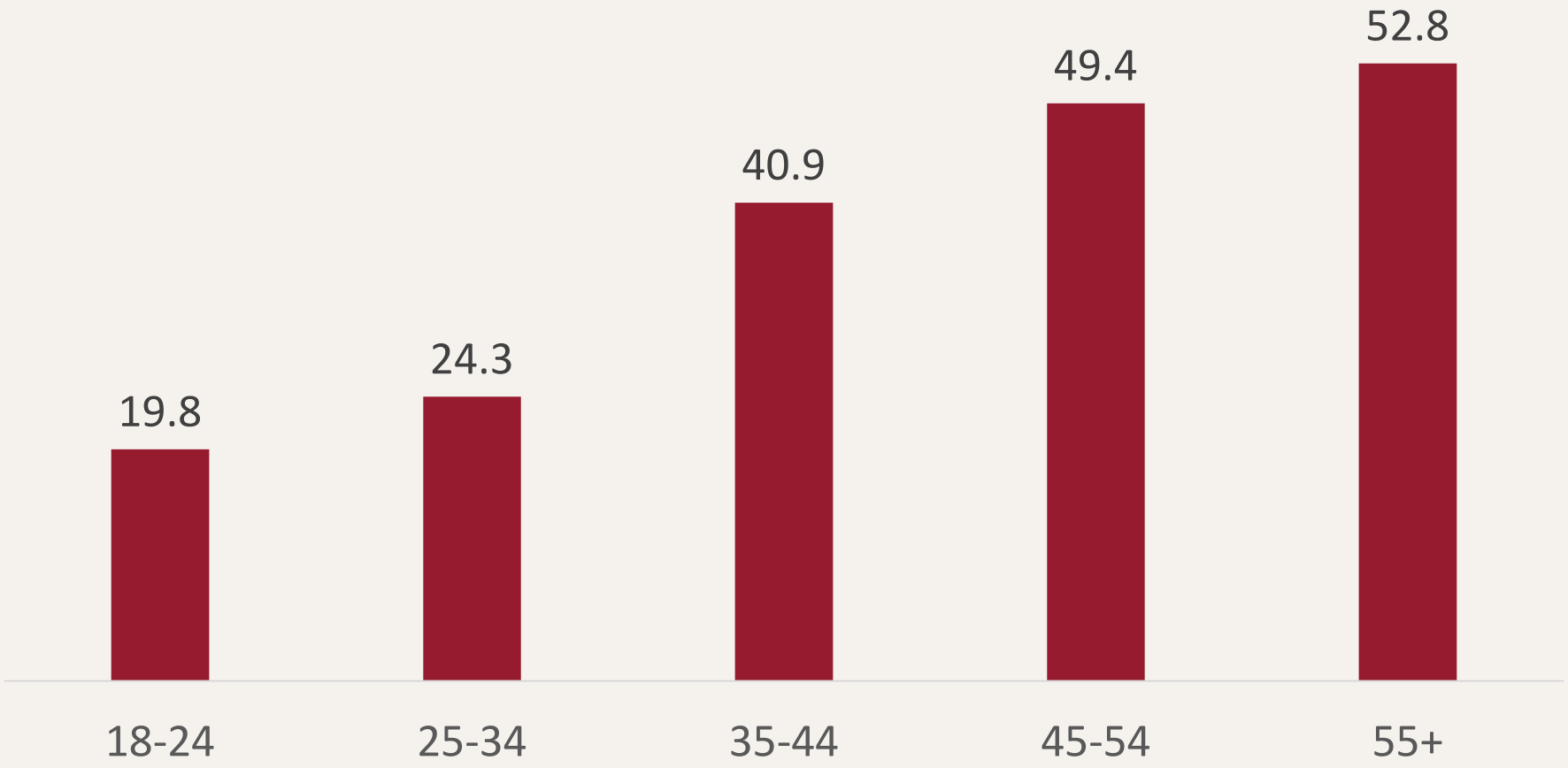
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Past month nonopioid use



