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## Substance misuse and addiction in the elderly

**CATEGORY:** Substance misuse

**ALSO KNOWN AS:** Elderly substance misuse

**DEFINITION:** The elderly populations of developed nations experience high rates of addiction and substance misuse, which often go unnoticed by society at large. These addictions are made more problematic by associated health problems and by generational attitudes that keep the elderly from seeking treatment.

### INTRODUCTION

Most U.S. Government programs define the “elderly” as people 65 and older. The World Health Organization predicts that by 2030 one in five people in the United States will fit this category. This group will be especially vulnerable to problems associated with substance misuse, addiction, and alcoholism.

*Substance misuse* and *addiction* are often used interchangeably, but a distinction between the two is helpful in understanding who may benefit from treatment. A person can misuse drugs and/or alcohol and still be able to manage most aspects of his or her life, e.g., the “functional alcoholic” who never misses a day of work, who may choose to self-inflict liver damage, and drink with minimal behavioral consequences. Those who misuse substances can often manage most aspects of their lives, whereas those with an addiction repeatedly misuse substances seemingly without ability to stop, in spite of detrimental consequences. For a person with substance use disorder, substances rule. Traditionally people with substance use disorders are understood to have a disease, a chemical dependency that prevents them from giving up alcohol or drugs.

Substance misuse/addiction in the elderly, whether due to alcohol, cigarettes, over-the-counter medications (OTC), illicit substances, or prescriptions from a doctor, is becoming increasingly prevalent. It

therefore behooves health care professionals to understand the difficulties of assessment and treatment of the elderly.

#### THE HIDDEN EPIDEMIC

Substance misuse/addiction in the elderly is sometimes called the “hidden epidemic.” One reason is that older people are often isolated and not seen in places where younger misusers and people with substance use disorders are found. For instance, employers may recognize absenteeism in an alcoholic. School counselors can spot signs of students who are misusing substances. Police will stop drivers who are intoxicated or inebriated. We’re less likely to see older people at work, at school, or on the highways.

Alcohol and drug misuse can lead to deficits in attention, memory, learning, and judgment as well as mood disturbance. These substance-induced deficits can mimic conditions often seen in older people with dementia who are not suffering with from a substance use disorder, which is another reason that alcohol and drug problems in the elderly go unrecognized. Mild cognitive and mood impairment can also be mistaken for medication side-effects caused by some analgesics, antidepressants, non-benzodiazepine sedatives, and antihistamines. Furthermore, depression, hypertension, poor muscle coordination, heart arrhythmias, and many other conditions are often assumed to be “natural” in the older patient, when in fact they may be related to substance misuse. Another factor that interferes with an accurate assessment of substance misuse/addiction is the patient’s denial that he or she has a problem. Health care professionals may sometimes collude with the patient’s denial if they fail to explore possible alcohol or drug problems. A young doctor may feel embarrassed asking personal questions about excessive drinking or drug use when the patient is old enough to be her grandmother.

#### ELDERLY ALCOHOLICS

Researchers identify two groups of elderly alcoholics. The first are the early onset drinkers, comprising approximately two thirds of this population, who began drinking heavily when they were young. The early onset alcoholics are sometimes called “survivors” because they have beaten the statistical odds by living into old age. Their substance misuse has become

an addiction. Many have severe medical problems caused by excessive and prolonged drinking.

Approximately one third of elderly alcoholics belong to the second group, late onset drinkers. These people usually begin to drink in response to major life stresses, such as retirement, lowered income, loss of friends, loss of spouse through divorce or death or poor health. The late onset drinker may use alcohol for temporary relief of psychic or physical pain, but soon the drinking becomes a problem. Bertha is a late-onset alcoholic. She began to misuse alcohol after her husband died.

It is incumbent upon a good team to be aware that when an older person presents with memory or concentration problems, sleep difficulties, sadness, anxiety, irritability, chronic pain, change in eating habits, etc., that one should observe for signs such as unexplained bruises or perhaps denial regarding use of alcohol. It is important to get input from family if possible. Rehabilitation professionals may also share Bill’s attitude: The older patient has already experienced so much loss, so why take away his or her only pleasure, alcohol? The reason is that for the alcoholic, drinking brings only momentary satisfaction by numbing feelings. It is not a pleasure in the long run. Alcohol misuse accelerates physical decline in elderly people. It is the cause of pain, suffering, and often death.

