TREATING SUBSTANCE USE DISORDERS IN OLDER ADULTS

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WHO ARE "OLDER ADULTS?"

Americans older than age 55

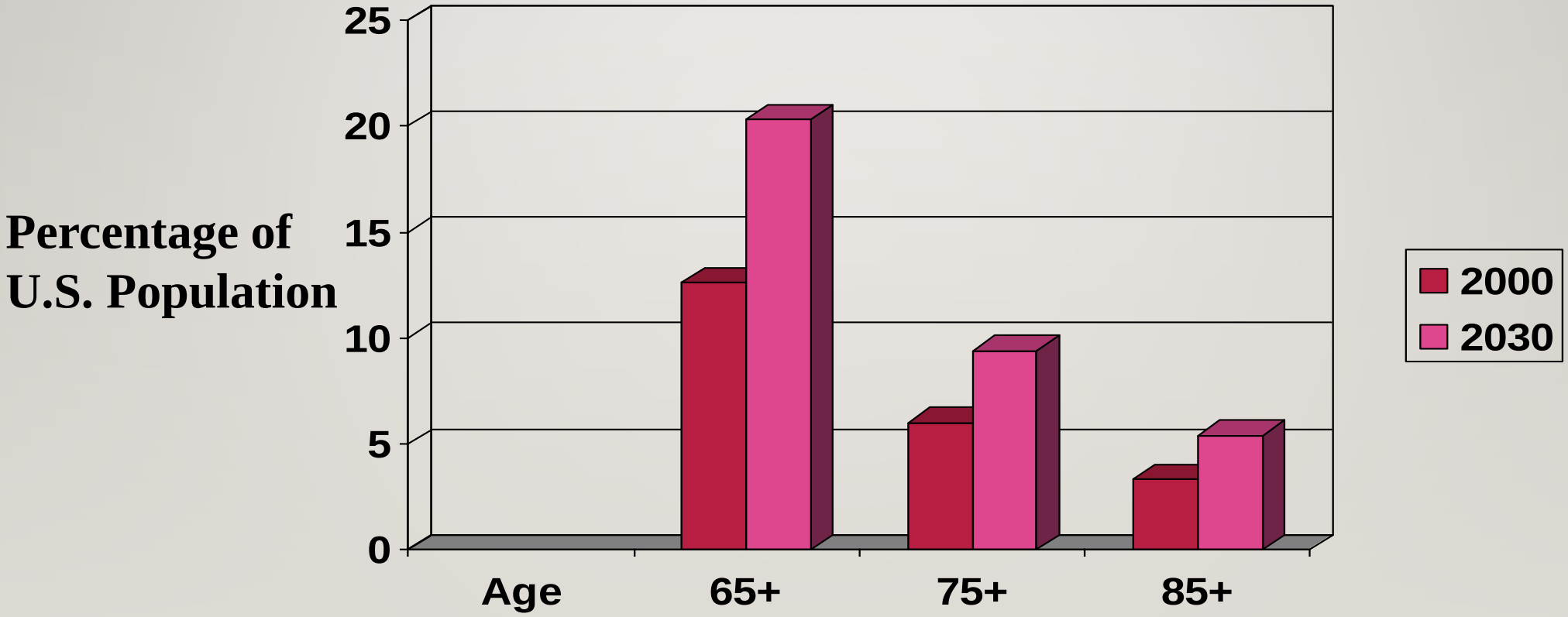
29.1% of U.S. population

59.2 million persons

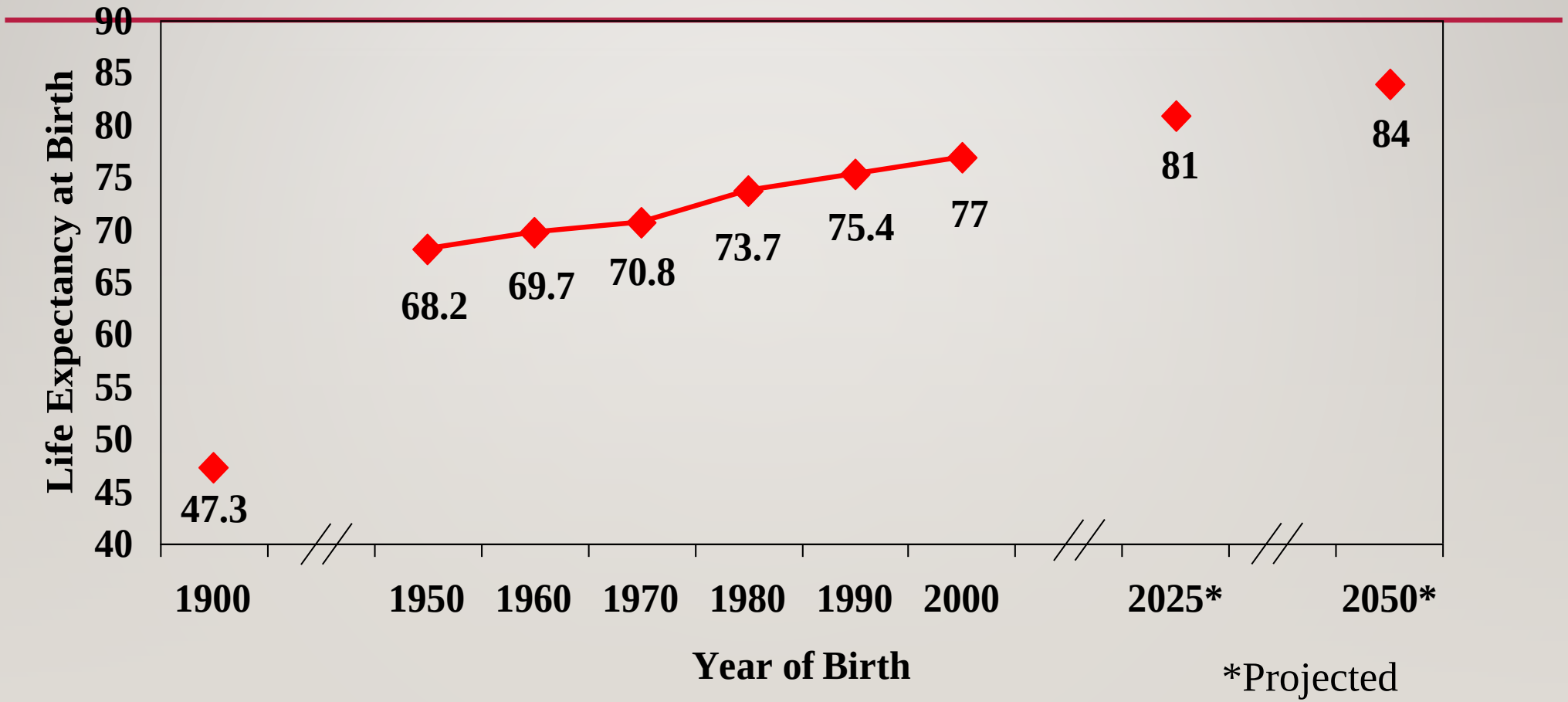
Beware…
The Baby Boomers are getting older!

