



Substance Abuse in Older Adults

Janet Masanz, LCSW
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SEMINAR INSTRUCTOR



Presented by: Janet Masanz, LCSW

*Organization: CrossRoads of Southern Nevada
Inpatient and Outpatient Clinical Director*



Geriatric Substance Abuse: What you should know

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Why This Matters- Introduction to Geriatric Substance Abuse

GOALS AND OBJECTIVES



Individuals will gain knowledge signs/symptoms of a Substance use disorder or concern

- understanding of substance use terminology
- understanding the physical presentations of potential substance abuse problems
- understanding the emotional/cognitive presentations of potential substance abuse problems

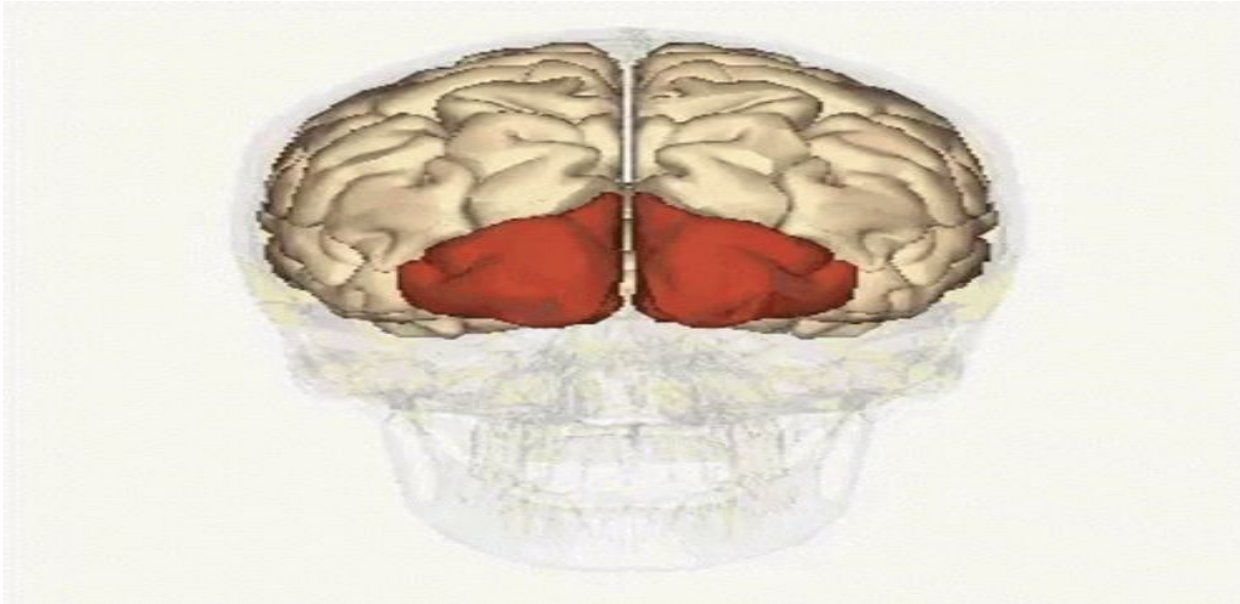
Individuals will learn risk and protective factors for substance abuse problems to arise

- understanding risk factors that can lead to substance abuse problems-early life risk factors, current day risk factors
- understanding protective factors that can prevent, alleviate, or diminish substance use problems

Individuals will learn treatment protocols available to treat substance abuse and early prevention

- understanding when medical evaluation is needed
- understanding routine screening tools to monitor problems from developing
- understanding resources/ access to treatment for current substance use problems
- understanding caregiver support and resources

Why it Matters- The overall effect of substance abuse in the geriatric population



Commonly seen cognitive conditions in older adults:

- **Alzheimer's Disease**
 - progressive form of dementia that leads to memory loss and eventually the inability to communicate.
- **Lewy Body Disease**
 - protein deposits that develop, affecting the brain and the ability to think, remember and move
- **Dementia**
 - impaired ability to think or make decisions
- **Parkinsons**
 - affects the nervous system and the body parts controlled by the nervous system.
- **Frontotemporal Degeneration**
 - damage and loss of the nerve cells in the brain

Why it Matters- what's typically seen/concerns

Key terms

- **Addiction-** The most severe form of substance use, associated with compulsive and uncontrolled use of one or more substances. Addiction is a chronic brain disease
- **Age-Specific-** treatment approaches developed for older adults, tailored to their needs
- **Alcohol misuse-** the use of alcohol in any harmful way, including heavy or binge drinking
- **At risk/high risk drinking-** Drinking alcohol in excessive amounts
- **Binge drinking-** a drinking pattern that leads to blood alcohol concentration levels of 0.08 grams per deciliter or greater.
- **Moderate drinking-** defined as 2 drinks per day for men and 1 drink per day for women on any given day.
- **Heavy Drinking-** consuming 5 or more drinks for men and 4 or more for women in one period on each of 5 or more days for 30 days.
- **Illicit substances-** including; cocaine, heroin, hallucinogens, inhalants, methamphetamine, prescription medications that are taken other than prescribed. I.e., pain medication

