Addiction, Alcoholism and the Aging Population:

A Hidden Epidemic

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WHY
MUST WE TALK ABOUT THIS?

• In the words of former President Jimmy Carter: “The virtues of aging include both the blessings that come to us as we grow older and what we have to offer that might be beneficial to others.” This is the age to integrate life experience, knowledge, and spirituality.

• The later years are for:
WHY (CON’T)

• Reevaluating life to create deeper meaning,
• Experiencing the freedom of and comfort with who you are,
• Achieving personal integrity,
• Developing a more encompassing view on life itself,
• Giving back to the community, and
• Celebrating family and friends.
• The addicted older adult is blocked from these growth experiences. Alcohol and other drug addictions close the door to this phase of life.

• Colleran, p. 3.
AGING

- Concepts to be aware of:
  - Ageism and Alcoholism
  - Alcohol misuse/abuse
  - Medication/Drug misuse
  - Addiction
Ageism

• A term coined by Robert Butler, M.D. in *Growing Old in America—Why Survive?* 1975

• A negative, unrealistic stereotype/view of getting/being old.

• Who thinks this way? Examples--

• Why it’s important for health care providers to be aware of this

• Compare to beliefs about “alcoholism”
A Few Myths

• A person has to hit bottom before they will change
• He/She’s too old to change
• Alcohol is good for the heart
• My doctor prescribes the pills, they have to be OK
• Drinking is the only thing Dad/Mom enjoys
• Treatment is a waste of money
Alcohol Use Among Older Adults

• Facts
  – Alcohol and Rx drug misuse affects as many as 17%-19% of older Americans
  – 2/3 older alcoholics early onset (long history)
    • 2/3 are men
  – 1/3 older alcoholics late onset (shorter history)
    • 2/3 are women
  – SAMHSA Alcohol Use Among Older Adults: Pocket Screening Guide
Substance Abuse among US Veterans

• The death rate from opiate overdoses among Veterans Affairs (VA) patients is almost double the national average (Center for Investigative Reporting CIR)
• Prescriptions for opiate pain medicine has jumped 270% in the past 12 years according to the same report.
• Over 2 million vets who served in Iraq and Afghanistan suffer both PTSD and pain.
• Veterans with PTSD and other mental illnesses are twice as likely to receive opiates than Vets with no mental illness—and are higher risk for overdose and suicides

• Question: Are the military and VA overmedicating for pain?
Veterans

• About 25% of the men and women returning from combat in Iraq and Afghanistan report unhealthy use of alcohol after arriving home.

• Misuse of prescription pain medication has more than tripled among active duty military in recent years.
  
  • (www.drugfree.org/join-together/addiction/helping-veterans 11-8-13)

• How readily available is treatment for Vets?
Prescriptions and Aging

Adverse Drug Reactions affect more older Americans than other age groups

- Polydrug issues
- Single drugs

Inappropriate Prescribing

- Risks outweigh benefits
- 100,000 deaths annually

*Worst Pills, Best Pills News, March 2013*
Issues unique to older adults

- A slowing down of systems (liver/kidneys)
- Longer to detox
- Alcohol and drugs may stay in body longer
- Less blood fluid
- Higher BAC with less alcohol
- Likelihood of multi medications—dangerous interactions
- Likelihood of co-morbidity
- Higher risk of falling
- Cohort and Cultural considerations
Alcohol Misuse/Abuse

• Examples:
  – Drinking when dangerous
  – Drinking more than expected
  – Drinking when contraindicated by health/medications
  – An old habit that’s outlived its benefits
  – Peer pressure
Medication Mis-Use or Abuse?

The difference is the person’s intention:

Is (s)he using it inappropriately by mistake?

Mis-use

Is (s)he intentionally using it for non-medical purposes?

