

# LIVINGSTON Life

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## ADDICTION & AGING

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GO UNSEEN, UNTREATED

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# 'UNDER THE RADAR'

By Christopher Nagy  
FEATURES EDITOR

It's been called a hidden and unseen problem among an age group who are likely to resist seeking the help and treatment they need.

It's also a problem that could possibly see a significant increase, as health-care and recovery experts fear that substance abuse and addiction issues among older adults will only rise as the baby-boomer population — those born between 1946 and 1964 — continues to reach retirement age.

"I would say that, in many ways, it's an issue that's been under the radar screen" said Mark Robinson, executive director of Livingston County Catholic Charities. "It's been there, but it's not really been picked up on."

Livingston County Catholic Charities runs a substance-abuse prevention program for older adults in conjunction with Catholic Social Services of Washtenaw County and the Turner Geriatric Clinic, which is part of the University of Michigan Geriatrics Center and Institute of Gerontology in Ann Arbor.

The educational program provides presentations to senior centers and retirement complexes throughout the year, warning people about how alcohol affects the body differently as a person ages — as well as how it can make for a bad, and potentially deadly, mix with prescription medications.

"As we age ... what might have been an acceptable habit when someone is in their 30s or 40s or 50s runs the risk of being a potential harmful habit when

## SUBSTANCE ABUSE AMONG OLDER ADULTS MAY GO UNSEEN, UNTREATED

### AT A GLANCE

■ Livingston County Catholic Charities is at 2020 E. Grand River Ave. in Howell. For more information, call 517-545-5944 or visit <http://livingstoncatholiccharities.org>.

■ The Brighton Center for Recovery is at 12851 Grand River Ave. in Brighton Township. For more information, call 877-9762371 or visit <http://www.brightonrecovery.org>.

■ Chelsea Community Hospital is at 775 S. Main St. in Chelsea. For more information, call 734-593-6000 or visit <http://www.cch.org> and go to behavioral health services under the "Services" tab.



someone is 70 or 75," Robinson said. "The program is really to help prevent something from becoming a problem."

However, when something has become a problem, older adults can be very reluctant to ask for help in the form of treatment, according to Scott Masi, referral and outreach specialist for the Brighton Center for Recovery, an inpatient and outpatient addiction-rehabilitation facility in Brighton Township.

While people between the ages of 18 to 25 remain the largest population treated at the facility, "our patient population varies all over the place," Masi said. "We're seeing the empty nesters and the older patients."

He said many older adults resist treatment because of the generational "stigma and barriers" regarding substance abuse. They may tend to see dependency or addiction as being something outside of them — someone living on the streets or having to break the law to support the need. That, Masi said, may make them hesitant to seek help for themselves.

"They're very proud," he said. "Normally, they don't get into a state to ask for help. It usually comes from a family member or caregiver."

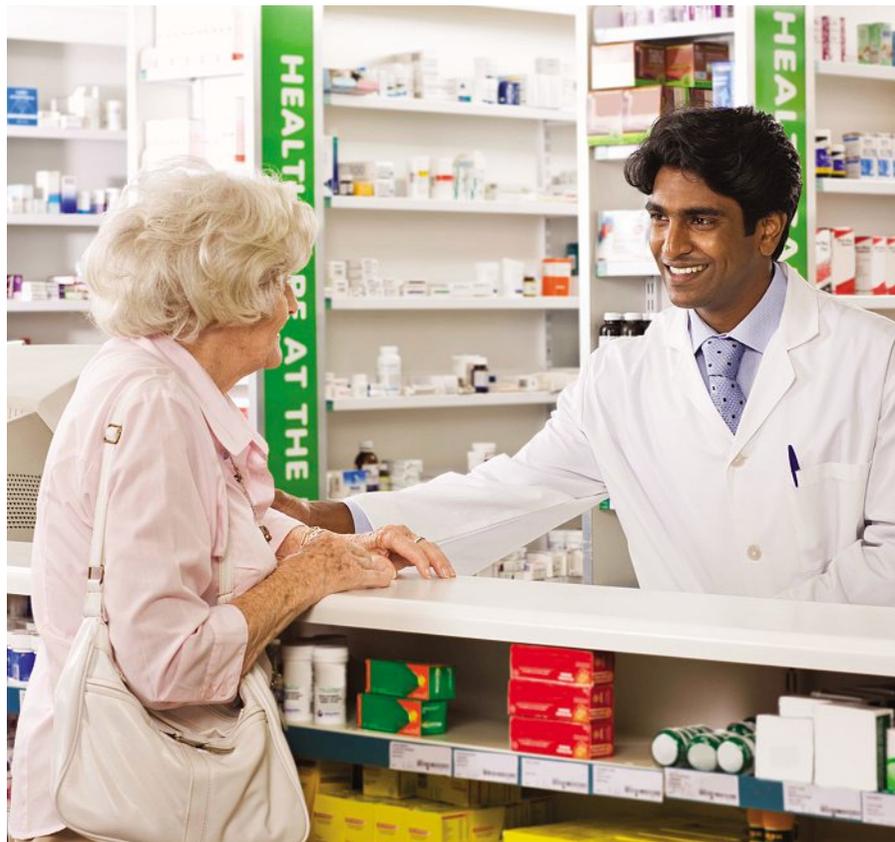
When it comes to an alcohol dependency, for example, Masi said, older adults are not likely to get help until something significantly traumatic occurs in their lives, like a fall, because they may not be as socially engaged with the family, so the problem goes unnoticed.

