

**THE “INVISIBLE
EPIDEMIC”
OF CHEMICAL
DEPENDENCE AMONG
THE ELDERLY AND
THE CHALLENGE OF
REHABILITATION:
BIBLIOGRAPHICAL
REVIEW**

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Abstract: Introduction: Brazil has reached the third stage of the demographic transition, in which there is a reduction in fertility, birth and death rates and, consequently, there is an increase in the elderly population in the country. With the increase in life expectancy, we have an increase in the prevalence of chronic non-communicable diseases that, together with the existing changes in the aging process, make this population more vulnerable to the use of chemical substances. **Objective:** To highlight the “invisible epidemic” of chemical dependency among the elderly, its causes and consequences, and draw attention to the need for public policies aimed at this age group. **Methods:** A total of 52 articles published in the PubMed, Scielo, and Google academic databases between 2003 and 2022 were selected. **Discussion:** Legal drugs such as alcohol and cigarettes are widespread in our society and are often not considered substances of abuse by individuals who use them, nor by health professionals. Along with these, illicit drugs and drug abuse bring many physical, biological and psychological damages to the health of the elderly population. This population suffers a lot of social prejudice, which makes it difficult to seek treatment. In addition, the lack of public policies aimed at this public interfere with the diagnosis and management of these patients. **Conclusion:** The group of chemically dependent elderly people is currently an invisible epidemic that is growing more and more in Brazil and requires training of health professionals. In addition to greater attention on the part of public managers, the present study demonstrates the importance and need for further research to address these individuals. **Keywords:** Elderly, chemical dependency, drug abuse, rehabilitation.

INTRODUCTION

The aging process involves biological, psychological, cultural, economic, social and behavioral transformations that deserve equal attention¹. Brazil has reached the third stage of the demographic transition, in which there is a reduction in fertility, birth and death rates and, consequently, there is an increase in the elderly population in the country, which in 2020, according to the IBGE² is 9.83% and the projection is that it reaches 17.41% in the year 2040³. In addition, the increase in life expectancy contributes to the inversion of the triangular pattern of the Brazilian age pyramid.⁴

With the increase in life expectancy, there is a greater incidence and prevalence of diseases, mainly non-communicable chronic diseases, which affect the elderly and can lead to physical and biological changes, in addition to directly affecting quality of life.⁵ According to the World Health Organization (WHO)⁶, the main conditions that affect the elderly are obesity, heart disease, diabetes, cancer and respiratory diseases. Furthermore, the use of alcohol and other drugs by the elderly has been growing and, unfortunately, it is difficult to identify, since all clinical and research attention is focused on younger groups. The effects of this use are more harmful in this population due to previous chronic comorbidities.⁷

Among the existing changes in the aging process, some are closely related to risk behaviors in this population, such as: mourning and widowhood; biological alterations, such as motor deficits; loss of self-esteem; depression and social isolation; neurological problems, such as cognitive and memory deficits⁸. Retirement also has a great impact, changing the role of the elderly in society, who begin to consider themselves financially dependent and useless⁹. Furthermore, in the so-called “Empty Nest Syndrome” there is a loss of the

parental role, generating impotence¹⁰. These issues are responsible for the vulnerability of the elderly to chemical substances.¹¹

In this context, the use of these substances has as its main cause the attempt to escape from the new reality¹². Legal drugs are more used due to easy access and, in this case, polypharmacy also deserves attention. A series of psychoactive drugs that cause psychological relief, if easily accessible, can be misused and cause dependence. Illicit drugs, in certain communities, enter this scenario¹³. This consumption among the elderly is characterized by researchers in the field as an “invisible epidemic” and has a great impact on the health of the elderly.¹⁴

As for the consumption of psychoactive substances such as alcohol, Cantão (2015) identified a predominance in males (39.9%) and is related to the existence of mental and behavioral disorders. Excessive tobacco use is predominant among females (25.7%)¹⁵. In the study by LUÍS (2018)¹⁶, 29.4% of the elderly reported risky consumption of alcohol, with 60% of these having a high risk of dependence (8-15 drinks/week). An increase in consumption among women was also observed. The consumption of illicit drugs such as cocaine, *crack*, *cannabis*, opiates, mushrooms and amphetamines, has rapidly increased in individuals over 50 years of age and, mostly unmarried, reflecting the lack of an effective support network and family support.¹¹

The elderly, they represent a population with greater emotional fragility and, in addition to the biological damage and physical exhaustion caused by the abuse of these substances, there is also psychic suffering as a reason and consequence of this use¹⁷. Such suffering does not stop only the user, but also his family and everyone around him. With that in mind, these substances are used as a quick and effective alternative to promote

relief and make this suffering more tolerable in the view of elderly users¹⁸.

