



*The Hidden Epidemic of Older Adults/Boomers
with Addiction Disorders*



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About the Presenter

Juan Harris, MBA, MS, CAP, CAPP, SAP, CMHP, CGAC, ICADC

Juan Harris joined Hanley Center in 1997, where he began a career and a deep commitment to the field of recovery services. Juan became a certified addictions counselor in 2000 and is now Clinical Director of the renowned Center for Older Adult Recovery.



An alumnus of the nonprofit JAY Ministry, Palm Beach County, Juan has been Chairman of the Board of Directors and a dedicated volunteer and Board member. Juan is an active leader in the Florida addiction field. He is a past member of the Florida School of Addiction Studies Board of Directors, and a member of the Advisory Board for the Florida Certification Board. He is also a presenter, trainer, and credentials evaluator for the State of Florida Certification Board.

Juan has presented nationally on the complexity and diagnosis of substance abuse and dual diagnosis dependency among older adults. He has also been a popular guest lecturer on substance abuse issues at regional colleges and universities.

Juan received a Bachelors Degree in Psychology from Florida Atlantic University, a Masters Degree in Counseling Psychology with a concentration in Substance Abuse from Palm Beach Atlantic University, and he has a Master's in Business Administration (M.B.A.) from Palm Beach Atlantic University. His scholastic honors include membership in Phi Theta Kappa at Palm Beach Community College, and he was vice president of Phi Beta Kappa at Florida Atlantic University, where he graduated Magna Cum Laude. Juan is currently pursuing his doctoral degree at Capella University.

Objectives

1. Review the complex new age wave profile and challenges in alcohol and chemical addiction, and compare to the “traditional” 66+ older adult profile.
2. Explore how life stages affect risk and protector factors, and how related therapies can engage the individual in treatment.
3. Discuss the differences and similarities in treatment therapies for Older Adults and Boomers.



I am 67 years old and went into treatment when my grandson was only five months old. My first anniversary of sobriety was last month. I now attend meetings five times a week, have a sponsor and am on my 12th step of my 12-Step program. When I realized my one-year anniversary was coming up, I told my children “Let’s get together! I want a big to-do for my first anniversary!” and that is exactly what it was. I had my family back, but not before embarking on a long, hard journey towards sobriety.

What does the research tell us?



Aging is Changing

- 1400 - average life span
 - 33 years of age
- 1900 - average life span
 - 49 years of age
- 2010 statistic:
 - *50 year old can expect to live another 30 years*



Older Adults

- 90% of older adults* use prescription & over-the-counter medications that interact adversely with alcohol or illicit drugs.
- At least 25% of older adults use psychoactive medications with abuse potential.
- *Older Adults defined by 50 years and older

Oder Adults Who Are at Risk for Substance Abuse

- Emotional and social problems:
 - Bereavement, loneliness, social isolation
- Medical problems
 - Chronic pain, insomnia, dementia, depression or anxiety



One day, as I was driving to my daughter's house, she saw me drinking behind the wheel. She asked me why I was drinking in the middle of the day and didn't understand that I am an alcoholic and it is a disease. I wanted to be a good grandmother and do all the right things, and at that time, I felt so uncontrollably excited and anxious that I didn't think I could be a good grandmother without drinking to calm my nerves.

Older Adults

- Only 7% of SA treatment facilities have a program designed specifically for seniors.
- Older adults with SUD respond well to age-specific, supportive and non-confrontational group treatment.

Older Adults

Baby boomers (born from 1946 to 1964)

- Higher rates of illicit drug use.
- Population size is larger than any earlier cohorts.
- Consequences of their substance abuse will place a tremendous burden on US healthcare delivery and financing systems, families and society.

Older Adults

- Estimated need for treatment in people 50 years +:
 - Drug abuse - 147,000 in 1995 to 911,000 in 2020.
 - Illicit drug or alcohol abuse - 1.7 million in 2000–01 to 4.4 million in 2020.
 - Marijuana - 719 000 in 1999–2001 to 3.3 million in 2020.

* These studies were based on the National Survey on Drug Use and Health (NSDUH) data collected prior to 2002.

Older Adults

- General Population aged 50 or older is expected to increase 39% from 83.2 million in 2002–06 to 115.6 million in 2020.

Older Adults

- Population aged 50 or older with SUD 2.8 million in 2006.
- Projected estimation to double to 5.7 million in 2020.

