

Addiction & Recovery

Introduction To Helping Our Seniors



Objectives

1. To gain a deeper understanding of addiction/
including the biological basis for addiction
2. To gain a deeper understanding of the warning
signs and risk factors associated with addiction
3. To understand how to proceed if you feel you or
someone you know may have a problem with addiction
4. To gain a deeper understanding of the resources
& levels of care available for treatment

Biology of Addiction

- Addiction is a chronic disease of the brain reward center, motivation, memory, and related circuitry which is reflected in an individual pathologically pursuing reward and/or relief by substance use (ASAM, 2011).
- Brain Changes
- Genetic factors – predisposition
- Environmental Factors





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Early & Late Onset

According to the [Office of Alcoholism and Substance Abuse Services](#), elderly persons with a substance use problem can be classified based on two general categories: early- and late-onset addiction.

EARLY: Abusing drugs or alcohol for many years and are over 65



LATE: Developing addictions later in life.



Early Onset

Abuse started before they turned 65

A study by Van Citters and Brockmann, published in the *Journal of*

Early-onset substance abusers make up 66% of alcoholic s

Late Onset Addiction

to a study by [Merrick and Horgan](#), the results of which were published in the Journal of the American

Potential triggers for late-onset addiction (which developed after 65) Retirement,
Loss of income,
Death of a loved one,
Placement in a nursing home or relocation in general,
Trouble sleeping, and health decline, reduced mobility,
CHRONIC PAIN

The most common health problems contributing to late-onset addiction
Depression,
Major surgeries,
Memory loss.

Typically, late-onset abusers experience fewer physical and emotional health problems than early-onset ones. According to a study by Moos published in the Journal of Alcohol Health, they comprise 25% of all elderly patients with a substance abuse problem

Senior Prescription Drug Abuse

Medication Misdosing

If an elderly person is taking multiple medications, they can misdose by accident. This can also happen due to cognitive decline, which is a normal part of aging, or disregard for warning labels.

It can be difficult for seniors to remember when and how much of each of their medications to take, especially when their mind is fuzzy and they are taking multiple drugs for relatively lengthy periods of time.

Opioids For Pain

Opioids are used to minimize pain and are highly addictive.

Hydrocodone with acetaminophen (Vicodin),

Oxycodone with acetaminophen (Percocet),

Oxycodone (OxyContin).

If one takes too much of an opioid or takes it for a long period of time, abuse and addiction become very likely.

Benzodiazepines are used to treat sleeplessness, anxiety, and panic attacks. Drugs such as alprazolam (Xanax), diazepam (Valium), lorazepam (Ativan), and clonazepam (Klonopin) are addictive if they are taken for extended periods of time.

Symptoms of Drug Abuse in Seniors **

not always on purpose

COGNITIVE

Disorientation, Memory Loss (common in old age)

SOCIAL

Isolation, Family/Legal/Financial trouble

Borrowing medication from others

Getting a prescription for the same Med from multiple doctors

Filling the same prescription at multiple pharmacies

Arbitrarily increasing frequency or dose & running out of the med early

Making excuses for losing or accusing others of taking meds

PHYSICAL

Poor Hygiene, incontinence, increased tolerance to meds, dizziness, poor nutrition, sensory deficits, seizures, blackouts, pain complaints, bruises

PSYCHIATRIC

Insomnia, Sleep Disturbances, Anxiety, Rapid Mood Swings, Depression

OTHER

Being defensive when asked about medications or use.

Buying on the street or in Mexico when they can't get a prescription



Signs of Alcohol Abuse in Seniors

- Secretive or Solitary Drinking
- Rituals before, after or during dinner
- Loss of interest in things a person used to enjoy
- Combining alcohol w/prescription medication

ALCOHOL

- Slurred Speech
- Smelling of Alcohol
- Change in Physical Appearance
- Medically Unfounded Health Complaints
- Confusion, Hostility, Memory Loss, Depression
- Falls & Injuries

*empty cans/bottles- grocery purchases w/lots of liquor



Why Alcohol Harms Seniors

As a person ages, the percentage of total body water and lean body mass decreases

The liver processes alcohol more slowly, and brain neuronal receptor sensitivity to alcohol

As a result, the elderly have higher blood alcohol concentrations than younger adults

Older drinkers are more likely to experience drinking-related problems and functional

According to [a study by Moore and Endo](#), the results of which were published in the Journal





Emergency Visits Among Seniors

Estimated 2500 ED visits a day by seniors.

