



# Substance Abuse, Loneliness and Suicide in the Elderly Population

BILL FITZPATRICK, SENIOR SERVICES  
COORDINATOR, LINES FOR LIFE

# Introduction and Bio

- ▶ Senior Services Coordinator at Lines for Life
- ▶ Primarily responsible for overseeing the Senior Loneliness Line
- ▶ Main focuses are increasing service utilization, recruiting peer volunteers, developing community partnerships and building awareness of senior loneliness
- ▶ Last position was with Community Partners for Affordable Housing as their Resident Services Coordinator/Senior Case Manager
- ▶ Trained and work as a crisis intervention specialist



# Substance Abuse in Seniors: Unique Features and Dimensions

- ▶ Substance abuse in seniors has been a historically under researched and under recognized public health issue. Why is this?
- ▶ “...insufficient knowledge, limited research data, and hurried office visits, health care providers often overlook substance abuse and misuse among older adults. Diagnosis may be difficult because symptoms of substance abuse in older individuals sometimes mimic symptoms of other medical and behavioral disorders common among this population, such as diabetes, dementia, and depression.” (1)
- ▶ “Other factors responsible for the lack of attention to substance abuse include the current older cohort's disapproval of and shame about use and misuse of substances, along with a reluctance to seek professional help for what many in this age group consider a private matter.” (1)

# Substance Abuse in Seniors: Unique Features and Dimensions cont.

- ▶ “*Ageism* also contributes to the problem and to the silence...There is an unspoken but pervasive assumption that it's not worth treating older adults for substance use disorders. Behavior considered a problem in younger adults does not inspire the same urgency for care among older adults. Along with the impression that alcohol or substance abuse problems cannot be successfully treated in older adults, there is the assumption that treatment for this population is a waste of health care resources.” (2)
- ▶ “...many retired elders drink unnoticed at home or in local bars or social settings. They are not nearly as likely to get in trouble with the law or their places of employment as younger people. Many older adults and their family members don't realize that they have a drinking problem or are misusing medications.” Alcohol and prescription medication abuse are the substances of greatest concern for older adults. (3)

# Substance Abuse and Seniors: Facts and Figures

- ▶ There are 2.5 million older adults with an alcohol or drug problem.
- ▶ Six to eleven percent of elderly hospital admissions are a result of alcohol or drug problems — 14 percent of elderly emergency room admissions, and 20 percent of elderly psychiatric hospital admissions.
- ▶ Widowers over the age of 75 have the highest rate of alcoholism in the U.S.
- ▶ Nearly 50 percent of nursing home residents have alcohol related problems.
- ▶ Older adults are hospitalized as often for alcoholic related problems as for heart attacks.
- ▶ Nearly 17 million prescriptions for tranquilizers are prescribed for older adults each year. Benzodiazepines, a type of tranquilizing drug, are the most commonly misused and abused prescription medications. (4)

# What is Senior Loneliness

- ▶ Loneliness Challenges: What Do Older People Say?  
<https://www.youtube.com/watch?v=V5EsxU84ay4>
- ▶ Several metrics being used in academic research and clinical studies:
- ▶ The Campaign to End Loneliness Measurement tool
- ▶ The De-Jong Giervald 6-Item Loneliness Scale
- ▶ The UCLA 3-Item Loneliness Scale
- ▶ Common themes: satisfaction and contentment with personal relationships, people with whom you could ask for help, feelings of loneliness, rejection, isolation and emptiness, yearning for company, desire for more connection and others. For us, identifying yourself as feeling lonely is enough.

# Social Trends and Prevalence of Loneliness in Seniors

- ▶ 11 million, or 28% of people aged 65 and older, lived alone at the time of the census. (U.S. Census Bureau, 2014)
- ▶ “One in six seniors living alone in the United States faces physical, cultural, and/or geographical barriers that isolate them from their peers and communities. This isolation can prevent them from receiving benefits and services that can improve their economic security and their ability to live healthy, independent lives.” (National Council on Aging)
- ▶ Two fifths all older people (about 3.9 million) say the television is their main company (Age, U.K., 2014. Evidence Review: Loneliness in Later Life. London: Age UK).
- ▶ Half a million older people go at least five or six days a week without seeing or speaking to anyone at all (Age UK 2016, No-one should have no one).



