



American  
Society  
**on Aging**

April 5, 2024

## **ASA Chicagoland Roundtable**

**Three-part session:**

***Illinois Department on Aging Director Mary Killough, ASA's On Aging 2024 Conference Recap, and Cannabis Use Among Older Adults***

# Welcome to the ASA Chicagoland Roundtable

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- **Longstanding series of bimonthly educational gatherings with professionals in aging in the greater Chicago area**
  - Hosted by RUSH University Medical Center – Center for Excellence in Aging
  - Organized by local volunteer planning committee
  - Communications support from the American Society on Aging
- **Virtual sessions since 2020 available at <https://aging.rush.edu/policy/asa-chicagoland/>**

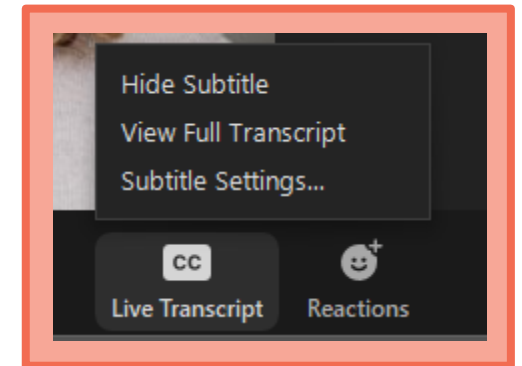
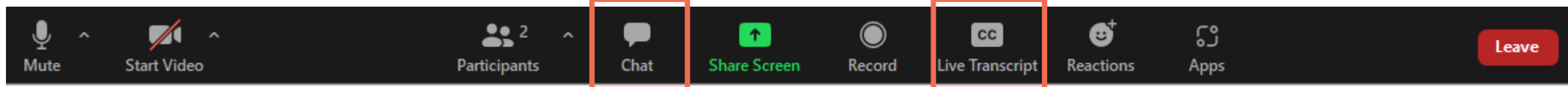
# Logistics

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**Submit your questions into the chat box as we go**

**Slides and a recording will be shared with registrants**

**Closed captioning available**



# Today's speakers

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- **Mary Killough**, JD, Director, Department on Aging, State of Illinois
- **Jen Rivera**, MS, Vice President of Membership, Programs, & Thought Engagement, American Society on Aging
- **Julie Bobitt**, Ph.D, Assistant Professor, Center for Dissemination and Implementation Science, Department of Medicine, University of Illinois Chicago
- **Brian Kaskie**, Ph.D, Associate Professor, Department of Health Management and Policy, University of Iowa
- **Gary Milavetz**, PharmD, RPh, Professor and Executive Associate Dean, College of Pharmacy, University of Iowa
- *Moderator:* **Dana Franceshini**, LCSW, PhD Candidate, Jane Addams College of Social Work, University of Illinois Chicago

# Mary Killough



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DIRECTOR, DEPARTMENT ON AGING  
STATE OF ILLINOIS

# Jen Rivera



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VICE PRESIDENT OF MEMBERSHIP ENGAGEMENT, PROGRAMS, AND  
THOUGHT LEADERSHIP

AMERICAN SOCIETY ON AGING

# OA 2024 Highlights

- AgeTech Challenge: Winner- Casper AI
- Aging While Black Summit: Raymond Jetson
- End-of-Life Doulas: Perspectives from the Bedside
- AI Aging & Equity Summit: Uber Health & Keren Etkin's
- On Aging Institute: Next50 Investment
- Special programming highlighting Innovation & Social Impact.
- [ASA Strategic Plan](#)

# Who Was In The Room

- Over 800 Senior Level (executive, director, CEO)
- 115 Students

## **Level of expertise in working with or on behalf of older adults?**

- 943 stated they are experts
- 437 developing expertise

**Primary Organization Focus:** Aging Services, Area Agency on Aging, Education, Caregiving, Tech, Policy & Advocacy, Healthcare, and more!



# On Aging 2024



## Transformation

ASA is a trusted educational resource in aging that offers year-round programming.

