

# WTIU/WFIU Conference on Aging: Substance Use Disorders 101

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# Centerstone's Mission:

*Delivering care that changes people's lives.*



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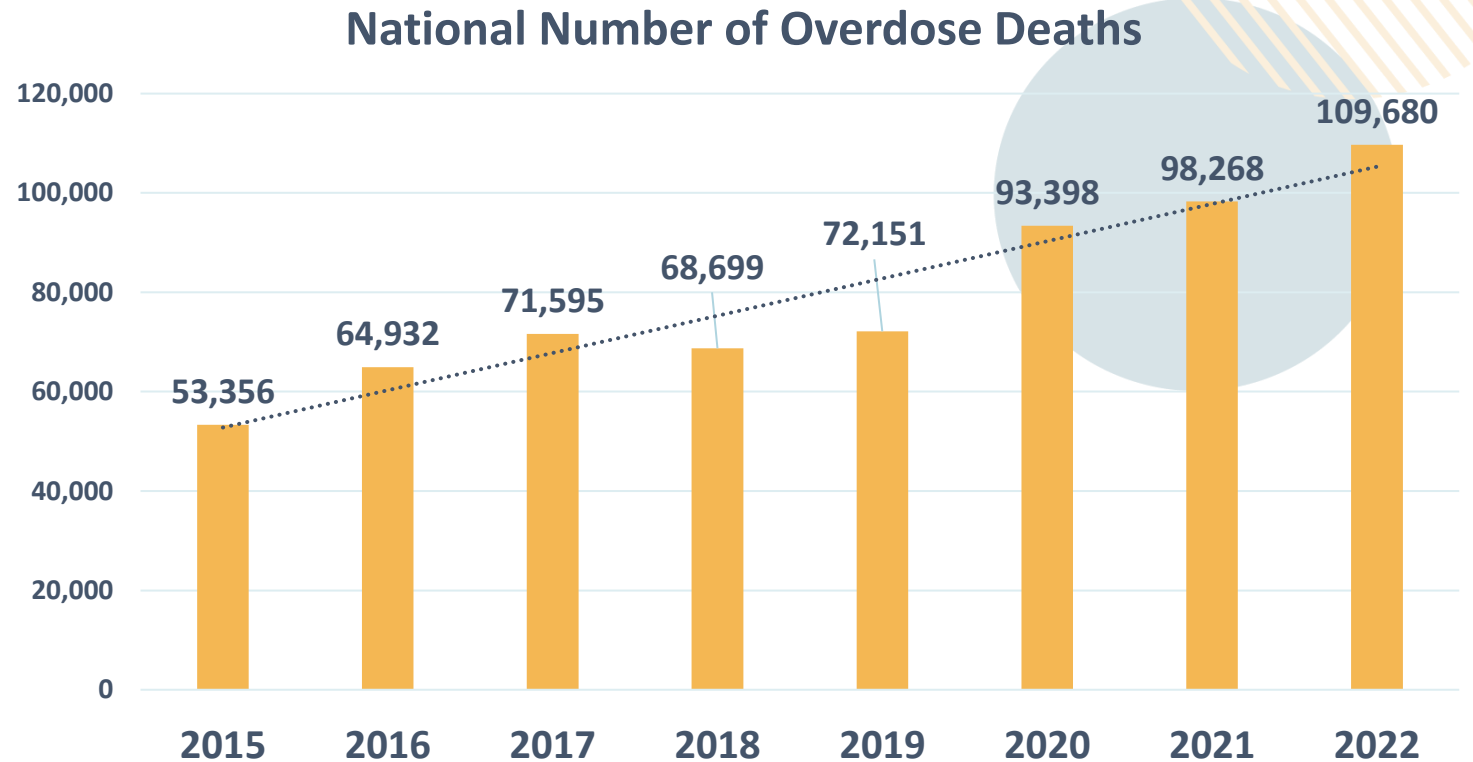
# Overdose fatality data