Key terms

- **Caregivers-** informal caregivers provide unpaid care and assist with activities of daily living. Formal caregivers are paid providers that offer care in one's home.
- **Drug-Drug interaction-** the interaction of a substance with another drug that could change the effectiveness or alter the intensity.
- **Psychoactive substances-** substances that alter the mental processes, such as psychotropic drugs
- **Recovery-** a process of change through which individuals improve their health and wellness without substance abuse.
- **Relapse-** a return to substance use after abstinence
- **Substance misuse-** the use of an substance in a manner, situation, amount, or frequency that can cause harm to users or those around them.
- **Substance use disorder-** a medical illness caused by repeated misuse of substances, characterized by clinically significant impairment in health and social functioning.

Facts- Substance use and the Geriatric population

Illicit drug use is more common among older adults now than previous generations

SUDS in older adults are expected to continue to increase.

Baby boomers view treatment as more acceptable than previous generations

Substance use disorders usually coincide with a mental health disorder.

Substance use in older adults is dangerous and potentially deadly

Current 65 and older individuals and baby boomers (1956-1964) are more likely to use illicit drugs than earlier generations

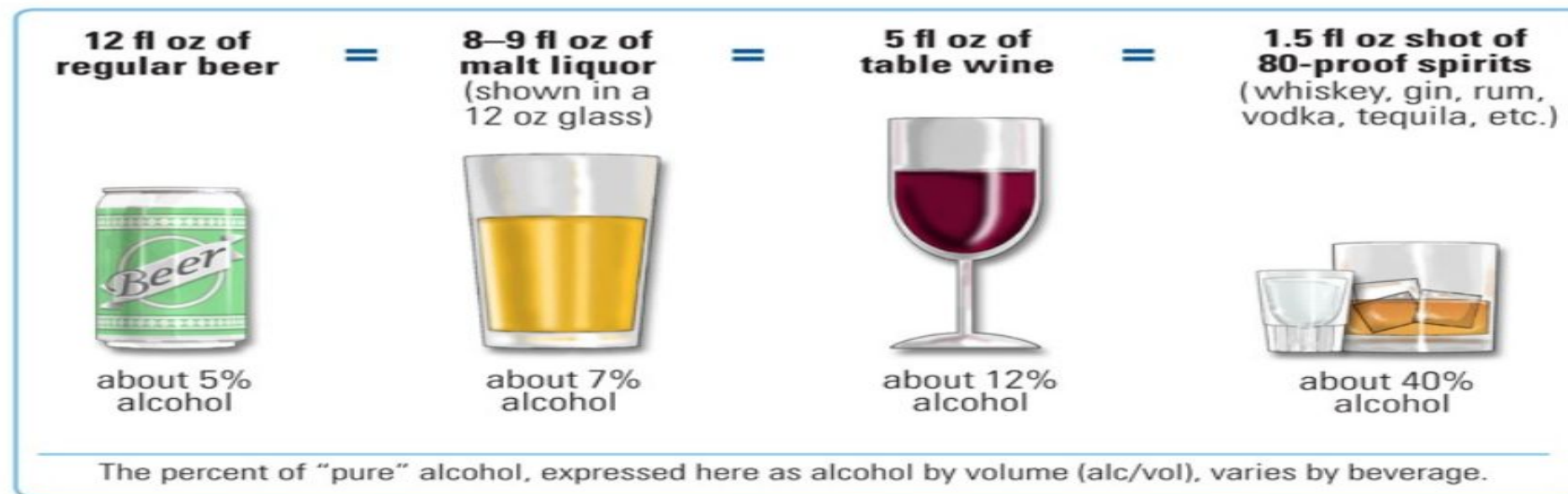
There is an increased vulnerability to alcohol and adverse drug reactions because of physiological and mental changes, such as slower metabolism or lower body fat.

Alcohol & the Geriatric Population

Alcohol is the substance that older adults use and misuse most frequently

In 2019, the National Survey on Drug Use and Health reported that of individuals aged 65 years and older an estimated 5.6 million engaged in binge drinking, 1.5 million in heavy alcohol use, and 1.04 million met criteria for an alcohol use disorder (NSDUH, 2019)

- 15% of older adults meet criteria for at risk drinking
21.5% of older adults drink moderately
4.5% of older adults drinking heavily or binge drink



Alcohol

Why is this a concern?