Older Adults

Effective treatments for Older Adults:

- Supportive and non-confrontational environment.
- Cognitive–behavioral approaches.
- Slower treatment pace.
- Treatment tailored to unique psychosocial and health needs.

Boomers

- Half of all Boomers have tried illicit drugs.
- 4.3 million - Used an illicit drug in the prior year.
- 4 million - Nearing retirement age suffer from substance abuse.
- Drug use between ages 50 and 59 is nearly double that of previous generations, significant percentage of middle-aged adults are binge drinking.

Boomers

- Every day more than 10,000 Baby Boomers will reach the age of 65, and that will continue every single day for the next 19 years.
- Every seven seconds another Boomer turns 50.

Boomers

- Boomer patients often started drinking and and/or using illegal drugs when they were in college or in the service. They really never stopped.

Boomers

Roadblocks to Recovery for Boomers

- Concept that maybe drugs are not so bad
- Denial system
- Reaction to Authority

Boomers

- Significant increase in dual diagnoses affects 80% of Boomers.
 - Anxiety
 - Depression
 - Bipolar conditions

Boomers

Popular addictive prescription drugs

- Alcohol
- Benzodiazepines – Anxiety & Sleep disorders
- Opioids (OxyContin) - Pain relief

NOW THAT YOU TWO ARE ABOUT TO CELEBRATE YOUR 60TH WEDDING ANNIVERSARY, WHAT IS YOUR FONDEST WISH?

WELL... WE'RE LOOKING FORWARD TO OLD AGE!



Myths About Aging

- Majority of persons are senile or demented.
- Majority of older persons feel miserable most of the time.
- Most older people cannot work as effectively as younger persons.
- Most old persons are unhealthy and need assistance with daily activities.
- Majority of older persons are socially isolated and lonely.

WHAT IS OLD?

Feeling old is more a state of mind than a chronological count down.

Functional capacity is more a factor than age.



**The need to screen for illicit
drug use.**

**An increasing trend among
older adults?**

- In 1992, the number of older Americans admitted to treatment facilities was near 6.6% of all admissions nationwide;
- By 2008, the number of admissions from this age group reached 12.2%.
- Statistically, alcohol addiction has remained the primary substance abuse disorder for people age 50 and older, and this still holds true today.
- However, seniors are now abusing more illicit substances—such as cocaine, heroin, and marijuana—and legal prescription drugs than before.

- In 1992, admissions for prescription drug abuse involving older adults were at 0.7%, yet this figure jumped to 3.5% by 2008.
- Marijuana abuse admissions rose from 0.6% in 1992 to 2.9% in 2008.
- Heroin abuse admissions more than doubled—from 7.2% of admissions in 1992 to 16.0% in 2008.
- Most significantly, cocaine abuse admissions almost quadrupled, from 2.9% in 1992 to 11.4% in 2008.
- While these substances of abuse increased among older adults, alcohol abuse saw a decline in admissions among this age group.

Signs and Symptoms

Purpose:

- Detect potential problem without mentioning alcohol to person
- Vehicle for educating person about effects on the body

Signs and Symptoms

- Sleep complaints
- Health complaints
- Decline in ADL's
- Unexplained burns/bruises
- Repeated falls
- Hygiene decline
- Memory loss
- Malnutrition
- Incontinence
- Nesting
- Blurred vision
- Dry mouth
- Confusion

RAISING THE ISSUE

- Describe what you see (e.g., “I’ve noticed you’ve been having difficulty walking.” “As far as I can tell, you’ve eaten only biscuits this week. Is there a problem with your meals?”).
- Avoid saying that the person’s problems will go away if they stop drinking.
- Try saying, “You don’t seem to be your old self these days. How are you feeling? Would you be interested in having someone to talk to about it?”