#### BENZODIAZEPINES AND OPIOIDS IN THE ELDERLY

Insomnia, anxiety, and painful injuries from falls and fractures are frequent complaints from the elderly. Doctors often prescribe benzodiazepines, such as Klonopin, Xanax, or Ativan to aid sleep, alleviate anxiety, and ease pain, but the side-effect of dizziness can further the problem by causing more falls. Furthermore, patients can build up a tolerance to these medications and become addicted. An opioid is often the next prescription. An opioid is a synthetic substance with a similar chemical composition to an opiate. An opiate (e.g., morphine) is a naturally-derived substance from a chemical in poppy plants. Pain relievers such as OxyContin and Percocet and Vicodin are opioids. A recent article in the *Washington Post* notes that between 2002 and 2014, opioid misuse declined in the US for people under 50, but it almost doubled in

people over 50. When opioids are taken as prescribed, the perception of pain is diminished. When used to excess, one experiences euphoria that comes from a flood of dopamine in the brain. The high can be enhanced by crushing the pills and snorting the substance, or dissolving it in water to take intravenously.

According to Medicare statistics, 8.5 million elderly adults had prescriptions for opioids in 2014. One study found that 18 percent of elderly with chronic pain are addicted to or misuse opioids. Pearl never misused her prescribed opiates, but her brother Harry was not so fortunate. His relapse is not uncommon. It is estimated that 50 percent of people who misuse pain killers get them from a friend or relative.

#### NICOTINE ADDICTION IN THE ELDERLY

Nicotine is the drug in tobacco that makes cigarettes addictive. According to the most recent statistics at The Centers for Disease Control and Prevention (CDC), cigarette smoking is the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths a year. Smoking damages lungs, increases risk of heart attack, stroke, respiratory problems, osteoporosis, and eye diseases, and leads to numerous cancers. Smoking can negatively impact effectiveness of some medications and exacerbates existing health problems.

In 1965 the CDC started tracking smoking rates. At that time 18.3% of older adults were smokers, and now several decades later that number has decreased to around 9%. Those who continue to smoke often claim that it is relaxing and that quitting so late in life will not bring benefits. However, statistics do not back this up. Smokers who stop at age 65 add two years onto life expectancy. Non-smokers fare better in surgery and chemotherapy. Within several days of smoking cessation, blood pressure and pulse rates often drop to normal, food tastes better, and breathing becomes easier. Furthermore, second-hand smoke adversely affects family and friends of the elderly, and smoking may send the message to younger generations that smoking cigarettes has positive value.

Treatment for smoking cessation is most successful when under supervision of a healthcare professional. Cold turkey rarely works. Some have found medications and/or nicotine patch therapy in conjunction with psychotherapy works. More recently older people are vaping, a method of inhaling nicotine via a water

#### Alcoholism in the Elderly

Bertha is a 78-year-old white widowed female. It is late morning and she walks into her kitchen. She nearly trips over an empty bottle of Stolichnaya when she runs to answer her landline. She is annoyed, remembering that she had finished all that was left in the bottle the night before. She ignores the phone and searches under the sink for a new bottle, and when she can't find one she becomes alarmed. Bertha correctly suspects her son removed her vodka, and in a panic, she climbs onto the sink and reaches into the high cupboards. Maybe her "emergency supply" that she hid there is still safe. She slips and sustains multiple fractures.

After undergoing a total hip replacement, Bertha is in intensive inpatient physical rehabilitation. Her therapists note that her progress is made difficult by impaired memory, poor balance, neuropathy, muscle wasting, and a tendency to isolate herself and feel depressed. Bertha relates to the psychologist that she may have one, maybe two drinks a day, but she adamantly denies having a problem, insisting she has complete control and can give up drinking anytime. Her son Bill is embarrassed when the psychologist questions him about his mother's drinking, but he admits that during the last few years he has tried every way he knows to control her alcohol intake. At the same time, however, he says "a little vodka" is his mother's only pleasure since her husband died three years ago. Assessment by Bertha's rehab team reveals her alcoholism.

vapor, without the more harmful chemicals found in cigarettes. While E-cigarettes have not been approved by the FDA, proponents of vaping maintain that it is less harmful than regular cigarettes. There are currently hundreds of E-cigarette brands and thousands of flavors on the market. For the older person who is unlikely to seek help outside his or her home, a helpful government website, [www.60plus.smokefree.gov](http://www.60plus.smokefree.gov), may be a way to kick the habit online.

