Aging and Alcohol

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• Program sponsored by the Nevada Aging and Disability Services Division
• Organized by the Nevada Geriatric Education Center, a program of the University of Nevada School of Medicine

Center for the Application of Substance Abuse Technologies

• Mission:
  To provide training, technical assistance, evaluation, research, and other services to support prevention, treatment and recovery in the alcohol and other drugs field.

CASAT Programs

• NFAR ATTC - National Frontier and Rural Addiction Technology Transfer Center
• West Resource Team - CSAP’s West Resource Team for Prevention Training and Technical Assistance
• NPRC - Nevada Prevention Resource Center
• DBHR - Washington State Division of Behavioral Health and Recovery Conferences and Trainings
• FASD - Fetal Alcohol Spectrum Disorders
• UNR Problem Gambling Prevention Program

Learning Objectives

• To describe alcohol use, misuse and abuse
• List effects of alcohol use
• Identify signs of alcohol disorders
• Discuss specific risk factors for seniors
• Compare and contrast strategies and resources for getting help

Aging: A Brief Overview

What do you see?
Aging – An Ambiguous Term

- The terms older adult, senior, and elder are used interchangeably.
- Chronological Age Definition – A Moving Target
  - Age 50 – Eligible for AARP; WHO Study in Africa
  - Age 55 – Senior discounts (e.g., restaurants, movie theaters)
  - Age 60 – Eligible for Older American’s Act programs and services (AoA); United Nations
  - Age 62 – Social Security’s earliest retirement age
  - Age 65 – Most recognized and utilized; eligible for Medicare; most pension benefits
  - Age 67 – New Social Security retirement age for some

Aging:

- “The characteristic pattern of normal life changes that occur as living things grow older.”
  
  Hales, D. (2011)

Types of Aging

- Universal or Primary Aging (Senescence) – normal age-related changes that all people share
- Secondary Aging - Probabilistic aging - age changes same share (onset of cancer or Type II Diabetes)
- Social Aging – expectations on how people should act as they age
- Biological Aging – an individual’s physical state (differs from chronological age)
- Functional Aging – an individual’s ability to perform certain activities (ADLs and IADLs)

Successful Aging

- Behavioral determinants of healthy aging
  - Not smoking
  - Being physically active
  - Maintaining optimal body weight/healthy diet
  - Moderate alcohol consumption
- Psychosocial determinants of health aging
  - Change/Loss
    - Ability to cope, adapt to age-related change/loss
    - Coping strategies usually more problem vs. emotion focused; adaptive v. maladaptive
    - Identity accommodation/self-concept
    - Socialization, active and/or civic engagement
- Economic determinants of healthy aging
  - Planning for retirement
  - Medical insurance or medicaire
  - Retirement location

(Rowe & Kahn, 1987)
Unsuccessful Aging

- Behavioral determinants of unhealthy aging
  - Poor lifestyle choices
  - Inactivity, poor diet, overweight/obese
  - Acute/chronic disease, depression, dementia
  - Use of Tobacco, AOD (maladaptive coping strategy)

- Psychosocial determinants of unhealthy aging
  - Isolation, lack of social support
  - Change/loss
  - Inability to cope or adapt to age-related change/loss

- Economic determinants of unhealthy aging
  - Poverty
  - Lack of transportation
  - Lack of access to resources

Stressors Influence Aging

- Can accumulate at an accelerated rate with age
- Link between stressful life events and cognitive/physical/emotional deterioration
  - Death of a spouse
  - Death of a close family member
  - Major personal injury or illness
  - Being fired from work/returning to work
  - Divorce
  - Change in financial status
  - Retirement
  - Loss of a pet

United States Senior Population

- 13% of the population, 65+
- Oldest old, 85+ years, fastest growing segment of the senior population
- Expected to triple over next 30 years

Nevada’s Aging Society

- 65 and Older By Year
  - 2010: 11.5%
  - 2030: 16.1%

- 2000-2010
  - Age 65 and older increased by 48.2%
  - Age 85 and older increased by 77.7%

Nevada’s Aging Society (2012)

- Counties with highest number of older adults:
  - Esmeralda County: 26.2%
  - Nye County: 24.6%
  - Mineral County: 22.7%
  - Douglas County: 21.1%

- Counties with lowest number of older adults:
  - Elko County: 8.7%
  - Humboldt County: 10.3%