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# Overdose Deaths: National

- United States
  - 2015: 53,356 deaths
  - 2022: 109,680 deaths

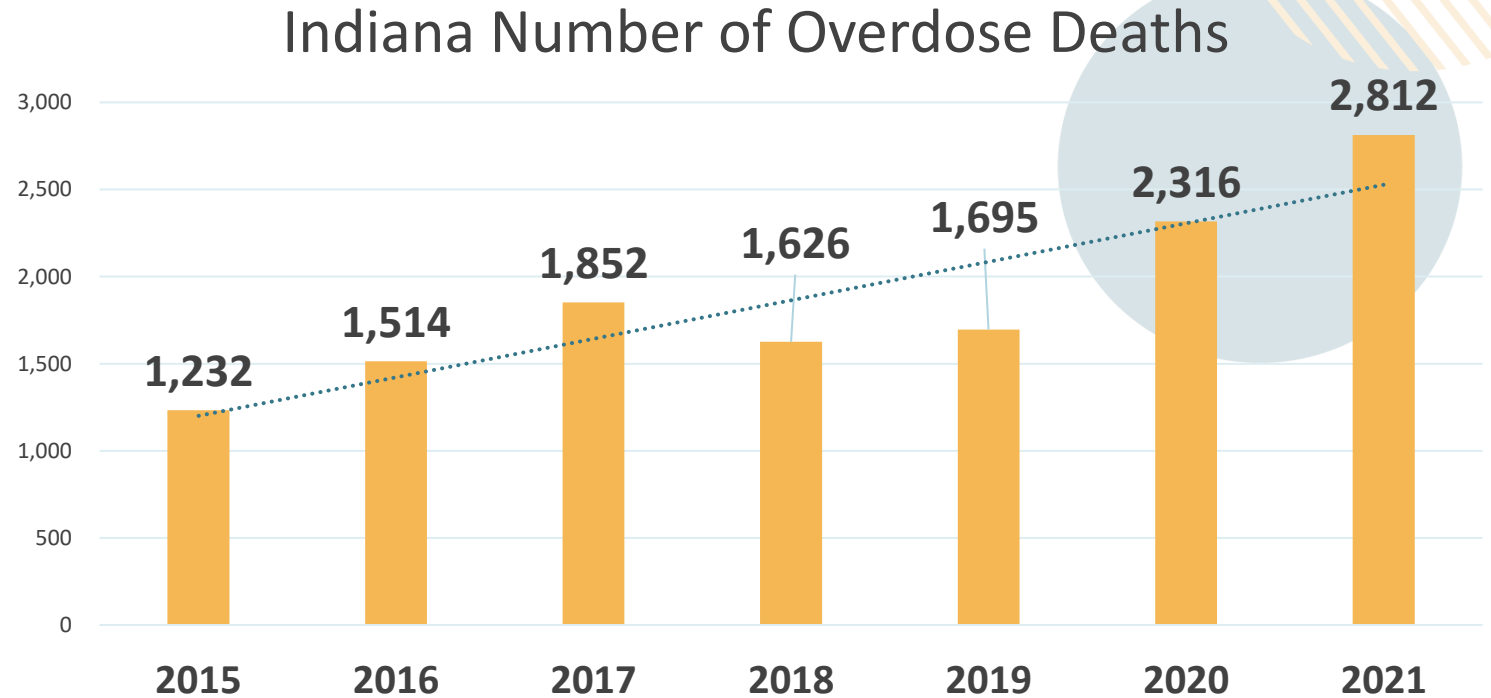


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# Overdose Deaths: Indiana

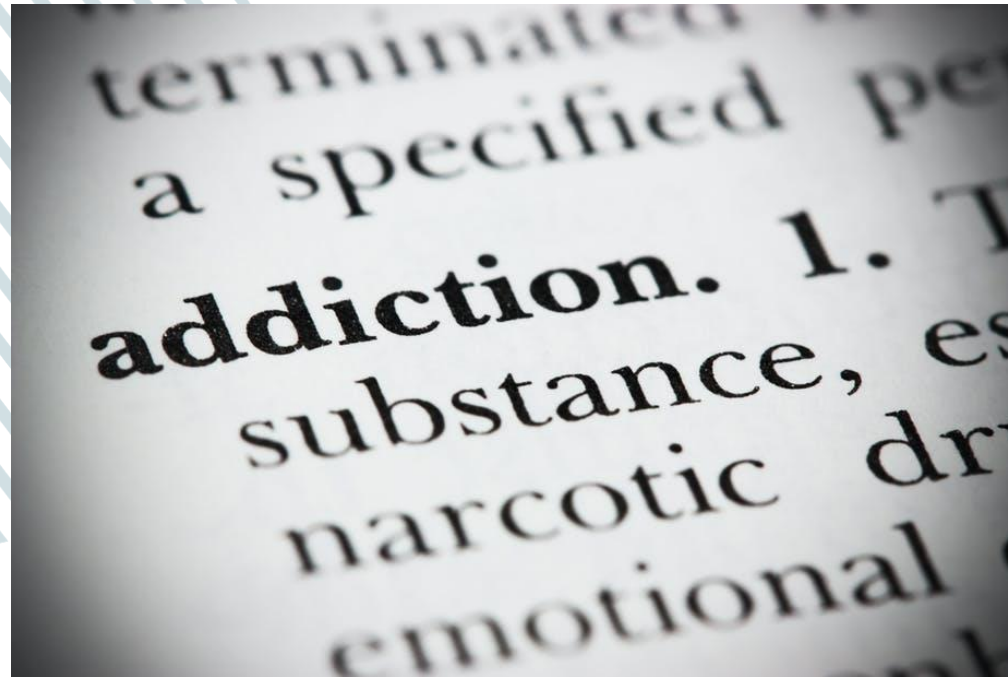
- Indiana

- 2015: 1,232 deaths
- 2021: 2,812 deaths



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# Intro to addiction



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# What is addiction?

