



The **Ohio Substance Abuse
Monitoring Network**

June 2006 – January 2007

A Targeted Response Initiative

SUBSTANCE ABUSE AMONG OLDER ADULTS: A TARGETED RESPONSE INITIATIVE



A Report Prepared for the
Ohio Department of Alcohol
and Drug Addiction Services

In Collaboration with
Wright State University & The University of Akron

SUBSTANCE ABUSE AMONG OLDER ADULTS

THE OHIO SUBSTANCE ABUSE MONITORING NETWORK

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EXECUTIVE SUMMARY

Ohio Substance Abuse Monitoring Network

Targeted Response Initiative: Substance Abuse among Older Adults

June 2006 – January 2007

Introduction

The Ohio Department of Drug and Alcohol Addiction Services (ODADAS) and other state agencies are collaborating on an initiative focusing on older adults. In response to this statewide collaboration, ODADAS requested the Ohio Substance Abuse Monitoring Network (OSAM) to conduct a *Targeted Response Initiative* in the fall of 2006 on the topic of substance abuse among older-aged adults (60 years and above). The goal of this Targeted Response Initiative was to describe the perceptions of service providers and older adults regarding the nature and extent of alcohol and other drug abuse problems and treatment needs among seniors.

Methods and Participant Characteristics

Regional Epidemiologists in 8 locations throughout the state (Akron, Cincinnati, Cleveland, Columbus, Dayton, Youngstown, Toledo, and rural southeast) conducted focus groups and individual interviews with: 1) substance abuse treatment counselors; 2) social service providers who work with seniors through the Area Agencies on Aging, Senior Centers, senior metropolitan housing authorities, and other agencies; 3) older adults from senior centers who do not self-report substance abuse problems but may be knowledgeable about substance abuse issues among their peers; and 4) seniors who are in treatment/recovery or are actively abusing alcohol or other drugs.

A total of 166 individuals participated in focus groups and individual interviews throughout the state. Eighty-four participants were seniors who were active drug users, recovering drug users, or older adults knowledgeable about drug use among seniors in their community.

Focus groups and individual qualitative interviews explored the following issues: 1) patterns and perceived extent of alcohol, prescription drug and illicit drug abuse in the elderly population; 2) perceived reasons for alcohol and other drug abuse among older adults; 3) negative consequences of

Area	Seniors: Active or recovering users and non-users	Service providers	Total number of participants
Akron	12	5	17
Athens	2	13	15
Cincinnati	10	11	21
Cleveland	22	0	22
Columbus	6	12	18
Dayton	15	16	31
Toledo	9	20	29
Youngstown	13	5	18
Total	84	82	166

abuse; and 4) substance abuse treatment issues specific to seniors.

Results

Nature and Extent of Substance Abuse Problems among Older Ohioans

Alcohol

- Most participants agreed that among older adults, alcohol abuse is more common than abuse of any other drug. Some service providers estimated that about 10% of their older clients have alcohol abuse problems.
- Generally, alcohol abuse was perceived as more common among older-aged men. Because of social stigma, older-aged women tend to be more discrete about their alcohol abuse than elderly men.
- Some areas of the state reported that alcohol abuse problems are generally more common among older-aged people of lower socioeconomic status and disabled veterans.
- Older-aged alcohol abusers typically drink in the solitude of their own residences, often spending the largest portions of their limited financial resources on alcohol.
- In Columbus, an increasing popularity of gambling activities, including bingo, lottery, and trips to casinos, was related to alcohol abuse problems among older-aged people.

Prescription drugs

- Illicit use of prescription medications was viewed as the second most common substance abuse problem among older-aged people.
- Pharmaceutical opioids, such as Vicodin® (hydrocodone & acetaminophen), Percocet® (oxycodone & acetaminophen), and OxyContin® (oxycodone extended release), and benzodiazepines, particularly Xanax® (alprazolam) and Ativan® (lorazepam), were reported as the most commonly abused prescription drugs among older adults across Ohio. Abuse of sleep medications was perceived as less common among seniors.
- Most areas of the state indicated that abuse of prescription drugs is more typical among older-aged women than men.
- For many seniors, problem use of pharmaceutical drugs can be concealed more easily and/or viewed as less stigmatized behavior than abuse of alcohol or illegal drugs. Since many seniors take a variety of medications, it is difficult for service providers to identify cases of abuse.
- According to participants, over-prescribing and "doctor shopping" are the most common ways seniors obtain pharmaceuticals for illicit use. Service providers felt that medical providers are often lax in prescribing controlled substances to older-aged people.

- Reportedly, some older adults sell their prescriptions to supplement their incomes. Others may be preyed upon by friends and family members hoping to steal their medications from them.

Illegal drugs

- In the senior population, *marijuana* use is often related to self-medication of various health problems. Some older adults are lifelong users of the drug. Similar to the general user population, older-aged users view marijuana as a safe drug. Reportedly, older adults typically obtain marijuana from younger family members who use and/or sell the drug.
- Participants across the state reported varying opinions about *crack-cocaine* use among older-aged adults.
 - Some respondents thought that older individuals could not "handle" crack because of the negative health effects and intensity of the lifestyle associated with the drug.
 - In contrast, other respondents reported an increasing trend of crack use among the older-aged adults, especially among those who live in communities where illegal drug use and drug sales are more common.
 - In several areas of the state it was reported that elderly men sometimes get introduced to illicit drugs such as crack cocaine because of their involvement, often sexual in nature, with younger, drug-using women.
- Use of *heroin* was reported as relatively rare among seniors, and typically concentrated among older African-Americans who have been addicted to heroin for many years. Many of these individuals are intravenous drug users who sometimes inject powdered cocaine along with heroin.
- Participants had no knowledge about the use of methamphetamine or other illegal drugs among the elderly.

Reasons for Alcohol and Other Drug Abuse

- Among seniors, alcohol and other drugs are often used to deal with loneliness, boredom and depression caused by increased social isolation, the lack of family involvement and support, the death of a spouse or other family members, the loss of independence, and other life transitions associated with old age.
- Lifetime histories of alcohol and other drug abuse are common factors associated with substance abuse problems among older-aged people. According to service providers and seniors, some individuals have simply carried their substance abuse habits into old age.
- In some situations, abuse of pharmaceutical drugs among the seniors is related to the self-medication of physical health problems and easy access to pharmaceutical drugs via legitimate prescriptions and "doctor shopping."

- Among low income seniors, social service delivery issues were discussed as contributing factors to substance abuse problems. For example:
 - Poor management of some public housing facilities may increase social isolation and boredom among the older-aged people, thereby contributing to problem behaviors such as drinking.
 - Since seniors may be placed in the same metropolitan housing facilities with disabled individuals, some elderly residents may be victimized by younger clients and become exposed to a range of illegal activities, including drug dealing and abuse.

Negative Consequences of Substance Abuse among Older Adults

- Substance abuse among older-aged people is related to a broad range of *health* complications, including increased likelihood of falls, problems caused by drug interactions, poor nutrition, dehydration, and deterioration of pre-existing health conditions.
- Both providers and seniors commented that substance abuse among older-aged people contributes to *social* isolation, family conflicts, and an increased likelihood of victimization and abuse from family members, associates and others.
- Alcohol and other drug abuse often increases *financial* problems for seniors and may compromise their ability to pay for essential needs such as shelter and food.
- Alcohol and other drug abuse among older-aged people sometimes compromises their ability to access and/or retain *social services* such as housing assistance or home aide help. This is of particular concern for homebound seniors who rely on others for meals, medication management, and personal hygiene.

Substance Abuse Treatment Issues among Older Adults

- Social service providers and treatment counselors reported low levels of substance abuse treatment engagement among older adults, despite the perceived need for such services. These reports were supported by statistical data. For example:
 - In 2006, only about 1% of the total number of people assessed at the centralized intake unit in Dayton (n= 4,891) were over the age of 60.
 - According to the Toledo area methadone clinic, 4% of the 144 clients who attended the clinic in December 2006 were persons over the age of 60.
 - Between 2004 and 2006, the largest outpatient treatment facility in Athens had a total of 40 admissions of persons 60 and older.
- Service providers and seniors discussed a range of barriers to substance abuse treatment among older-aged people:

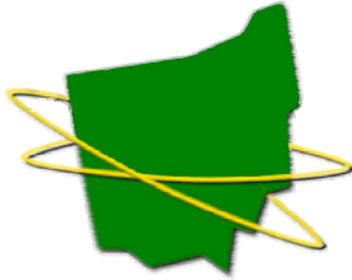
- Pessimistic attitudes shared by seniors and some service providers regarding treatment success in older age.
- Among some seniors, reluctance to enter substance abuse treatment is related to their fear of losing independent living.
- Stigma associated with substance abuse treatment is another barrier for older-aged people, especially those who live in senior communities.
- Waiting lists present significant obstacles to older individuals. Senior clients may experience health crises while waiting to get into treatment. This can result in substance abuse treatment providers losing track of older adults while they are transitioning between independent living, hospitalization, and nursing facilities.
- Participants across the state indicated that most treatment programs are oriented towards younger users. There is the perception that the treatment approaches that work for younger individuals may be ineffective with older-aged people. Furthermore, according to participants, older-aged clients may feel “embarrassed” to be in substance abuse treatment programs with much younger clients.
- Some treatment services are not able to accommodate seniors with disabilities and other medical problems.
- Social service providers indicated a need for in-home treatment services for some clients with alcohol and/or other drug problems, particularly those who are homebound. Such services are extremely limited or completely unavailable in most areas of the state.
- Service providers discussed a lack of outreach programs and other obstacles in identifying older adults with substance abuse problems. Participants discussed a need for additional training for physicians and other medical professionals about the warning signs of alcohol and other drug abuse among older-aged people.
- Some housing facilities do not have the resources to be proactive in helping seniors to access social services, including substance abuse treatment.

Conclusion

Our findings indicate that substance abuse issues among seniors are extremely complex and vary substantially by socioeconomic class and the drugs used. Our data indicate that alcohol abuse and dependence are the most prevalent substance abuse problems among seniors, followed by the abuse prescription pain medications and benzodiazepines, and illicit drug abuse. Older adults involved with illicit drugs such as heroin or crack cocaine appear to be substantially different from seniors abusing only alcohol or prescription medications. Reasons for drug abuse among seniors vary, but tend to center around issues of isolation and depression. Some drug abuse problems are related to physical and mental health problems.

Participants throughout the state reported low levels of substance abuse treatment engagement among seniors. Older adults who do enter into treatment dislike being included with younger clients because of generational differences. Long waiting lists and treatment programs inability to adequately care for older adults, who may require special medical care, are examples of barriers to treatment entry. The need for in-home treatment services was advocated by some social service providers.

This preliminary study on substance abuse among older adults is limited by the small sample size, relative to the state as a whole, and the complexity of substance abuse-related issues. In addition, our study is based largely on qualitative data which could be enhanced by thoughtfully constructed survey data. More comprehensive studies are vital to planning for the future as “baby boomers” continue to age. Our study indicates that substance abuse among the elderly is a significant problem that will increase in the future.



The
**Ohio Substance Abuse
Monitoring Network**

June 2006 – January 2007

**An OSAM Targeted Response Initiative:
Substance Abuse among Older Adults**

**Akron, Ohio
Summit and Stark Counties**

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**A Report Prepared for the Ohio
Department of Alcohol and Drug
Addiction Services**

Data Sources and Participant Characteristics

Three focus groups were conducted in the Summit County area. One group was with recovering seniors in a substance abuse treatment program, one was with seniors living in senior housing and the final group was with five service providers in a treatment agency.

A total of 17 individuals participated in the study. Twelve participants were seniors either recovering from a substance abuse problem or knowledgeable about substance abuse problems among their peers. The majority (n=6) of seniors interviewed were between 60 and 69 years of age. Four were between the ages of 50 and 59, one was between the ages of 70 and 79, and one was between 80 and 89 years of age. Five were African American and seven were Caucasian. Over half were male (n=8). Although alcohol was the most commonly reported drug of use, individuals also reported using powdered cocaine, heroin and crack cocaine.

Alcohol Abuse

Prevalence and Patterns of Use

Focus group participants agreed that alcohol abuse in seniors is not specific to any one ethnicity. Most felt that the majority of seniors with alcohol problems are males, but some also knew of women with serious alcohol issues. One participant commented, *“My mother didn’t want us kids to know. She could drink a can of beer in a minute, but she always hid it. She never accepted that we knew. She would not get help.”*

Disabled veterans were also identified by participants as at-risk of alcohol abuse. As these veterans age and their disability or physical condition worsens, alcohol is sometimes used for self-medicating purposes.

Alcohol abuse in seniors was thought to be a “hidden problem.” As a result, drinking at home is more of an issue than drinking in bars or other public settings. This is especially true for older women, many of whom drink alone and try to hide their drinking problems. One provider, who noted that her senior client had a cab driver deliver alcohol to his home, commented, *“I’ve heard it more than once, ‘I’ve never had a DUI.’ But it’s not that difficult if you drink at home.”*

Reasons for Abuse

Alcohol abuse in seniors was seen as the result of loneliness, depression, and anxiety. Some felt that drinking worsens with the death of a spouse or a loved one. Focus group participants felt that many seniors lack social support. Social isolation often increases the likelihood that older adults will become “closet drinkers.”

Negative Consequences of Alcohol Abuse

Respondents felt that older adults are more likely to experience shame related to their alcohol problems. The respondents believed that there is more social stigma associated with alcohol abuse among elderly than among younger people. Seniors associate alcohol addiction with embarrassment and weakness.