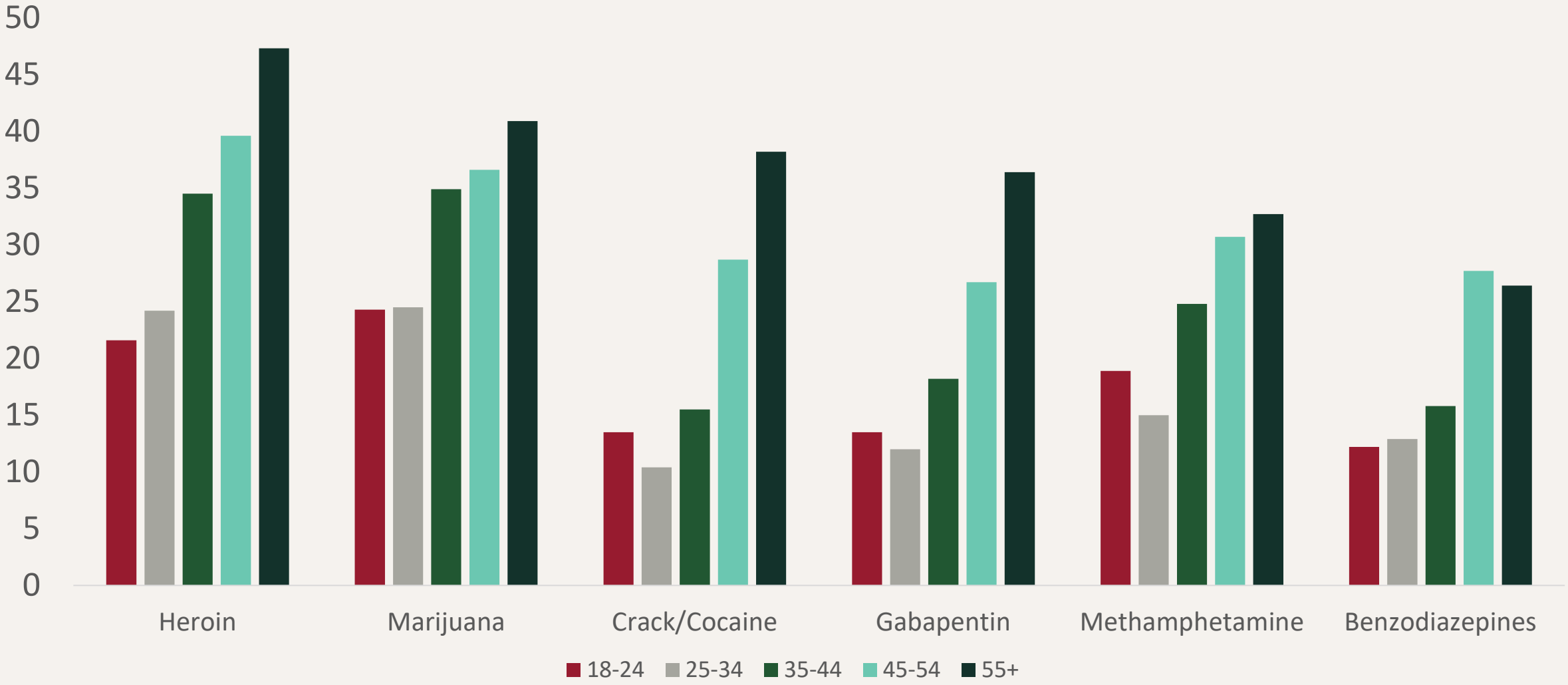
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Lifetime history of chronic pain