- Addiction **IS** a brain disease!
- Using drugs initially is a choice.
  - Becoming addicted to them is not a choice.
- Drug addiction is defined as: a chronic, often relapsing brain disease that causes compulsive drug seeking and use, despite harmful consequences to the drug addict and those around them.—National Institute on Drug Abuse



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# Substance use in older adults

- Nearly 1 million adults aged 65 and older live with a SUD
- Little is known about the effects of drugs and alcohol on the aging brain.
- However, older adults typically metabolize substances more slowly, and their brains can be more sensitive to drugs.



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# SUD in older adults continued

- Older adults may be more likely to experience mood disorders, lung and heart problems, or memory issues. Drugs can worsen these conditions, exacerbating the negative consequences of SU.
- The effect of some drugs can result in accidents-falls, motor vehicle crashes.
- It's estimated that 40-70 percent have chronic sleep problems and up to 50 percent of cases are undiagnosed. (NIH)



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# Opioids

- Between 4-9% of adults age 65 and older use prescription opioid medication for pain relief.
- The U.S. Population of adults 55 and older seeking treatment for opioid use disorder increased almost 54% from 2013-2015.
- Older adults using heroin has more than doubled between 2013-2015.



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# Marijuana/Cannabis



\*\*In the state of Indiana, neither medical or recreational use of cannabis is allowed.

- The percentage of adults 50-64 years old who use marijuana in the last year is increasing.
- Regular marijuana use has been linked to chronic respiratory conditions, depression, impaired memory, adverse cardiovascular functions, and altered judgement and motor skills.
- Little is known about interactions of cannabis with specific medications.
- The increasing potency of cannabis in recent decades may make cannabis use riskier.



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# Alcohol

- Alcohol is most used drug among older adults. About 65% of people 65+ years old report high-risk drinking.
- One study documented a 107% increase in AUD among adults 65+.
- AUD can put older people at greater risk for a range of health problems.



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# Benzodiazepine (Benzos)

- Benzodiazepines are depressants that produce sedation and hypnosis. (Valium, Xanax, Ativan, Klonopin)
- Benzos are frequently prescribed to older adults to treat anxiety and insomnia despite having a high dependence potential.
- Benzos are linked to a number of risks in older adults- falls, problems with thinking, motor vehicle accidents, and overdose death.
- Anti-depressants are much safer medication to take for anxiety.
- Benzos are dangerous when mixed with opioids, alcohol, and any other medication that causes respiratory depression.



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# Withdrawal risks

- Opioid withdrawal includes: agitation, rapid heartbeat, high blood pressure, and flu-like symptoms (muscle aches, vomiting, chills, runny nose, diarrhea, joint pain)
- Marijuana withdrawal includes: anger, irritability, aggression, nervousness, anxiety, restlessness, decreased appetite, depression, insomnia



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# Withdrawal risks continued

- Benzodiazepine withdrawal can include: anxiety, insomnia, irritability, muscle stiffness, tremors, tachycardia, digestive issues, vision changes, sweating, confusion, nausea, and in severe cases, life-threatening seizures.
- Alcohol withdrawal can include: anxiety, shaky hands, headache, nausea/vomiting, insomnia, sweating, irritability, confusion, tachycardia, high blood pressure, developing delirium tremens (DTs), and in extreme cases, life-threatening seizures.



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**You are allowed to Question  
your Doctor!!!**



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# Things to help with prescription medications

- Keep an up-to-date medication list.
- Sign ROIs for all your doctors, especially when they are not in the same system where they can see prescriptions, orders, lab results, etc.
- Use pill boxes to ensure you are not taking the same medication twice—this also helps to manage calling in refills.

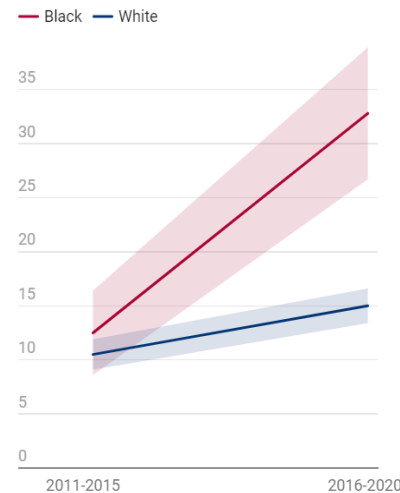


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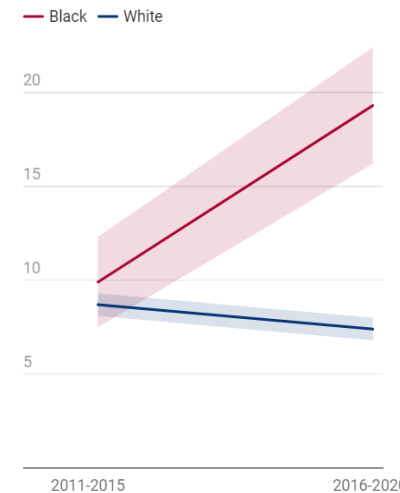
# Indiana statistics

