

1946 - 1964

THIS NUMBER HAS BEEN ESTABLISHED FOR

Baby Boomers

Baby Boomers

Grey, Bald, Broken and Party Time(?)

Seniors and Substance
Dependence

OBJECTIVES

- **RECOGNIZE** the epidemiology & substance abuse trends among the elderly along with Insights into rising prevalence
- **UNDERSTAND** aging's effect with substances & warning signs
- **EXPLORE** preventative approaches & techniques for guiding choices
- **PROVIDE** effective assessment techniques & strategies for assessing the elderly

Did you know?



- Adults over the age of 65 are likely to have unique circumstances & specific needs different than those experienced by younger generations.
- People often assume their reasons for using are to reduce physical pain or emotional difficulties that come with the aging process.
- (BUT a lot of the time the old gal just wants to rock n roll again!)

Elderly Drug Abuse is

- UNDER-ESTIMATED
- UNDER-IDENTIFIED
- UNDER-DIAGNOSED
- UNDER-TREATED

INVISIBLE EPIDEMIC



S. M. Levin & J. Kruger (2000) called substance abuse among older adults an “invisible epidemic.” Relatives & caregivers tend to downplay the existence of substance abuse problems in this population. The symptoms of alcohol & other drug abuse are often mistaken for the symptoms of aging problems such as dementia, depression, or other problems commonly seen in older adults.

Recognize the Epidemiology & Substance Use Trends Among the Elderly

- While illicit drug use typically declined after young adulthood, nearly 1 million adults aged 65 and older live with a substance use disorder.
- .5% of seniors reported heavy alcohol use in the last month. 1.6% (about 1 million) of seniors reported having an alcohol abuse (mild abuse with a rating of 2-3) disorder. 1.3% (still close to 1 million) of seniors reported misuse of opioids during the past year. (remember that this is just what's reported!!!!)
- Between 2000 - 2012 (most recent I found), the proportions of elderly admitted to treatment facilities **increased from 3.4% to 7.0%**.

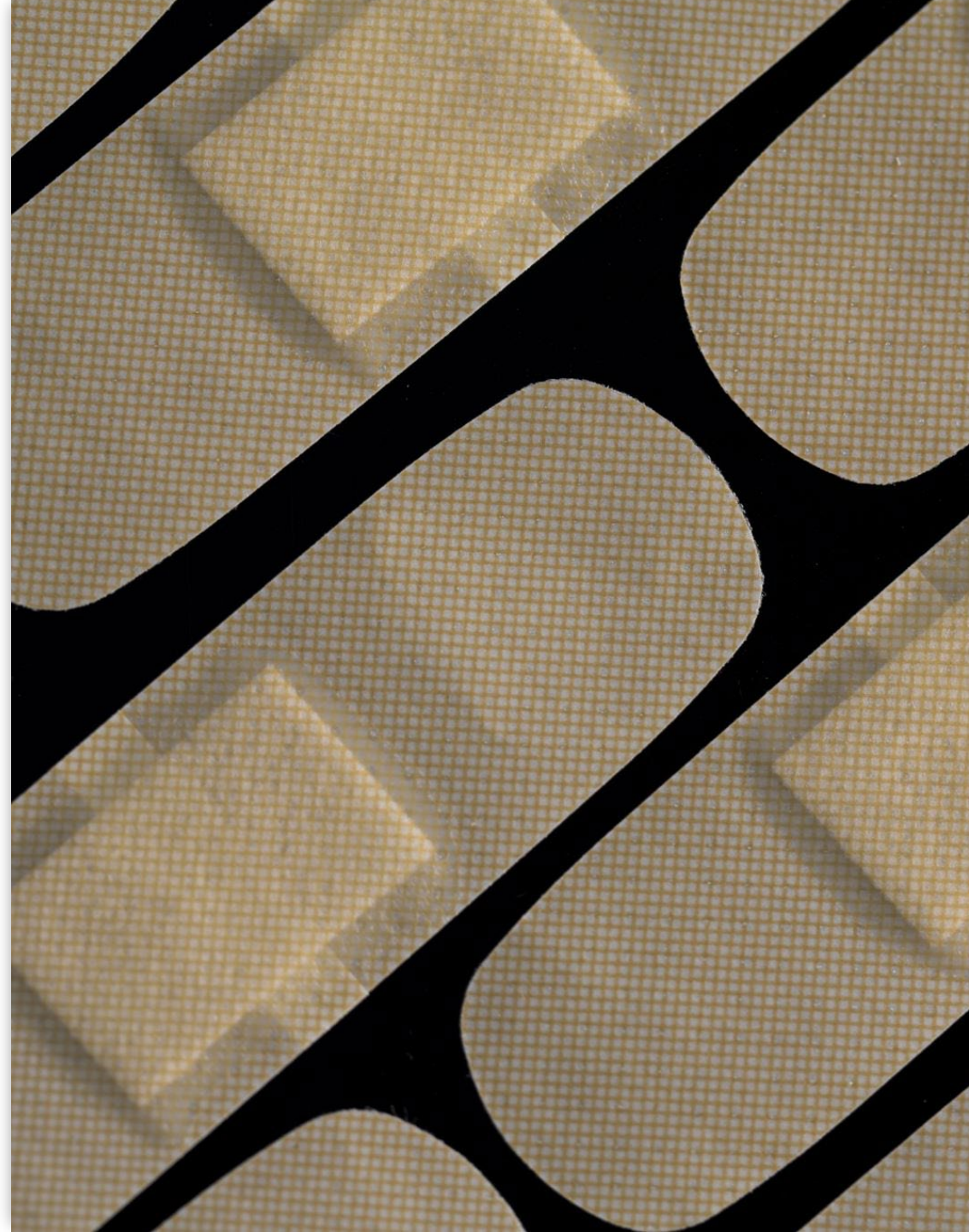
(It says something about the concern when the most recent data I found is over 12 yrs. Old.)

