



Increase in Senior Citizens with Opioid Addiction

Over the past few years, there has been an increase in the number of opioid overdose deaths of adults over the age of 55, and the number of adults with substance use disorder over the age of 65 has grown substantially.

One of the reasons that older individuals are experiencing opioid addiction in greater numbers is due to an increase in chronic illnesses. Diseases like arthritis and cancer are often treated with opioid drugs, and the prevalence of these conditions increases with age.

Another reason for the upsurge in elder addiction and overdose is the greater injury risk due to falls and fractures that subjects this population group to medically prescribed opioids. Older adults typically use healthcare more often than younger adults and are therefore more likely to receive an opioid-based prescription.

Adding to the problem is the fact that aging decreases the body's ability to metabolize opiates, and declining cognitive function can contribute to taking more of a drug than prescribed resulting in overdose.

Senior citizens who experience isolation and depression as they age are more susceptible to substance use disorder. The present generation is already using drugs at higher rates than all previous generations and taking a pill to deal with the difficulties of life is commonplace.

All of these factors along with the overall aging of the American population has resulted in a recent increase

of more than 200% in emergency room visits for opioid misuse by those age 65 or older.

In the decade leading up to 2019, almost 80,000 Americans aged 55 years or older died because of an opioid overdose. The beginning of this increase in overdose deaths of older adults coincided with the increased availability of fentanyl, a powerful synthetic opioid.

Opioid Abuse and Suicides Among the Elderly

While there is a higher risk of suicide within any group of people who abuse opioids, the prevalence in senior citizens is especially concerning. People who misuse their opioid painkiller prescriptions are 71% more likely to have suicidal thoughts and 95% more likely to have a plan to take their own life. They are also more than twice as likely to have attempted suicide.

Older adults already have some of the highest rates of suicide, and opioid use is a serious mitigating factor that substantially increases the risk.

Dealing with the Problem

What can be done to decrease the number of senior citizen overdose deaths, suicides, and rates of opioid addiction in America?

Medical professionals must overcome the belief that older individuals do not develop substance use disorders, and older adults should be routinely screened by their physician for depression and unhealthy alcohol and drug use. Doctors must realize that natural declines in mental functioning in the process of aging could be masking substance use or

opioid use disorders, and that because of stigma senior citizens are more likely to try and hide their addiction problem.

Additional training is needed for physicians, nurses, and other healthcare workers on how to identify signs of substance use disorder in older adults and how to help them overcome the stigma and embarrassment they experience and enter treatment.

The good news is, once in treatment, older people are more successful in recovery compared to middle-aged and younger adults. The key is in identifying those in need and getting them the help they deserve.

The following suicide prevention information, while provided by the Georgia Department of Behavioral Health and Developmental Disabilities, will also be helpful to those in states other than Georgia. Online resources listed are available to users nationwide.

Many American adults were raised in a culture where alcohol use was glorified, and mental health and depression were stigmatized. Where taking a mental health day was unheard of and where a hard day's work deserved a cold beer or a filled-to-the-brim glass of wine. A cultural milieu where your first hangover was a rite of passage into an adulthood that self-prescribed a stiff drink to calm the nerves, ease social anxiety, and relax inhibitions. Where the idea of having a few drinks was baked into the very concept of celebration and relaxation by movies, music, and advertising of every form that often depict people laughing and having a good time while holding a beer, cocktail, or a glass of wine.

But living alongside this culture of socially acceptable alcohol consumption is a reality in which 15 million Americans suffer from alcohol abuse, a major risk factor for

developing major depressive disorder (which affects 17.3 million Americans) and suicide, which is currently the twelfth leading cause of death in the US. Despite these staggering statistics, few people discuss their struggles with which perpetuates the illusion cast by alcohol companies that drinking is a fun social activity enjoyed by most adults without issue. And for some adults, that is absolutely the case. However, a recent study by *Jama Psychiatry* revealed that one in eight American adults struggle with alcohol abuse.¹ Another study by the National Center for Health Statistics estimated that roughly one in twelve Americans have suffered from moderate to severe symptoms of depression. Additionally, a recent evaluation of the National Violent Death Reporting System found that 22 percent of people who died by suicide were drunk when they died—24 percent of men, and 17 percent of women.²

¹Edwards AC, Ohlsson H, Sundquist J, Sundquist K, Kendler KS. Alcohol use disorder and risk of suicide in a Swedish population-based cohort. *AJP.* 2020;177(7):627-634. doi:10.1176/appi.ajp.2019.19070673

²Kaplan MS, McFarland BH, Huguet N, et al. Acute alcohol intoxication and suicide: a gender-stratified analysis of the National Violent Death Reporting System Injury Prevention 2013;19:38-43.