Elderly people who suffer from alcohol and other drug abuse can rely on the services offered by the Psychosocial Care Centers for Alcohol and Drugs (CAPSad) that are part of the Unified Health System network¹⁹.

This study aims to highlight the “invisible epidemic” of chemical dependence among the elderly, its causes and consequences, and draw attention to the need for public policies aimed at this age group.

METHODOLOGY

To carry out this bibliographical review, scientific articles published between 2003 and 2022 were searched in the PubMed, Scielo, Google Scholar databases, using the following search descriptors: “elderly people”; “chemical dependency”; “abuse of drugs”; “rehabilitation”; “chemical dependency”, in Portuguese and in English.

Through reading and thorough analysis of the articles found, 52 scientific articles were selected to compose the bibliographic references. As the main and guiding objective of the research, the following was established: “to show the “invisible epidemic” of chemical dependency among the elderly, its causes and consequences, and to call attention to the need for public policies aimed at this age group”.

All selected articles met the following inclusion criteria: scientific articles available in full online and free of charge, published between 2003 and 2022, in Portuguese and/or English, which met the main objective of this research.

As exclusion criteria, the following parameters were adopted: publications prior to 2003, in a language other than English or Portuguese, which are not fully available online and free of charge and which addressed the main objective of the research. Articles belonging to the following publication genres

were also excluded: editorial, experience report, narrative reviews and case reports.

DISCUSSION

Since the 1990s, there has been an increase in the elderly population, mainly due to the generation known as the “baby boomer”, which currently has an average age of 64 years. Together with this increase, there is an increase in the incidence of chemical dependency in this population.²⁰

According to statistics from the GBD (*Global Burden of Diseases*) 2010, alcohol is among the ten biggest risk factors for the total burden of diseases by age in 2010, being the 7th for individuals aged 50 to 69 years and the 10th for individuals over 70 years of age.²¹

Data from the 1st National Survey on Alcohol Consumption Patterns in the Brazilian Population²² showed that 12.0% of the elderly drink heavily (more than 7 drinks per week), 10.4% drank excessively (more than 3 drinks on one occasion) and 2.9% depended on alcohol. According to data from Datasus²³, the number of hospitalizations and deaths partially or totally attributable to alcohol from 2010 to 2018, among the population over 54 years of age, increased from 25.7% to 33.1%, while there was a reduction in this index in younger populations. These data prove the increase in consumption among the elderly, the damage to the health and life of users, as well as financial losses and an avoidable burden on the Brazilian health system, making alcoholism a public health and economic problem.

In 2021, Vigitel (surveillance of risk and protective factors for chronic diseases by telephone survey - Ministry of Health)²⁴ released the results of a survey, carried out via telephone survey with participants from 26 Brazilian capitals and the Federal District. In this survey, an average of 7.4% of seniors over 65 years of age are declared smokers, as

opposed to data obtained by Vigitel in 2019, in which the average was 6.1%. It is worth mentioning that, despite being a survey that covers the entire national territory, such a survey does not reach those elderly people who are homeless, hospitalized, who do not have access to the telephone network or simply did not participate or did not truly inform their condition.

As previously mentioned, one of the main factors that encourage substance use among the elderly population is social isolation, which was aggravated by the COVID-19 pandemic decreed by the WHO (World Health Organization) in 2020. The World Report on Drugs 2021 carried out by UNODC (United Nations Office on Drugs and Crime) estimates that 275 million people in the world used drugs in 2021. Although the study does not present much data about the elderly population, it is known that the COVID-19 had a great impact on the reality of Brazilians, causing economic, social and psychological damage. The report foresees an increase in the use of illicit drugs by more fragile and vulnerable populations, among which the elderly population group is included.²⁵

Over the years, alcohol consumption was incorporated into cultural traditions and religious practices. It was associated with relaxation and a feeling of well-being, effects present when consumed in moderation and which make it well accepted in today's society. In Brazilian society, its daily use is well accepted and disseminated through the media, making it normal and not alarming.²⁶

On the other hand, excessive use is related to individual and collective damage. In this context, the WHO defines harmful use of alcohol as the occurrence of health and social consequences, both for the consumer and for people close to him and for society in general.²⁷

Alcoholism is a pathology of a chronic and multifactorial nature, and dependence

can be more easily present in the elderly, since these individuals have physiological alterations and previous diseases related to aging. The decrease in body mass and water are examples of these alterations intrinsic to the aging process, and can interfere with the pharmacokinetics of drugs, enhancing the harmful effects of chemical substances and worsening the prognosis of the elderly compared to younger individuals.²⁸

The harm caused by alcoholism may appear in the short term, such as a hangover, amnesia, involvement in traffic accidents; or in the long term, as a contribution to the development of non-communicable chronic diseases, dependence, liver cirrhosis, cognitive deficits and some types of cancer²⁹. Among the results of chronic alcoholism in the elderly population, cognitive and intellectual deficits, impairments in global behavior, increased number of comorbidities and poor prognosis of other health problems common to age can be highlighted³⁰. Furthermore, this irresponsible consumption of alcohol in this population can result in a greater risk of falls and other injuries, and even promote secondary effects by interacting with medications already in regular use²⁷.

