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OLDER ADULTS AND ADDICTION: WHY WE SHOULD CARE

Carol Colleran*

HELPING OLDER ADULTS OVERCOME ALCOHOL AND MEDICATION DEPENDENCE

It may surprise you to know that over seventy percent of older adult hospital admissions are in some way related to alcohol or medication problems.¹ The problem of alcohol and medication dependence among older adults, an often misunderstood, denied, and misdiagnosed problem, is growing rapidly with the aging population. There are over eight million seniors who are addicted to alcohol or medication, one third of whom suffer from late onset addiction.²

Late onset addiction may be of particular concern among retired professionals. They may experience a sudden lack of purpose after a rewarding, demanding, and often prestigious career. These retirees have enjoyed a high level of respect along with a demanding career. According to a recovering older alcoholic whose heavy drinking escalated rapidly when he "retired" involuntarily, "to lose one's professional life is tantamount to losing one's identity."

Many older adult professionals are still active in their

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1. See *Alcohol Abuse and Misuse Among the Elderly: Hearing Before the SubComm. on Health and Long-Term Care of the Select Comm. on Aging*, 102nd Cong. 4 (1992) (statement of Mary Rose Oakar, Member, Select Comm. on Aging).

2. FREDERIC C. BLOW ET AL, ANALYSIS OF THE NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY (NHANES): LONGITUDINAL ANALYSIS OF DRINKING OVER THE LIFE SPAN, in *SUBSTANCE ABUSE BY OLDER ADULTS: ESTIMATES OF FUTURE IMPACT ON THE TREATMENT SYSTEM, SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMSHA)*, available at <http://oas.samhsa.gov/aging/overview.htm>, (last modified May 10, 2003).

careers. Professionals who suffer from the disease of alcoholism often have developed excessive work habits, are perfectionists, high achievers, and value a sense of control. What they do not realize is that they actually have no control over their addictions. They may not see the signs of addiction in themselves; their colleagues or families, who have become accustomed to accommodating their impaired behaviors, may support them in denial. Unfortunately, addiction often is not addressed until the person has experienced devastating personal or professional loss, not to mention the fact that an impaired professional, while still working, poses a risk to his or her clients and practice.

Additionally, older people are more susceptible to idiosyncratic intoxication, which results from small amounts of alcohol affecting a person that would not affect most people. They have a diminished capacity to tolerate alcohol, perhaps because of their advanced age, which prohibits them from metabolizing alcohol as efficiently as younger people.

Programs credentialed by various state departments of regulation or licensing are in place to help impaired professionals. These programs offer referrals for treatment and require monitoring participants' progress.

The heavy social drinker who managed to cope in professional life may now drink more in retirement, causing physical, mental, and personal consequences. Late onset addiction can result from a number of life transitions and risk factors, such as loss of a spouse or loved one; loneliness or isolation; health problems and pain; or a move to a new home or geographic location. Retirement communities, for example, are often abundant with social activities that revolve around alcohol and happy hour. We have heard from some of Hanley Center's older clients that when they moved into senior residence communities, their social drinking escalated to alcohol misuse or abuse and eventually crossed over the thin line to addiction.

Many spouses of busy professionals have managed to hide their addictions, because the spouse has been preoccupied with his or her career. When that career ends, the retired professional may be forced to open his or her eyes to what is happening at home.

PROBLEMS WITH MEDICATIONS

Medication dependence or misuse may occur because a psychotropic medication was prescribed for a number of years. Older people often see more than one physician at the same time and, therefore, may be taking drugs that have potentially dangerous interactions with and reactions to one another. Drug and alcohol interactions pose a similar threat.

Often older patients do not comply with prescription instructions because they become confused about what medications to take. Others self-medicate, taking more medication than prescribed in order to relieve pain or feelings such as loneliness. Some patients intentionally see multiple doctors for prescriptions for the same psychotropic drugs. According to a list of twenty-three medications published by the Journal of the American Medical Association (JAMA), doctors who are not trained in gerontology may prescribe drugs that are unsafe for patients over sixty-five-years-old.³ Doctors have a tendency to prescribe about one third more psychotropic medication to women than to men⁴.

Whether intentional or not, once the medication addiction is established, the older person is apt to become secretive about his or her drug use, anxious to preserve the supply of the medication, and often ashamed about the problem.

WARNING SIGNS OF ADDICTION IN AGING

How do you know if your loved one or friend has a chemical dependency problem? Misdiagnosis and misunderstanding of the disease of addiction in older adults often result from not recognizing the symptoms associated with the disease because they can mimic other conditions or signs of aging, such as:

- Memory loss
- Sleep problems
- Shaky hands

3. Robyn Tamblyn et al., *Examination Scores and Resource Use and Quality of Care in Primary Care Practice*, 280 JAMA 989, 991 (1998).

4. THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY, UNDER THE RUG: SUBSTANCE ABUSE AND THE MATURE WOMAN (1998), available at http://www.casacolumbia.org/pdshopprov/files/Under_the_Rug_6_15_98.pdf (last visited Oct. 28, 2004).

- Unexplained bruises
- Frequent falls
- Nutritional issues
- Chronic health problems
- Loss of interest in hobbies and activities
- Slurring words
- Incontinence
- Dry mouth
- Blurred vision
- Defensiveness
- Mood swings
- Inability to handle routine chores and paperwork without making mistakes
- Loss of appetite
- Neglect of personal appearance
- Irrational or undefined fears and delusions
- Elevated stress levels

Signs that relate to alcohol or medication abuse specifically include:

- Drinks or uses drugs despite warnings
- Prefers attending a lot of events where drinking is accepted, such as happy hours and parties
- Drinks in a hidden or solitary manner
- Disposes of large volumes of empty beer and liquor bottles and seems secretive about it
- Often has the smell of liquor on his or her breath or mouthwash to disguise it
- Always has a bottle of tranquilizers on hand and takes them at the slightest sign of disturbance
- Is often intoxicated or slightly tipsy

DEBUNKING THE MYTHS OF OLDER ADULT ADDICTION

An atmosphere of denial has usually surrounded the older adult addict. There has been a carefully constructed system that enables the older adult addict to continue drinking, which is fueled by denial or unawareness by family and friends. Tragically, we often hear the following remarks, which represent some of the myths that perpetuate addiction:

- "He's too old to change now."
- "She's happy this way; leave her alone."
- "He is too stubborn, and I know he'll never listen."
- "She drinks to relieve the pain."
- "I live too far away to be of any help."
- "She'd cut us all out of the will."

You can do something, and I strongly advise you to help, because this person's quality of life is miserable, he or she is unhappy, and chances are good that his or her physical health has deteriorated. Recovery is very real and quite possible for older people. In fact, while it may be difficult to convince older people to enter treatment, at Hanley's Center for Older Adult Recovery, we have found that older clients have higher recovery success rates than other groups. Their quality of life usually improves significantly with recovery, including improved physical and mental health; improved overall quality of life, such as renewed relationships and interest in hobbies; and a willingness to actively participate in the normal aspects of daily life.

If a person shows signs of a drinking problem that has yet to become an active addiction, a brief intervention by a trusted physician has been shown to be effective in many cases. The doctor has the respect of the older patient, whose generational values include taking "orders" from perceived authority figures.

HOW TO APPROACH AN OLDER PERSON WHO IS ALCOHOL OR MEDICATION DEPENDENT

It is difficult for most people to begin a conversation with an older loved one, colleague, or friend about a suspected problem with alcohol or medication. Sometimes a crisis can be an opportunity to broach the subject. You might ask a family member or close friend to join you. Of course, avoid bringing up the subject when the person is intoxicated. Mornings may work best, and successfully addressing the disease of alcoholism is not about eliminating bottles. It may be tempting to initiate the solution by pouring the alcohol down the drain, but you will no doubt get an angry and defensive response.

It is imperative that when addressing the issue of a drinking problem with an older person, generational values and attitudes are taken into account. Seniors put a premium on virtues, such

as self-reliance and self-sacrifice, playing by the rules, achievement, and responsibility. Airing one's dirty laundry is taboo. Because the perception of alcoholism among older people relates to moral failure and the image of a bum on the street, the subject of alcohol dependence is likely to be denied

Be prepared. You will want to compile a list of medications, prescribed and not prescribed, that the older person is taking and a list of the doctors he or she is seeing. Take note of the person's current physical condition. Be aware of how the drinking or medication misuse is affecting the older person's family life, attitudes, and ability to take care of him or herself, as well as others. Also, keep in mind your loved one or friend's age and ability to understand. This subject may have to be addressed in stages, using patience rather than pressure.

Show respect by avoiding emotionally loaded words like "alcoholic" or "drug addict." While it may be difficult, always avoid blame, anger, or judgment. Instead, show empathy for the person's well being. Always remain focused on the facts. Be direct and specific about how much you have noticed the person drinking on specific occasions and about the effects alcohol or drug use can have on things the older person cares about, including what others are saying, health concerns, or memory loss. Do not haul out a laundry list of problems or "old history." Rather, bring up concerns dating back no farther than the past six to twelve months.

Begin the conversation by emphasizing how much the older person's health and well being mean to you and others and how much he or she is valued. You can start the conversation with "I" statements, such as:

- "I've noticed that alcohol has begun to affect your memory."
- "Dad, I'm concerned about the amount you've been drinking since Mom died."

Similar observations can be made about medication use, for example:

- "It seems that you need to take more sleeping pills before they begin to work for you."
- "The medication seems to have side effects; you seem to be slurring words and sleeping a lot more."

