Aging and Addiction

by Kathleen Parrish, LPC

Sam is a 75-year-old retiree living in an upscale, gated community located in the Southwest desert. He has enjoyed a long and successful career as a commercial real estate developer. Sam and his wiferaised three happy and successful children, though he is the only of his six kids to ever return to their parent's home two years ago. All who know him think of Sam as witty, intelligent, and thoughtful. Sam is also an alcoholic who, for the past six years has been addicted to prescription pain medication.

Sam represents an ever-increasing number of seniors who meet DSM criteria for a substance use disorder. Many clinicians now agree there is a growing epidemic of substance abuse among older adults. It is estimated that up to ten percent of the population suffers from substance-related problems, and that number could double or even triple within the next decade (Gfroerer, 1990). In his 2001 study, Hoodsen also concluded that polysubstance use was a significant problem for adults in the age range of 55 to 79, with substance-related problems found in as many as 20 percent of subjects studied. Hoodsen goes on to suggest that the rate of substance abuse among individuals 75 and older is comparable to that of persons younger than 65. Accordingly, it is predicted an increase in the number of aging individuals who suffer from a substance use problem will occur in the coming decades. Studies also suggest this potential increase might be related to an aging baby boomer, who instructors note require more substance abuse services than those of members of previous generations (Gfroerer, et al, 2001). The elderly present a greater range of physical and emotional complaints than do other age groups, posing a number of challenges for clinicians who provide addiction treatment to this segment of the population. Older adults also experience serious health concerns related to their use of mood-altering substances. In many cases, by the time the patient is assessed, years of drug and alcohol abuse have taken their toll on their physical well-being. To make things worse, age-related physiological changes—such as a decrease in body mass and lower levels of hydration, result in seniors processing alcohol differently—compounding substance-related damage. Older adults who drink even moderate amounts of alcohol may experience alcohol-related problems that, in younger drinkers, are associated with much higher levels of use (National Institute on Alcohol Abuse and Alcoholism, 2003). Older adults who use alcohol or other substances of abuse also are more likely to experience dementia or be injured in falls (Braul, 2006). Adults 60 or older can suffer amnesia or experience significant personality changes after consuming even relatively moderate amounts of alcohol—sometimes as few as two drinks (Liptzinsh, 2008).

More Than The Evening Cocktail

In evaluating substance abuse among older adults, clinicians should take into consideration the possible use of drugs other than alcohol. A recent study found older adults use prescription medications three times more frequently than do members of the general population, with no even higher prevalence of the use of over-the-counter medications (Patterson and Feste, 1999). Liptzinsh (2008) also suggests that the use of heroin and cocaine among the elderly will increase in the near future. This is contrary to the long-standing trend that alcohol dependence is the predominant substance abuse diagnosis in older adults. Citing a SAMHSA report (Krantz, 2008), describes the changing treatment rates among people 60 and older, suggesting illicit drug use, including the use of such drugs as heroin and cocaine, has increased dramatically among this subset of elderly.

Kathleen Parrish is the Clinical Director at Cottonwood at Tucson. She has a Master of Arts degree in Marriage and Family Therapy and a Master of Arts Degree in Religious Education. She is a Licensed Professional Counselor and specializes treating co-occurring disorders, including depression, eating disorders, and substance dependence. For more information on all the programs Cottonwood Differently tailored to meet the needs of older adults who often experience difficulty with evaluation, the elderly often go hand in hand. This implies clinicians approach the counseling process in a sense of integrity and a clear acceptance of one’s own mortality. If successful, this outcome is accompanied by a sense of integrity and a clear acceptance of one’s own mortality. If successful, this outcome is accompanied by a sense of integrity and a clear acceptance of one’s own mortality. If successful, this outcome is accompanied by a sense of integrity and a clear acceptance of one’s own mortality. If successful, this outcome is accompanied by a sense of integrity and a clear acceptance of one’s own mortality. If successful, this outcome is accompanied by a sense of integrity and a clear acceptance of one’s own mortality. If successful, this outcome is accompanied by a sense of integrity and a clear acceptance of one’s own mortality. If successful, this outcome is accompanied by a sense of integrity and a clear acceptance of one’s own mortality.