

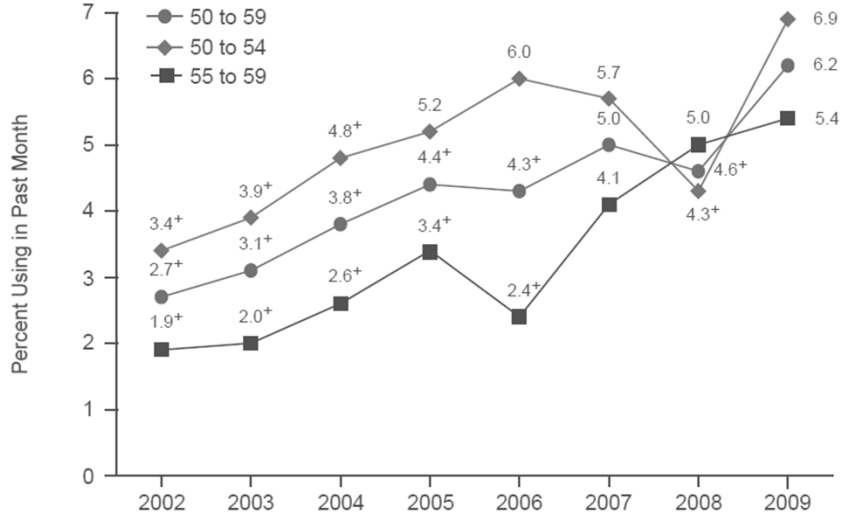
Aging and Addiction “A Rising Tide”

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Baby Boomers Get Old

- Americans born between 1946 and 1965 – 10,000 will turn 65 every day for the next 19 years
- Probably a greater percentage of these folks bring with them a history of illicit drug use than previous generations
- Active consumers of medications
- Calculated increase in treatment demand for people 50+ years old from 1.7 M in 2000 to 4.4M in 2020

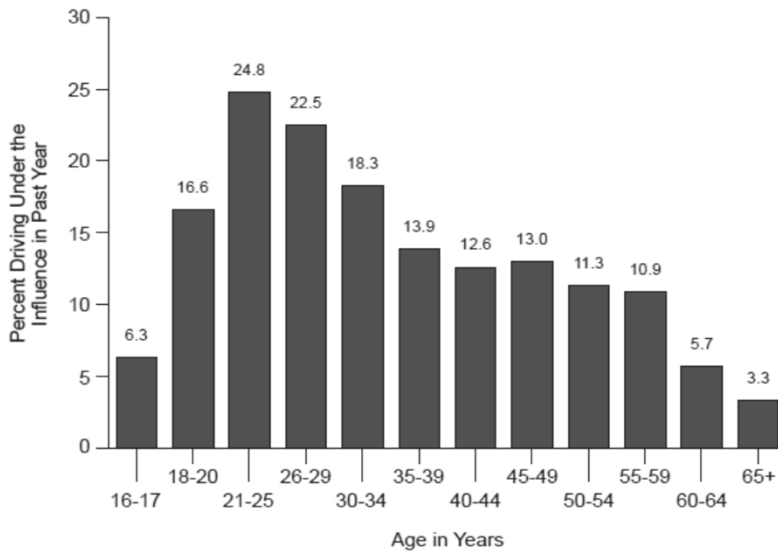
Past Month Illicit Drug Use – Adults 50-59 2002 – 2009



⁺ Difference between this estimate and the 2009 estimate is statistically significant at the .05 level.

SAMHSA – National Survey on Drug Use and Health, 2009

Driving Under the Influence of Alcohol – Past Year 2009



SAMHSA – National Survey on Drug Use and Health, 2009

Why Do People Use Drugs?

“People use drugs, legal and illegal, because their lives are intolerably painful or dull. They hate their work and find no rest in their leisure. They are estranged from their families and their neighbors. It should tell us something that in healthy societies drug use is celebrative, convivial, and occasional, whereas among us it is lonely, shameful, and addictive. We need drugs, apparently, because we have lost each other.”

Wendell Berry, *The Art of the Commonplace: The Agrarian Essays* (pg. 61, "Racism and the Economy")

ADDICTION

“Addiction is a brain disease shaped by behavioral and social context.”

Dr. Alan Leshner, Former Director
National Institute on Drug Abuse

“Drug addiction is associated with altered cortical activity and decision making that appears to overvalue reward, undervalue risk, and fail to learn from repeated errors.”

Dr. Nora Volkow, Director
National Institute on Drug Abuse

“Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious.”

Susan Sontag, “Illness as Metaphor” 1978

Elements Of Addiction

1. COMPULSION & CRAVING
 - A. BIOLOGICAL (WITHDRAWAL)
 - B. CONDITIONED RESPONSE
2. LOSS OF CONTROL OVER USE
3. CONTINUED USE DESPITE ADVERSE CONSEQUENCES
4. SALIENCE OF USE