"Sometimes they may be homebound, and it's something that's not being addressed because it's been happening over a long period of time, and it's become accepted (by family)," he said. "Or, they may be without the knowledge that there may be alternatives out there to what's going on."

Martin Hoekstra, who runs the Older Adult Recovery Center at Chelsea Community Hospital, agreed. The intensive outpatient treatment facility just south of Livingston County is a regional referral center for people seeking treatment who contact the federal Substance Abuse and Mental Health Services Administration.

"A lot of older adults are isolated or retirees, so they're not accountable ... They can drink and not have to be anywhere at 9 a.m.," Hoekstra said.

About two-thirds of patients at the Older Adult Recovery Center have had addictions for a long time, and that addiction has become exacerbated as they have gotten older. The



Scott Masi, referral and outreach specialist with the Brighton Center for Recovery, said more awareness, guidelines and training for health-care providers can help stem the abuse of prescription medications. METRO CREATIVE GRAPHICS

### SIGNS OF A PROBLEM

The following is a list from the Substance Abuse and Mental Health Services Administration of possible signs that may indicate an alcohol- or medication-related problem in an older adult.

- Memory trouble after drinking or taking medication
- Loss of coordination
- Changes in sleeping habits
- Unexplained bruises
- Being unsure of yourself
- Irritability, sadness or depression
- Unexplained chronic pain
- Changes in eating habits
- Isolation
- Failing to keep clean
- Trouble concentrating
- Lack of interest in usual activities

remaining one-third of patients have late-onset problems, generally after the age of 60, which can come with the need for more powerful prescription medications and painkillers to treat ailments as well as from the loneliness and depression that can set in when a spouse dies.

"They're very reluctant to get help," Hoekstra explained. "A lot of older adults were brought up in the generation of do-it-yourself. There's a shame or guilt that comes with it, and it's hard to get older adults into treatment. ... You really can't force anybody."

Hoekstra suggested that family members approach the loved one to let them know that they are worried about him or her and point out why they are worried.

"Particularly if they are isolated, you can point that out," he said. "Usually the denial (of a problem) is very strong. Everybody else sees it, but they don't see it."

While alcohol is the most commonly abused drug by the elderly, Masi said nonmedical use of prescription drugs — benzodiazepines like Klonopin, sleeping pills like Ambien and opiate painkillers like Oxycodone — is a rapidly growing problem.

"A lot of the time, it starts off as dependency," Masi said. "With the older adults, they've probably been using these drugs for a longer period of time."

There is a difference between dependency and addiction, he noted.

With dependency, someone will continue to take a medication as it is prescribed, but that person has become so reliant on it that he or she needs to detox from the drug.

"You've relied on it for so long that your body has now become dependent on the drug," he said.

With addiction, everything surrounding a person's life is involved in obtaining and using a drug, Masi added.

Part of the problem, he continued, is that in many cases there is no additional therapy involved when prescribing medication.

"Over time, someone might become couch-ridden, so they might get depressed. So now, they're being prescribed depression medication, too. Over time, it turns into a strong dependency for those drugs, with no real (end point)," he said. "The primary physician is not treating outside pharmacology."

Masi said the rise in problems with prescription medications began roughly two decades ago when there was a shift in the attitudes of the health-care community.

"Back in roughly the early '90s, the AMA, the American Medical Association, said basically, 'We're not treating pain properly.' And they changed their stance on it," he said.

The change essentially lumped it in as another vital sign with things like blood pressure and pulse rate, according to Masi. Routine questions started to include, "What kind of pain are you in?" and "How bad is it on a scale of one to 10?" he said.

"If you look at the prescription pattern since the AMA changed their stance, it becomes an exponential straight line up," Masi said. "And prescription-medicine deaths have been rising for the past 10 years."

The way to help stem the problem, he said, is through more awareness, guidelines and training for the health-care providers on additional therapies that will help a patient get off the medication as well as identifying potential issues before they arise.

"What they don't know how to access right now is to look for characteristics that might say, 'This may be a problem patient,'" Masi said.

Masi said the United States contains about 5 percent of the world's population, but it prescribes 90 percent of the world's hydrocodone and 80 percent of the world's opiates.

"Are we different from the rest of the world in the way we're treating pain?" he asked. "Are we just looking for that instant relief?"