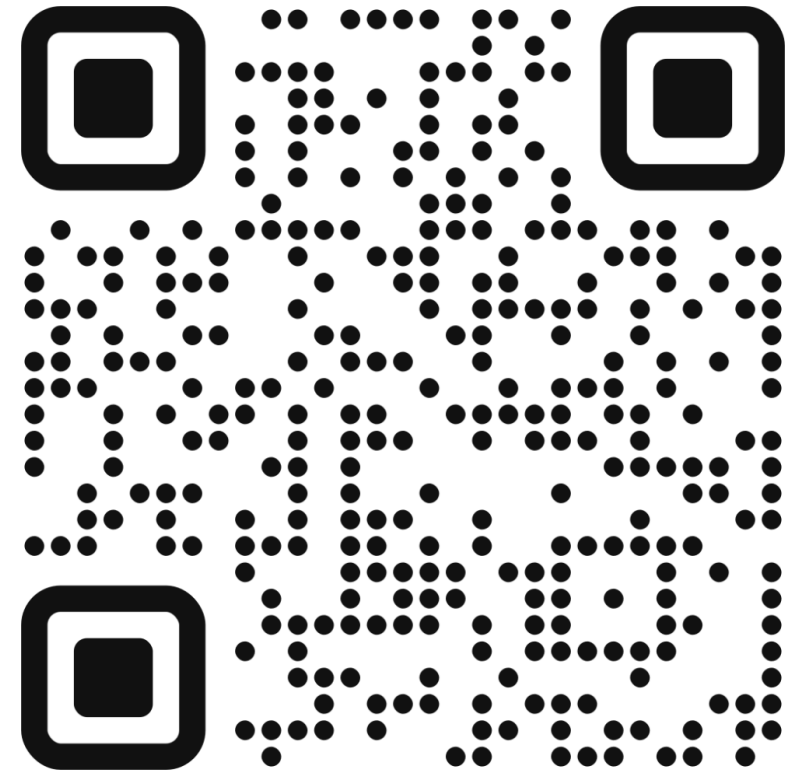
# Generations

## **5 Generations Journals (including an extra special edition), averaging 12-16 articles each:**

- Dementia and Living Well
- The Solo Ager
- How We Talk About Aging
- Special Edition: Structural Ageism
- Promoting Long, Healthy, Productive Lives for Everyone

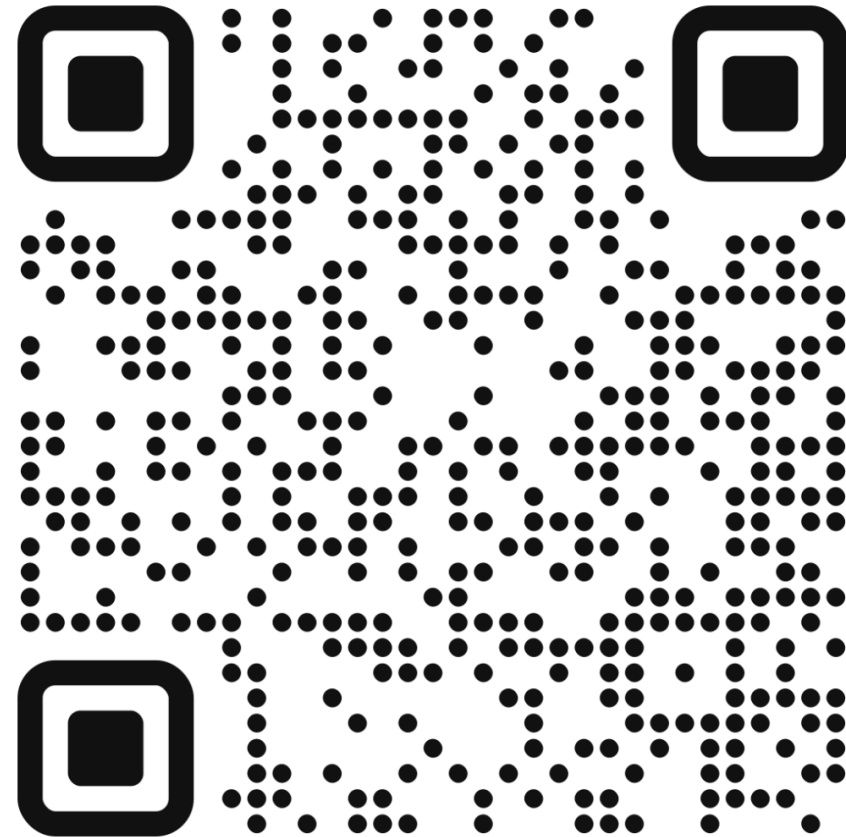
## **6 Generations Today issues, averaging 6-10 articles each:**