Both providers and seniors commented that alcohol abuse can cause seniors to isolate themselves from their family and even result in loss of social services. This is particularly alarming for homebound seniors who rely on others for meals, medication management and even personal hygiene. Companionship is also jeopardized as friends and church members no longer wish to interact with intoxicated seniors. Loss of these support systems can be mentally and physically detrimental for seniors. Many seniors live on a fixed income from pensions or Social Security. The expense associated with alcohol dependency often takes priority over essentials like

rent, food, and bills. One senior described a combination of these consequences,

I functioned, but I was still an alcoholic. With alcohol, everyone looks down on you. You end up with marital problems, money problems, job problems. If you've been drinking for more than 50 years, you've got more than just one problem. You end up with no support system--your family gives up on you.

Providers commented that seniors suffer from numerous medical conditions and often have to take several medications each day. Health complications are exacerbated by even casual alcohol use, and drug interactions can result in very serious health problems and even death. Reportedly, some seniors think that it is safe to take prescription medications with beer, as long as "hard liquor" is not used. One treatment provider stated, "Younger people have law consequences--seniors have health consequences."

Pharmaceutical Drug Abuse

Sleeping Medication

Commonly abused sleeping medications included Ambien® (zolpiden tartrate), Lunesta® (eszopiclone), Visatril® (hydroxyzine), and Tylenol PM® (acetaminophen/diphenhydramine HCl). Many seniors knew of friends that were dependent on these sleep aids both physically and psychologically for rest each night. Seniors interviewed in the focus groups did not associate sleeping medications with a "drug problem." Participants felt it is difficult to distinguish between use, misuse, and abuse of sleeping medication among seniors. They felt that abuse of sleeping medication generally occurs when a senior decides to take more of a legitimately prescribed medication than the doctor has indicated. Since sleeping medications are often prescribed "as needed," seniors see no problem with increasing the dosage. One senior commented,

It's prescription, and the doctor gives it to me. But, I take two instead of one. I think that one sleeping pill just doesn't help me.

Problems associated with sleeping medication abuse included sleeping at times other than the night, falls and confused demeanor. In general, however, respondents felt it was more important to get sleep than to worry about the side effects of sleeping medication. Focus group participants commented on a tendency among health care providers to over-prescribe sleeping medication for seniors:

That's something they do in the hospitals: wake you up to take them [sleeping pills]. In the hospitals they need to be more aware that people don't need all these pills. When you go home, you think you need these pills there, too.

Pain Medication

Respondents indicated that legitimate use of prescription analgesics is very prevalent among seniors, but they were uncertain about the prevalence of those who abused pain medication. Focus group respondents felt that women were more likely to abuse pain medications than men.

The most commonly abused pain medicine was reported to be Vicodin® (hydrocodone and acetaminophen). Respondents also reported that use of Percocet® (oxycodone and acetaminophen) and OxyContin® (oxycodone extended-release) is common among seniors, but they were not able to estimate the extent to which seniors were abusing these medications.

Tranquilizers/"Nerve Pills"

Among seniors, commonly abused tranquilizers include Ativan® (lorazepam), Xanax® (alprazolam), and Valium® (diazepam). Respondents believed that abuse of "nerve pills" was more common among women. According to participants, pharmaceutical tranquilizer abuse among seniors was partially related to the fact that legitimate prescription of "nerve pills" was very common in this population. For example, many seniors commented that the majority of their peers had used Valium® or other benzodiazepines at some point in their lives.

Seniors who abused or were dependent upon prescription medications reported feeling irritable and nervous most of the time. Providers felt that tranquilizer use in combination with alcohol resulted in major problems for seniors. One participant commented:

If you're used to drinking, you take the pills too. It's just a bunch of habits all happening at the same time.

One provider discussed tranquilizer abuse among elderly with depression and suicidal ideation:

I know of people who have figured, if you take enough of them [tranquilizers], you won't have to wake up. They're in treatment for depression, but they have tried suicide 2 or 3 times.

Reasons for Pharmaceutical Abuse

Many focus group participants thought that pharmaceutical abuse among seniors was associated with transient living situations and difficulties with continuity of care. Many times seniors are in and out of hospitals, nursing homes, and pain clinics

with little to no cross-checking for prescriptions and drug interactions. Focus group participants felt that prescription practices of some physicians are partially related to the abuse of prescription medication among seniors. One senior participant commented,

They [doctors] should pay attention to how long people stay on what. Doctors don't pay attention to what they are doing. They don't talk to each other. They don't share tests. The second doctor prescribes the same things and even more powerful.

Seniors attributed abuse of pain medication to increasing tolerance. Several commented that it just becomes necessary to self-medicate to manage pain. One senior commented, *"You get used to them [pain medication]. Then you have to take more just to make them work."*

Access to prescription drugs does not seem to be a barrier for seniors. Many seniors visit multiple providers for different chronic and acute conditions (e. g. general physician, urologist, cardiologist). Often times, they receive prescriptions for the same or similar medications from a number of different providers. Seniors commented:

All you have to do is to go to another doctor. They don't ask. No one suspects that you have a real drug problem when you are old.

It's easy to get. Just lie to doctors, tell them you have pain or you can't sleep. They'll ask you a few questions and give you the pills.

You know what doctors to go to and what doctors not to go to. All you have to say is 'when I was here this is what I was given and it worked,' and the doctor will give you more. You can go to one doctor for mental health, another doctor for pain, another for sleep, but each doctor is prescribing either the same or different medications.

Some seniors with limited resources reported that they were able to get prescription medication from their neighbors or friends who have health coverage. Respondents indicated that it is not common among seniors to acquire prescription drugs "out on the street." However, "swapping" or selling of prescription drugs between friends is reportedly common in some places.

Illicit Drug Abuse

According to participants, illicit drug use in seniors was primarily limited to marijuana and crack cocaine. Focus group respondents indicated that powdered cocaine or heroin use in seniors is extremely uncommon. Seniors were less likely to have the resources (e.g. money and transportation) to obtain these illicit drugs. For example, one provider commented,

Powder cocaine takes more money, and that's not the population. Our population doesn't have the funds for a powder cocaine addiction.

In general, focus group participants felt that casual use of marijuana was fairly common among some seniors. Seniors who use marijuana are part of a generation who were introduced to marijuana early in life and have continued “recreational” use for the most part of their lives. For example, one service provider discussed marijuana use among seniors:

Our younger clients in their 50's have it as part of their history. Some is cultural. It's more accepted in the African-American community. Woodstock is a great memory, and this is our population. But it is not usually a drug of choice.

Providers reported that it is very rare to see a senior enter substance abuse treatment for smoking marijuana. They commented that some seniors view marijuana as more acceptable than most other drugs of abuse, including prescription medications and alcohol. One focus group participant indicated, “Just as in younger adults, seniors don't see it as a problem. They don't see the illegalities of it.”

Providers indicated that among other illegal drugs, crack-cocaine use was second only to marijuana. Seniors who use crack cocaine are often introduced to it by younger, crack-using women. These seniors are also more likely to be involved with other illicit behaviors and risky sex practices. A service provider commented,

Older men buy it for younger women and use it for sex. The “vultures” come out, and they get the older men to buy it for them.

Treatment Issues

Some participants commented that a “bias” exists against older adults entering drug and alcohol treatment. They felt that some treatment providers have negative stereotypes and pessimistic attitudes about older adults seeking help for alcohol or drug abuse. Some treatment providers reportedly believe that it is not worth using treatment resources on older individuals with long-term, chronic drug problems.

Some seniors interviewed perceived racial disparities in treatment services for older adults. In particular, African-American seniors felt that some substance abuse programs were geared toward the white population.

One of the major treatment concerns discussed by both providers and seniors was the generational differences in substance abuse acceptance. Many providers felt that seniors do not feel comfortable in treatment groups with younger individuals. A

focus group participant indicated:

They enter treatment centers with all age groups, and they are not treated the same. They don't feel their needs are being met. They are being shut down in treatment by younger individuals who are more vocal and outspoken. They don't do treatment well with younger people – 20 year olds, so they shy away from 12 step meetings, because they think it's always younger people.

Many providers indicated that treatment agencies are unable or unwilling to address physical, emotional, and medical needs that are specific to seniors.

Agencies are saying they can't manage medical problems. It's a funding thing, it costs more for someone with medical needs, they have to pay for the medications while there. Residential treatment facilities will deny for another reason, even though really [they are] denying for medical reason. Older adults are sicker, but seen as too sick for residential treatment.

Providers discussed a lack of substance abuse prevention and early intervention programs that would be designed for seniors. All of the programs and materials focus on younger individuals. As a result, the older generation has had little opportunity for early intervention. One focus group participant commented:

The seniors never had the benefit of prevention programs. So, why is everyone so surprised to hear that seniors have drinking problems, too?

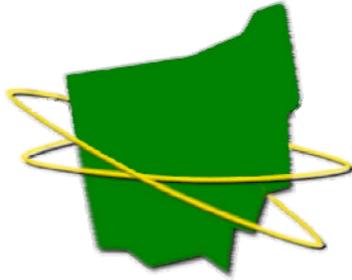
Treatment providers indicated a need of outreach programs and age-appropriate prevention messages. Focus group participants suggested public service announcements as a way to reach the senior population. They also suggested a need to educate health care providers about substance abuse issues among seniors, as well as about the availability of specialized treatment services for the elderly population. A service provider commented:

We can't sit and wait for seniors to show up for treatment. They don't like to open up. It takes a very active approach. We have a nurse who goes to their home and gets them into treatment. We need to teach professionals on how to talk to seniors. Even health care professionals don't understand. We really need to increase awareness and services, especially related to mental health. Seniors drink and use because they are depressed. We need to link grief services to addiction services.

Providers felt that there was an increased need for residential treatment services for seniors. They indicated that the average waiting time for seniors is up to six weeks to enter residential services in Summit and Stark counties. Respondents felt that in some cases, especially in relation to alcohol abuse and addiction, substance abuse treat-

ment should be offered to seniors in their own homes. The reasons for substance abuse also differ greatly for seniors and do not include the same social pressures that younger users experience.

According to participants, despite reluctance to attend treatment services, many seniors with substance abuse problems “*want to die sober,*” and often talk about a need to get help in doing so. Reportedly, often times these discussions about sobriety were intertwined with mental and spiritual needs.



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**An OSAM Targeted Response Initiative:
Substance Abuse among Older Adults**

Athens, Ohio

Athens, Vinton, and Meigs Counties

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**A Report Prepared for the Ohio
Department of Alcohol and Drug
Addiction Services**

Data Sources and Participant Characteristics

In Southeast Ohio, one focus group (with nine participants) and six individual interviews were conducted to investigate alcohol and substance abuse in persons 60-plus years of age. The focus group involved nine counselors and therapists who provided in-patient and out-patient substance abuse treatment services in the Athens area. Individual interviews were conducted with the Executive Director of an area Senior Center, the Director of Nursing of a nursing and rehabilitation center, the Director of Social Work at a nursing and rehabilitation center south of Athens, and a geropsychologist with a private practice in Athens. One interview was conducted with a 65-year-old white man who was in recovery following a multi-year problem with alcohol, and one interview was conducted with a 61-year-old white man recovering from alcohol addiction. Overall, 15 individuals were assessed for this Targeted Response Initiative (TRI). All participants (both former users and treatment providers) were white. Five participants were male, and 10 were female.

Alcohol Abuse

Prevalence and Patterns of Use

There was disagreement among participants regarding the prevalence of alcohol abuse among seniors. Some believed it to be relatively rare, while others thought it to be fairly common. For example, when participants were asked to indicate how common *alcohol abuse* was among seniors, they provided the following (discrepant) responses:

Alcohol use is perceived as being common in older adults but it's not, in reality.

It's not really that bad. A lot of seniors can't afford to drink a lot.

It's common, especially for pain control.

An employee of a nursing and rehabilitation center indicated that:

It's a problem. We're seeing more cases of alcohol-related dementia than ever before.

It's because many seniors have long histories of drinking and it's now taking a toll on them.

All participants, with the exception of one, believed that alcohol abuse was more frequent in older males than in older females.

Reasons for Abuse

Participants identified several reasons for alcohol abuse among seniors. Based on participants' responses, a common reason for alcohol abuse in seniors relates to one's mental health or mood. For example, a nurse indicated that all of the seniors she sees who have drinking problems are depressed. Another participant indicated that many older adults who abuse alcohol have a "mood disorder" (e.g., depression or anxiety disorder) that often results from multiple losses (e.g., multiple bereavement and the "empty nest syndrome"). The second most commonly reported reason for alcohol abuse in this group appears to be boredom. One participant indicated that 90% of problem-drinking in seniors occurs "*because people are really bored.*" This same participant indicated that there were few social or recreational options available to seniors.

Negative Consequences of Alcohol Abuse

Participants indicated that alcohol abuse among seniors had many negative consequences. For example, some seniors who abuse alcohol use up much of their limited income purchasing alcohol. Consequently, they have little or no money left to pay bills. Other participants indicated that alcohol abuse among seniors results in family problems (e.g., arguments with one's spouse or children). Another participant indicated that some seniors (who have been drinking for most of their lives) have multiple "Driving Under the Influence" violations and no longer have a driver's license, which greatly complicates their efforts to participate in social or recreational opportunities.

Pharmaceutical Drug Abuse

“Sleeping Pills”

Participants believed that the most common “sleeping pills” prescribed to older adults were Ambien® (zoldipem tartrate) and Lunesta® (eszopiclone). Most participants indicated that while the use of these drugs was common in older adults, their intentional abuse was not. One participant, a geropsychologist, indicated that:

Hypnotics are widely sought out by seniors, but not because it gives them a high. A lot of older adults have developed a dependence on hypnotics, and they simply can't get to sleep without them.

The geropsychologist indicated that “rebound insomnia” was common in older adults. Seniors use “sleeping pills” to improve their sleep hygiene and, even if they use them as directed, it is common for some older adults to experience insomnia if they do not continue to use the drugs.