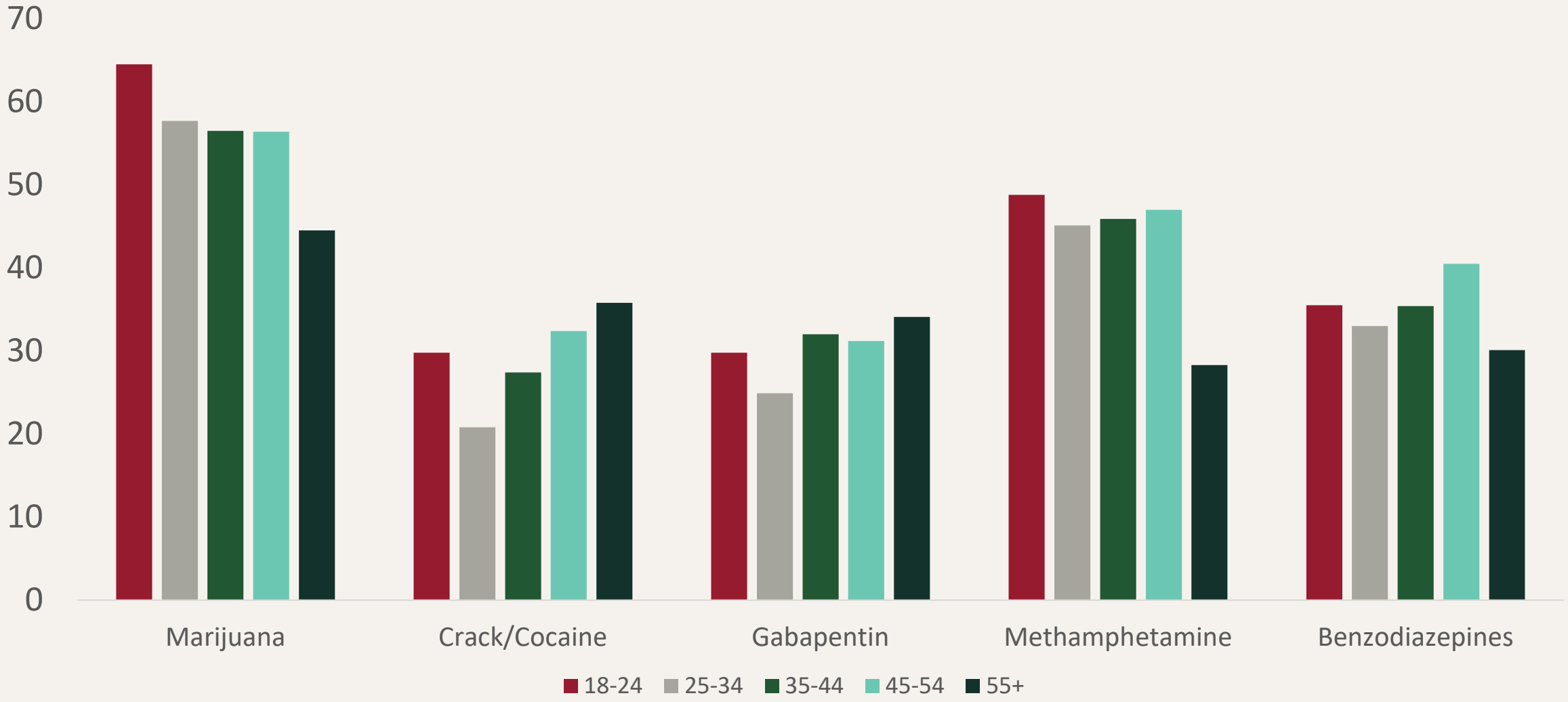
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Drugs used to manage chronic pain (lifetime)



