

Older Adults and Substance Misuse

Lifespan's Geriatric Addictions Program

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Lifespan Description

- *Lifespan is an organization dedicated to providing information, guidance and services that help older adults take on both the challenges and opportunities of the second half of life.*



- Established 1971
- 30 programs to help older adults and caregivers take on both the challenges and opportunities of longer life.
- 38,000+ clients in 2018.
- GAP launched in 2001



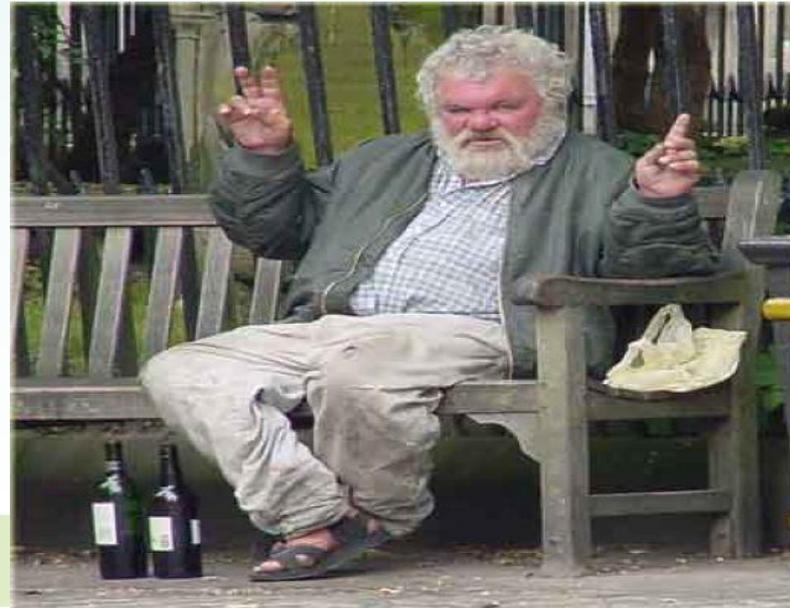
Over 30 programs for older adults and caregivers

- *NY Connects*
- *Eldersource Care Management*
- *Elder Abuse Prevention*
- *Financial Management/Medicare Advisement*
- *Caregiver Support*
- *Health Promotion*
- *Four Senior Centers*

Substance abuse knows no boundary of age, whether you are 20 or 80, you may see drinking or taking drugs – whether legal or illegal – as a way of coping with grief, anxiety, depression or pain.”

Dr. Stephen Scheinthal, DO Osteopathic
Geriatric Psychiatrist

Who are they?



Older Adult Substance Misuse A National Epidemic

- National Perspective

>30 million 60+

17.7% suffer from substance misuse

2006: 4.4% of all admits were 55+ (~78,000 of 1,789,354)

- New York State Perspective

>1/2 million NYers 60+

Based on 2006 data: ~13,500 of 307,500 admits were 55+

- Monroe County Perspective

~23,000 currently misusing

(Substance Abuse and Mental Health Services Administration, SAMHSA)



Misuse Includes:

- Use of alcohol or illicit drugs at dependency or abuse levels
- Intentionally or accidentally misusing prescription medications
- Mixing alcohol with prescription medications
- Tobacco

A Growing Trend

Opioid Misuse and Older Adults

- Opioid misuse increased among older adults from 1.1 percent in 2002 to 2.0 person in 2014 (NSDUH)
- 2016, 1 in 3 Medicare Part D – 14.4 million received opioid prescription
- Opioid related ER visits doubled between 2006 (28.6) & 2014 (70.1)

Challenges to Identification and Care

- Social isolation
- Attitudes, beliefs and values of the helper/family
- Level of training for professionals
- Age assumptions, ageism
- Intervention system not “age friendly”

Geriatric Addictions Program

- Need identified by Lifespan Eldersource care managers in late 1990s
- Community committee convened
- Lack of older adult substance abuse programs identified
- Lifespan charged with developing community-based program
- GAP launched in 2001

GAP Program Design

- Community outreach model---
we are **not** treatment/we are **not** licensed
- Harm Reduction/Risk Reduction Model
- Collaboration between aging network, mental health/chemical dependency networks, and primary care physicians
- Assessment and intervention in client homes
- Clients 55+
- A Contribution (\$16/mo.) is requested

Evidence Informed

- Motivational Interviewing approach
- Evidence-based assessments used:
 - Geriatric Depression Scale (GDS)
 - Global Assessment of Functioning (GAF)
 - Michigan Alcoholism Screening Test- Geriatric Version (MAST-G)

Consistently Positive Results

- 2018 results:
 - Stable or decrease in depression score (94%)
 - Increase in functioning level (88%)
 - Decrease in substance use or abstinence (86%)

In November 2018 GAP staff received this text:

“Hi Ann, Saw your name today in D&C and thought I’d touch base once again to say how much I appreciate your help. On the 4th of December, will be my 68th birthday and my 30th month of sobriety anniversary. You gave me encouragement and hope when I really thought it was only a matter of time til I relapsed. Now I try to pass that hope on when I can. You have a special place in my heart.”

Barriers to Adoption

- Reluctance of chemical dependency system to accept harm reduction model
- Regulatory barriers to payment for care outside clinic setting
- Insurance coverage gaps
- Lack of funding to expand program to meet community need