- Innovations in Systems of Care for Older Adults
- Trauma: What Is It? Why Do We Have It? How to Cope With It?
- Exploring Aging in the Arts, Media and Culture
- The ASA RISE Issue
- Beyond the Bio
- Food and Our Relationship with Food
- 84 Generations Now blog posts



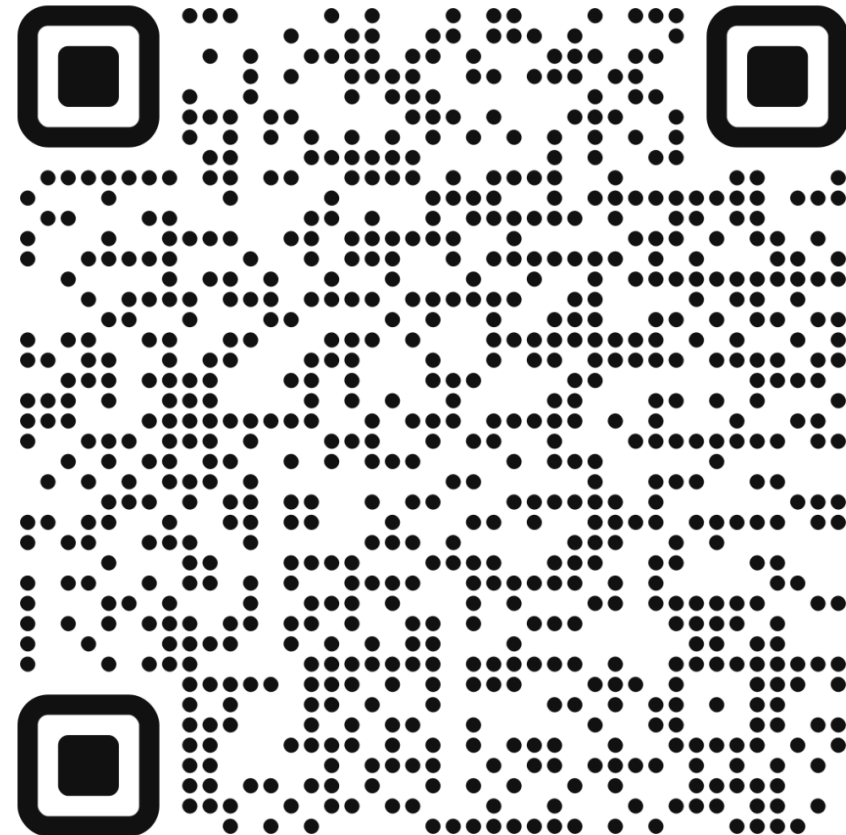
# Equity

- **DEI Resource Library**
- **14 New ASA RISE Fellows recruited**; to join the 46 alumni from Cohorts 1 & 2
- **Beyond Generations:** A New Podcast Series with Edward Jones
- **Talking Aging Tuesday:** How to Talk About Aging While Black? (October) and A Conversation Confronting Structural Ageism (December)
- **ASA RISE Speak Out Members Only event** in November during National Family Caregivers Month --ASA RISE Fellows Speak Out on Supporting Family Caregivers.



