

Welcome

To Seniors and Substance Abuse

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Topics for Today's Presentation Include:

- Statistical overview of drug use in Harford County
- Substance use, misuse and abuse among seniors
- Addiction and its ripple effect
- Resources



If you let her “sleep it off,” She may never wake up.

Drug overdose is the #1 cause of accidental death for adults in the United States.

Learn how to spot an overdose and what to do.

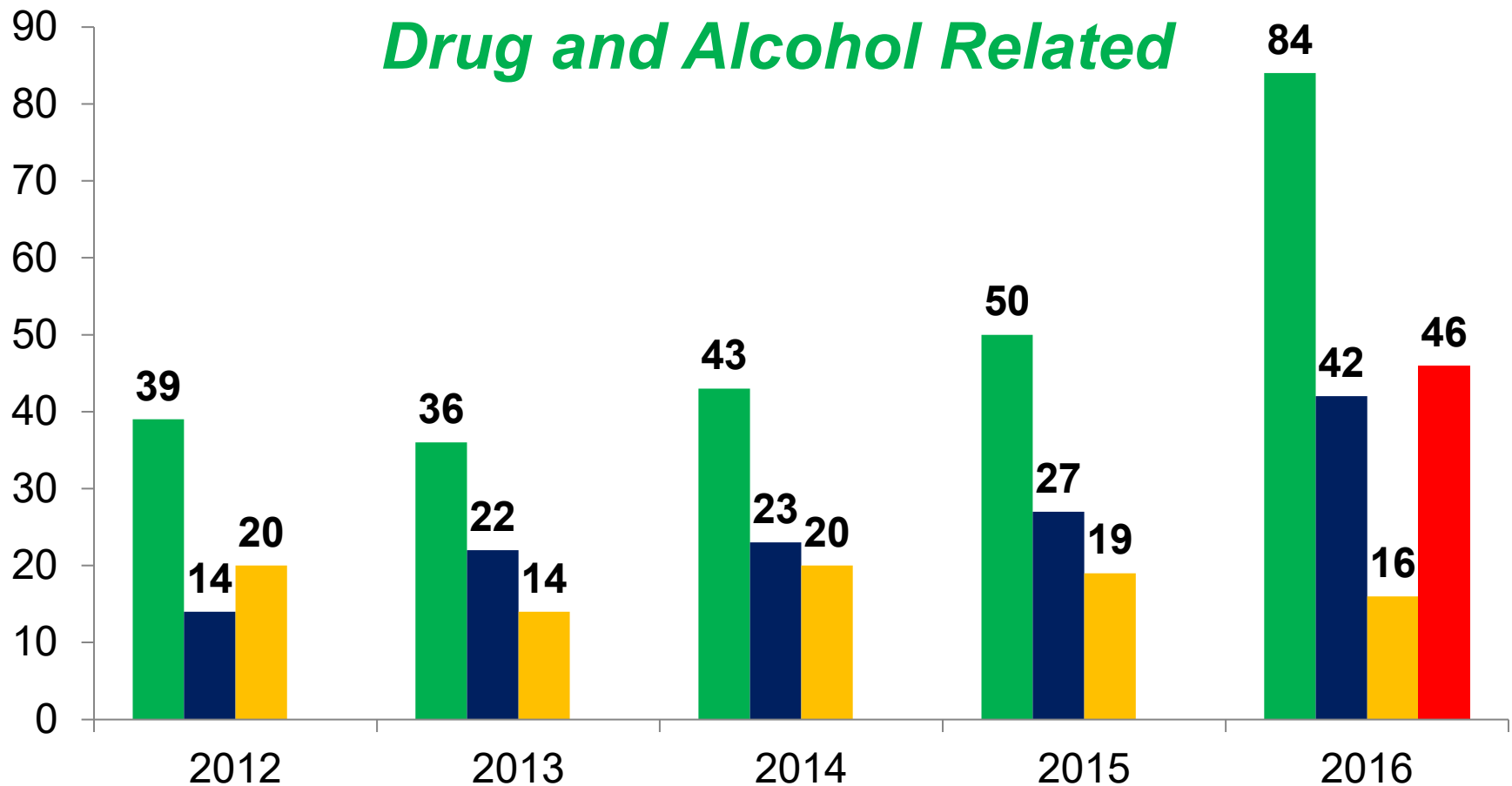


Over the past 5 years
more Harford County
residents have died
from DRUG & Alcohol
overdoses than
MURDERS and
Fatal Car Crashes
combined!