Village People: 1977
“I wanna join the YMCA”

INCREASE IN OLDER AMERICANS: 2000-2030

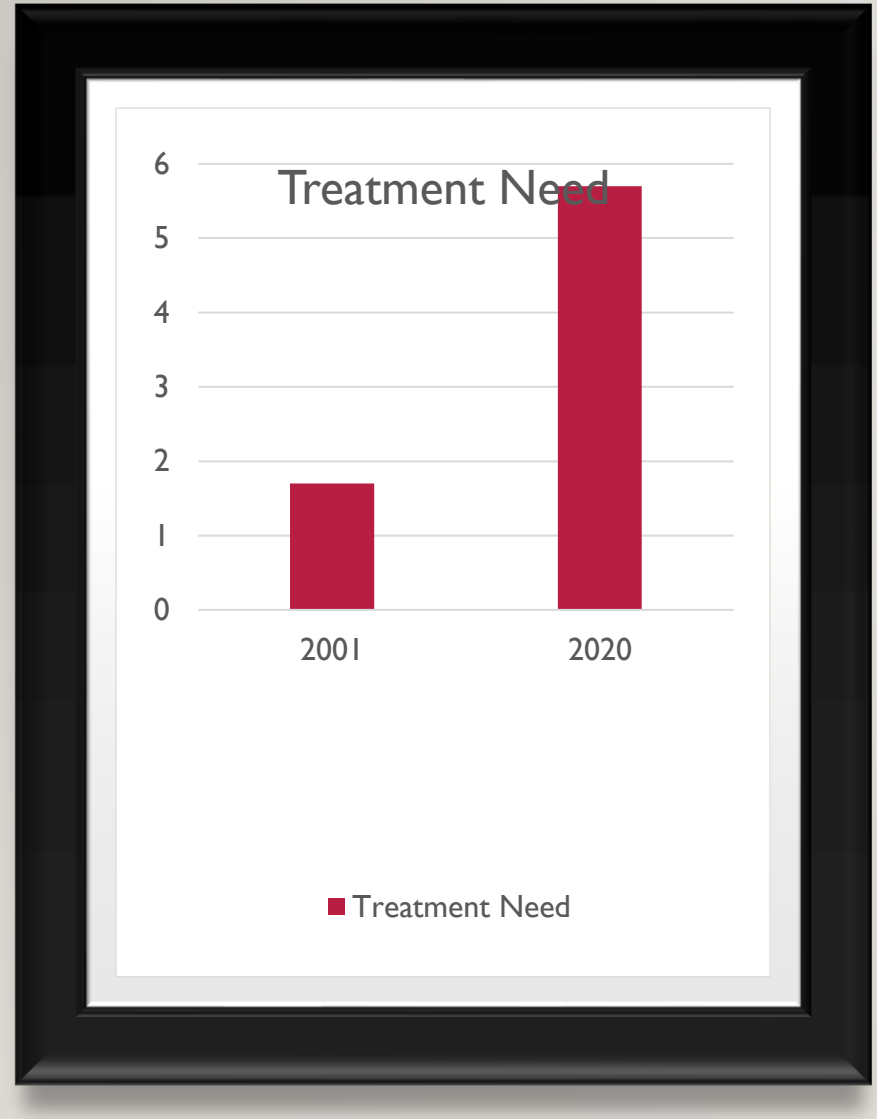


AMERICANS ARE LIVING LONGER



*Projected

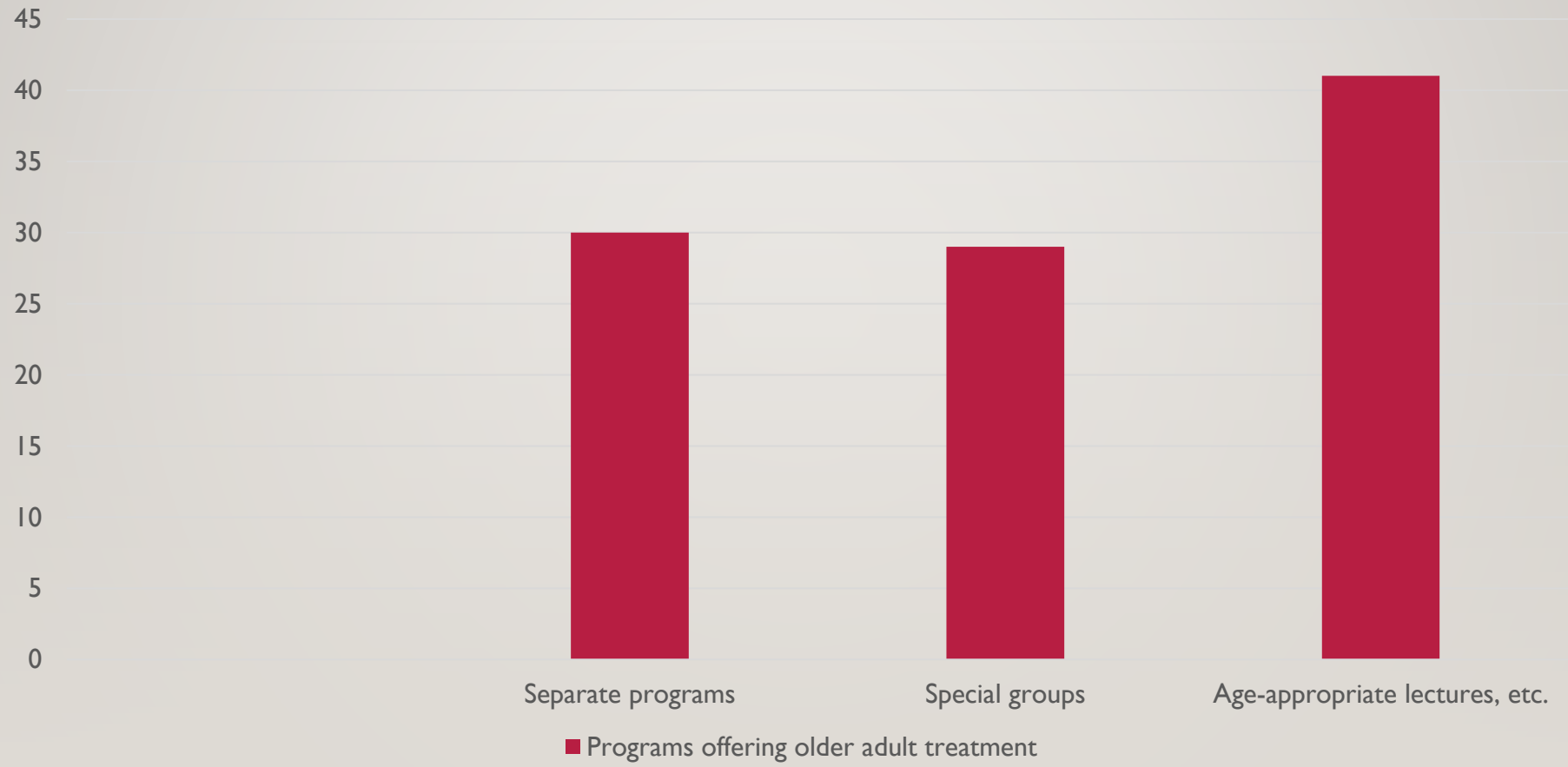
Sources: US Census Bureau and Centers for Disease Control and Prevention



TREATMENT NEED AMONG OLDER AMERICANS

IN 2020, 5.7 MILLION AMERICANS 55+ WERE IN NEED OF SUBSTANCE USE DISORDER TREATMENT

18% OF SUD PROGRAMS OFFER SERVICES FOR OLDER ADULTS



TREATMENT NEED AMONG OLDER AMERICANS

In 2020, 5.7 million Americans 55+ were in need of substance use disorder (addiction) treatment

Number of addiction and mental health professionals working with older adults inadequate

TREATMENT NEED AMONG OLDER AMERICANS

In 2020, 5.7 million Americans 55+ were in need of substance use disorder treatment

Number of addiction and mental health professionals working with older adults inadequate

Ageism exists

AGEISM

- A set of beliefs, attitudes, social institutions and acts that marginalizes individuals based on their chronological age.

Greatest Generation

TWO DISTINCT POPULATIONS

Pre-Baby Boomers (1915-1945)