- In Central Indiana, opioid overdose has resulted in increasing death rates in ages 55 and older across all races from 2010 to 2020. Between 2010 and 2015, the average opioid overdose death rate was 2.7 per 100,000 older adults.
- Between 2016 and 2020, the rate climbed to an average of 10.5 per 100,000 older adults.

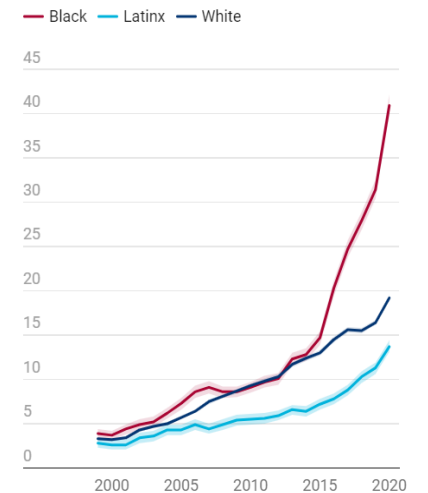
Drug overdose deaths in Central Indiana per 100,000 adults age 55+



Opioid overdose deaths in Indiana per 100,000 adults age 55+



Drug overdose deaths nationally per 100,000 adults age 55+



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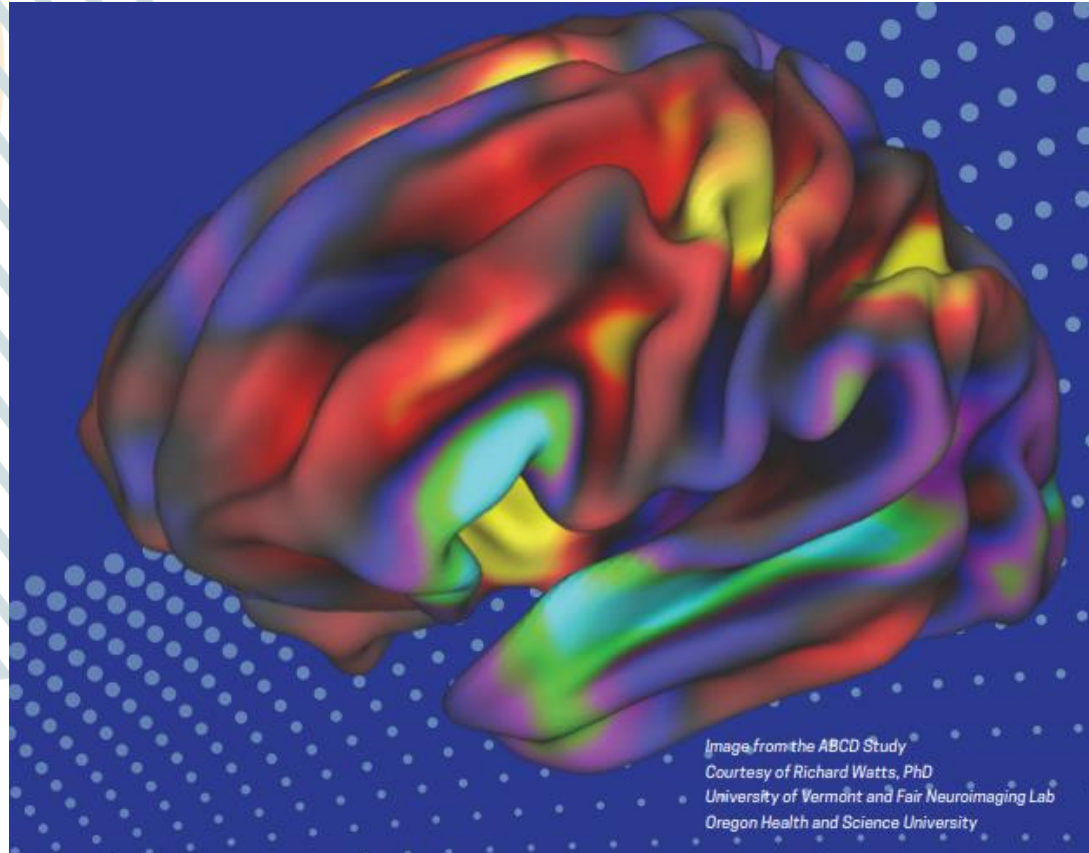
# Naloxone/Narcan

