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Substance Abuse and the Older Adult: How to Offer Caring, Culturally Competent Treatment

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In the 1960s, Carol did her share of alcohol and drug experimentation. A 23-year old college student living in the San Francisco Bay Area, she had easy access to alcohol and illicit drugs, and frequently hung out in San Francisco's Haight-Ashbury.

After graduation, Carol married her college sweetheart and moved to Los Angeles. When her first son was born, Carol stopped drinking, but periodically took prescription medications for mild anxiety and depression. Her husband, however, regularly used both alcohol and drugs.

Carol never considered herself a drug user, but when her husband died, she began using alcohol and pills to cope. She soon suffered from chronic depression, severing all her relationships with friends and family. "Eventually, all I cared about was not feeling anything. My daily routine focused on staying numb," Carol recalls.

After several years, Carol's eldest son intervened and forced her into an alcohol and drug treatment program. "When they carried me out of my apartment I was just skin and bones. I remember fighting them. They must have thought I was some crazed old lady," she says. But Carol was only 64 years old.

The United States Census expects the aging population to increase in the coming decades as more baby boomers reach ages 50 and beyond. While improvements in healthcare have resulted in Americans living longer and leading more productive lives, they also contribute to older adults (ages 50-plus) living with more chronic health conditions and diseases than ever before.

One of the fastest-growing health problems for older adults is the misuse and abuse of alcohol, prescription medications and illegal substances. Increasingly, it will become important for health service providers to accurately assess for this problem and deliver culturally competent interventions.

Substance abuse, including prescription drug misuse, now affects up to 20% of older adults in the United States and many more are at risk of becoming addicted to alcohol, illicit drugs and prescription medications. Elders abusing any of these substances typically have a lower quality of life and potentially suffer from depression and isolation, nutritional deficiencies and liver and gastrointestinal problems. They also face an increased risk for substance abuse-related cardiovascular problems. It is calculated that older adults who abuse and are dependent upon substances will increase from an estimated 1.7 million (at the start of 2000) to 4.4 million by 2020.

ROOTS OF ABUSE

There are various reasons why older adults abuse alcohol and drugs. While younger cohorts may turn to alcohol and drugs due to the stress and pressures of work and life in general,

older adults often are dealing with the opposite situation: Their lives have significantly slowed down. With more time on their hands and fewer work and social activity outlets, elders may become increasingly isolated, lonely and depressed. Older adult males are more likely to experience alcohol and substance abuse problems than older females.

Additionally, elders may use alcohol and drugs to alleviate the sense of loss and abandonment they feel when a spouse or close friends die or move away. Important transitions, like retirement, can also be a factor, particularly if someone's sense of self worth was closely tied to their job status or position.

Having complex and multiple health issues also may cause older adults to abuse substances, particularly due to drug interactions with prescribed medications. In 2007, the Treatment Episode Data Set (TEDS) reported that elders accounted for an estimated 184,400 treatment admissions, which roughly represents 10% of all reported treatment admissions.

ASSESSING, TREATING ELDER ADDICTION

Tarzana Treatment Centers, Inc. (TTC), an integrated behavioral healthcare organization providing alcohol and drug treatment services to over 6,000 individuals annually, is seeing an increased number of older adult patients. Typically, TTC finds that there are two types of older adults who seek treatment: those who have previous histories of treatment and who started using alcohol and drugs at an early age; and those who began using alcohol and drugs later in life due to a stressful event.

Tarzana also serves older adults who with multiple chronic diseases. These individuals are at heightened risk if they are abusing alcohol, due to potentially dangerous interactions between alcohol and prescribed or over-the-counter medications for their particular health conditions.

Data in a 2004 issue of the *Journal of Studies on Alcohol* estimates that the average 75-year-old takes a minimum of five prescription drugs daily. Unfortunately, addiction problems in older adults often are typically overlooked by healthcare providers due to misconceptions, stereotypes or a lack of training in how to look for signs and symptoms.