- "You've been my closest friend, and I hope you won't think I'm interfering when I tell you that I am concerned about you. You seem a little hazy when we play cards, and I'm wondering if you still need the tranquilizers that the doctor prescribed for you after your operation."

If the older person agrees to seek help, be prepared to take quick action. Have the name of a treatment center and the name of the person who does the assessments handy. A professional can help develop an assessment more easily if you have the medical and medication information available.

Perhaps the older person will only agree to see a doctor. Because primary care physicians tend to misdiagnose addiction in older adults, you may want to find a physician with special training in addiction by contacting the American Society on Addiction Medicine.⁵ You may want to ask the doctor about some of the symptoms listed in this article and request that the doctor look specifically for some of these symptoms. Doctors have several tools that they use when assessing chemical dependency, including the Michigan Alcoholism Screening Test-Geriatric Version (MAST-G). A shorter screening test, the CAGE Questionnaire, is also used with older adults.⁶

CONSIDERING INTERVENTION

Convincing an older person to seek assessment and treatment for alcohol or medication problems is not easy. Some families turn to a professional interventionist for help. This can be life saving for the older person, because hitting bottom before seeking treatment can mean death. You may not be able to wait for him or her to decide to change his or her behavior. A professional interventionist can help assemble the team of family, friends, and colleagues, and can orchestrate the intervention taking a loving approach and using real facts and consequences of the behavior, in order to facilitate a turning point in the older person's life.

5. The American Society on Addiction Medicine (ASAM), *available at* <http://www.asam.org/> (last visited Oct. 28, 2004).

6. *See* questionnaire, *available at* <http://www.niaaa.nih.gov/publications/cage.htm> (last visited Oct. 28, 2004). This is a very brief and relatively nonconfrontational questionnaire for detection of alcoholism.

WHY AGE-RESPONSIVE TREATMENT WORKS

Older adults have different health problems, generational values, and outlooks on life compared to their younger counterparts. Because of mental and physical limitations, age-responsive primary residential treatment proceeds at a slower pace, with ample rest time for the older individuals. At the Center for Older Adult Recovery, a residential program rooted in the twelve-step philosophy, the multidisciplinary team understands the special needs of the older individuals and respectful ways to address these individuals.

In an age-responsive older adult treatment setting, clients begin to share their stories and relate to each other. To this generation, the idea of being in the same treatment group as younger people who are addicted to illicit drugs is alarming. These young people are the real drug addicts!

Older professionals have built a lifetime of traits that helped them to be successful in their careers, such as analytical thinking, high intellect, and dedication to work. These strengths, however, will not be much help in kicking an addiction without help from addiction and medical specialists. The whole person is addressed in effective treatment programs, which means that the physical, mental, emotional, and spiritual aspects of an individual are taken into account. Ideally, a multidisciplinary team, including physicians, nurses, psychologists, psychiatrists, counselors, nutritionists, spiritual counselors, and wellness professionals help guide the older adult in his or her journey to recovery.

The family or spouse is also an integral part of the recovery process, because addicted family systems support active addiction and make relapse more likely. Family sessions are often scheduled a few weeks into the primary residential treatment, and education is offered about the disease of addiction, specific concerns of older adults and addiction, and guidelines for developing healthy family support systems and relationships. Family members are encouraged to attend twelve-step groups such as Alcoholics Anonymous⁷ or Codependents Anonymous⁸.

⁷ Official site for the support group for friends and family of alcoholics, <http://www.al-anon.alateen.org/> (last visited Oct. 28, 2004).

⁸ <http://www.codependents.org/> (last visited Oct. 28, 2004).

The older adult in your life with alcohol or medication problems is worth saving. Rather than facing rapidly deteriorating health, recovering older adults can enjoy a renewed quality of life and improved health for many years with the proper treatment and help from family, friends, and colleagues.

ADDITIONAL RESOURCES

- Hanley Center at 1-800-444-7008.
- www.hanleycenter.com.
- www.hazeldenbookplace.org.
- www.alcoholicsanonymous.org.
- www.al-anon.org.
- National Council on Alcoholism and Drug Dependence (212) 269-7797.
- *Alcoholism in the Elderly: Diagnosis, Treatment and Prevention*, American Medical Association (312) 464-5085.
- *Substance Abuse among Older Adults*, U.S. Department of Health and Human Services (the National Clearing House for Alcohol and Drug Information at 800-729-6686 and ask for TIP 26).
- *How to Talk to an Older Person Who Has a Problem with Alcohol or Medications* (Hazelden) (for a free pamphlet, call 1-800-444-7008).
- CAROL COLLERAN & DEBRA JAY, AGING AND ADDICTION, HELPING OLDER ADULTS OVERCOME ALCOHOL OR MEDICATION DEPENDENCE (Hazelden, 2002).
