Older Adults and Substance Misuse

Lifespan’s Geriatric Addictions Program

Ann Marie Cook
President/CEO
Lifespan of Greater Rochester
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