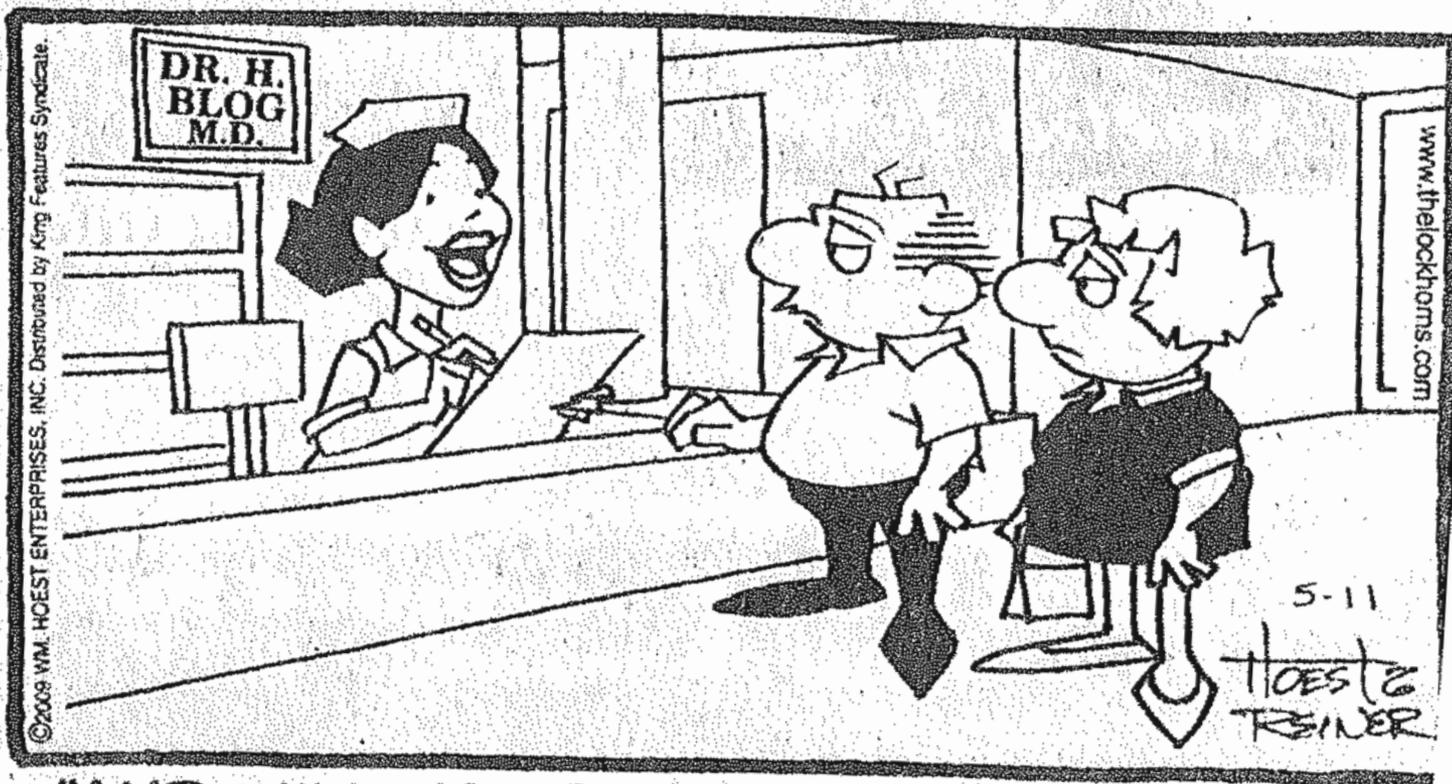
Practitioner Barriers to Identification

- ⊗ Ageist assumptions
- ⊗ Failure to recognize symptoms
- ⊗ Lack of knowledge about screening
- ⊗ Physician discomfort with substance abuse topic
 - 46.6% of primary care physicians found it difficult to discuss prescription drug abuse with their patients

(CASA, 2000)

Boomer Cartoon

LOCKHORNS By Bunny Hoest and John Reiner



"AND WILL YOU BE BRINGING THE DOCTOR
YOUR OWN INTERNET DIAGNOSIS?"



Adverse Drug Events (ADEs)



	Percentage/ Frequency	Source
Hospital admissions for ADEs	10% - 17%	Hayes, et al., 2007.
Preventable ADEs	42%	Gurwitz, et al., 2005
Preventable serious, life-threatening or fatal ADEs	61%	
Increased risk of ADE when taking 2 medications	13%	Goldberg, et al., 1996.
.....when taking 5 medications	38%	
.....when taking 7+ medications	82%	
ADEs resulting in death between 1976-1997	29%	Kelly, 2001.
Increased risk of falling when taking a psychotropic drug	71%	Le Couteur, et al., 2004.