“Nerve Pills”

Participants believed that tranquilizer abuse was more common among seniors than was “sleeping pill” abuse. In the opinion of the geropsychologist, the abuse of tranquilizers “is very high in this community”. The geropsychologist indicated that Xanax® (alprazolam) abuse was common among seniors. He was aware of very few seniors who were using Valium® (diazepam). The geropsychologist indicated that Ativan® (lorazepam) was a common tranquilizer used by older adults. Paxil® (paroxetine) was another prescription drug believed to be taken by some seniors. The geropsychologist and other participants believed that while alcohol abuse was more common in older men, prescription drug abuse was more common in older women than in older men.

The geropsychologist interviewed for this TRI indicated that:

Seniors don't like psychotherapy; they don't like support groups or self-help books. They prefer to self-medicate.

When asked to describe the negative consequences of pharmaceutical tranquilizer abuse in seniors, the geropsychologist stated:

It leads to an inability to cope adaptively and it results in an emotional numbing.

Many participants believed that seniors had valid prescriptions for tranquilizers. However, one participant indicated that he knew a woman who abused tranquilizers and she obtained large doses of tranquilizers through her husband. Both the woman and her husband had legitimate prescriptions for tranquilizers. The woman would fill her prescription each month. At the same time, her husband would fill his prescription and give his tranquilizers to his wife.

“Pain Pills”

The most commonly abused pharmaceutical opioids among seniors in Southeast Ohio are Vicodin® (hydrocodone & acetaminophen) and Percocet® (oxycodone & acetaminophen). Similar to tranquilizer drugs, most seniors who abused opioids had been prescribed these pharmaceuticals for valid reasons (e.g., after surgical procedures or for those who had a terminal illness). The geropsychologist indicated that he was treating several clients who were abusing pharmaceutical opioids. However, the geropsychologist noted that, in his opinion, seniors weren't necessarily taking these drugs for the “high” or “buzz”:

It's not that they are trying to get high. They simply don't like how they feel without them.

When asked to elaborate on this statement, the psychologist indicated that many seniors who he was treating had chronic pain conditions and that his clients used the pharmaceutical opioids to self-medicate their pain.

Illicit Drug Abuse

Marijuana

Marijuana was the only illegal drug identified by participants as being abused by seniors. One participant indicated that he knew some seniors who smoked marijuana (rather frequently) to help control physical pain. He indicated that smoking marijuana made them feel better. When asked how these individuals may have obtained marijuana, the participant shrugged his shoulders and said, “*They probably grow it.*”

A social work director in a nursing and rehabilitation center indicated that they had a patient admitted to their facility who regularly smoked marijuana. This individual had been diagnosed with multiple sclerosis, and he claimed that smoking marijuana made him feel better. The geropsychologist indicated that he was treating a client who had been diagnosed with cancer and was undergoing chemotherapy. This client was smoking marijuana to deal with the side effects of the chemotherapy. The psychologist believed that the client was getting the drug from her grandson.

Other Illegal Drugs

No participants were aware of any seniors who were using powdered cocaine, crack cocaine, heroin, methamphetamine, or any other illegal drugs. In all likelihood, there is some use of these drugs among seniors. However, the use of these illegal substances among seniors may be so stigmatizing that they are unlikely to talk about their use of these drugs with their friends or treatment providers.

Treatment and Prevention Issues

Older adults (60+) seeking treatment for substance abuse were relatively rare in the Athens area. A review of intake data collected by the largest outpatient treatment facility in Athens found that in 2004, 2005, and 2006, there was a total of **40 admissions** of persons 60 or older; 13 of these were persons over age 64. A residential treatment agency exclusively for women had no admissions of women 60+ years of age in 2006.

Participants agreed that it is very difficult to identify seniors who are in need of substance abuse treatment services. Many seniors who abuse substances tend to isolate themselves from others. Seniors' tendency to be homebound complicates efforts to identify seniors in need of substance abuse treatment services.

Seniors in recovery and practitioners offered suggestions regarding how to prevent substance abuse among seniors and to treat seniors who have developed substance abuse disorders.

Prevention

Participants provided the following suggestions regarding how to prevent seniors from developing substance abuse disorders:

(1) Provide more social opportunities. Many seniors are bored and feel as though they have few social and recreational opportunities. One older person in recovery indicated that he periodically goes to the local aging center and that *"There's never anyone there."* Another participant indicated that social and recreational opportunities that are made available for seniors should be free of charge or have only a minimal charge. Some participants indicated that many seniors have very little income and that they are unlikely to spend their money on social and/or recreational opportunities. There was also a perception among some participants that society cares little for seniors and that they are essentially marginalized by society. As one senior in recovery stated, *"Once you get older, they don't give a [expletive] about you."* Feelings and perceptions such as this lead some seniors to conclude that they may as well just stay at home.

(2) Challenge unhealthy norms about aging. Participants expressed concerns that many seniors hold negative stereotypes about aging. As a result, they are less likely to pay attention to their health concerns. For example, some participants described seniors who drank alcohol and smoked cigarettes and who had no plans to quit because they were getting old and they were “going to die soon anyway.” If society could impress upon seniors the importance of adapting healthy lifestyles, perhaps some seniors would be less likely to continue to use (or begin using) nicotine, alcohol, and other drugs. Perhaps more public service announcements are needed to underscore this message.

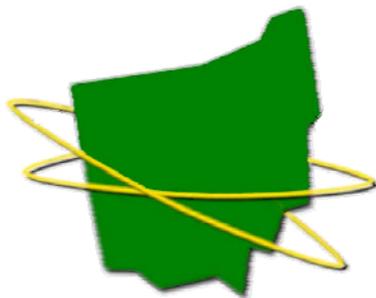
Treatment

(1) Identifying Seniors in Need of Treatment. Participants agreed that it was difficult to identify seniors in need of substance abuse treatment, but they did provide strategies that might be successful in identifying older adults with substance abuse issues. These strategies included:

- Encourage physicians to be more vigilant of seniors who make multiple visits to healthcare clinics to request (or re-fill) drug prescriptions.
- Attempt to identify seniors who are hospitalized for “falls.” While falls are common in the elderly, seniors who tend to be hospitalized frequently for fall-related injuries may be falling because they are impaired by drugs and/or alcohol.
- Be vigilant of seniors who make multiple visits to hospital emergency rooms. Seniors with frequent ER admissions may be faking or exaggerating injuries or illnesses in the effort to obtain prescription medications.

(2) The Use of Church and Clergy. Participants noted that many seniors attended church regularly. Perhaps clergy can discuss the use of alcohol and drugs among the elderly to help them realize how dangerous these practices are, and that treatment services are available. Having this message come from clergy may be effective because clergy are seen as credible and non-judgmental leaders in the aging community.

(3) Promote Family Interventions. Participants noted that very often one or more family members are aware of an older adult’s drinking or substance abuse problem. When family members become aware of a parent’s or grandparent’s substance abuse, they should be encouraged to conduct a “family intervention.” If family members suspect a senior has a substance abuse problem, they should be encouraged to help the senior seek treatment, or to help the senior actually arrange for treatment.



The
**Ohio Substance Abuse
Monitoring Network**

June 2006 – January 2007

**An OSAM Targeted Response Initiative:
Substance Abuse among Older Adults**

Hamilton County

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**A Report Prepared for the Ohio
Department of Alcohol and Drug
Addiction Services**

Data Sources and Participant Characteristics

Social service providers and seniors were recruited for this initiative through local senior service agencies within Hamilton County. Two focus groups were held with seniors with a total number of 10 participants (Table 1). Two focus groups and one individual interview were conducted with service providers working in the area of substance abuse treatment and prevention.

Demographic and drug use characteristics of older adults who participated in the study are presented in Table 1. The average age was 61.7 years, with a range of 51-74 years. Three participants, who were in their 50s, were not excluded from participation since they attended the senior substance abuse treatment facility. The majority of the seniors were male (70%), and slightly more than half were white (60%). All of the participants listed alcohol as a primary drug of choice, and one listed crack cocaine as an additional drug of choice. Only one participant of the 10 seniors interviewed was still actively employed.

Table 1. Demographic and drug use characteristics: Seniors		No (%)
Age (years)		
	Range	51-74
	Mean	61.7
Gender		
	Male	7 (70%)
	Female	3 (30%)
Ethnicity		
	White	6 (60%)
	African American	4 (40%)
Primary Drugs of Choice (DOC)		
	Alcohol	10
	Crack cocaine*	1
Occupation		
	Retired/Disabled	5 (50%)
	Unemployed	2 (20%)
	Social Security	2 (20%)
	Employed	1 (10%)
*: More than 1 drug recorded as a primary DOC		

Alcohol Abuse

Prevalence and Patterns of Use

All participants agreed that alcohol abuse among seniors is very common. Alcohol was cited as the most commonly abused substance in the senior population over both prescription medications and illicit drugs. Professionals indicated that among some seniors alcohol is abused in combination with prescription medications or other illicit drugs, such as crack cocaine.

According to the seniors interviewed, alcohol use is common at almost every social gathering including family parties, veteran's meetings and traditional bar scenes. The beginning of any given month, when social security or disability checks come in, was seen as an opportune time for social interaction, including consumption of alcohol. Reportedly, some senior housing communities have "after-hours" establishments where some seniors get together and drink without leaving the community complex. In addition to social situations where many might gather together, participants described an equal number of seniors that choose to drink in the privacy of their own homes. According to participants, seniors are more likely than younger individuals to drink at home alone.

There was no noticeable difference with respect to gender and alcohol abuse among seniors. However, males are more likely to get an intervention as a result of a criminal justice issue related to alcohol abuse. Females are more likely than males to have an intervention due to health or dependent-related issues. There were noted socioeconomic differences among seniors who abuse alcohol. Individuals of lower socioeconomic status are more transparent in their alcohol abuse, and they are more likely to drink cheaper forms of alcohol. Those from higher socioeconomic status are typically more successful in hiding their addiction, more reluctant to attend treatment, and less likely to be incarcerated for alcohol-related offenses since they can afford to pay court costs to gain freedom. Those seniors with means are also more likely to drink a higher grade of alcohol.

Reasons for Abuse

According to seniors, life-changing events such as retirement or disability, and the loss of a spouse, or other family member or friend were reported as associated with alcohol abuse. A 60 year-old African-American female who reported alcohol abuse, explained, *"As we mature, we lose friends and family members to deaths, illness, and our own illness, and we turn to alcohol later in life."* Health issues related to aging or illness were frequently cited as reasons for abuse of alcohol among seniors as well. Boredom, depression, loneliness, and isolation from others were additional factors that lead to alco-

hol abuse in this population. According to seniors and treatment providers, if individuals drank when they were young, they are just as likely to continue drinking into their senior years.

One of the treatment providers with more than 30 years of experience indicated that *“everyone wants to be connected to someone else or something,”* and when that breaks down, alcohol is one of the first things seniors might reach for to fill a perceived gap. Another senior, a 63-year-old white male, explained how boredom leads to alcohol use, *“You go to work for 30 years, then retire, and don’t know what to do with yourself.”* Changes within family situations, abuse or indifference were also perceived as associated with alcohol abuse among seniors.

Negative Consequences of Abuse

Problems associated with alcohol abuse included risk of falls, injuries, domestic violence, sexual assaults, DUI’s and legal issues. Reportedly, some alcohol abusing seniors, who are homebound because of lack of transportation or health problems, rely on younger individuals to obtain alcohol for them. In some situations, seniors are victimized by these younger individuals they rely for help.

The use of other drugs, such as crack cocaine, was reported as becoming more frequent with abuse of alcohol among seniors. There were reports about alcohol use for pain control, and about some seniors selling their prescriptions of pain medication so they could get money to buy alcohol. Many seniors may not be aware that their aging body handles alcohol differently than when they were younger. As a result, some seniors may not be aware they are abusing alcohol.

One of the professionals described potential miscommunication between seniors and their physicians regarding alcohol intake. Some seniors consider hard liquor to define “alcohol,” and may exclude their consumption of beer or wine.

Prescription Drug Abuse

Sleep Medication

Non-benzodiazepine prescription medications described as being used by seniors for sleep included Ambien® (zolpidem tatriate) and trazodone. Participants also described over-the-counter (OTC) products such as Tylenol PM® or Benadryl®, containing the sedating antihistamine and diphenhydramine, as commonly used to induce sleep. Most of the participants did not believe that sleeping medications were commonly abused by seniors. However, they did describe some use of alcohol with the medication to enhance a drowsy effect. There was consensus that seniors may mistakenly take too many sleeping tablets, but not with an intention to abuse. Reportedly,

some seniors may take sleeping tablets, then become drowsy or confused, forget they took it, then take more thinking they hadn't taken their medication. Professionals expressed surprise at how commonly they encountered seniors with prescriptions for sleeping medications that also had histories of alcohol abuse, a potential recipe for disaster.

Medications used to induce sleep were seen as problematic for seniors if they were self-reliant, and did not have another individual to assist them with their medication regimen. Reportedly, seniors are more prone to falls as a result of their use and misuse of sleep medication. Many seniors may be unaware about drug interactions when they combine sleep medication with other sedating medications or alcohol.

Tranquilizers

Benzodiazepines such as diazepam (Valium®), alprazolam (Xanax®), clonazepam (Klonopin®), and lorazepam (Ativan®) were described as being the most common tranquilizers used by seniors. When asked about potential abuse of tranquilizers, both seniors and professionals described that abuse was more common than with sleeping medications.

