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Substance Abuse & Mental Health
Technical Assistance Center



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U.S. Baby Boomers

- 13 percent of U.S. population age 65+; expected to increase up to 20 percent by 2030
- 83 million 'Baby Boomers' (born from 1946-1964) in U.S. Census 2000
 - Second wave 'Baby Boomers' (now aged 35-44) contains 45 million
- Baby Boomers to begin retiring in the next five years, placing enormous pressure on retirement systems, health care facilities, and other services

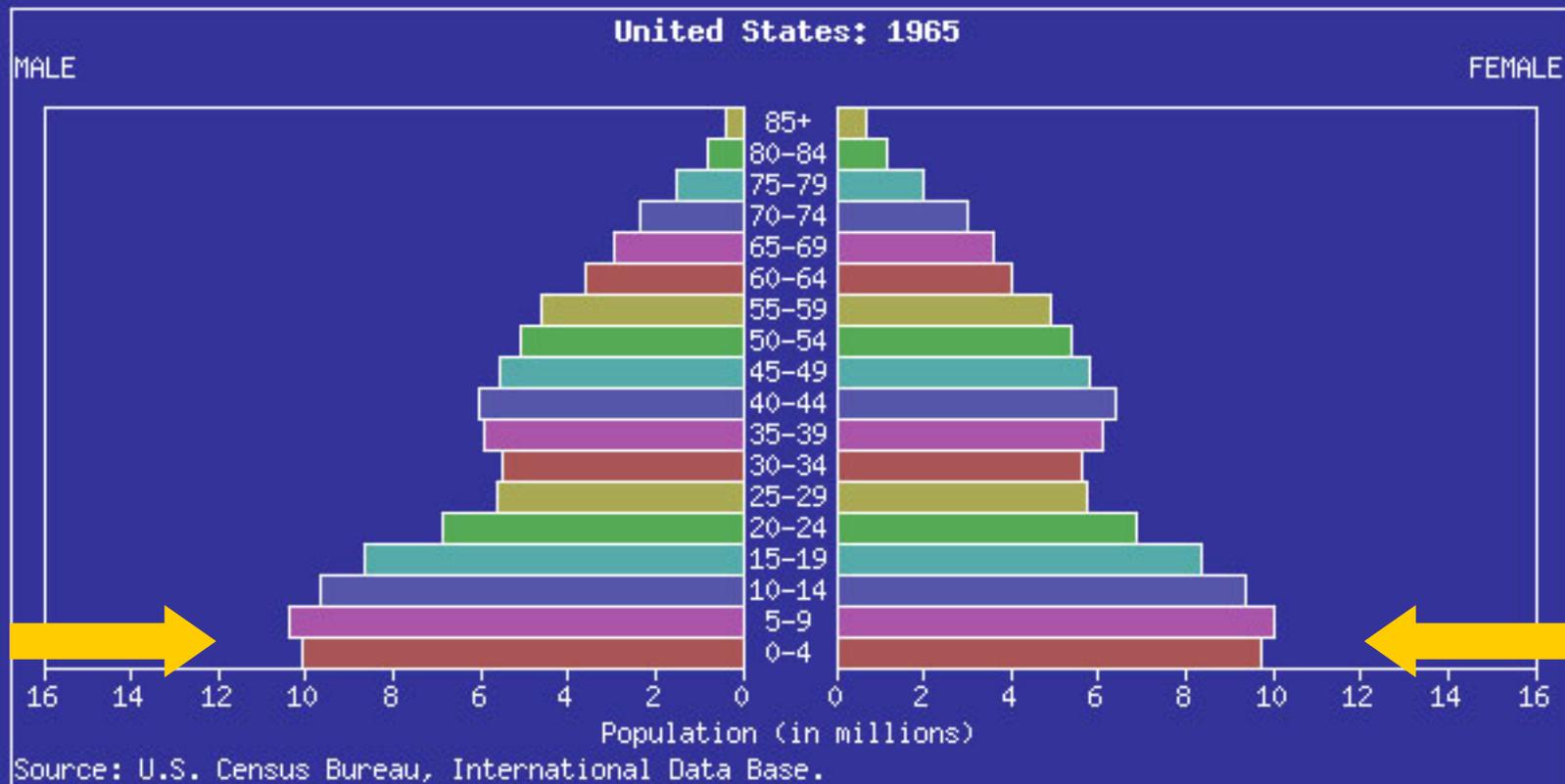


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Population Age Structure:1965