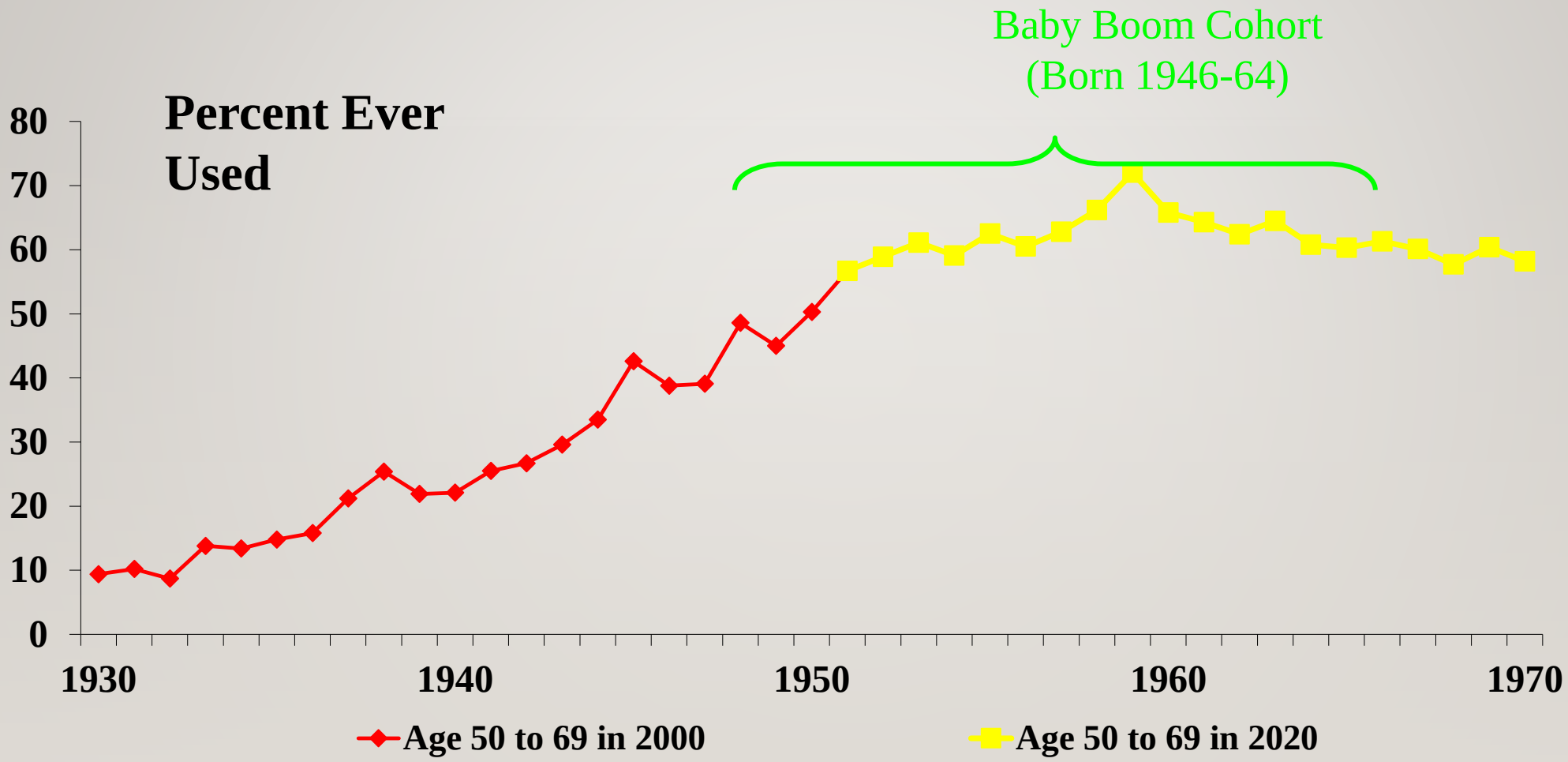
Baby Boomers (1946-1964)

- 1946: Pre-hippie
- 1950: Hippie

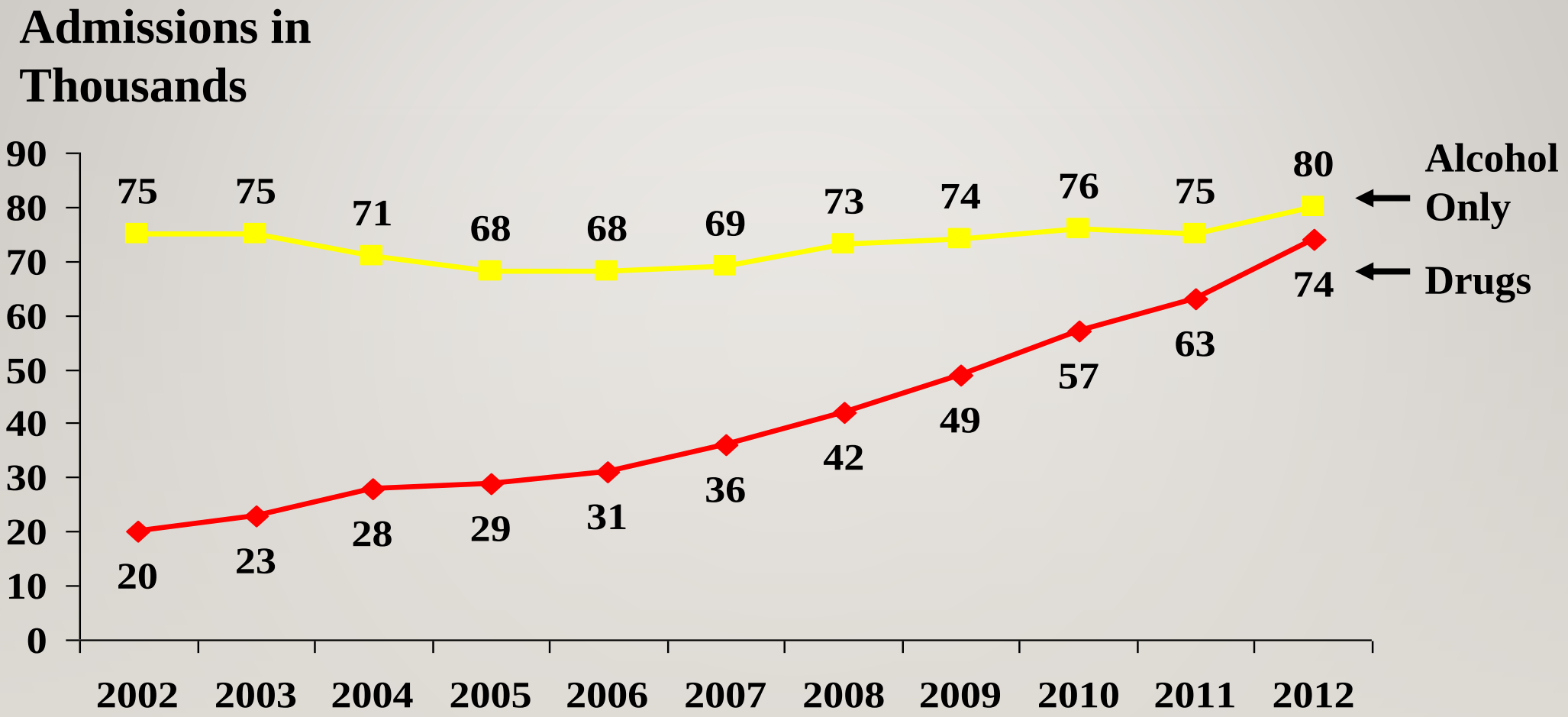
BABY BOOMERS VS. PRE-BABY BOOMERS

Pre-Baby Boomers	Baby Boomers
Team work	Individualism
Save	Spend
Stay with Tradition	Break with Tradition
Marriage First	Sex First
Marriage (forever)	Marriage (disposable)
Drug use the exception	Drug use the norm
Drink at 18-21	Drink at 14-16
Go to war	Protest war
Cultural stagnation	Cultural revolution