According to focus group participants, seniors easily obtain benzodiazepines from their family physicians. Participants indicated that physicians may “*feel sorry*” for seniors because of their age, and prescribe benzodiazepines because they “*have a right to be nervous at their age.*” Several participants stated that some seniors do obtain benzodiazepines off the street. In some cases, seniors are selling their prescriptions for supplemental income. Sharing of benzodiazepines among other seniors was also seen as a fairly common practice. It is difficult to determine the prevalence of buying, selling, and sharing practices of seniors with regard to benzodiazepines. This may be a venue for future research.

Among seniors, benzodiazepines are sometimes misused in combination with alcohol. In some cases, benzodiazepines are used to stop tremors caused by the beginning of withdrawal symptoms associated with alcohol abuse. In other cases, the benzodiazepines are being used to self-medicate anxiety, depression, and other forms of emotional distress associated with loneliness, loss of a job, and lack of coping skills. There was consensus among participants that seniors may be less likely to understand tolerance associated with long-term benzodiazepine use or abuse. Some seniors may view prescription drugs as safe since they are prescribed by medical providers. For example, one of the professionals interviewed stated, “*What a lot of elderly think.... anything prescribed by a doctor is okay.*”

Pharmaceutical Opioids

Of all pharmaceutical agents potentially abused by seniors, the opiate/opioid pain medications were more likely to be misused or abused by seniors. Products containing oxycodone (Oxycontin[®], Percocet[®]) or hydrocodone (Vicodin[®]) were cited as the most commonly encountered with seniors that abuse pain medications. Professionals reported that some seniors become addicted to pain medications after using them for legitimate reasons. Seniors indicated that among older adults, misuse of pharmaceutical opioids may be more common than cases of abuse.

Seniors interviewed believed that some older adults abuse pain medications to feel better. Reportedly, some seniors don't understand that they could develop dependence if pain medications were used for chronic conditions. Health care professionals may unknowingly contribute to opiate/opioid abuse by seniors as they attempt to treat various pain conditions that seniors may complain about during medical visits. Professionals stated that mental health issues encountered by seniors may also contribute to abuse of pain medications.

Similar to situations with sleep medication, seniors may become confused under the influence of pain medications which may lead to misuse or accidental overdose. Professionals indicated that in some situations, abuse of pain medications among seniors may lead to abuse of other drugs, including illicit drugs.

Seniors readily obtain pain medications through legal prescriptions from physicians due to many health issues they face with increasing age. Some seniors stated that they may deliberately complain about pain in order to receive prescriptions for pain medication, even if they have little intent to take the medication themselves. Seniors and professionals reported that some older adults sell some or all of their prescriptions to younger users and use the money to supplement their income. In some cases, the money gained from sale of their prescriptions are used to purchase alcohol that is then used "medicinally" for chronic pain conditions. Seniors who sell their medication may seek out more frequent prescriptions.

Because seniors could easily obtain legitimate prescriptions for pain medication, they were not portrayed as needing to make street purchases if they become addicted to the medication. If they are in-between prescriptions and run out of their medication, they are more likely to raid a family member's medicine cabinet or trade medication with another senior. Seniors interviewed did not believe it is safe for older adults to attempt street sales of narcotics.

According to participants, seniors share pain medications with other seniors community residents, with little hesitancy or consideration of potential adverse reaction or drug interactions with other medications. One professional interviewed stated

that a common theme among seniors that “play doctor” with other seniors was the saying “*If a doctor prescribes it, how can it be wrong.*”

To ensure completeness of the prescription drug abuse capture, all participants were asked if other medications, besides those previously discussed, were being abused by seniors. Two additional prescription drug classes were described as being abused by seniors, muscle relaxers and erectile dysfunction drugs such as Viagra®.

Illegal Drug Abuse

Prevalence of Illegal Drug Abuse among Seniors

According to participants, methamphetamine and powdered cocaine abuse is uncommon among seniors. Powdered cocaine was seen as too expensive for most seniors relying on a fixed income. Heroin is occasionally abused by seniors, but was cited as more frequent among those individuals that started using heroin in younger years. Marijuana, followed by crack cocaine, were the most frequently reported illicit substances that seniors abuse.

Marijuana is used by seniors for recreation and medicinal purposes. Reportedly, some seniors get involved in selling marijuana. Those seniors that cite marijuana as useful for medicinal purposes argued for legalization of marijuana. Reportedly, seniors use marijuana both in social situations and alone at their own homes. According to participants, sometimes a few generations of family members smoke marijuana together. One senior participant described a “ladies group” comprised of three elderly women that get together to smoke marijuana on a regular basis. Marijuana use in several instances was portrayed as promoting socialization among seniors.

Crack cocaine was reported as a growing problem among seniors. Professionals described older men, many widowed, who were introduced to crack by younger women.

Negative Consequences of Illicit Drug Abuse among Seniors

There were a number of problems related to senior abuse of illicit drugs. Many participants explained that simply the purchase of illicit drugs poses a problem for seniors. Numerous seniors rely on fixed incomes to cover daily expenses. When a senior becomes addicted to an illicit drug such as marijuana or crack cocaine, money that should be used to buy food or shelter is spent on drugs.

Seniors addicted to crack may spend all their life savings on crack cocaine. Professionals reported that some crack-addicted seniors may be victimized by younger

women who, after introducing them to crack cocaine, exploit them for their money and material possessions. Several professionals reported about seniors who allow young crack dealers use their homes to make sales in exchange for the drug. In some situations, such individuals may lose their homes because they “*smoke up their mortgage,*” or because law enforcement raids and shuts down the reported “*crack house.*”

Reasons for Illicit Drug Abuse among Seniors

Seniors abuse illicit drugs for many of the same reasons as their younger counterparts. Professionals cited that seniors who abuse illicit drugs often used them when younger, then continued or restarted abuse in senior years. Participants discussed various reasons of illicit drug abuse among seniors, including social interactions with drug users, boredom, mental and physical health issues, loss of job, depression, isolation, and loneliness. Reportedly, some seniors use illicit drugs such as crack or marijuana for self-medication purposes including to lose or gain weight, or to reduce nausea symptoms. One professional stated that seniors are likely “*to use the glaucoma excuse*” to explain why they smoke marijuana.

Availability of Illicit Drugs to Seniors

The availability of methamphetamine and powdered cocaine was reported as very low among older adults. Heroin was reported as being more available than the previously mentioned drugs, but less available than either marijuana or crack cocaine. Both marijuana and crack cocaine were described as being readily available. Reportedly, seniors do not need to leave their homes to obtain either of these drugs. Crack was described as a drug that could be delivered directly to the senior’s door by the dealer. A senior might go out to buy it during the day, but would not go out at night to purchase the drug. Older, widowed men may get access to crack cocaine through their association with young, crack using women. Marijuana may be available through younger family members who would buy it on the street, and then bring it home for the senior member of the household. It was also reported that marijuana is sometimes delivered by a drug courier to the home as well.

Treatment Issues

Most participants agreed that many seniors are in denial that they need substance abuse treatment. A senior-specific treatment center was noted to be better than a non-specific treatment center to address special needs of the senior population.

Senior participants indicated the following barriers that prevented them from seeking drug or alcohol treatment:

- Fear or embarrassment regarding a need for treatment;
- Denial of having a problem with alcohol or drugs;

- Lack of education about drug and alcohol abuse;
- Lack of knowledge about available treatment services;
- Hesitation to discuss private issues;
- Reluctance to discuss drug/alcohol issues with younger treatment counselors.

Substance abuse treatment providers discussed the following treatment barriers among older adults:

- Health problems that may interfere with treatment;
- Ongoing legitimate prescriptions that interfere with treatment center requirements;
- Physical disabilities that may interfere with accessing treatment facilities;
- Transportation complications;
- Financial resource concerns, including insurance, Medicare;
- Restrictions by treatment centers about eligibility (i.e. criminal justice referral, etc.);
- Lack of specialized treatment centers to address the specific needs of the elderly population.

Once a senior has been accepted into a treatment program, there are still potential issues that may hinder success in the program. The approach to the senior in treatment will determine how well they relate to the program as older adults do not converse in the same language as their younger counterparts, and many take offense at terms such as “alcoholic” or “addict.” Generational and cultural differences make it difficult for seniors to interact with younger people in treatment. Lack of caregiver or family support for a senior with an alcohol or drug abuse problem may make success less likely as well. In addition, a senior with mental health issues presents a challenge to treatment providers. Treatment providers have difficulty making assessments if seniors decline to discuss their personal business, or deny having a problem. Since the “poster of a drug addict” is a young 25 year old face, seniors do not relate to their problems in the same manner. The same health, medical, or transportation issues that keep seniors from getting treatment may also make it difficult to remain in treatment if changes in status occur during their time in the program.

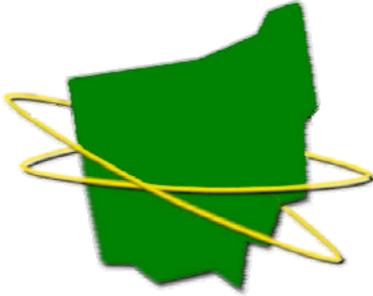
Participants related that additional treatment centers with an older adult focus would facilitate getting more seniors into treatment programs. Provision of transportation to and from treatment programs and reduced rates would remove some of the barriers. Offering greater access to both inpatient and outpatient treatment programs specifically for seniors was stated as another solution to assist seniors getting help for addiction. Working with community members from various religious organizations and private physicians to identify older adults with drug and alcohol problems and get them into treatment through interventions was cited as another solution.

Many drug and alcohol treatment programs have long waiting lists making it

difficult for anyone at any age to get assistance. Seniors interviewed stated that they are less likely to seek assistance for drug or alcohol abuse if there is a long wait before an assessment of their problem is made.

Treatment providers trained to develop good dialogue techniques and patience in order to “*meet the senior where they are*” was stated as being important to ensuring successful outcomes with seniors in treatment.

Seniors confined to their homes have various services available or provided in their homes such as “meals on wheels,” home health care workers, and social workers. Education and training the various service providers to recognize signs of alcohol and drug abuse would help identify seniors in the community with treatment needs. Professionals stated that greater education and involvement of churches, social centers, community coalitions, etc. would allow for increased interventions with seniors who do not seek treatment on their own. Seniors stated that more educational material that has a “senior face” and is widely distributed through T.V., in flyers, pamphlets, or newspapers, would help seniors recognize their own needs for treatment.



The
**Ohio Substance Abuse
Monitoring Network**

June 2006 – January 2007

**An OSAM Targeted Response Initiative:
Substance Abuse among Older Adults**

Cuyahoga County

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**A Report Prepared for the Ohio
Department of Alcohol and Drug
Addiction Services**

Data Sources and Participant Characteristics

Three focus groups were conducted in the Cuyahoga County area. All three included seniors either recovering from a substance abuse problem or knowledgeable about substance abuse problems among their peers. One group was with recovering seniors in a substance abuse treatment program, one was with seniors living in a senior center and the final group was with seniors living in low-income housing.

A total of 22 individuals participated in the study. The majority (n=13) were between 70 and 79 years of age. Two were between the ages of 50 and 59, five were between the ages of 60 and 69, and two were between 80 and 89 years of age. Twelve were Hispanic and three were African American. More than half were female (n=15). Alcohol was the most commonly reported drug of use. One individual reported using powdered cocaine.

Alcohol Abuse

Prevalence and Patterns of Use

Focus group participants believed alcohol use and abuse to be common among seniors. Some commented that it was not unusual to find seniors in residential settings who would only leave their apartments to buy alcohol. One participant commented, *“You got residents that only go out to go shopping (for alcohol). They are in there drinking and you just don’t see it. You may just get a little whiff.”*

Focus group participants felt that senior alcohol abuse was not related to a specific gender or ethnicity. Respondents felt that they knew both older men and women with drinking problems. However, there was a general consensus among respondents that women were more likely to drink alone or in the home. Some men commented that they began drinking during lunch hours when they were employed, and when they retired, they maintained this pattern. However, when retired, there tended to be more time and opportunity to drink throughout the day. One participant reported:

It’s just a part of getting older. We started out (drinking) when we were younger, socializing and drinking at parties, sports, after dinner. It goes along with everything and it just keeps getting worse.

Reasons for Abuse

Overall, participants attributed alcohol abuse among seniors to feeling lonely. One respondent in recovery commented that she began to drink heavily after her spouse died; she felt that this was common because once a spouse dies, social support for other activities becomes limited. Another respondent in recovery added that drinking was a “way of life,” and as isolation and loneliness set in, passing the time with alcohol is just part of the natural progression of life. A female senior commented:

It’s common because of loneliness. A lot of us are alone. You have a spouse who is ill and you are taking care of him and still you are more or less alone in that situation. A lot of time your family is just not around. You start drinking pretty hard.

Negative Consequences of Alcohol Abuse

Participants reported a wide variety of problems associated with drinking as an older adult. The most serious concern involved the combination of alcohol and prescription medications. Many seniors have serious health problems that require medications that should not be used in conjunction with alcohol. However, seniors often do not refrain from alcohol use while taking these medications.

Another concern was heavy drinking by seniors. Seniors who drink heavily reportedly have poorer health in general, and they tend eat poorly – even skipping meals to drink. Some seniors reportedly spend their entire Social Security check on alcohol during the first two weeks of the month leaving little or no money left for food or prescription medicines. One participant commented:

The biggest drinking is at the beginning of the month and they do it until they run out of money. After that they are borrowing cigarettes and borrowing food. The last two weeks, they're in really bad shape"

It was believed that once older adults started drinking and spending too much time alone, they lose their ability to socialize. Seniors are then prone to “lashing out” with “short tempers” when they do try to socialize. Although participants stated that there were social activities available, seniors with drinking problems usually chose not to participate.

