



Facilitator's Guide

SUBSTANCE USE DISORDER IN OLDER ADULTS

Virginia Geriatric Education Center

How to use this guide: These questions can be used to help guide viewers' attention while viewing the video or to encourage discussion after viewing the video.

Suggested uses for Health Science curriculum:

- To facilitate small group discussion.
- Promote opportunities for individual student viewing and reflection.
- Accompany didactic curriculum on substance use disorders (SUD) in the classroom setting.

A note on stereotypes, biases and misperceptions: Do not perpetuate stereotypes; many individuals have misconceptions and pre-conceived ideas about older adults as well as individuals with SUD. When discussing the video be mindful of personal biases and help others recognize they may have misperceptions coloring their view of older adults with substance use disorders.

Take a moment to think about ageism in the context of SUD:

- Ageism is stereotyping and/or discrimination of a person or group based on age.
- Ageism pervades culture, institutions, social spaces and in our personal being. Consider how ageism and SUD exist around and within you.
- What does our culture say about older adults with SUD?
- What forms of institutional ageism might affect older adults with SUD?
- How are older adults with SUD seen in social spaces?
- Think about how you view older adults and your own aging. Do you recognize any ageist thoughts or ideas?
- In what ways might ageist views impact the physical, mental and emotional wellbeing of older adults?
- You are all ambassadors of aging. What are ways to promote a positive view on aging in your community?

Tips to reduce stigma:

- Educate yourself about behavioral health.
- Be aware of your own attitudes and behavior.
- Choose your words carefully.
- Educate others and challenge myths and stereotypes.
- Focus on the positive - strengths perspective.
- Offer support and encouragement.
- Include everyone. Avoid denying services to those with behavioral health concerns.

SUBSTANCE USE DISORDER IN OLDER ADULTS

(Duration: 11m 39s)

Intro: Older adults are especially vulnerable to the negative effects of substances of abuse. Physiological changes associated with normal ageing can amplify the negative health outcomes associated with substance use. In addition, stereotypes and stigmas around substance use disorders (SUD) and persons with SUD can prevent individuals who need assistance from being forth coming about their use, deter proper screening or assessment by health providers and consequently result in failure to access treatment programs. This video focuses on older adults with opioid use disorders and provides insight into the negative impact of stereotypes and stigma on individuals with SUD as well as their caregivers and community. In addition, this video emphasizes the importance of recovery and promoting a recovery ready community.



DISCUSSION QUESTIONS:

1) Poorly managed pain can contribute to the development of SUD in older adults. What factors might increase likelihood that older adults with chronic pain may develop SUD?

- Older adults are more likely to experience chronic pain.
- Healthcare providers prescribe more medications, including opioids and other medication used for pain management to older adult patients in comparison to their younger counterparts.
- Proper medication dosages for older adults are not always known.
- Polypharmacy, especially concurrent central nervous system acting medications, in older adults may compound effects of opioids.
- Physiological changes associated with age may increase older adults responsiveness to medications acting on the central nervous system (including opioids).
- Healthcare providers are more likely to try pharmacological interventions for pain management as opposed to non-pharmacological options.
- Healthcare providers often attribute potential signs of SUD in older adults as signs of normal aging (cognitive changes, increased falls, etc.)
- Complex pain is best managed by a multidisciplinary team (geriatricians, psychiatrist/psychologist, pharmacist, social services/case management).
- Successful management of complex chronic pain syndromes requires a holistic assessment including history of substance use, social support, psychiatric history, etc.



2) Mental health disorders often co-occur with SUDs. What factors related to mental health might contribute to increased risk of developing SUD in older adults?

- Rates of mental health disorders are higher among older adults than the general population.
- Stigma associated with a diagnosis of a mental health disorder may decrease likelihood that an older adult will seek treatment.
- Increased risk of social isolation, decreased social support, less access to community resources, major life/role changes, and trauma history may increase probability of an older adult developing a mental health disorder (and not seeking treatment).

3) Describe the role of stigma in older adult populations with SUD.

- Misconceptions include that “addiction” is a “younger people” problem and that one cannot recover from SUD, result in failure to screen or self-identify with SUD.
- Older populations may hold negative attitudes towards individuals with SUD and therefor may choose to deny personal issues related to substance use.
- The Baby Boomer generation has more acceptance of substance use than prior generations and therefor may fail to recognize when substance use develops into substance misuse.
- Shame associated with stigma secondary to substance use or substance users may serve as a barrier to SUD treatment for older adults.
- Misconceptions by older adults and their providers as well as lack of information related to SUDs and treatment may discouraged older adults from seeking help.
- The genetic component of SUDs are not well understood, people are still more likely to consider SUD as moral failing.



4) Normal changes and trends for individuals who are aging may increase the risks/damage associated with substance misuse. Describe some of these changes:

- Cognitive decline.
- Slower drug metabolism or elimination leading to a longer time to remove drugs from body.
- Less lean muscle/total body water.
- Lower tolerance for drugs/alcohol.
- CNS more sensitive to medications.
- Loss of partner/spouse, support system.
- Role changes.
- Reduced opportunities to increase/maintain income level.
- Reduced physical functioning, increase prevalence of chronic pain.
- Increased incidence of liver and kidney disease.
- Sleep disturbances.

