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### Presentation Objectives

- Learn why abuse of alcohol, drugs and prescription medications, among adults 60 and older, is one of the fastest growing health problems in the U.S.
- Recognize the negative consequences of improper use or over-use of alcohol, drugs, prescription medications and over-the-counter medications



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### Presentation Objectives Continued

- Be able to identify three or more age-related changes that could elevate an older adult's sensitivity to the effects of drugs and alcohol; and that make older adults more at risk for substance use problems
- Be able to identify three or more resources to learn more about older adults and substance abuse



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### How We Visualize Substance Use Disorder

- Close your eyes
- Picture a person using heroin, smoking pot or intoxicated and passed out
- **Who** do you see?
- **What** is their age, gender, race?
- **Where** are they?
- **What** are they doing?



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### Positive Images

- Every age, race, ethnicity and occupation
- Sir Anthony Hopkins 1937 -
- Eric Clapton 1945 -
- First Lady Betty Ford 1918 - 2011
- Texas Governor Ann Richards 1933 - 2006
- Sir Elton John 1947 -
- Cindy McCain 1954 -
- Former WCCO News Anchor Don Shelby 1947 -
- Governor Mark Dayton 1947 -



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### What Are Substance Use Disorders?

- Dependence
- Abuse that leads to problems at home or work
- Abuse that causes damage to health



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### Aging and Substances

- Older adults tend to take more medications as they age
- Aging bodies respond differently to alcohol and medication than when the person was younger
- Many medications do not mix well with alcohol



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### Aging and Substances

- Medication and alcohol misuse can happen unintentionally
- Older adults who do not have a history of substance abuse problems may not understand their new vulnerabilities
- Substance abuse can be a contributing cause of memory loss



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### Why Concern for Substance Abuse in Older Adults?

- Demographics
- Elevated risk factors brought about by:
  - Age-related health changes
  - Psychosocial changes
  - Double stigma of both mental illness and aging



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### Why Concern for Substance Abuse in Older Adults?

- Unaddressed problems:
  - Worsen other health conditions
  - Contribute to high health care costs
  - Elevate the risk for premature or unnecessary hospitalizations and nursing home admissions



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### Why Concern for Substance Abuse in Older Adults?

- Misuse of alcohol, meds and drugs can cause falls, confusion and delirium. Those conditions, in turn, are associated with a high rate of emergency hospitalizations and mortality



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### Why Concern for Substance Abuse in Older Adults?

- Highest users of over-the-counter and prescription medications
- More than 25% use prescription psychoactive meds that have abuse potential
- Substance use problems are greatly under-identified and undertreated in older adults



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### Why Concern for Substance Abuse in Older Adults?

- Fewer than 40% of older adults with substance use disorders get treatment
- Risk factor for developing other mental illnesses
- Risk factor for suicide



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### Risk Factors Substance Use Disorders in Older Adults

- Social and physical changes
- Loss of loved ones, juggling multiple roles, retirement, changes in income
- History of using alcohol or drugs to cope
- Slower metabolism
- Use of medications for age-related health conditions and drug interactions



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### Risk Factors Substance Abuse in Older Adults

- Boomers' history of illicit drug use and their relatively tolerant attitudes toward it
- Availability in society
- Social factors
- Other mental illnesses
- Genetic predisposition



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**Age-related Changes Intensify the Impact of Substance Use**

- Slowing of metabolism
- Changes in absorption and excretion
- Changes in ratio of muscle and fat tissue
- Reduced water in cells and body tissue
- Changes in vision, balance and coordination



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**Age-related Changes Intensify the Impact of Substance Use**

- Illness or chronic conditions
- Use of medications: prescription, over-the-counter, herbal remedies and supplements
- Some older adults continue abusive habits formed earlier in life without the restraint of a daily job or social system



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**Common Substances**

- Alcohol
- Marijuana
- Tobacco
- Heroin and other opioids
- Cocaine
- Sedatives and Tranquilizers
- Amphetamines



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### Common Substances

- Hallucinogens
- “Bath Salts”
- Inhalants
- Methamphetamines



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### Possible Signs of a Substance Use Problem

- Memory trouble after a drink or taking medicine
- Loss of coordination e.g. walking unsteadily, frequent falls
- Changes in sleeping or eating habits
- Unexplained bruises
- Irritability, sadness, depression, feeling anxious



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### Possible Signs of a Substance Use Problem