Harford County Intoxication Deaths

Drug and Alcohol Related



■ Total Intoxication Deaths

■ Heroin Related Deaths

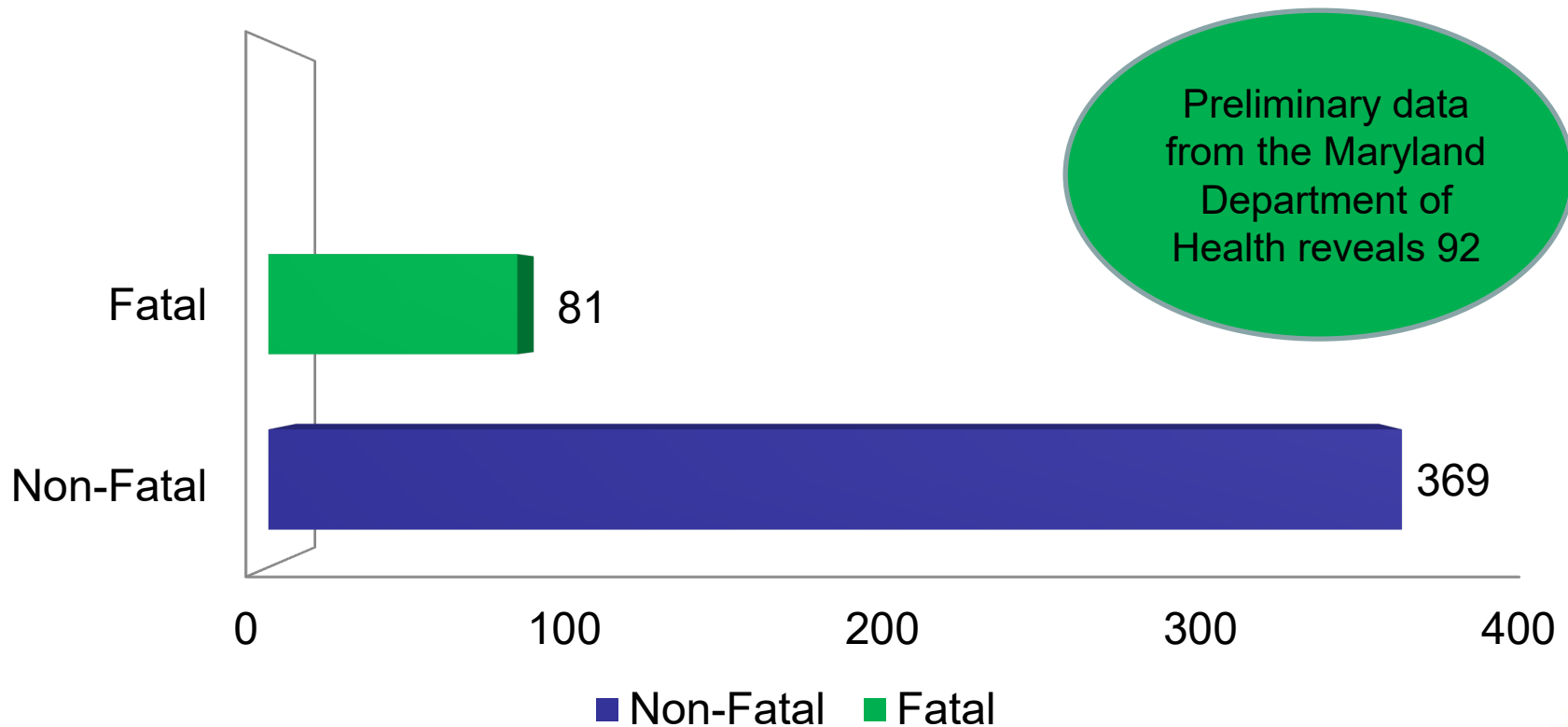
■ Prescription Opioid Related Deaths

■ Fentanyl Related Deaths



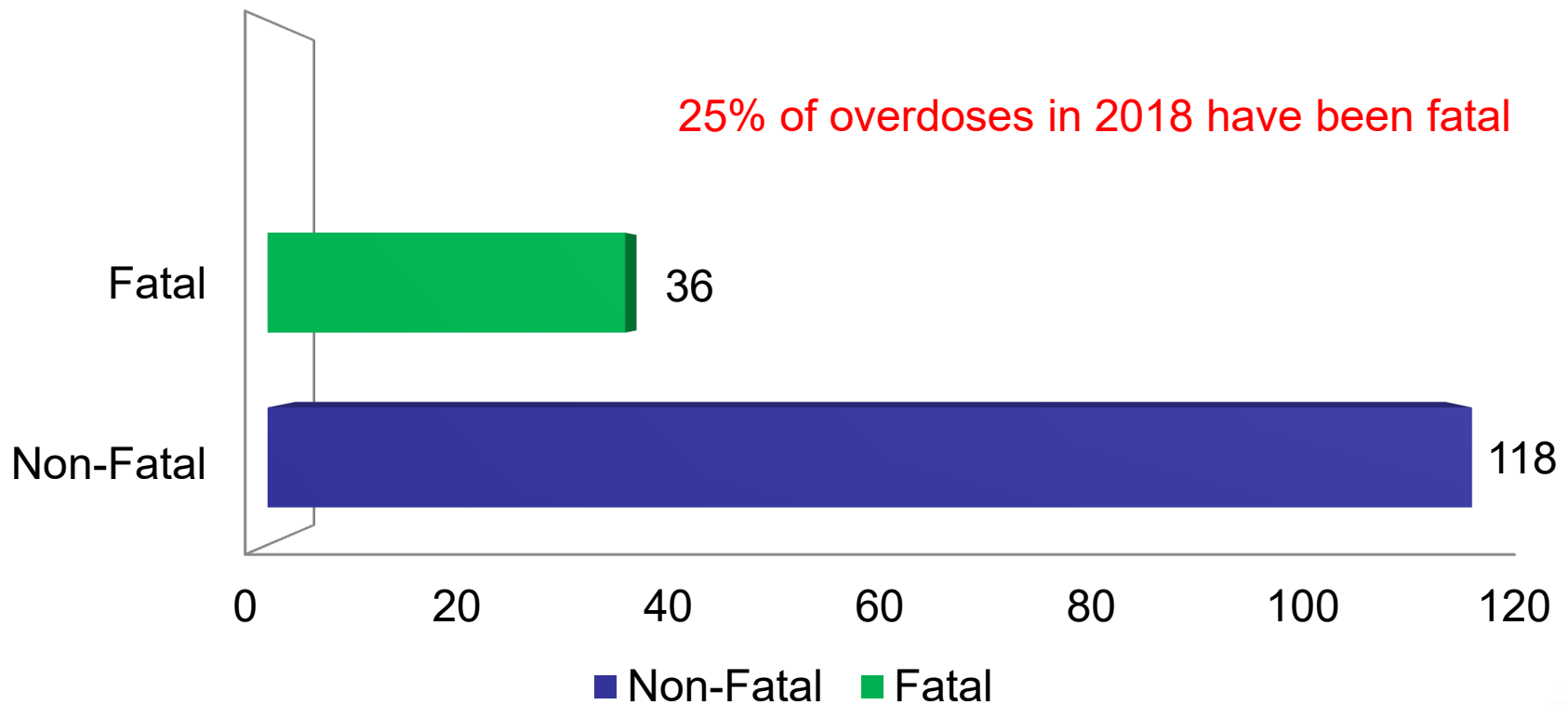
2017 TOTAL Fatal Opiate Overdoses

