SUBSTANCE ABUSE IN OLDER ADULTS

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FRIENDSHIP LINE

• 24-Hour Friendship Line for the Elderly – Provides Crisis Intervention and Emotional Support to Adults 60+ – Institute on Aging’s Friendship Line is Accredited as an approved Crisis Intervention Program by the American Association of Suicidology – The Toll Free Number: 800.971.0016 – www.ioaging.org
• To refer someone to our emotional support Call-Out Service contact: IOA Connect – 415.750.4111
• Patrick Arbore, Ed.D., Founder & Director parbore@ioaging.org 415.750.4133

Friendship Line – Call-In Service

• Anyone adult 60+ can call 800-971-0016 and be connected to a trained volunteer or staff member – training is focused on the issues and needs of older people
• Volunteers and staff create conversations with older callers – not confrontations
• Assess for suicide risk and loneliness for every call
• Callers are invited to call once a day

DRUG-FREE AMERICA

AGE 0-4 AMBROXOL
12-19 CODEINE
18-24 TALWIN NO-DOZ
18-58 PRODA
50-65 ZANAC
G5 EVERYTHING ELSE
Expert panel recommendations for screening and treating the older adult:
SAMHSA/CSAT Treatment Improvement Protocol (TIP) #26

An Invisible Epidemic
• Alcohol abuse and prescription drug abuse among adults 60+ is one of the fastest growing health problems in the U.S.
• Substance abuse affects up to 17% of older adults.
• Elderly substance abuse is often overlooked by health care providers.

Minority Elderly 65+
The US Census Bureau (2000) predicts that between 1990 and 2030 there will be a 131% increase in African Americans; 285% in Asian Americans; 147% in American Indian; and 328% increase in Latino elderly
POLYPHARMACY

Defining Polypharmacy with a strict number of drugs may deny patients access to necessary drugs.

The better assessment should be: “Is every drug clinically indicated for this unique patient and prescribed at its lowest effective dose?”

Polypharmacy’s assessment should therefore be outcomes-based.

RISK FACTORS

- With advancing age, there is an increase in chronic diseases and disability
- With disease and disability comes an increase in the use of prescription and OTC medicines
- There are abundantly more Rx and OTC medications today than 20 years ago
POSSIBLE NEGATIVE OUTCOMES OF POLYPHARMACY

1. Increased risk of medication errors
2. Increased risk of hospitalization
3. Increased medication use = higher treatment costs
4. Increased adverse drug reactions
5. Drug-drug, drug-food, drug-disease interactions
6. Nonadherence (Non-compliance), especially with complex drug regimens and with seniors in cognitive decline

The Aging Baby Boomers and Drug Use

- The Boom Generations
  - Born between 1946 and 1964
- Prevalence of Drug Use in US at its highest in 1979, when boom co-hort was 15 – 33
  - During that year 10% of illicit drug users were over the age of 35
- In 1995, current drug users over the age of 35 increased to 27%
- Fully 50% of baby boom cohort have tried illicit drugs


GREATEST RISKS IN SENIORS WITH DIZZINESS/DROWSINESS/LIGHT HEADEDNESS

RISK OF FALLING

IMPAIRED DRIVING OR OPERATING MACHINERY

SEENING TWO OR MORE PHYSICIANS AT THE SAME TIME

Many Doctors, Multiple Drugs
Four in 10 older Americans take medications prescribed by two or more health care providers, increasing their risk of drug interactions or duplications.

Percentage of patients treated by two or more doctors:

- Two Doctors: 21%
- Three Doctors: 11%
- Four Doctors: 11%

*including physicians, pharmacists, dentists, and nurse practitioners
CONSEQUENCES ......

...... A given dose of a given medication produces a different, and sometimes unexpected, response in an elderly patient compared to a younger patient of the same gender and similar body weight .......

