

# Alcohol and Drug Abuse, Health Literacy, and Aging

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# Purpose:

- Demonstrate the role of Health Literacy in improving the delivery of information to aging patients about alcohol and substance abuse in diagnosis, prevention, treatment and recovery.

# Goals

- understand basic health literacy concepts and the importance of using increased awareness, understanding and sensitivity to health literacy concepts to improve patient communication;
- apply health literacy principles to locating or creating materials and resources to assist in addressing patient alcohol and drug abuse issues;
- use health literacy principles to network and communicate with professionals from multiple fields and enable patients to participate more effectively as partners with providers to improve outcomes;

# Goals (continued)

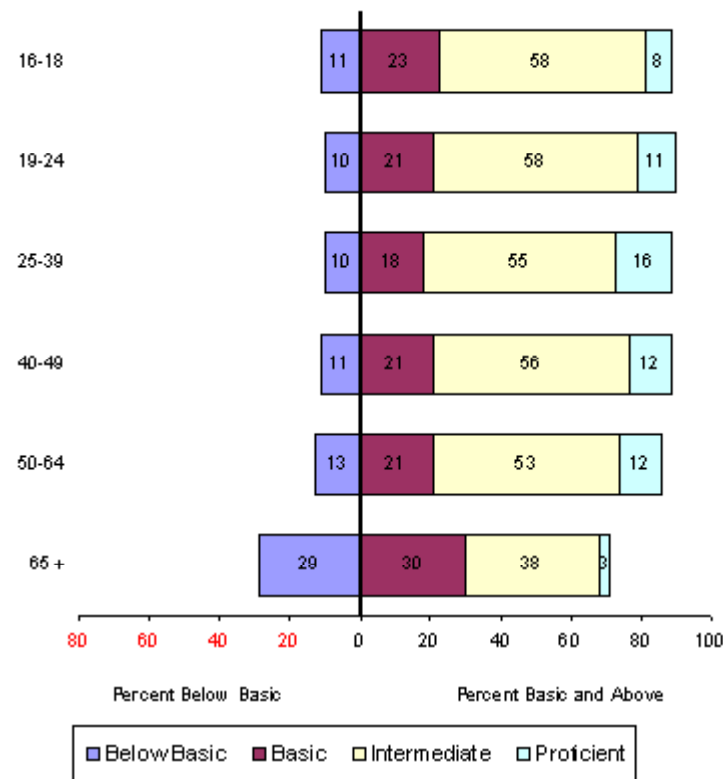
- describe ways to effectively implement alcohol/drug abuse information into the practice/role of the healthcare practitioner;
- discuss how the application of health literacy principles to alcohol/drug abuse will improve patient compliance and patient self-efficacy in geriatric care.

# What is Health Literacy?

- “Health literacy is based on the interaction of the individuals’ skills with health contexts, the health care system, the education system, and broad social and cultural factors at home, at work, and in the community.” (Nielsen-Gohlman et al., 2004)
- “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decision.” (Ratzen & Park, 2000)

# Why Health Literacy ?

- **Percentage of Adult in each Health Literacy Level, by age: 2003**



*(Source: The Health Literacy of America's Adults: Results From the 2003 National Assessment of Adult Literacy (NCES 2006-483). U.S. Department of Education. Washington, DC: National Center for Education Statistics.)*