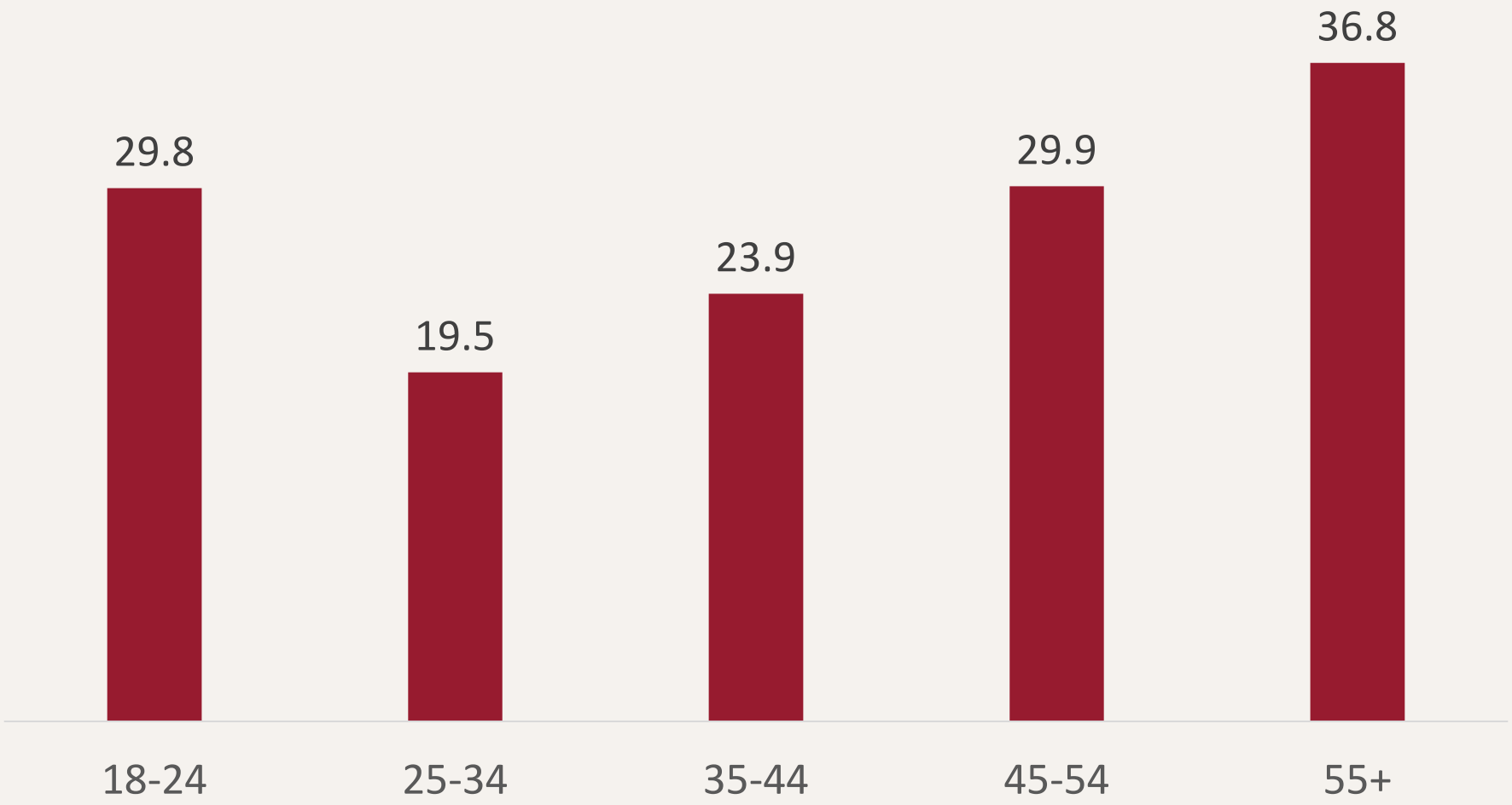
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Nonopioid drugs used to manage withdrawal pain (lifetime)