Pharmaceutical Drug Abuse

Prevalence and Patterns of Use

Participants had little knowledge of prescription drug abuse among seniors. However, it was believed that some seniors had problems with sleeping and pain medications. Participants knew that OxyContin® (oxycodone HCL, long acting), Percocet® (oxycodone hydrochloride & acetaminophen), and codeine were among the most commonly abused prescription drugs. Participants estimated that about 6%-7% of seniors are addicted to prescription medications.

Sources of Pharmaceutical Drugs

Most participants felt that most seniors were able to obtain prescription medications from physicians for legitimate problems and did not purchase them “on the streets.”

Illicit Drug Abuse

Marijuana

Participants felt that marijuana use was not something that developed later in life; instead, participants believed that seniors who used marijuana were life-long users of the drug. Respondents noted that use was not limited by age and people as old as eighty years of age were smoking marijuana. Many seniors did not feel that marijuana was addictive and rather felt it was just a “habit.” Respondents indicated that marijuana users were more likely to abuse alcohol than individuals who did not use the drug.

Crack Cocaine

Participants residing in the public housing facility reported that crack was very easy to obtain. One senior joked that, “on a scale of 0 to 10, crack should be a 20 in here.”

Crack use was attributed to being lonely, bored, and depressed. Crack use was particularly concerning for seniors receiving Social Security or pension checks each month. In public housing, participants felt that drug dealers were especially persistent in trying to get seniors addicted to crack. Addicted seniors were seen a consistent source of money at the beginning of each month. Participants reported:

In here, certain floors are known for certain drugs. I can tell you what floor to go to if you want crack. Crack is cheap-about \$20 a rock, 3 for \$50 or 6 for \$100. But, once you're hooked, you can spend your whole Social Security check on it.

You see a lot of people with a (crack) problem. Poor people can't cash their checks or they spend 90% on crack, don't put groceries on the shelf, don't pay their rent, don't pay their bills.

Some drug dealers reportedly used younger females to entice men to start using crack. However, most respondents agreed that a senior who used crack was likely to have been a drug user their entire life.

Other Illicit Drugs

Participants perceived powdered cocaine and heroin as being too expensive for seniors to afford. As one participant stated, “We only have crack heads here.”

Treatment Issues

Female participants felt that there were treatment opportunities for older women with substance abuse problems. Male participants, however, felt that most men would not go to treatment even if it was available. Participants believed that gender stereotypes exist among seniors, and men feel they are “beyond help” and object to spending money on treatment services. A provider commented,

Senior men don't want to be in treatment with a bunch of younger people. Their problems are different, and the behavior of younger people is just annoying. Most people just say, 'What difference can it make at my age?' We aren't interested in anger management or in writing workshops.

Senior participants currently in recovery felt that the substance abuse treatment programs were geared toward younger people. Participants commented:

The rehab is for the younger folks. I'm in rehab, and I'm the oldest one there. A lot of people my age feel like it can't make a difference anyway.

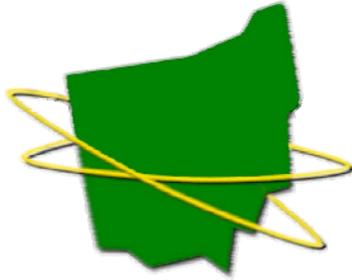
I ain't gonna be sitting with young kids, laughing and giggling. And, we got limited income, not like them. It's all got to be free for us, and we don't want no kids in there.

Those seniors in public housing felt that stricter laws should be enforced to deter drug dealers from selling in the housing facilities. They also felt that drug use in later life is simply an extension of drug use that began earlier. Some providers indicated the need for prevention to take place earlier on in the life cycle in order for seniors to avoid initiation or possibly seek treatment for their addiction.

Service providers also indicated an increased need for subsidized treatment services for the "younger elders." One participant commented, *"There's gonna be a big need for services for seniors when baby boomers come up. Everyone won't be rich."*

On a related note, participants also indicated that drug-addicted seniors, particularly men, are living on the streets. They felt there was an increased need for accessible homeless shelters and services.

Older men with real drug problems who are homeless won't use the shelters. Everyone in the shelters is younger. You got to make men aware that there are drop-in shelters that understand our problems.



The
**Ohio Substance Abuse
Monitoring Network**

June 2006 – January 2007

**An OSAM Targeted Response Initiative:
Substance Abuse among Older Adults**

**Columbus, Ohio
Franklin County**

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**A Report Prepared for the Ohio
Department of Alcohol and Drug
Addiction Services**

Data Sources and Participant Characteristics

In the Columbus area, three focus groups were conducted that addressed substance abuse issues among seniors. Two focus groups were conducted with social service providers and substance abuse counselors who worked with the elderly population. One focus group was conducted with six elderly drug abusers who were in a methadone program.

Overall, 18 individuals participated in the focus groups. Six of them were recovering drug users between ages 60 and 70. Three were males and three females; four were African American, two were white, and one was of Hispanic ethnicity. They were primary users of heroin and pharmaceutical opioids.

Alcohol Abuse

Prevalence and Patterns of Use

All focus group participants reported that alcohol abuse among seniors was very common. Service providers estimated that alcohol dependence was present in 10% of the elderly clients they served. They indicated that alcohol abuse is more common among males, seniors living in high rise apartments, and Vietnam veterans. Older female users tend to hide their addiction to avoid stigma. One treatment provider felt that abuse in older people was related to poverty, “*From my perspective [alcohol abuse] comes from socio-economics... Poverty is closely connected.*” Participants did not report ethnicity-related differences in alcohol abuse among seniors. A methadone client reported that some older heroin injectors switch to alcohol abuse because their veins are “gone.” Among seniors, alcohol is often used with pharmaceutical tranquilizers.

Participants universally stated that alcohol abuse among the elderly was different from abuse among younger people, particularly related to the reasons seniors use alcohol. One participant in methadone maintenance stated:

I think a senior can handle it a little bit better than an uh, uh younger person, cuz a younger person, they do it just to get high. They get violent, then they want to fight. Older people get drunk to help them sleep cuz we have problems sleeping on methadone if we're older.

Reasons for Abuse

According to participants, alcohol abuse was related to loneliness, social isolation, loss of friends, and difficulties associated with daily functioning. For example, a focus group participant described increased social isolation and vulnerability to exploitation among African-American elderly that resulted from disruption in extended family ties:

I want to speak to the isolation [among African American elderly]. Some of the things that I see now, that I didn't see growing up because there was the extended family. The older adult's right there, in the house, and you may not have those issues related to drug use because there's three or four generations in there....It just seems like when that family broke down, and there was no longer that extended family type thing that was inherent to our culture, they [elderly] became more vulnerable to other influences.... They become targets, and there have been situations, you know, where people have started to give older adults drugs and alcohol as an inroad to getting their social security check and all those kind of things. So there's exploitation that also goes along with that isolation.

Negative Consequences of Alcohol Abuse

According to participants, alcohol abuse often increases social isolation among seniors – they lose their friend and family support. Alcohol abuse among seniors was also related to financial problems and loss of social services. Health-related problems associated with alcohol abuse include poor nutrition, drug interactions, misuse of prescribed medication, mental health issues, incontinence, and falls. A substance abuse treatment provider described health-related consequences of alcohol abuse among seniors:

If we're looking at somebody who has been drinking for 30 years.... We're gonna see a lot of end stage stuff. We're gonna see a list of medications and cardio-vascular [problems]. If it's an older adult who doesn't have a long time history, who is currently involved in opiates or benzodiazepine, suddenly his tolerance is very different than it used to be. Their [older adult] tolerance is dropping because they're getting older... We also tend to see [alcohol abuse problems] paired with more depression, more mood disorders.

However, according to some participants, health care providers seldom consider alcohol abuse as a contributing factor to health complications among seniors. For example, one substance abuse treatment provider described health issues of several of his alcohol-involved clients:

Many times people in the hospital who were alcoholics.... Alcoholism was never noted in the charts. [They were] never admitted under a diagnosis of alcoholism. They were admitted under a diagnosis of pancreatitis, or a fall or something.

Reportedly, alcohol abusing seniors often become victims of exploitation by other family members, friends or associates. For example, a social service provider commented on consequences of alcohol abuse among seniors:

Exploitation by family and neighbors... Women off the street, other addicts exploit [alcohol abusing elderly]. Particularly in my building, I see a lot of men being exploited by women. I had one severe alcoholic in the building that took care of several homeless women... [One woman] that was addicted to alcohol or drugs, she would come almost on a daily basis asking for money and food. She actually put him in jeopardy because he could get evicted because she was coming into the building. She had to be barred from the building. So she would just stand outside and yell his name until he came downstairs.

Gambling and Alcohol Abuse

Service providers reported the increasing trend of gambling addiction among the elderly. Reportedly, gambling is a popular past-time among some older adults, in-

cluding bingo, lottery, and trips to casinos. Participants indicated that due to gambling some seniors have difficulty paying their bills; some even lose social services and become homeless. Gambling was associated with alcohol abuse among the elderly. A service provider commented:

They'll do the lottery. Other addictions go along with it.... Bus trips [to casinos]. There's a lot of those almost once a month.... If you're in the casinos and you're gambling, the liquor is literally free.

Pharmaceutical Drug Abuse

Participants had little knowledge about abuse of sleeping medication among seniors. Abuse of pharmaceutical tranquilizers, such as Xanax® (alprazolam) and Ativan® (lorazepam), and prescription analgesics, primarily Vicodin® (hydrocodone & acetaminophen), Darvocet® (propoxyphene & acetaminophen), Percocet® (oxycodone & acetaminophen), and Duragesic® patches (fentanyl transdermal system), was reported as common among seniors. Abuse of OxyContin® (oxycodone extended release) was reportedly somewhat less prevalent than abuse of other pharmaceutical opioids. Participants reported that pharmaceutical drugs among seniors are often used in combination with alcohol.

According to participants, physicians tend to over-prescribe benzodiazepines and pharmaceutical opioids to seniors. For example, focus group participants commented on potential reasons of pharmaceutical drug abuse among the elderly:

What happens is they [older adults] go in and complain about nervousness or stress or some physical thing, and then they get prescribed benzodiazepine. And they can pretty quickly become dependent on it, especially after a drink or two.

There are clinics that all they're doing is pushing it [pharmaceutical drugs].... Cuz the more they push out the door, the more they can write up [get reimbursed for]. They [older adults] can't walk in there without coming out with 6 or 7 prescriptions. That's reality.

“Doctor shopping” was described as the most common way for seniors to obtain pharmaceutical drugs. According to participants, sharing, buying and selling of pharmaceutical drugs are relatively common among seniors, especially those who live in low-income housing units (senior high-rises). Some seniors reportedly sell their prescription medication to generate additional income.

Pharmaceutical abuse is reportedly associated with a number of health problems among seniors, including falls and gastrointestinal complications. Older adults who attended a methadone clinic reported that opiate addicts may experience under-

treatment of pain and stigmatization in the health care facilities. For example, recovering, elderly users commented:

There are people out there that really need this stuff. You know, so what if they have an addiction, if they have pain, I'm going to get my medicine. Pharmacists, they need to mind their own business (talking about not honoring a legal script). Pain is the issue.

They [doctors] talk very bad about people on methadone. You go to the emergency room for something, they think you're there for drugs.

Illicit Drug Abuse

Marijuana

Participants reported seeing some long-term marijuana users in the elderly population. Treatment providers expect to see this drug being used more as the “baby boomers” age. Among older adults, marijuana is typically used for social or recreational purposes or to self-medicate pain.

Crack Cocaine

Crack cocaine use was reported as increasing in the “younger, older population,” or those between 60 and 65. These increases were partially related to the fact that crack is very available and relatively inexpensive; often times seniors do not have to buy crack on the streets since drug dealers can deliver it to their homes. Users indicated that some seniors start using crack because of loneliness and boredom. Crack abuse was reportedly more prevalent among seniors living in poor neighborhoods where illegal drug use and dealing are common. According to participants, seniors who use crack often become victims of exploitation and abuse. A focus group participant commented:

Next thing you know, the crack dealer is taking over their [seniors who abuse crack] apartment, and their house.... [Crack dealer] actually started these individuals on crack.... There is a lot of crack use in certain areas with older adults. Along with the crack use there also is physical and emotional abuse. They lose the right to say anything in their own homes.

Heroin

Service and treatment providers reported that they had not witnessed much heroin use among the elderly. Users, however, reported seeing heroin abuse among older individuals who had been using the drug for 20-30 years. For example, a user commented:

I always thought that when you got to a certain age, you stopped. But I see you don't, cuz there's so many people... You can go out on what they call the block anytime. You see people out there in wheelchairs, on walkers and stuff trying to buy heroin, you know.

Seniors addicted to heroin are often victimized by drug dealers and other users. A user commented:

They're handicapped or something, and its hard for them... They can call and have somebody bring it [heroin], but even that person can take advantage of them. Whatever they give them, say they want uh \$50 worth. That person, what they do...it might be \$20 worth... 'cause they know its hard for them to get out and get around.

Participants had no knowledge of powdered cocaine or methamphetamine use among seniors.

Treatment Issues

Service providers indicated that older adults are generally very reluctant to attend substance abuse treatment services. Participants discussed several barriers to treatment among the elderly.

First, users and providers felt that treatment was not tailored to meet expectations and needs of older clients – many elderly clients feel embarrassed to sit in the same programs and groups with much younger clients. Reportedly, the same treatment approaches that work for younger individuals may be ineffective for the elderly. A treatment provider indicated that many seniors are dealing with death and grief issues which are not addressed in traditional treatment programs:

So they're thinking about death and dying.... And we're [treatment providers] talking about, 'What did you do with your childhood?' So even finding their niche or us finding a niche or hoping to find a niche I think it's a challenge...finding meaning for them [elderly clients]....

