



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

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# 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

# 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 On-Set of 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 On-Set of 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 On-Set of 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 On-Set of Addiction

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

# Late On-Set of Addiction

- 1/3 of older individuals suffering from alcohol use disorder developed the problem later in life.
- 25% of all older adults 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

# Negative Consequences

Major interruptions in major life functions such as:

- Involvement with legal system
- Negative impacts on employment
- Interruption in education/school

# The 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.

# The 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.

# The Hidden Epidemic

- Of the 2.2 million adults aged 50+
- 1 million older adults suffer from a substance abuse problem.
- 54% used marijuana.
- 28% misused Rx drugs.
- 17% used an illicit drug.
- Heroin use has doubled.



- 77 million babies born 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)

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Sex, Drug & Rock-n-Roll Generation  
Woodstock, Sexual Revolution

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





# Baby Boomers (1946-1964)

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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.

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Pre-existing histories of illicit drug use.

Some Baby Boomers never stopped using

More alcohol/drug use means more problems.


# Baby Boomers (1946-1964)

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

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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.



# 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.

# 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.

# 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.

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# Alcohol Use Among Older Adults

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- 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

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- 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.



One Serving of  
Alcohol =

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12 oz. beer

5 oz. wine

2 oz. spirits/liquor

# Recommended Alcohol Use Guidelines

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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](#)

# Signs of Alcohol Abuse

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

# 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+.



# Sexually Transmitted Infections (STIs)

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

# Driving

- Driving 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.

# Data from the National Survey on Drug Use and Health

- The size of the older adult population is increasing rapidly. (Baby Boomers)
- Alcohol use among older adults is increasing, approximately 20% of adults aged 60-64 abuse alcohol.
- 11% over age 65 report current binge drinking.

# Alcohol Abuse Among Adults Aged 65+

- Between 4-9% use prescription opioid medications for pain relief.
- More than 1 in 10 binge drink.

# 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.

# Data from the National Survey on Drug Use and Health

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

- Take certain medications
- Have health problems
- Drink heavily

# 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 Prescription Drugs

- Largest consumers of psychoactive drugs.
- 10% use antidepressants; 20% use tranquilizers daily.
- 1/4 of nursing home admissions occur because the patient is unable to manage their medications.

# Adults 65+

- Use 3X as many medications as those under 65.
- More than 80% use at least one prescription drugs daily.
- 40% don't follow prescription directions.

# Adults 65+

- 70% use OTC medications daily.
- 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.

# Adults 65+

- 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.



# Adults 65+

- Average 2-3 serious medication errors per month.
- Even those who understand and agree with treatment are only 75% compliant.
- Higher rate of exposure to potentially addictive medications.

# Dangerous Alcohol and Drug Interactions

- Some Rx, OTC medications, and herbal remedies do not mix well 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

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- 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.



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

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- Loss of a spouse
- Retired unexpectedly or laid off
- Long-lasting (chronic) pain
- Disability
- History of substance abuse or mental illness



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

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

# 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
- GI problems.

# 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.

# 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.

# Psychiatric Symptoms


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

# 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.
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# 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.

# 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.

# 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

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- Diabetes
- Osteoporosis (low bone density)
- Irritable colon
- Varicose veins
- GI tract and Ulcers
- 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
- 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. )

# Characteristics of older adults with substance use issues

- Baby Boomers have less hesitation about using substances recreationally and for coping with the aging process.

# 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

- 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.



# Factors preventing screening and subsequent identification

- Grossly underserved, do not seek services in traditional service settings.
- Lack of awareness by professionals, society, family, and older adults prevent detection and treatment.

# 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 Tx

- 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 Tx

- 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 she has 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.

# Communication with Resident

- 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.

# 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.

# Role of the Service Coordinator

- Information and referrals.
- Identify treatment providers.
- Research insurance coverage, identify options.
- Assess literacy and language needs.



# Role of the Service Coordinator

- 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 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.

# Support

- 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.”

# 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.

# 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.

# 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

- 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.



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## 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](http://samhsa.gov/treatment)

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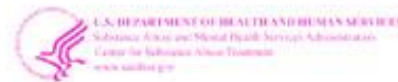
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- Alcohol Use

## 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]