MEDICATION MISUSE AND ABUSE IN OLDER ADULTS

Most Likely To Be Abused Include:

Alcohol

Opioids/Opiagonics

Oxycodone (OxyContin)

Hydromorphone (HP) (Morphine, Demerol, Lornida)

Opioid Agonists (Anti-Addiction "Neroi")

Alprazolam (Xanax)

Lorazepam (Ativan)

Diazepam (Valium)

Muscle Relaxants

Carisoprodol (Soma)

Butalbital (Fiorinal, Fioricet)

CNS Stimulants (to a lesser degree)

Methylphenidate (Ritalin)

Amphetamines

RISK FACTORS

• Life changing events place the elderly at risk for chemical dependency problems

• The elderly retire and begin to outlive spouses, friends and family members and lose accustomed life roles

• Often they have to cope with limited financial resources

• Physical ailments may limit their activities

• These problems and the lower self-esteem they may cause increase the likelihood of alcohol and other drug abuse
RISK FACTORS IN THE OLDER ADULT

Increase in the U.S. population of older adults

Older adults have more chronic diseases and there are more meds available today to manage those chronic diseases

A changed culture in the medical community on pain management

Prescribers writing more prescriptions some with inappropriate medications and/or quantity of medication prescribed

Patients seeing more than one physician at the same time

Proliferation of rogue internet pharmacies

Patients’ poor medication taking behavior (Adherence/Compliance)

Drug manufacturers’ Direct-To-Consumer advertising

Psychosocial: Loneliness, Isolation, Financial Issues, Hoarding, Cognitive Decline/Dementia

VERIFIED INTERNET PHARMACY PRACTICE SITES (VIPPS)

There are currently 29 verified internet pharmacies

Verified by the National Association of Boards of Pharmacy (NABP)

To verify an internet pharmacy, use the NABP website

www.nabp.net

America’s “Other” Drug Problem

The reality is ......

There are over 600 rogue internet pharmacies

Poor adherence (compliance) to medication taking instructions

May be intentional or unintentional
**COMPLIANCE, ADHERENCE, PERSISTENCE**

*Compliance, Adherence* and *Persistence* describe medication taking behaviors.

Adherence (Compliance)

“Extent to which a person takes medications as prescribed by their health care provider”

Persistence

“Start treatment when prescribed and *continue* treatment as directed”

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**IN OLDER ADULTS .....**

Frequently ........

DRUG MISUSE → DRUG ABUSE

Continued Misuse Progresses to Abuse and Dependence

*Data from National Institute of Health (NIH)*

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**Rx Medication Use**

Older adults account for 13% of U.S. Population

Older adults consume 34.2% of Prescription Drugs

- Adults 65+
  - 13%

- Persons < 65
  - 87%

- 66%

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**RISK FACTORS**

Older Adults Non-Medical Prescription Drug Use

Misuse of medications:

Forgetting whether a medication has been taken, risks doubling up on dosage, whether intentional or not

IMPACT OF NONADHERENCE

Cost of nonadherence is estimated at $100 billion annually.
Deaths as high as 125,000 are attributed to nonadherence.
10% of hospital admissions are due to nonadherence of which 30% are patients over the age of 65.
40% of nursing home admissions are due to nonadherence.


A culture of:

“A medication for every condition”

PSYCHOSOCIAL RISK FACTORS

“Hoarding” old, unused medications and self medicating using these medicines.

Older adults trying to avoid the inconvenience and expense of a physician visit, will self medicate.

Older adults are more isolated with few daily social contacts to notice changes in behavior.

Memory impairment and confusion.


The Link Between Elder Abuse and Substance Abuse

Elder abuse and substance abuse share certain characteristics:

- For some people, abusing drugs, alcohol, or other people becomes a way to cope with the difficulties of life or control negative feelings.
- Family members are likely to experience feelings of shame and denial regarding elder abuse and/or chemical dependence.
- Elder adults in a relationship with a person who has a substance abuse problem may become “codependent” and take responsibility for the other person’s abusive behavior or minimize its negative effects.

The association between substance abuse and family violence, however, is complex and involves the interplay of many other variables, including personality; nature of the relationship; type of substance abuse problem; degree of family conflict; environmental factors, such as poverty and social isolation; and social and cultural factors.

The National Committee for the Prevention of Elder Abuse has noted numerous patterns that demonstrate the link between substance and elder abuse. Researchers and practitioners have observed trends when substance abuse is present in victims and perpetrators of elder abuse.

“TAKE BACK” DAYS HOSTED BY THE DEA
IN COOPERATION WITH LOCAL LAW ENFORCEMENT

FIRST OF TWO ADAGES ......

Whenever possible, dosing in older adults should:

“......Start Low and Go Slow ......”