Just In General

- Problematic prescription medication use by older adults is usually unintentional, & most misused medications are obtained legally through prescriptions. However, unintentional prescription medication misuse can progress to abuse if an older adult continues to use a medication for the desirable effects it provides.
- **Today's Geriatric Medicine** reports that older adults use prescription drug 3X more than other demographics, which increases the rate of abuse & dependency in this population. They also use prescriptions longer term & more than one medication at a time.

- Approximately **25% of older adults use prescription psychoactive medications** that have a potential to be misused & abused.
- Older adults are more likely to use psychoactive medications for **longer periods** than younger adults. Longer periods of use increases the risk of misuse & abuse.
- In addition to concerns regarding misuse of medications alone, the **combination of alcohol and medication misuse has been estimated to affect up to 19 percent of older Americans. (close to 12,000,000)**

(SAMSAH)



- Older adults are among those most vulnerable to medication misuse & abuse because they use more prescription & over-the-counter (OTC) medications than other age groups. They are likely to experience more problems with relatively small amounts of medications because of increased medication sensitivity as well as slower metabolism and elimination. Older adults are at high risk for medication misuse due to conditions like pain, sleep disorders/insomnia, & anxiety that commonly occur in this population. They are, therefore, more likely to receive prescriptions for psychoactive medications with misuse & abuse potential, such as opioid analgesics for pain & central nervous system depressants like benzodiazepines for sleep disorders & anxiety.

Prevalence of the Problem

- Few studies have specifically examined the prevalence & nature of medication misuse & abuse, & the results of those studies have been mixed. These studies have varied in their definitions of substance misuse or abuse from the very broad (e.g., general medication management problems such as wrong medication or dose or lack of adherence) to the very specific (e.g., the Diagnostic and Statistical Manual of Mental Disorders [DSM-IV] definitions described below). Depending on the definition, estimates of the prevalence of medication misuse, abuse, & dependence among older adults range from 1% to 26%.
- One study found that up to 11% of women older than age 60 misuse prescription medications. (SAMSAH)

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Substance Use Disorder VS Dependence

