



# Effective Treatment Strategies for Addicted Older Adults

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# Glossary of Terms

**Commercial Interest** - The ACCME defines a “commercial interest” as any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies.

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**Conflict of Interest** - Circumstances create a conflict of interest when an individual has an opportunity to affect CME content about products or services of a commercial interest with which he/she has a financial relationship.



## Participants will be able to:

- Talk about the fastest growing population requiring specialized D&A levels of care
- Understand treatment components necessary to provide a well rounded integrated approach for older adult care



# Difference in the older population

To better understand their fragility

The course of treatment: Slow, steady, high medical component

Resistance vs being unable

# An Aging Population

- By 2050, it is anticipated that Americans aged 65 or older will number nearly 89 million people, or more than double the number of older adults in the United States in 2010.
- Americans are living longer lives than in previous decades and, given the post-World War II baby boom, there are proportionately more older adults than in previous generations.



“The state of Aging and Health in America 2013” – US Centers for Disease Control and Prevention

# An Aging Population



- In 1992, the number of Americans over 50 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, older adults are now abusing more illicit substances – such as cocaine, heroin and marijuana (with marijuana far ahead of the rest) and legal prescription drugs than before.
- Benzodiazepines and opiates prescribed for chronic pain.



# How Will Our Industry React?

- Within the next several years there will be more Boomers and Seniors than children in America.
- Boomer and Older Adults are living with multiple chronic disorders including the disease of addiction.
- For the next 18 years, older adults will be turning 65 at a rate of about 8,000 to 10,000 a day.

# How Will Our Industry React?

- Healthcare costs related to alcohol and drug abuse among seniors was projected to reach \$100 billion by this year(2018).
- Most commonly abused painkillers, such as hydrocodone and oxycodone, climbed more than 50%.
- The supply of each narcotic provided to the average recipient grew about 15% from 2007 to 2012. (80% USA)(Now99% hydrocodone use)
- This means that the ratio of the nation's 43 million seniors getting Medicare prescriptions to take pills like Vicodin or Percocet are *1 in 5.*
- 1/3 of prescription drugs are given to Older Adults
- 2/3 of over the counter medications are purchased by Older Adults

# Opiates and Older Adults

Oft times prescribed for Chronic Pain

Fearful of not having medications

Use for Relief

Difficult withdrawal: not sleeping,  
anxiety, constipation, difficulty  
breathing

# Opiates ( Cont.)

Hyperalgesia

Suffering: the spiritual dimension

(They want relief)

Isolation, resistance, giving up

Overall health and medical conditions



# Generational Differences





# Silent Generation

## 1925-1945

Less Education

Valuing and Protecting Finances

More Children

Less Disposable Income

More Religiosity

# Baby Boom Generation



1946-1965

Higher Education

Willingness to take debts

Fewer children

More disposable income

Less religiosity

( Became educated by the support of the silent generation)

# Generation X



- 1966-1971
- Legalized Abortion( 1973)
- Invention of Birth Control ( 1960)
- Divorce
- Absent Fathers
- Working Mothers
- Latchkey Kids
- Risk Taker
- ( Fewer Children, both parents working)



# Treating Older Adults Successful Integrated Model

- Physical, Emotional, Spiritual, Medical, Recreational, Nutritional, Social and Systemic (Caregiver)
- A population that demands respect, non-confrontational approach



# Vulnerability

- Older adults more vulnerable to effects of alcohol and medications
- Increased risks of co-morbid diseases
- Increased risks of harmful drug interactions, injuries, depression, cognitive issues, liver and cardiovascular diseases
- Increased fall risks leading to bone fractures, internal bleeding and head injury
- Poor cognition interfere with ability to recall use history
- Withdrawal management challenges



- At risk drinking and problem drinking are the largest classes of substance use problems in older adults
- At risk drinking defined by more than 3 drinks per day and more than 7 drinks per week in healthy men/women older than 65 y/o
- At risk drinking increases the potential for developing problems and complications
- Late onset problems may develop due to stressors related to older age (e.g., retirement, loss of income, loss of partner)

