AN AGE OLD PROBLEM FOR AN AGING POPULATION



Steve Hanna, LPC, LCAS <u>steve@hannainterventions.com</u> (704) 517-0613 Prevalence Generational Differences Interventions Treatment Placement Issues Family Involvement

WHAT ARE WE UP AGAINST ?



I can't be addicted, my doctor prescribed them for me





Tackling the Growing Problem of

Drug Abuse in Older People

EXTENT OF THE PROBLEM

- Older Adult Opioid misuse doubled between 2002 and 2014
- One in three with Medicare Part D receiving high amounts of opioids doses far exceeded manufactures recommendations because of doctor shopping

SUBSTANCE USE TREATMENT ADMISSIONS AND ER VISITS

- Opioids prescribed at hospital discharge associated with long term use which increases risk for SUDS
- 2016- Average of 6 reported treatment admission per day for heroin or other opioids age 65 or older
- 2011- average of 118 daily drug related ER visits ages 65 or older for prescription or nonprescription pain relievers

SAMHSA : Opioid Abuse the Adult Population resource List Issue 1 Volume 1,2017

WHY ARE OLDER AMERICANS AT RISK FOR SUBSTANCE ABUSE?

Increasing number of opioid prescriptions written Live longer

Aging produces complicated health problems Movement to acute interventions for chronic problems Increased isolation and loss of support systems Underreporting due to increased shame

What replaced the neighborhood ice cream truck ...



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Seniors & Substance Abuse

How to Find the Best Treatment & Support for Recovery

PATHS INTO SUBSTANCE USE DISORDERS

- Medical Conditions
- Chronic Pain
- Genetics
- Life stage issues
- Birth Cohort

MAKING TREATMENT DECISIONS

- Level of Use: Accurate diagnosis difficult (similar to adolescent diagnosis issues)
- Co-Occurring Disorders : Primary or Substance Induced ?
- Values and Developmental Differences
- Resources and Support System : eligible and appropriate ?





Medication is taken as prescribed



Non medical use of prescription medications



ABUSE

- Taking differently than prescribed
- Mixing with alcohol or other drugs
- impairment in social ,psychological emotional, physical functioning
- continued use despite these negative consequences

PHYSICAL DEPENDENCE AKA PSEUDO ADDICTION

Increased Tolerance

Physical withdrawal

ADDICTION

- Inability to consistently abstain
- Impairment in behavioral control
- Craving
- Diminished recognition of significant problems in relationships and behaviors
- Dysfunctional emotional responses

Problems With Accurate Diagnosis

Lack of Accurate Information Poor Historians Due to Shame and Memory Issues Lack Of Adequate Training Personal history with addictions in self or family fosters denial "Grandma got run over by a reindeer, she needs her meds"

CONTRIBUTING FACTORS

- Sex Drugs and Rock and Roll Attitudes
- Life stage issues
- Multiple medical issues and prescribers lack of coordination of care
- Combination of age related complex disorders and drugs
- Physical, psychological dependence—under reporting and symptom inflation Self-diagnosis or diagnosis by friends/family

CO-OCCURRING CONDITIONS AND DISORDERS

Pain Grief and Loss Trauma From Earlier Life Experiences Medical Conditions Prescription Drug Interactions Dementia and Other Cognitive Problems Falls

Mood Disorders : Depression and Anxiety

GENERATIONAL VALUES AND DIFFERENCES

- Traditionalists 1900-1945
- Baby Boomers 1946-1964
- Generation X 1965-1980
- Millennials 1981-2000

CORE VALUES TRADITIONALISTS

- Don't Talk About Personal Problems
- Pull Yourself Up By The Bootstraps
- Adhere to Rules
- Conformers
- Contributing to Good of the Whole
- Don't Question Authority
- Family Focus
- Loyalty
- Respect For Authority

CORE VALUES BABY BOOMERS

- Anything is Possible
- Question Everything
- Personal Growth
- Trust no One Over 30
- Want To Make A Difference
- Extremely Loyal To Children
- Don't trust The Man
- Sex Drugs and Rick And Roll!

CORE VALUES GENERATION X

Independent Self-reliance Skeptical/Cynical Suspicious of Boomer Values Techno literacy

ACTION STOPPING BELIEFS

Personal opinions Three Layers of Denial It's their last pleasure

WHAT DO OLDER ADULTS CARE ABOUT ?

