

Boston Globe: "As pot-smoking, pill-popping baby boomers age, new health problems may arise"

By Kay Lazar, Globe Staff

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THE LONG RUN

As pot-smoking, pill-popping baby boomers age, new health problems may arise

Legions of pot-smoking hippies from decades past have apparently morphed into middle-aged Americans who carry with them a potentially large-scale drug problem.

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Roughly 8 percent of Americans ages 50 to 59 had used an illicit drug in the past year, according to a recent survey by the federal Substance Abuse and Mental Health Services Administration. Marijuana was the most commonly used, but close behind was abuse of prescription drugs, such as anti-anxiety medications, painkillers, and sleeping pills.

The percentage of pot and pill abusers in this age group grew by more than 50 percent between 2002 and 2008, as more baby boomers hit 50.

Now, researchers who conducted the survey worry that high rates of lifetime drug use among boomers, that massive, society-altering generation born between 1946 and 1964, is likely to create health complications for millions of aging Americans and swamp the country's drug-treatment programs.

"We are projecting that by the year 2020, we will probably have enough people in the 50-to-59 age group needing [substance abuse] treatment that we will probably need to double the number of treatment facilities," said Peter Delaney, the substance abuse agency's director of the Office of Applied Studies.

Delaney said that illicit drugs may cause greater impairment as users get older.

"We do know," he said, "that physiology slows down as you age, so the stuff processed out of your body faster when you were younger won't be processed out so quickly when you are older."

That means that marijuana and abused prescription drugs may be lingering longer in people who are now also likely to be regularly ingesting prescribed medications, such as cholesterol-lowering medicine or pills to tackle high blood pressure. That could result in harmful interactions and side effects. It also means that unsuspecting physicians may, for instance, misdiagnose symptoms of memory loss caused by chronic marijuana use as memory impairments caused by the onset of dementia, such as Alzheimer's disease.

The substance abuse administration, which regularly queries Americans on their drug and alcohol use, surveyed nearly 20,000 adults, ages 50 and over, between 2006 and 2008. It found that 5.2 percent of those in the 50 to 59 age range had used marijuana during that time, and that 2.9 percent had taken prescription drugs that were not prescribed for them, most often painkillers. Overall, 7.9 percent said they had taken some illicit drug.

“We are hoping that, out of this study, people start paying more attention, and that primary care physicians say, ‘I need to ask my patients about their drug use, and not just their alcohol use,’ ” Delany said.

Precisely how many physicians specifically ask their patients about drug abuse is an open question. The US Preventative Services Task Force, a scientific panel established by the federal government to set standards on disease prevention and primary care, concluded in a 2008 report that there was insufficient evidence to know whether such routine querying of patients would help curb drug problems - even as it noted that abuse of prescription drugs was a growing health problem. The task force has recommended that physicians routinely ask patients about their tobacco and alcohol use, saying evidence shows that such screening can accurately identify patients with problems and that brief counseling in primary care settings is effective in helping patients curb drinking or quit smoking.

Now, the federal government is funding studies to determine whether similar routine screening and counseling of patients for drug abuse might also be beneficial.

Among those studying the issue is Dr. Richard Saitz, a primary care physician at Boston Medical Center who specializes in addiction screening and counseling. He said that getting patients to acknowledge drug abuse can be trickier than screening for alcohol or tobacco use because it is illegal.

“Folks are worried that when they disclose to someone, it will end up in their legal records” and they will be stigmatized, Saitz said.

He said he has noticed an increasing level of drug abuse, particularly marijuana, anti-anxiety medications, and sleeping pills, among his boomer-age patients.

“People really do have symptoms like insomnia and anxiety, and they may have had these problems earlier in life” and been prescribed a medication for it, he said. “And then maybe they get a divorce, or lose their job, or feel less useful in society, and they begin using a prescription drug, that was prescribed in a legitimate way, and it gets out of control.”

Dr. Richard Dupee, chief of geriatrics at Tufts Medical Center, said most primary care physicians are so time-crunched that they forget to ask their older patients about their alcohol consumption, let alone whether they are using marijuana or abusing prescription drugs.

“Most primary care physicians are not trained in geriatrics and are hassled and busy and they are trying to deal with blood pressure and strokes and heart attacks,” said Dupee, who said he routinely screens his patients for alcohol and drug abuse.

The average age of Dupee’s patients is 55, smack in the middle of the boomer generation. And already Dupee has patients, mostly men in their late 50s, who have been regular and long-time users of marijuana who are displaying short-term memory loss.

“It raises the question, are we going to see an increase in the number of patients with dementias, as boomers get into their 60s and 70s?” Dupee said. “Regular users of marijuana are at significant risk.”

The health risks for older pot users reach beyond memory problems.

“The physical and cognitive disability that occurs as a result of marijuana use really goes along with what happens when we get older and drink alcohol” in excess, Dupee said. “There are impaired functional abilities, risk for falls.”

Delany, who directed the recent study on substance abuse among older Americans, said the toll of unchecked problems will extend far beyond health effects to financial burdens for the nation - unless health care providers start paying closer attention now.

“We need to help [patients] to either cut down or stop use earlier,” Delany said, “so we will have fewer problems when they’re older and it is more expensive to treat them.”

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