# Special Projects/ Advisory Councils

- **Highlighting health inequities for Indigenous Elders** through a partnership with Novo Nordisk, leading to a Hill Day of Advocacy in DC.
- **Ageism Awareness Day** reached millions of people- Led by the Ageism & Culture AC
- **The Innovation Accelerator Program** offered through the Innovation & Social Impact Advisory Council is helping member and their businesses grow and reach new markets



# On Aging 2024

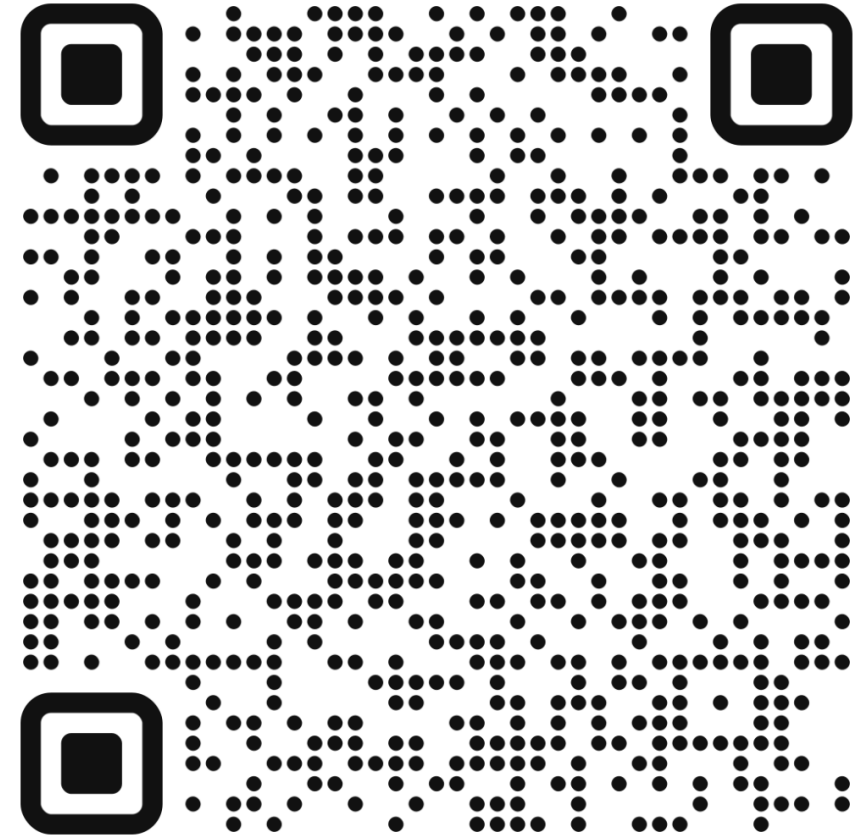


# Empower

Shape the future.

# Get Involved

- Advisory Councils
- ASA RISE Mentors
- On Aging Buddy Program
- Member Only Events
- Pitch Us- Generations Blog
- On Aging 2025 Call for Proposals
- Topic Moderator
- DEI Upstanders
- Board of Directors
- On Aging 2025 Host Committee
- Advocacy



# OLDER ADULTS AND CANNABIS USE



**Julie Bobitt, PhD, University of Illinois College of Medicine**  
**Brian Kaskie, PhD, University of Iowa College of Public Health**  
**Gary Milavetz, PharmD, University of Iowa College of Pharmacy**



# AGENDA

- HOW WE STARTED WORKING IN THIS SPACE
- WHY DO OLDER ADULTS USE CANNABIS?
- TALK ABOUT UNIQUE POPULATIONS OF OLDER CANNABIS USERS
- DISCUSS WAYS TO REDUCE THE RISK OF HARM FOR OLDER ADULTS WHO ARE CONSIDERING OR CURRENTLY USING CANNABIS
- QUESTIONS AND DISCUSSION





# THE OPIOID EPIDEMIC



## Surgeon General Asks Physicians to Pledge Commitment to Stop Opioid Epidemic



In a [letter](#) sent to 2.3 million physicians and other health care professionals across the country on Thursday, the U.S. Surgeon General asked them to pledge their support to a national movement to reverse the opioid epidemic in the United States.