- DSM criteria when looking at certain substances: **OPIATES & BENZODIAZAPINES** you do not consider criteria numbers 10 and 11
 - Tolerance & Withdrawal
- Substance dependence does NOT equal Use Disorder
- LOSS of CONTROL = DISORDER

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Prevalence of the Problem

- Alcohol is the most used drug among older adults, with about 65% of people 65 & older reporting high-risk drinking, defined as exceeding daily guidelines at least weekly in the past year.
- Of particular concern, more than a tenth of adults aged 65 & older currently binge drink. (NIDA)

Prevalence of the Problem

- According to a 2022 federal survey, 8% (close to 5 million) of people 65 & older **reported** having used marijuana in the past year. The rate has roughly **doubled in 7 years**, according to estimates.

What are the Risks?

- What are the risks of marijuana for seniors?
- This can increase your risk for stroke or heart attack & other vascular diseases. Also, THC-containing products directly affect the brain. That can increase risk for anxiety or even paranoia & other types of psychosis.

Edibles

It can take eight hours or longer for the effects of THC to wear off & even more for seniors, doctors & researchers say. “Slower metabolism can result in a slightly greater impact of the products.”

Categories of Older Drug/Alcohol Users

- People who have used most of their lives & are still going (I've heard all of this many times)
- People who did not start using until later in life (these account for about 40%)
- People who were sober for many years (YES! Help me get me back into sobriety! OR Don't bother me. I can't go through this again)

Binge Drinking

- Older people tend to binge. The number of drinks changes as one ages
- Binging is considered 4 drinks in one sitting for females or 5 for males
- Changes for older (some sources say at age 60, others at age 65) to 3 drinks for female & 4 for male
- Most standard ways of asking about amounts may not catch binge drinking. How many drinks do you have a week? 7-8 OK

Over how many days per week does it take you to have those 7-8 drinks? “OH I only drink 1-2 times a week”.....binge!

CDC's List of Problems Associated with Binge Drinking

- Binge drinking is associated with many health problems including unintentional injuries such as motor vehicle crashes, falls, burns, & alcohol poisoning. It is also associated with violence including homicide, suicide, intimate partner violence, & sexual assault.
- Tendency to not mix well with a cornucopia of medications the older person might be on.

Treatment for Binge Drinking

- Naltrexone may help. BUT we have got to consider what other meds the person is on (up to the doc). Naltrexone belongs to a class of drugs known as opiate antagonists. It works in the brain to prevent opiate effects (such as feelings of well-being, pain relief). It also decreases the desire to take opiates and alcohol
- EDUCATION is the most helpful for those who did not start using until they are older.

Medications with High Rate of Addiction

Opioids

Oxycodone (OxyContin)
Percocet (Oxycodone combined with Acetaminophen)
Vicodin (Hydrocodone combined with Acetaminophen)
Fentanyl
Codeine
Morphine

Benzodiazepines

Diazepam (Valium)
Alprazolam (Xanax)
Clonazepam (Klonopin)
Lorazepam (Ativan)
Chlordiazepoxide (Librium)

REMEMBER the DSM rule with looking at these. But if they meet other criteria other than #s 10-11 then count them

Cognitive Consequences of Substance Abuse



- Anxiety
- Depression
- Difficulty focusing
- Difficulty making decisions

Why is it Difficult to Recognize Substance Use & Misuse Among Seniors?

- First & foremost, the older adult population purchases a huge volume of prescription medications.
- **Because the elderly have fewer responsibilities & commitments, they can engage in substance use throughout the day without many people noticing, which leads to increased usage.**

Why is it Difficult to Recognize Substance Use & Misuse Among Seniors?

- **Balance is a major issue.** Older folks are much more likely to fall due to intoxication, leading to serious injury. But being unsteady can also just be a sign of aging.
- **Older people have a reduction in liver enzymes,** which causes a change in the fat-to-water body ratio. In other words, there is less water to dilute the alcohol. When alcohol is not adequately diluted, it leads to a much higher level of intoxication.

Why is it Difficult to Recognize Substance Use & Misuse Among Seniors?