In 2011, DAWN estimates showed 750,529 drug-related ED visits by adults aged 65 or older:

105,982 visits involved illicit drug use, or alcohol in combination with other substances.

644,547 ED visits by older adults primarily involved adverse reactions to and accidental ingestion of drugs.

More than 1 million individuals aged 65 or older ("older adults") had an SUD in 2014,

The number of older Americans with SUD is expected to rise from 2.8 million in 2014 to 3.8 million in 2020.

Elicit Drugs Most Commonly Used Among Seniors

- Alcohol
- Opioids -pain relievers, anti depressants, anti psychotics
- Marijuana
- Cocaine
- Club Drugs
- Illegal Stimulants- amphetamines or methamphetamine.





CAUTION

**“Legal”
Does NOT
Mean Safe**



Why Drugs Can Effect Seniors

The same biologic changes that exacerbate the effect of alcohol among seniors also enhance the effects of prescription drugs.

Seniors process benzodiazepines and opiates differently than younger people.

Benzodiazepines such as tranquilizers with long half-lives can cause excessive sedation in older adults.

These drugs act on their bodies longer because they have less lean muscle mass and more body fat.

Other risks associated with prescription drug use in seniors can manifest because they may see many doctors, each of whom may prescribe them drugs that interact with alcohol or each other.



Fentanyl Pills and Crystals



“Lollipop”



Patches



Fentanyl Powder





A lethal overdose of fentanyl is only about **3 milligrams**, which looks like nothing more than a **few grains of table salt**. On the left of this photo is a lethal dose of heroin, equivalent to about 30 milligrams; on the right is a 3-milligram dose of fentanyl, enough to kill an average-sized adult male.

Barriers/Myths

Barriers Preventing the Right Care

One of the main reasons doctors and children of addicts are often hesitant to encourage older adults to seek addiction treatment are the belief of common ageism myths.

These myths often lead to misdiagnosis and denial, and they include:

- Drinking is the only thing that makes Dad happy
- Mom is old. What difference does it make?
- Grandpa has nothing better to do. So what if he enjoys having a few drinks every once in a while?
- They are too old to change
- Only young people suffer from addiction.