When elders do enter some type of substance abuse treatment, they generally are more successful than their younger cohorts. A randomized study conducted by Kaiser Permanente, referenced in the *Journal of Studies on Alcohol* (as mentioned above), discovered that older adults stayed longer in treatment than younger people. However, among elders, women had greater lengths of stay in treatment, had better Alcoholic Anonymous attendance, were more likely to report total abstinence six months post treatment and experienced fewer heavy drinking days. Based on TTC's 2009 data, 67% of older persons successfully completed their substance abuse treatment compared to 51% of younger patients.

Elders can get maximum benefit from treatment if it is delivered in a culturally competent manner. More beneficial, age-specific treatment might include:

- less-structured programming and more opportunity to pursue individual interests, hobbies and pastimes;
- programming that integrates low-impact aerobic exercise such as yoga, walking, calisthenics and swimming pool exercise;
- separate programs (or treatment wings) to minimize co-treatment with younger cohorts who have very different treatment histories and experiences; and
- equipment modifications—such as wheelchair ramps, comfortable (not plastic) chairs, motorized beds (no bunk beds)—to accommodate elders with more limited physical abilities.

MINORITIES NEED CULTURALLY COMPETENT CARE

As America's aging population grows it will be more racially and ethnically diverse. In 2000, an estimated 16.4% America's elders were minorities: Eight percent were African American, 5.6% were latino, 2.4% were Asian/Pacific Islander and less than 1% was American Indian/Alaskan. By 2020, racial and ethnic minorities will represent 22% of the elder population; by 2050, this will increase to 36%. It is estimated that between 1990 and 2030, the African American elder population will grow by 247% and the older adult latino population will grow by 395%.

Several research studies show that older peoples' experience of healthcare services can vary significantly depending on gender, age, socio-economic position and race or ethnicity. In one

study of equity, The Commonwealth Fund reported that blacks and latinos were less likely to receive all recommended screening and preventive care within a specific time frame as compared to same age cohort as whites. Based on seven key screening and preventive services (such as blood pressure and cholesterol checks and flu shots), 40% of whites ages 65 and older were more likely to receive all seven compared to 28% of blacks and just 22% of latinos.

Although white older adults still represent most of the treatment admissions, African Americans and latinos are clearly overrepresented given their total population size in the United States. For example, while African Americans number just 8% of the nation's total elder population, they represent 14%–30% of all older adult treatment admissions; latinos number 5.6% of the U.S. elder population and represent 11%–16% of all older adult treatment admissions.

There are several strategies for serving minority elders in a culturally appropriate and competent manner (see the sidebar, “6 Steps to Delivering Culturally Competent Treatment Services for Minority Elders”). In California, the alcohol and drug treatment services field is championing a more professional, better trained workforce by requiring certification for treatment providers. Minority elders are better served by mandating certification curricula and standards that educate and hold providers to an understanding of minority older adult health issues, particularly those related to alcohol and substance abuse.

Whatever their race or ethnicity, as the baby boomers age, we will see a higher incidence of misuse of alcohol, illicit drugs and prescription medications within this group. Healthcare service providers must improve their abilities to assess substance abuse in this population, and offer age-specific, culturally competent treatment. Providers must have education and training for working with minority elders seeking treatment. Though minority elders face significant barriers to accessing alcohol and drug treatment services, this difficulty can be eased by creating and implementing proactive prevention campaigns. ♦

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6 Steps to Culturally Competent Treatment for Minority Elders

The administrative and direct-care service staffs of alcohol and drug treatment providers can develop culturally competent services for minority older adults by:

- hiring staff who represent the minority elder population (and who live locally) that is being served;
- promoting Spanish language capability among all direct-services staff;
- initiating alcohol and drug prevention campaigns geared towards community minority elders who may lack access due to socioeconomic and language barriers;
- promoting ongoing research and involvement of minority older adults in alcohol- and drug-related studies;
- conducting focus groups with minority elders who are impacted by alcohol and substance abuse in order to understand their needs from a racial, ethnic and cultural perspective; and
- requiring alcohol and drug treatment service staff to complete ongoing training about minority elders' health issues and how to deliver culturally competent services.

—José Salazar