- Elderly people may believe they do not have many years left ahead, which justifies continued abuse because it is too late to change.
- Another significant threat to older people is that they might forget to take their medications or take a double dosage because they could not remember taking the first dose.
- This means they are also at greater risk of mixing them with other highly dangerous substances like alcohol.

Physical Susceptibility to Drug Abuse & Addiction

- Health care providers and families often overlook substance abuse & misuse among older adults. Symptoms mimic symptoms of other medical & behavior disorders common among this population such as dementia & depression.
- Seniors are more sensitive to the effects of drugs, including alcohol. As one ages the body cannot absorb & metabolize certain drugs as well.

Physical Susceptibility to Drug Abuse & Addiction

- Their liver doesn't filter as well as it did when they were younger.
- Aging tends to result in a reduction in body muscle mass, total body water and lean body mass & an increase in total body fat.
- Consequently, the sensitivity to alcohol is increased because alcohol is a water-soluble substance.



**BABY
BOOMERS
(AIN'T WE
CUTE?)**

BABY- BOOMERS IN THEIR HEY DAY

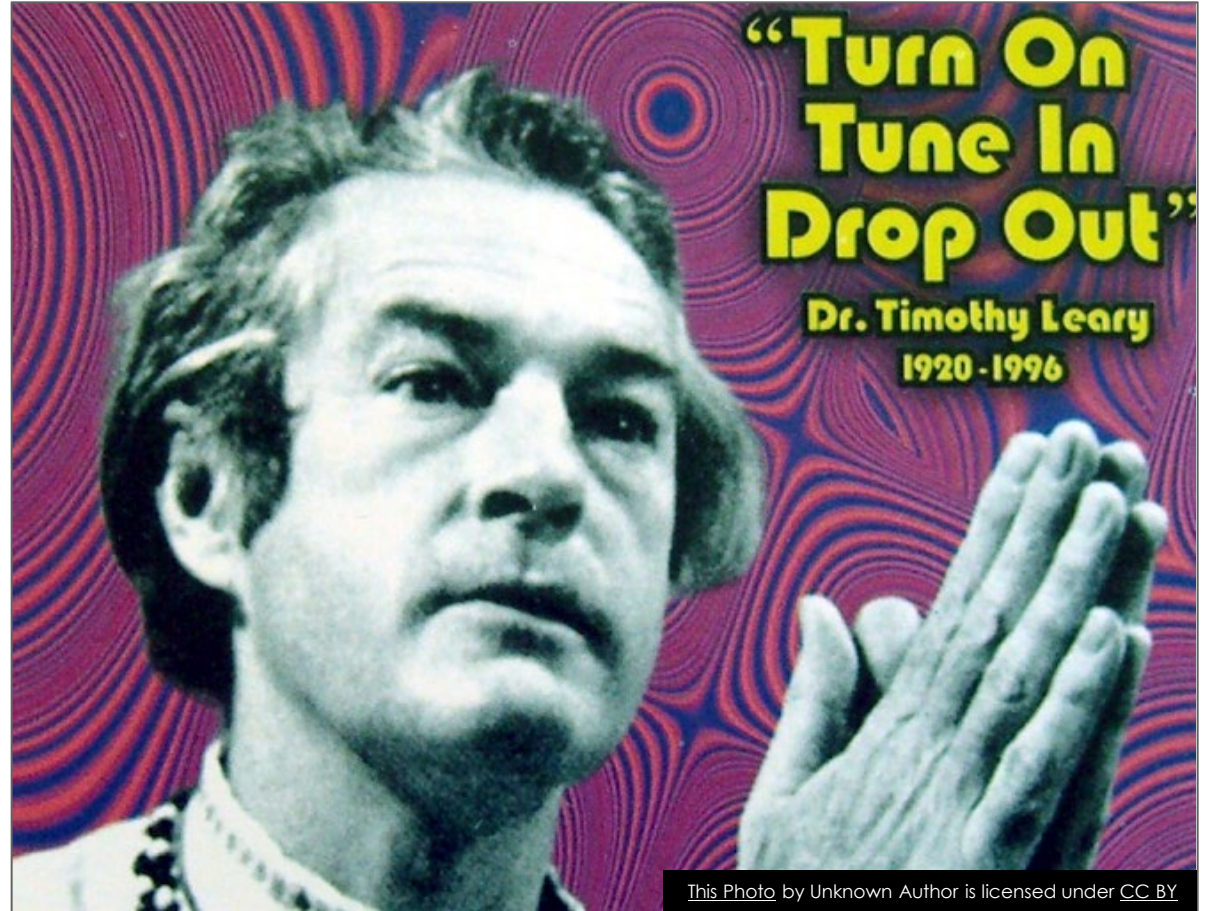


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TIMOTHY LEARY

**REMEMBER: OLD PEOPLE
HAD LIVES BEFORE THEY
GOT OLD!**

Boomers may have a very different view of drugs than what gens X, Y, Z, L,MNOPQ etc. might expect them to!



BABY-BOOMERS



The following can lead baby boomers to addiction:

- Retirement
- Stress
- Loss of income or financial strains
- Relocation or placement in a nursing home
- Trouble sleeping
- Drinking/Using as social events
- Drinking/Using creates excitement & allows them to take some risks
- Dementia

BABY-BOOMERS



The following can lead baby boomers to addiction:

- More free time
- Lonely or socially isolated
- Experience an “It’s my Turn” feeling without family present to make demands on their time & energy
- Lack of alternate activities
- Loss of family member, spouse, pet or close friend
- Trying to escape from mental or physical conditions or limitations
- Pride or shame keep them from asking for help
- Don't accept drug addiction as a disease



Growing older brings on many changes in health, lifestyle, family obligations, work roles & sources of support. These factors can lead to late onset abuse.

(After age 65, abuse onset is usually in response to a negative life situation.)