Second, substance abuse treatment providers felt that treatment facilities sometimes are unable to accommodate seniors who have extensive medical concerns. For example, one provider commented:

There were women that because of their health, we couldn't accept.... Because they would not have been able to do the program. There was no place to refer them. Because they still needed treatment but they couldn't do this rigorous treatment. We tried to re-adjust some things to try to accommodate them. What happens to those people? There's a bunch of them out there.

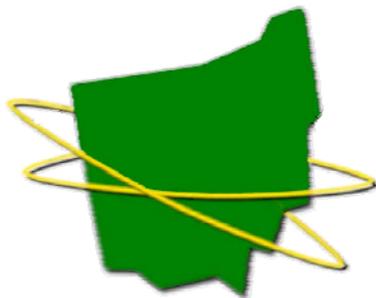
Third, treatment providers noted pessimistic attitudes among the elderly about treatment success in the old age.

When they're thirty... there's still room for change and there's still motivation to live or make some change.... It seems when they're after 60, there's lack of motivation and hopelessness....

Fourth, participants noted that stigma associated with substance abuse treatment may be another barrier among the elderly, especially those who live in close senior communities. Finally, limitations of Medicaid coverage, long waiting lists, and lack of transportation were also cited as important barriers to substance abuse treatment among the elderly. A treatment provider summarized substance abuse treatment barriers among older adults:

Stigma [of substance abuse] is worse for older folks; the younger folks brag. And then there's the philosophy that I'm 65 years old.... Why can't I drink? The other thing I see with people between 60 and 65 that don't have insurance. It's almost impossible to get treatment for them other than a 12 step program, and they're not going to stick with that. Plus transportation to get to the outpatient stuff also.

Participants also noted that service providers working with the elderly needed more information about substance abuse issues in old age and about available substance abuse treatment services to the elderly.



The
**Ohio Substance Abuse
Monitoring Network**

June 2006 – January 2007

**An OSAM Targeted Response Initiative:
Substance Abuse among Older Adults**

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**A Report Prepared for the Ohio
Department of Alcohol and Drug
Addiction Services**

Data sources and participant characteristics

In the Dayton area, a total of six focus groups were conducted that addressed substance abuse issues among seniors. Three groups were conducted with seniors: two with active substance abusers, and one with a group of non-using seniors residing at an independent living facility. Two focus groups were conducted with case managers and home health aides that provided services to seniors. The remaining group was conducted with substance abuse treatment providers employed at a local methadone clinic. In addition, treatment admission data were obtained from the local substance abuse treatment facilities.

Overall, 10 individuals with substance abuse problems participated in our focus groups (8 males and 2 females; 6 African Americans and 4 whites). All of them were primarily heroin users who also abused cocaine and alcohol. Although we sought to recruit individuals 60 and over, only five of these participants were over 60 years of age, 4 were in their 50s and one was in the late 40s. The majority of them attended an outpatient treatment facility, but reported recent relapses to heroin.

A focus group with the seniors residing in the assisted living facility included 5 individuals (3 males and 2 females, all white). Two of them were in their 80s and three were in their 70s.

Alcohol abuse

Prevalence and Patterns of Use

Service providers believed that alcohol abuse was fairly common among seniors. Case managers thought that about 10% of their clients have alcohol abuse problems. Living alone and being poor were reported as the most common demographic characteristics of seniors with alcohol problems.

According to service providers, seniors typically drank in the solitude of their own residences, often spending the largest portion of their limited financial resources on alcohol. Even those whose mobility was severely limited by physical disabilities were typically very “creative” and effective in obtaining alcohol. For example, such individuals often requested home health aides buy alcohol for them.

Reasons for Abuse

Participants cited a number of inter-related factors associated with alcohol problems in this population, including loneliness, social isolation, absence of family support, health deterioration, and depression. For example, one service provider indicated, “*The families that just don’t care... And they just leave ‘em to rot.*” Similarly, participants interviewed at a senior living facility discussed potential reasons of alcohol problems among elderly:

Participant 1: They get lonely and then they get depressed...

Participant 2: Their finances are really tough so they go to drinking instead of doin’ their bills and then they’re cryin’ even more.

Participant 3: I think their loneliness is the biggest. Because I’ll tell ya, I lost my husband.... I didn’t go to drinking but it was a very lonely life and then I had to give up my car ‘cause my eyes went bad, and then I gave up my house and I came here. It’s a big adjustment....

Lifetime histories of alcohol and other drug abuse were also cited as fairly common factors associated with substance abuse problems among the elderly. For example, home aides commented:

Home Aide 1: I would say also lifestyle, because I had that one man and I mean, that’s just the way he was all his life, just a hillbilly redneck that just liked to do drugs...

Home Aide 2: Yeah, I would have to agree because I talked to my client and he just told me his whole background, and it’s pretty much been partyin’ his whole life....

Focus group participants noted that alcohol and other drug abuse issues are more common in the subsidized senior living facilities. There are at least two possible reasons for this situation. First, it could be related to the client characteristics such as poverty, pre-existing substance abuse problems, and a lack of family involvement and support. Second, housing and other assisted living services provided to economically disadvantaged seniors may be of poorer quality than those provided to more affluent individuals. For example, seniors living in an assisted living facility described services they received that kept them occupied and connected to other residents:

Participant 1: We're all real close and do a lot together. We play bingo three times a week and play cards about every night. We do a lot together so I'm sure we would notice, you know, if somebody was [had alcohol problems]....

Participant 2: We have a van available and go shopping once a week and go to the theater once every while. Go out to eat a couple times a month....

Negative Consequences of Alcohol Abuse

According to the focus group participants, alcohol abuse among seniors often exacerbates their health problems. Since the majority of seniors were prescribed a number of different pharmaceutical drugs, alcohol abuse increases a risk of unintentional or intentional misuse of these medications and can result in negative drug interactions. Participants suggested that alcohol abuse among the elderly increases their vulnerability to victimization and abuse by their family members or "friends." Alcohol abusers are at a greater risk of losing services – For example, some alcohol abusing seniors are evicted from senior living facilities or home health aides refuse to work with clients who become very disrespectful and belligerent when drunk. Home health aides shared their experiences of working with alcohol abusing seniors:

Well, I got to his house on Monday, the whole place was trashed. I'm talkin', food was on the floor, caked to the floor, there was, um, bottles galore... And the one that really upset me the most was, uh, you know them mop buckets? Well, that was full of pee for me... .

She would drink and then she would go out wandering and then she fell off the porch and she broke something. So she wound up goin' "on hold" [not at home] and if they're "on hold" long enough, then they will lose their services, depending on how long they stay "on hold."

Pharmaceutical Drug Abuse

Prevalence and Patterns of Use

Pharmaceutical opioids, such as Vicodin®, Percocet®, OxyContin®, and methadone tablets, were reported as the most commonly abused pharmaceutical drugs. According to some service providers, rates of pharmaceutical opioid abuse among the elderly were similar to or even higher than rates of alcohol abuse.

Abuse of benzodiazepines, primarily Xanax®, and to a lesser extent Valium®, was described as fairly common among seniors as well. Participants said that pharmaceutical opioids and benzodiazepines are often abused in combination with alcohol.

Some abuse of sleeping medications, primarily Ambien® CR, among seniors was reported by the home health aides and case managers. Reportedly, seniors took higher doses of these medications than prescribed or took it during the day. Abuse of sleep medications was believed to be less common, or less commonly identified by service providers, than abuse of other pharmaceuticals.

Reasons of Pharmaceutical Abuse

Similar to alcohol, pharmaceutical abuse among elderly was associated with loneliness, depression, and “a lot of emotional pain.” For example, home aides, who had clients abusing sleeping medication, commented:

Participant 1: I don't know if they're intentionally trying to hurt themselves but it [pharmaceutical opioids] numbs them a little bit more and I think you reach a point in your life, in these situations, that being numb is better than being more aware.

Participant2: They're in pain, or not necessarily pain, but alone....

According to service providers, many pharmaceutical abusers initiated their use due to legitimate medical problems – anxiety, sleeplessness, or pain. Their legitimate use turned into abuse/dependence because of several contributing factors – a need to self-medicate emotional pain stemming from loneliness, social isolation, bereavement, loss of independence and easy access to pharmaceuticals via medical prescriptions. Furthermore, for many seniors, problem use of pharmaceutical drugs could be easier concealed and/or viewed as less stigmatized behavior than abuse of alcohol or illegal drugs. For example, one home health aide commented, “Less people will question, why are you taking your pain pill versus why are you on your sixth beer....”

Negative Consequences of Abuse

Pharmaceutical abuse was associated with additional service delivery issues. For example, home health aides indicated that “pain pill” abusers often times would wrongfully accuse home aides of stealing their medications. The agency then would have to conduct an investigation, while home health aides may refuse to work with such clients.

According to service providers, many seniors with substance abuse problems were aware that pharmaceutical drugs, especially pain medications, were a “hot commodity” in the illegal drug market. Some sold their prescriptions to supplement their incomes. Others were preyed upon by friends and family members hoping to steal their medications from them. For example, one home health aide commented:

I had one that I watched and he was sellin' methadone wafers, and he didn't even tell his case manager he was on methadone wafers. They didn't even know until I called, 'cause this young guy kept comin' over and he kept goin' in this room with the safe and opening the safe. And I'd pretend I was doin' somethin', and then they'd go out to the garage and I'd see 'em passin' stuff, you know....

Some service providers indicated that abuse of sleep medications, in particular, increased the likelihood of falls among seniors. Service providers often needed to call emergency squad units to enter senior apartments after they had overmedicated themselves with sleeping pills. Abuse of sleep medications was also thought to interfere logistically with frequent trips to the bathroom during the night, particularly for elderly taking prescribed diuretics.

Sources of Pharmaceutical Drugs

Over-prescribing and “doctor shopping” were the most common sources for abusable pharmaceuticals among seniors. Most service providers were in agreement that medical providers were lax in prescribing controlled substances to older people. For example, a service provider explained:

They have a cardiologist, they have a urologist, they have their general doctor, they have someone for arthritis therapies. So, it's easy to get a prescription for Xanax from the cardiologist because your cardiologist doesn't want you all upset. Uh, you go to your arthritis specialist and you're just so tense and another prescription for the same thing, and then your family doctor, who probably gave it to you in the first place, so it's not so much that they have to go from place to place or come up with a plan, it's just the availability is there and they know that this medication makes them feel better or numbs their brain or whatever they wanna do, so they're going to take it.

Some service providers mentioned that seniors would share their medications with each other.

Like I have one client and his ex-wife that had divorced lives there and then her mother and then her mother's sister and her ex-husband, you know, it's a family affair, so when one runs outta somethin', they go to the other person and everyone's switching meds, they switch meds with each other....

Since most seniors take a variety of medication, some up to twenty pills each day, it is more difficult for home health aides or other service providers to identify cases of abuse.

Illicit Drug Abuse

Marijuana

According to drug users and service providers, marijuana use was more common than use of other illegal drugs among seniors, although not as common as use of alcohol or pharmaceutical drugs. Home health aides indicated that use of marijuana is more typical among seniors living with younger family members who use and/or sell marijuana. Many seniors do not identify marijuana as an illicit drug. Participants cited the following reasons of marijuana use: easy access, low prices, pleasant high, and self-medication of medical problems. For example, drug users discussed reasons of marijuana use among seniors:

User 1: The availability, price...

User 2: Glaucoma, it helps the glaucoma...

User 1: It gets you high, it is a good high, it's a good buzz, plus it's cheaper... .

Crack Cocaine

Service providers and users indicated that they rarely saw crack use in individuals older than 60. Many thought that older individuals could not “handle” crack because of negative health effects and intensity of the lifestyle associated with crack use. For example, a heroin user explained: “*You can't last that long when you're smokin' crack 'cause you'll have a heart attack.*” Another heroin user commented: “*Crack business, man, you gotta be rippin' and runnin' all the time. It's a young man's game.*” A few users indicated seeing some older individuals being introduced to crack at an older age, a trend that has been previously identified in the general OSAM Network reports. For example, a heroin user commented: “*A few waited 'til they was sixty years old to use it [crack].... More like a party drug, I guess.*”

Heroin

Heroin use was more commonly seen than crack-cocaine use in the elderly population, especially among African Americans males, the majority of whom have been addicted to heroin for 40 or 50 years. Most of them were intravenous drug users, and often used powdered cocaine in combination with heroin (speedball). Although older age was typically associated with more cautious behaviors in terms of drug use, some of these individuals experienced an escalation in drug use due to life transitions associated with old age. For example, a 66-year-old African-American man, who has been using heroin since age 20, was able to maintain regular employment when he was younger despite his daily heroin use. However, he described an escalation of his drug use after his wife passed away:

Since my wife been dead I've been, you know, [using more].... 'Cause she used to do it too with me. And I don't have nobody to do it now, so it mean more money for me and more drugs for me, but I got kinda greedy.... In the past five years I got kinda greedy with it, you know? And, uh, so I'm in treatment now.

Older heroin users interviewed were familiar with extensive networks of heroin dealers, and thought heroin availability was very high in the area. For example, a 56-year-old heroin user commented:

Dayton has such a network built up for dope boys---People sellin' drugs, people sellin' heroin that it's just really amazing, man. I can phone right now and get twenty different numbers. I call one guy and he ain't got it, just call the next guy, go right down the line....

Often times, users of illegal drugs such as heroin had serious health problems, and relied on hospital emergency department services for health care. Their social and health problems were exacerbated by a lack of financial resources, available housing, and scarce networks of social support. These individuals, due to their involvement with illegal drugs and past criminal records, often faced difficulties in obtaining senior-specific services. For example, a 70-year-old African American man, a long term heroin user, described his experiences of trying to obtain housing assistance:

Interviewer: Would you like to be in one of those senior places?

