What is Old?

- Feeling old is more a state of mind than a chronological count down
- Functional capacity is more a factor than age

Why Does it Matter?

- Cohorts
- How they see the world
- May be in more than one generation
- Continuum
Earlier Cohorts

- Increased risk physiologically
- Increased beliefs around drinking and drugs

Binge Drinking

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>60+</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Boomers

LEADING EDGE
- Vietnam
- Civil Rights
- Sex, Drugs, Rock and Roll

Looking for meaning.....

TRAILING EDGE
- After Kennedy's assassination
- No draft
- Consumer debt

.....and purpose
### Fact

- Addiction is estimated as high at 17% (National Clearinghouse for Alcohol and Drug Information)
- Opioid misuse almost doubled among 50+ last decade (SAMSHA)
- Hospitalization rate quintupled in the last two decades for 65+ from Opioids (AARP)
- Alcohol is involved in many overdoses for older adults
- 42% of opioid overdoses were 45+
- Many mislabeled as heart failure or falls
- 9.7% binge drink (adult vs. senior definition) (NSDUH, 2016)

### Trifecta

- Opioids
- Benzodiazepines
- Alcohol

### Alcohol Interactive Medications

- Over 50% of people on alcohol interactive medications reported drinking alcohol (BMC Geriatrics, 2017).
- 77.8% of older adults who drank used alcohol interactive medications (Alcoholism: Clinical and Experiential Research, 2015).
Why Epidemic Proportions?

- Sheer numbers
  - Silver Tsunami
- Flower Child within
  - Relief like in response to stressor
- Opioid Epidemic
  - Pain is the 5th vital sign
- Polypharmacy

Where the Research is Pointing to...

- As society ages, rates of alcohol and drug abuse will continue through the year 2020 (Simoni-Wastalia & Yang, 2006)
- By 2020 up to 5.7 million people over the age of 50 will have substance use disorder (Han, Gfroerer, Colliver, & Penne, 2009)
- Older adults are less likely than younger adults to recognize the need for treatment (Han et al., 2008)

Risk at 50+

- Pro-substance mindset
- Years of pain and anxiety add up
- Medical advances
- Opioid epidemic
- Polypharmacy
- Slower metabolism
- Losses
- Health concerns
- Social isolation
### Risk Factors

<table>
<thead>
<tr>
<th>Physical</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (alcohol)</td>
<td>Losses</td>
</tr>
<tr>
<td>Female (prescriptions)</td>
<td>Retirement (unplanned)</td>
</tr>
<tr>
<td>White</td>
<td>Living alone</td>
</tr>
<tr>
<td>Chronic pain</td>
<td>Social isolation</td>
</tr>
<tr>
<td>Chronic physical illness</td>
<td>Lower economic status</td>
</tr>
<tr>
<td>Polypharmacy</td>
<td>Avoidance coping style</td>
</tr>
<tr>
<td>Physical disabilities</td>
<td></td>
</tr>
<tr>
<td>Poor health</td>
<td></td>
</tr>
</tbody>
</table>

### Hope at 50+

- Higher recovery rates
- Draw on lifetime of experience
- Tend to be more disciplined about recovery
- Relish recovery

### Resources at 50+

- Strength from the past
- Strong values
- Review values
- Re-evaluate priorities—open to new concepts
- Value health and independence
- Compliance
- Open to other avenues than pills (spirituality)
Young vs. Old

**YOUNG/OLD**
- Ages 45-75
- May be age 75+
- Functioning good
- Health good
- Independent
- Addiction will lead to Old/Old

**OLD/OLD**
- May be age 75+
- May be age 50+
- Functioning poor
- Health poor
- Dependent
- Recovery leads to Young/Old

Early Onset Addiction

- Longer history of addiction
- Higher proportion of men than women
- Cognitive loss more severe
- Multiple attempts to quit
- More legal, medical and psychosocial problems
- Impulsiveness, aggressiveness
- 2/3 of alcoholics

Late Onset Addiction

- Started at age 45+
- More women than men
- Family history less prevalent
- Most are educated or affluent
- Losses
- Toxic effect
- Cognitive loss less severe
- Shame
- Less severe medical complications
- More receptive to treatment
Medicare Part D

2016 Data

• 1/3 received opioid prescription; Medicare doesn’t usually pay for Medication Assisted Treatment (MAT)
• ½ million Part D recipients received high amounts of opioids
• 20% of high opioid group are at serious risk
• Medicare generally doesn’t pay for treatment
• Doctor shopping
  4 or more providers or pharmacies

Benzo and Opioid Risks

• Exposure
• Excessive sedation
• Falls
• Cognitive Impairment

(SAMSHA, 2011)

Opioid Deaths

• 2000 to 2015, the number of opioid deaths quadrupled
• 55-64 year olds increased eight-fold
• 65-74 year olds increased seven-fold
• Benzos were involved in 1/3 of opioid deaths
• During past 10 years opioid misuse doubled in 50+
• While Medicare will pay for opioids it may not pay for treatment
Incorrect Diagnoses