#### AGEISM AND INTERSECTIONALITY IN HEALTHCARE

Robert Butler (1969) coined the term "ageism," the stereotyping and discrimination against people because they are old. Ageism contributes to the invisibility of the elderly. Older people who feel

### Drug Misuse in the Elderly

Pearl is a 68-year-old African-American female who retired from her job as a school principal in Trenton, NJ. Pearl never married and had no children, but she was close with her brother Harry, a Viet Nam Veteran, now living in Florida. Pearl got side-swiped by a drunk driver and sustained a back injury. She was in physical rehab for several months and did well. Her doctor prescribed OxyContin, which helped Pearl manage her pain.

Harry, a recovering heroin addiction, moved from Florida to New Jersey to take care of Pearl. For years he had been in treatment for war injuries and PTSD, and with the recent death of his long-term girlfriend, he was grieving. Harry had been in a methadone program for many years, but for the last ten years did well without medications. His grief precipitated a relapse into depression, and before he could get help, he found some of his sister's opioids. Pearl recognized the anxiety and flu-like symptoms of her brother's opioid withdrawal when he tried to get back on track. Pearl was able to get Harry into a 30-day inpatient drug rehab where he was prescribed Clonidine, and later Methadone. No one addressed his nicotine addiction. After discharge Harry attended daily Narcotics Anonymous (NA) meetings.

unwelcomed in younger crowds can become withdrawn, and thus under the radar when they are misusing substances and in need of help. Bertha, for instance, kept to herself, prioritizing her drinking over socializing.

Dr. Louise Aronson (2015) describes disturbing examples of explicit ageism in healthcare, such as a physician who openly mimicked symptoms of an elderly patient. Ageism is also implicit and can affect whether or not addiction is recognized in the elderly and how it is treated. In Harry's case, for instance, his nicotine addiction was dismissed rather than treated. Bertha's team, by contrast, spotted her alcoholism and helped her.

There are various isms and phobias that help us recognize the deleterious effects of stereotyping and discrimination, e.g., racism, sexism, ableism, nationalism, classism, transphobia, xenophobia,

homophobia. Intersectionality is a term coined by Kimberlé Crenshaw (1989) that refers to overlapping and interdependent systems of identity and experiences in order to understand the complexity of prejudices people face. Knowing that people are positioned at the intersection of multiple identifications provides a thicker description and better understanding of the patients who need treatment. In the case of Pearl and Harry, for instance, there is no one narrative for drug addiction in the elderly. Thus, a psychologist working with Harry needs to be aware of his particular status as a male, as a black male, and as an elderly black male.

People of color are treated differently by the health care system. Researchers find that people of color are less likely to be given appropriate medications for heart disease than are white people. They are less likely to undergo coronary bypass surgery or kidney dialysis/transplants and are 3.6 times as likely as white people to have their legs and feet amputated as a result of diabetes. This occurs across socio-economic divisions. Linda Vallarosa (2018) explores this research in a recent *New York Times* article, noting that in the United States black mothers and babies are dying at more than double the rate of white mothers. "The answer has everything to do with the lived experience of being a black woman in America." p. 31.

With regard to research on substance misuse and addiction, E. Morton Jellinek (1960) was a physiologist whose research on alcoholism led to the classification of alcoholism as a disease. It is interesting that the AA twelve-step model for recovery, which views alcoholism as a disease, sees recovery as essentially a spiritual issue. Jellinek's work was based entirely on males' responses to a questionnaire in the AA membership newsletter, *The Grapevine*. He excluded the questionnaires filled out by women because the answers were so different from those of the men. Indeed, the disease concept of alcoholism has been helpful to many, but an intersectional approach could provide deeper meaning for psychologists who treat individuals with substance use disorders.

Addiction is a progressive disease. Recovery is also progressive, an ongoing process that can provide an older person not only with the chance for survival, but the opportunity for dignity, serenity, and enjoyment of life—whether for one or 30 years.

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**FOR FURTHER INFORMATION**

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**See also:** Addiction; Dependence; Gender and addiction; Genetics and substance misuse; Risk factors for addiction; Substance misuse

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