Source: Harford County Sheriff's Office/Narcotics Task Force



2018 Fatal Heroin Overdoses

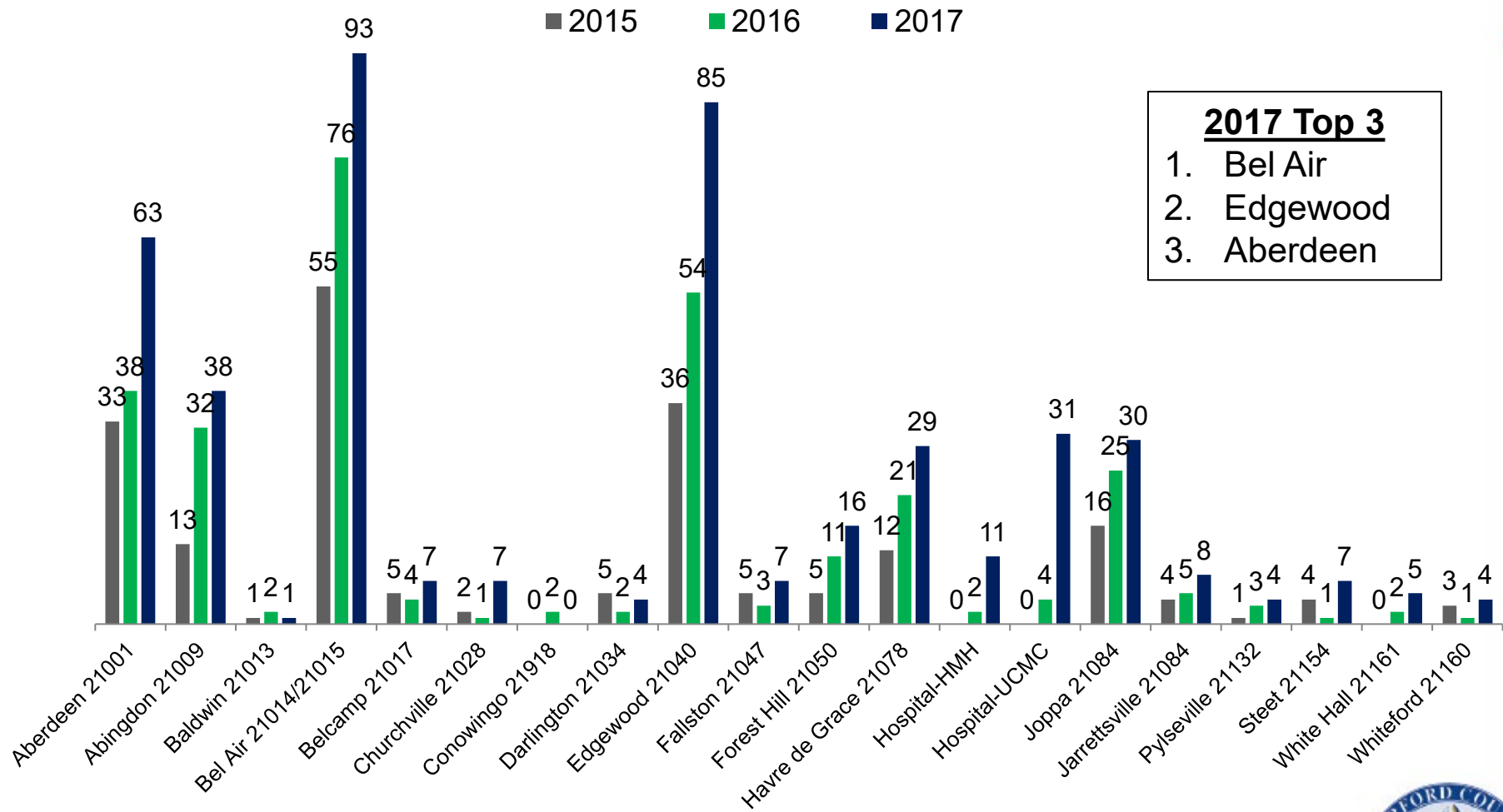
Source: Harford County Sheriff's Office/Narcotics Task Force
From 1/1/18-5/21/18



Demographics – Location

Heroin Overdose Totals by Location 2015-2017

Source: Harford County Sheriff's Office / Narcotics Task Force



Bel Air and Edgewood continue to see the highest total overdoses consistently over the last three years with Edgewood showing the most significant increase in overdoses from 2015 to 2017





4 **OUT OF** **5**

HEROIN Addictions

begin with the misuse of

**Prescription
Painkillers**



Another sign of our opioid epidemic?