LIFETIME USE OF ILLICIT DRUGS, BY YEAR OF BIRTH:



ALCOHOL AND DRUG TREATMENT ADMISSIONS: AGE 50+: 2002-2012



BABY BOOMERS VS. PRE-BABY BOOMERS

Pre-Baby Boomers

Team work

Save

Stay with Tradition

Marriage First

Marriage (forever)

Drug use the exception

Drink at 18-21

Go to war

Cultural stagnation

Baby Boomers

Individualism

Spend

Break with Tradition

Sex First

Marriage (disposable)

Drug use the norm

Drink at 14-16

Protest war

Cultural revolution

ANTICIPATED CHANGES IN ALCOHOL/DRUG USE

- Smaller gap between male and female marijuana users
- Greater use of Rx drugs by males
- Less of a gap between male and female alcohol use disorders

ANTICIPATED CHANGES IN ALCOHOL/DRUG USE

- Greater use of marijuana
- Rx drug use the same or higher
- Increase in "other" illicit drugs
  - Heroin
  - Non-prescription opioids
  - Cocaine
  - MDMA
  - Hallucinogens
  - Ketamine

CANNABIS USE

2016 briefing by CDC indicated greatest increase in use among those 55+ (600% increase 2002-2014)

Among those 65+: 400%

Result: Increase in cannabis use disorders among older adults

ANTICIPATED CHANGES IN ALCOHOL/DRUG USE

- Greater use of marijuana
- Rx drug use the same or higher
- Increase in "other" illicit drugs
  - Heroin
  - Non-Rx opioids
  - Cocaine
  - Hallucinogens

WHAT ARE SOME OF THE PSYCHOSOCIAL FACTORS INFLUENCING OLDER ADULTS?

LIFE CHANGES ASSOCIATED WITH OLDER ADULTHOOD

- Emotional and Social Problems
- Medical Problems
- Practical Problems

ERICKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENT

ERICKSON: PSYCHOSOCIAL CRISIS OF LATER ADULTHOOD

- Ego integrity vs despair
- Modern psychosocial theory added "Elderhood": Immortality vs extinction

INTEGRITY

- How do I find meaning in life given the reality of death?
- Construction of personally satisfying answers to the meaning of life
- Facing the decisions and experiences of the past with acceptance

DESPAIR

- How do I go on given the death of my dreams?
- Feelings of regret
- Haunting desire to be able to do things differently
- Bitterness over how life has turned out
- "What could have been?"
- "What would have been if…."
- Fear of or desire for death

EMOTIONAL AND SOCIAL PROBLEMS

- Bereavement/sadness
- Loss of
  - Friends
  - Family members
  - Social status
  - Occupation and sense of professional identity
  - Hopes for the future
  - Ability to function

EMOTIONAL AND SOCIAL PROBLEMS

- Sense of being a "nonperson”
- Social isolation and loneliness
- Reduced self-regard or self-esteem
- Family conflict and estrangement
- Problems in managing leisure time/boredom

MEDICAL PROBLEMS

- Physical distress
  - Chronic illness
  - Injury
  - Pain
- Physical disabilities and handicapping conditions
- Insomnia
- Sensory deficits
  - Hearing
  - Sight

HEARING

HEARING

- Presbycusis
- Tinnitus

SIGHT

- Presbyopia
- “Floaters”
- Cataracts
- Age-related macular degeneration
- Glaucoma
- Sensitivity to glare

MEDICAL PROBLEMS

- Balance/vertigo
- Reduced mobility
- Cognitive impairment and change
- Menopause
- Andropause

WERNICKE'S SYNDROME

- Wernicke:
  - Delirium
  - Eye movement disturbances
  - Problems with balance
  - Deterioration of nerves in hands and feet
  - Can be treated with B1 (thiamine)
  - If not treated, may progress to Korsakoff Syndrome

KORSAKOFF SYNDROME

- Dementia
- Memory problems

MEDICAL PROBLEMS

- Balance/vertigo
- Reduced mobility
- Cognitive impairment and change
- Menopause
- Andropause

PRACTICAL PROBLEMS

- Impaired self-care
- Reduced coping skills
- Decreased economic security or new poverty status due to
  - Loss of income
  - Increased health care costs

PRACTICAL PROBLEMS

- Dislocation
  - Move to new housing, or family moves away
  - Inadequate housing
  - Homelessness

COMMON REASONS FOR SUBSTANCE MISUSE

- Retirement
- Death of a family member, spouse, pet, or close friend
- Loss of income or financial strain
- Loss of purpose
- Relocation or placement in a nursing home
- Trouble sleeping
- Family conflict
- Mental or physical health decline (depression, memory)

ELDER ABUSE

- 4% of older adults
- Must be reported by mandated reporters
- May be difficult to identify
- Financial abuse included

FUTURE TRENDS IN SUBSTANCE USE DISORDER TREATMENT FOR OLDER ADULTS

DIFFICULTY IDENTIFYING CLIENTS AT-RISK OR NEEDING TREATMENT

- Less contact with:
  - Co-Workers
  - Family
  - Law enforcement

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DIFFICULTY IDENTIFYING CLIENTS AT-RISK OR NEEDING TREATMENT

- Need more case-finding
  - Doctors
  - Nurses
  - Social workers
  - Home health providers
  - Senior citizen community programs
  - Drivers
  - Volunteers

DIFFICULTY IDENTIFYING CLIENTS AT-RISK OR NEEDING TREATMENT

DSM criteria may not fit

DSM-V CRITERIA: SUBSTANCE USE DISORDER

- Tolerance, as defined by either of the following:
  - The need for markedly increased amounts of the substance to achieve intoxication or desired effect.
  - Markedly diminished effect with continued use of the same amount of the substance.

