# Surviving War and Woodstock: Substance Use and Older Adults

Nina J. Henry, LCPC, CADC Illinois Coalition on Mental Health and Aging Tuesday, May 11, 2021 2 – 3 PM



### **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

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

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

### 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



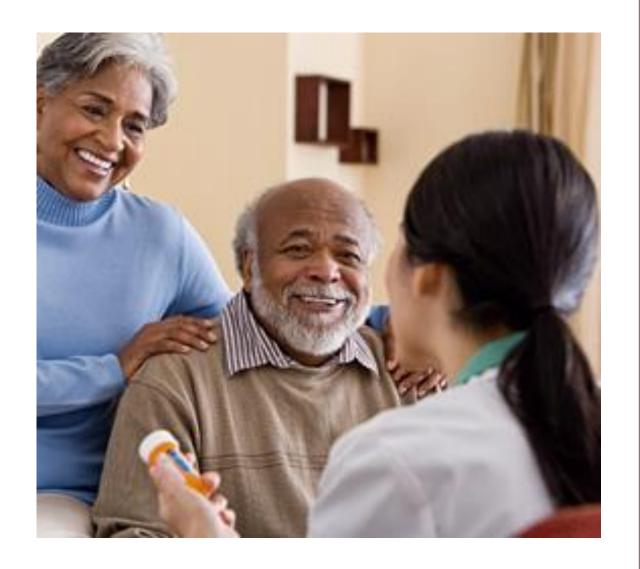
## Polypharmacy

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 (unbeknownst 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 selfmonitoring
- 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

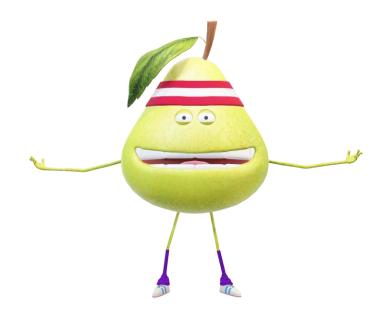


### **Recovery/Living Environment**

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



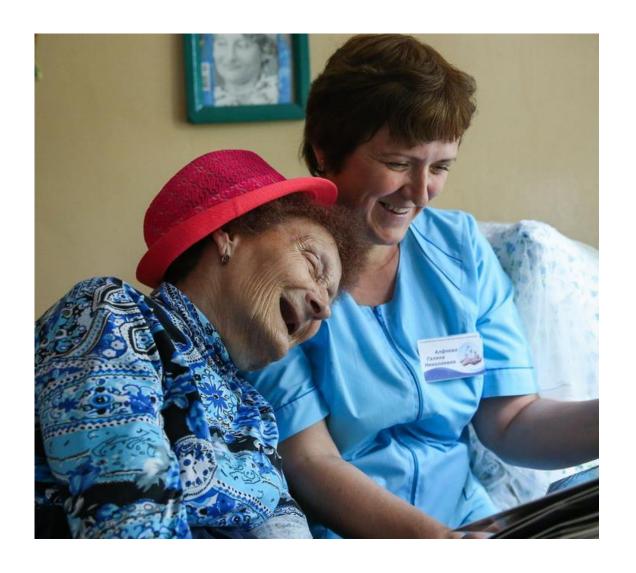
## Exercise







# 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

TA DAH!!!



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