

THE HIDDEN EPIDEMIC: ALCOHOL AND SUBSTANCE USE DISORDERS AMONG OLDER-ADULTS

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Data from
the National
Survey on
Drug Use
and Health

Older Adults
Aged 65+

1 million older adults suffer
from a substance abuse problem.

Of the 2.2 million adults aged 50+

54% used marijuana.

28% misused Rx drugs.

17% used an illicit drug.

Heroin use has **doubled**.

Alcohol Use Among Older Adults

Data from the National Survey on Drug Use and Health indicate that approximately 20% of adults aged 60-64 and 11% of adults aged 65 and over report alcohol use.

Alcohol Use Among Older Adults

- 2 out of 3 (67%) older-adults aged 50 to 80 occasionally consumed alcohol.
- 77% of older-adults drinks 1-2 drinks on a typical day.
- 17% consumed 3-4 drinks, while 6% had more than 5.

Alcohol Use Among Older Adults

- Despite relatively low to moderate alcohol consumption among older-adults, recent surveys show an increase in the number who exceeded the recommended alcohol guideline.
- 27% had more than 6 drinks on one occasion, while 7% admittedly drank alcohol that led to blackouts.

Recommended Alcohol Use Guidelines

Older adults who chose to drink should consider drinking in moderation.

- 2 drinks or less in a day for men.
- 1 drink or less in a day for women.

[The "Dietary Guidelines for Americans 2020-2025," U.S. Department of Health and Human Services and U.S. Department of Agriculture](#)

Defining Addiction

- Chronic disease characterized by compulsive, or uncontrollable, drug seeking and use despite harmful consequences.
- Causes changes in the brain that can be long-lasting and lead to the harmful behaviors.
- Relapsing disease.

Defining Addiction

A condition that robs the person of the choice and dictates the frequency, the quantity, and the nature of alcohol and drug use.

The difference between addiction and abuse is the lack of freedom of choice and control.

Bill Moyers, Hijacked Brain

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Illicit Drug Use Defined

Refers to the use of illegal drugs, including marijuana according to federal law, and misuse of prescription medications.

“Medical Model”

Bio/psycho/social disease which is chronic, progressive, relapsing, incurable and without intervention can become potentially fatal.

Substance Use Disorder (SUD)

DSM-V

- Categorizes a variety of substance use disorders separately; criteria provides a gradation of severity within each diagnostic category.
- Previous editions, identified two separate categories “substance abuse” and “substance dependence,” the DSM-V combines them into one.

Substance Use Disorder (SUD)

DSM-V

- Couple of changes made to the diagnostic criteria, adds Gambling Disorder to the chapter.
- Removed the terms “abuse” and “dependence” included the term “addiction” for the first time.

Irrelevance of DSM Criteria

- Physicians rely on the criteria outlined by the DSM to diagnose substance abuse disorder in the general population.
- Main reason for misdiagnosis and lack of treatment of older adults, these criteria are less relevant to them.

Continued Use

The DSM criterion related to continued use of the substance despite recurrent or persistent problems may not apply to many older adults who do not realize that these problems, such as depression, are related to alcohol use or misuse of prescription drugs.

Loss of Interest

- The DSM criterion related to giving up or reducing important social, recreational, or occupational activities in favor of substance use is similarly inapplicable.
- Older adults engage in fewer activities regardless of whether substance use is present or not, making it difficult to establish if this criterion is met.

Substance Use Related Activities

- The DSM criterion related to spending a lot of time on activities necessary to obtain and use a substance or recover from its effects is irrelevant to older adults.
- Effects of substance use are evident after consuming relatively small amounts.

Early-Onset Addiction

- Abuse started before age 65
- Tend to have many more mental and physical problems that require treatment than their late-onset counterparts.
- 66% of cases of elderly alcohol abuse.

Early-Onset Addiction

- The reasons for this type of addiction involve tolerant attitudes toward substance use, family conflict, and financial troubles.
- More common among seniors without college degrees.

Late-Onset Addiction

- Alcoholism and drug abuse which develops after 65.
- Triggers include retirement, loss of income, death of a loved one/spouse, placement in a nursing home or relocation in general, trouble sleeping, and health decline.

Late-Onset Addiction

- Most common health problems: depression, major surgeries, and memory loss.
- Experience **fewer** physical and emotional health problems than early-onset counterparts.