Symptoms of Misuse

Psychiatric Symptoms

- Sleep disturbances
- Anxiety/Irritability
- Depression
- Mood swings
- Lack of Motivation

Physical Symptoms

- Loss of Appetite
- **Falls**/Injuries/Bruises
- Increased tolerance to medication
- Blackouts
- Cognitive impairment/Memory Issues

Signs of Possible Substance Misuse Among Older Adults May Include the Following

Social Symptoms

- Legal problems
- Disheveled Appearance
- Financial problems
- Family problems
- Marriage problems
- Lose touch with loved ones
- Loss of interest in usual activities
- Wanting to be alone often
- Needing extra supplies of medication

For the Family, What Steps Should You Take if You Think an Older Adult is Abusing Prescription Meds?

- *Discuss with THE DOCTOR WHO PRESCRIBED THE MEDICATION*

- *Contact Licensed Alcohol/Drug Counselor*

Overcome:

- *Stigma*
- *Shame*
- *Denial*



Prevention measures



Some Things for the Family

- **The National Prescription Drug Take Back Day (October 28th)** provides a safe, convenient, & anonymous means of disposing of prescription drugs, while also educating the general public about the potential for abuse & medications.
- **Lock boxes** are keyless prescription drug boxes for securing medications & can be used as deterrents to help prevent prescription drug abuse. Few people keep count of their medications, & pills can easily go missing.



Some Things For Family

Use	Use weekly pill dispensers.
Have	Have pills delivered in blister packs weekly from the pharmacy.
Create & maintain	Create & maintain an up-to-date medication list.
Minimize	Minimize the number of pharmacies & doctors used by the senior.
Know	Know the side effects of prescriptions drugs.

Some Things For Family

○ **Talking Pill Reminder** is available for free when you have a prescription from a Walgreens. It's a round device that adheres to your pill bottle so that it stays with the actual pill bottle. It has two buttons: one that plays the recording of the prescription label information & one that helps the pharmacist to set the pill reminder time for you.





Therapist

- QUESTION for you...
- HOW IMPORTANT IS IT TO INVOLVE FAMILY MEMBERS TO DISCUSS MOM/DAD/GRANDMA/GRANDPA'S SUBSTANCE USE TREATMENT?
- ****VERY IMPORTANT
- ***PRETTY IMPORTANT
- **IMPORTANT
- *BAD IDEA
- *DON'T DO IT

“Ageism” as Stigma

- "Granny's cocktails are the only thing that makes her happy." OR...
- "What difference does it make; he won't be around much longer anyway?" Just leave him alone.