# Statistics

- National Survey on Drug Use and Health (NSDUH, 2002-2003); age 50+, 12.2% were heavy drinkers, 3.2% were binge drinkers, and 1.8% used illicit drugs. 2.5 million Older Adults have a drug and alcohol problem
- Nearly 50 % of nursing home residents have alcohol related problems
- Most older adult patients with alcohol problems go unidentified by health care personnel
- Few older adult patients seek help( there is stigma and shame, thusly underreported)



## Statistics (cont'd)

- Adults > 65 y/o comprise 13% of the population and 36% of all prescription medications used in the United States
- 25% of older adults use psychoactive medications with abuse potential
- Greatest concerns are opioids and benzodiazepines
- Misuse and abuse of prescription drugs by older adults not typically done for euphoria
- Most abused medications are obtained by prescription
- Estimated nonmedical use of prescription drugs will increase to ~2.7 million by 2020 in 50+ age group



# Physical Signs and Symptoms Complicated by Addiction

- Sleep complications
- Health complications
- Decline in ADL's
- Unexplained burns/bruises
- Fall risk
- Medication complications
- Disease concept: chronic progressive characterized by denial
- Vulnerability
- Memory loss, dementia, delirium
- Malnutrition
- Incontinence
- Lack of social interaction
- Vision problems
- Cognitive decline
- Hearing problems.
- Impotence

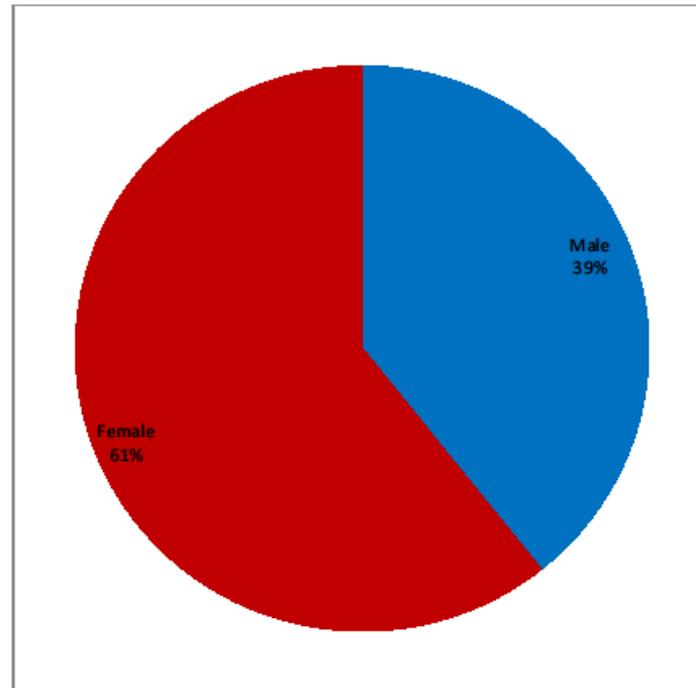


# Co-occurring Medical Considerations

- Central Nervous System (CNS)
- Cardiovascular
- Pulmonary
- Musculoskeletal
- Renal
- Gastrointestinal



What is your gender?		
Answer Options	Response Percent	Response Count
Male	22	39.29%
Female	34	60.71%
Transgender (MTF/FTM)	0	0.00%
Intersex	0	0.00%
Questioning		0.00%
<i>answered question</i>		56



From 2/2015 to 5/31/2018 we treated 300 patients in the Older Adult Program.



Edith Wilma Connor holds the Guinness  
World Record for oldest female weightlifter.