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

Tolerance

Increased sensitivity to low intake

DSM-V CRITERIA: SUBSTANCE USE DISORDER

- Withdrawal, as manifested by either of the following:
  - The characteristic withdrawal syndrome for the substance.
  - The same (or closely related) substance is taken to relieve or avoid withdrawal symptoms.

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

Withdrawal

Physiological dependence not developed

DSM-V CRITERIA: SUBSTANCE USE DISORDER

- Taking the substance often in larger amounts or over a longer period than was intended.
- A persistent desire or unsuccessful efforts to cut down or control substance use.
- Spending a great deal of time in activities necessary to obtain or use the substance or to recover from its effects.

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

Taking larger amounts or over a longer period than was intended

A persistent desire or unsuccessful efforts to cut down or control substance use.

Cognitive impairment may interfere with self-monitoring

Drinking/drug use can worsen cognitive impairment

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

Spending much time to obtain and use alcohol and to recover from effects

Negative effects can occur with relatively low use

More free time = less awareness that too much time is lost

DSM-V CRITERIA: SUBSTANCE USE DISORDER

- Giving up social, occupational, or recreational activities because of substance use.
- Continuing the substance use with the knowledge that it is causing or exacerbating a persistent or recurrent physical or psychological problem.

APPLYING DSM-IV DIAGNOSTIC CRITERIA TO OLDER ADULTS WITH ALCOHOL PROBLEMS:

Giving up social, occupational, or recreational activities because of substance use.

Fewer activities

Continuing use despite (the knowledge of) physical or psychological problem caused by use

May not make the connection

SBIRT

- **Screening**
- **Brief Intervention**
- **Referral to Treatment**

http://sbirt.samhsa.gov/index.htm

SCREENING

- No problem
- Moderate risk
- Moderate to high
- High (severe) risk
- Substance use disorder

BRIEF INTERVENTION

- Motivational discussion
  - Raising awareness
  - Understanding consequences
  - Moving toward change

ASSESSMENT

Mental status exam

Short MAST-G

Social support

- Family
- Friends

Exercise

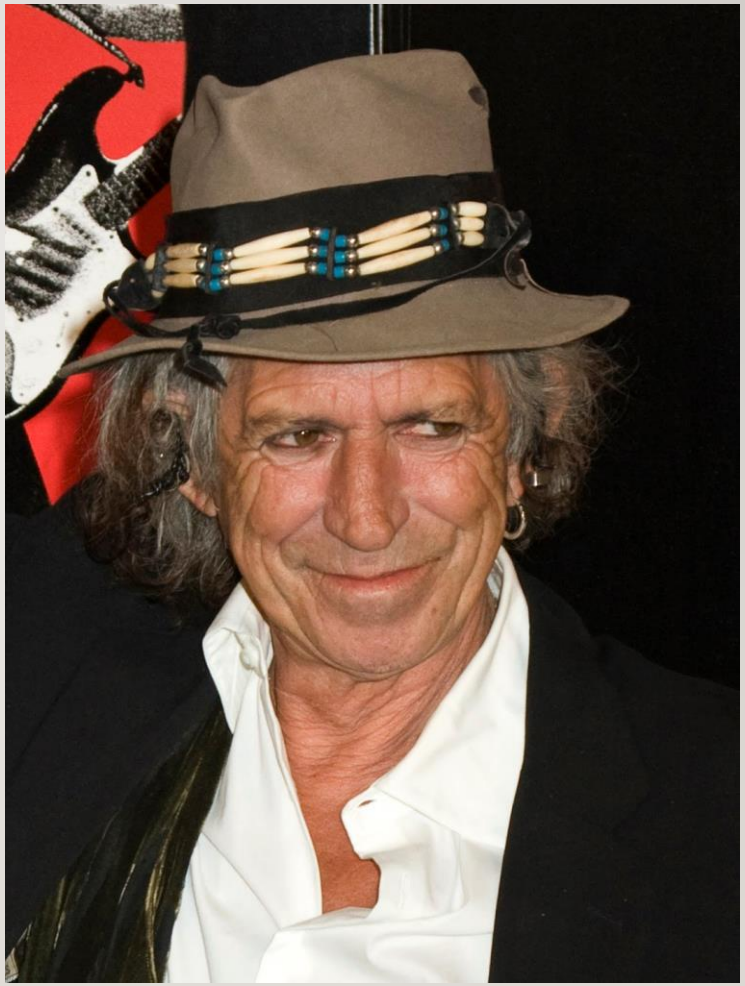
Diet

TREATMENT PROGRAMMING FOR OLDER ADULTS

TYPES OF OLDER ADULT CLIENTS

- Hardy Survivor
- Return to use
- Late onset

HARDY SURVIVOR



HARDY SURVIVOR

- Long-term drug and alcohol use
- Use since adolescence or early adulthood
- Has probably had AOD problem at some point
- Strong connections to the drug culture

RETURN TO USE

- Prior use of AOD
- Quit some AOD in early adulthood
- Return to use often because of problems in aging

LATE ONSET

- May have been prior AOD use, but no problem
- Begins AOD later in life
- Often significant denial

BARRIERS TO TREATMENT

- Lack of age specific programs
- Complications with overall health
- Medication management
- Co-occurring disorders
- Transportation
- Support systems (family and self-help)
- Not seen as a high priority