Therapist

How concerned should we be??

- It mostly has to do with the individual's **intentions or motivations that lead to dysfunction.**
- For example, a person knows they will get a pleasant or euphoric feeling by taking the drug, especially at higher doses than prescribed. That is an example of drug abuse because the person is specifically looking for that euphoric response.

Substance Use Disorder

Mild
Outpatient
Treatment

Moderate
Intensive
Outpatient
Treatment

Severe
Inpatient
Treatment

The most important questions:

- Does it cause harm?
- How does it affect quality of life?
- Is it used as prescribed?
- Does it cause dysfunction?



Prescription Medicines

- Chronic health conditions tend to develop as part of aging, & older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications.
- One study of 3,000 adults aged 57-85 showed **common mixing** of prescription medicines, nonprescription drugs, & dietary supplements.

Opioid Pain Medicines

- Persistent pain may be more complicated in older adults experiencing other health conditions.
- Up to 80% of patients with advanced cancer report pain, as well as 77% of heart disease patients, & up to 40% of outpatients 65 & older.
- Between 4-9% of adults aged 65 or older use prescription opioid medications for pain relief.

Opioids

- With the aging population, an increasing number of older adults (> 65 years) will be affected by problematic opioid use with both illicit & prescription opioids. Problematic opioid use is defined as the use of opioids resulting in social, medical, or psychological consequences, OUD is a form of problematic use that meets diagnostic criteria as defined by the **DSM5**. Problematic use of opioids by older adults is associated with a number of pertinent adverse effects, including sedation, cognitive impairment, falls, fractures & constipation.

Stats

- The U.S. population of adults 55 & older increased by about 6% between 2013-2015, yet the proportion of people in that age group seeking treatment for opioid use disorder increased nearly 54%.

- The proportion of older adults using heroin—an illicit opioid—more than doubled between 2013-2015, in part because some people misusing prescription opioids switch to this cheaper drug.

WHERE IS UP TO DATE DATA???

JUST NOT IMPORTANT???

Marijuana

- 9% of adults aged 50-64 reported past-year marijuana use in 2015-2016 compared to 7.1% in 2012-2013. The use of cannabis in the past year by adults 65 years & older increased sharply from 0.4% in 2006 & 2007 to 2.9% in 2015 & 2016.
- One U.S. study suggests that close to a quarter of marijuana users aged 65 or older report that a doctor had recommended marijuana in the past year. Research suggests medical marijuana may relieve symptoms related to chronic pain, sleep hygiene, malnutrition, depression, or to help with side effects from cancer treatment.

Alcohol

- **Alcohol is the most used drug among older adults, (65% of people 65 & older reporting high-risk drinking)**, defined as exceeding daily guidelines at least weekly in the past year. Of particular concern, more than a tenth of adults aged 65 & older currently binge drink, which is defined as drinking five or more drinks on the same occasion for men, and four or more drinks on the same occasion for women. In addition, research published in 2020 shows that increases in alcohol consumption in recent years have been greater for people aged 50+ relative to younger age groups.

Alcohol

- One study documented a 107% increase in alcohol use disorder among adults aged 65 years & older from 2001 - 2013. Alcohol use disorder can put older people at greater risk for a range of health problems, including diabetes, high blood pressure, congestive heart failure, liver & bone problems, memory issues & mood disorders.

Weighted National Estimates for the Top Drugs Involved in ED

- Alcohol (39.33% of all drug-related ED visits),
- Opioids (14.07%),
- Methamphetamine (11.02%),
- Marijuana (10.78%), and
- Cocaine (4.71%).
- Fentanyl-related ED visits rose throughout 2021



Warning Signs

- The similarities of the signs and symptoms of substance use may be mistaken for manifestations of other chronic diseases, & a common perception among older adults is that symptoms of substance use are related to aging or other diseases & not to the substance itself.
- Regardless of its difficulties, screening will help identify patients who may be at risk for or are currently engaging in unhealthy substance use behaviors.