The U.S. has 5% of the world's population
but **consumes 80% of its opioid painkillers.**



Source: Center for Disease Control and Prevention (CDC)



Substance Use, Misuse and Abuse Among Older Adults



The Problem

- People 65 and older consume more prescription and OTC medications than any other age group in the U.S.
- A national 2008 survey found that about 40 percent of adults ages 65 and older drink alcohol.
- According to SAMHSA, 1 in 5 older adults has problems with alcohol and/or medications. The literature suggests that about one-third of older adults with drinking problems are late onset abusers.
- A study published in the Journal of General Internal Medicine found that “more than a third of drinkers 60 years old and older consume amounts of alcohol that are excessive or that are potentially harmful in combination with certain disease they have or medications they are taking.”

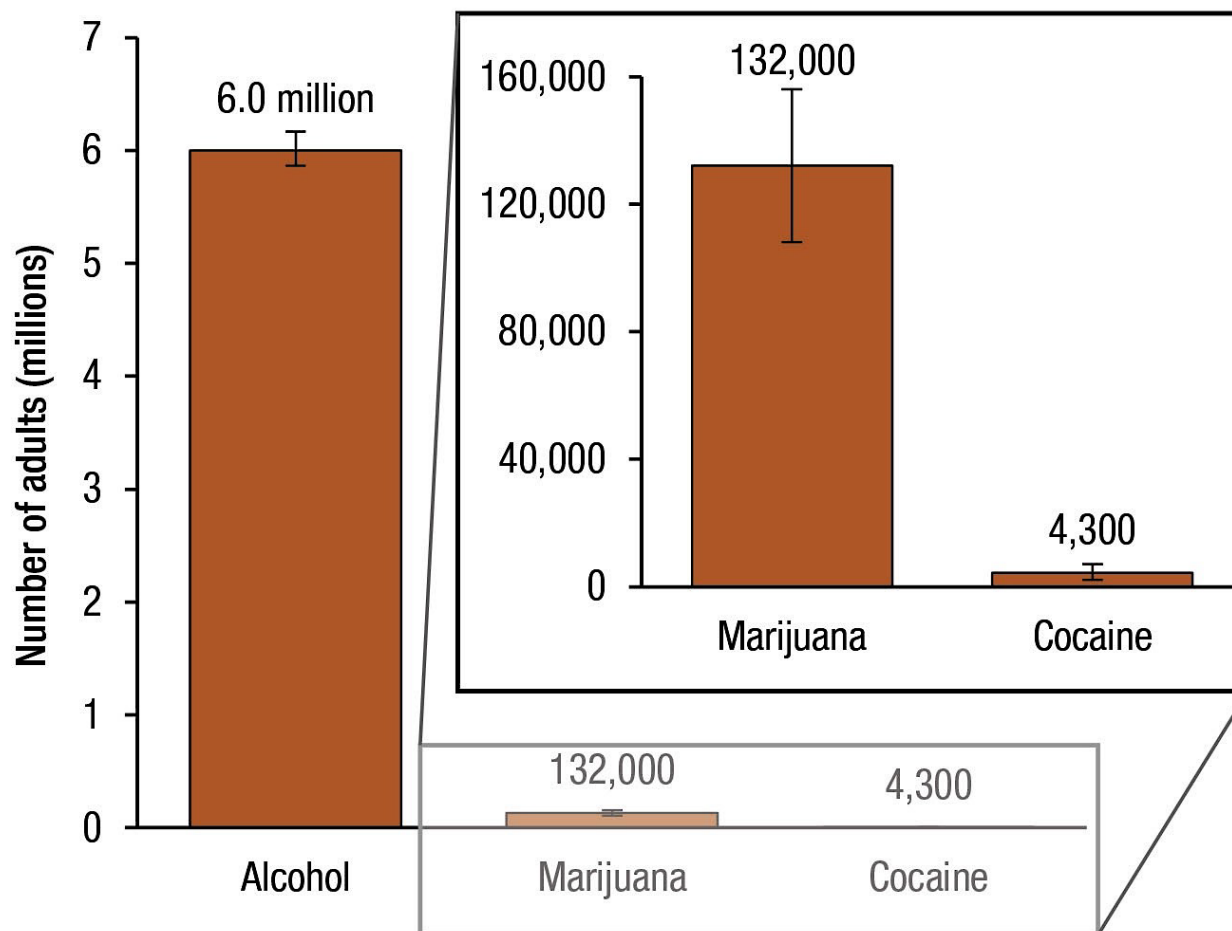


The Problem, continued

- Signs and symptoms of misuse and abuse mirror common signs of aging or symptoms of other medical conditions.
- 2010 data showed more than a quarter of drugged driver fatal MV crashes were drivers over the age of 50.



Number of adults aged 65 or older who used alcohol, marijuana, or cocaine on an average day: annual averages, 2007 to 2014 NSDUHs



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health (NSDUHs), 2007 to 2014.



Misuse vs. Abuse

Health care and social service providers who currently care for older adults will mainly encounter abuse or misuse of alcohol or prescribed drugs.

Abuse of heroin and other opioids is rare, although some older adults misuse over-the-counter drugs that have a high alcohol content, such as cough suppressants. Many of these over-the-counter drugs negatively interact with other medications and alcohol.



Risk factors for alcohol problems among Older Adults

Psychosocial Factors

- Death of spouse, friends, and other family members
- Loss of job, and related income, social status and self-esteem, as a result of retirement
- Loss of/changes in mobility
- Impairments in vision, hearing, and memory
- Declining health
- Loss of home
- Loss of social support & interesting activities
- Loss of independence

Physiological Factors