Baby Boom

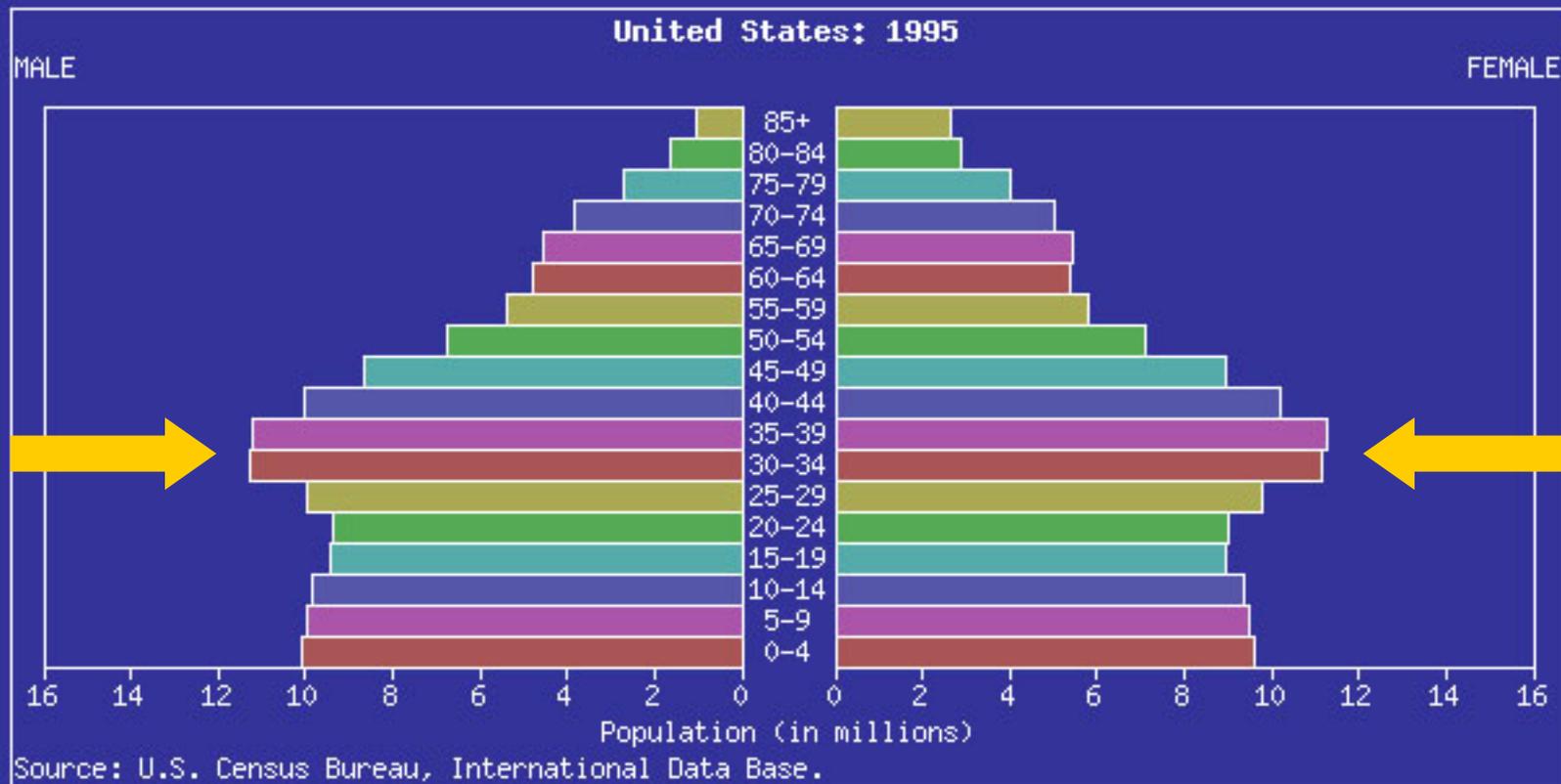


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Population Age Structure: 1995