**BUT WHY IS THIS HAPPENING OH GREAT
THERAPIST??????????**

Shrinking world



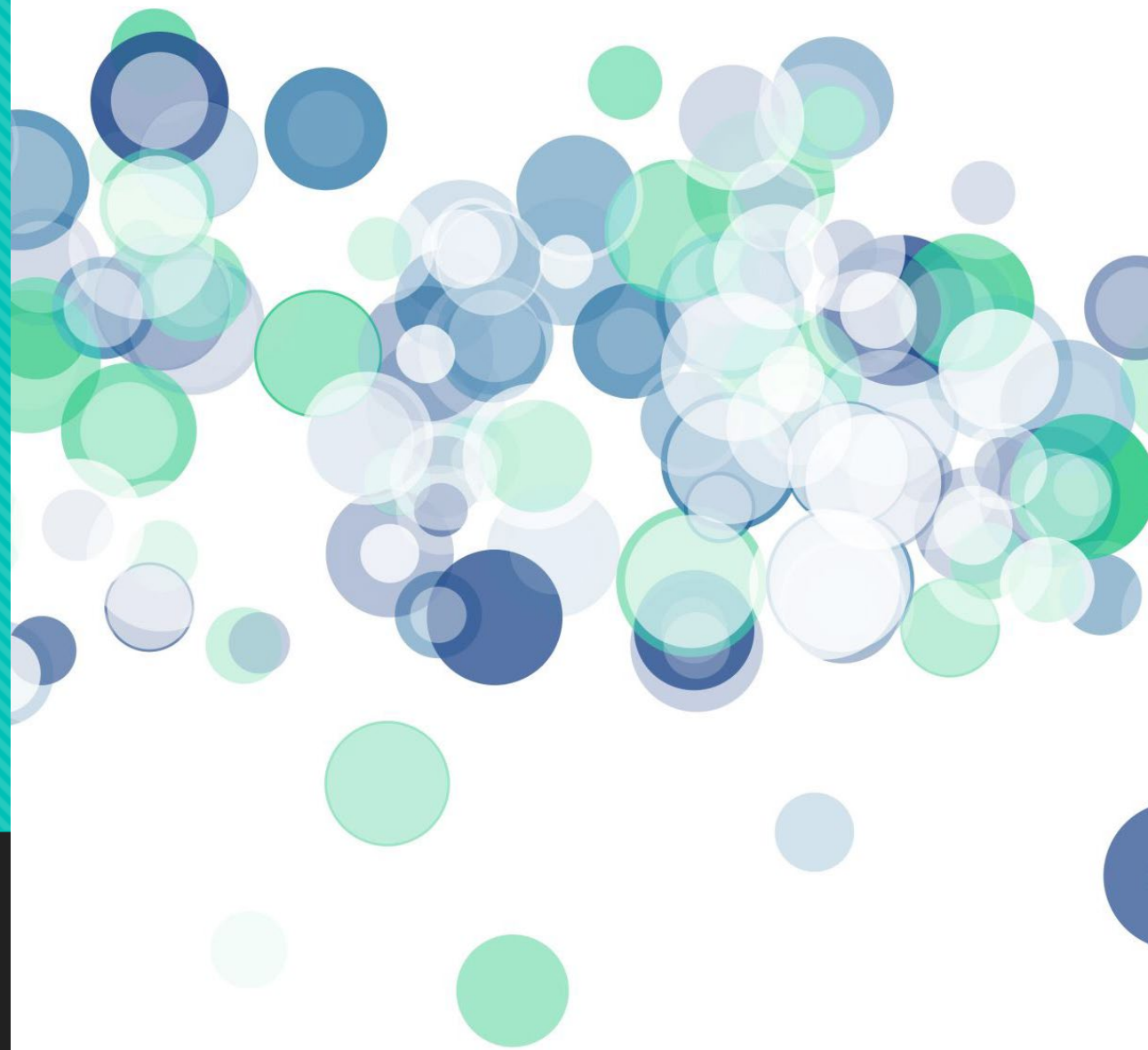
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- Driving
 - Cooking
 - Probably less \$\$\$\$\$
 - Living in their own house
 - Living without.....
- ????????????????