Nevada’s Senior Population

- 65+ population is expected to grow 264% between 2000-2030
- 2010 Census:
  - Age 50+: 31% of Nevada’s population
  - Age 65+: 12% of Nevada’s population
  - Age 85+: 1% of Nevada’s population
  - Fastest growing senior population in the U.S.
    - Nevada, % change from 2000 to 2010: 56.3%
    - Colorado, 46.1%
    - Idaho, 43.7%
The “Boomers” Have Arrived

78 million individuals born between 1946 – 1964
2013 birthdays:
  Oldest boomers turn age 67
  Youngest boomers turn age 49

By 2020, 25% of the population will be age 65 and older compared with 13% in 2010

The very size of this population will result in massive impacts on the
  – Health care system, including mental health and substance use
  – How health care costs are structured

In Addition...

• The “baby boomer” cohort is the first in U.S. history with a majority having used illicit
  drugs sometime in their lives” Joseph C. Gfroerer, Director of the SAMHSA, Division of Population
  Surveys

Blank, 2009

Changing Attitudes About Addiction

Culture of the “60s”
  – Counter-culture
  – Quick-Fix generation
  – Attitudes about Addiction

Counter-Culture: 1956-1974

• Negative attitudes about the Cold War and Vietnam precipitated the birth of the Hippe Counter Culture
  – Drug revolution with increases in drug experimentation and popularity (Zinberg, 1984)
  – Timothy Leary: LSD
  – Sexual mores: Woodstock
  – Civil Rights & Race
  – Change in beliefs about individual rights

Quick-Fix Generation

• Microwave meals
• Weight loss in a flash
• Got a headache?
• Credit Cards...
• A medication to fix anything that ails you
• Increased use of prescriptions and OTC medication
• Increased chance of adverse interactions with alcohol and other substances

Beliefs About Addiction

Moral:
- Personal failure, moral depravity
- Personal Choice
- Stigma/Shame

Psychological
- Substance use is a coping mechanism

Sociological
- Substance use is a learned, maladaptive behavior

Nature:
- The choice is mine
- Use is not universally bad
  Everyone strives to get “high” in some manner

Disease/Neuro/Genetic Model
- Personal Choice at use stage, but no choice later
- Chronic, Progressive
- Abstinence is essential

Statements from older persons:
• There is less stigma about use today...
• Everyone has at least tried it (marijuana)...
• In my day, we smoked in order to get the breaks at work.
• Those people (e.g., alcoholics) just weren’t part of our culture...
• You can’t say it’s a disease, because that means you have no responsibility...
• Even if I drank, I always got up, went to work and did what I had to do...

Risk Factors

Age of Onset
- Early-onset (2/3)
  - More likely to be men (2/3)
  - Chronic, long-standing behavioral problems
  - Significant physical and mental health problems
  - Numerous attempts at treatment
  - Family conflict
  - More likely to drop out of treatment
- Late-onset
  - More likely to be women (3/3)
  - Situational, in response to one or more negative life events (loss of a spouse, retirement, decline in health, shrinking social network)
  - Better health than early-onset
  - Stronger societal connections
  - More likely to believe in/respond to treatment

First-order family member (genetics/nature)
- First order family members (mother, father, brother, sister) who have an addiction are 5 x’s more likely than the general public to acquire an addiction of his/her own.

Environment (nurture)
- Twin studies have shown that environment can also be a risk factor. Twins separated by birth and adopted into different homes showed that those adopted into an alcoholic household were 2 times more likely than the general population to acquire alcoholism.
- Family dysfunction is also a key factor in assessing risk
1999 - 2020: Number of problem drug users age 50 or older will increase from 2.5 million to 5.7 million

(Blank, 2009)

**Alcohol Binging in Older Adults**

Fig. HR5: Nevada Adults, Age 65 and Older: Age by Binge Drinking

- 65-74 Years (n=912): 8.5%
- 75-84 Years (n=357): 2.3%
- 85 and Older (n=105): 2.1%

**Illicit Drug Use in Older Adults: U.S. and Nevada**

Fig. HR11: NSDUH, 2009-2010: Use in Adults Age 26 and Older

- Illicit Drug Dependence in the Past Year: U.S. 1.3%, Nevada 1.3%
- Marijuana Use in Past Year: U.S. 7.9%, Nevada 8.2%
- Cocaine Use in Past Year: U.S. 1.4%, Nevada 1.9%
- Nonmedical Use of Pain Relievers: U.S. 3.5%, Nevada 4.6%