Participant: Yeah, I want one bad, yeah, they just turned me down....I told 'em that I was a drug addict, you know fillin' out the application, yeah, and I told 'em I had a record... And they just ain't gonna let me in.... I like it [need housing] because they're for senior citizens. We old. We can't do what a young person do, and I don't have nothin'. That's why I need 'em.

Another heroin user, a 66-year-old African-American man, described his experiences at a senior housing facility:

I was in the one place [senior living facility] and I was protectin' my property. Some guy, they tried to break in, I shot at 'em and, ya know, put a hole in the doors, some holes in the door, and they threwed me out.

Treatment Issues

Service providers reported that seniors with substance abuse problems were very reluctant to attend treatment. A case manager commented: *"I haven't had anyone yet make it to treatment. I've made a ton of referrals, but no one making it there."* Such a reluctance to attend treatment was typically related to pessimistic attitudes (shared by seniors and some service providers) in relation to treating substance abuse problems among the elderly. A home health aide commented: *"I think you get to a certain age, it's like what the heck, you know what I mean? They just, I mean, what they got left?"* A heroin user also commented: *"Once you've used for a certain amount a years, I don't think you're ever gonna stop. If you're up around sixty and you're still usin' heroin. You're not gonna quit."*

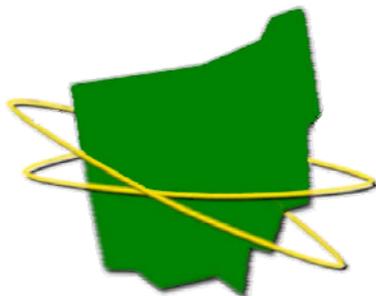
Services providers and users commented on the structural barriers to substance abuse treatment among seniors. First, waiting lists presented significant obstacles to older individuals. Elderly clients may experience health crises while waiting to get into treatment which may prevent them from accessing those services. Second, service providers and seniors reported that treatment services are not able to accommodate seniors with disabilities and other medical problems.

County level data on substance abuse treatment confirms low levels of senior involvement in treatment programs. For example, the centralized intake unit in Dayton, which serves the area as the only point of entry for uninsured individuals seeking treatment for substance abuse problems, assessed only 50 individuals who were older than 60 in 2006. This number comprised only about 1% of the total of 4,891 assessments performed in 2006.

Conclusions

Our preliminary study indicates that substance abuse issues among seniors in Dayton are extremely complex and vary substantially by socioeconomic class, ethnicity and substances abused. Overall, service providers and some senior groups felt that alcohol, pharmaceutical and some other illegal drug abuse is a significant problem in the elderly population. Substance abuse issues in this population were typically related to lifetime histories of alcohol and other drug use, social isolation, lack of family support, deteriorating health and other life transitions associated with old age. Reportedly, substance abuse issues often exacerbate other health problems, may increase social isolation, cause financial problems and interfere with obtaining social services. Dayton area data suggest low levels of senior involvement in substance abuse treatment programs. Participants discussed several barriers to treatment among seniors, including pessimistic attitudes shared by seniors and some service providers about treatment success in old age, waiting lists, and inability of some treatment programs to accommodate seniors with disabilities and other medical problems. Importantly, Dayton area does not have a specialized treatment program designed for older adults.

Our study on substance abuse among the elderly is limited by the small sample size and the significant variability relative to socioeconomic class and abuse of legal vs. illegal drugs. In addition, the issues of “doctor shopping” and selling and/or trading pharmaceutical drugs are extremely complex, and we have just noted the problem, rather than provided a more definitive perspective to inform prevention and treatment policy. In conclusion, our study just begins to tap the diverse range of substance abuse issues among the elderly. Clearly, more comprehensive studies are needed to elucidate the range and extent of substance abuse problems among seniors in the Dayton area.



The
**Ohio Substance Abuse
Monitoring Network**

June 2006 – January 2007

**An OSAM Targeted Response Initiative:
Substance Abuse among Older Adults**

Lucas County

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**A Report Prepared for the Ohio
Department of Alcohol and Drug
Addiction Services**

Data sources and participant characteristics

Six focus groups and three individual interviews were conducted in Toledo, Ohio (Lucas County) to investigate issues of substance abuse among seniors. Two of these focus groups and two individual interviews were with active or recovering drug users. The remaining focus groups and interviews were conducted with professionals familiar with issues of substance abuse among seniors.

A total of nine active or recovering drug users participated in the study. Seven were male. Two were white, and seven were African American. Ages ranged from 47 to 88 years, and substance use varied with participants reporting abuse of alcohol, marijuana, crack cocaine, and prescription medications (see Table 1). Although some participants were under the age of 60, they were included in the study because they reported associating with substance-using individuals over the age of 60.

Table 1. Participant Characteristics (Active/Recovering Users)

	Ethnic- ity	Gender	Age	Experience
1	AA	M	63	crack, Rx depressants
2	AA	F	59	crack, morphine, cocaine
3	AA	M	67	crack, alcohol, marijuana
4	AA	M	63	marijuana
5	AA	F	88	alcohol
6	AA	M	49	marijuana, cocaine/crack, alcohol
7	AA	M	50	marijuana, alcohol, crack
8	W	M	55	Rx opiates (Percocet), morphine
9	W	M	47	alcohol, marijuana, Rx medications

Alcohol abuse

Substance abuse treatment providers and other professionals working with seniors believed that alcohol was by far the most commonly abused drug among the population of seniors they served. However, prevalence of alcohol abuse, in general, among the senior population was thought to be relatively low. A professional from a senior service agency commented:

I would say on my case load.... Uh, I would probably put it at a three or a four (on a 10-point scale). The people that I do have that I'm aware of um, it's more obvious... there may be some I'm unaware of, but on my case load, I would say, I'm pretty aware of it [alcohol problems].

Professionals commented that alcohol problems seemed to be more prevalent and more advanced among older veterans. A case worker from a senior service agency commented:

Interviewer: *Do you think veterans abuse alcohol more than non-veterans?*

Professional 1: *...the ones that are referred to us... often times, yes. They are advanced in their self-neglect.*

Professional 2: *...very. Yes, end-stage type of situation.*

Although alcohol abuse was thought to be a relatively low-occurring problem in the senior population, many professionals also reported that they believed it was probably underreported because it was a problem that is typically difficult to detect. A senior service professional reported:

It's hard to determine because it's easy to see someone who is hard core and way over the edge, but someone who [is] within the framework of what we're doing, [or] may be teetering on the verge or outskirts of, you know, abuse, is something else.

Professionals believed that seniors who were abusing alcohol would primarily come to the attention of others only when the consequences of their alcohol abuse become more severe. These consequences included financial (e.g., running out of money), physical (e.g., falling when intoxicated), and social (e.g., being evicted because they become violent when intoxicated). The professionals we spoke with believed that unless serious consequences were to manifest, an alcohol-abusing senior would likely continue abusing alcohol unnoticed.

Seniors who abused alcohol were believed to do so for reasons related to loneliness and isolation. Many were described as widows or individuals who had alienated family and friends. One senior service professional commented:

...When we used to detox people on our floor, and the ones that were seniors, definitely, it seemed to me were the ones that stayed home and drank at home. And so that kinda goes back to what someone else said about the isolation....

Some seniors were thought to abuse alcohol in an attempt to relieve pain. A senior service professional explained:

I would even go to say yes as in medication alternative, you know, a pain reliever, some of the seniors can't afford the high-priced pain medication. They turn to the bottle.

Most seniors reportedly drink alcohol alone in their homes. However, some seniors are also drinking outside the home. These seniors typically do not reside in their own homes. They are residents in group homes or halfway houses, where consumption of alcohol is prohibited on premises. Consequently, they are forced to drink on the street or in other locations such as bars. A senior service professional explained:

I have a lot who drink on the street, quite honestly, as opposed to going to the bar, they go down and buy, what is it a 40, uh, 40-ouncer, and, uh, because they're not allowed, my clients live in group homes, yes, all kinds of groups homes, so therefore they're not usually allowed to, you know, drink in those homes... So they tend to do it out on the street.

Participants reported that seniors do not have any trouble accessing alcohol. If a senior is unable to access alcohol on their own, they simply have family, friends or even in-home assistants purchase the alcohol for them. In many cases, the family member or a friend are compensated by the senior for obtaining the alcohol. For example, a focus group participant reported:

...friends and family members will go and get the alcohol for them. Normally, they have to pay for the family member or the friend to get their's also, so they have to pay extra in order to get their alcohol, but they manage to do it very easily.

Pharmaceutical Drug Abuse

Participants believed that prescription drug abuse, especially prescription pain medication, was the second most commonly abused type of drug among seniors, but estimated prevalence was relatively low. Some participants perceived abuse of prescription pain medications to be more prevalent among older whites.

Selling of prescription medications was thought to be common among some seniors. Participants reported that prescription drugs are especially easy for seniors to access, given their propensity for physical problems. By obtaining numerous legitimate prescriptions, a senior can then supplement their income. A 63-year-old African-American man reported:

I know some [seniors] get 'em and like 'em. I know some get 'em to sell, you know, they, uh, go in and they make all kinda excuses, you know, to get the good pain pills, and then they sell 'em so that they can get summin' else. They may not be too turned on to the pills but that's a source a income to get them what they want, so yes, there's people that do that and, uh, they can go in there with their infirmaries, you know, and they know the story to tell the doctor, to get 'em.

As a 59-year-old African-American woman stated that some seniors are trading their prescription medications for sexual favors:

I know an old man, he's about 80 years old, and he's selling some. He gets "entertainment" for 'em.

Another issue regarding prescription medications that was echoed by providers was the issue of seniors drinking alcohol in conjunction with prescribed medications. The synergistic effects of alcohol and many prescription medications, especially pharmaceutical tranquilizers such as Valium® or Xanax®, put seniors at risk of falling and other serious consequences.

Providers also indicated that many seniors are aware of the addictive nature of many pain medications, sleep medications and anti-anxiety medications. This may prevent a senior from taking a necessary prescription for fear of addiction. Service providers commented,

I've noticed that a lot of my elderly people have prescriptions and are afraid to use it because they know that it has the, you know, if they know if anything is addictive including pain medicine, a lot of them will be terrified to take it. They won't take it at all when in fact maybe they should be using it.

Some of my clients are in chronic pain but they avoid specific pain medication because they heard that it's addictive. Or they know someone who is addicted to it. So as a result, they are in pain or have uncontrolled anxiety.

Illicit Drug Abuse

Participants considered illicit drug use to be the least common drug problem among seniors. Those seniors who wish to abuse illicit drugs may choose prescription opioids because they tend to be easier to access and often times can be obtained using medical insurance. One provider commented, *“Quite frankly most of our consumers lack the financial ability to buy their drugs off the street. They need the prescription from their doctor to get the medication through a program.”*

However, use of illicit drugs such as crack cocaine, heroin and marijuana did exist among a certain subset of seniors. Treatment providers reported that use of illicit drugs was more common among “younger-olders” or seniors between the ages of 60 and 70. As one provider commented:

Interviewer: What about your 70-80 [year-olds]? Do you have illicit drug users that are old? Really old, maybe IV heroin users?

Provider: I’ve only had one guy... let me say I’ve had less than 5, maybe in twelve years, of seniors who I found to be using like cocaine or methamphetamine.

Providers reported that most illicit drug use occurs in private homes rather than in senior apartment complexes because drug use in the home is harder to detect. A provider commented:

A senior that is utilizing crack cocaine, methamphetamine something like that, that’s going to get found out pretty quick, you know, in the senior complex, the apartment complexes. Now, when they’re secluded in their homes, you know... there are less prying eyes around....

However, providers reported that managers of senior housing complexes vary greatly in terms of their involvement with residents. Consequently, illicit substance abuse may be more common in senior housing communities where managers are less involved.

A heroin user commented on seeing elderly people in homes of drug dealers, *“You know what, I, you know when I would go inside the dealers house and stuff, I would see old people... because they’re family.”*

Seniors involved with illicit drugs were commonly involved in the criminal justice system, homeless or in other compromising situations. Often, illicit-drug-using seniors were also suffering with mental and physical challenges. Many of these dual-diagnosis individuals abuse crack-cocaine.

Those living in a residential state supplement, if they are going to use it [crack cocaine], they are going to use it on the street. Many of them mix it with psychotropic drugs.

Senior users were also found on the streets early each month spending their social security checks on drugs. Exploitation of seniors by drug dealers exacerbates financial problems, and these seniors can end up homeless and hungry.

Treatment Issues

Several issues related to the treatment of seniors with substance abuse problems were mentioned. Providers reported that in Toledo, available treatment options for seniors are limited. This perception may partly be influenced by the fact that many of the providers we spoke with were unsure of which substance abuse treatment programs were still operating in the Toledo area. Another issue that providers reported was that most seniors will not enter into a treatment program. The primary reason for a senior to refuse treatment was fear of losing their independence – many fear that they will end up in nursing homes. Some seniors will not admit their addiction, while others would rather live out their life abusing alcohol and/or other drugs. One senior service provider indicated, “99% of the seniors we come in contact with will refuse treatment.”

Consequently, social service providers repeatedly stressed the importance of having in-home treatment services to meet the needs of elderly substance abusers. For example a treatment provider commented:

With the male that I talked about [alcoholic]... I tried to get, uh, assistance for him in the home, counseling in the home, because he is homebound, and there is no way he can get to anything- meetings ect. And I was totally unsuccessful. I could not find anyone who would go into the home.

In general, substance abuse treatment programs were not looked upon favorably by elderly participants. The seniors that we spoke with indicated that some of their substance-abusing peers view treatment programs as being very undesirable places. One elderly user commented:

Senior: I know a few, sixty and over, that would like to clean up their act, but they don't wanna go to no treatment or nothin' because it's like worse than bein' locked up in jail, they say...