TREATMENT RECOMMENDATIONS

- Least intensive treatment option
- Age-specific group treatment
- Emotional issues common to older adults
- Social support network
- Pace & content

GUIDELINES

- Culturally appropriate
- Respect for older clients
- Broad, holistic treatment approach
- Program flexibility

GUIDELINES

- Program Flexibility
  - Slower pace
  - Shorter session/more breaks
  - Adjust for sensory disabilities
  - Consider cognitive impairment

AGE-SPECIFIC GROUP TREATMENT

- Age-specific settings
  - Location of treatment
    - Near public transportation if possible
    - In community-based senior centers
    - Retirement communities
    - Well-lit parking

AGE-SPECIFIC GROUP TREATMENT

- Age-specific settings
  - Access to site
    - Street level access
    - First floor setting or elevator
    - Clear signage
    - Building maps

AGE-SPECIFIC GROUP TREATMENT

- Age-specific settings
  - Mobility issues
    - Hallways
    - Bathrooms
    - Seating in group room
  - Sensory issues
    - Hearing
    - Sight (direct and peripheral)

OLDER ADULTS VS YOUNGER

- Less confrontation/more support
- Focus on decision-making
- Be polite
- Use surname at least once
- Grandparent (grand children influence, “custody”)
- Be aware that death is a frequent theme

SAMPLE TOPICS FOR GROUP DISCUSSION

- Death and dying
- Grief and bereavement
- Anger management
- Who am I now?
- My legacy
- Careful use of medications
- Managing pain

TREATMENT APPROACHES

- CBT
- Motivational enhancement
- Group-based approaches
- Individual counseling
- Medical/psychiatric approaches
- Marital and family involvement/family therapy
- Case management/community-linked services and outreach.

TREATMENT GOALS

- Eliminate or reduce substance use
- Safely manage intoxication episodes during treatment
- Enhance relationships
- Promote health
- Stabilize and resolve comorbidities

SUD MEDICATIONS FOR OLDER ADULTS

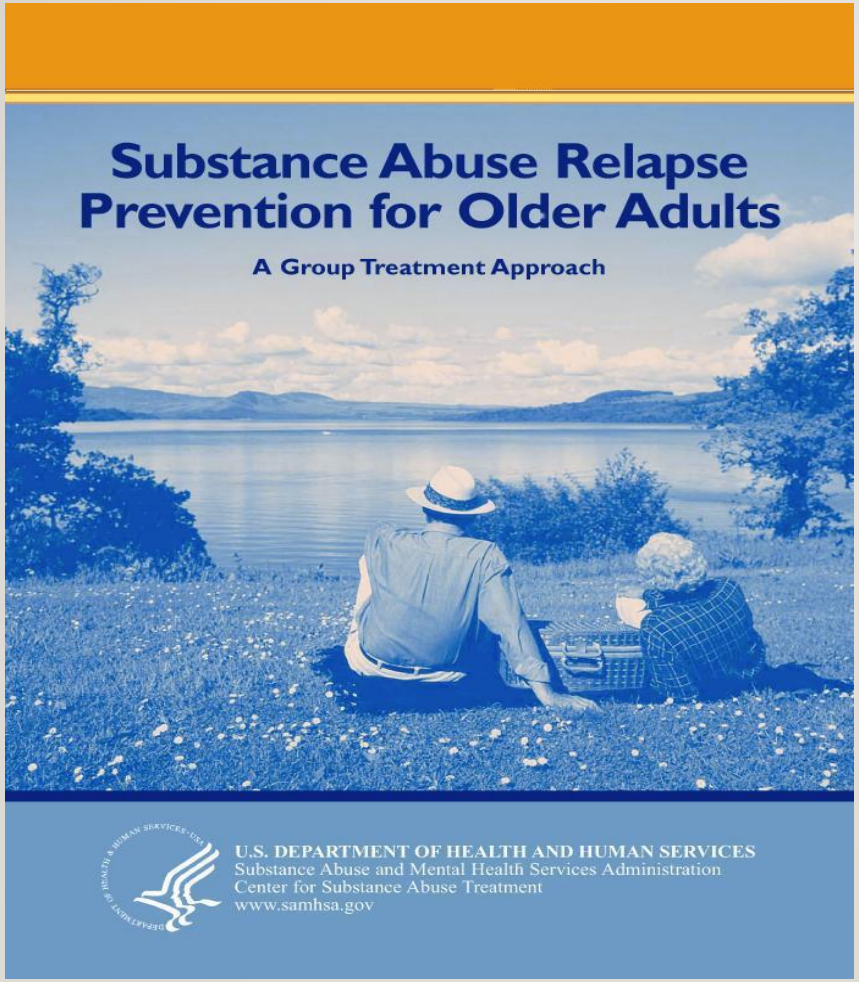
PHARMACOLOGICAL THERAPIES WITH A STRONG BASE OF SCIENTIFIC EVIDENCE – NOT TESTED ON ELDERLY

- **METHADONE**
- **NALTREXONE**
- **BUPROPION**
- **NICOTINE REPLACEMENT THERAPY**
- **BUPRENORPHINE**

WHAT CAN I DO NOW?