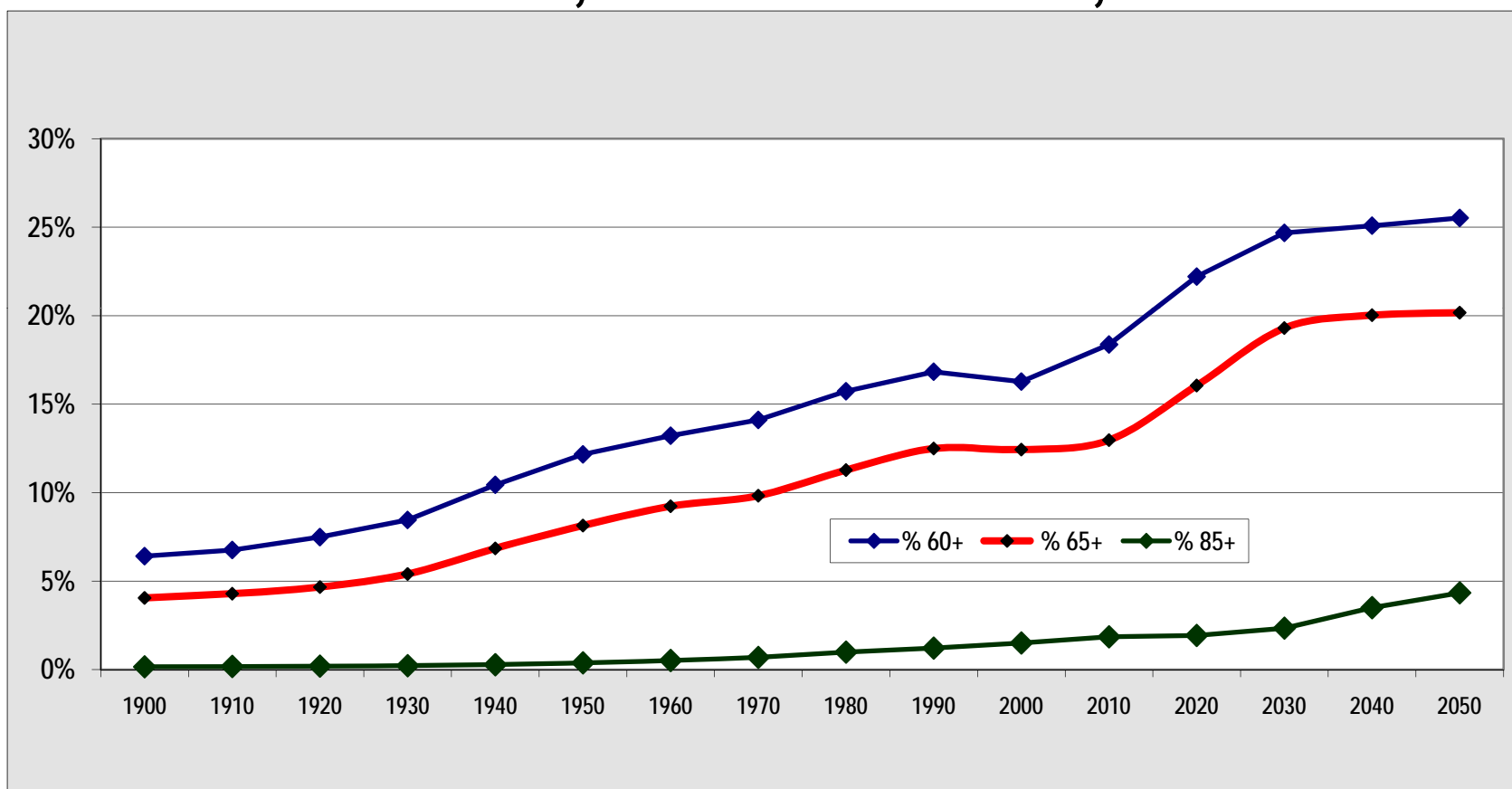
# Health Literacy for ATOD Issues Improves Patient Outcomes

- Communication is key to patients understanding and participating in decision making about their care and compliance with substance abuse treatment plans
- Patients' rights to confidentiality and informed consent are better protected when they understand ATOD issues are not moral issues
- Patients can voluntarily seek support from a variety of appropriate sources when they understand alcohol and drug abuse as a chronic illness

# Older Population as a Percentage of the Total Population: 1900 to 2050

Census Year	Age 60-64	Age 65-74	Age 75-84	Age 85 and older	Age 60 and older	Age 65 and older
<b>2000</b>	3.8%	6.5%	4.4%	1.5%	16.3%	12.4%
<b>2010</b>	5.4%	6.9%	4.2%	1.9%	18.4%	13.0%
<b>2020</b>	6.2%	9.5%	4.7%	1.9%	22.2%	16.1%
<b>2030</b>	5.4%	10.4%	6.6%	2.3%	24.7%	19.3%
<b>2040</b>	5.1%	9.1%	7.4%	3.5%	25.1%	20.0%
<b>2050</b>	5.4%	9.1%	6.7%	4.3%	25.5%	20.2%

# Older Population by Age: 1900-2050 - Percent 60+, Percent 65+, and 85+



**Sources:** Projections for 2010 through 2050 are from: Table 12. Projections of the Population by Age and Sex for the United States: 2010 to 2050 (NP2008-T12), Population Division, U.S. Census Bureau; Release Date: August 14, 2008. The source of the data for 1900 to 2000 is Table 5. Population by Age and Sex for the United States: 1900 to 2000, Part A. Number, Hobbs, Frank and Nicole Stoops, U.S. Census Bureau, Census 2000 Special Reports, Series CENSR-4, Demographic Trends in the 20th Century, 2002. This table was compiled by the U.S. Administration on Aging using the Census data noted.

# Current Knowledge: Substance Abuse and Older Americans

- A substantial and growing percentage of older adults misuse alcohol, prescription drugs, or other substances. The number of older adults in need of substance abuse treatment is estimated to more than double from 1.7 million in 2000 and 2001 to 4.4 million in 2020.