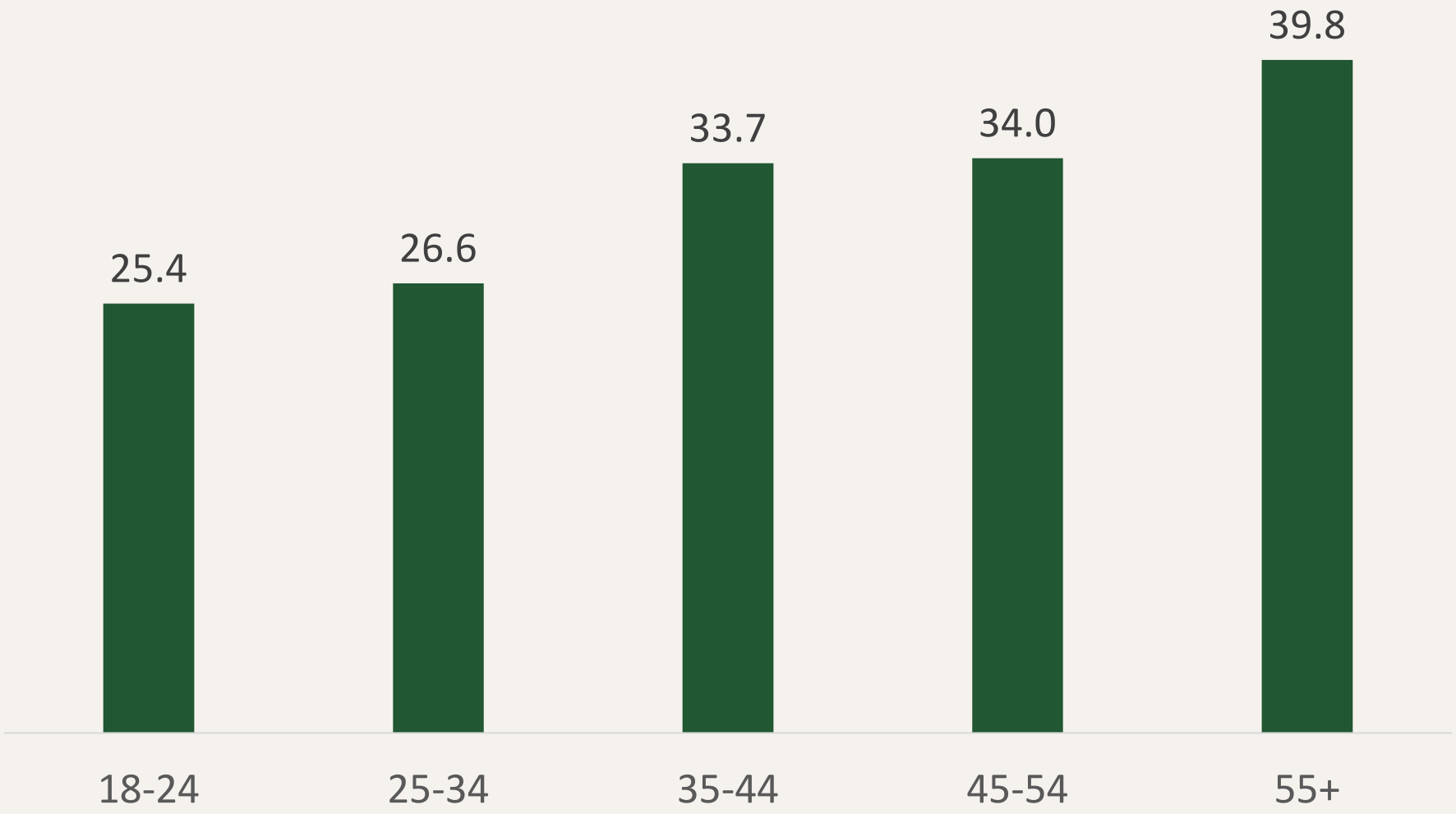
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Motivation for seeking OUD treatment: Health



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Prescribed gabapentin in OUD treatment