**HOW CAN WE
HELP????**



**WHY ARE THEY
HERE??????**



FIRST help determine what may have led to or is contributing to the misuse

- **Fear**
- Loneliness
- Boredom
- Changes in living situation
- Declining Health
- Loss of cognitive function
- Lack of meaningful activities

And still more stuff to use over

- **“The pain of looking back”**
 - Regret, woulda, shoulda, coulda
 - Losses (including who they were)
 - Nostalgia (Is it real? How embellished is it?)
- Retirement, a loss of purpose
- Conflicts in the family
- Financial stress, losing income
- Death of spouse, good friend or pet
- Mental health issues like depression
- Physical health issues: surgery, chronic pain
- Getting placed in a nursing home



LOSS OF CONTROL & Their World Gets Smaller!

**POSSIBLY LOSING A SPOUSE
OR PARTNER, AS WELL AS
EXPERIENCING:**

- **Increasing numbers of deaths of friends who are the same age**
- **Role changes in families & work-related activities**
- **Reduced opportunities for income levels**
- **Normal age related cognitive & physical decline**

A MORE Common Elderly Experience

GRIEF & LOSS

It's personal. “People react to loss in all kinds of ways.”

The importance of rituals. Rituals can provide a very personal & ongoing way for family & friends to remember the deceased in a meaningful way.

Adjusting to the new normal. The “new normal,” a world in which the person, relationship or other object of loss is no longer with them, yet they continue to make a place in their lives for that connection.

Complicated grief. Complicated grief occurs when people become so debilitated by grief that they are unable to return to their daily activities, even after an extended period of time.

SO REMEMBER...

- While use of illicit drugs in older adults is much lower than among other adults, **it is currently increasing**.
- Older adults are often **more susceptible** to the effects of drugs, because as the body ages, it often cannot absorb and break down drugs and alcohol as easily as it once did.
- Older adults are more likely to **unintentionally misuse** medicines by forgetting to take their medicine, taking it too often, or taking the wrong amount.
- Some older adults may take substances **to cope with big life changes** such as retirement, grief and loss, declining health, or a change in living situation.

SO REMEMBER...

- Most admissions to substance use treatment centers in this age group are for **alcohol**.
- Many behavioral therapies & medications have been **successful** in treating substance use disorders, although medications are underutilized.
- It is never too late to quit using substances—quitting can improve quality of life & future health.

SO REMEMBER...

- More science is needed on the effects of substance use on the aging brain, as well as into effective models of care for older adults with substance use disorders.
- Providers may confuse symptoms of substance use with other symptoms of aging, which could include chronic health conditions or reactions to stressful, life-changing events.



Steps to follow:

- **Awareness** of signs & risks is the key
- **Include** any healthcare professionals
- **Invite** the family to participate
- **Educate** clients about the causes & risks
- **Place** them in treatment when appropriate

Treatment

Do I still have
anything to
offer???

- Gestalt & some existential work
- Teen angst: Who am I? What am I going to do with my life? Where or do I even fit in anywhere?
- ELDER ANGST: Why am I still here? Where do I fit in? My life is behind me, so what do I have to look forward to?

New Identity (The Reality of Now)

- The loss of identity is often **HUGE!**
- Grieve **AND** celebrate the person they were.
- Who is it now that they want to be?
 - Maybe build off of “who they were” & help create a new identity such as mentoring, starting a charitable or scholastic foundation **OR** wanting to be the best grandma.



How to Develop Their New Identity

- So, if you want to be the best grandma, what is a step you can do today to get that identity started? Want to start a mentorship? What is the first step to get that new identity going? This may be hit with a lot of resistance (I'm too old or I'm too tired) or it could be a lot of fun!
- Recommend guided journals:
“BURN AFTER WRITING: How Honest Can You Be When No One Is Watching” by Sharon Jones



THAT'S ALL FOLKS!