Other Risks of Abuse

Higher risk of developing illness like

Osteoporosis

Ulcers

Diabetes II

Irritable Colon

Varicose Veins

Intestinal Conditions

Chronic Bladder Inflammation/Liver Issues

Seniors Abusing Substances Face a Higher risk of

Household Related Accidents

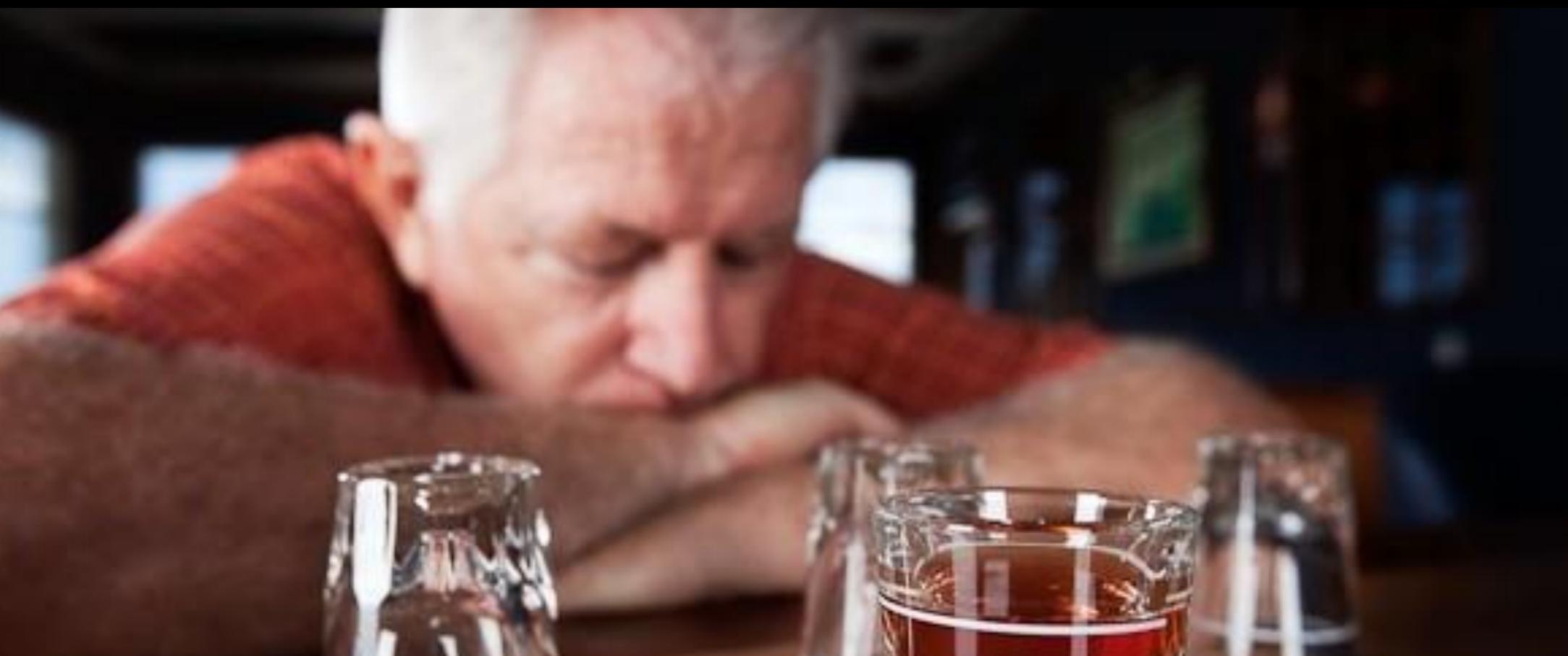
Falls

Bone Fractures

Burns

Getting Help For Seniors With Addiction

- Empathy- A must Have
- Understanding Addiction is a Disease
- Expressing Care & Concern Without Judgement
- Respecting Privacy While Protecting Senior Health & Safety
(being compliant with Company Policies, & Health Information Laws)
- Clear & Simple communication= senior brain
- Education Seniors About Combining Alcohol with Prescription Drugs
- Teaching Caretakers Warning Signs
- Communication with Family, Doctors, Clergy, Therapists (support)
- Approaching Wellness & Health /Encourage don't Judge or Punish
- Helping Family Help the Seniors/ shopping supervision/home liquor removal/enablers/suggesting medication management
- Recovery Support & Relapse Prevention monitoring
- Always solicit Medical Advice from a professional
- Remember there may be other underlying Medical or Mental Issues



Ask a trusted addiction professional, doctor or mental health professional about the best treatment approach for your loved one and recommendations about programs.

Contact national organizations, trusted online support groups or local clinics for treatment programs or advice.

Find out if the insurance plan will cover the treatment you're considering.

Find out what steps are required for admission, such as an evaluation appointment, insurance pre-certification and whether there's a waiting list.

Be wary of treatment centers promising quick fixes, and avoid programs that use uncommon methods or treatments that seem potentially harmful.

If the program requires travel, make arrangements ahead of time — consider having a packed suitcase ready for your loved one.

MMIC Community Resource Guide

What can you do...

- Help to identify the negative consequences of drinking or prescription drug misuse
- Help to shift perceptions about the impact of drinking or drug-taking habits
- Empower the client to generate insights and solutions
- Express belief in the person's capacity for change

Understand that you are not alone

Resources are available – EAP, School Counselors, Peer Support, Church, etc.