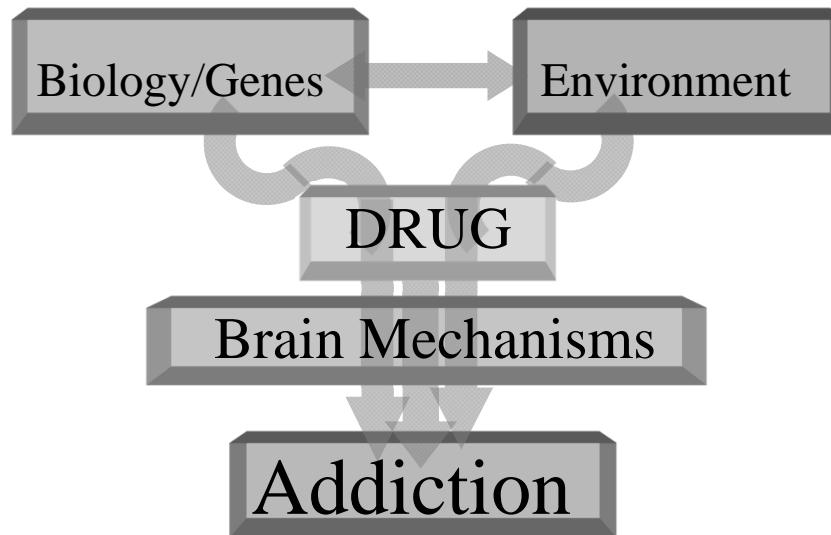
DURATION of SYMPTOMS

Terminology Dependence versus Addiction

- ◆ The DSM-IV- TR defines problematic substance use with the term substance dependence. It does not use the term addiction. This has been the source of much confusion.
- ◆ According to the DSM-IV-TR definition, substance dependence is defined as continued use despite the development of negative outcomes including physical, psychological or interpersonal problems resulting from use.
- ◆ Most providers refer to this as addiction and ADDICTION is the term we will use throughout the rest of the presentation.

(American Psychiatric Association, 2000)

ADDICTION INVOLVES MULTIPLE FACTORS



Drug Dependence: A Chronic Medical Illness

- Genetic Heritability – twin studies
 - Hypertension – 25-50%
 - Diabetes – Type 1: 30-55%; Type 2: 80%
 - Asthma – 36-70%
 - Nicotine – 61% (both sexes)
 - Alcohol – 55% (males)
 - Marijuana – 52% (females)
 - Heroin – 34% (males)
- Voluntary Choice – shaped by personality and environment
- Pathophysiology – neurochemical adaptations
- Treatment Response
 - Medications – effectiveness and compliance
 - Behavioral interventions

McLellan, A.T., et.al., Drug Dependence, a Chronic Medical Illness *Journal of the American Medical Association* 284:1689-1695, 2000.

If addiction is a chronic disease:

Addiction treatment doesn't cure the disease.

The goal of treatment is to:

- Provide patients the tools to help them manage their addiction – *and medications are among those tools*
- Teach them how to use those tools to achieve and maintain recovery

Clinical Issues

- Aging brain – neurotransmitter activity; cognitive deficits
- Aging body
 - ✓ Slower metabolism
 - ✓ Change in pharmacodynamics
 - ✓ Decrease in lean body mass and total body water, and renal function (drug elimination)
 - ✓ Decrease in balance
 - ✓ Increase in medical conditions = increase in medications used = increase in possibility of adverse drug interactions – **Use your state's PMP**
- Social changes
- Mental Health disorders
- Access to treatment – Medicare

Medications Available

● Opiates

- Methadone – Agonist
- Buprenorphine – Partial Agonist
- Naltrexone - Antagonist

● Alcohol

- Disulfiram (Antabuse®)
- Naltrexone (Revia®, Vivtrol®)
- Acamprosate (Campral®)
- Valproic acid (Depakote®)
 - Better at reducing drinking in alcoholics with bi-polar disorder than is lithium

Medications Available

● Cocaine

- Two Vaccines under trials

● Nicotine

- Gum, patches, nasal sprays
- Bupropion (Zyban®, Wellbutrin®)
- Varenicline (Chantix®)
- Vaccine under trials

● Other (Amphetamine, Marijuana)

- Nothing Yet

Resistance to Medications

- **Many reasons for resistance to medication**

- Anticipated unpleasant side effects
- Cost of medication
- Burden of taking daily medication
- Denial about condition or disease
- Influence of others
- Negative perception of addiction medications

Final Note: Behavioral Treatments

The FDA labeling on these medications is clear:

- The medications should be used in combination with behavior treatments for addiction
- Good treatment is **holistic, integrated and multifaceted**, taking into account the physical, behavioral and spiritual wellbeing of the individual.

Goals of Addiction Treatment

- Provide the patient with tools (behavioral change, environmental change, medications) with which to manage their addiction.
- Teach them how to use those tools so as to be able to self-manage their addiction.
- Facilitate a continuing care model of collaboration between provider and patient to adapt treatment as needs & circumstances change.

Evidenced-based (RCT) Effective Behavioral Interventions for Addiction

- Cognitive Behavioral Therapy
- Motivational Enhancement Therapy
- Community Reinforcement Approach
- Relapse Prevention
- Motivational Incentives

(Miller et al, 2005)

Summary: Treatment Effectiveness

● **Treatment effectiveness is related to:**

- ✓ Treatment readiness & problems at Intake
- ✓ Treatment engagement & participation levels
- ✓ Cognitive/behavioral/social interventions
- ✓ Adequate length of stay in program

Key Resources

- TIP 40: Clinical Guidelines for the Use of Buprenorphine for the Treatment of Opioid Dependence (SAMHSA-CSAT)
- TIP 43: Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs (SAMHSA-CSAT)
- Medication-Assisted Treatment for Opioid Addiction: Facts for Families and Friends (SAMHSA-CSAT)
- NIDAMED: <http://www.drugabuse.gov/nidamed-medical-health-professionals>
- Helping Patients Who Drink Too Much: A Clinician's Guide (NIAAA)