Alcohol Interactive Medications that are commonly prescribed:

- Heart/circulation/blood pressure medications
- Diuretics/Water Pills
- Seizure Medications
- Anti-anxiety medication
- Muscle Relaxers
- Pain Medications
- Diabetes Medications
- Antidepressants



Alcohol Interactive Medication Effects/Risks

- increase fall risk
- gastrointestinal bleeding
- low blood pressure
- drowsiness
- heart problems
- liver damage
-

Opioids and the Geriatric Population

Common Opioids

Hydromorphone

Oxycodone

Codeine

Methadone

Fentanyl

Meperidine

Hydrocodone

Morphine

Opioids can be appropriate for short term use. However, are there alternatives and what should we know?

Opioid Epidemic

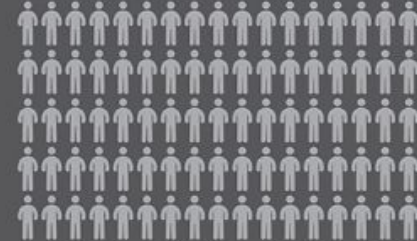
91 Americans die every day from opioid overdose



More than **1,000** people are treated each day in emergency departments for not using prescription opioids as directed



Opioids killed more than **33,000** people in 2015



Prescription opioid deaths have gone up over **4x** since 1999

Living in rural areas and having low income

Overlapping Rx from multiple providers and pharmacies

Risk Factors

Mental illness or history of alcohol/substance abuse

Taking high daily dosage of Rx opioid pain relievers

Source: Centers for Disease Control and Prevention

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NIHAN
Nevada Interprofessional Healthy Aging Network
nihan.care

Opioids

There are alternatives to prescription opioids that should be considered for older adults to prevent misuse, health risks, and fatalities.

91 Americans die a day due to Opioid overdose.

Providers/caregivers should know how to administer Naloxone in case of overdose. There are Naloxone distribution sites where this can be provided as well as community trainings on the administration of this.

Benzodiazepines

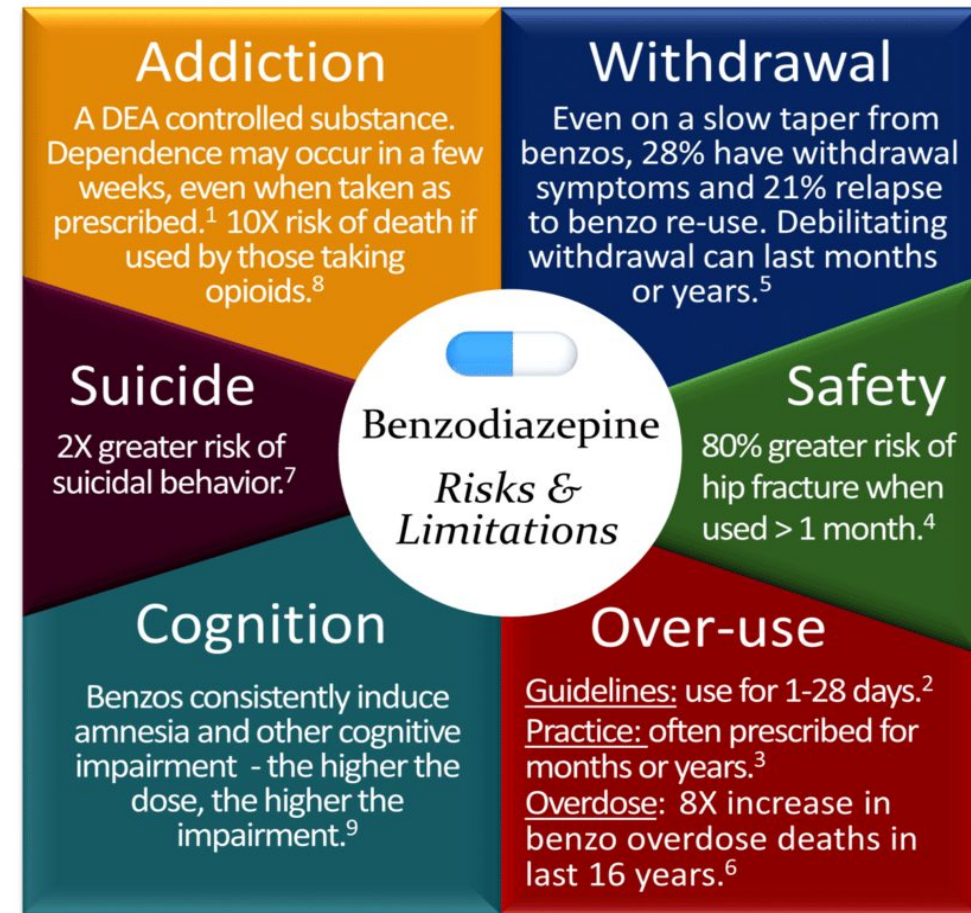
Common Benzodiazepines

Lorazepam (Ativan)
Clonazepam (Klonopin)
Diazepam (Valium)
Alprazolam (Xanax)