- Trouble concentrating or finishing sentences
- Lack of interest in usual activities
- Isolation
- Failing to bathe or keep clean
- Difficulty staying in touch with family and friends



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### Alcohol and Older Adults

- Most common of substance abuse problems among older adults
- About 40% of adults ages 65 and older drink alcohol
- About 14% of men and 3% of women over age 65 binge drink
- Cultural differences



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### Alcohol Use

- **Low-risk use** – doesn't cause any problems. It reflects the person's ability to set limits and use good judgment. These older adults do not binge drink, drive vehicles or use contraindicated medications when they drink. They could "take-it-or-leave-it"



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### Alcohol Use

- **At-risk use** – is alcohol use in a way that increases chances of problems. Older adults might drink more than the recommended amounts and drink in situations or under circumstances that aren't safe (e.g. drinking despite warning labels on medications)



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### Alcohol Use

- **Problem use** – Using alcohol despite already adverse consequences. Older adults in this category drink alcohol even though their drinking has already caused medical, social, family, work, criminal or mental health problems. In addition, the drinker may deny any problem with alcohol



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### Risks Associated with Late-life Drinking

- Metabolic changes result in elevated blood alcohol levels for longer periods of time
- Effects of alcohol are experienced with even small volumes
- Alcohol can cause sleep disorders
- Mixing alcohol and medications can be extremely dangerous



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### Risks Associated with Late-life Drinking

- Alcohol can worsen diabetes, high blood pressure, memory loss, pain, osteoporosis, mood disorders (e.g. depression, bipolar disorder)
- Increases risk for suicide



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### Alcohol Use

- SAMHSA and NIAAA recommend that adults age 60 and older, have no more than seven drinks per week or one standard drink per day to minimize risky or problem drinking



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### No Alcohol Use

- If taking certain prescription medications, especially psychoactive prescription medications and certain over-the counter medications
- If you have medical conditions that can be made worse by alcohol: diabetes, heart disease, dementia, bipolar disorder, depression, anxiety disorders, etc.



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### No Alcohol Use

- If planning to drive a car or engage in activities requiring alertness, skill and balance
- If recovering from alcohol dependence



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### Older Adults vs Adults

- More willing to accept a medical diagnosis than a psychiatric one
- May genuinely think their problems and symptoms are simply related to old age and are reluctant to complain too much
- May not accept that alcohol or other drug-related disorders are diseases (mental illnesses)
- Compared with younger adults, older adults are more likely to complete treatment and have similar or better outcomes



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### What is a Baby Boomer?

- Born between 1946 – 1964 so today they are ages 52 - 70
- 75 million born in the U.S. between 1946 – 1964
- Every day 10,000 people are turning 65
- Baby boomers control over 80% of personal financial assets in the U.S. and account for over 50% of consumer spending



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### Baby Boomers & Substance Abuse

- Boomers more likely than Pre-Boomers to use illicit drugs
- Cultural: Boomers are from an era when illicit drugs were widely available and had a certain allure



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### Baby Boomers & Substance Abuse

- Emotional: Aging Boomers may turn to substances to cope with grief and loss such as death of spouse/partner or the end of a career
- Physical: Boomers perhaps functioned okay for many years despite substance abuse. Now bodies are aging and they can no longer tolerate the physical & mental effects



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### Baby Boomers & Substance Abuse

- Economic: Possible increased use because of heightened anxiety from lack of job security during recession & inadequate retirement savings



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### Why Difficult to Diagnose Substance Abuse in Older Adults?

- Ageism, lack of awareness, medical professional lack of training and comorbidity
- Signs of substance abuse may mirror symptoms of physical and mental health conditions that affect older adults



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### Diagnostic Barriers

- Many assessment instruments used to diagnose substance abuse are designed for younger people
- Older adults can be less engaged in community when they retire; or when children move out (or live away) or a partner dies, so it's harder to see day-to-day functioning of the older adult



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### Diagnostic Barriers

- Even if substance abuse is suspected, convincing an older adult they have a problem and need treatment can be difficult. Such users may believe they deserve to use substances because of the years they've put in at work or raising a family



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### Diagnostic Barriers

- Because of stereotypes, medical professionals less likely to detect alcohol problems in women, the educated and those with higher socioeconomic status
- Problems related to alcohol and drugs compete for discussion time against other health problems of older adults during a medical appointment



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### Diagnostic Barriers

- Medical providers may believe “alcoholics” must be heavy drinkers and may miss the opportunity to intervene with an older adult because the provider’s definition of problem drinking is based upon criteria that don’t apply to older adults.