- Be aware of attitudes and beliefs regarding aging
- Understand psychopathology in older adults
- Learn to use and interpret appropriate assessment tools
- Learn about the efficacy of interventions
- Gain additional training on gerontology
- Encourage development of older adult programs

SUBTANCE ABUSE PROFILE FOR THE ELDERLY (SAPE)



A 16-session curriculum manual for conducting brief treatment

Dupree & Schonfeld

(CSAT, 2005)

SAPE

Substance Use and Treatment History

Substance Use and Behavior Chain

SUBSTANCE USE AND TREATMENT HISTORY

- Designed for a client who is known to have used a substance
- Tracks use and abstinence patterns
- Provides a history of SUD treatment and relapse episodes

THE SUBSTANCE USE AND BEHAVIOR CHAIN

RECENT SUBSTANCE USE PATTERNS

ANTECEDENTS TO SUBSTANCE USE

CONSEQUENCES OF SUBSTANCE USE

MOTIVATION FOR TREATMENT

SAPE

Client provided with a 30-day calendar

Sample answers to questions are printed and given to the client

REFERRAL TO TREATMENT (SEVERE RISK/DEPENDENCE)

Access to care

Identification of appropriate level of care

TREATMENT RECOMMENDATIONS

- Least intensive treatment option
  - Brief intervention
  - Motivational Counseling
  - Outpatient treatment (Level 1)
  - Outpatient treatment (Level 2)
  - Residential/Inpatient/Medically-managed

ASAM PATIENT PLACEMENT CRITERIA

- Intoxication and withdrawal
- Emotional, behavioral and cognitive problems
- Relapse, continued use or problems
- Biomedical problems
- Readiness to change
- Recovery environment

ASSESSMENT

Mental status exam

Short MAST-G

Social support

- Family
- Friends

Exercise

Diet

SHORT MICHIGAN ALCOHOLISM SCREENING TEST-GERIATRIC

- When talking with others, do you ever underestimate how much you drink?
- After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?
- Does having a few drinks help decrease your shakiness or tremors?
- Does alcohol sometimes make it hard for you to remember parts of the day or night?
- Do you usually take a drink to calm your nerves?

SHORT MAST-GERIATRIC

- Do you drink to take your mind off your problems?
- Have you ever increased your drinking after experiencing a loss in your life?
- Has a doctor or nurse ever said they were worried or concerned about your drinking?
- Have you ever made rules to manage your drinking?
- When you feel lonely, does having a drink help?

SHORT MAST-GERIATRIC

- SCORING: Score 1 point for each 'yes' answer and total the responses. 2+ points are indicative of an alcohol problem and a BI should be conducted. The extra question below should not be calculated in the final score but should be asked.

Do you drink alcohol and take mood or mind altering drugs, including prescription tranquilizers, prescription sleeping pills, prescription pain pills, or any illicit drugs?

ADDRESSING PRESCRIPTION DRUG MISUSE

ELDERLY PERSONS USE PRESCRIPTION MEDICATIONS APPROXIMATELY THREE TIMES AS FREQUENTLY AS THE GENERAL POPULATION

Source: Patterson, et al. Psychiatric Times, April 1999.

RX DRUG PRESCRIPTIONS (57-85 YEARS OLD)

- 80% take at least one Rx med
- 50% take 5 or more

30% OF AMERICANS TALKED TO THEIR DOCTOR ABOUT MEDICINE THEY SAW ADVERTISED.

OF THESE, 44% RECEIVED THE PRESCRIPTION DRUG THEY ASKED ABOUT

SOURCE: KAISER FAMILY FOUNDATION *UNDERSTANDING THE EFFECTS OF DIRECT-TO-CONSUMER PRESCRIPTION DRUG ADVERTISING*, NOVEMBER 2001


SUMMERS THE ORLANDO SENTINEL
DOC? CAN YOU WRITE ME A PRESCRIPTION FOR SOME OF THAT VIAGRA?
SAY NO!

PRESCRIPTION DRUG ABUSE

- ¼ of all Rx drugs are prescribed to those 65 and older
- 11% misuse Rx drugs
- A larger number do not follow directions

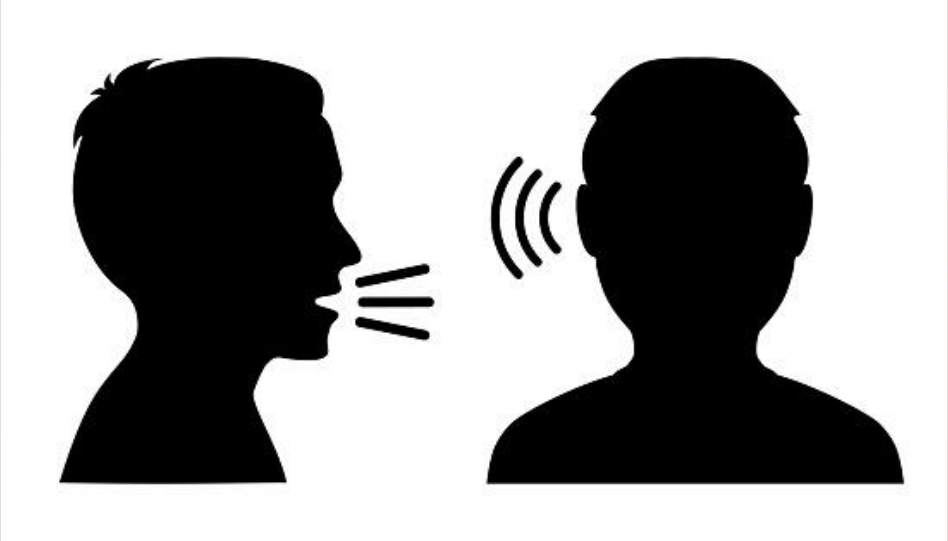
PREVENTING RX MISUSE

- Prepare for Dr visit
  - Make list of all medications (OTC included) or bring the bottles with you
  - Write down all concerns/complaints
- Get information from Dr
  - Don’t let Dr rush the exam
  - Don’t worry about wasting the Dr’s time

PREVENTING RX MISUSE

- What am I taking?
- Why am I taking it? What is it for?
- How often should I take it?
- How long will I be taking it?
- Will there be any side effects? Should I report these to you?
- Is there a special way to take the drug (with meals?)
- Should I stop taking other drugs?

THANK YOU FOR YOUR ATTENTION!



Slides posted at randallwebber.com