It’s Time To Talk…Again:
Substance Abuse Among Older Adults

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Learning Objectives

1. Understand the magnitude and consequences of abusing alcohol, prescription drugs, tobacco and other mood altering substances in older adults.

2. Understand the unique and important role of family members, friends, caregivers and service providers in influencing the use or non-use of alcohol, prescription drugs, tobacco and other mood altering substances by older adults.

3. Help older adults enhance protective factors and minimize risk factors for substance abuse.

4. Effectively talk to someone whose use of alcohol, drug or tobacco is a concern to them.
Older Adults and Alcohol Use
WHAT DO YOU THINK?

Circle the response which most clearly indicates the way you feel about each statement. You will be asked to share your responses in a small group discussion.

SA=Strongly Agree  U=Undecided  D=Disagree  A=Agree  SD=Strongly Disagree

1. Only older adults who consistently drink a lot of alcohol have an alcohol problem.  SA  A  U  D  SD

2. Over-the-counter medicines and alcohol can be used together safely.  SA  A  U  D  SD

3. If alcohol and medication misuse were a problem, the doctor would tell the older adult.  SA  A  U  D  SD

4. Age related changes make older adults more sensitive to the effects of alcohol.  SA  A  U  D  SD

5. Very few women become alcoholics.  SA  A  U  D  SD

6. Treating substance abuse problems in older adults is a waste of time and effort because it is too late to change.  SA  A  U  D  SD

7. It is easy to tell when an older adult has an alcohol use problem.  SA  A  U  D  SD

8. If an older adult says that drinking is his or her last remaining pleasure, it is generally best to allow the person to continue to drink.  SA  A  U  D  SD

9. Nonuse of alcohol is the only safe and healthy decision for older adults.  SA  A  U  D  SD

10. It is difficult or impossible for family members or caregivers who use alcohol to talk with an older adult about the use or nonuse of alcohol.  SA  A  U  D  SD
Substance Abuse Among Seniors
The BIG Silent Problem

- Over 8 million senior citizens are addicted to alcohol, prescription medication or other chemical substances.

- Substance abuse among older Americans grew 32% from 2001-2006. These numbers are expected to increase at an even greater rate as Baby Boomers cross the retirement threshold. (US Department of Health’s Addiction Prevention and Recovery Administration)

- The baby boomers are starting to impact these statistics- in 2008, 1.4% of people 65 and over reported using illicit drugs the past year. At the same time, 5% of the older adults in the 60-64 age range, reported using illicit drugs the past year. (Office of Applied Studies (2009) Results from the 2008 National Survey on Drug Use and Health)

- The number of older adult problem substance users 50 or older is projected to double from 2.5 million in 1999 to 5 million in 2020. While more than half of this increase reflects population growth, much is it is due to a higher rate of problem substance abuse in the older population. (Office of Applied Studies (2002) Substance use by older adults: Estimates of future impact on the treatment system)
WHAT DEFINES A SUBSTANCE ABUSE PROBLEM??

A maladaptive pattern of substance use leading to clinically significant impairment or distress such as:

- The inability to fulfill obligations at work or at home.
- Recurrent use in physically hazardous situations.
- Recurrent substance-related legal problems.
- Continued use even after repetitive social or interpersonal problems.

AMERICAN PSYCHIATRIC ASSOCIATION

WHY ARE WE BLIND TO THE SILENT EPIDEMIC?

- Behavior may be discounted as depression or old age or some other disease not associated with drug use. After all, “how could a senior be a drug abuser?”

- Physicians often fail to recognize elderly substance abuse due to: lack of awareness, failure to perceive the importance or simply believing that prescribing these meds are safer than the symptoms of depression or anxiety.

- Many seniors are difficult to screen for drug abuse because most will deny symptoms or usage. Drug abuse along with mental health disorders can make separating the two difficult.

- Many children of seniors would rather have a happy, low anxiety senior who is taking a lot of medications, than a senior of high anxiety and stress.
It’s Time to Talk Again

Alcohol

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<th>Persons 18 &amp; older reporting having 5 or more drinks in a row on at least one occasion within the past 30 days</th>
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This means 70,000 adults over age 55 binge drank in the past month.