**Use in Older Adults**

- Peak years of substance initiation:
  - Alcohol, heroin, and marijuana – 1969-1971
  - Cocaine – 1986
  - Narcotic analgesics – 2004

- Median duration older adults entering treatment for the first time in 2006:
  - Alcohol only: 38 years
  - Alcohol and another drug: 37 years
  - Marijuana: 35 years
  - Heroin: 34 years

(Blank, 2009)

**ER Visits for Rx Misuse or Abuse Among Adults Aged 50 +**

- 2004: 115,798
- 2005: 161,632
- 2006: 193,061
- 2007: 224,873
- 2008: 255,953
- 2009: 300,082

Source: 2004 to 2009 SAMHSA Drug Abuse Warning Network (DAWN)
Combined 2007-2010: 83% Age 50+ Did not Seek Treatment (NSDUH, 2010)

- Did not feel need for treatment at the time: 6.5%
- Neighbor/community stigma: 7.1%
- Health coverage did not cover: 7.4%
- Possible negative effect on job: 7.9%
- No transportation/inconvenient: 8.3%
- Able to handle problem w/o treatment: 9.0%
- Not ready to stop using: \( \text{50.1\%} \)
- No health coverage: Could not afford: \( \text{30.1\%} \)

Substance Use is Under/Mis-Diagnosed

- Ageism
- Clinician behaviors
  - Symptoms (fatigue, irritability, insomnia, chronic pain, impotence) attributed to: Dementia, Depression, etc.
  - Insufficient time spent with patient
  - Beliefs: Lack of treatment effectiveness
  - Lack of pharmacological knowledge
  - Comorbidity
  - Lack of awareness

Age-related Biological Changes

- Physical
- Physiological and Metabolic
- Neurobiological

- Reductions in lean body mass & in total body water content
- Hydrophilic drugs are in higher concentration
- Changes in renal function
  - Elimination rate of metabolized substances may be slower
- Liver enzymes that metabolize alcohol/drugs less efficient
  - Elevated drug serum levels & longer duration of drug action

How does aging affect metabolism?

- Reductions in lean body mass & in total body water content
- Hydrophilic drugs are in higher concentration
- Changes in renal function
  - Elimination rate of metabolized substances may be slower
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Addiction may exacerbate...

- Drugs of abuse may exacerbate normal aging processes
  - Cognitive decline
  - Memory issues
  - Frequent falls
  - Sleep disturbance
  - Depression

“A rose by any other name...”

- Words have implications
  - Addiction
  - Use
  - Misuse
  - Abuse
  - Dependence
What is Addiction?

- Many different definitions
- Many different levels according to definition used
- Must be something you like
- Does not require craving
- Not necessarily attached to “need” or “dependence”

What is Addiction?

- Up to 33 different definitions for addiction: legal, moral, social, medical, etc.
- Starts off as something you like
- Physiological ‘dependence’ does not necessarily mean I’m an addict
- “Addicts are good at things that aren’t good for them”
  (G. Rubenstein, 2013)

Changes in criteria

- DSM IV
  - Interferes with the ability to handle situations or problems
  - Harms the person and the people around him
  - Continues even after negative consequences
  - Includes tolerance and withdrawal symptoms
- DSM V
  - Craving added as a symptom
  - Gambling acknowledged as an addiction
  - Other process addictions (Internet gaming) need further research
  - Eating addiction remains under eating disorders
  - Addiction viewed as a continuum from mild-severe

Process-Behavioral Issues

- Gambling
  - DSM-5: Non-substance use disorder
- Food
- Sex
- Internet
- Exercising
- Shopping

Protective factors

- Planned for retirement
- Has healthy activity outlets
- Learned way to become integrated into the retirement community
- Good social support
- Bonded to a community
- Being in good physical, mental, emotional health
- Good relationship with health care professionals
- Treating seniors as a protected population

Screening Tools: Alcohol

- Alcohol Use Disorders Identification Test: (AUDIT; TIP 26, pg. 122)
- Michigan Alcohol Screening Test - Geriatric version (MAST-G)
  - Most frequently used test for older adults
  - Should be administered by a trained professional
  - 24-item questionnaire
  - Scoring “yes” on 5 or more items indicates a substance abuse problem
Screening Tools: Alcohol

- **C.A.G.E.**
  - Have you ever felt you should cut down on your drinking?
  - Have people annoyed you by criticizing your drinking?
  - Have you ever felt bad or guilty about your drinking?
  - Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (an eye opener)?