Late-Onset Addiction

- **1/3** of older individuals suffering from alcohol use disorder developed the problem later in life.
- **25%** of all elderly patients with a substance abuse.

Substance Abuse

Refers to the use of any chemical substance, whether legal or illegal, in ways that cause physical, mental, emotional or social harm to a person or people close to him/her.

Preoccupation with drugs and an abiding desire to acquire a supply.

Manifests itself in escalating use despite negative consequences.

Negative Consequences

Major interruptions in major life functions such as:

- ✓ Deteriorating biological and physical health
- ✓ Decompensation in mental health
- ✓ Conflict with family relationships, friendships or end of relationships
- ✓ Involvement with legal system
- ✓ Negative impacts on employment
- ✓ Interruption in education/school

Safety Issues

Increased risk of household-related accidents, like falls, bone fractures, burns, other unintentional injuries, and STDS, including HIV.

Falls

- Physical, sensory, and cognitive changes that take place as a person age increases the risk of falls.
- Adults aged 60+ suffer the greatest number of fatal falls.
- Alcohol increases the risk of falling because it can lead to balance problems and increases the rate of hip fractures.

Falls

- 1/3 of older adults who fall suffer moderate to severe injuries, including bruises, fractures, and head trauma (TBI).
- Misuse of prescription drug use indirectly causes up to 14% of hip fractures in adults aged 60+.

STDs (CDC)

- Rising problem among the elderly living in senior living communities.
- Excessive drinking is a factor in the spread of STDs among older adults.
- Rates of chlamydia, gonorrhea, and syphilis among U.S. adults aged 65+ has nearly doubled in the past 10 years.

Driving

- Diving becomes riskier with age, starting at age 55, the possibility of traffic accidents increases regardless of alcohol consumption.
- Drinking alcohol compounds the risk because it impacts reaction time, coordination, eye movement, and information processing abilities.

Alcohol Abuse Among Adults Aged 65+

- Nearly 1 million adults live with a SUD.
- Alcohol is the most used drug. 65% of people report high-risk drinking, defined as exceeding daily guidelines at least weekly in the past year.
- Between 4-9% use prescription opioid medications for pain relief.
- More than 1/10 binge drink.

Data from the National Survey on Drug Use and Health

The size of the older adult population is increasing rapidly.

Alcohol use among older adults is increasing, approximately 20% of adults aged 60-64 abuse alcohol

11% over age 65 report current binge drinking.

Data from the National Survey on Drug Use and Health

The size of the older adult population is increasing rapidly.

Alcohol use among older adults is also increasing. indicate that approximately 20% of adults aged 60-64 and around 11% over age 65 report current binge drinking.

Older adults can experience a variety of problems from drinking alcohol, especially those who:

- Take certain medications
- Have health problems
- Drink heavily

Binge Drinking

- Consuming enough alcohol to bring a person's blood alcohol concentration (BAC) to **0.08 g/dl or above**. (CDC)
- Drinking **5 or more** drinks on the same occasion for **men**, and **4 or more drinks** on the same occasion for **women**.
- **1 out of 10** of adults aged 65+ currently binge drink.

Alcohol and Aging

- There is no hard evidence that proves alcohol causes premature aging.
- There are some indications that suggest alcohol's role in creating visible signs of aging.
- The American Academy of Dermatology Association points to genetics, environmental and lifestyle choices, such as the consumption of alcohol, as causes for the premature aging of skin.

Alcohol and Aging

- Brains are more sensitive to alcohol and drugs.
- Lowers the body's tolerance for alcohol. Takes less to feel effects.
- Metabolizes substances more slowly.
- Experience the effects of alcohol faster than when we were younger.

Alcohol and Aging

- As a person ages, total body water and lean body mass decrease.
- Liver processes alcohol more slowly.
- Brain neuronal receptor sensitivity to alcohol and blood-brain barrier permeability increase.

Alcohol and Aging

- Older adults have higher blood alcohol concentrations (BAC) than younger adults.
- Suffer more significant impairment and are less aware of it.
- Causes functional impairment, compromising ability to perform everyday tasks such as shopping, cleaning, and cooking.

Alcohol and Aging

- Alcohol dehydrogenase: reduced activity of an enzyme that breaks down alcohol.
- Can lead to relatively increased levels of alcohol in the bloodstream over a longer time.
- Decline of lean body mass results in higher peak BAC after consuming only a few drinks.