# Current Knowledge: Substance Abuse and Older Americans (cont.)

- The majority of older adults with substance abuse or mental health problems do not receive the treatment they need.
- Current substance abuse and mental health prevention services for older adults are extremely limited.
- Prevention and early intervention programs maximize health outcomes and minimize health care costs among older adults.

# 2002/2003 SAMHSA National Survey on Drug Use and Health Estimates

- 45.1 % of adults aged 50 or older (36.0 million persons) drank alcohol in the past month;<sup>1</sup>
- 34.4 % of adults aged 65 or older drank alcohol in the past month;<sup>2</sup>
- approximately 12.2 % of adults 50 or older reported binge alcohol use, 3.2 % reported heavy alcohol use,<sup>1</sup> 7.2 % of adults 65 or older reported binge alcohol use, and 1.8 % reported heavy alcohol use.<sup>2</sup>

## 2002/2003 SAMHSA National Survey on Drug Use and Health Estimates (cont.)

- An estimated 1.8 % of adults aged 50 or older (1.4 million persons) used an illicit drug in the past month.
- Marijuana was the most commonly used illicit drug (1.1%), followed by prescription-type drugs used non-medically (0.7%) and cocaine (0.2%).
- The number of older adults in need of substance abuse treatment is estimated to more than double from 1.7 million in 2000 and 2001 to 4.4 million in 2020.<sup>3</sup>

Source: Substance Abuse and Mental Health Among Older Americans: The State of the Knowledge and Future Directions, 2005

# Risks of ATOD Use Specific to Older Adults

- Presence of health problems that are made worse by alcohol use
- Increased usage of over the counter and prescription medications
- Aging may increase sensitivity to alcohol
- Alcohol or drugs may impair judgment and delay urgent medical care
- Alcohol or drug use may contribute to misdiagnosis of medical issues

# Risks of ATOD Use Specific to Older Adults (cont.)

- Memory or cognitive decline may impair judgment
- Older adults experience more loss, illness and pain and may use alcohol or drugs to self-medicate
- Multiple illnesses may result in a variety of healthcare providers who do not always communicate or interact
- Healthcare providers may not recognize an alcohol or substance abuse issue

# Treatment Improvement Protocol (TIP) Consensus Panel Treatment Recommendations:

- Age-specific group treatment that is supportive and non-confrontational 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

# TIP Consensus Panel Recommendations (cont.)

- 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.

# Recommendations For Prevention and Early Intervention

- Screening and interventions focused on lifestyle factors;
- Community-based outreach to isolated older adults;
- Early intervention of cognitive and mental health problems;
- Healthy lifestyle choices such as physical activity, caloric intake, and adequate sleep;
- Prevention programs that address risk factors and strengthen protective factors

# Health Literacy Concepts Applied to Alcohol and Substance Abuse

- Know the characteristics of aging populations;
- Use Health Literacy screening tools;
- Be alert and sensitive to patient feelings of embarrassment, shame, or decreased worth (stigma) for both health literacy issues and substance abuse issues;
- Watch for behaviors that suggest inadequate health literacy.

## Health Literacy Concepts Applied to Alcohol and Substance Abuse (cont.)

- Evaluate understanding before, during and after introduction of materials, explanations and directions for self-care
- Define terms: “What is a drink?”, and “What is alcohol use, misuse, abuse, dependence, addiction...etc.:
- Avoid jargon: “tolerance” ... “withdrawal”
- Use simple language
- Use open-ended questions: “Tell me about...”

# Health Literacy Concepts Applied to Alcohol and Substance Abuse (cont.)

- Use tools specifically designed for screening older adults, such as the “MAST-G”
- Be friendly, non-threatening and non-judgmental
- Be prepared for reluctance to reveal information about highly charged topics such as alcohol and drug use
- Make sure the patient is alcohol and drug free at the time of screening.
- Use a team approach across disciplines whenever possible
- Become familiar with current resources and how to obtain them

# Choosing and Developing Materials about Substance Abuse for Older Populations

- Evaluate materials before you use them for appropriateness of:
  - Information (what level of information is needed?)
  - Cultural specificity
  - Use tools to test reading level
  - Use focus groups or opinion groups to ensure readable font, high contrast, wording and general appeal of materials and make changes before investing in print or web resources.

All materials that can be ordered, checked out from the State Substance Abuse Library Collection, Resource Lists, and Internet Resource Links from this presentation Additional (including full text online documents that can be downloaded) will be available at:

- <http://nevadaprc.org/literacy.php>
- For additional assistance or services please contact NPRC staff, Stephanie Asteriadis or Marie Tully, by phone, fax or e-mail.