Adults: Behavioral Risk factor Surveillance System (BRFSS)
Youth: Minnesota Student Survey
Substance Use in Minnesota: A State Epidemiological Profile, 2007
fedstats.gov/gf/states/27000.html

Binge Drinking vs. Heavy Drinking

**BINGE USE**- Five or more drinks on the same occasion (at the same time or within a few hours) on at least 1 day the past 30 days.

**HEAVY USE**- Five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

- Nationally, in 2009, the rate of binge drinking among persons aged 65 or older was 9.8 percent.
- The rate of heavy drinking was 2.2 percent for this same age group.

The National Survey on Drug Use and Health- 2009

Prescription Drugs

- While individuals 65 years and older represent only 13% of the population, they account for one third of the medications prescribed. National Survey on Drug Use & Health, NSDUH, 2007

- In 2006, slightly more than 4.9% of all adults engaged in prescription drug misuse. This is estimated to be 9,180,000 adults across the US. National Survey on Drug Use & Health, NSDUH, 2007
• According to the Drug Abuse Warning Network (2008), the occurrence of emergency department visits by older adults involving pharmaceutical misuse show a dramatic increase in visits from 115,803 in 2004, to 256,097 in 2008.

• According to the results from the 2010 National Survey on Drug Use and Health (NSDUH), an estimated 2.4 million Americans used prescription drugs non medically for the first time within the past year (6,600 initiates per day).

**Benzodiazepines**

• Drugs collectively known as Benzodiazepines- Tranquilizers and Sleeping Pills- are most often linked to abuse among senior citizens.
• Valium, Librium, Xanax and ProSom are some brand names for these drugs that are prescribed for anxiety and insomnia, two common problems among older Americans.
• Since these drugs are known to slow the activity of the brain, the National Institute on Drug Abuse recommends that people use these drugs for no more than four months.
• But evidence suggests the 1.5 million Americans have been using Benzodiazepines for more than one year.

**Tobacco**

• 430,000 Smoking-related deaths annually in the U.S.
• 70% of these deaths are to persons aged 65 and over
• One in three smokers lose 12 to 15 years of life verses normal life expectancy
• Nationally 10.6% of persons 65 and over are smokers*

Smoking is connected with all of the major causes of death in the elderly:

**CANCER, HEART DISEASE & STROKE**

IN EACH OF THESE DISEASES IS GENERALLY ASSOCIATED WITH MONTHS AND YEARS OF DISABLING PAIN AND SUFFERING.
WHAT ARE THE SIGNS & SYMPTOMS OF POSSIBLE SUBSTANCE ABUSE?

Behavioral Signs:
- Drinking or taking medications in spite of medical warnings against it
- Neglecting home bills, pets, personal hygiene or self
- Morning drinking, “Beer:30”, dependent drug use
- Arrests for erratic driving, frequent car accidents

Chronic Health Signs and Symptoms:
- Blackouts or seizures
- Dry mouth, dehydration, anorexia, changes in eating habits, malnutrition
- Lack of coordination, frequent falls, tremors, problems walking, bruises
- Nausea, vomiting, heartburn, bloating and indigestion
- Incontinence or difficulty urinating
- Sleep problems, fatigue, malaise, daytime drowsiness

Mood and Emotional Signs and Symptoms:
- Persistent irritability, mood swings, depression, anxiety
- Annoyed when asked about taking a drug or drinking too much
- Unusual restlessness or agitation, or aggressive or abusive behavior
- Suicide thoughts or attempts
- Problems with family and friends, withdrawal from social situations

COULD THESE BE SIGNS OF A POSSIBLE MENTAL ILLNESS?
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Older Adults and Alcohol Use

WHAT MAKES A DIFFERENCE?

Please circle the level of risk that you feel each of the groups listed below has for alcohol and other drug use, gambling and mental health problems.

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Risk Factors for Substance Abuse among Adults

- Death of a spouse, friends, and other family members
- Separation from children (under normal or abnormal circumstances), possible loss of a home and relocation
- Loss of social support and stimulating activities
- Loss of job or retirement, loss of related income, social status and possibly self esteem
- With loss of job and family grown, loss of purpose and passion for life
- Loss of mobility (inability to drive or use public transportation, or problems with personal mobility such as walking)
- Declining health due to chronic illnesses
- Impaired vision and hearing, poor sleep, and memory problems
- Poor diet and inactivity (no exercise)

Protective Factors for Adults

- Availability of support networks and social bonds
- Support family relationships
- Involvement in community activities and social bonds
- Sense of purpose and identity
- Ability to live independently
- Access to resources, such as housing and healthcare
- Education (e.g., solid guidelines for alcohol usage and strategies)
- Better diet and movement (exercise at any level)
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The 6-Step Process

I care - Tell the person that you care about him/her. Establish a personal connection to reduce defensive feelings.