Baby Boom

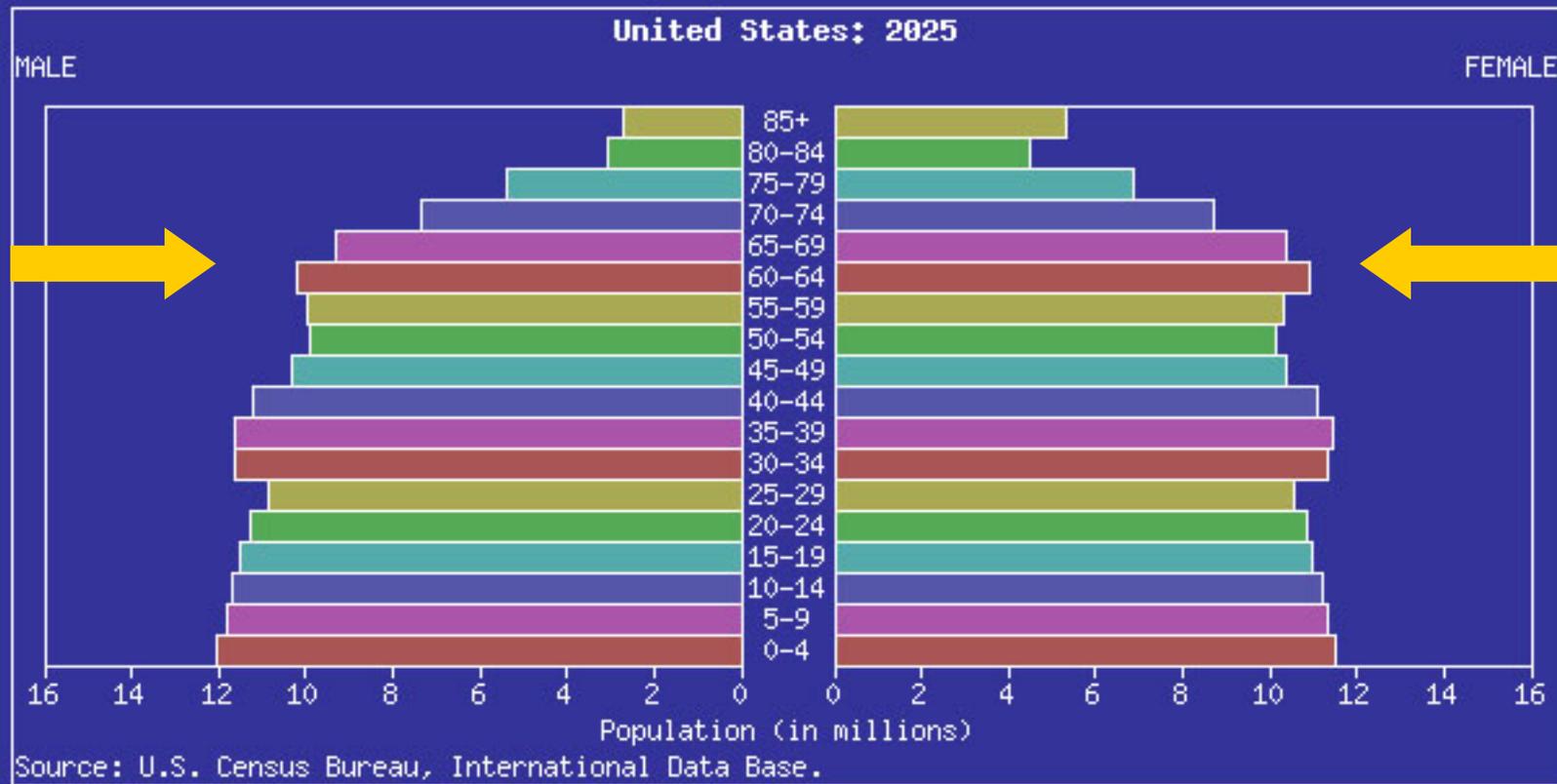


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Population Age Structure: 2025



Baby Boom



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Drugs & Alcohol

- Estimates suggest the number of problem substance users aged 50+ will double during the next two decades—from 2.5 million in 1999 to 5.0 million in 2020.
- Aging baby boom cohort will place increasing demands on the U.S. substance abuse treatment system in the next two decades.
- WHO estimates the extent of worldwide psychoactive substance use is estimated at 2 billion alcohol users, 1.3 billion smokers and 185 million drug users.



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Substance Abuse Among Older Adults I

Most common addictions:

- Nicotine: ~ 18–22 percent
- Alcohol: ~ 2–18 percent
- Psychoactive Prescription Drugs: ~ 2–4 percent
- Other illegal drugs (marijuana, cocaine, narcotics): >1 percent



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Substance Abuse Among Older Adults II

An estimated **one in five** older Americans (19%) may be affected by combined difficulties with alcohol and medication misuse.