Interviewer: Why would they say that?

Senior: Because they do like, you go in and you're in for thirty days, you don't do nothin' and... they just aren't on that.

Senior substance abusers also believed that having treatment programs specifically for elderly individuals was important. As one elderly individual explained:

Senior: You know what would be nice would be a, a place for our age, you know, where we wouldn't be with the real young, you know, young kids... just a treatment place... where we, you know, we have things in common.... I'm sittin' in there with somebody my grandchild's age and, you know, they gonna have no, you know, haven't got a clue

Interviewer: So you don't wanna sit around in a group with a bunch of young kids?

Senior: No, no, definitely not... I think that is for me, is what, because of the, of the long history of, uh, using that my nerves can't take a lotta noise and, and movement... when you get in with a lotta younger, uh, people... I mean it's so overwhelming.... They don't respect you, they disrespect you every chance they get....

In addition, providers reported that in some cases, considerable modifications (e.g., railings, medical equipment/staff) are needed to properly care for elderly clients. These modifications can be costly and often preclude a program from accepting an elderly client into treatment.

Other Issues

Subsidized housing that was once designated exclusively for seniors has become more diverse with the passing of a new state law. Some senior housing facilities now include residents who are on disability and who are typically much younger. Providers and elderly substance abusers reported that this mixing of residents increases an elderly person's chances of being exploited. For instance, some of the younger residents may befriend senior residents to gain access to their prescription medications. A social service provider explained:

It used to be subsidized senior housing only for seniors. Well, now this new law states that it has to be for disability... and a lot of handicapped and disabled people are recovering drug addicts and they still have the same friends they hang with. So what you've got is the senior citizen in this complex with a recovering drug addicts that is not recovering but just using that word to get their check, that find out the senior's talking about "Oh, my bone hurt here and they just gave me these pills and I don't like them cause they make me dizzy." "Oh dizzy, what kind, are they yellow, blue, pink" and they find out what color they are and they say "let me see I can tell you if you need to take it this way." What they do, they take advantage of them [seniors]. That's what's happening large in the community now.

Participants also reported that this mixing of residents can expose seniors to illicit drugs and other illegal activity. Providers and senior substance abusers commented on several instances where elderly males were being introduced to illicit drugs such as crack cocaine because of their involvement with female prostitutes. Reportedly, these seniors will obtain crack cocaine and trade it for sexual favors. Over time, such elderly men may start using crack cocaine.

Some social service providers indicated that convincing seniors that they need to pursue treatment is often very difficult. These providers stated long-term substance abuse problems and overall pessimism associated with old age make some seniors resistant to change. One provider explained:

So my thing to you is that it doesn't matter what I'm finding... how long you try to work with them [seniors] or what you offer to them. Their mind says, "I've been doing this for so many years and I'm still here, so if I were to die I might as well die happy."

Conclusions

Alcohol abuse/dependence was considered to be the primary substance abuse problem among seniors in the Toledo area. Participants estimated that about 10% of seniors had abused alcohol. Prescription drug abuse, especially pain medication, was perceived as the second most common substance abuse problem among seniors. Illicit drug use was perceived as relatively uncommon among elderly individuals.

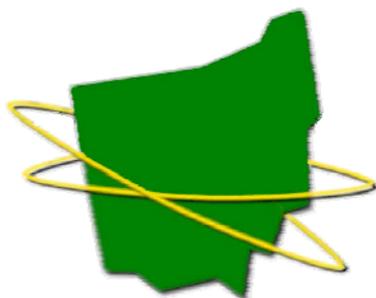
Reasons for substance abuse among some seniors stemmed mainly from issues of loneliness and isolation resulting from the loss of friends and family. However, some abuse was thought to be the result of self-medicating for legitimate physical pain.

Social service providers reported difficulty in identifying substance abuse problems among the elderly. Sporadic contact with seniors made it difficult to distinguish between casual or prescribed use and abuse. This was especially relevant for seniors who were still living on their own in their own home or apartment. Providers reported that these seniors are able to isolate themselves from others and effectively hide their substance abuse problems.

Substance abuse treatment options for seniors were thought to be limited. Due to the special accommodations (e.g. hygiene, mobility, diet, medication management) that are sometimes needed to care for seniors in in-patient treatment, many programs are reluctant to admit an elderly individual. Case workers indicated that many seniors are homebound and are in need of substance abuse services in the home. Such services were not identified in the Toledo area.

Social service providers indicated that many seniors are not forthcoming with their addictions, and convincing a senior to enter into treatment is often impossible. They reported that many seniors are very reluctant to leave their homes because they fear losing their homes and being put into a nursing home. Seniors also had pessimistic attitudes about treatment effectiveness and success.

Although our participants estimated relatively low prevalence of substance abuse among seniors, the actual prevalence rates are likely higher, given the tendency for many seniors to isolate themselves and effectively hide their substance abuse. We believe this study only begins to elucidate the problem of substance abuse among seniors. A more comprehensive investigation is needed to explore the issues further.



The
**Ohio Substance Abuse
Monitoring Network**

June 2006 – January 2007

**An OSAM Targeted Response Initiative:
Substance Abuse among Older Adults**

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**A Report Prepared for the Ohio
Department of Alcohol and Drug
Addiction Services**

Data sources and participant characteristics

Five focus groups were conducted in Columbiana and Mahoning Counties. A total of 18 individuals participated in the study. Thirteen of the participants were seniors either recovering from a substance abuse problem or knowledgeable about substance abuse problems among their peers. The majority (n=7) of seniors interviewed were between 60 and 69 years of age. Two were between the ages of 70 and 79, and four were between 80 and 89 years of age. Four were African American and nine were white. Over half were female (n=9). Although alcohol was the most commonly reported drug of abuse, individuals also reported abuse of crack cocaine.

Alcohol abuse

Prevalence and Patterns of Abuse

Focus group participants reported that among seniors, abuse of alcohol is more common than abuse of any other psychoactive substances. Reportedly, many seniors view alcohol use as a socially acceptable activity. For example, a service provider commented, *“Seniors have more problems with alcohol than drugs, because they saw their parents do it, and they see it as acceptable.”* Some seniors talked about the positive social value associated with alcohol use among seniors in some situations.

Alcohol abuse was reportedly more common among males than females because elderly males typically experience more social isolation and loneliness than elderly women. Participants also indicated that elderly women are typically more discrete about their alcohol use than elderly males. There was no consensus regarding the relationship of social class or ethnicity to alcohol abuse in seniors. For example, a health care provider commented on the characteristics of the elderly with alcohol abuse problems, *“It’s more prevalent in our male population as opposed to our female population. Race, I don’t think it is specific to race, not in my experiences at least.”*

Participants reported that alcohol abuse among seniors was more hidden and less of a social activity when compared to younger individuals. Unlike younger people who often drink in the company of their friends or associates, seniors tend to drink alone in their homes. A focus group participant commented, *“A lot of older people try to hide it. Younger kids drink more openly.”* Similarly, a health care provider commented, *“The young ones are the social ones [drinkers]. They are in among their friends, whereas the seniors that I’ve seen are more isolated.”*

Reasons for Abuse

According to the focus group participants, alcohol abuse among seniors was related to boredom, loneliness, depression, social isolation and a lack of family involvement and support. Some respondents felt that problem drinking increased during such family-oriented holidays as Christmas. A focus group participant indicated, *“It’s isolation I think that goes along with it [alcohol use] a lot. They don’t have any connection, maybe feeling lack of support from family and friends.”* Reportedly, some elderly abuse alcohol as a way to self-medicate their emotional and physical distress associated with deteriorating health, bereavement, and other old-age problems. A healthcare provider commented that many older adults who abuse alcohol have been doing so all of their lives.

Negative Consequences of Alcohol Abuse

Focus group participants indicated that alcohol abuse among seniors exacerbated their health problems, contributed to family conflicts and other domestic issues, and increased social isolation and loneliness.

Pharmaceutical Drug Abuse

Prevalence and Patterns of Abuse

Participants did not have much knowledge about abuse of sleeping medication among seniors. A health care provider reported that since sleep problems are common among elderly, they may end up “*trying one thing [medication] after another.*” One senior felt that some elderly tend to use alcohol to self-medicate insomnia.

Among seniors, abuse of benzodiazepines, such as Xanax® (alprazolam) and Klonopin® (clonazepam), and pharmaceutical opioids, primarily Vicodin® (hydrocodone & acetaminophen) and Percocet® (oxycodone and acetaminophen), was reportedly more common than abuse of sleeping medication. A health care provider reported that abuse of Valium® (diazepam) has decreased in this population.

Some participants noted that pharmaceutical drug abuse may have decreased in the recent past due to changing policies in prescription drug coverage for seniors. For example, a focus group participant commented:

Part of it may be because in the recent changes with the Medicare, it's more expensive now for seniors to get their medications, and some of them have to pay full regular price for their medications, and they're not giving them away. They're too costly.

Participants reported that pharmaceutical drugs are often abused in combination with alcohol. A health care provider indicated:

If they are already drinking alcohol daily, and something medically happens that they get on the medication...I don't think they deliberately at first mix the two to have that good feeling. I think, you know, they're using the alcohol first and then something medically happens.

Reasons for Pharmaceutical Abuse

Focus group participants indicated that pharmaceutical abuse often begins with prescriptions for legitimate medical problems. Reasons associated with pharmaceutical drug abuse in this population included medical mismanagement, easy access to

pharmaceuticals via medical prescriptions, and lack of knowledge about the addictive potential of some medications. For example, a focus group participant discussed pharmaceutical opioid abuse among seniors:

This particular age group, they're having surgeries – knee replacements, hip replacements, you name the replacement and they're having it--and therefore they get the pain medication. And then they might tend not to wean themselves off it as soon as they should. It doesn't start as abuse, it starts as a need, and then they become more dependent upon them [pain pills] because of surgeries, and they go back to the doctor for more, and it becomes a way of life. It's also ignorance in that they don't realize that this could be addictive.... And they're surprised, and they need more, and it goes on from there.

Similarly, abuse of prescription tranquilizers was discussed in the following way:

They don't think it's [use of tranquilizers] a problem. They go to the doctor, they're older, so the doctor gives them a prescription, or they've been on it for many years, so it becomes a way of life, until they take more than needed, and the doctor won't prescribe more, so that's when there's a problem with withdrawing from it. They've been taking it for a long time, so they need to take more, because it's not working anymore.

Negative Consequences of Abuse

Participants indicated that pharmaceutical drug abuse contributes to poor daily functioning among the elderly. For example, a health care provider indicated: “*They're not able to function very well in their life because they are taking all of this [pharmaceuticals], and they are not very clear-headed. They're not making good judgments.*” Focus group participants also mentioned that problems emerge because seniors are not aware of the dangers associated with mixing alcohol and prescription medications.

Sources of Pharmaceutical Drugs

Seniors felt that pharmaceutical drug abusers typically obtained “pills” through medical prescriptions. Participants felt that medical doctors were often too lax when prescribing psychoactive medication to seniors. For example, a health care provider commented:

I'm appalled at how many doctors give out these prescriptions so easily, without having the knowledge of addiction, evidently, without questioning, without getting a little more into the person who's requesting it – it happens so much.

Seniors who participated in the focus groups had indirect knowledge of prescription drug sharing and/or selling among the elderly, although they did not report personal experiences with these practices. Focus group participants also reported that younger family members sometimes stole psychoactive medications from the elderly.

Illicit Drug Abuse

Marijuana

Focus groups participants reported some marijuana use among seniors. For example, a focus group participant commented, *"I know a lot of seniors who take a puff now and then."* Marijuana use is reportedly more common among seniors who have a life-long history of marijuana use. Some seniors perceived it as a *"way of life."* For example, a focus group participant characterized elderly marijuana users as, *"People in the service, started smoking in the service, and continued, especially the Vietnam era."* Some interviewees reported that among some seniors marijuana may be perceived as a less harmful substance when compared to alcohol or other drugs. One participant commented: *"Some seniors smoke [marijuana] because the alcohol is killing them."*

Seniors who participated in focus groups noted that prescription medications were more accessible to them than marijuana. According to the respondents, children or others family members often provide marijuana to seniors so they *"don't have to go out to get it."*

Crack Cocaine

Focus group participants in general felt that alcohol and pharmaceutical opioids were more commonly abused substances than crack cocaine. Some participants suggested that crack abuse in the elderly population may be quite common, according to their estimates, reaching 20% in some areas of the city. In contrast, others commented that crack abuse among the elderly may be uncommon or short-lasting because of the negative health effects associated with crack use. A health care provider reported seeing seniors who have been using crack since the 1980s. One senior reported that some elderly males may be exposed to crack cocaine through their association with crack-using women.

Participants had no knowledge of powdered cocaine, heroin, or methamphetamine use among seniors.

Treatment Issues

Participants identified several barriers to treatment specific to the elderly. First, many older adults were pessimistic about the effectiveness of substance abuse treatment thinking that it is “too late” for them to change their habits. Second, focus group participants commented that most treatment programs are oriented towards younger users. Seniors may feel awkward and out of place to be in the same program with much younger individuals. For example, focus group participants commented:

Treatment is age specific; seniors feel they don't fit in.

We need to break everyone's stereotypic view of who an addict is, or what an addict looks like. Addiction does go well into 60s, 70s, and 80s. It doesn't stop when you hit 40 or 50.

Overall, focus group participants acknowledged that identifying older adults with substance abuse problems is a challenge. Seniors themselves felt that it is important to train physicians and other medical professionals about the warning signs of alcohol and drug abuse among the elderly. Participants also indicated that treatment providers should target family members to increase their awareness about substance abuse treatment services for seniors.