She's 83



# Treatment Components

## “A Successful Approach”



1. Environment 3 S's: small, safe, self-contained
  2. Geriatric Specialists-medical and psychiatric team (co-occurring disorders)
  3. Spiritual Counseling
  4. Patient centered assessment
    - nutritional
    - visual impairment
    - auditory impairment
    - ambulatory impairment
    - cognitive impairment
    - fall risk
  5. More tools in the clinicians toolbox-meeting patient where they are
  6. Dialectic Behavioral Therapy
  7. Complicated grief
  8. Stages of treatment-group vs. individual
  9. Integration of 12 Step Recovery-Senior to Senior
  10. Mindfulness
  11. Detailed recovery plan for discharge
- “Purpose and quality of life”



# Older Adults Assessments

Challenges with Assessing

Belief that older adults don't have  
drug problem

Negative thoughts about aging

Feeling uncomfortable, not enough  
time to assess (Providers belief)





# Older Adult Assessments

SMAST-G ( Short Michigan  
Alcoholism Screening-Geriatric)

AUDIT ( Alcohol Use Disorders  
Identification Test)

ASSIST, SBIRT

MOCA, RBANS





# Treatment Highlights

Meeting the patients where they are

Impact letters done individually

Movement group

Therapeutic drumming

Music group





(Continued)

Family of origin work, core beliefs

Mask work, Time Lines

Cognitive distortions

Defenses

“ You must have the conversation”