Other Considerations With Older Adults

- Early onset-chronic alcoholics/addicts
  - Abused alcohol throughout their lives
  - = 66% of the Older Adult AOD population

- Late onset - “situational alcoholics”
  - Loneliness, grief, boredom, retirement, isolation, loss of loved ones, health problems and self medication
  - = 33% of the Older Adult AOD population

Alcohol & Aging

According to Atkinson & Blow (2009):

- Over 1 million older adults suffer from alcohol dependence currently
- Because they regularly drink to excess, they experience serious adverse health and social consequences
- With the increasing size of the aging pop, the ranks of aging alcoholics will swell to 23 million over the next 25 years
Variety of Alcohol Problems
Alcohol problems affect the older adults in three ways:
1. Some older people just drink too much; they exceed the recommendation of not drinking more than 7 standard drinks per week – these are called risky drinkers
2. Combining alcohol and prescribed or illicit drugs

Variety of Alcohol Problems
3. Alcohol dependence – consumption and difficulties are more pervasive, entrenched and longstanding – an earlier pattern of risky drinking is usually found prior to the development of dependence on alcohol later in life

Aging, Drinking & Consequences
• Higher BAC from a given dose
• More impairment at a give BAC
• Interactive effects of alcohol, chronic illness and medication

Dual Diagnosis
• Alcohol problems exist with & compound other mental disorders
• Alcoholism accelerates and mimics the dementing process – can produce confusion and memory loss – can precipitate suicide
Substance Use and Depression

• Even moderate drinking may reduce antidepressant response and increase risk of side effects
• Adults with depression use cannabis at rates 2-8 times higher than the general population
• Cannabis users may benefit less from depression treatment than nonusers

Alcohol Guidelines for Older Adults

• According to the National Institute on Alcohol Abuse and Alcoholism & the Center for Substance Abuse Treatment’s TIP Series:
• People 65+ -- no more than one standard drink per day or 7 standard drinks per week
• No more than 2 standard drinks on any one occasion

Substance Use and Depression

• Adults with depression are at high risk for escalation of substance problems
• Appropriate intervention has the potential to improve depression outcomes and prevent onset of dependence
• Identification of problematic alcohol and drug use among depressed adults is essential
Special Issues

- Complexity, severity and urgency of the alcohol problem
- Special populations – Disabled, women, ethnic/cultural minorities, LGBT community, rural populations, homeless
- Housing
- Transportation
- Restoration of family ties

Ageism

- Stereotyping of and discrimination against older people based on age
- Old people are categorized as senile, rigid in thought and manner, old-fashioned
- Younger generations see old people as different from themselves
- They cease to identify elders as human beings

Effects of Ageism

- Contributes to helplessness & powerlessness
- Oppresses older people
- Results in feelings of shame and embarrassment
- Contributes to depression

Escaping Ageism

- Involuntary isolation
- Alcoholism
- Avoidance of – prejudice & discrimination, ostracism, loss of role, loss of status
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<th>Losses</th>
<th>Scope of the Problem</th>
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| • If losses are not grieved, “acting out” may occur – Strong feelings of sadness, anger, sorrow and rage may be experienced but not expressed in a healthy manner  
• Substances may be used to “medicate” strong feelings | According to the National Survey on Drug Use and Health (NSDUH):  
• By 2020 the # of persons needing treatment for substance abuse disorder will double among persons aged 50+ as the baby boom generation moves into older adulthood  
• There have been increases in illicit drug use among persons 50 - 59 |

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| • Many health & social problems, age-related physiological, psychological and social changes make older adults more vulnerable to the detrimental effects of illicit drug use  
• Many older adults use prescription and OTC drugs that could adversely interact with illicit drugs | • The magnitude of these changes and their potential impact make it imperative to understand and plan for the health care of this population  
• These needs include substance abuse prevention and treatment |
Brain Impairment

- Alcohol contributes to brain damage both directly and indirectly – (a) damage in the form of a shrinking of the brain from the toxic effects of the alcohol itself; (b) poisoning of brain cells by toxins circulating in the blood as a result of the failure of a diseased liver to metabolize them; and (c) damage to the nervous system because of nutritional deficits

Brain Continued

- All drugs of abuse act by altering neurotransmission in the brain
- Predominantly affected are the dopaminergic, serotonergic, and glutamatergic systems
- These systems have also been shown to change by age
- Prolonged past drug abuse can itself alter the function of various brain transmitters and systems – potentially compounding the effects of aging

The Hijacked Brain

- The brain is fooled into thinking that achieving that high is equivalent to survival; the “go” light is on all the time
- The brain is forced to reduce the production of dopamine
- The addicted person is compelled to use the substance not to get high but to feel normal since there is little dopamine to be had

