

## The Invisible Epidemic: Senior Substance Abuse

**The Invisible Epidemic: Senior Substance Abuse**  
by Eileen Beal

“It’s something that doesn’t exhibit directly,” explained Carol Rich, director of Cleveland Height’s Office on Aging.

When it does “exhibit directly”—a surprise home visit encounters a drunk, disoriented, or seemingly demented parent or loved one—she added, “Families don’t want to deal with it.”

The “it” Rich is talking about is substance abuse among the elderly.

After all, who wants to put mom and drunkard or dad and dope fiend in the same sentence? Yet according to the most recent US Department of Health and Human Services report, “*Substance Abuse Among Older Adults: An Invisible Epidemic*,” substance abuse among adults 60 and older is one of the fastest growing health problems facing the nation; up to 17% of older adults are substance abusers; and even as the number of older adults suffering from substance abuse climbs, it remains underestimated, under-identified, undiagnosed, and undertreated.

Why is senior substance abuse such an “under” problem in the US?

“Older people are isolated...[and] want to be seen as being in control [of their life] so it’s difficult to spot a problem,” explained Maurine Baker, coordinator of the Older Adult Chemical Dependency Program at University Hospital’s Laurelwood Treatment Center in Willoughby

“[The] erroneous tendency is to look at many of the symptoms of substance abuse [falls, irritability, loss of appetite, poor sleep patterns] as symptoms of the aging process, rather than as symptoms of a substance abuse problem...so no one is questioning what’s going on,” said Kate Proehl, CNS, a mental health nurse at Benjamin Rose Institute’s Margaret Wagner House in Cleveland Heights.

Usually it’s a crisis that removes the blinders, said Jackie Smith, coordinator of Senior Adult Services at Recovery Resources. “When there’s a fall, when the parent has to be admitted to the hospital, when the only other option is a nursing home, denial stops,” she said.

The number one substance being abused by seniors is—no surprise—alcohol. “It’s legal and it’s easy to get,” explained Baker. In most cases, she added, seniors aren’t drinking more, their aging bodies—older liver, older kidneys, older heart—simply can’t handle it like they used to. “One drink at age 40 is like 3 drinks at age 70,” she said.

Over the counter drugs (OTCs)—especially those that contain alcohol, muscle relaxants, pain-killers, and anti-depressants—and prescription medications are also being abused or misused. “In most cases, especially when older people are taking more than three prescription drugs, the abuse isn’t intentional,” explained Smith.

In some cases, however, it is intentional. They are using alcohol, prescription medications, and OTC drugs, sometimes in an alcohol-medication mix that can be deadly, to dull feelings of isolation, boredom, and loss—of family members and friends; of work, professional, and economic status; of physical function and mobility.

The symptoms of substance abuse—fewer social interactions, impaired judgment and forgetfulness, falls that lead to hospital admissions, loss of appetite and lack of energy, worsening of chronic conditions, etc.—cause quality of life to take a nose-dive. Often, said Smith, that’s the wake-up call everyone needs to turn things around.

Long-standing substance abuse situations may require substance abuse education programs and hospital-based [in-patient] treatment. “That kind of ‘detox’ program is covered by Medicare,” said Baker.

Out-patient treatment, group or individual therapy, counseling by a physician or social worker, and/or follow-up care may be all it takes to turn around a less severe problem. This is especially true for those who do not have a history of alcohol abuse and for those abusing prescription drugs. “The majority of seniors are very compliant with their medication regime,” said Smith. “When they find out what they need to do to turn things around, they do it.”

Treatment is only part of the solution, however. To make sure there isn’t a relapse, you must root out the root cause—isolation. That, said both Smith and Baker, means tapping into community resources\*—grief support groups, AARP’s Senior Employment Program, the Retired and Senior Volunteer Program [RSVP], local offices on aging, Meals on Wheels, etc.—that help older people reconnect with self and community.

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\* For information on community resources for Cuyahoga, Geauga, Lake, Lorain, and Medina Counties, request [Older Adults: The Resource Guide](#) from the Western Reserve Area Agency on Aging, 925 Euclid Avenue, Suite 600, Cleveland, Ohio 44115; Tel: 216-621-8010.

The 112-page, information-filled guide is free, however there is a \$3 shipping and handling fee.

**Sidebar: Five sure signs of substance abuse**

1. Polypharmacy—using 3 or more prescription medications dramatically increases potential for inadvertent abuse
2. Change in mental function—slowed reaction times, slurred speech, irritability, confused and irrational behavior
3. Decline in physical function/health: Falls, un-explained bruises, uncontrolled diabetes or blood pressure
4. Self-neglect—striking change in hygiene, personal appearance, desire to socialize, housekeeping patterns
5. Denial—strong and angry denial that a problem exists, even when presented with positive proof, such as a filthy house, empty OTC and/or liquor bottles, etc.

**For more information on Senior Substance Abuse:**

Alcoholics Anonymous	216-241-7387
Al-Anon (family members of alcoholics)	216-621-1381
Benjamin Rose Institute/Intake Department	216-791-8000
*Catholic Charities Services of Cuyahoga County	216-631-3499
Lake-Geauga County Center on Alcoholism & Drug Abuse	440-285-9119
Laurelwood Counseling Center/University Hospitals Health System	440- 953-3000
Recovery Resources	216-431-4131
*United Way’s First Call for Help	216-436-2000
*Western Reserve Area Agency on Aging	216-621-8010
*Will connect you to local service providers.	

Eileen Beal, MA, is a freelance healthcare writer specializing in geriatric issues. *Successful Aging* is provided by The Benjamin Rose Institute ([www.benrose.org](http://www.benrose.org)), a non-profit social service agency for older adults.