Alcohol and Aging

- Dehydration: the sense of thirst diminishes.
- Renal function declines.
- Body mass changes
- Balance of water and sodium in the body shifts.
- Interactions with Rx medications.

Older Adults and Rx Medications

- Higher rate of exposure to potentially addictive medications.
- Study of **3,000** adults aged 57-85 showed common mixing of prescription medicines, nonprescription drugs, and dietary supplements.
- More than **80%** use at least one prescription medication daily.
- **70%** use OTC medications daily.

Older Adults and Rx Medications

- Adults 65+ use 3X as many medications as those under 65.
- Average 2-3 serious medication errors per month.
- Even those who understand and agree with treatment are only 75% compliant.
- 40% don't follow prescription directions.

Older Adults and Rx Medications

- **1/4** of nursing home admissions occur because the patient is unable to manage their medications.
- Nearly **1/2** use more than **five** medications or supplements.
- **1 in 25** people in this age group at risk for a major drug-drug interaction.

Older Adults and Psychoactive Rx

- Largest consumers of psychoactive drugs.
- 10% use antidepressants.
- 20% use tranquilizers daily.

Impact of Rx Medicines on Aging

- The same biologic changes that exacerbate the effect of alcohol among seniors also enhance the effects of Rx drugs.
- Process benzodiazepines and opiates differently than younger people.
- Benzodiazepines and tranquilizers can cause excessive sedation.
- These drugs act on their bodies longer because of less lean muscle mass.

Dangerous Alcohol and Drug Interactions

Rx, OTC medications, and some herbal remedies **do not mix well with alcohol.**

When taken with alcohol, some medications can become dangerous or even deadly.

One study found that **1 in 5** older adult drinkers took medications that could have negative interactions with alcohol.

Dangerous Alcohol and Drug Interactions

- According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), medications that can dangerously interact with alcohol include:
- Aspirin.
- Acetaminophen.
- Cold and allergy medicine.
- Benadryl, antihistamines

Dangerous Alcohol and Drug Interactions

- Cough syrup.
- Sleeping pills.
- Pain medication.
- Mood stabilizers and anti-anxiety medications.
- Antidepressants and antipsychotics.
- Herbal remedies (such as kava kava, St. John's wort, chamomile, valerian root, and lavender).

Alcohol-induced Deaths in Adults Aged 65 and Over: United States, 2019 and 2020

- In 2020, alcohol-induced causes were recorded as the underlying cause of death for 11,616 adults aged 65 and over.
- Although these deaths comprise less than 1% of all deaths in this age group, age-adjusted death rates for alcohol-induced causes have been increasing since 2011.
- Rose by 18.2% from 2019 to 2020.

77 million babies born during boom years of 1946-1964.



In 2011, the oldest baby boomers started turning 65, at rate 10,000/day

1 in 4 Americans (25-28%) is a baby boomer, largest population group in U.S. history.

On average expect to live to 83.

Baby Boomers (1946-1964)

Tolerant toward alcohol and drug use: large part of the population has a history of using illicit drugs.

Sex, Drug & Rock-n-Roll Generation

Woodstock, Sexual Revolution



Baby Boomers (1946-1964)

Turn to illicit drugs to cope with trauma and grief and loss issues such as the death of a spouse, divorce, or the end of a career.

Pre-existing histories of illicit drug use.

Some Baby Boomers never stopped using

More alcohol/drug use means more problems. .

Baby Boomers (1946-1964)

Due to heightened exposure to alcohol and illegal drugs, increased acceptance about using substances to cure things.

Higher rates of lifetime alcohol and drug use than the previous generation, and evidence suggests that these higher rates will persist as the group ages.

Hidden Epidemic

Addiction is a common issue affecting Americans, including people who are over the age of 65.

Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest growing health problems facing the country.

Hidden Epidemic

- Even as the number of older adults suffering from these disorders' climbs, the situation remains underestimated, under identified, underdiagnosed, and undertreated.
- Don't always disclose truthful alcohol consumption to their physicians, so doctors may miss screening them for substance abuse.

Misdiagnosed

Doctors and mental health professionals often have stereotypes of people with addiction as being young people who are engaged in illicit drug use.

This makes them less likely to consider addiction in older adults, and more likely to overlook signs and symptoms of addiction.

