



Kansas Association of Addiction Professionals

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**107 SW 6th Ave, Ste. 200
Topeka, KS 66603
785-235-2400**

January 25, 2011

House Committee on Aging and Long Term Care

Substance Abuse Among Older Adults

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Chairman Bethell and committee members:

I would like to thank you for the opportunity to discuss addiction treatment in Kansas and specifically substance abuse among older adults. We are appreciative of your interest in services and more appreciative of your interest in assuring those in need have access to care and treatment.

About the Association. The Kansas Association of Addiction Professionals (KAAP) is the largest professional addiction association in the state. KAAP's members include addiction and prevention focused professionals and others interested in the KAAP mission. The association boasts nearly 500 individual and organizational/program members from across the state of Kansas. Our organizational members vary from small private practice agencies to large statewide agencies. KAAP is a member of and closely works with the National Association for Addiction Professionals (NAADAC). Through our affiliation with NAADAC, KAAP's network of addiction and prevention professionals reach across the state and the country.

State of Services in Kansas. In talking about services to Kansans, it is beneficial to discuss the state infrastructure. Many Kansans receive services through either Federal Block Grant (which also includes a modest amount of state fee funds) funding or through Medicaid. Our providers serve about 14,000 individuals per year in the block grant system and 6,000 individuals per year in the Medicaid system, respectively. In FY 2010 alone, substance abuse treatment providers billed \$1.5 million over existing capacity within block grant. This only accentuates the need which exists and the lack of adequate funding to meet the need. It is also important to note that Medicare does not provide a substance use disorder treatment benefit.

Benefits of Addiction Treatment. It is estimated that about 23 million Americans suffer from alcohol and drug addiction. Nationally, only 1 in 10 of these 23 million actually get treatment. Addiction can be defined, by US Center for Disease Control, as a chronic disorder as it is prolonged (more than 3 months), will not resolve spontaneously and is rarely cured completely. Thomas McLellan states that "Hypertension, diabetes and asthma are also chronic diseases, requiring continuing care throughout a patient's life. Treatments for these illnesses are effective but heavily dependent on adherence to the medical regimen for that effectiveness."

In 2008 the annual national cost to be about \$243.8 billion. Drug abuse was estimated to cost the nation \$160.7 billion in 2000 (Office of National Drug Control Policy, 2001). Updating that cost to 2008 dollars

means that the estimated cost of drug abuse in 2008 was \$200.9 billion, for a combined cost of alcohol and drug abuse of \$444.7 billion. For individuals with alcohol and drug abuse, the annual cost per person can easily exceed \$40,000. Only 5% of the cost of alcohol abuse and 9% of drug abuse cost is attributable to health or mental health care.

A study conducted in the state of Oregon produced substantial results and indicators of cost and societal savings simply by offering substance abuse treatment.

- Persons who completed outpatient substance abuse treatment were arrested at a rate 45% lower than the matched group during the three-year period subsequent to treatment.
- Treatment completion was associated with substantially fewer incarcerations in the state prison system and with fewer days of incarceration. For example, residential treatment completers were incarcerated at a rate of 70% lower than the matched group.
- The use of food stamps was reduced significantly for clients who completed treatment compared with those who were non-completers. Completers had only one-third the use of food stamps experienced by the early-leaver comparison group.
- For clients who completed treatment, open child welfare cases decreased by 50% subsequent to treatment.
- Medical expenses were substantially lower for those who completed treatment compared with the control group. For example, early-leavers showed a dramatic increase in the use of hospital emergency rooms during the period following treatment compared with the treatment group.
- In looking across an eight year span, Oregon concluded that every tax dollar spent on treatment produced \$5.60 in avoided costs to the taxpayer.

By examining national data and data from other states, we can conclude that the price of treatment is small in comparison to the dollars which are saved in avoidance of medical cost, incarceration cost and other societal costs.

Substance Abuse Among Older Adults. According to the *Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocol on Substance Abuse Among Older Adults*, until recently, alcohol and prescription drug misuse was not discussed in either the substance abuse or the gerontological literature. According to SAMHSA, about 17 percent of older adults misuse substances. Health care providers tend to overlook substance abuse and misuse among older people, mistaking the symptoms for those of dementia, depression, or other problems common to older adults. In general, older adults are more likely to hide their substance abuse and less likely to seek professional help. Many relatives of older individuals with substance use disorders are ashamed of the problem and choose not to address it. The result is thousands of older adults who need treatment and do not receive it.