# Treatment Components for Opiates

Non Addictive pain medications

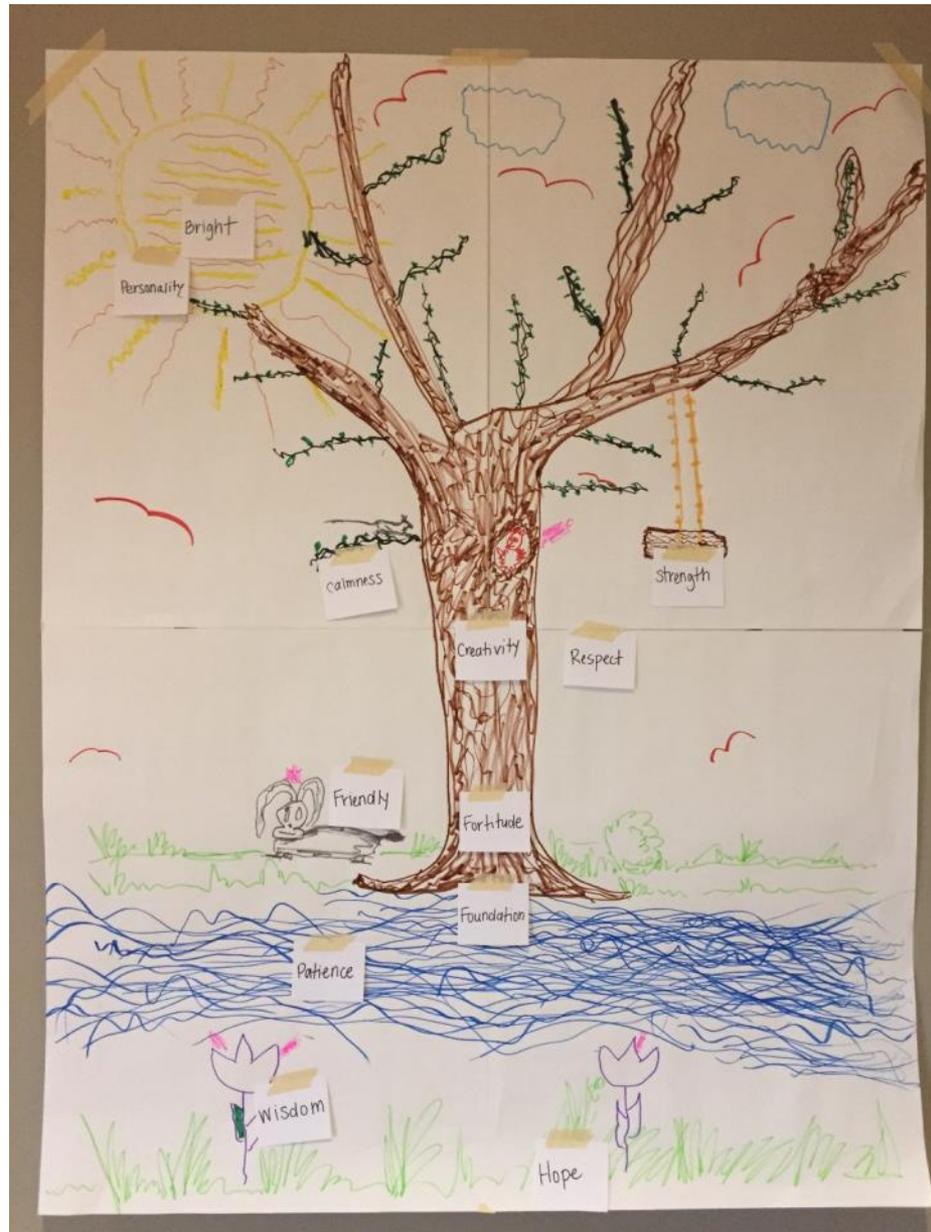
Hydrotherapy

Physical Therapy

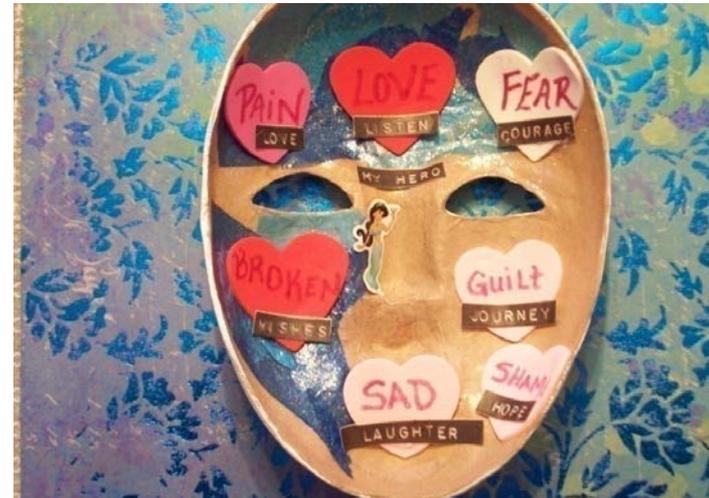
Yoga, Movement therapy, exercise

Massage and acupuncture









Mysteriously perfect. Something behind this mask lays quiet. Hidden. To the world she is beauty but underneath is pain beyond her years. She uses this as a defense but at the same time, she is yearning to be known. Everyone assumes who she is and she plays along because if you really knew her, you just might not like her. She is broken and fragile, but she is determined to break through the perfection so that she may build herself up from within. One day, her heart of gold will shine from within and she will conquer rather than be defeated.



**“The WAY we talk  
to our Children  
becomes  
their inner voice.”**  
Peggy O'Mara

You can  
do it!

You are  
the best!

You are  
a star

That's my  
champ!

Awesome!  
Good job!

Idiot!

Shut up!

Go  
away!

You're such  
a mess.

Stop  
bothering  
me!



# Making the Difficult Decision What Happens After Treatment?

## A Continuum Approach

- Extended Care/Sober living
  - Outpatient Levels of Care
  - Caregiver – in home services
  - 12 Step community
  - Wrap around care
  - Nursing facility
  - Assisted living
  - Primary care doctor
  - Sober Coach
- “High success rate with this population”



# Older Adults Are:

- Diverse
- Complex
- Changing
- Clinically Challenging
- Unique individuals
- Rewarding to serve



# Never too Late

It is never too late to develop an  
addiction

It is never too late to intervene on an  
addiction

It is never too late to have quality of  
life





Questions?



# References



- <https://www.ncadd.org/addiction/seniors> June 26, 2015
- NIH National Institute on Drug Abuse Prescription Drugs, Older Adults, August 2016
- National Survey on Addiction, NSDUH. 2002-2003