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Drugs & Alcohol

In 2002, over 26 million adults aged 55 and older consumed alcohol in the past month

Past Month	55–59	60–64	> 64
Binge Drinking	2,012,000 (13.7 %)	1,769,000 (15.2 %)	2,564,000 (7.5 %)
Heavy Use	563,000 (3.8 %)	540,000 (4.7 %)	461,000 (1.4 %)

SAMSHA, OAS, National Survey on Drug Use and Health, 2002

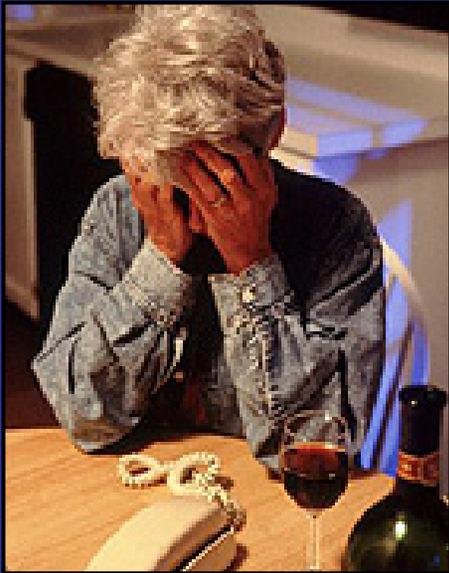


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Excessive Alcohol Use



Heavy drinking: drinking more than two drinks per day on average for men or more than one drink per day on average for women.

Binge drinking: drinking more than four drinks during a single occasion for men or more than three drinks during a single occasion for women.

Centers for Disease Control and Prevention, 2006



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Consequences

- Aging-related changes make older adults more vulnerable to adverse alcohol effects
 - More impairment at a given blood alcohol content (BAC) level
 - Interactive effects of alcohol, chronic illness, and medication
- Implications for older adult drinkers
 - Moderate levels of consumption can be more risky
 - Increased consumption may quickly result in consequences



Signs and Symptoms of Alcohol Problems in Older Adults

- Anxiety
- Blackouts, dizziness
- Depression
- Disorientation
- Mood swings
- Falls, bruises, burns
- Family problems
- Financial problems
- Headaches
- Incontinence
- Increased tolerance to alcohol
- Legal difficulties
- Memory loss
- New problems in decision making
- Poor hygiene
- Seizures, idiopathic
- Sleep problems
- Social isolation
- Unusual response to medications



Alcohol Abuse: Risk Factor for Psychiatric Illness

- Older adults are **three times as likely** to develop a mental disorder with a lifetime diagnosis of alcohol abuse.
- Common “Dual Diagnoses” include:
 - Depression (20-30%)
 - Cognitive loss (10-40%)
 - Anxiety disorders (10-20%)



Depression and Anxiety

- One in five older adults has a significant mental disorder
 - Primary psychiatric illness: 16 percent
 - Dementia complicated by psychiatric symptoms: 3 percent
- Depression affects 3-7 percent
- Anxiety affects 11 percent
 - Frequent comorbidity among anxiety, depression, and physical illness.



Comorbidity with Mental Health Disorders

- Concurrent alcohol use and depression may be more common in late life than in younger adults
- Concurrent moderate or at-risk use may be a much greater problem than dependence
- Fragmented care is particularly problematic in late life



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Alcohol Use and Suicide

- Alcohol abuse more prevalent in older persons who are separated, divorced, or widowed
- Highest rates of completed suicides:
 - Older white males who are depressed, drinking heavily, and who have recently lost their wives



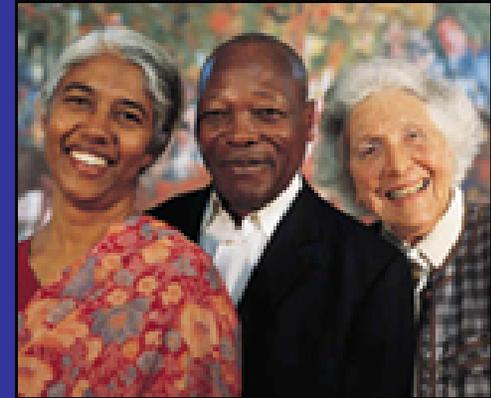
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Drugs & Alcohol