Misdiagnosed

- SUD symptoms often confused with other chronic health conditions or with natural, age-related changes.
- Doctors may overlook signs that would indicate prescription drug abuse in older adults, including frequent doctor visits, running out of medication early, doctor shopping, or having multiple controlled medications prescribed.

Characteristics of older adults with substance use issues

- Grossly underserved, do not seek services in traditional service settings.
- Lack of awareness by professionals, society, family, and older adults prevent detection and treatment.
- Baby Boomers have less hesitation about using substances recreationally and for coping with the aging process.

Alcohol

- Alcohol is the drug of choice for older adults.
- One of the most damaging drugs to the human body.
- More patients 65+ are admitted to hospitals for alcohol problems than for heart attacks.

Alcohol

Regardless of age, alcohol can have a detrimental effect on all bodily organs, including the brain, cardiovascular system, liver, pancreas, and immune system.

Signs of Alcohol Abuse

- Cognitive decline.
- Neglecting self-care.
- Missing medical appointments.
- Neglect of or non-adherence with recommended medical treatment.
- Uncontrolled hypertension.
- Recurring falls or accidents.

Illicit Drug Use Aged 65+

- Experience reduced tolerance due to age-related physiologic changes that augment the effects of alcohol and other drugs.
- Persistent pain may be more complicated in older adults experiencing other health conditions.

Illicit Drug Use Aged 65+

- Between **4-9%** use prescription opioid medications for pain relief.
- Up to **80%** of patients with advanced cancer report pain, as well as **77%** of heart disease patients, and up to **40%** of outpatients.

Increased Health Problems

Older adults may be more likely to experience mood disorders, lung and heart problems, or memory issues.

Drugs can worsen these conditions, exacerbating the negative health consequences of substance use.

Cardiovascular

- Excessive alcohol consumption damages the heart and negatively impacts the cardiovascular system.
- Chronic drinking increases the risk of heart disease and death.

Cardiovascular Problems Associated with Alcohol Abuse

- Alcoholic cardiomyopathy
- Cardiac hypertrophy (enlarged heart)
- Cardiac fibrosis
- Cardiac arrhythmias
- Tachycardia (rapid heartbeat)
- Hypertension (high blood pressure)

Wernicke-Korsakoff Syndrome

- Alcohol-related brain damage.
- 80% of people who abuse alcohol are thiamine deficient.
- Symptoms: confusion, optical nerve paralysis, and muscle coordination problems.
- Long-term learning and memory problems.

GI Tract and Ulcers

- When alcohol irritates the gastrointestinal tract (GI), it can lead to alcohol-induced stomach inflammation. (alcoholic-gastritis)
- Progress to ulcers and stomach cancer.
- Certain medications and abstinence help heal stomach ulcers and prevent them from worsening.

The Liver

- Primarily responsible for metabolizing alcohol.
- Chronic or heavy alcohol abuse can lead to a range of liver disease, including fatty liver, cirrhosis, and liver cancer.
- Depending on the extent of the damage, some types of liver damage may be reversible.

The Liver

- Abstinence allows the liver to recover from alcohol damage.
- Abstaining from alcohol for 2 to 3 weeks may completely resolve hepatic steatosis.
- Quitting drinking also improves survival rates for people with cirrhosis.

Increased Health Problems

Diabetes

Osteoporosis
(low bone density)

Irritable colon

Varicose veins

GI tract and Ulcers

Increased Health Problems

- Small or large intestine.
- Chronic bladder inflammation.
- Irritable colon and bladder inflammation have been linked to colon cancer.

Increased Health Problems

High blood pressure

Memory problems

Mood disorders

Congestive heart failure

Liver problems

Increased Health Problems

Neurological complications

Mood disorders

MH Decompensation

Self-medication

(Bipolar, Depression, and
Schizophrenia)