Another licit drug well accepted by society and widely used by the elderly population is tobacco. Its use is worrying due to the high disabling potential and high mortality rates linked to its use when compared to other drugs. One of the main reasons for making this true is prolonged and intense use, leading to deterioration of lung health, especially in elderly people with chronic comorbidities.³¹

The fact that health services do not always consider tobacco as a drug of abuse makes it difficult to collect and analyze data regarding the prevalence of smoking in the elderly population. Furthermore, information on smoking in the Brazilian population does not correspond 100% to reality. The last update

of the National Health Survey took place in 2019, and the data collected and disclosed were not directed to the elderly population; the information refers to the adult population, over 18 years of age.³²

The use of illicit drugs is also increasing among the elderly and can cause several harms to the health of the user. According to Árok (2017)³³, the most used licit drugs, in addition to alcohol and tobacco, are benzodiazepines, opioids and morphine. And among illicit drugs are *cannabis*, *amphetamine* and cocaine. In Brazil there is also a high prevalence of crack use, mainly determined by the lower market price and easier access to populations with lower purchasing power.³¹

Among the main harms of illicit drugs, four main adverse effects stand out: acute toxic effects, such as overdose; acute effects of intoxication, such as accidental injuries and violence; the development of dependency; and the effects of regular use, such as chronic diseases (cardiovascular and cirrhosis), blood-borne bacterial and viral infections, and mental disorders. The most common viral infections that bring the most damage to health are HIV and hepatitis B and C, spread mainly by sharing injection equipment. These viruses, in association with alcohol abuse, can increase the rates and speed of the development of liver diseases.³⁴

In addition to the already known biological damage caused to the human body by the abuse of these substances, there is also a deterioration in the psychic, mental and emotional state of these individuals. The most common forms of manifestation of these alterations are anxiety, emotional uncontrol, depression, psychotic symptoms and behavioral alterations such as insomnia, aggressiveness and eating disorders. In contrast to this, the idealization of relief from these symptoms through the use of alcohol and other substances is one of the factors that stimulates the growth of

adherence rates to such practices. This relief is relevant not only at the beginning of use, but also in its maintenance and subsequent development of chemical dependence.^{35,36}

The use of psychoactive substances directly influences the quality of life and death of the elderly and is decisive in the illness process, causing increased costs and impact on health care networks³⁷. Among the health problems of the elderly, substance abuse can cause death. While there are several surveys for deaths caused by alcohol consumption, there are few studies that report deaths caused by illicit drugs. Data limitations may be a consequence of underreporting, as a result of ineffective systems and professionals' taboos, causing a shortage of data and few studies on this topic.³⁸

Therefore, it is necessary not only to treat chemical dependency, but also to create promotion, prevention and follow-up strategies within the scope of primary care, aimed at chemically dependent elderly people.³⁹

Users suffer from various social prejudices that deeply interfere with their psychological state and mental health. There is, routinely, the depersonalization of chemically dependent individuals, who become confused with the drug itself and its characteristics. The stigma of illegality existing in the use of these substances causes social isolation, in addition to making it difficult to seek treatment and discourage the individual from fighting his addiction.⁴⁰

Seeking and adhering to attention and care services for people with needs related to the consumption of alcohol, crack and other drugs has increasingly proved to be a major challenge, as this involves objective and subjective factors. This process includes issues inherent to the subject, his perception of the issue of use and his relationships with the team that assists him, his degree

of involvement and participation in the elaboration and decision of the therapeutic project, as well as the guarantee of the offer and qualification of the assistance provided. and the support received inside and outside the CAPS.⁴¹

Health professionals have great difficulty in diagnosing chemical dependence in the elderly, because the symptoms of dependence are similar to diseases, biological and social changes common to this age group. Another highly relevant factor is the lack of specific diagnostic criteria for the elderly, making it even more difficult to recognize abuse. This is harmful to the treatment, as the health professional must be able to diagnose dependence early, helping and providing a faster and more effective intervention.⁴²

In the view of these health professionals, the lack of a well-established protocol and systematization in welcoming people with dependence is one of the factors that most interfere with low adherence and early evasion of treatment⁴³. In a CAPS unit analyzed, only 17% of the consulted professionals mentioned using a systematized protocol to base their actions at the moment of reception⁴⁴. The prevalence of patients who abandoned treatment after the first reception was 77.8% (95% CI 75.6 – 80.0), among which 21.4% ended up attending only the first consultation⁴⁵. These data prove the importance of adequate preparation of health professionals, especially in the first contact with the individual, when it is necessary to create a bond of mutual trust.