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### Diagnostic Barriers

- Relatives of older adults may have an assumption that it’s not worth treating older adults for substance abuse problems or it does not inspire the same urgency for care as a problem in younger adults (ageism)



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### Diagnostic Barriers

- Even if a diagnosis of substance abuse is made, an older patient is less likely to have treatment recommended
- Disapproval and shame about use and misuse of substances in the pre-boomer group



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**Mental Illness: What Can Help?**

- Stable housing
- Healthy diet
- Stress reduction
- Exercise
- Affirming relationships
- Activities you enjoy
- Pets



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**Mental Illness: What Can Help?**

- Spiritual connection
- Psychosocial rehabilitation (e.g. ACT teams, ARMHS worker)
- Self-management strategies
- Geriatric psychiatrist; care team including a pharmacist
- Support groups



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**Prescription Drug Abuse**

- About 1 million emergency dept. visits in 2009 could be attributed to prescription drug abuse – **not age specific info**
- Roughly 363,000 of the visits were central nervous system depressants. Benzodiazepines (e.g. Xanax) comprised the vast majority



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### Prescription Drug Abuse Continued

- Roughly 343,000 of the visits involved prescription opioid pain relievers (e.g., oxycontin). That is a rate more than double that of five years earlier (2004)
- More than half of emergency department visits for prescription drug abuse involved multiple drugs



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### Treating Prescription Drug Addiction

- Treatment is effective
- The type of drug used and the needs of the individual need to be considered
- Treatment components: detoxification, counseling and sometimes the use of addiction medications
- Multiple courses of treatment may be needed



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### Behavioral Treatment Strategies

- Teach strategies to function without drugs
- Deal with cravings
- Avoid drugs and situations that could lead to drug use
- Learn to handle a relapse should it occur



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### Behavioral Treatments

- Individual counseling
- Group or family counseling
- Cognitive behavioral therapy (CBT)
- Contingency management



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### Pharmacological Treatment

- Some addictions (e.g. opioid) can be treated with medications
- The medications can be used to relieve withdrawal symptoms, help overcome drug cravings or treat an overdose
- Research shows that a combined approach of behavioral and pharmacological treatment may be best



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### Substance Abuse: What Can Help?

- Primary care physicians screening older adults for substance abuse and arranging a referral to specialty care if needed
- Psycho-education to advise patients on the health effects of substance abuse
- Education and support for family and caregivers



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**Substance Abuse:  
What Can Help?**

- Share your concerns with a friend, family member or spiritual advisor
- Get treatment: older adults respond at least as well as younger ones to substance abuse therapies
- Don't drink alcohol if you are taking medication for sleeping, pain, anxiety or depression.



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**Substance Abuse:  
What Can Help?**

- Withdrawal management
- Medication
- Talk therapy
- Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)
- Harm reduction
- Consult with a geriatric-trained professional



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**Substance Abuse:  
What Can Help?**

- Assessment, treatment and recovery should be tailored to the unique issue of each older adult
- People are NEVER too old to recover and have a better quality of life



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### Co-occurring Disorders

- Over 8.9 million adults have a diagnosed mental illness and substance use disorder
- 7.4 percent of them receive treatment for both conditions with 55.8 percent receiving no treatment at all
- These are not older adult specific figures



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### Integrated Dual Diagnosis Treatment (IDDT)

- Counseling techniques for people managing both mental illness and substance use
- Provided by trained professionals schooled in both disorders
- Evidenced-based practice



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### Strategies for Working with People with Both Disorders

- Educate yourself and families you work with
- Build teams so care partners and families aren't isolated
- Help people and their families develop crisis plans
- Encourage health care directives



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**Mental Illness Resources**

- In-patient and out-patient senior mental health units like Fairview Riverside Hospital, Meeker Memorial Hospital Litchfield and Mayo Clinic Rochester, Regina Medical Center Hastings
- MN Department of Human Services (DHS)
- National Institute of Mental Health  
[www.nimh.nih.gov](http://www.nimh.nih.gov)
- Community Mental Health Centers



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**Mental Illness Resources**

- Senior LinkAge Line: (800) 333-2433  
[www.minnesotahelp.info](http://www.minnesotahelp.info)
- [www.schizophrenia.com](http://www.schizophrenia.com)
- Depression and Bipolar Support Alliance:  
[www.dbsalliance.org](http://www.dbsalliance.org)
- Adult Foster Care
- NAMI's free Family-to-Family or Hope for Recovery classes
- Ombudsmen for Long-Term Care (LTC)



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**Mental Illness Resources**

- Veterans Administration (VA) in Minneapolis and St. Cloud
- Adult Daycare
- Volunteers of America Minnesota – Senior Mental Health Services
- Jewish Family Service of St. Paul
- People Incorporated – Stark Mental Health Clinic - Minneapolis
- Wilder Senior Services – St. Paul



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### Why Don't Older Adults Get Help?