- Naloxone is a medication approved by the FDA designed to rapidly reverse opioid overdose.
- Find Naloxone near you:  
<https://www.overdoselifeline.org/naloxone-indiana-distribution/>



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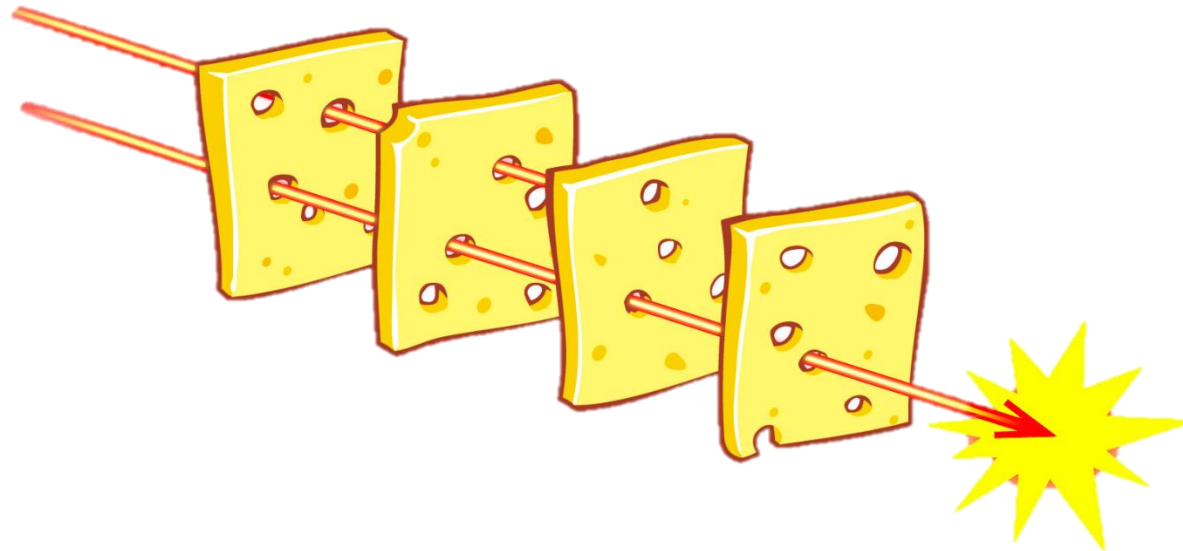
# Addiction And The Brain



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# How Does Addiction Happen?

<https://www.youtube.com/watch?v=SufLpGPau11&feature=youtu.be>



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# Why Do People Use Drugs Or Alcohol?

Drugs and alcohol activate the “pleasure center” of the brain which rewards us – makes us feel good – for doing drugs.

Being intoxicated offers a TEMPORARY escape from problems or reality:

*Anxiety*

*Boredom*

*Conflict with Others*

*Depression*

*Enhance Abilities*

*Fatigue*

*Loneliness*

*Pain*

*Peer Pressure*

*Poor Self-Esteem*

*Recreation*

*Seeking Normalcy*

*Stress*

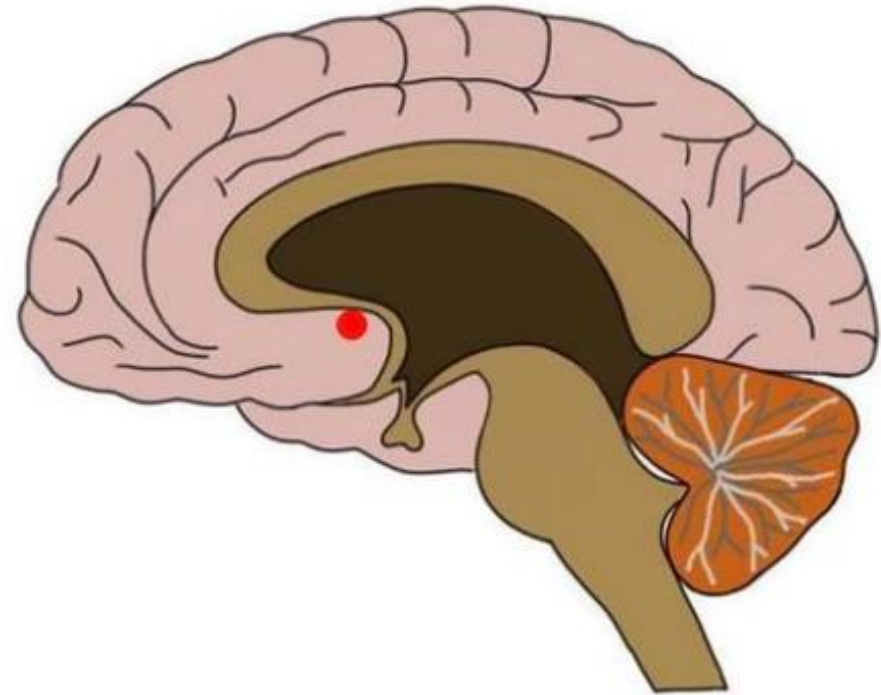


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# Brain's Survival Hierarchy