Screening: Seniors and Addiction

- Anxiety
- Blackouts, dizziness
- Depression
- Dizziness
- Mood swings
- Falls, bruises, burns
- Family problems
- Financial problems
- Headaches
- Incontinence
- Increased tolerance to alcohol or medications
- Legal difficulties
- Memory loss
- New problems with decision making
- Poor hygiene
- Seizes
- Sleep problems
- Social isolation
- Unusual response to medications

Ways families can help

- Knowing that Behavioral Addictions are a disease
- Understanding the risk factors for addiction
- Knowing the signs of addiction
- Knowing how to access help

Health Literacy Concepts

- How well people understand and are able to use health information to take action
- Ability to read, write, listen, follow directions, fill out forms, calculate using basic math, interact with professionals
- Impact of co-morbidities: health status, cognitive function, prescription drug use, substance use/misuse/abuse

Applying Health Literacy Techniques

- Use simple language (one to two syllable words, short sentences)
- Keep message content to 3-4 main ideas
- Open-ended questions, “Tell me about…”
- Ask a senior to repeat back information, explanations, care and treatment plans/directions, etc.

Interventions Considerations

- Bittering Worldviews
- Start with a Talk
  - Know, that talking about their problems is in direct opposition to the way they handle life’s problems
  - Timing: when they are sober
  - Start with love, avoid blame, be supportive
  - Avoid words and phrases that increase shame, “you’re drunk again” “why can’t you stop” “look what you’re doing to yourself”
- Interventions
  - Effective when properly managed by an experienced professional
  - Preserving dignity
  - “Jump start” into recovery, a one-time, last-ditch effort
Interventions

- Families can hire an interventionist – particularly good if there is a “crisis.”
- Families can conduct an intervention on their own – education and planning are essential.
- Dr. Johnson’s “Love First” Approach:
  - Each family member/friend involved writes a letter to the older adult
  - First Part: addresses how much they are loved and respected
  - Second Part: addresses the addiction
  - Third Part: is the conclusion. This tells them what you would like them to do. “I’m asking you to take my hand and accept help. Will you accept the help we are offering?”

Treatment Considerations: Strategies for Communication

- Avoid Stereotyping
- Speak distinctly, slowly (not too fast)
- Avoid monotone voice
- Face the client
- Repeat words or phrases
- Keep on the same eye level
- Minimize background noise
- Avoid glare lighting
- Non-verbal communication may not be seen by the client
- When writing, print in dark, legible, large, letters.

Treatment Considerations: Strategies for Success

- Lighting, font size of materials, Noise levels
- Slower-paced, flexible, and holistic that emphasizes age-specific psychological, social and health problems
- Age-specific group/setting
- Culturally appropriate
- Culture of respect that is non-confrontational and supportive to build self-esteem
- Focus on coping with depression, loneliness, loss
- Staff trained in gerontology, geriatrics, or psycho-geriatrics
- Awareness that detox may take longer

Location of Substance abuse Treatment Facilities

- 84 (95.6%) of programs contacted responded to survey
- Reported: 7,041 clients in Substance Abuse Treatment on 3/31/10.
- 4 (4.8%) facilities reported offering specialty programs for seniors/older adults (A decrease of 50% since 2007.)

Take Home Message

- Addictions among older adults are anticipated to increase as the boomers age.
- Whether the addiction is a chemical dependency or behavioral addiction, PREVENTION WORKS.
- Substance use/abuse may exacerbate normal aging processes, decrease longevity and quality of life
  - Cognitive decline, memory issues, falls resulting in injury, depression
  - Caregivers can play a pivotal role in prevention efforts and can detect and intervene before a crisis.
- Older adults are more successful in treatment when compared to every other age group.
- All older adults age 60 and older should be screened for substance, Rx, and behavioral abuse issues during regular physical exam.
Thank you and Resources

- Nevada Prevention Resource Center: http://www.nevadaprc.org/
- Substance Abuse and Mental Health Services Administration: http://www.samhsa.gov/
- National Institute on Drug Abuse: http://www.drugabuse.gov/
- National Survey on Drug Use and Health: https://nsduhweb.rti.org/
- National Survey of Substance Use Treatment Services: http://www.dasis.samhsa.gov/dasis2/nssats.htm