"Since 1999, opioid overdose deaths have quadrupled and opioid prescriptions have increased markedly—almost enough for every adult in America to have a bottle of pills. Yet the amount of pain reported by Americans has not changed," wrote Surgeon General Vivek Murthy, M.D., M.B.A. "Now, nearly 2 million people in America have a prescription opioid use disorder, contributing to increased heroin use and the spread of HIV and hepatitis C."

The letter—which Murthy noted marks the first sent from his office to health care professionals to address a public health crisis—is part of the Surgeon General's [TurnTheTide Campaign](#), a national effort to raise awareness about the challenges that remain in communities hardest hit by the epidemic.

commit to address  
several act





# SPECIAL COMMITTEE ON AGING



# SENATE HEARINGS



# EARLY WORK

IOWA

## Cannabis and Older Persons Study

[About Us](#)

[Current Project](#)

[Publications](#)

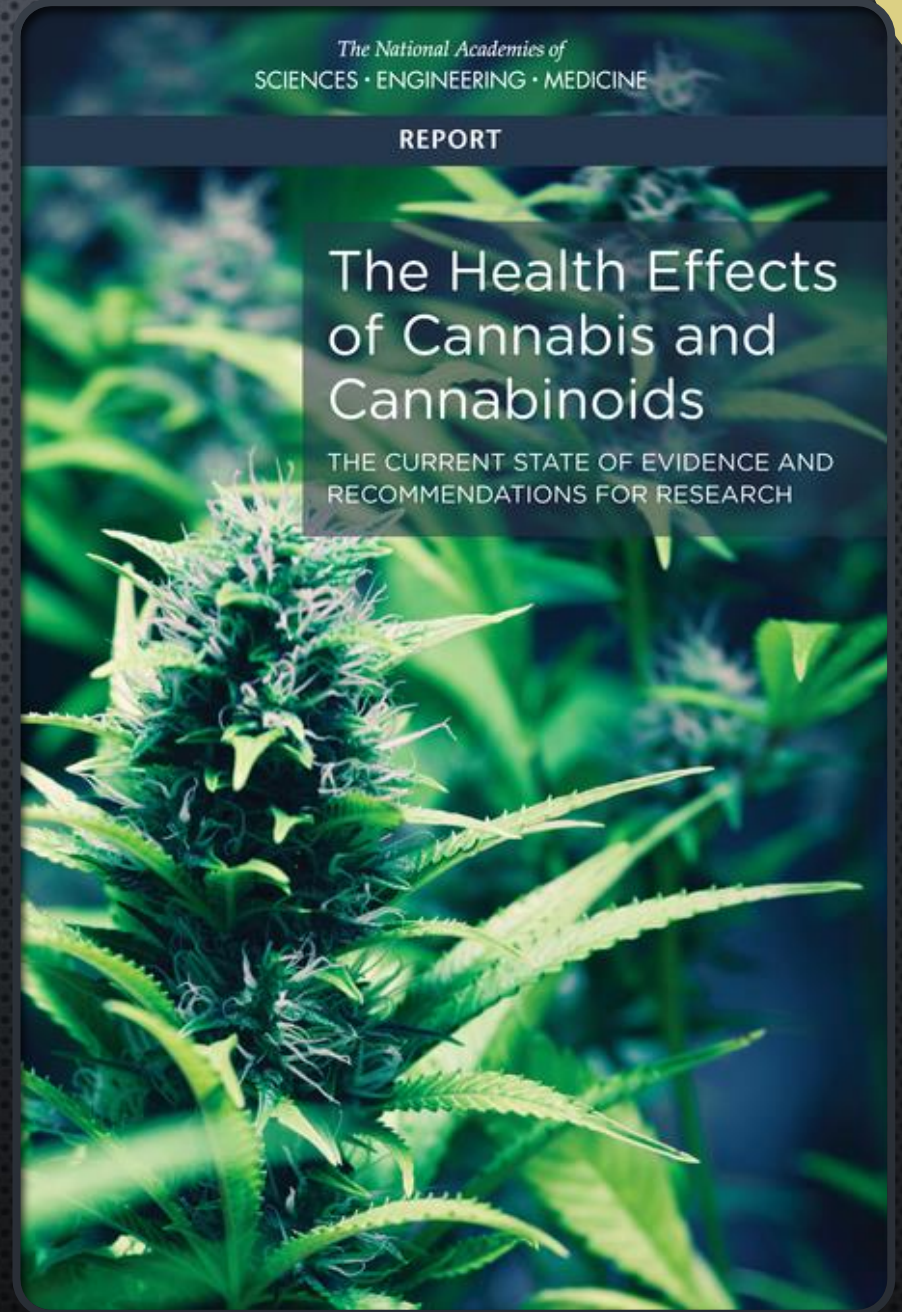
[News](#)