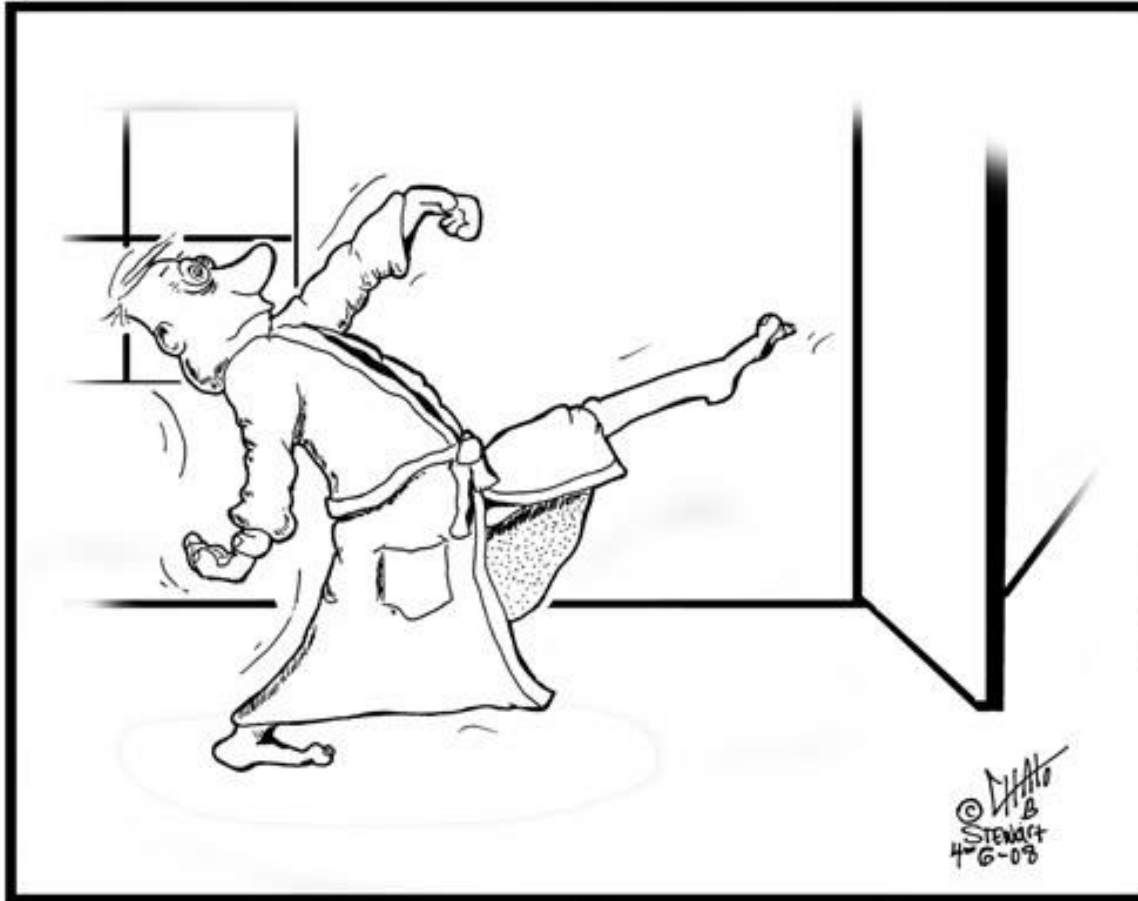
Comorbidity

MICA

Dual Diagnosis

- Coexistence of elderly addiction and mental illness prevalence is estimated at **44%** on average.
- 25% older adults who abuse drugs and/or alcohol also suffers from comorbid depression.
- Anxiety disorders and cognitive disorders occur in 10% to 15% of seniors who abuse drugs.

(Survey by Bartels published in the Journal of Dual Diagnoses.)



Dancing the Medication Mambo

If you only remember ONE thing, remember that behavior is communication!



Among people 50+ with substance abuse problems, men are more likely to abuse alcohol and women are more likely to abuse prescription drugs.

Higher risk of abusing drugs or alcohol in your later years:

- If you are white
- Have a higher income
- Live alone
- Have a higher income



Higher risk of abusing drugs or alcohol in your later years:

- Lose your spouse
- Retired unexpectedly or were laid off
- Have long-lasting (chronic) pain
- Are disabled
- Have a history of substance abuse or mental illness



Other Risk Factors

- Social isolation and loneliness
- Sleep problems
- Family conflicts
- Financial concerns
- LGBTQ+

Aging- Related Losses

- ✓ Employment (Identity)
- ✓ Social economic status
- ✓ Downsizing: space and possessions
- ✓ Independence (driving, mobility)
- ✓ Divorce/separation
- ✓ Social isolation