Misuse by Patient

- Dose level more than prescribed
- Longer duration than prescribed
- Used for purposes other than prescribed
- Used in conjunction with other meds/alcohol
- Skipping/hoarding doses

Misuse by Practitioner

- Prescription for inappropriate indication
- Unnecessary high dose
- Failure to monitor/fully explain appropriate use

(Source: DSM IV)

Abuse by Patient

- Use resulting in declining physical/ social function
- Use in risky situations
- Continued use despite adverse social or personal consequences

Dependence

- Use resulting in tolerance or withdrawal symptoms
- Unsuccessful attempts to stop or control use
- Preoccupation with attaining or using the drug

(Source: DSM IV)



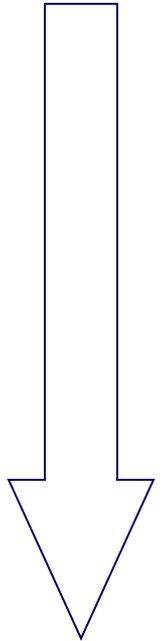
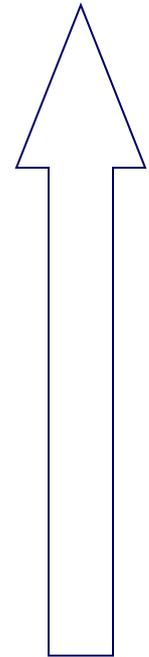
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The danger of over-medication

ACCIDENTAL ADDICTS

Age-related changes and medication

- Increase in body fat
- Decrease in body water content
- Decrease gastrointestinal tract function
- Decrease in albumin
- Decrease in liver function
- Decrease in kidney function



Physiologic Changes with Aging, Healthy Adults

- Gastrointestinal tract function
- Total body water for men declines from 60% to 54%
- Total body water for women declines from 54% to 46%
- Muscle mass decreases 30% for men and women
- Taste buds decrease 70% for men and women
- Cardiac reserve decreases from 4.6 to 3.3 times resting cardiac output

Accidental Addicts

- Possible problems with patient medical condition
 - Requires drug therapy / not receiving drug
 - Wrong drug taken
 - Too little / much of correct drug taken
 - Result of adverse drug-reaction
 - Result of drug / drug, drug / food, drug / lab. Int
 - Result of drug for not valid indication

Accidental Addicts

- Patient – Doctor Communication Questions
 - What drug have I been prescribed?
 - How does this drug work?
 - Why am I taking this drug?
 - What are the side-effects of this drug?
 - How long should I take this drug?

Begin with a “Brown Bag” Review



*Interviewer's impressions of the person after
completing the "Brown Bag Review" of prescriptions:*

1. Person cannot correctly recall the purpose of one or more medications
Yes No
2. Reports the wrong dose/amount of one or more medications
Yes No
3. Takes one or more medications for the wrong reasons or symptoms
Yes No
4. Needs education and/or assistance on proper medication use
Yes No

DSM-IV Dependence Criteria

- ✓ Tolerance
- ✓ Withdrawal
- ✓ Use in larger amounts or for longer than intended
- ✓ Desire to cut down or control use
- ✓ Great deal of time spent in obtaining substance or getting over effects
- ✓ Social, occupational, or recreation activities given up or reduced
- ✓ Use despite knowledge of physical or psychological problem

Applying DSM-IV Criteria to Older Adults

Tolerance	Even low intake may cause problems due to body changes
Withdrawal	May not develop physiological dependence
Use in larger amounts or for longer than intended	Cognitive impairment interferes with self-monitoring
Desire to cut down or control use	Same across life span
Time in obtaining substance or getting over effects	Negative effects with relatively low use
Activities given up or reduced	May have fewer activities
Use despite knowledge of problems	May not know problems are related to use



Two things happened after my retirement:

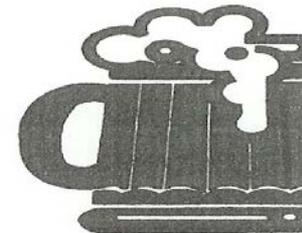
First, I quickly began to realize that I had trouble dealing with world events. Second, there was extra time to drink. I drank when I was happy, sad, depressed and especially when I was anxious. I would even drink to sleep. Stopping on my own did not work, so I attended a behavioral center for 21 weeks. While it helped for a little while, I slowly got back into my old habits.