**Deconstructing Stigma: Cannabis and Older Adults** Professor Kaskie spoke with Dementia Connections about his works on cannabis use among older adults living with dementia. He also shared his opinion on what the future holds for cannabis.

[» Deconstructing Stigma: Cannabis and Older Adults](#)

**NATIONAL  
ACADEMIES OF  
SCIENCE,  
ENGINEERING AND  
MEDICINE**



# KEY POINTS FROM NASEM

100+ PHYTOCANNABINOIDS

$\Delta^9$ THC IS PSYCHOACTIVE

ENDOCANNABINOID SYSTEM

CB1 RECEPTORS IN CNS

MEDULLA: COORDINATION

CORTEX: COGNITION & EXECUTIVE FUNCTION

MEMORY

CB2 RECEPTORS IN BODY



# EARLY WORK

- RRF Foundation for Aging
- Illinois Medical Cannabis Patient Program
- Illinois Opioid Alternative Pilot Program

# WHAT WE LEARNED

## Reasons older adults use cannabis:

- Age (and experiences)
  - Older participants distinguish cannabis for their use differently than for use by youth
- Medical need
  - Many participants used cannabis for a particular chronic condition, also palliative care.
  - Many used for pain, sleep, and anxiety.
  - Those who did not use cannabis would still want it available if they had a medical need
- Participants (particularly new to cannabis use) felt legalization influenced their decision to use.
  - Not always easy to access medical card and expensive

# WHAT WE LEARNED

## Other reasons for cannabis use:

- Opioids
  - Many thought medical culture pushed the use of opioids which they felt can be dangerous.
  - Many used cannabis to reduce their reliance on opioids or to replace or not start opioids.
- Quality of life
  - Participants discussed being able to be active, rejoin the things they have always enjoyed, be present.



**Results show the complex nature of influences, experiences, and health outcomes of older adults who use cannabis.**

**Results also reveal why it is important to research older adult use (especially naïve/new) separate from other age groups.**



# HEALTH AND RETIREMENT STUDY

<https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnae016/7613656>

**Table 1: Descriptive Statistics**

	Overall	Past year users	Non-users		Test
			Prior users	Never users	
Age in years (SD)	66.55 (11.26)	59.92 (8.01)	61.94 (8.36)	69.34 (11.64)	**
Female (%)	59.62%	45.07%	47.77%	66.41%	**
Race					
Marital status					***
Education					***
Self reported health					
Health Behaviors					
Smoking	14.96%	33.80%	23.15%	8.87%	***
Drinking	37.76%	58.45%	49.85%	29.90%	***
Binge drinking	3.72%	7.75%	5.64%	2.35%	**
Chronic conditions					
Heart disease	24.36%	16.90%	22.02%	26.43%	*
Lung disease	11.18%	20.42%	11.38%	9.64%	**
Arthritis	59.31%	59.86%	55.06%	60.83%	
Dementia/ABRD	2.12%	0.70%	2.08%	2.35%	
Cancer	13.51%	6.34%	13.39%	14.70%	*
Stroke	7.88%	4.93%	5.65%	9.18%	*
Depression	12.97%	9.15%	14.33%	13.06%	
Attitudes re: cannabis					
Acceptable to use	79.33%	99.29%	91.67%	71.28%	***
Favorable at young age	23.62%	67.65%	45.90%	7.83%	***
Leads to harder drugs	61.13%	20.57%	39.70%	76.21%	***
Supports enforcement	52.99%	19.86%	37.77%	64.37%	***
Census division R2018					***
<b>N</b>	<b>1,372</b>	<b>142</b> <b>(10.35%)</b>	<b>337</b> <b>(24.56%)</b>	<b>893</b> <b>(65.09%)</b>	