I see - Tell the person exactly what he or she has done that concerns you. Present clear facts, not impressions based on what you have seen.

I feel - Tell the person how you feel about the way you see him/her acting. Remove blame from the interaction. Simply state the facts of how you are “feeling”.

Listen - After you tell the person that you care, what you have seen and how you feel, it’s important to be willing to listen to what he/she says. A variety of responses can be expected since they will probably be unprepared for this discussion.

I want - Tell the person what you would like them to do.

I will - Tell the person what you are willing and able to do to help. Our responses can range from simply being available to be a “good listener” to helping arrange a meeting with someone who can help. If the person chooses not to say anything, let him/her know that the door is open to discuss this at any time.
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**SHARING CONCERNS**

Listed below are examples of situations that can occur that involve someone’s inappropriate use of alcohol or other drugs. For each situation, discuss what you would say or do if you were the one involved.

1. You hear two older persons talking about the beer that they are going to take on a fishing outing.
   _______________________________________________________________________
   _______________________________________________________________________

2. You open the refrigerator at your parent’s house and see wine and two 6-packs of beer.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. An older person embarrasses him/herself at a party after having several drinks.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4. An older person tells you about a friend’s drinking that he/she is worried about.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

5. You know an older person who takes three prescription drugs and daily has a beer or glass of wine.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

6. You have a neighbor who says that it’s okay for an older person to have a few drinks since there isn’t much else that he or she can do any more.
   _______________________________________________________________________
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7. You notice a friend who is attending your weekly book club less often, instead going to the bar with new friends.

8. A person’s grandmother sits alone at the family reunion, not talking to other family members.

9. One of the choir members sees that a member does not sing in the church anymore after her husband died.

10. You have a friend with high blood pressure enjoys a daily drink or two.

Important Notes:

• Always strive to make the relationship the priority.

• Remember, you are not in charge of the outcome, you are merely the messenger.

• You are not making a judgment. You are simply stating what you see and how you feel.

• No matter what the initial outcome of this discussion, keep the lines of communication open and caring.

• If struggling with initiating the discussion, contemplate the potential consequences of staying silent. Either you “risk” the relationship by having a discussion, or you say nothing when there may be a serious problem and “risk” serious consequences.
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**ITTA Six Steps Practice**

**Scenario One- Alcohol**

An older gentleman that you know (this could be your dad or someone else you have a close relationship) is starting to withdraw from church and church activities since his wife died 6 months ago. He and his wife used to be very active in all aspects of church fellowship.

When you go over to his house you find him asleep in the late morning, the refrigerator has virtually no food, 2 bottles of wine and an open 12 pack of Miller beer.

You also noticed that he is disheveled, unshaven and has signs of not bathing. Oddly enough, this was an ex military man who always kept himself neat and fit. You also notice his trashcan has an alarming amount of empty beer cans. When you gently wake him up to let him know you are there, he is agitated and belligerent.

**ITTA Six Steps Practice**

**Scenario Two- Substance Abuse**

A friend and co-worker that you carpool with every day has been acting oddly since his return to work a month ago after back surgery. You meet him at his home each morning and lately this usually prompt friend has been coming out of his house later and later. His appearance has become more disheveled and his hygiene appears to be lacking. One morning you detect stale alcohol on their breath.

A supervisor asks you if you think your friend is okay, as his work is slipping and his thoughts are not coherent. Sometimes he appears to slur his speech.

At least once a week you get together at his house after work just to socialize. The past three weeks it’s been obvious that he doesn’t want you in his house.

One day when he’s feeling a little more relaxed he invites you in. When using his bathroom you find an inordinate amount of prescription bottles (pain killers) in both his cabinet and trashcan. In the living room you notice a few prescription bottles on nightstands. On the corner stand in the living room you see a large bottle of wine half empty and several empty, used wine glasses next to it. You think this odd because you thought this friend was not an alcohol drinker. Red flags go up and you now know it is time to have a conversation.