In 2019, in Brazil, a new global initiative was launched focused on reducing deaths, diseases, social and economic consequences, and harm caused by the harmful use of alcohol. This project provides several high-impact strategies to reduce the harmful use of alcohol and its consequences, collaborating with the development of the Global Strategy

for Reducing the Harmful Use of Alcohol and guiding the creation and readjustment of public policies in the country.²⁷

Among the existing public policies, there is the AD Guide (Strategic Guide for the care of people with needs related to the consumption of alcohol and other drugs), which was produced by the Ministry of Health for health professionals who assist users of alcohol and other drugs. It aims at promotion, prevention, treatment and social rehabilitation. Prevention and promotion actions are aimed at preventing the onset of use, delaying the age of onset of use when it cannot be avoided, reducing the risks and harm related to drug use, avoiding the transition to problematic use and can be suitable for all individuals, regardless of their stage of drug use and age.⁴⁶

Assistance to people with disorders resulting from the use and dependence of psychoactive substances is carried out at CAPSad (Center for Psychosocial Care for Alcohol and Drugs), which offer services capable of responding to the particularities of each subject, family members and the surrounding community, working in the logic of Harm Reduction (DR) and being supported by other community care practices. In this context, there has been an increase in the implementation of CAPSad III, centers dedicated to comprehensive and continuous care for users of alcohol and other drugs, which are open 24 hours a day, every day of the week, including weekends and holidays. Treatment and rehabilitation are given through a unique therapeutic project and harm reduction strategy. These projects aim to delimit a plan for the future, to make the user abandon the addiction and not have relapses.⁴¹

The CAPSad are one of the main mechanisms for consolidating policies for the care of alcohol and drug users. For its functioning to be adequate, it is necessary that other services play their roles correctly,

supporting the treatment carried out in the CAPS by the multidisciplinary teams. One of the main problems encountered by patients and which directly interferes with adherence and continuity of treatment is the disorganization of referrals between these support services. Some public services that offer this support are SAMU care for patients in crisis, emergency beds in general hospitals, outpatient care in primary care (Basic Health Units) and therapeutic centers such as NA (Narcotics Anonymous) and AA (Alcoholics Anonymous).⁴⁷

It is worth emphasizing the importance of family support during recovery and the investment in diversified therapeutic plans by the CAPS health team^{41,48}, since all the studies observed, unanimously, presented such aspects as protective factors. Belief in religious entities and the cult of religiosity and spirituality was also identified as a protective factor in this population, and must be encouraged and taken into account by the health team.⁴⁹

In addition, reception, qualified listening, genogram, ecomap, active search, therapeutic groups and the unique therapeutic project are tools that are used by the health team in the care of users of chemical substances. Such tools help in the care and bonding process by providing information about the patient, their habits, occupations and support network.^{50,51}

The “invisible epidemic” of increased drug use by the elderly is present worldwide. A study published in 2022 reinforces this fact in the population of the United States and other developed countries. In addition to the increase, the challenges faced by this population are the same: lack of scientific studies, lack of public policies aimed at combating and rehabilitating this population, diagnostic difficulties and comorbidities associated with this behavior.⁵²

CONCLUSION

The group of chemically dependent elderly people consists of an invisible epidemic that is growing more and more in Brazil and requires targeted and specific training of health professionals, in addition to greater attention to this public by managers and health professionals. In chemical dependency in the elderly, the vast majority do not seek health services for cultural reasons.

With the significant increase in the elderly population in the country, the prevalence of late chemical dependence (after 60 years of age) in Brazil also increases. With this in mind, it is essential that this population be studied in more detail, the main problems must be prioritized, and among them, the use of chemical substances, which have been growing more and more in the last decade. Such substances in themselves represent a public health problem in Brazil and, in this population in particular, are closely related to chronic diseases, which are among the main causes of mortality.

There are insufficient strategies and public policies in health care aimed at elderly people who use chemical substances, and the few strategies that exist are not always put into practice. Even with the existence of CAPS and these public policies, there is still a need for further studies on its use in the elderly population. This flaw in the scientific medical literature is responsible for one of the main impasses in determining and implementing an effective care and treatment plan for this population. The fragmentation of knowledge on the subject is also a form of negligence in the care process. Therefore, it is necessary to insert and maintain the continuing education of health professionals, in a practical, dynamic and specialized way. In addition to more studies aimed at this age group.

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