**Table 3: Results of multivariate logistic regression expressed as Odds Ratio. Pain/sleep/opioid use in 2018 (this is restricted to those who reported pain/severe moderate pain, sleep issues and opioid use respectively in 2016)**

	(1) Any pain 2018	(1) Moderate/severe pain this wave	(3) Sleep issues this wave	(4) Opioid use this wave
Current Cannabis use	1.198 [0.59,2.42]	3.704* [1.09,12.56]	1.117 [0.22,5.66]	0.660 [0.22,1.98]
Opioid use	1.861 [0.98,3.52]	2.843* [1.26,6.42]	7.023* [1.14,43.42]	
Age	0.967* [0.94,0.99]	0.966 [0.93,1.00]	0.997 [0.95,1.05]	1.006 [0.95,1.07]
Female	1.422 [0.87,2.32]	1.656 [0.84,3.27]	2.743* [1.07,7.06]	0.452 [0.19,1.09]
Marital status (Partnered)				
Race (White)				
Education (Less than HS)				
Self reported health (Excellent)				
Depression	1.175 [0.57,2.43]	0.869 [0.36,2.11]	0.819 [0.23,2.97]	1.458 [0.44,4.78]
ADL limitation	1.900* [1.14,3.16]	1.649** [1.13,2.40]	1.050 [0.61,1.81]	0.932 [0.59,1.47]
Smoke	0.813 [0.43,1.55]	0.538 [0.23,1.27]	1.352 [0.33,5.52]	2.538 [0.79,8.18]
Binge drink	2.890 [0.73,11.42]	1.070 [0.23,5.09]	1 [1.00,1.00]	2.282 [0.39,13.24]
Census (New England)				
<b>N</b>	<b>550</b>	<b>390</b>	<b>203</b>	<b>155</b>

Exponentiated coefficients; 95% confidence intervals in brackets

\*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

Standard errors are clustered at the individual level

**Table 4: Health care utilization in current wave 2018**

	(1)	(2)
	No. of hospital stays	No. of OP medical visits
Past year cannabis use	-0.38 (0.23)	-0.06 (0.14)
Opioid use this wave	1.06*** (0.15)	0.78*** (0.16)
Age	0.02** (0.01)	0.01*** (0.00)
Female	-0.12 (0.14)	0.08 (0.08)
Marital status (Partnered as reference)		
Race (White as reference)		
Education (Less than HS as reference)		
Self reported health status (Exc as reference)		
Depression	-0.28 (0.18)	0.06 (0.14)
ADL limitation	0.12 (0.07)	0.09 (0.06)
Smoke	0.03 (0.19)	0.40** (0.14)
Binge drink	0.50 (0.28)	-0.24 (0.16)
Census division (N Eng as reference)		
<b>N</b>	<b>1,312</b>	<b>1,236</b>

SE in brackets. SEs clustered at individual level.

