

## Understanding and Responding to Substance Use in an Aging Population



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"It must be understood that chemical dependency, whether it involves alcohol, narcotics, cocaine, or other addictive substances, is a malignant condition. Unless arrested, it is like a cancer: progressive, destructive and lethal. It may claim as its victims not only the user, but the family members as well. Its consequences are far reaching and devastating. With a problem of this severity, we can no longer afford to deny or hide our need for help."

~ Rabbi Abraham J. Twerski, M.D.

"The first step is awareness. As long as we believe the problem is not ours we will do nothing."

~ Rabbi Abraham J. Twerski, M.D.

Working with an addict is....

Addicts always...

Whenever I have an addicted client, I...

Whenever I have an addicted client, they...

Clients in recovery...

If I hear that a client is in recovery, I...

Addiction is...

**Society**

"A moral failing", "a weakness", "a bad habit"

**Medical/Treatment Community**

"A disease"

**12-step Fellowship**

"An allergy of the body and an obsession of the mind"

Goals For This Presentation

- Increase understanding of substance use, abuse, and addiction (and other possible process addictions)
- Explore the disease concept of addiction
- Discuss specific implications and risks for older adults
  - Susceptibility to use
  - Medication issues
  - Signs and symptoms
  - Barriers to identification and treatment
- Improve ability to assess for substance misuse and increase understanding of effective treatment modalities for older adults
- Heighten awareness of personal beliefs or assumptions that may create barriers to effective assessment or response

## Substance Use on a Continuum...

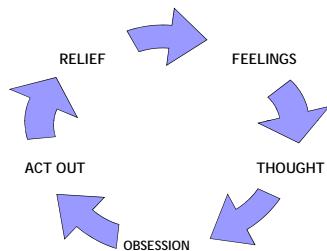
- Use ("low-risk drinking/using")
  - does not lead to problems
  - individual consistently moderates use/limits intake
- Misuse or Abuse ("problem drinking/problematic use")
  - adverse medical, psychological, or social consequence
  - increase in quantity and frequency of use
- Dependence ("addiction")
  - medical condition characterized by loss of control
  - preoccupation with use
  - continued use despite negative consequences
  - physiological symptoms (tolerance/withdrawal)

# Understanding the Disease Process of Addiction

## Definition of Disease

- **Primary**
  - Not caused by other factors
  - Must ingest to develop
- **Chronic**
  - Always present
  - Not curable
- **Progressive**
  - Always gets worse
  - Physical/environmental consequences
- **Fatal**
  - Physical consequences
  - Dangerous situations
  - Unhealthy choices
  - Suicide

## Cycle of Addiction



## Addiction as a Multi-Faceted Disease

- **Physical**
  - Physiological Differences
  - Genetic Predisposition
  - Tolerance/Dependency
- **Psychological**
  - Distorted Perception
  - Cognitive Impairment
  - Defenses
- **Emotional**
  - Numb/Exaggerated
  - Inability to identify feelings
  - Impaired coping skills
- **Spiritual**
  - Disconnect from one's "spirit"
  - Inability to live, love, play
  - Violation of personal values

## Defenses

- Denying
- Minimizing
- Justifying/Rationalizing
- Blaming
- Manipulating

## Addiction Has Negative Effects

### However:

For the person who is actively using:

- It is always there
- It delivers a reliable effect
- It doesn't talk back
- It (temporarily) takes away the pain
- "It works"

## To think about...

- Physiological changes in older adults can render alcohol and medications harmful at doses lower than those used by younger people. Many older adults are unaware of this fact.
- With longer life expectancies, more older adults develop chronic diseases, and therefore more depend on prescription medicines. Although people over 65 account for 13 percent of the U.S. population, they receive 25 to 30 percent of prescriptions. Many of these prescriptions are for depression and anxiety, and an estimated one in four older adults has symptoms of mental disorders at some point.
- Perhaps not surprisingly, more than half of hospitalizations of older adults result from adverse drug reactions.