People who are struggling with addiction can experience intense shame and guilt

Provide direct support through empathy and other therapeutic strategies

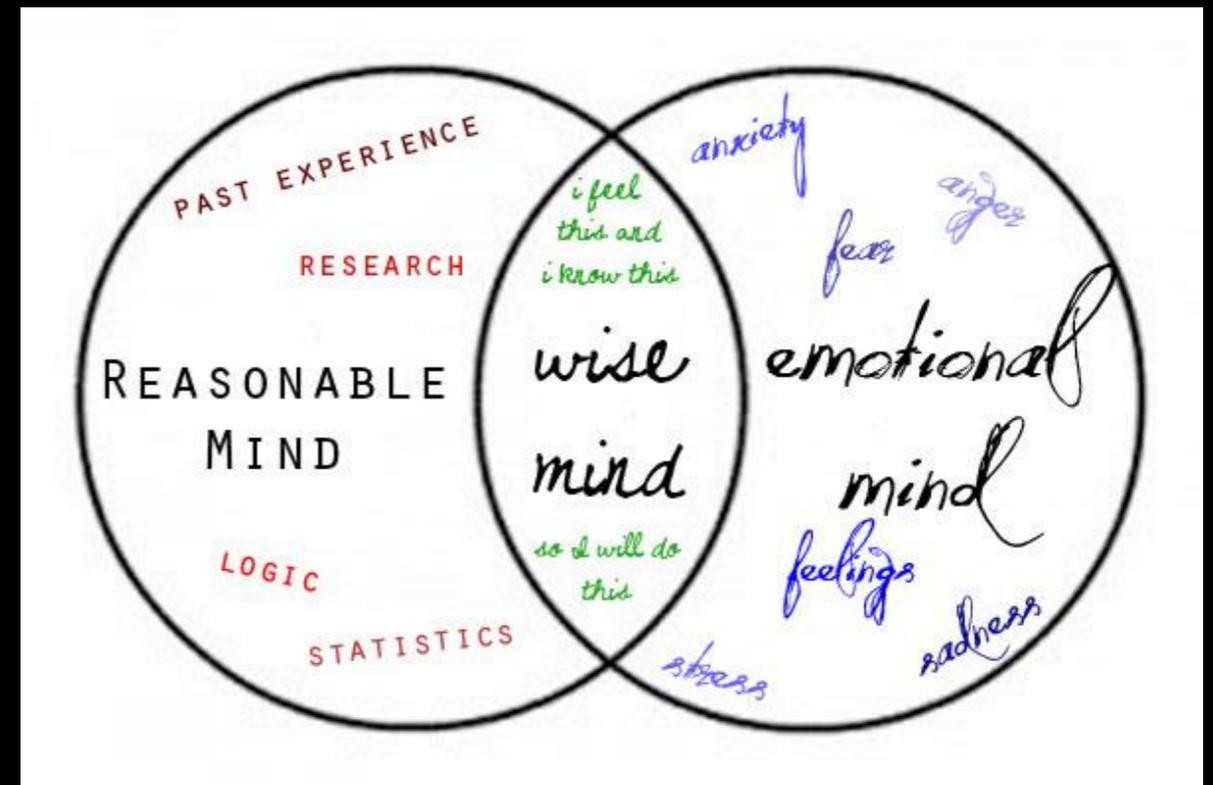
People need hope

Refer for treatment



Common Forms of Treatment

- Cognitive-Behavioral Therapy
- Dialectical Behavioral Therapy
- Community reinforcement
- Motivational Interviewing
- 12-Step Support Groups - AA
- Relapse prevention models
- Medical Assisted Therapies



Principles of Effective Treatment

1. No single treatment is appropriate for all
2. Treatment plans must be assessed and modified continually to meet changing needs
3. Remaining in treatment for an adequate period of time is critical for treatment effectiveness
4. Counseling and other behavioral therapies are critical components of effective treatment
5. Medications Assisted Therapy (MAT) is an important element of treatment for many patients
6. Co-occurring disorders should be treated in an integrated way
7. Medical detox is only the first stage of treatment
8. Treatment does not need to be voluntary to be effective
9. Recovery can be a long-term process and frequently requires multiple episodes of treatment

Different Treatment Options

- Detox Services
- Residential Services
- Partial Programs
- Intensive Outpatient
- Outpatient
- After Care- MD, Support Groups, AA, Monitoring, Check Ins





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What Treatments does our PHP Offer

There is a broad range of treatment options.