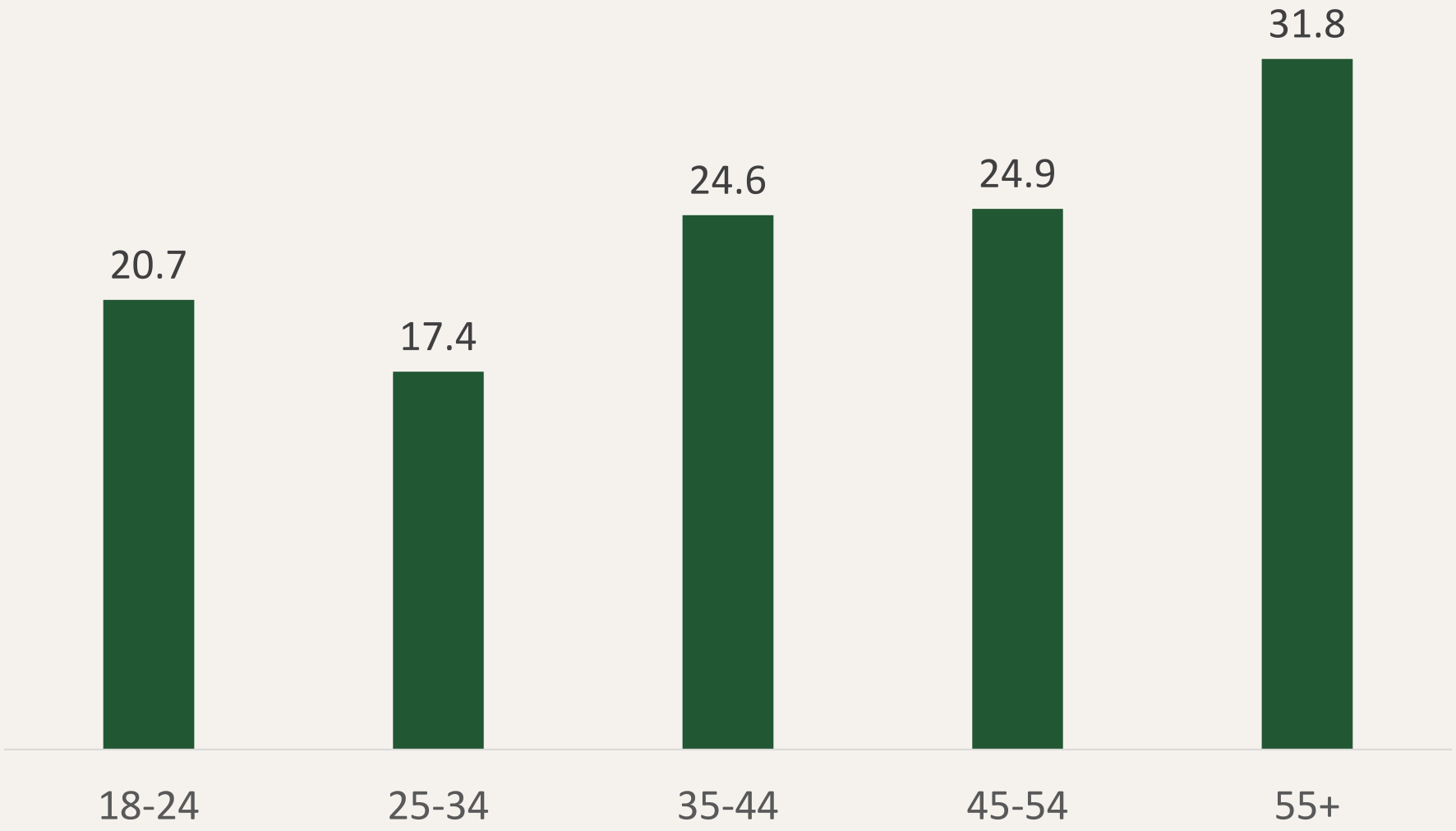
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Gabapentin

- Prescriptions have significantly increased in the past 15 years, particularly alongside opioids
- Estimated 85% of prescribed gabapentin is off-label
- Perceived as safe substitute for benzodiazepines and opioids
- Little to no evidence base for use in SUD treatment outside of alcohol use disorder, though commonly prescribed for a range of conditions
- Associated overdoses and nonmedical use have significantly increased
- Multimodal pain research has identified risks of respiratory depression with opioid and gabapentin co-use

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Simultaneous use of opioids and gabapentin



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Takeaways

- Increases in past year polysubstance use among older adults, including NMU of prescription opioids and gabapentin, and cannabis
- In both samples:
  - Prescription opioids continue to play a significant role
  - Gabapentin use is notable and increasing
  - Associations with chronic pain
- Interplay between benzodiazepines, gabapentin, opioids, and cannabis both medically and nonmedically suggest the need for continued surveillance
- Drug surveillance should consider more holistic approaches to capture polysubstance and more direct use patterns (e.g., use of drugs at the same time)

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