- Increased sensitivity to alcohol



Protective Factors

- Access to resources, such housing and health care
- Ability to remain involved with others/social bonds
- Involvement in community activities
- Supportive family relationships
- Sense of purpose and identity
- Ability to live independently



Barriers To Identifying And Treating Older Adults With Substance Abuse Problems

Ageism

- The tendency of society to assign negative stereotypes to older adults and to explain away their problems as a function of being old rather than looking for specific medical, social, or psychological causes.
- Older adults often internalize such stereotypes and thus are less likely to seek out mental health and substance abuse care.
- These attitudes are reflected in remarks like, "Grandmother's cocktails are the only thing that makes her happy," or "What difference does it make; he won't be around much longer anyway."



Barriers To Identifying And Treating Older Adults With Substance Abuse Problems

Clinician and Service Professional Behaviors

- Health care and older adult service providers may be as slow to spot a substance abuse problem as everyone else is: Despite its frequency, there is often a low index of suspicion for this problem.
- Even when there is the suspicion of a substance use disorder, the clinician may have difficulty applying the diagnostic criteria to a wide variety of nonspecific symptoms.



Signs & Symptoms

- Making excuses, or hiding/denying drinking
- Blackouts or seizures
- Bladder and bowel incontinence
- Dry mouth, dehydration, malnutrition, change in eating habits
- Confusion or disorientation, slurred speech
- Frequent car accidents
- Frequent falls, unexplained bruises, problems with coordination, unsteady gait
- Morning drinking
- Signs of withdrawal
- Neglect of home, bills, hygiene
- Irritability, altered mood, or anxiety
- Withdrawal from social activities
- Sleep problems
- Unusual restlessness and agitation, aggressive behavior
- Nausea, vomiting, heartburn, bloating, indigestion



Screening Tools

CAGE Questionnaire and the Michigan Alcoholism Screening Test Geriatric Version (MAST-G) are two well-known alcohol screening instruments that have been validated for use with older adults.