**Generational differences in attitudes about substance misuse and mental health problems can make it difficult for older adults to seek help. However, many of today's seniors have different attitudes toward substance use based on their personal experiences.**

## Why Might An Older Adult Seek Substances Or Other Addictive Behaviors?

- Sadness/Depression
- Boredom
- Loneliness
- Physical pain
- Physical dependency
- Escape
- Other?

## Specific Concerns and Common Complaints

- Anxiety/Chronic Worry
- Grief/Loss
- Role/Identity Change
- Loneliness
- Insomnia
- Increased Health/Medical Problems

**Not all older adults are substance abusers but most have medical problems that may increase the potential for medication misuse**

An example of how medical conditions may contribute to substance abuse:

Incontinence →  
Embarrassment →  
Social Withdrawal →  
Isolation →  
Depression →  
Increased Self-Medication or Prescribed Medication use

While few older adults use mood-altering drugs recreationally, problems often stem from unintentional misuse.

Misuse can take many forms.

“... but the doctor prescribed it...”

## MEDICATION CONSIDERATIONS

- Older adults (65 and up) take more prescribed and over-the-counter drugs than any other age group in the U.S. Abuse may be deliberate or inadvertent.
- Drug use is more damaging for older adults because the body isn't able to metabolize the drug as easily and the effects are often more pronounced.
- Multiple drug use makes this risk even greater and can cause greater damage.

Risk Factors for Medication Misuse

- Taking extra doses or missing doses
- Not following instructions
- Using drugs that have expired
- Not knowing about side effects
- Sharing or borrowing drugs
- Intentionally misusing drugs to hurt oneself
- Taking the wrong drugs
- Mixing medications or drinking while taking medications
- Going to multiple physicians to get more of the same drug

## MEDICATION CONSIDERATIONS

### Drug Interactions

Most older adults take at least one prescription drug. Some take many drugs daily. Thus, they have a higher risk of drug interactions.

## Drug and Alcohol Interactions

Drugs stay in the body longer in older adults. Therefore, interactions are likely to be worse.

### Examples of potentially dangerous drug-alcohol interactions:

- Acetaminophen (such as Tylenol) may cause liver damage in people having more than three drinks a day.
- Alcohol can worsen central nervous system depression in persons taking antidepressants such as Prozac, Elavil, and Wellbutrin.
- Alcohol can intensify the effects of sedative and narcotic drugs (such as sleep aids or painkillers) at their sites of action in the brain.
- High doses of sedatives (such as Valium) mixed with alcohol can be lethal.

Age-related changes make the body more sensitive to the effects of alcohol and prescription drugs.

Due to slower metabolism and increased dehydration, older adults can experience more serious or toxic effects.



Symptoms of aging can easily be confused with symptoms of substance use

## When a client is using...

Even if the client is not intoxicated during your meeting, use can interfere with the process and work due to emotional numbness, cognitive impairment, memory deficits, or other related factors

### Observations or impressions that may indicate problematic use:

- Comments from the client
  - "The doctor has me on so many medications"
  - "I need to have a glass of wine to sleep"
- Examine prescriptions/medication list
  - Is the prescription refillable or one-time only?
  - Is the medication lasting for the duration of the prescription period?
  - What type of medication(s) is the client taking? (medications for sleep, anxiety, or pain have high abuse potential)

How do we interpret information we receive from the client?

### Warning Signs of Problematic Use

- Excessively worrying about whether mood-altering drugs are "really working"
- Worrying about having enough pills or whether it is time to take them
- Complaining about doctors who refuse to write prescriptions for preferred drugs
- Self-medication by increasing doses of prescribed drugs that "aren't helping anymore" or supplementing prescribed drugs with over-the-counter drugs
- Withdrawing from family, friends, neighbors, and lifelong social practices
- Sleeping during the day and other sleep disturbances
- Unexplained injuries
- Changes in personal grooming and hygiene

### Barriers to Effective Screening

- Ageism by health care providers
- Family members: denial, little contact
- Belief that treatment is ineffective
- Symptoms mirror other afflictions
- Clinician's limited awareness and/or inexperience with screening methods
- Clinician's personal issues with addiction