- Older adults might be uncomfortable talking openly about mental illness and/or substance abuse
- May feel stigma and shame about emotional problems
- May view a mental illness as evidence of moral or physical weakness, a character flaw or laziness



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### Why Don't Older Adults Get Help?

- Fear and misunderstanding
- Lack of insight
- Anosognosia
- Access to care
- Lack of energy
- Ageism



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### Stigma

*"Mental Health: A Report of the Surgeon General"* identified stigma as one of the major barriers that discourages adults with mental illnesses from seeking treatment.



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**Substance Abuse Resources**

- SAMHSA (Substance Abuse and Mental Health Services Administration): [www.samhsa.gov](http://www.samhsa.gov)
- National Institute on Alcohol Abuse and Alcoholism: [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Institute on Drug Abuse: [www.drugabuse.gov](http://www.drugabuse.gov)



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**Substance Abuse Resources**

- Narcotics Anonymous: [www.na.org](http://www.na.org)
- Alcoholics Anonymous: [www.aa.org](http://www.aa.org)
- Al-Anon: [www.al-anon.org](http://www.al-anon.org)



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**Substance Abuse Resources**

- Center for Disease Control and Prevention – Smoking Cessation: [www.smokefree.gov](http://www.smokefree.gov)
- National Cancer Institute Smoking Quitline: 1 (877) 448-7848
- Screening Sites: [www.drugscreening.org](http://www.drugscreening.org), [www.alcoholscreening.org](http://www.alcoholscreening.org)



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**Substance Abuse Resources  
Minnesota**

- Resource: [www.resource-mn.org](http://www.resource-mn.org)
- Senior Recovery Center – Saint Paul: [www.seniorrecovery.org](http://www.seniorrecovery.org)
- The Retreat – Wayzata: [www.theretreat.org](http://www.theretreat.org)



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**Substance Abuse Resources  
Minnesota**

- Tobacco cessation classes & support groups – NAMI Minnesota’s Wellness Coordinator [www.namihelps.org](http://www.namihelps.org)
- QUITPLAN: [www.quitplan.com](http://www.quitplan.com); 1 (888) 354-7526



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**Substance Abuse Resources  
Minnesota**

- Minnesota Recovery Connection: [www.minnesotarecovery.org](http://www.minnesotarecovery.org)



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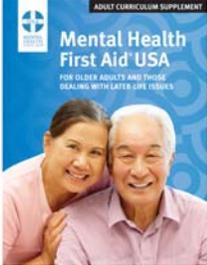
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### Mental Health First Aid Class



**NAMI**  
MINNESOTA

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### Community Resources

- NAMI's Family to Family or Hope for Recovery classes, Mental Health First Aid
- MN Department of Human Services (DHS)
- People Incorporated or Volunteers of America (in the Twin Cities); Community Mental Health Centers (ex. – Canvas Health or Hiawatha Valley Mental Health)
- Senior LinkAge Line: (800) 333-2433  
[www.MinnesotaHelp.info](http://www.MinnesotaHelp.info)

**NAMI**  
MINNESOTA

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### What We Do

- Education classes, booklets and fact sheets
- Suicide prevention
- Support groups, Helpline
- Public awareness presentations
- Legislative advocacy
- NAMIWalks

**NAMI**  
MINNESOTA

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### Support NAMI Minnesota

- Advocate for a better Mental Health System
- Attend an event
- Sign up for a newsletter
- Join an affiliate
- Be a sponsor
- Volunteer
- Become a donor



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### Thank you

Contact NAMI Minnesota for more information  
Kay King  
Older Adults Program Coordinator  
800 Transfer Road, Suite 31  
St Paul, MN 55114  
651-645-2948, x 113  
1-888-NAMI-HELPS  
kking@namimn.org  
www.namihelps.org



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