Aging- Related Losses

- ✓ Deteriorating biological, physical and mental health
- ✓ Onset of chronic multiple illnesses (diabetes, COPD, HBP, heart disease)
- ✓ Grief & loss: death of spouse, family members, friends, and pets. (Social support network)

Signs of Substance Abuse

- Slurred speech
- Unexplained injuries and bruises
- Memory loss or confusion
- Sleep problems
- Anxiety, depression, and mood swings

Signs of Substance Abuse

- Loss of interest in hobbies or pleasurable activities
- Poor hygiene
- Less contact with friends and family
- Frequent visits to the ER

Signs of Substance Abuse

- Unexpected delirium during any hospitalizations (i.e., alcohol withdrawal delirium)
- Family estrangement
- Unexplained and frequent falls
- Solitary or secretive drinking

Signs of Substance Abuse

- A ritual of drinking before, with, or after dinner
- Empty liquor and beer bottles.
- Drinking despite warning labels on prescription drugs
- Frequent use of tranquilizers

Signs of Substance Abuse

- Smell of alcohol on breath and clothes.
- Change in personal appearance.
- Chronic and unsupported health complaints.
- Consuming alcohol despite labels on prescription drugs warning about a possible interaction.

Physical Symptoms

Drug abuse's most common physical symptoms are:

- Poor hygiene.
- Incontinence.
- Impaired self-care.
- Increased tolerance or unusual response to drug/medicine.

Physical Symptoms

- Dizziness.
- Poor nutrition.
- Sensory deficits.
- Idiopathic seizures.
- Blackouts.
- Chronic pain complaints.

Psychiatric Symptoms

- Insomnia and other sleep disturbances.
- Anxiety.
- Rapid mood swings, and depression.

Psychiatric Symptoms

- Become angrier or more withdrawn.
- Appear forgetful and confused.
- Talk about a drug and be afraid to go anywhere without it.

Cognitive Symptoms

- Cognitive impairment.
- Disorientation and memory loss.
- Recent decision-making difficulties, which could be evident to family members.
- May go unnoticed because they are typical of old age.

Social Symptoms

- Sudden social isolation.
- Family, legal, or financial troubles.
- Borrowing medication from others.

Social Symptoms

- Getting a prescription for the same drug from two or more doctors, filling a prescription for the same drug at two or more pharmacies.
- Arbitrarily increasing the frequency or amount of their dose.

Interruptions in Social Roles

- May be less noticeable or likely to occur at this stage of life.
- With age, one departs from these roles naturally in most cases, such as through social isolation due to age-group peer mortality or retirement.

Other Symptoms

- Gets defensive when you ask about their medicine or your concerns.
- Make excuses for why they need the drug.
- Stores/hoards extra pills on their body, around their home, and hides or sneaks medicine.
- Be particularly vigilant of those with previous history of drug or alcohol abuse treatment.

The Good News

Behavioral therapies and medications have been successful in treating older adults.

Self-Help and 12-Step Groups:
SIS: Seniors in Recovery, age appropriate, gender, specific MICA, and LGBTQ+ etc.

The Good News

- Some neurological issues improve when drinking stops.
- The extent of alcohol-related brain damage and whether it can be reversed depends on different factors, including how much, how often, and for how long alcohol was consumed, and the individual's overall health. (NIAA)

Factors preventing screening and subsequent identification

- Stigma and shame
- Inconvenience of assessing for addiction.
- Clinicians have too little time to screen for more than one potential issue or illness.

Treatment Barriers

- Similarities of the SUD symptoms to other diseases common in late adulthood.
- Older adults have trouble identifying risky behaviors surrounding alcohol and prescription drug use, making it even harder to establish that such behavior is occurring.

Misdiagnosis and Lack of Treatment

- Substance use disorders often go unnoticed and undiagnosed.
- Reduces the likelihood that they will get the treatment they need.
- SUD mimic symptoms of other physical or psychiatric disorders, such as diabetes, Alzheimer's, or depression.

Misdiagnosis and Lack of Treatment

- Doctors often chalk signs of addiction up to “old age.”
- Older adults are unlikely to be screened for drug or alcohol abuse.
- 1% of primary care physicians take the possibility of substance abuse in older adults into account.

Challenges in Diagnosis and Assessment

- Older-adults are more likely to hide their substance abuse and less likely to seek professional help.
- Symptoms may be masked by aging or MH related conditions.
- Family members don't want to confront elderly parents.
- Friends and neighbors don't want to interfere.