The CAGE Questionnaire

Have you ever felt you should **cut down** on your drinking?

Have people **annoyed** you by criticizing your drinking?

Have you ever felt bad or **guilty** about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**eye opener**)?

Scoring: Item responses on the CAGE are scored 0 for "no" and 1 for "yes" answers, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.



Screening Tools

The Short MAST-GERIATRIC VERSION (SMAST-G)

1. When talking with others, do you ever underestimate how much you drink?
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?
3. Does having a few drinks help decrease your shakiness or tremors?
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?
5. Do you usually take a drink to calm your nerves?
6. Do you drink to take your mind off your problems?
7. Have you ever increased your drinking after experiencing a loss in your life?
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?
9. Have you ever made rules to manage your drinking?
10. When you feel lonely, does having a drink help?

SCORING:

Score 1 point for each 'yes' answer and total the responses
2+ points = are indicative of an alcohol problem



Interactions with Medications

Many prescription and over-the-counter medications, as well as herbal remedies can be dangerous or even deadly when mixed with alcohol. Medications that can interact badly with alcohol include:

- Aspirin
- Acetaminophen
- Cold and allergy medicine
- Cough syrup
- Sleeping pills
- Pain medication
- Anxiety or depression medicine



Risk Factors for Medication Misuse

- Taking extra doses
- Missing doses
- Not following instructions
- Using drugs that have expired
- Not knowing about side effects
- Sharing or borrowing drugs
- Taking the wrong drugs
- Mixing medications or drinking alcohol with medications
- Going multiple physicians to get more of the same drug
- Having multiple physicians prescribe multiple drugs
- Failure to tell the doctor about OTC medications.
- Memory problems making it difficult to keep track of medication schedules.
- Problems with taking correctly due to alcohol use, depression, or self-neglect



Addiction and Its Ripple Effect

- Substance use has increased nationwide.
- Addiction can happen to anyone.
- Addiction affects everyone.
 - Addiction may be a disease of loneliness, but the effect of addiction tends to radiate outward from the most isolated addict to his or her family, community, and the population at large in a ripple effect of continuing unintended consequences.
 - The effect of addiction on the nation can be counted in the hundreds of billions of dollars in terms of lost productivity, crime, and health care costs alone. The economic cost can't begin to describe the emotional cost, as every addict's behavior directly affects loved ones and those in immediate proximity, who in turn affect those around them by behavior generated by the stress of interacting with addiction.



Addiction's Ripple Effect on Seniors

- **People feeding a drug habit are targeting vulnerable adults in growing numbers to help pay for their addictions — with sometimes violent outcomes.**



Nurse caught on camera stealing pain medication from elderly patient



Former firefighter accused of stealing medication from elderly



Woman accused of stealing medication from elderly lady



A KILLER IN THE CABINET

— MEDICATION SAFETY TIPS —



**2,500 TEENS BEGIN
ABUSING PRESCRIPTION
DRUGS EACH DAY**



**NALOXONE
SAVES LIVES.**



MARYLAND'S GOOD SAMARITAN LAW
PROTECTS YOU.



Call 911

if you witness
a drug or
alcohol
overdose.

**YOU *CANNOT* BE ARRESTED,
CHARGED, OR PROSECUTED FOR:**

- Possession of a controlled, dangerous substance
- Possession or use of drug paraphernalia
- Providing alcohol to minors

CALLING 911 *WILL NOT* AFFECT



Maryland Overdose Response Program

- *The Harford County Health Department provides free training in the use of Naloxone and Naloxone kits for the public. The on-line training takes approximately twenty minutes and allows the participant to receive a prescription for naloxone.*
- *Harford County Health Department:*
- *410-838-1500*
- *Visit the website:*
- *www.GetNaloxoneNow.org*



Naloxone



References

- SAMHSA—Get Connected: Linking Older Adults with Resources on Medication, Alcohol, and Mental Health. HHS Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2017.
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- National Survey on Drug Use 2013
- www.drugfreeworld.org



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