5) While SUD is still more prevalent among younger adults, regular screening for substance use is important for older adult populations. Discuss reasons why regular screening for substance use is important.

- Some older adults (or their caregivers) don't recognize that they have an issue with their substance use. Some misuse is accidental/inadvertent related to lack of knowledge or drug interactions.
- Signs of substance misuse maybe mistaken as part of "normal" aging (cognitive, balance issues, sleep disturbance etc.)
- Polypharmacy is common among older adults and may contribute to negative side effects associate with substance use/misuse.



- Cognitive decline has a known association with older age. Substance use is also associated with cognitive decline. The inverse is also true, cognitive issues may contribute to substance misuse.
- Some elements of traditional substance use screening instruments may miss use in older adults or contain elements to that do not pertain to older adults.
- Older adults may experience more major life changes that may contribute to increased substance use.
- Due to normal physiological changes in older adults compounding the effects of substances use on older adults, some older adults may not meet DSM-V criteria for SUD, but they may still require treatment.
- Many older adults may not be aware of treatment options for substance misuse but may still be willing to seek treatment if available.
- Few providers specialize in geriatric substance use disorders and therefore opportunities for proper screening, identification, intervention and treatments may be easily missed.
- Many older adults with substance misuse require education only. Utilizing the simple SBIRT (screening, brief intervention, referral to treatment) can promote harm reduction.

6) What are important elements of screening and treatment for substance misuse in older adults?

- Screen for use of multiple substances.
- Be non-confrontational, use non-judgmental tone.
- Consider allowing patient to complete screening on their own.
- Utilize Motivational Interviewing (MI) and SMART Goals to increase patient's motivation to change behavior, decrease substance use, reduce risk of harm.
- Consider modifications for low health literacy, visual, auditory, cognitive or physical limitations.



- Focus on alliance between healthcare provider team and older adult patient.
- Provide thorough education on substance misuse effects and treatment options.
- Have consistent prompts and reminders for appointments and treatment plans.
- Older adult populations are not homogenous. Consider and offer different treatment options, focus on autonomy of choice. Treatment for substance use disorder should be personalized. based on the individual's preferences and goals for treatment.
- Treatment for SUD may include a wide range of settings from occasional outpatient treatment and education to intense inpatient programs.
- As a goal of risk reduction, abstinence from a substance may not be an option for some older adults.
- Consider and discuss cost-prohibitive nature of certain SUD treatments.
- Older adults may prefer group treatment options that are mixed-aged or older adult specific.
- Older adults with substance use disorders have better outcomes when enrolled in geriatric specific recovery orientated programs.
- Promote increased social support and community engagement. Encourage involvement of family, friends, care givers with patient's permission.
- Consider mutual-help groups (NA, AA, SMART Recovery) to help reduce social isolation, shame, effects of discrimination and stigma. Older adults may prefer AA over NA, as NA population tends to be younger and multi-substance users.
- Other non-pharmacological approaches to recovery management may include: meditation, relaxation, CBT, exercise therapy, physical therapy/occupational rehabilitation.
- Be cognizant that some older adults are victims of elder abuse and screen appropriately.
- Harm-reduction (saving a life, prevention of disease spread or injury) is an important goal of SUD treatment.



- Several options for Medication Assisted Therapy (MAT) are available to treat SUD and can be highly successful with the proper support systems.
- Treatment for SUD exists on a continuum: prevention, early intervention, treatment and recovery management.

7) Substance Use Disorder is a chronic brain disease. Discuss the significance of the word “recovery” in the context of SUD.

- The person experiencing SUD should define recovery.
- Recovery incorporates various areas of wellness: emotional, environmental, financial, intellectual, occupational, physical, social and spiritual.
- Substance Use Disorder has a similar relapse rate to other chronic diseases (diabetes, congestive heart failure, asthma). Relapse is considered part of the normal recovery process.
- A recovery ready culture is necessary for SUD recovery.
- Strong social support and engagement with the community helps support individuals in recovery from SUD.

8) What are some ways that individuals can support a Recovery Ready community and SUD harm reduction?

- Safely dispose of unneeded medications to ensure they do not end up in the wrong hands. Educate others about medication disposal.
- Participate in Revive training; learn about Naloxone for overdose treatment.
- Carry Revive kit/Naloxone to help prevent overdose deaths in the community.
- Discuss stereotypes, biases and misconception with other community members.
- Provide or suggest education for those who want to learn more about harm reduction and SUD.



9) Terminology around SUD is evolving. Identify some of the words, phrases, or expressions in the video that could be updated or changed to reflect this fact. Consider alternative terms that would be less stigmatizing.

- Substance Abuser – *A person with Substance Use Disorder*
- “People with addiction” – *People with a Substance Use Disorder*
- “Substance Abuse Disorder” – *Substance Use Disorder*
- “Users” – *A person with a use disorder*

RESOURCES:

SAHMSA, Treatment Improvement Protocol (TIP) 26: Treatment Substance Use Disorder in Older Adults. Available at:

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-011%20PDF%20508c.pdf

National Institute on Drug Abuse: Substance Use in Older Adults DrugFacts. Available at: <https://www.drugabuse.gov/publications/substance-use-in-older-adults-drugfacts>



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