Substance abuse, particularly alcohol and prescription drugs, by older adults is a largely hidden problem. We are only beginning to realize the extent of substance abuse among this population. By 2030 people over the age of 65 are expected to account for 20 percent (approx. 70 million) of the U.S. population, up from 13 percent today. Even though the rate of misuse and abuse of alcohol and prescription drugs is much higher for older adults, until recently, this abuse and misuse, which effects as many as 27 percent of older adults was rarely discussed in either the substance abuse or gerontological literature. Substance abuse and use in older adults are sometimes overlooked and mistaken for the symptoms of dementia, depression, or other problems common to older adults.

Substance abuse and prescription drugs are currently the most commonly abused substances among older adults; though according to the 2001 NHSDA, the number of illicit drug users among older adults is likely to increase in coming years due to the aging of the “baby boom” generation.

PREVALENCE

The 2000 National Household Survey on Drug Abuse (NHSDA) Report indicates that an estimated 568,000 or 1 percent of all older adults in the United States aged 55 or older had used illicit drugs in the past month. The illicit drugs most commonly used were psychotherapeutics used nonmedically and marijuana. Over 5 million were “binge” (had five or more drinks on the same occasion on each of 5 or more days in the past 30 days) alcohol users, including more than 1 million who were heavy alcohol users.

A December 2001 report by the Drug and Alcohol Services Information System (DASIS) indicates that in 1999, among the 50,700 persons aged 55 or older that were admitted to publicly funded substance abuse treatment, alcohol was the primary substance of abuse. The report also reveals that alcohol admissions among older adults declined from 1994 to 1999, but illicit drug admissions increased.

CHARACTERISTICS

What factors place older adults at risk? Many factors and events can change the life roles older adults have become accustomed to, thereby increasing the risk of problems with alcohol and prescription drugs. These events can include retirement, a newly “empty nest”, the death of a spouse, loss of mobility, providing full-time care for an ailing relative, chronic pain or taking custody of grandchildren. The lack of a social support network, lack of transportation, and inadequate finances can also contribute to feelings of isolation and low self-esteem, increasing the likelihood of alcohol and other drug abuse.

ALCOHOL ABUSE

Alcohol problems among older adults are typically categorized into three patterns: 1) early onset or late
People 65 and older consume more prescribed and over-the-counter medications than any other age group in the United States. Large shares of prescriptions are for psychoactive, mood-altering medications with the potential for misuse, abuse, and dependency. Prescription drug misuse and abuse is prevalent among older adults not only because more drugs are prescribed to them but also because, as with alcohol, aging makes the body more vulnerable to the effects of drugs. Misuse can result from taking multiple prescriptions which counteract each other, attempting to self medicate (“if one is good, wouldn’t two be better?”), by combining over-the-counter and prescription drugs, and from misunderstanding or not following the prescription instructions. Combining alcohol with prescription or over-the-counter medication can result in adverse reactions including liver or kidney damage. Always read the label carefully.

OLDER ADULTS CAN HELP PREVENT MISUSE BY DOING THE FOLLOWING:

- Follow the dosage and timing instructions on the prescription
- Ask your doctor or pharmacist about interaction with other prescription drugs and with over-the-counter medications
- Ask the pharmacist to use large type to make the label easier to read
- Ask your doctor or pharmacist about the medications’ interaction with alcohol
- When dealing with more than one doctor or pharmacy, inform them of all other medications currently being taken. Keeping a list of all medication currently taken may be helpful.

INTERVENTION AND TREATMENT

Identifying older adults in need of services can be difficult because they may be retired, live away from family, do little or no driving, and participate in few social activities. On the other hand, these older adults may be involved in social activities that regularly included the consumption of alcohol. In contrast, the substance abuse problems of younger people are often identified through a family member, spouse, employer, police, or the court system. Additionally, though older adults tend to see health care providers more often—these visits are often for specific complaints, and the issue of chemical dependency is not raised. Older adults need to remember that alcohol abuse and misuse can have a negative impact on good health and disrupt an independent lifestyle.

The stigma attached to chemical dependency problems in older persons fosters denial and makes it difficult to determine the extent of dependency. Chemical dependency is not a moral failing; it is a treatable medical condition.
The older adult is sometimes viewed as poor treatment risks because society sees them as physically, mentally and economically unstable. However, successful treatment and recovery are highly possible for this population if intervention and treatment are positive and get to the root of the problems that caused the chemical dependency. During intervention and treatment, it is important to increase self-esteem and build social support networks. Programs that reinforce skills and focus on reducing isolation decrease the risk of relapse. Involving spouses and other family members in the treatment and aftercare process helps to educate them about the effects of chemical dependency on the older person and on relationships within the family.

Group treatment raises levels of social interaction among older adults and helps them get positive support from peers. Some people prefer to be with those in their age group, while others may prefer to participate in multigenerational groups. Treatment should be done at the pace that is right for each individual. Health problems must also be taken into consideration. Older adults with multiple medical problems often need to be treated in an alternative setting, such as a residential care facility.

Treatment needs to be culturally sensitive and take into account the values, norms, lifestyles, diets, and diseases of various ethnic groups that can have an impact on older adults. For instance, African Americans, Native Americans and Hispanics tend to place a great deal of importance on self-sufficiency, pride and independence. Counselors must take these beliefs and traditions into account when developing treatment plans. Churches, the community, and family are of central importance and can provide excellent support networks for older adults. They can be an integral part of a successful treatment and recovery process.

**CONCLUSION**

Efforts to help the chemically dependent older adult needs to focus on effective assessment, intervention, and treatment. It is important to look beyond the traditional stereotypes of aging and realize that these problems are preventable and treatable. According to recent research, older adults are perhaps more responsive to substance abuse treatment than for other chronic illnesses. It is also important that society focus on prevention by building social support networks and working to reduce the isolation that often accompanies aging.

**REFERENCES**

- CSAT, Substance Abuse Among Older Adults: TIP 26 1998
- Hazelden, How to Talk to an Older Person Who Has a Problem With Alcohol Or Medications, n.d.
- National Institute on Aging and NIAAA Age Page: Aging and Alcohol Abuse, 1995
- 2000 NHSDA Report: Substance Use Among Older Adults, December 23, 2001
- The DASIS Report: Older Adults in Substance Abuse Treatment, December 7, 2001