Diagnosis and Assessment

- Blood / Alcohol Content
 - 1.5 oz Liquor
 - 12 oz Beer
 - 5 oz Wine or
 - 12 oz Wine Cooler



One
5 ounce
glass of wine



One
12 ounce
beer

Diagnosis and Assessment

- Early Onset Alcoholism
 - Long history chronic alcoholism
 - Started drinking age 14 – 20
 - Gradual increase tolerance
 - Multiple attempts to quit
 - Multiple treatment or detox experiences



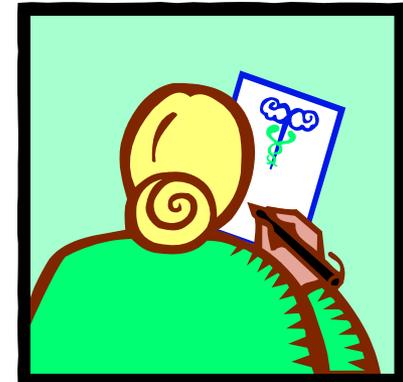
Diagnosis and Assessment

- Late Onset Alcoholism
 - Started age 50+
 - Losses
 - Toxic effects
 - Shame
 - Grief



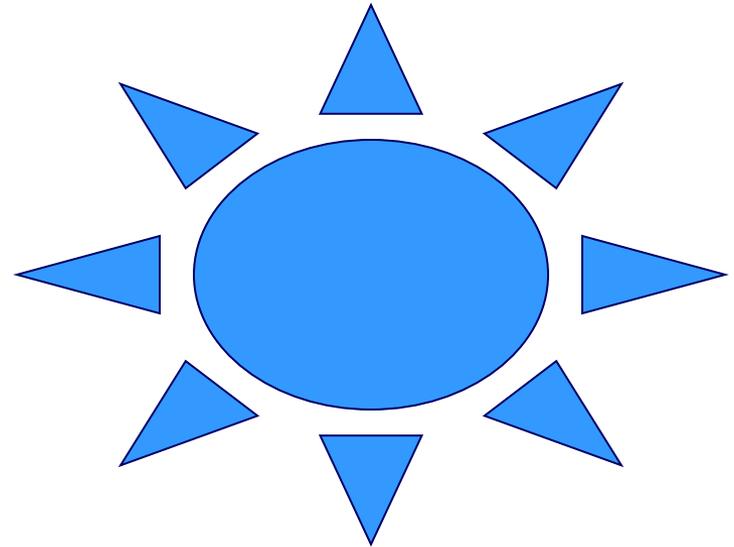
Diagnosis and Assessment

- Initial Screening
 - Physical condition
 - Emotional status
 - Personal care / cognitive functioning
 - Available support system
 - Motivation for accepting help



Diagnosis and Assessment

- Methods of collecting information
 - Older adult interview
 - Older adult self-reporting
 - Family and significant others
 - Interviews / Documentation
 - Medical records