\*  $p < 0.05$ , \*\*  $p < 0.01$ , \*\*\*  $p < 0.001$

# CAREGIVING AND CANNABIS USE

# CANNABIS RISKS AND UNKNOWNNS

## CNS RELATED RISKS

COORDINATION AND FALLS

COGNITION AND EXECUTIVE FUNCTION

MEMORY

SLOWED REACTION TIME

## INHALED VERSUS ORAL DELIVERY

ONSET OF EFFECTS

INCOMPLETE ORAL ABSORPTION

## PRODUCT ISSUES

CONTENT LABELING

OTHER CANNABINOID CONSTITUENTS



# REDUCING RISKS TO AVOID HARM

**MINIMAL RISK OF USE (WITH CAVEATS)**

**THERAPEUTIC DRUG INTERACTIONS WITH  
PRESCRIBED AGENTS**

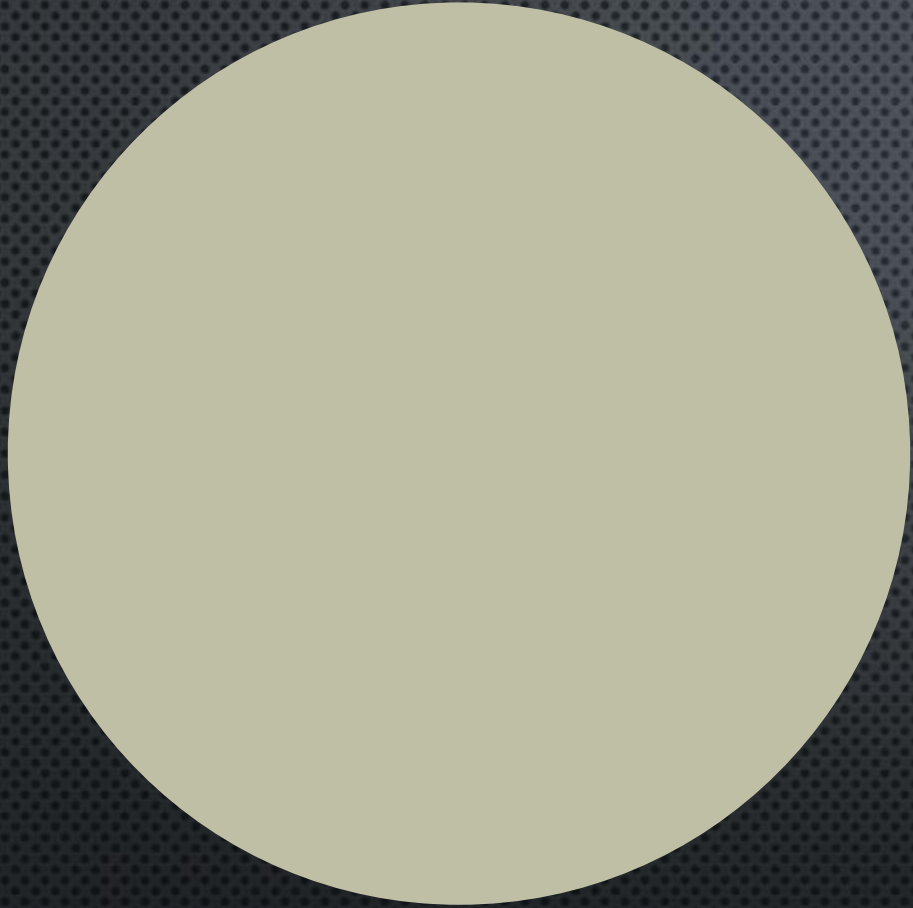
**COMMUNICATION: IMPORTANCE OF PROVIDERS  
WHO CAN HAVE THESE CONVERSATIONS**

**BE KNOWLEDGEABLE OF SPECIFIC PRODUCT**

**START WITH LOW AMOUNTS AND GRADUALLY  
INCREASE UNTIL SYMPTOMS RESOLVED**







# DISCUSSION



# THANK YOU

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# Age With Rights campaign

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## **A campaign for the United Nations to start drafting a convention on the rights of older people**

- Seeking votes from individuals and organizations globally to sign their petition by May 20
- Learn more at <https://rightsofolderpeople.org/age-with-rights/>
- Add your name to petition at <https://www.change.org/p/it-s-time-to-age-with-rights>

# Thank you!

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**Please share any announcements in the chat**

**View recordings from recent sessions at <https://aging.rush.edu/policy/asa-chicagoland/>**

**Please join us for our upcoming Roundtable**

- **Friday June 7, 2024, 8:30-10:30am** for a session on LGBTQ+ aging
- Registration / details will be shared in May via ASA listserv
  - *Rush team will also share registration details in follow-up from today's event*