### Possible Consequences Of Missed Identification

- Diminished independence
- Accelerated physical deterioration
- Greater dependence on social service providers/caregivers
- Relationship problems
- Financial difficulties
- Falls
- Traffic accidents
- Diminished quality of life



### Interventions for Older Adults

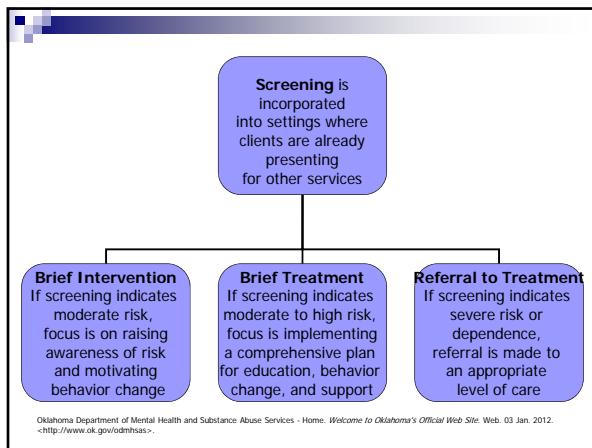
- **Prevention/education** for low risk drinkers or those who abstain
- **Minimal advice/brief structured interventions** for problematic users
- **Formal treatment** for those demonstrating dependence/addiction

### Brief Intervention

- Research is demonstrating that brief intervention is highly effective with older adult populations
- When older adults are motivated to take action on their own behalf, the probability of a positive outcome is greater.

### SBIRT (Screening, Brief Intervention, and Referral to Treatment)

SBIRT is a model that has been demonstrated to be especially effective with older adults, largely because this process shifts the focus to individuals that have often been overlooked by more traditional methods – those who consume more alcohol or drugs than is medically acceptable, but are not yet dependent.



## SBIRT:

- Assumes that anyone can benefit from education
- Assumes that many individuals do not adequately understand the risks that their level of alcohol or drug use may present
- Assumes that people will change their using behavior when appropriately educated about consequences

## Treatment Works

Older adults are the most difficult demographic group to engage in treatment, but have the highest rate of successful\* recovery

\*successful recovery = continuous sobriety, adherence to aftercare recommendations, participation in continued recovery tools (meetings, individual therapy, group therapy, outpatient, intensive outpatient, etc.)

## SAMHSA recommends that older adult treatment:

- Is supportive and non-confrontational and aims to build or rebuild the patient's self-esteem
- Focuses on coping with depression, loneliness, and loss (e.g., death of a spouse, retirement)
- Focuses on rebuilding the client's social support network
- Uses a pace appropriate for the older person and uses content appropriate for the older person
- Has staff members who are interested and experienced in working with older adults
- Provides linkages with medical services, services for the aging, and institutional settings for referral into and out of treatment, as well as case management.

Blow, Frederic C. *Substance Abuse among Older Adults*. Rockville, MD (Rockwall II). 5600 Fishers Lane, Rockville, 20857: U.S. Dept. of Health and Human Services, Public Health Service, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, 2004. Print.

Based on these features, SAMHSA recommends that treatment programs:

- Treat older adults in age-specific settings where feasible
- Create a culture of respect for older clients
- Take a broad, holistic approach to treatment that emphasizes age-specific psychological, social, and health problems
- Keep the treatment program flexible
- Adapt treatment as needed in response to clients' gender.

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## Treatment Effectiveness

- Client's caregivers and healthcare providers (all physicians, in-home personnel, therapists, etc.) are consistent with treatment plan
- Family receives education and/or treatment
- Possible barriers to aftercare are addressed (transportation, finances, access to healthcare)



## Consider your own beliefs and views...

- What are your own preconceptions about addiction or substance use? Especially in older adults?
- What family or personal issues might interfere with objectivity in this area?
- Seek clinical supervision and education
- Consider attending open 12-step meetings (AA, Alanon)

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