Challenges in Diagnosis and Assessment

- Presentation of alcohol use disorders are atypical (such as falls, confusion, depression) or masked by co-morbid physical or psychiatric illness, makes detection more difficult.
- Healthcare providers often do not have time to ask questions necessary to identify older-adults experiencing substance abuse problems.

Challenges in Diagnosis and Assessment

- Family members, caregivers, and clinicians' complicity in the abuse process contributes to perpetuation of substance abuse.
- Family members may be ashamed and embarrassed and uncertain about what to do. (Private matter)
- Denial, enabling, co-dependency issues.

Family's Role

- A family's attention to the older-adult daily life can be extremely helpful in identifying medical and social problems.
- Play a crucial role in supporting the recovery of their loved ones and relapse prevention.
- Should communicate with the elderly in a respectful, empathic way.

Family Communication

Many relatives, particularly their adult children, are ashamed of the problem and choose not to address it.

Unspoken but pervasive assumption that it's not worth treating older adults for substance use disorders.

“What’s the harm, let him/her enjoy whatever time they have left.”

Family Communication

- Impression that alcohol or substance abuse problems cannot be successfully treated.
- Assumption that treatment for this population is a waste of health care resources.

Family Communication

- Communication should be clear and straightforward.
- Easy to get frustrated with an older person abusing substances, sometimes more so than with one in another age group, because they're can become very defensive and are often set in their ways.

Challenges in Diagnosis and Assessment

- Lack of addiction and behavioral health service providers motivated to work with older adults.
- Current treatment facilities lack appropriate pace and content for older- adults.

Real Life Scenario

In her early years, Eva would probably have been called a "teetotaler." Except for an infrequent sip of wine on special occasions, she never drank alcoholic beverages. But after her children moved away and her husband and many of her close friends died, Eva turned to the bottle for escape and companionship.

Now in her late 70s, Eva is an alcoholic.

Real Life Scenario

An adult child suspects that a parent is drinking a bit too much, their attitude is "Why bother to change things now?" or "A little alcohol won't hurt, and it may make the days a little kinder for mom"

Denying or dismissing this problem is an unfortunate response to an otherwise treatable problem.

The Role of Service Coordinator

- Identify treatment providers
- Research insurance coverage, identify options.
- Assess literacy and language needs
- Assess sensory needs: visual aids and amplification
- Assess transportation needs
- Medicare or other Insurance options.

Support

While you can't force someone with a drinking problem to get help, you can communicate your concern with support and compassion.

Talk

Talk to them and let them know that you're worried about their drinking and the impact it has on their health and well-being.

Be direct but be kind and don't judge.

Share

Share facts and information from this article about the effects of alcohol on older adults.

Encourage

- Often do not realize they need help.
- They may say they are fine.
- Encourage them to talk to their doctor.
- Offer to help them find treatment.

Addressing the Concern

“Your trouble sleeping, the difficulty in controlling your blood pressure, and the recent problems at home with your family make me concerned that alcohol may be the main problem. I would like to discuss this possibility with you some more.”

Principles of Effective Treatment

- Addiction is a complex but treatable disease that affects brain function and behavior.
- No single treatment is right for everyone.
- People need to have quick access to treatment.

Principles of Effective Treatment

- Effective treatment addresses all of the patient's needs, not just his or her drug use.
- Staying in treatment long enough is critical.
- Counseling and other behavioral therapies are the most used forms of treatment.

Principles of Effective Treatment

- Medications are often an important part of treatment, especially when combined with behavioral health.
- Treatment plans must be reviewed often and modified to fit the patient's changing needs.
- Treatment should address other possible mental disorders.

Principles of Effective Treatment

- Medically assisted detoxification is only the first stage of treatment.
- Drug use during treatment must be monitored continuously.
- Treatment programs should test patients for HIV/AIDS, hepatitis B and C, tuberculosis, and other infectious diseases.
- Teach them about steps they can take to reduce their risk of these illnesses.

Treatment Options

- Vary depending on the level of medical care needed.
- Educational and preventative services and support, medical detox, outpatient or inpatient treatment.
- Peer led self-help or 12-step program meeting such as Alcoholic Anonymous.

Seniors in Sobriety

12-Step meetings with same-age cohorts enable peer bonding, provide mutual support, and help establish peer sobriety networks.