If you experience any thoughts about suicide, call the Suicide Prevention Lifeline at **1-800-273-8255**.

To learn more about suicide prevention, visit the DBHDD website at: <https://dbhdd.georgia.gov/suicide-prevention>.

Or contact the Suicide Prevention Director, Rachael Holloman, at: rachael.holloman@dbhdd.ga.gov.

National Suicide Prevention Lifeline:
1-800-273-TALK (8255).



With a "can do" approach and a bit of guidance, any community and any business can have success in preventing substance misuse.
www.LiveDrugFree.org

Supervising Older Workers

Along with an increase in substance use disorders among those over the age of 55, older employees sometimes face obstacles that can make supervising them more difficult.

Dealing with disabilities, health conditions and concerns, managing caregiving responsibilities for a spouse or aging parents, meeting training requirements, and preparing for retirement are just some of the challenges and stressors faced by older workers. Too often, seniors may attempt to manage their physical pain and mental stress by misusing their prescription drugs, or self-medicating with alcohol or street drugs.

While these issues create problems for supervisors charged with managing an aging workforce, there are also many advantages to hiring and keeping senior employees. They are more skilled and experienced, they stay in jobs longer, they take less time off, they are absent less and take fewer sick days, they make good trainers, and they usually have a strong work ethic.

While some deterioration in memory and processing speed

is common and a natural part of the aging process, comprehension, reading, and vocabulary are some of our abilities that remain stable over time.

It is important for supervisors to be aware, however, of the potential for addiction and its accompanying problems among elderly workers.

Addiction Problems

There are typically two groups of senior citizens that abuse substances: those who have been using drugs and alcohol for many years and have reached an advanced age, and the late onset group that developed addictions later in life. But regardless of how or when an addiction started, the problems that substance abuse can cause for older workers are the same.

Memory problems, irritability, anger, depression, unexplained chronic pain, isolation, poor hygiene, and a lack of interest in work are just some of the symptoms of addiction in senior citizens.

Substance abuse at a later age is also more dangerous because people over the age of 65 have difficulty metabolizing drugs and alcohol along with a brain sensitivity to them.

Senior citizens suffering from addiction need specialized care from treatment centers that have experience in working with people of advanced age. Group-based and faith-based approaches, along with community linked services and outreach, can provide seniors with social resources needed for a healthy lifestyle after treatment.

It is also extremely important to get an older worker into treatment as soon as possible. Substance use disorders get worse over time and the sooner treatment starts, the better the chance for recovery. It would be a mistake to wait for an older person to "hit rock bottom" and ask for help before getting them into treatment. Waiting for the disease of addiction to get worse before taking action is never a good strategy. The earlier an individual gets treatment for substance use disorders, the better the outcomes.

Supervisors should keep in mind also that therapy works just as well for patients who are compelled to start treatment (by their employer) as it does for those who choose to enter treatment voluntarily on their own.

A Growing Workforce Segment

According to the U.S. Bureau of Labor Statistics, people over the age of 65 make up the fastest growing segment

of the American workforce and the number of workers over 65 is expected to grow by 29% by 2060.

For supervisors at many companies, managing older workers will continue to be a big part of their responsibilities. Understanding the special needs of employees of advanced age and the challenges they face (including substance use disorders), without crossing over into age discrimination will become even more important in the future.

According to an AARP survey, almost 80% of older employees said they have seen or experienced age discrimination in the workplace. This unfair and discriminatory business practice is known as ageism.

Ageism leads to approximately 6.3 million cases of depression globally, and depression is a risk factor for substance abuse and suicide.

Supervisors must be careful to not engage in or perpetrate ageism at their company. Older people exposed to negative age stereotypes at work perform poorly on physical and cognitive tasks. But when an employer or supervisor provides positive feedback to an older worker on a regular basis, it helps that individual to enjoy better functional health and greater longevity.