Data from Healthy Living as You Age Study

- Of N=399, 63.2% reduced their usual amount of alcohol consumption – Reason – This would benefit them, PCP suggested this, circumstances changed
- Of N=399, 7.5% increased their consumption – Reason – Did not think amount of alcohol was a problem
Data Continued

- Of N=399, 29.3% made no change in consumption or reduced – more likely to be female, have had a heavy drinking day in the past 7 days, and had a higher at risk score
- Participants who were still at-risk drinkers reported that evidence that alcohol was harming them would motivate a change
- Counseling interventions in the primary care setting can be an effective approach

Changes in Alcohol Intake & Health Status – A 24-Year Follow-Up

- N=2,211 participants aged 50-89 at baseline – 1,076 were the focus of this study
- Patterns of alcohol consumption remained stable as the cohort transitioned from late middle age to late older age
- Substantial proportion of the cohort drank in excess of age and sex specific low-risk guidelines – did not differ between those with and without one or more common chronic diseases

Cultural Competence

According to Salazar (2010):
- Minority elderly will continue to increase
- Our substance abuse and mental health system is not prepared or equipped to meet the needs of this population
- Most racial and ethnic older adults are underserved by our system
- A constellation of barriers deters racial and ethnic minority group for getting treatment
Screening

• Short Michigan Alcohol Screening Test – Geriatric Version (SMAST-G) First short form alcoholism screening instrument tailored to the needs of older adults. A score of 2 or more “yes” responses suggests an alcohol problem 10-item
• CAGE Questionnaire 4-items – A positive response to any of these items suggests a problem with drinking

Barriers to Treatment

• Family attitudes – Family members may have unknowingly become “enablers” – they want to believe their loved one’s drinking problem is harmless
• Professional attitudes – Cannot distinguish between age-related physical changes and symptoms of alcohol abuse; ageist attitudes persist
• Fear and resistance – Older adults may resist treatment that requires them to leave their home – the decision to pursue treatment must be their own

Six Components for Treatment of Older Substance Abusers

1. Age-specific group treatment that is supportive and non-confrontational and aims to build or rebuild self-esteem
2. Focus on coping with depression, loneliness, loss
3. Focus on rebuilding social support network
4. Pacing appropriate for an older person
5. Staff who are interested in older adults & are representative of the diverse aging population
6. Linkages with medical services, aging services, case management, in-patient and out-patient services

Brief Treatment Approaches

• Brief treatment interventions have been associated with a reduction of up to 34% of problem drinking behaviors in older adults
• Based on the main goals of reducing or stopping alcohol consumption and/or facilitating entry into formalized treatment if necessary
• Use the basic principles of motivational interviewing
Motivational Interviewing: What Is It?

- A method for helping people recognize problems or potential problems
- Intended to help resolve ambivalence and to get a person moving along the path to change
- Persuasive and supportive rather than argumentative and confrontational

Miller & Rollnick

- “Motivation is a state of readiness to change, which may fluctuate from one time or situation to another. This state is one that can be influenced.”
- Motivation is best viewed as a probability of a certain behavior

Treatment

- Detoxification of heavy alcoholic geriatric patients should be done in hospital setting
- Following detox patient should be immediately enrolled in inpatient program, day treatment or outpatient therapy
- Disulfiram (Antabuse) is not recommended due to increased risk of serious side effects
- Naltrexone (Trexan) is an opiate antagonist that reduces cravings but role in geriatrics not established

Self-Care

- The task of helping often depletes the helper
- Restore hope in non-work parts of the helper’s life
- Examine counter-transference regularly
- Be alert to moralistic messages that indicate a negative view of the person
- Alcoholics are sensitive to rejection
- Be aware of your own drinking pattern
Summary

- Individuals 50+ account for 9% of substance abuse treatment admissions currently
- Young aging boomers account for 25% of all substance abuse treatment admissions
- Current estimates a 50% increase in number of adults with a 70% increase in the rate of treatment
- The new era of substance abuse treatment is coming!

References


References


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References


References


Resources

RethinkingDrinking.niaaa.nih.gov
Alcoholics Anonymous (AA) www.aa.org
American Academy of Addiction Psychiatry www.aaap.org
Substance Abuse Treatment Facility Locator www.findtreatment.samhsa.gov
Al-Anon/Alateen www.al-anon.alateen.org