Effective Treatment Strategies

- Counseling and treatment for substance abuse in same age settings. (SIS Seniors in Sobriety 12-step meetings/peer groups)
- Create a safe environment for asking questions.
- Keep explanations simple, rephrase, repeat.

Effective Treatment Strategies

- Develop a medication inventory of prescribed and OTC medications and bring to a local pharmacist where a drug interaction list can be generated.
- Increase activity level and social interactions.
- Participation in senior centers and volunteer work, ways to increase companionship, self esteem and decrease boredom.

Effective Treatment Strategies

- Diagnosis and management of other chronic conditions.
- Re-build social support networks.
- Access to medical services.
- Case management/Service coordination.
- Evidence-based training.

Points to 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.

Points to Remember

- 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.
- Most admissions to substance use treatment centers in this age group are for alcohol.
- Many behavioral therapies and medications have been successful in treating substance use disorders, although medications are underutilized.

Points to Remember

- It's never too late, quitting can improve quality of life and future health.
- More science is needed on the effects of substance use on the aging brain and effective models of care.
- Providers may confuse symptoms of substance use with other symptoms of aging, e.g., chronic health conditions or reactions to stressful, life-changing events.

Points to Remember

Alcohol and drug use has robbed many older-adults of hope, dignity, and the ability to cope.

The good news is that with awareness, education and treatment, older-adults have an opportunity to develop a satisfying way of life free from alcohol and drugs and become happily and usefully whole.”

Points to Remember

- Older adults tend to comply with requests to go to treatment, and they finish treatment at a greater rate than younger adults.
- Aging services providers would benefit from increasing their knowledge of geriatric health problems related to substance abuse.

Points to Remember

- Service Coordinators and other concerned aging services providers should talk with their older-adult residents about alcohol and substance abuse.
(provide information and education)
- Make referrals to treatment providers who could administer simple screening tests, recommend treatment options, and have experience working with older-adults.



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- Alcohol, Tobacco, and Other Drugs
- Behavioral Health Treatment and Services
- Behavioral Health Treatment Services Locator
- Disaster Distress Helpline



SAMHSA's National Helpline – [1-800-662-HELP \(4357\)](tel:18006624357)

SAMHSA's National Helpline is a free, confidential, 24/7, 365-day-a-year treatment referral and information service (in English and Spanish) for individuals and families facing mental and/or substance use disorders.

Frequently Asked Questions

SAMHSA

National Helpline

1-800-662-HELP (4357)

English and Spanish
samhsa.gov/treatment

National
Recovery Month

Prevention Works - Treatment is Effective - People Recover

SEPTEMBER 2011

www.samhsa.gov

<http://store.samhsa.gov/product/TIP-26-Substance-Abuse-Among-Older-Adults/SMA08-3918>

Pub id: SMA08-3918

Free

Substance Abuse and Mental Health Services Administration

Center for Substance Abuse Treatment

Substance Abuse Among Older Adults

Treatment Improvement Protocol (TIP) Series

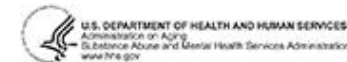
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Linking Older Adults With
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Step by Step Guides to Finding Treatment for Drug Use Disorders

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[A Time for Second Chances](#)



APRIL 26, 2019 | By: [Eric D. Hargan](#), Deputy Secretary of the Department of Health and Human Services

Posted In: [Mental Health and Substance Abuse](#)
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[Community Health Centers Are Fighting on the Front Lines of the Opioid Crisis](#)



SEPTEMBER 21, 2018 | By: [George Sigounas MS, Ph.D.](#), Administrator, Health Resources and Services Administration

Posted In: [Mental Health and Substance Abuse](#) | [Opioids](#)
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National Center for Health Statistics

NCHS Home > FastStats Homepage > Disability and Risk Factors



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- Health Care and Insurance +
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- Disability and Risk Factors -**
-
- Alcohol Use

Illicit Drug Use

Data are for the U.S.

Prevalence

- Percent of persons aged 12 years and over with any illicit drug use in the past month: 11.2% (2017)
- Percent of persons aged 12 years and over with any nonmedical use of a psychotherapeutic drug in the past month: 2.2% (2017)

Source: [Health, United States, 2018, table 20](#)  [PDF - 9.8 MB]