• "Causes of many overdoses over 60 are written off as age-related."
  - Dr. Andrew Kolodny
    Executive Director, Physicians for Responsible Opioid Prescribing

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The Vicious Cycle

- Opioid or Benzodiazepine Use
- Depression or Anxiety
- Pain
- Not eating or drinking
- Fatigue

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Do No Harm

• Use CDC’s Guideline for Prescribing Opioids for Chronic Pain
Myths

• Opioids are effective long-term for chronic pain
• The risk of addiction is minimal
• Older people are less likely to get addicted
• Taking meds at bedtime reduces risks
• My doctor prescribed it
• There won’t be any discontinuation syndrome

Assessing Risks

• Evaluate risk factors for opioid-related harms
• Check PDMP for high dosages and prescriptions from other providers
• Use urine drug testing to identify prescribed substances and undisclosed use
• Avoid concurrent benzodiazepine and opioid prescribing
• Arrange treatment for opioid use disorder if needed.

www.cdc.gov/drugoverdose/prescribing/guideline.html
Prevalence of Drug Use of People Over 50

- 2.2% reported misusing medications
- 3.3% reported cannabis

2016 National Survey on Drug Use and Health

My Doctor Prescribed It...

What’s the Big Deal?
- Talk about all medication
- Talk about all supplements
- Over the counters
- Brown bag review
- Pharmacist review
At Risk

- Multiple diseases, medications, providers and pharmacies
- Allergies
- Pain
- Sleep problems
- Self medication
- Extended medical treatment

Carol Colleran (Consultant to Hazelden in Naples, Florida) Program Director, author of Aging and Addiction Hazelden, 2002

Medication Compliance

- Vision
- Misunderstanding instructions, hear
  - Opening bottles
  - Handling pills
  - Mental confusion
- Unable to afford
  - Take intermittently
  - Multiple providers
- Water intake
- Common justifications

Difficulty in Diagnosing

- Less objective measures (job, structure, legal, roles)
- Strong shame
- Denial
- Family is not around to report
- User may use less than they did historically
- Other problems mask abuse
- Complexity
### Medical Concerns or Substance Misuse?

- Unexplained bruises
- Heart abnormalities
- Eating poorly
- Speech changes
- Change in sleep patterns
- Shaking
- Disorientation
- Memory loss
- Frequent falls
- Poor coordination
- Headache
- Injuries
- Gastritis
- HIV/AIDS
- Elevated cholesterol
- Blackouts
- Depression
- Irritability
- Fatigue
- Elevated blood glucose
- Heart disease
- Cancer
- Hypertension
- Stroke
- Pancreatitis
- Cirrhosis
- Infections
- Liver problems
- Decrease in immune system

### Physical Signs and Symptoms

- Decrease in activities of daily living
- Health complaints
- Unexplained burns/bruises/falls
- Decreased mobility
- Hygiene concerns
- Malnutrition/weight loss
- Blurred vision
- Slurred speech
- HIV/AIDS
- Increase in sleep
- Loss of function
- Memory loss
- Sleep complaints
- Multiple doctors/pharmacies
- Mixing up appointments
- Chronic health complaints

### Behavioral Changes

- Isolation
- Secretiveness – hiding supply
- Change in friends/loss of friends
- Risky behavior (unprotected sex, driving, walking drunk)
- Missing events/canceling events
- Multiple social hours throughout day
- Multiple medical providers
- Multiple pharmacies
- Nesting
- Giving up activities
Accidental Addicts—Physical

• Misunderstand medications
• Age related changes and medications
  • ↑ body fat
  • ↓ body water content
  • ↓ gastrointestinal tract function
  • ↓ liver and kidney functions
• Neuro-brain more rigid
• Taking multiple medications
• Multiple ailments
• Chronic pain
• Slower mental functions
• Body doesn’t tolerate change as well

Accidental Addicts—Behavior

• Nesting
• Mixing up things—appts/meds
• Multiple medical providers/pharmacies
• Receive poor monitoring of all meds
• Blue pill vs. green pill
• Unintentionally misuse medications
• Risky Behaviors (driving, unprotected sex)
• May not be able to read labels/open bottles
• Secretiveness
• Hiding/Sneaking
• Giving up activities

How to Talk About Concerns

• Preserve dignity
• Non-judgmental
• Shame issues
• “The Will”
• Describe what you see
• Stay away from labels
  • Alcoholic-use “alcohol problem”
  • Addict
  • Quit drinking
FRAMES

- Specific, nonjudgmental Feedback
- Personal Responsibility to change
- Clear Advice and recommendations
- Offer Menu of options
- Use an Empathetic communication style
- Support Self-efficacy

