Loneliness, Social Isolation and Marijuana Use among Middle Aged and Older Adults in the United States

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Introduction

• The prevalence of past-year marijuana use among both middle-aged and older adults (age 50 and over) increased significantly from 2.95% in 2003 to 9.08% in 2014 (Salas-Wright et al., 2017).

• The negative consequences of marijuana misuse among older adults are of particular concern, such as injuries which lead to emergency department visits, impaired driving, higher risk for developing psychosis, and other dire consequences induced by polysubstance use.

• These harms of marijuana use call for the examination of risk factors associated with it among older adults, which helps health professionals to parcel out risks that can be managed and reduced through interventions.

• Social isolation and loneliness are perceived as significant public health problems due to its dire health consequences and its prevalence (Nicholson, 2012). The current study examined the link between social isolation, loneliness and marijuana use among middle aged and older adults in the United States.

Methods

Data and Sample

• Data from the 2018 Health and Retirement Study (HRS) Experimental Module 4 were examined. The HRS is an annual, longitudinal survey conducted in the United States assessing psychosocial, biological, and physical health among individuals aged over 50 years. Our final sample size was 1,661 adults.

Analysis Procedure

• Adjusted logistic regression with multiple imputation (20)

Measurement

• Outcome: Lifetime marijuana use & past year marijuana use (1=yes; 0=no).

• IVs: UCLA loneliness scale, social isolation: number of children, family members, friends in close relationships, participating in social clubs.

• Controls: Past year substance use (alcohol, tobacco), self-reported health, demographics.

Results

Lifetime Use		Past-Year Use	
Variable	aOR (95% CI)	Variable	aOR (95% CI)
Health Status (Good/Fair/Poor)	1.01 (0.39, 1.44)	Health Status (Good/Fair/Poor)	0.69 (0.43, 1.11)
Marital Status		Marital Status	
Married/Living with a Partner	Reference	Married/Living with a Partner	Reference
Separated	1.26 (0.30, 2.10)	Separated	2.48 (0.78, 7.90)
Divorced	**2.53 (1.76, 6.11)**	Divorced	**2.15 (1.14, 4.07)**
Widowed	0.89 (0.23, 1.34)	Widowed	**0.41 (0.18, 0.93)**
Never Married	2.00 (0.45, 6.74)	Never Married	2.21 (0.63, 7.85)
Loneliness	1.01 (0.18, 1.34)	Loneliness	0.74 (0.43, 1.27)
Number of Children in Close Relationships (Less)	**1.97 (1.46, 2.55)**	Number of Children in Close Relationships (Less)	**1.23 (1.07, 5.98)**
Number of Friends	1.30 (0.99, 5.36)	Number of Friends	0.99 (0.93, 1.05)
Number of Family Members	1.56 (0.92, 2.70)	Number of Family Members	1.38 (0.64, 2.97)
Going out to a Social Club (<1 time a month)	**1.27 (1.19, 3.27)**	Going out to a Social Club (<1 time a month)	1.02 (0.89, 1.39)
Past-Year Drinking (Yes)	**5.44 (2.33, 8.54)**	Past-Year Drinking (Yes)	**2.14 (1.30, 3.50)**
Past-Year Smoking (Yes)	**3.40 (1.22, 49.3)**	Past-Year Smoking (Yes)	**6.65 (1.22, 36.2)**

Table 2.

Lifetime/Past-Year Marijuana Use among US Older Adults

Notes:
*Models were adjusted for age, income, sex, race. Bold values indicate p<.05. aOR = adjusted odds ratio, CI = confidence interval.

Discussion

• Our findings partially supported the hypothesis that social isolation is associated with marijuana use among older Americans. Specifically, having fewer children in close relationships was associated with both outcomes.

• Moreover, not participating in social events were associated with lifetime marijuana use, albeit not with past year use. we also identified that being divorced/separated could be a risk factor for marijuana use among older adults.

• Our results are in line with findings of the association between marijuana use and loneliness among young adults, suggesting social isolation is indeed a risk factor for marijuana use across age groups.

• As the COVID-19 pandemic exacerbated the social isolation among older adults, health practitioners should be particularly alarmed at the consequences of it, leading to increased marijuana use among older adults.

• The prevalence of part year marijuana use among HRS participants (9.85%) was much higher than other nationally representative data such as NSDUH. This finding rings alarm to the potentially continuous rising of older adults reporting marijuana use.

Limitations

• Self-reported answers and cross-sectional analyses limit the interpretability to make causal conclusions.

• Furthermore, self-desirability bias may introduce under-reporting/over-reporting of answers.

• Wide confidence intervals for some variables are noted; therefore, caution should be warranted when interpreting results.