1. Food
2. Water
3. Sleep
4. Social Interactions

Drugs and alcohol trick the brain into thinking they are important for survival—moving them into #1 place—nucleus accumbens

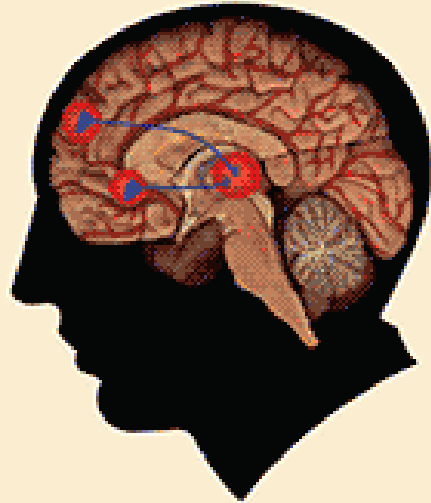


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# Dopamine Release: Food vs. Cocaine

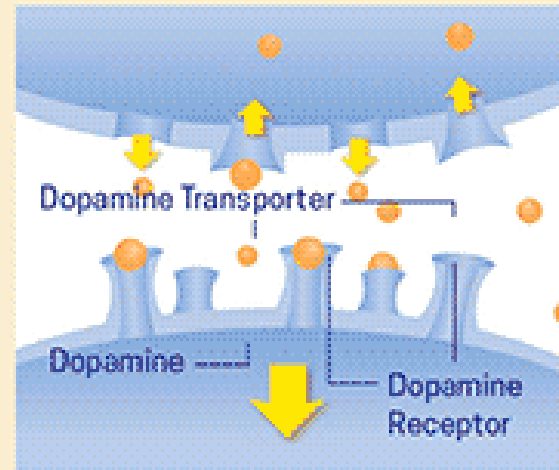
## Some drugs target the brain's pleasure center

Brain reward (dopamine pathways)



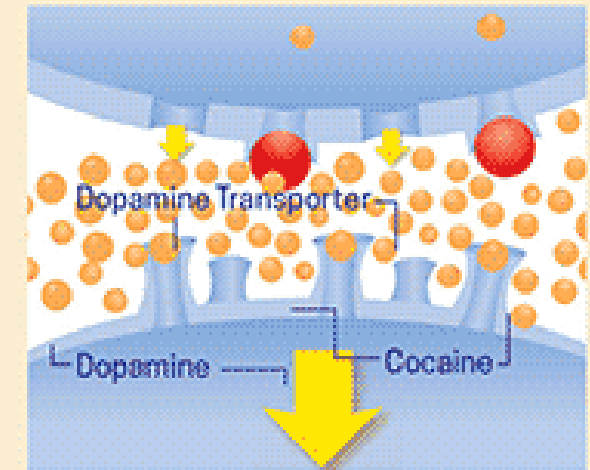
*These brain circuits are important for natural rewards such as food, music, and sex.*

How drugs can increase dopamine



While eating food

*Typically, dopamine increases in response to natural rewards such as food. When cocaine is taken, dopamine increases are exaggerated, and communication is denied.*