According to SAMHSA, people 65 and older consume more prescribed and over-the-counter medications than any other age group in the United States. Prescription drug misuse and abuse is prevalent among older adults not only because more drugs are prescribed to them but also because, as with alcohol, aging makes the body more vulnerable to drugs' effects.

Perhaps surprisingly, alcohol abuse and misuse is the major substance abuse problem among older adults. "In the United States, it is estimated that 2.5 million older adults have problems related to alcohol, and 21 percent of hospitalized adults over age 40 . . . have a diagnosis of alcoholism with related hospital costs as high as \$60 billion per year." Nationally, rates for alcohol-related hospitalizations among older

patients are similar to those for heart attacks.

Adults over the age of 65 are more likely to be affected by at least one chronic illness, many of which can make them more vulnerable to the negative effects of alcohol consumption (Bucholz et al., 1995).

Three age-related changes significantly affect the way an older person responds to alcohol:

- Decrease in body water
- Increased sensitivity and decreased tolerance to alcohol
- Decrease in the metabolism of alcohol in the gastrointestinal tract.

As lean body mass decreases with age, total body water also decreases while fat increases. Because alcohol is water-soluble, this change in body water means that, for a given dose of alcohol, the concentration of alcohol in the blood system is greater in an older person than in a younger person. The same amount of alcohol that previously had little effect on the individual can now cause intoxication. This often results in decreased tolerance to alcohol as people age.

Studies indicate that older men are much more likely than older women to have alcohol-related problems. Since the issue was first studied, most adults with alcohol problems in old age have been found to have a long history of problem drinking, and most of them have been men. A number of differences between older male and female alcohol abusers have been reported. Women are more likely to be widowed or divorced, to have had a problem drinking spouse, and to have experienced depression. Women also report more negative effects of alcohol than men, greater use of prescribed medication, and more drinking with their spouses.

According to the National Institute on Alcohol Abuse and Alcoholism, alcohol abuse is more prevalent among older adults who have been separated or divorced and among men who have been widowed. Some researchers have hypothesized that a multitude of disorders may be triggered in older men when their spouse dies - depression, development of alcohol problems, and suicide. The highest rate of completed suicide among all population groups is in older white men who become excessively depressed and drink heavily following the death of their spouses.

As individuals age, they not only lose their spouse but also other family members and friends to death and separation. Retirement may mean loss of income as well as job-related social support systems and the structure and self-esteem that work provides. Other losses include decreased mobility, impaired sensory capabilities, and declining health.

High rates of alcoholism are consistently reported in medical settings, indicating the need for screening and assessment of patients seen for problems other than substance abuse. Among community-dwelling older adults, investigators have found a prevalence of alcoholism between 2 and 15 percent and between 18 and 44 percent among general medical and psychiatric inpatients.

According to the Kansas Department of Social and Rehabilitation Services, the majority of those admitting for formal treatment over the age of 65 years, are admitting for alcohol misuse or dependence although, the total presenting for treatment is low.

Table 1.1 Kansas Treatment Admissions for clients over 65 years of age by Primary Problem, FY 2010.

Primary Problem	Total	Percent
Alcohol	50	81.97%
Cocaine/crack	2	3.28%
Heroin	1	1.64%
Inhalants	1	1.64%
Marijuana	2	3.28%
Methamphetamine	2	3.28%
Other drug combinations	1	1.64%
Other opiates	1	1.64%
Other Sedatives	1	1.64%
Grand Total	61	100%

Treatment Approaches. The Substance Abuse and Mental Health Services Administration recommends a few best practices in the treatment of the older alcohol abuser:

- Age-specific group treatment that is supportive and nonconfrontational and aims to build or rebuild the patient's self-esteem
- A focus on coping with depression, loneliness, and loss (e.g., death of a spouse, retirement)
- A focus on rebuilding the client's social support network
- A pace and content of treatment appropriate for the older person
- Staff members who are interested and experienced in working with older adults
- Linkages with medical services, services for the aging, and institutional settings for referral into and out of treatment, as well as case management.

Furthermore, SAMHSA recommends the following general approaches for effective treatment of older adult substance abusers:

- Cognitive-behavioral approaches
- Group-based approaches
- Individual counseling
- Medical/psychiatric approaches
- Marital and family involvement/family therapy
- Case management/community-linked services and outreach.

Improvements in Kansas. As is clear from national and state data, our state is challenged to conduct proper education, screening, assessment and treatment for older Kansans. By educating the public, families, healthcare and others, we can begin to offer help for the thousands in need of care and treatment.

Thank you for your time and interest. I would be pleased to respond to questions at the appropriate time.