Diagnosis and Assessment

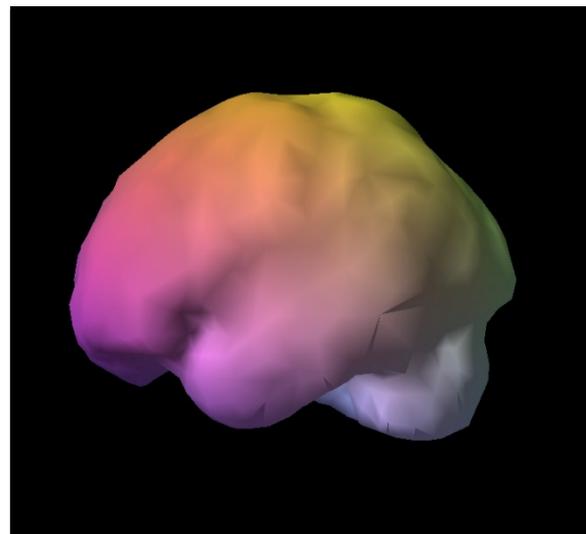
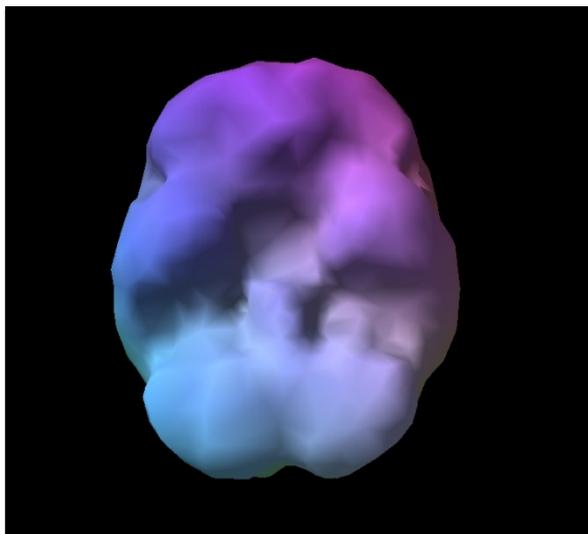
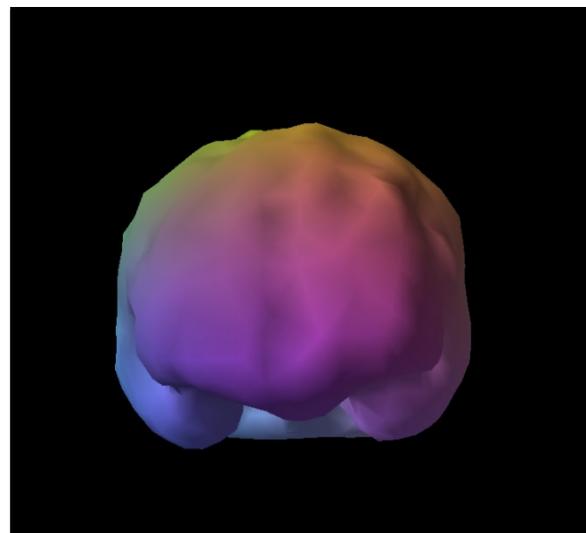
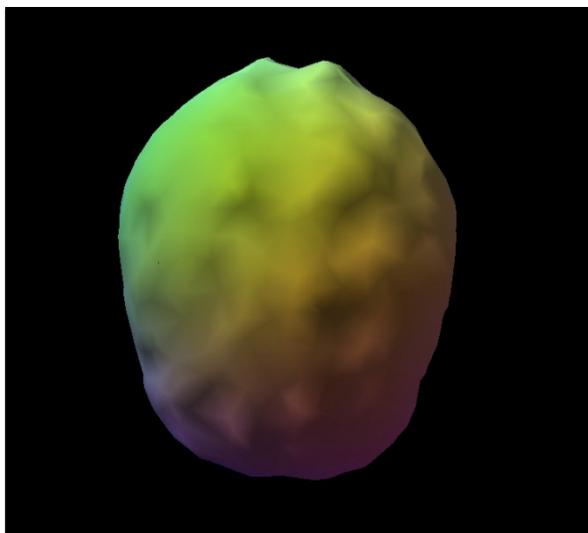
- Assessment tools
 - Geriatric Depression Scale
 - MAST-G
 - S-MAST-G
 - CAGE
 - Folstein MMSE
 - Millon MCMI II
 - Audit