While using cocaine

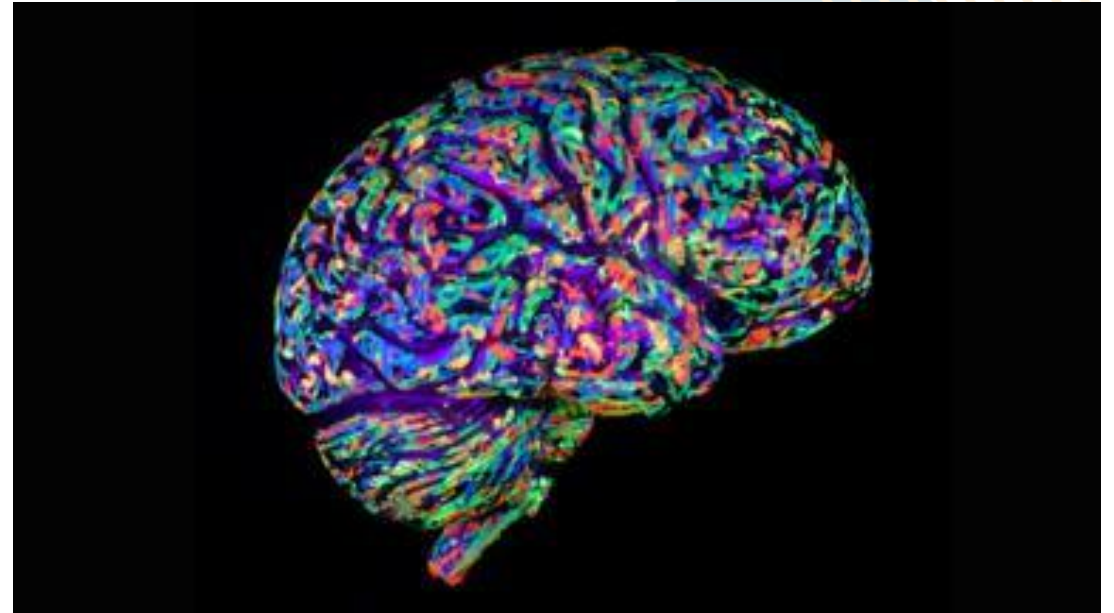


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# Addiction And The Brain

- Mouse Party
  - Learn about how alcohol, marijuana, heroin, methamphetamine, cocaine, ecstasy, and LSD effect the brain on a molecular level
  - <http://learn.genetics.utah.edu/content/addiction/mouse/>



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# Where Do I Start If I Need Help?



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# Screening for substance use disorders/misuse

- SAMHSA recommends that addiction treatment, other behavioral health service, and healthcare providers screen for alcohol, tobacco, prescription drug, and illicit drug use in all older clients at least annually.
- Screening is the process of evaluating whether symptoms of substance misuse are present. Also helps determine if an assessment is done.
- Screening is important because older adults are less likely to ask for help directly than younger clients.
- There are various screening tools that professionals use, often drug specific.



# Screening for co-occurring disorders

- In 2019, approximately 1.7 million U.S. adults 50+ had an SUD and a mental health disorder.
- Some of these disorders, like major depressive disorder (MDD), anxiety, and PTSD, have symptoms similar to those seen in substance misuse and in cognitive impairment. It may be hard to tell them apart.
- Approx. 36.8% of adults 50+ with SUDs also have mental disorders, and 10.7% of 50+ with mental disorders also have SUDs.
- Older people with serious mental illness (SMI) like bipolar disorder or schizophrenia are especially likely to misuse substances compared to older adults without a SMI.



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# Full assessments

- If screening suggests moderate-to-severe substance misuse, then a full assessment will be conducted or referred out to be conducted.
- Gather biopsychosocial information.
- This assessment can then guide the treatment planning, referrals, and treatments.



Assessment

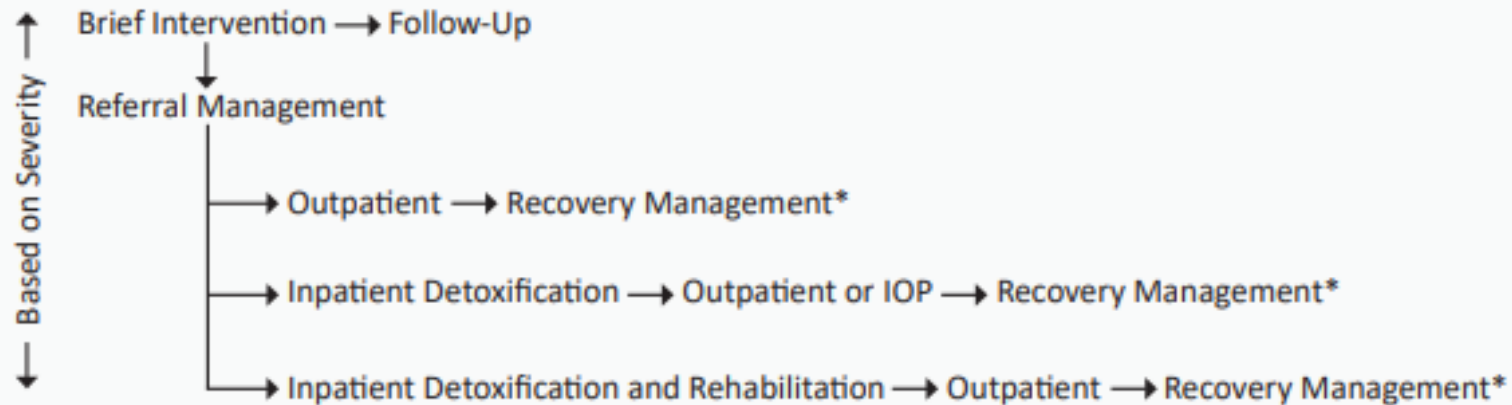
The word 'Assessment' is written in a large, orange, serif font. A magnifying glass with a black handle and a silver rim is positioned over the word, focusing on the letters 's' and 'm'. Above the word, there are two overlapping semi-circles: a light blue one in front and a larger one with orange diagonal stripes behind it.