- Screening recommendation:
 - Every person over 60 should be **screened for alcohol and prescription drug abuse** as part of regular physical examination



WHO, 2005

- Care and protection of older adults begins with **awareness** of the needs and challenges
 - Address risky sex, illicit drug use and alcohol abuse
 - Attention to this issue is critical in order to ensure that better health accompanies longer life



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National Initiatives

2002 President's New Freedom Commission on Mental Health

- Prevention of substance abuse and mental health disorders identified as a national priority

2005 White House Conference on Aging Top 10 Resolutions

- #8: Improve Recognition, Assessment, and Treatment of Mental Illness and Depression Among Older Americans

SAMHSA Older Americans Technical Assistance Center (TAC)

- To create sustainable changes in the field of geriatrics around substance abuse and mental health so that these issues are recognized and planned for



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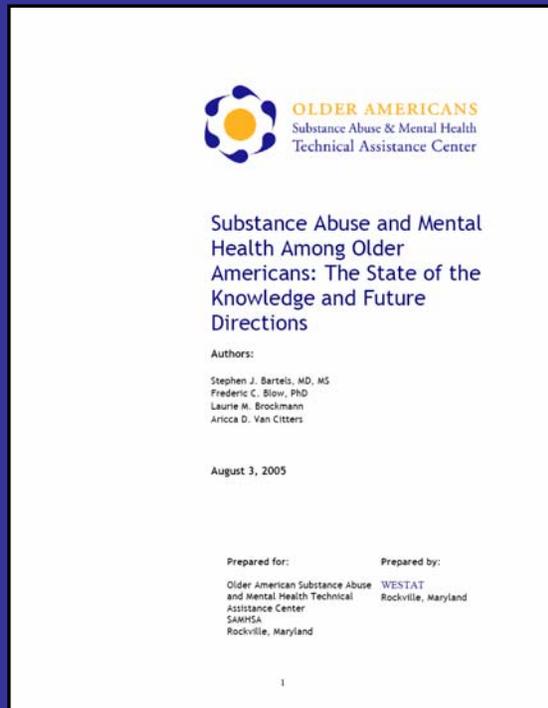
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TAC Priorities

- Assist States in developing plans around substance abuse prevention and mental health promotion
- Provide technical assistance with respect to the prevention and early intervention of:
 - Substance abuse
 - Medication misuse and abuse
 - Mental health disorders
 - Co-occurring disorders
- Dissemination and implementation of evidence-based and promising practices

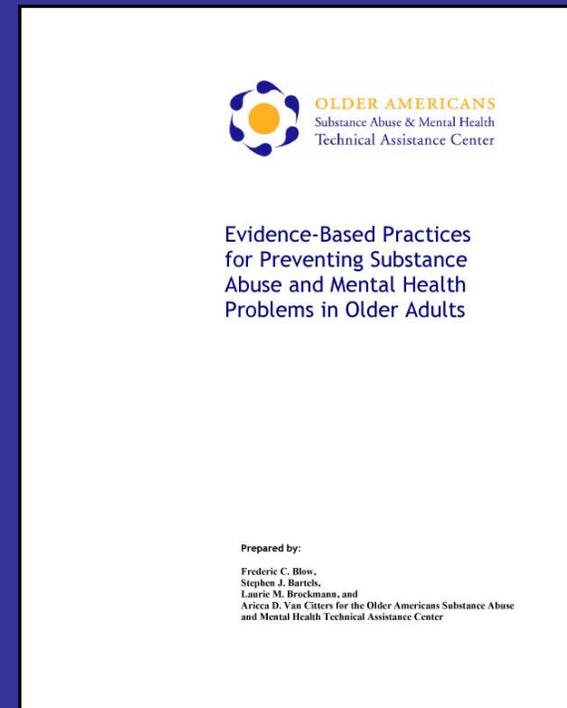


Materials I



Substance Abuse and Mental Health Among Older Americans: The State of the Knowledge and Future Directions

Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults

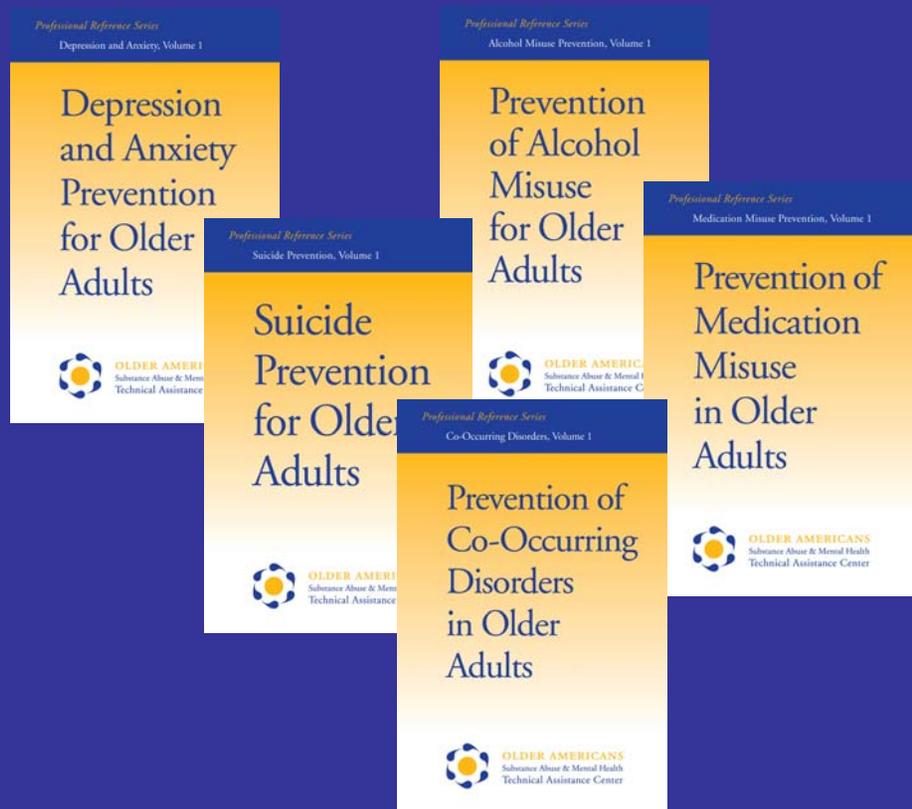


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Materials II



Professional Reference Series:

- *Depression and Anxiety*
- *Suicide Prevention*
- *Alcohol Misuse*
- *Medication Misuse*
- *Co-occurring Disorders*



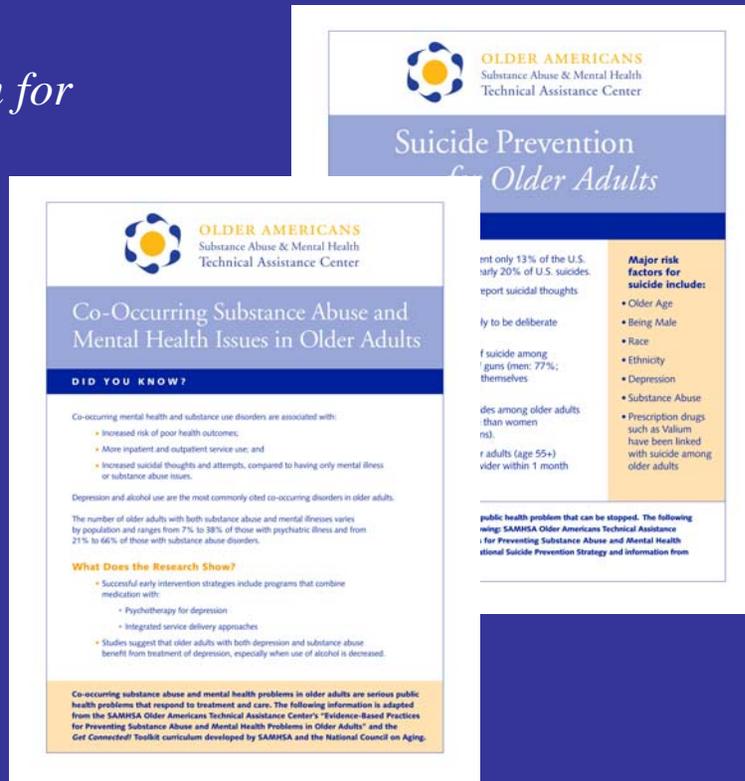
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Materials III

Suicide Prevention for Older Adults Fact Sheet



Co-Occurring Substance Abuse and Mental Health Issues in Older Adults Fact Sheet



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Center Resources

- Quarterly electronic eCommunication
 - Professional articles
 - Highlights of successful older adult programs and practices
 - Most current older adult behavioral health information
- Website:

