

# **Surviving War and Woodstock: Substance Use and Older Adults**

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# GOALS

- Providing Context
- Scope of Older Adult Substance Misuse
- Assessing Older Adults
- Treating Older Adults
- Wrap-Up & Questions


# Who are Older Adults?

Americans  
Older than  
age 55





- Baby boom cohort (1946-1964) is the fastest growing sector of U.S. population.
- Enormous pressure on retirement systems, health care facilities, and other services
- Major implications for drug and alcohol prevention and treatment



# Surviving Sex, Drugs, & Rock 'n Roll

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Keith  
Richards



# Baby Boomers vs. Pre-Baby Boomers

- Pre-Baby Boomers

Teamwork

Save

Stay with Tradition

Marriage First

Marriage (forever)

Drug use the exception

Drink at 18 – 21

Go to war

Cultural Status Quo

- Baby Boomers

Individualism

Spend

Break with Tradition

Sex First

Marriage (disposable)

Drug use the norm

Drink at 14 – 16

Protest war

Cultural Revolution



# Elderly Substance Misuse Statistics

- **17 %** of people in the United States over 65 years old have abused prescription medications, according to the Office of Alcoholism and Substance Abuse Services.
- Approximately **30 %** of adults over 65 are given some type of prescription medicine, according to the National Council on Alcoholism and Drug Dependence
- According to the National Institute of Alcohol Abuse and Alcoholism, men and women aged 65 or older should consume no more than **1 drink** daily and a maximum of 2 drinks on any occasion.



# Barriers to Treatment for Older Adults

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- Lack of age specific programs
- Complications with overall health
- Medication Management
- Co-occurring disorders (medical & mental)
- Transportation
- Support systems (family & self-help)



# What You Might Hear...

- “I’m not going to take away one of Dad’s last pleasures in life.”
- “There isn’t much for her to enjoy anymore, so why shouldn’t she spend her time drinking. She’s not hurting anyone.”
- “He’s worked hard his whole life. He deserves to reward himself now.”

# Use, Misuse, or Disorder?

- Substance Use - Often referred to as social or recreational use; taking medicine as prescribed
- Substance Misuse – Substance use that has potential to be harmful to the user and others
- Substance Use Disorder – Increased difficulty with functioning over time, affecting work, relationships, and activities of daily living

# Polypharmacy

**The taking of multiple medications for coexisting conditions, such as diabetes, hypertension, and chronic pain.**

- In the U.S., about half of adults over age 65 take 5 or more medications per week
- Approximately 12% of those 65 and older take ten or more medications per week, including OTC drugs
- Prescribing cascade: When a patient presents with a symptom, such as loss of balance, caused as a side effect of one of their medications (unknown to the physician), and the doctor prescribes another medication to treat this side effect
- Can result from lack of communication between treating specialists

**...And we have not even factored in alcohol!**



## Assessing Older Adults

# Problems Identifying Substance Use in Older Adults

- Hard to detect under routine circumstances
- Symptoms of substance use mimic those of other health problems
- Symptoms of substance use may be perceived as part of normal aging
- Shame, guilt, stigma
- Family and others ignore or enable
- Absence of previous consequences

# Age-related Changes That Intensify the Impact of Substance Use

- Decrease in Body Water
  - May result in quicker intoxication from alcohol
  - Certain medications are more concentrated and potent
- Decrease in Liver Function
  - Slower metabolism of alcohol makes it easier to become intoxicated
  - Some medications accumulate in the body because they are metabolized too slowly
- Decrease in Kidney Function
  - Alcohol and medications stay in the body longer, so its effects are prolonged
- Increase in body fat
  - Medications are less immediate and more prolonged effect



# Acute Intoxication and/or Withdrawal Potential

## Tolerance

- Increased sensitivity to low intake

## Withdrawal

- Physiological dependence may not have developed

Taking larger amounts or over a longer period than was intended

- Cognitive impairment may interfere with self-monitoring
- Drinking/drug use can worsen cognitive impairment

# Biomedical Conditions and Complications

- **Fatigue**
- **Insomnia**
- **Chronic Pain**
- **Impotence**
- **Seizures**
- **Malnutrition; Muscle wasting**
- **Liver function abnormalities**
- **Incontinence, urinary retention**
- **Blurred vision; dry mouth**
- **Gastrointestinal complaints – nausea; vomiting**
- **Tremors**
- **Frequent falls and unexplained bruising**
- **Heart rate changes**

# Emotional, Behavioral, or Cognitive Conditions or Complications

- Cognitive Impairment
  - Dementia
  - Delirium
- Affective Disorders
- Sleep Disorders
- Psychotic Disorders

# Readiness to Change

- Shame
- Denial
- Resistance of Family Members

# Recovery/Living Environment

- Finances
- Employment; Volunteering
- Social Support – Family; Friends
- Living – Independent Living; Assisted Living
- Transportation; Mobility

# Exercise







# Requiem for a Dream



**Moving  
Older  
Adults  
into  
Treatment**

# Motivation for Treatment for Older Adults

- Physical Health
- Loss of Independence; Maintaining Independence
- Financial Insecurity
- Self-Determination
- Family Involvement (respecting confidentiality)

# Wrap-Up & Questions



# The End

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# TA DAH!!!

# Contact

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