- Dementia
- Losing Their Health
- Independence
- Family Legacy
- Role in the Family
- Feeling Valued and useful

TRUST MEDICAL PROFESSIONALS

- Family Physician
- Only 2% believed treatment is effective
- Ave number of prescription drugs are 15 per year
- 94% of PCP's missed Diagnosis of chemical dependency
- More than 50% reported not asking about substance abuse
- (National Center on Addiction and Substance Abuse at Columbia University)

- Use
- Misuse
- Abuse
- Dependence
- Addiction

WAYS OLDER ADULTS MISUSE MEDICATIONS

- Unintentional Misuse
- 23% given inappropriate medications
- Multiple doctors
- Mix alcohol and Prescription Medications
- Take others medications for self-diagnosed conditions
- Doctor shop

MORE COMPLEX TREATMENT NEEDS

- Addiction Medicine Physician
- Treatment for co-occurring conditions
- Extended detox
- Medical care for other medical complications
- Individual therapy
- Replacement medications
- Residential Treatment
- Structured Living
- Recovery Mentor
- Case management
- Family Involvement

SPECIAL NEEDS

- Shorter sessions longer rest periods
- Need to be in age specific treatment programs
- More time in detox
- More one on one than group therapy
- More family involvement than younger population
- More medical professionals and psychologists on staff
- Grief groups and counseling
- Life transition groups
- Recreation and leisure groups
- Multi discipline approach to pain management

ACCESSING TREATMENT

- Understanding the extent of the problem
- Getting Accurate History
- Making Differential Diagnosis
- Choosing the Best Programs
- Dealing with Family and Individual Denial
- Assessing Appropriate interventions
- Mobilizing Intervention Team
- Dealing with Objections
PROMISING PROGRAMS

Continuing Care Approach for a chronic and relapse prone illness Modeled after what was learned from physicians health programs

EIGHT ESSENTIAL ELEMENTS

- Positive Rewards For Recovery Behaviors and Appropriate Consequences For Addictive Behaviors
- Twelve Step Programs and Abstinence Standard
- Viable Role Models and Recovery Mentors
- Modified Lifestyles
- Active And Sustained Monitoring
- Active Management of Relapse
- A Continuing Care approach

ACCESSING TREATMENT

Intervention is the answer to the question

How can I help someone who refuses help ?

MYTHS ABOUT INTERVENTION

You can't help someone who doesn't want help ?

Treatment won't work

We've already tried everything

FAMILY INVOLVEMENT

Family has power and influence but feel helpless

Essential for most accurate history

Have influence and leverage

Friends and children most Influential

Education, Support, Groups, Counseling

LEVELS AND TYPES OF INTERVENTION

Informal discussion from professional or family

Traditional Model : high planning and structure based on surprise

Arise: Less structure invitational

TYPES OF TREATMENT PROGRAMS

Take Older Adults Have a Track for Older Adults Have a Specialized Program For Older Adults Medication Assisted Treatment

PROGRAMS THAT TAKE OLDER ADULTS

- Fellowship Hall , Greensboro ,NC
- Pavillon, Mill Springs, NC
- Willingway , Statesboro , GA
- Beach House , Juno Beach, FLA
- Promises Scotsdale,AZ
- Meadows Wickenberg, AZ

PROGRAMS THAT HAVE SPECIAL TRACKS FOR OLDER ADULTS

Betty Ford Center Rancho Mirage ,CA <u>www.bettyfordcenter.org</u> (866) 831-5700

Ridgeview Atlanta, GA <u>www.ridgeviewinstitute.org</u> (844) 350-8800

Hemet Valley Hemet Valley,CA <u>www.hemetvalley</u> medicalcenter.com (951)765-4900

SPECIAL PROGRAMS FOR OLDER ADULTS

Origins At Hanley Pine Grove

PAIN MANAGEMENT

Las Vegas Recovery Center

TREATMENT RESOURCES

Triangle Area Therapists

Dr. Sophia Caudle- Raliegh Bull City Psychotherapy.com (919) 698-7061 Ginny Mills Full -Life Counseling Winston Salem fulllifecounseling.com (336) 923-7526 Greg Letoumeau Wings Of Change of Forsythe wocof.net (336) 750-0230

ASHEVILLE AREA

Geriatric Psychiatry: Dr. Nancy Lehman (828) 252-0015

Park Ridge Medical Associates

Dr. Philip Lartey (828) 684-1115 Sue Strain- therapist (828) 684-1115

MEDICATION ASSISTED TREATMENT

VIVITROL Providers www.vivitrol.com Naltrexone Implant www.naltrexoneimplantcenter.com Suboxone/Subutex www.suboxonedoctors.com

FIVE STRATEGIES TO ADDRESS OPIOID CRISIS HEALTH AND HUMAN SERVICES DEPARTMENT

- Improve access to treatment and recovery services
- Promoting targeted availability of overdose-reversing drugs
- Increase understanding through better public heath and data reporting Support for cutting edge research on pain management and addiction Advancing better practices for pain management