Abuse

***Both can result in dangerous consequences***
Medication Misuse

- Not taking as prescribed
- Misunderstanding directions/unable to read
- Sharing
- Hoarding
- Taking someone else’s Rx
- Confusion/overwhelm with effects of dementia/illness/pain/multi Rxs
Medication Abuse

• Using for unintended effects (get high)
• Using for unintended purposes
• Doctor shopping/ER visits for meds
• Addiction

• Drugs with highest potential for abuse
  – Opiates, benzodiazepines and sedative hypnotics
• Largest risk of over-dose
  – Opiates/benzodiazepines/alcohol
  – PRN
Addiction—Disease Model

- A Primary, chronic Disease
  - DVD—*Pleasure Unwoven*

- Causal Model
  - Organ—brain
  - Defect/damage—changes that causes symptoms
  - Symptoms—consequences/behaviors/health
  - Treatment—addiction is highly treatable
Addiction (con’t)

• **Four “C’s” and a “D”**
  • Control—impaired or loss
  • Compulsions—and obsessive thoughts-craving
  • Consequences—harm/problems
  • Continued use—in spite of consequences
  • Denial—multi-layered
W.H.O. DRINKING DEFINITIONS
(World Health Organization)

• NON-HAZARDOUS DRINKING: use of alcohol without clear risk of complications (includes beneficial use)

• HAZARDOUS DRINKING: use of alcohol that increases risk for complications

• HARMFUL DRINKING: use of alcohol that causes complications (includes abuse and dependence)
STANDARD DRINKS

• 12 oz. Beer (not micro brew—it’s stronger)

• 4-5 oz. Wine

• 2.5 oz. Cordials

• 1.5 oz. Hard liquor
SBIRT

• What can I do?
• Screen
• Conduct a Brief Intervention
• Refer to Treatment if warranted
Screening and Brief Interventions (SBI)

• Screening and Brief Interventions are designed to be quick, informational, non-judging, non-biased, respectful.

• SBIs have been shown to reduce the amount and frequency of a person’s alcohol consumption, visits to hospitals, and costs. (TIP 26)
Screener Uses

• Using the **pocket screener** to help health care and social service providers to:

  – **Identify** signs of possible alcohol problems
  – **Intervene** to help reduce consumption
  – **Assist** in obtaining evaluation and treatment
Screening

• Start with **one question**: “Tell me about the alcoholic beverages you drink (including beer, wine, whiskey, sherry, brandy, etc.)” or “Tell me about the drugs/medications you take”

• If the person drinks at all, follow up using the screening instruments on the “pocket guide.”

• Note: this is just a screening, not a full assessment.
Screening Instruments

- AUDIT-C

- CAGE

- S-MAST-G (Short Michigan Alcoholism Screening Test—Geriatric Version) Copyright credit to the Regents of the University of Michigan, 1991—Public domain with copyright credit given.
Discussing the results of the Screening

• **Educate and motivate**
  – No problems: congratulate
  – Possible problems: Present your concern, discuss action, enlist buy-in for possible change (reduction in amount, frequency)
  – Definite problems: Present your concern, recommend full evaluation, treatment, encourage change, attempt to get an agreement
  – Provide referral(s), transfer to detox, transfer to treatment
  – Enlist cooperation of personal doctor
• E  Educate and Discuss

• R  Recommend

• R  Refer to treatment
FRAMES

• F Feedback
• R personal Responsibility
• A clear Advice
• M Menu of change options
• E Empathic
• S Self-efficacy
Resources

• Alcoholics Anonymous, [www.aa.org](http://www.aa.org)
• National Institute on Aging
  – AgePage: Alcohol Use in Older People
• Samhsa (Substance Abuse and Mental Health Services Administration)
  – 1-800-662-HELP
  – Provides free relevant print material
For Veterans:

- [www.va.gov](http://www.va.gov)

- [www.drugfree.org/join-together](http://www.drugfree.org/join-together)
  - “military” or “elderly”
Resources (con’t)

- **The Beers Criteria** is a list of potentially inappropriate medications (PIM) for the older population (google it)
- Books
  - Colleran, Carol and Jay, Debra. (2002). *Aging and Addiction; Helping Older Adults Overcome Alcohol or Medication Dependence*. Center City MN: Hazelden.
  - DVD: *Pleasure Unwoven* (The Institute for Addiction Study)
TAKE HOME MESSAGES

• Early identification of and early intervention for substance abuse in older adults is crucial.
  – Quality of life, costs, families, relationships, purpose
• For those with serious problems/addiction: TREATMENT WORKS
• National focus on substance abuse prevention and treatment is critically important as the “baby boom” generation reaches later adulthood.
Who is an Elder?

An elder is a person
Who is still growing,
Still a learner
Still with potential and
Whose life continues to have within it
Promise for and connection to the future.

From “The Live Oak Definition of an Elder”
By Barry Barkan in What Are Old People For? P. 280
THANK YOU

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