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# Continuum of care for older adults

## EXHIBIT 4.5. Continuum of Care Pathways for Older Adults



Note: Pharmacological interventions may be started at any time across the continuum of care to meet clients' needs.

\*For more about recovery management, see the "Recovery Management" section of this chapter.



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# Connecting to support



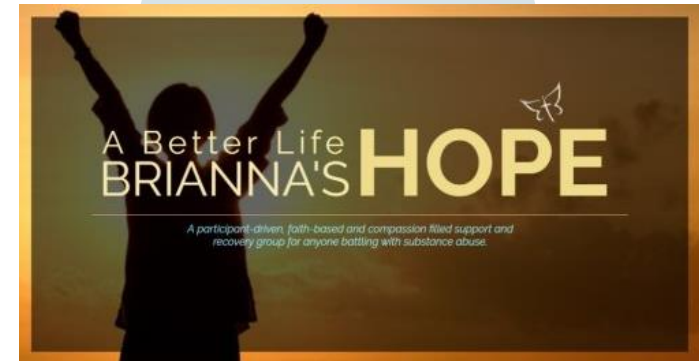
Opposite of Addiction is  
Connection



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# Community support

- AA, NA, Celebrate Recovery, SMART Recovery, Recovery Out Loud, Brianna's Hope, Church/Temple Attendance
  - New, sober relationships within a supportive community
  - People who have been there and can relate
  - Structure and routine
  - Recharge your commitment toward recovery







# Addiction: a family disease



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# Effects on friends and family overall

- Increase in conflict
- Trust begins to erode
- Decrease in healthy communication
- Financial instability
- Legal issues
- DCS involvement
- Lack of boundaries
- Isolation
- Self-blame that can effect self-worth and self-love
- Sense of loss and disappointment (Grief)
- Mental Health-Depression and anxiety
- Caretaker Role emerges: focus all on the person with SUD
- Lack of self-care

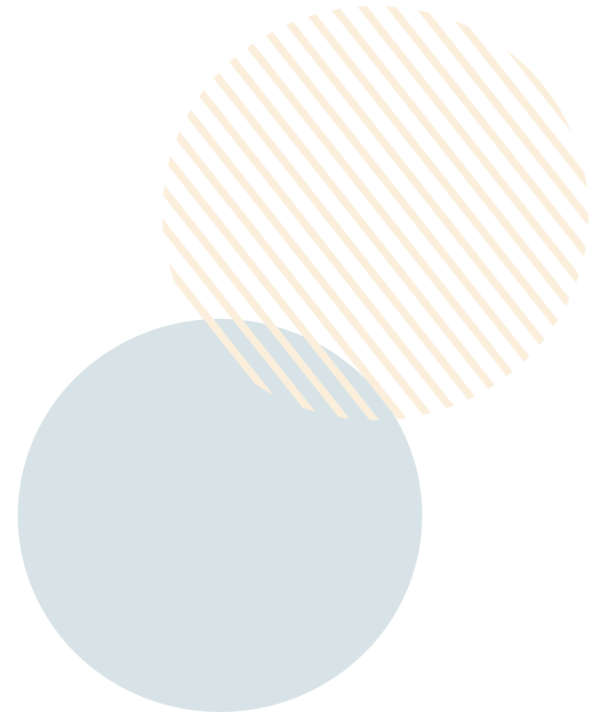


# Effects continued

- Abuse-sexual, verbal, emotional, physical
- Childhood abuse and neglect
- Children exposed to damaging influences
- Risk of HIV and Hep C or B
- Sexually Transmitted Infections
- Infidelity



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# Support groups for family members

- Al-Anon
- Alateen
- SMART Recovery-Friends and Family
- Adult Children of Alcoholics and Dysfunctional Families
- Celebrate Recovery
- Codependency Anonymous



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# Centerstone at a glance

- Centerstone is a private, not-for-profit healthcare organization with services available nationally
- Specialized programs for the military community, therapeutic foster care, children's services and employee assistance programs (eap)
- 60+ years in operation
- CARF and Joint Commission Accredited
- Centerstone's Research Institute provides guidance through research and technology, leveraging the best practices for use in all our communities
- Centerstone's Foundation secures philanthropic resources to support the work and mission of delivering care that changes people's lives



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# Centerstone at a glance

## Care In FY 2022

### People Served:

**107,406** total  
32,000+ children  
75,000+ adults

### Staff:

**3,080** clinical and administrative staff  
plus a nationwide network of contracted  
behavioral health providers.

### Services Provided:

**2,189,937** total

### Total Revenue:

**\$305,725,431**

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## Centerstone in the Community

**170+** Locations

**1** Inpatient Behavioral Hospital

**750+** Schools



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Any  
Questions



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