OVERVIEW

Nearly one million adults aged 65 and older live with a substance use disorder (SUD). A growing body of literature underscores the challenges of treating older adults with SUDs. Older adults typically present with unique counseling and prevention needs, SUD symptoms, and co-occurring psychiatric and medical conditions. They also typically present with unique withdrawal management needs, recovery-support needs, and healthcare insurance coverage.

This presentation will focus on the practice standards for older adults while providing interactive discussion housed in a series of case study examples.
DEFINING KEY TERMS

• Older adults
• Unique counseling needs
• Medicare
• Addiction and Older Adults
• Stigma & Ageism

PRACTICE STANDARDS

Substance misuse in older adults is often overlooked and undertreated. In part, this is because of false beliefs among providers, professionals, and the general public that older adults do not develop or need treatment for drug and alcohol use disorders.
PRACTICE STANDARDS

Providers and professionals can benefit from an improved awareness about substance misuse in older clients, including how to approach screening, assessment, and treatment.

Similarly, family members/caregivers can benefit from information and resources to help them recognize, prevent, and respond to substance misuse in their older loved ones.
PRACTICE STANDARDS

Empirical evidence supports the use of SUD treatment for older adults—especially when tailored to their age-related needs. The notion that older adults are not interested in or do not respond well to treatment for substance misuse is simply untrue. In fact, when interventions are adapted to the physical, cognitive, and psychosocial needs of older clients, they are likely to be effective. It is critical that providers and professionals learn about available interventions and local resources so they can treat, serve, or otherwise refer older clients appropriately.

PRACTICE STANDARDS

Like treatments and services, screening and assessment techniques can and should be adapted to older adults. Many instruments have been developed specifically to detect possible SUDs and common comorbid mental and physical conditions (e.g., depression, anxiety, pain) in this population.
PRACTICE STANDARDS

Age-appropriate screening tools and interventions are available for older adults struggling with alcohol use, illicit drug use, or nonmedical prescription medication use.

PRACTICE STANDARDS

Comprehensive assessments should explore other areas relevant to older adults and substance misuse, such as their trauma history and risk of current elder abuse, fall risk, cognitive decline, and ability to perform activities of daily living and other functions.
PRACTICE STANDARDS

Nearly all of us will experience changes in our thinking as we age, but substance misuse can potentially worsen normal age-related changes in cognition. Further, older people already experiencing cognitive conditions, including dementia or mild cognitive impairment (MCI), may have difficulty using substances like alcohol and prescription medications safely and according to recommended guidelines.

SAMHSA TIP 26

PRACTICE STANDARDS

Alcohol is the most widely used substance among older adults with substance misuse. It is vital that older adults and their family and caregivers receive information about moderate versus high-risk drinking, harmful effects of alcohol misuse, and available treatments for AUD.

SAMHSA TIP 26
PRACTICE STANDARDS

Providers, professionals, and family and caregivers should be especially watchful for signs and symptoms of nonmedical prescription drug use, including that of opioids and benzodiazepines.

Most older adults take at least one prescription medication, and many take more than one. This increases their risk for potentially dangerous drug-drug interactions and drug-alcohol interactions.

Older adults often experience reductions in their social network and social functioning as a part of normal aging, but among older individuals with substance misuse, this can be especially problematic. Social support is a critical piece of achieving and sustaining long-term recovery from substance misuse for all people, including Treating Substance Use Disorder in Older Adults. Providers and professionals should be mindful of this and work closely with older clients to help them enhance the size and diversity of their social network, increase their social functioning, and engage in meaningful, recovery-oriented social activities (e.g., mutual-aid support programs, peer recovery support). Recovery is just one part of wellness.
PRACTICE STANDARDS

To help older clients achieve true health and well-being, be sure to help them address any areas in which functioning may be lacking. This includes their physical functioning, mental health, emotional well-being, intellectual activities, spirituality, work or volunteer activities, and social life. All of these aspects of wellness play a role in recovery and in overall health.

SAMHSA TIP 26

PRACTICE STANDARDS

Many older adults consume alcohol, but how does one know whether an older adult’s alcohol use is a problem?

Part of your role is to provide a wide range of education and resources to help older adults and their family or caregivers better understand the risk factors for, signs and symptoms of, and treatments and services available for alcohol misuse.

SAMHSA TIP 26
MEDICARE RULE RESPONSE

- Medicare History
- NAADAC - Medicare Rule Response
- Discussion

CASE STUDY

- Read case study
- Discussion with audience
OPEN DISCUSSION

• Older Adults Committee – inviting new members

• Discussion: what are you seeing in the field

• Discussion: what are you seeing in your community

CONTACT INFORMATION

• JJ Johnson, Chair: acoupleajays@gmail.com

• NAADAC Website: www.naadac.org

• Committee Information: https://www.naadac.org/assets/2416/committee_application_form_02_2023.pdf
THANK YOU!!!

NAADAC and the Older Adult Committee are grateful for your participation in the Annual Conference.

We are grateful for your interest in this very important topic.