The Alcoholic Brain

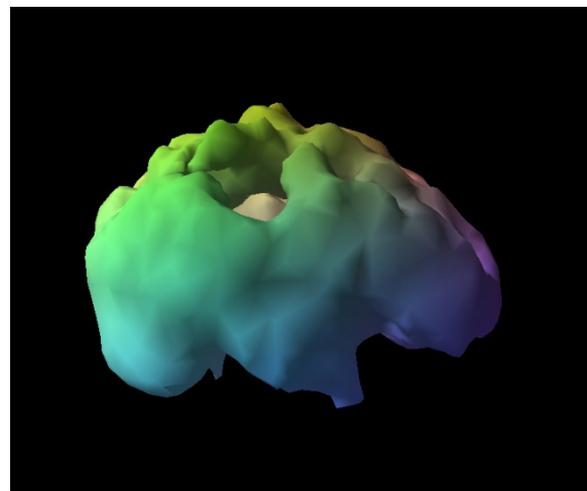
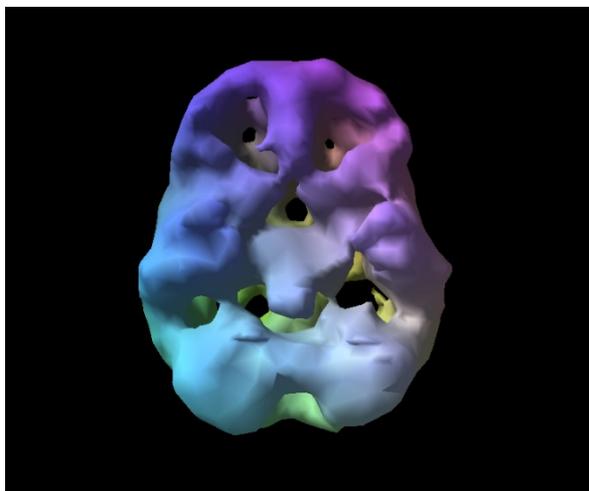
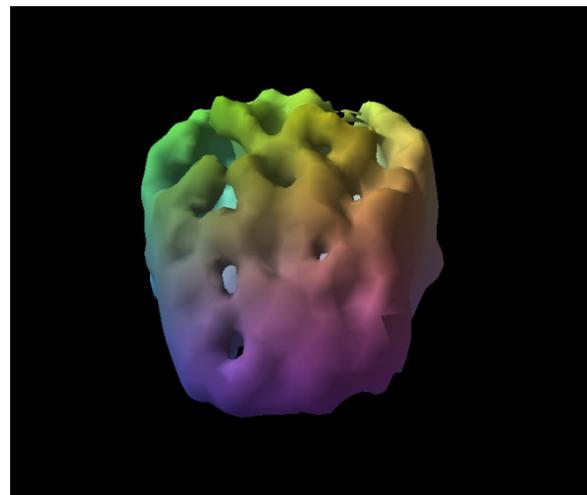
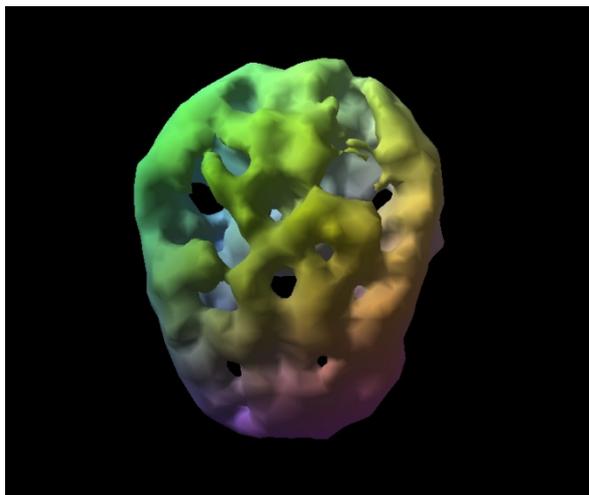
- Smaller, lighter and more shrunken.
- More extensive shrinkage in cortex.
- Vulnerability to shrinkage greater with age.
 - Enlargement of the ventricle system.
 - Reduced weight and volume.
- Decreased blood flow and metabolism.
- Women may be more vulnerable.