Address Family Concerns

- Get involved when crisis
- Babysitting
- Energy draining
- Caregiver—physically exhausted
- Airing dirty laundry
- Myths of addiction around aging
- Double life—live distance
- No public consequences
- Health-somatic complaints of family
- Family split on action plan
- Tired of it!
Screening Tools

- **CAGE screening**
  - Cut down
  - Annoyed/Angry
  - Guilt/Shame
  - Eye Opener/Earlier

- **Interviews**
- **Knowledge of substance abuse and aging issues**
- **Alcohol Related Problems Survey**
- **www.aboutmydrinking.org**
- **Knowledge of framing addiction**
- **DSM5**
- **Short Michigan Alcoholism Scanning Test-G**
- **IADL–Instrumental Activities of Daily Living**

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Screening Tools

- **Alcohol:**
  - Alcohol Use Disorders Identification Test (AUDIT)
  - Alcohol Use Disorders Identification Test-C (AUDIT-C)
  - National Institute on Alcohol Abuse and Alcoholism (NIAAA) Single-Item Screen
  - Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G)
  - Senior Alcohol Misuse Indicator

- **Cannabis:**
  - Cannabis Use Disorder Identification Test-Revised (CUDIT-R)

- **Multiple substances:**
  - Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST-Lite)
  - Brief Addiction Monitor
  - CAGE Questionnaire Adapted To Include Drugs (CAGE-AID)
  - National Institute on Drug Abuse (NIDA) Quick Screen V1.0

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Co-occurring Disorders

- Depression
- Anxiety
- Bi-polar
- Schizophrenia
- Cognitive Disorders
- PTSD
Mental Health Screening

- Trauma Screening Questionnaire
- Elder Abuse Suspicion Index
- Co-occurring Conditions in General
- Comorbidity Alcohol Risk Evaluation Tool (CARET)
- Cognition
- Mini-Mental Status Exam (MMSE)
- Confusion Assessment Method (CAM)
- Montreal Cognitive Assessment

Screening Tools for mental health concerns

Depression
- Cornell Scale for Depression in Dementia (CSDD)
- Geriatric Depression Scale (GDS)-Short Form
- Patient Health Questionnaire (PHQ)

Anxiety
- Beck Anxiety Inventory (BAI)
- Penn State Worry Questionnaire (PSWQ)
- Obsessive-Compulsive Inventory-Revised

PTSD, Trauma Symptoms, and Abuse
- PTSD Checklist
- Primary Care PTSD Screen for DSM-5

Barriers to Help for People 50+

- Stigma
- Denial
- Shame
- Myths of aging
- Financial concerns
- Skepticism about treatment
- Health care providers
- “The Will”
- Family
- Fear
- Lack of training (professionals)
Health Care Providers Barriers

- Myths
- Detoxification longer
- Takes up beds longer in public settings
- Slower paced
- Ageism
- Like to talk
- Move slower
- Take more time
- Want choices
- Like own environment
- Residential Models
- Minimal .5 ASAM Interventions

Myths of Addiction for people 50+

- It’s life’s last pleasure
- He has strong willpower
- The physician prescribes those pills
- She’s too old to change
- Drinking is good for his heart
- You can’t help someone until they want it
- At her age, what difference does it make
- She’s enjoying life—it’s all she has
- Less likely to recovery

Treatment Options

- Explore least intensive first
- Brief intervention
- Intervention
- Motivational counseling
- Detoxification
- Treatment settings
  - Outpatient
  - Day treatment
  - Residential
  - Hospital based
Most Serious Detox Needs
• Alcohol
• Benzodiazepines
• Opiates
• Aging Individuals

Limited Medical Detox Needs
• Marijuana
• Cocaine
• Meth

Medication Interventions

Alcohol
• Acamprosate
• Disulfiram
• Naltrexone

Opioids
• Naltrexone
• Buprenorphine
• Methadone

Medical
• Thorough Medical Screening
• Chronic Pain
• Dementia
• Multiple Medications
• Medicare
• Funding
Spirituality Concerns

- Purpose
- Meaning
- Spirituality after 70 is different
- Understanding of Higher Power
- Understanding keeps changing
- End of life as we know it

Education or Therapy

- Describe the purpose of group
- May be polite rather than honest
- May not confront denial
- Sidestep difficult issues
- Women defer to men
- Frequently give advice vs. insight
- May need to leave room (bladder)
- May need to stand or walk (pain)
- Hearing concerns

Women at 50+

- Rewired for self-reflection
- Empty nest
- Resurgence of eating disorders
- Perimenopause and menopause
- Old trauma may surface
- Sexual dysfunction
- Looking for fountain of youth
## Recovery Planning

- **Medicines**
- **Assertive linkages**
- **Aging Services**
- **Wrap around services**
- **Mental health services**
- **Recovery Support Groups**
- **Transportation**
- **Medical**

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### References

1. Administration on Aging, Substance Abuse and Mental Health Services Administration (2012). Issue Brief 5: Prescription Medication Misuse, and Abuse among Older Adults.