

Substance Abuse, Addiction, and Older Adults

This is the 5th article in a series of 6 adapted from the New Jersey Prevention Network's *Wellness Initiative for Senior Education* prevention program. Our Place adopted this program to support prevention in our community after a review of local data indicated that those 50 years and older are being significantly impacted by substance use. It is hoped that the information shared will be valuable and if it generates questions, you reach out to your supports, your physician, or us here at Our Place.

The purpose of today's article is to better understand the disease of addiction. That includes improving the ability to identify the signs of alcohol abuse among seniors; expand knowledge of the effects of alcohol and other drug use and abuse; learning the health risks and treatment options for addictions; and improve the ability to identify factors that place older adults at risk for substance abuse and protective factors that can help prevent it.

Addiction to alcohol and other drugs, including prescription medications, is a pervasive problem nationwide. "The misuse and abuse of alcohol in older adults present unique challenges for recognizing the problem and determining the most appropriate treatment interventions. Alcohol use problems in this age group often go unrecognized and, if they are recognized, are generally undertreated. Older adults who are experiencing substance misuse and abuse are a growing and vulnerable population." (*Older Americans Behavioral Health, Issue Brief 2: Alcohol Misuse and Abuse Prevention, 2012, National Institute on Aging and the Substance Abuse and Mental Health Services Administration [SAMHSA]*).



As people age, they may become more sensitive to alcohol's effects. One reason is that older adults metabolize, or break down, alcohol more slowly than younger people. So, alcohol stays in their bodies longer. Also, the amount of water in the body goes down with age. As a result, older adults have a higher percentage of alcohol in their blood than younger people after drinking the same amount of alcohol. Older adults also tend to take more medicines than younger people do. Mixing alcohol with over-the-counter or prescription

medications can be very dangerous, even fatal. In addition, alcohol can make many of the medical conditions common in older people, including high blood pressure and ulcers, more serious. Physical changes associated with aging can make older people feel drunk or intoxicated even after drinking only small amounts of alcohol. So even if there is no medical reason to avoid alcohol, older men and women should limit themselves to one drink per day. And remember the same amount of alcohol is in a one ounce shot, a 5 ounce glass of wine, or a 12 ounce can of beer.

Signs of alcohol misuse

Not everybody who drinks regularly or heavily is an alcohol abuser, but the following actions are signs that may indicate a problem:

- Drinking to calm nerves, forget worries or reduce depression
- Needing to drink increasing amounts of alcohol to get the desired effect
- Defensive when someone close to you expresses concern about your drinking

- Gulping drinks and drinking too fast
- Lying about drinking habits
- Drinking alone with increased frequency
- Injuring oneself, or someone else, while intoxicated
- Getting drunk often (more than three or four times in the past year)
- Acting irritable, resentful, or unreasonable during non-drinking periods
- Experiencing medical, social, or financial problems that are caused by drinking

Are you at risk?

There are certain factors that increase an individual’s vulnerability to alcohol and other drug use and abuse and/or medication misuse. These indicators are referred to as risk factors. Protective and resiliency factors, on the other hand, increase resistance, promote healthy behavior, and help offset risk factors. To better understand the conditions that specifically affect seniors, we will engage in a risk/protective factor self-assessment.



ARE YOU AT RISK?

Check all of the following risk and protective factors that apply to you.

Risk Factors	√
Changes in lifestyle: retirement, widowhood, health limitations, housing changes, becoming dependent on others, etc.	
Biological decline and poor health: impaired body systems, increased susceptibility to disease, changes in metabolism	
Sensory disorders: problems with hearing, sight or taste	
Disability level: severe physical impairments	
Being female: they have more negative drug reactions than males	
Living arrangements: those who live alone make more mistakes in drug dosages	
Multiple medications: those who take multiple medications are at greater risk of drug errors and adverse drug reactions	
Loss and reduction of social supports: losses due to death, retirement, widowhood and relocation	
Economic constraints: that lead to not having a prescription filled, sharing medications, not going to a doctor’s appointment	
Protective Factors	√
Access to resources: financial, community, health, etc.	
Availability of supportive networks and social bonds: family, friends, neighbors, etc.	
Involvement in community activities: hobbies, classes, faith-based or social groups, etc.	
Supportive family relationships: regular visits, phone calls, and even email or Skype	
Sense of purpose and identity: grandparent, pet owner, volunteer, neighbor, etc.	

After checking the boxes that apply to you, do you have a substantial number of risk factors? The more you have the more at risk you are for developing a substance use disorder. The more protective factors you have, the more resilient you are and the less likely it is.

As we age, those who misuse alcohol seem to fall into one of two categories, those who have abused alcohol heavily for many years, or those whose excessive drinking late in life, is often in response to “situational” factors: retirement, lowered income, declining health, loneliness, or the deaths of friends and loved ones. In these cases, alcohol is first used for temporary relief but later becomes problematic.

Help Is At Hand

Older problem drinkers and those with substance use disorders have an unusually good chance for recovery, because they tend to stay with treatment programs. Getting help can begin with a family doctor (as in this story) or a member of the clergy, through a local health department, social services agency, or with one of the following:

Alcoholics Anonymous: Alcoholics Anonymous (AA) is a voluntary fellowship of alcoholics whose purpose is to help themselves and each other to get—and stay—sober. For information, call your local chapter or visit www.aa.org.

Substance Abuse and Mental Health Services Administration (SAMHSA): SAMHSA is a good source for written materials related to alcohol and drug abuse. Many of their materials can be downloaded from their website free. They also have a treatment locator. Visit <http://store.samhsa.gov/home> for more information.

The National Council on Alcoholism and Drug Dependence, Inc.: This organization can refer you to treatment services in your area. Call 1-800-NCA-CALL, or visit www.ncadd.org.

The National Institute on Aging: The National Institute on Aging offers a variety of resources on aging. Call 1-800-222-2225 or visit www.nia.nih.gov.

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