Normal Brain SPECT Images

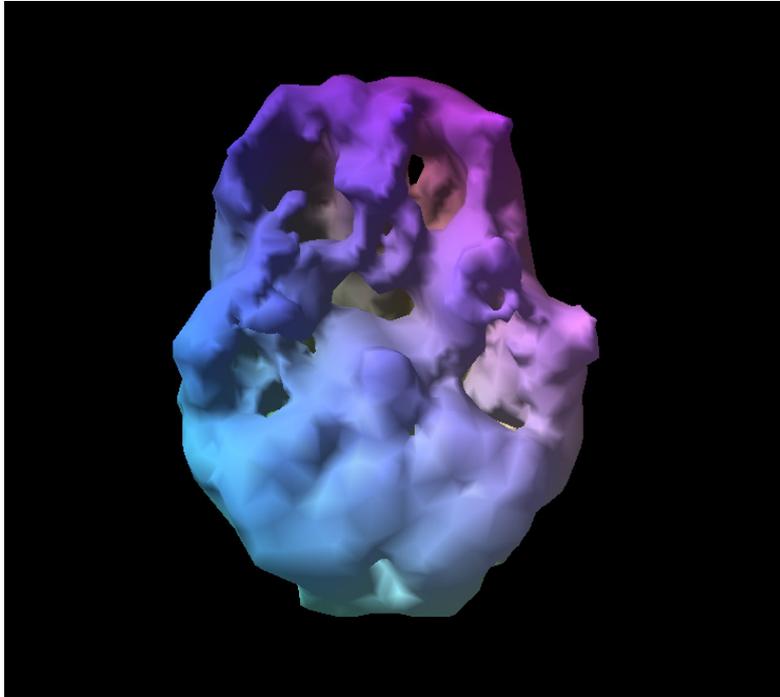


ALCOHOL

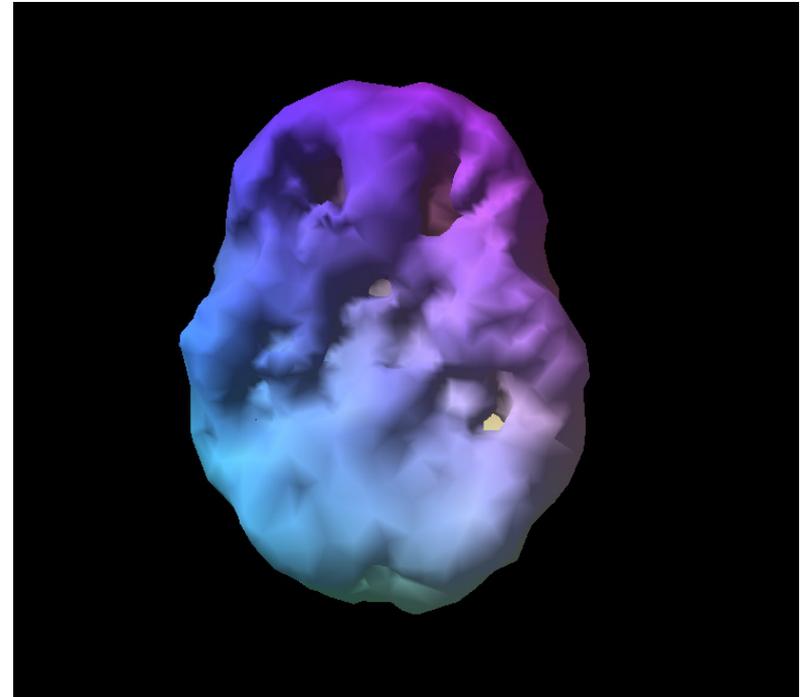
17 Years of Heavy weekend use



Before and After Recovery

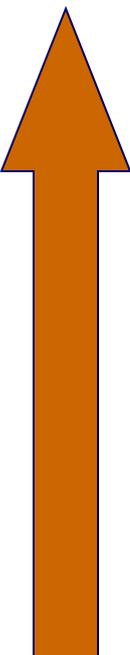
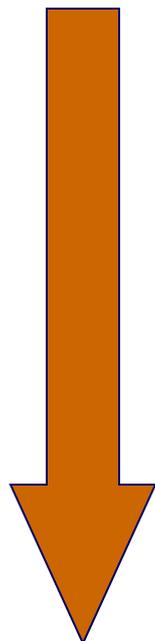


**Active substance
abuse**



**One year alcohol and
drug free**

Accidental Addicts

- 
- A large, solid orange arrow pointing upwards, positioned to the left of the list.
- Age-related changes and medication
 - Increase in body fat
 - Decrease in body water content
 - Decrease gastrointestinal tract function
 - Decrease in albumin
 - Decrease in liver function
 - Decrease in kidney function
- 
- A large, solid orange arrow pointing downwards, positioned to the right of the list.

Factors Influencing our Beliefs

- If we are to help...
 - We must be sensitive to the values and beliefs held by older adults
 - We must be sensitive to the values and beliefs of family members
 - We must examine our values and beliefs

Factors Influencing our Beliefs

- When grandma got ‘tipsy’ we all thought it was ‘cute.’
- Let him drink, he’s not hurting anybody.
- What difference does it make at his age?
- It’s okay for Grandpa to get ‘drunk’ but not Grandma.

Factors Influencing our Beliefs

- Myths
 - Older people can't learn
 - Reconstructive surgery
 - Too old to be depressed
 - It is worth it
 - Last remaining friend

Older Adult Treatment

- Special Treatment Needs
 - Extended / Appropriate Detox
 - Slower transition
 - Speech, hearing, vision, nutrition
 - Medical, Psychological, Psychiatric
 - Grief, loss, rest periods, recreation
 - Treating Whole Person

Older Adult Treatment

- Groups for Older Adults
- Grief
- Life Transition
- Relapse
- Women / Men Alumni Support
- Sober Seniors
- Nutrition
- Continuing Care
- Dual Diagnosis
- Wellness
- Storytime
- Meditation
- AA / Big Book
- Nicotine
- Regular Group Therapy

Boomers

- Divorced, sandwich generation
- Enthusiastic grandparents
- Boomers get alcoholism as disease
- 30% talk w/doctor & medicine/44% get it
- Social Security administration online
- Senior Centers

Boomers

- Will not be patronized
- Research on the net
- Understand concept of therapy
- Expect services
- Reject ageism
- Boomers will remain a strong force in shaping society!!



Questions?



Thanks for attending!

Juan Harris, MBA, MS

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About Hanley Center

- Part of the Caron Treatment Centers family, the largest non-profit addiction treatment center with over 53 years of experience



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