- Individual Psychotherapy
- Group Therapy
- Family Therapy
- Regular Drug Screening for Accountability
- Holistic Approaches



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The comprehensive approach to recovery is the most successful. You need to treat your whole self to impart a complete change in behavior, mental, emotional and physical health. You can be confident in the potential for positive treatment outcomes as we utilize evidence-based practices in our treatment plans.

Practices which have a proven track record with the treatment of addiction in general yet are able to be tailored to meet individual needs.

Care Giver Abuse

- Extended schooling encourages an over-reliance on cognitive intelligence but does not train for emotional intelligence
- The emotional burdens of managing people is not fully processed – we are trained to emotionally detach and have no time to work through the heavy emotional load of life
- The presence of co-occurring psychiatric disorders by someone who engages in substance use.
- Self-Care is absolutely necessary
- Stress - Huge issue with caretakers-How is that managed
- Burnout- What tools are available to staff to prevent



Care Giver Substance Abuse con't.



- Significant percentage of addicts come from homes with genetic predisposition for chemical dependency
- Personal Connection to Field
- Use prior to and during medical school/care training.
- Pain-related event that results in extended drug use.
- Life-crisis resulting in a change in substance use.
- Experimentation with drugs we administer
- Opportunity: Availability of Drugs & Alcohol in a Senior's home that may go unnoticed if used by care staff

Some Typical Signs of an Underlying Drug Addiction in employees & colleagues can Include:

- Withdrawal from social settings with colleagues
- Decreased performance at work
- Smell of alcohol
- Increase in time spent at work
- Change in diet or appearance
- Increased anxiety, defensiveness, depression, or disruptive behaviors
- Unusual drug orders
- Mood swings
- Sexual Promiscuity
- Heavy drinking at events
- Law enforcement troubles
- Excessive Sweating
- Patient complaints
- High incidence of illness or injury
- Isolation at work
- Slurred speech or tremors
- Lack of coordination
- Memory Impairments

Conclusion

**“ We Can Not Help Everyone,
but,
Everyone Can Help Someone”**
-Ronald Regan-



References:

Additional to those sited in slides:

ASAM PPC-II-R and the ASAM Criteria (2013) American Society of Addiction Medicine publishes the Patient Placement Criteria 2nd Edition Revised.

Fentanyl photos - Stephanie Siette

Effective Treatment 1-10 / Dr. Decker

SAMHSA

National Geographic Science of Addiction Video You Tube

Additional Information

Alcoholics Anonymous.

Drug and Alcohol Abuse

Alcohol Use and Older Adults

U.S. National Library of Medicine

<http://nihseniorhealth.gov/alcoholuse/alcoholandaging/01.html>

Discusses alcohol and aging, including the effects of alcohol on the body, interactions with prescription drugs, and getting help. Includes video content and quizzes.

NIH Senior Health: Prescription and Illicit Drug Abuse

U.S. National Library of Medicine

<http://nihseniorhealth.gov/drugabuse/treatingsubstanceabuse/01.html>

Offers an introduction to treating substance abuse in older adults. Topics include the effects of medication.

Prescription Drug Abuse: Older Adults

National Institute of Drug Abuse

www.drugabuse.gov/publications/research-reports/prescription-drugs/trends-in-prescription-drug-abuse/

Provides general addiction information and discusses prescription drug abuse among persons aged 65 and older.

Additional Information page 2

Specific Populations and Prescription Drug Misuse and Abuse
Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov/prescription-drug-misuse-abuse/specific-populations

Links to several SAMHSA publications on drug and alcohol use among adults age 50 and older.

Substance Abuse Quick Guide for Older Adults

<https://store.samhsa.gov/shin/content/SMA12-3585/SMA12-3585.pdf>



Additional Resources please contact Kristin Glavin
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Always Consult a licensed professional for medical advice