Benzodiazepine Risk in Older Adults

Risk of Benzo use in older adults

- increase fall risk
- thinking difficulty
- dementia and cognitive decline even after discontinuation
- motor vehicle accidents
- overdose
- seizures with abrupt discontinuation
- 1.2-3.7x's increase mortality per year, (NSDUH, 2019)
- increased risk of suicide



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Cannabis and the Geriatric Population

In 2019, about 2.7 million adults aged 65 years and older engaged in cannabis use. However, from 2013-2014 only 0.6 percent were prescribed medical cannabis. Older adults are at risk for misuse and diversion. *(NSDUH, 2019)*

Risk and Protective Factors for Substance Misuse



Risk and Protective Factors

Risk Factors:

- Retirement (not voluntary)
- Loss of Spouse or family member
- Environment/relocation (assisted living)
- Physical Health
- Traumatic Events
- Mental Disorders
- Cognitive Decline
- Social changes
- Economic Stressors
- history of self or family SUD
- High availability to substances
- Social isolation

Protective Factors:

- Resiliency
- Marriage of committed relationship
- Supportive Family relationships
- Retirement (voluntary)
- Ability to live independently
- Access to basic resources
- Positive self-image
- Well-manage medical care/proper use of medications
- Sense of identity/purpose
- Supportive Networks and social bonds.

Seeking Help

- **Negative Attitudes:** families, caregivers, and providers many not feel comfortable addressing substance misuse cause of their own views. They may also feel uncomfortable intruding on the older adults life.
- **Denial of the problem-** family and friends often ignore or accept older adults substance misuse
- **Accepting Attitudes:** some adults live in setting where there is an acceptance to alcohol and drugs and may view this as okay due to their age and wanting them to enjoy life.
- **Lack of Knowledge-** family and friends many not realize the effects of aging and alcohol/drug use
- **Misinformation about treatment-** some people hold the false belief that older adults cannot be treatment for SUDS.

What to know about seeking help

Examples of Screening Tools

Alcohol Screening

- *AUDIT- to reveal misuses in people 65 year and older- heavy alcohol use*
- *SAMI- 5 item questionnaire for risky alcohol use.*
- *SMAST-G- brief screening developed for older adults*

Cannabis Screening

CUDIT-R- measures cannabis misuse in the past 6 months.

Multiple Substances

ASSIT- screens for all categories of substance misuse

BAM- indicates severity of substance misuse and progression in treatment

Ranges of Interventions

- **Professional advice**
 - screening and discussion on the potential problem/recommendations
- **Education about misuse**
 - engaging in psychoeducation on substance use and its effects
- **Brief structured interventions**
 - engaging in therapy sessions for a short duration.
- **Treatment**
 - engaging in treatment at a certain level of care with group and individual therapy.

Family and Caregiver Involvement

- Involving caregivers throughout treatment enhances retention and improves outcomes for those with substance use disorders/problems.
- Caregivers should have education on substance use in older adults and physical and mental health effects.
if permitted by the older adults the caregiver should engage in the counseling sessions so that they understand the relapse triggers, how to communicate, and how to assist with problem solving skills.
- Caregivers should prioritize their own self-care and learn their own techniques to reduce their stress levels and maintain their own mental, emotional, and physical health. They can do so by joining support groups for caregivers, or seeking therapy.
- Caregivers should develop relationships with providers and other resources to assist with coordinated care/ support.



Conclusion

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Resources:

CrossRoads of Southern Nevada substance use treatment)

P: 702-382-7746

E: info@crossroadsofsonv.com

Thrive Solutions (substance use treatment)

<https://thrivesolutionslv.com/>

P: 702-296-1222

Virtue Recovery (substance use treatment)

<https://www.virtuerecoverylasvegas.com/>

P: 866-835-4963

WestCare (substance use treatment)

P: 702-385-3330

<https://westcarenevada.com/>

Support group meetings

[Meetings Archive - Las Vegas Central Office for Alcoholics Anonymous \(lvcentraloffice.org\)](https://www.lvcentraloffice.org/)

Crisis Hotline:

988

American Addictions Center hotline-

(888) 987-9927



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