<http://www.samhsa.gov/OlderAdultsTAC>

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eCommunication

In September 2005, SAMHSA and TAC staff initiated State Planning activities with a half-day pilot test of state planning with Mental Health, Substance Abuse, and Aging personnel from Washington State and Oregon, along with Chiato Kawabori, Regional Administrator, Region X, Administration on Aging. This exciting meeting was the culmination of a series of interviews based on SWOT (Strengths, Weaknesses, Opportunities, and Threats) assessments conducted by TAC staff with key informants in both states. Knowledgeable individuals addressed strengths, weaknesses, opportunities and threats currently faced by planners and providers of services to older adults.

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During our preliminary investigations, we learned that Oregon has the highest older adult suicide rate in the country – at the same time, the state is very progressive in terms of physician education around older adult behavioral health. Washington recently had a reallocation of funding which will enable some significant targeting of older adults, making the timing of our meeting especially critical. State and provider personnel discussed priorities and concerns and identified next steps to advance planning for older adults.

Washington participants have identified cross-training activities which they hope to offer providers from a range of disciplines. Oregon participants continue to identify needs and are examining relevant web resources.

The TAC is currently planning 2006 State trainings. We are very excited about this opportunity to provide customized assessments of State resources and gaps and identify ways in which the TAC can provide ongoing support to successful State planning efforts!

The mission of the **Older Americans Substance Abuse and Mental Health Technical Assistance Center** is to enhance the quality of life of older adults by providing training and technical assistance to health care agencies and providers regarding health issues common in late life. TAC priorities include the prevention and early intervention of substance abuse, medication misuse and abuse, mental health disorders, and co-occurring disorders.



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State Planning Activities

- SAMHSA Mental Health Transformation State Incentive Grants (MHT-SIG)
 - 7 states awarded MHT SIG in 2005
 - The MHT SIG are represented at the Older American TA Center State Planning Meetings.
- WA & OR State Planning held in September 2005
- CT, MD & OH State Planning held in March 2006
- Pacific Territories & Hawaii State Planning held in September 2006
- Planning for the next training is underway
 - Katrina-affected States in May, 2007



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Common Strengths

- Promotion of evidence-based practices
 - Aids in maintaining funding levels
 - Brings together clinicians, policymakers, and academia
- Increased collaboration between mental health and substance abuse
 - Historical silos
 - Collaborative spirit at local and state levels



Common Gaps

- Lack of planning for demographic shift
- Providers are not trained or comfortable with older adult population
 - Lack of training opportunities for providers
 - Primary care physicians are hesitant to address mental health and substance abuse issues with patients
- Older adults are not a priority
 - Resources are often directed towards children (preventive care)
 - Lack of qualified geriatrics professionals entering the workforce



Workshops: Get Connected! Toolkit

- Collaborating with NCOA to provide “Get Connected! Toolkit” training across the country
 - Boston, MA
 - Washington, DC
 - Orlando, FL
 - San Francisco, CA
 - Baltimore, MD
 - Birmingham, AL
 - Lexington, KY
 - West Palm Beach, FL
- Wide-ranging audiences: Service providers from mental health, substance abuse and aging; nutritionists; public health officials; and state program administrators



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Workshops: Increasing Provider Comfort Levels: Working With Older Adults I

Modes of Training

- Lecture
- Experiential
- Interactive

Awareness, Communication and Interactions



Increased **awareness**, good **communication** and effective **interactions** with older adults is good medicine. Understanding the lifestyle changes, healthcare issues, and needs of older adults make for good healthcare policy and practice.



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Increasing Provider Comfort Levels: Working With Older Adults II



- Addresses issues related to health/functional literacy and implications for medication misuse
- Highlights aging-related changes and the ramifications of poor hearing, decreased vision and chronic pain
- Provides an opportunity for role-play activities and case consultation



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NREPP Activities

National Registry of Evidence-based Programs and Practices

- Collaboration with SAMHSA's Science-to-Service Workgroup
- Streamlined NREPP review process and rating criteria
- 3 Web-based searchable dimensions
 - Descriptive
 - Strength of Evidence
 - Readiness for Dissemination
- Programs currently under review by Center
 - PEARLS
 - IMPACT
 - Gatekeeper
- 25+ programs being researched for review consideration



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