# Pathways into Loneliness



# Health Outcomes and Impacts of Loneliness

- Loneliness is as bad for you as smoking 15 cigarettes a day. (Holt-Lunstad, 2010)
- Loneliness is worse for you than obesity. (Holt-Lunstad, 2010)
- Lonely people are more likely to suffer from dementia, heart disease and depression. (Valtorta et al, 2016) (James et al, 2011) (Cacioppo et al, 2006)
- Loneliness is likely to increase your risk of death by 29% (Holt-Lunstad, 2015)
- Some of the risk factors for loneliness are also consequences of loneliness. For instance, loneliness is reciprocally related to physical limitations; not only are people with physical limitations more likely to experience the onset of loneliness or increase in its frequency, but loneliness also predicts an increase in functional limitations over time (Luo, Hawkey, Waite, & Cacioppo, 2012).

# Health Outcomes and Impacts of Loneliness cont.

- ▶ "Social relationships—both quantity and quality—affect mental health, health behavior, physical health, and mortality risk...Studies show that social relationships have short- and long-term effects on health, for better and for worse, and that these effects emerge in childhood and cascade throughout life to foster cumulative advantage or disadvantage in health." (Umberson D, Montez JK, 2010)
- ▶ "Older adults with larger networks show higher levels of health and well-being in many areas, including executive function and episodic memory (Seeman et al., 2011), cognitive decline (Barnes et al., 2004), and allostatic load (Seeman et al., 2002)"

# Seniors and Suicide

- ▶ Older adults, ages 65+, have a high rate of suicide. Adults ages 85+ having the highest suicide rate of all adults. Men ages 85+ have the highest rate of any group in the US. (Suicide Prevention Resource Center)
- ▶ The rate of suicide for the "baby boomer" generation is described within research as "historically high." (Conwell Y, Van Orden K, Caine ED. Suicide in Older Adults. The Psychiatric clinics of North America)
- ▶ Compounding risk factors include: older adults plan more carefully and use more deadly methods, older adults are less likely to be discovered and rescued, and the physical frailty of older adults means they are less likely to recover from an attempt. (Suicide Prevention Resource Center)
- ▶ Suicide rates tend to rise as a function of age for both men and women to a peak in old, old age. (World Health Organization)

# Seniors and Suicide cont.

- ▶ Seniors explain and articulate their feelings of loneliness in different ways.
- ▶ Feelings of being burdensome: taking up space, causing inconvenience and trouble for loved ones, etc.
- ▶ Feelings of purposelessness: life lacks meaning, life events of consequence are behind them, quality of life in decline, etc.
- ▶ Passive suicidality and ideation: wanting to go to bed and not wake up, having their life end through means outside their control, etc.

# Loneliness, Alzheimer's and Dementia

- ▶ "After controlling for factors like socioeconomic status and concurrent medical problems, including depression or cardiovascular disease, the researchers found that those who felt lonely were more likely to develop dementia." (Fischer Center for Alzheimer's Research Foundation)
- ▶ "...People with dementia tend to be lonelier than the population as a whole and a survey by the Alzheimer's Society in 2013 found 38% of people with dementia felt lonely. The nature of dementia makes loneliness worse..." (Unforgettable Foundation)
- ▶ "Feeling lonely rather than being alone is associated with an increased risk of clinical dementia in later life and can be considered a major risk factor that, independently of vascular disease, depression and other confounding factors, deserves clinical attention. Feelings of loneliness may signal a prodromal stage of dementia." (Journal of Neurology, Neurosurgery & Psychiatry 2013)

# Loneliness and Caretakers

- ▶ "Between 40 and 70% of family caregivers experience clinical symptoms of depression, which can often be caused by feelings of isolation and loneliness associated with the caregiving experience." (Family Caregiver Alliance)
- ▶ "Loneliness is one important challenge that caregivers face, with this psychological state being associated with morbidity and premature mortality." (Vasileiou K, Barnett J, Barreto M, et al. Experiences of Loneliness Associated with Being an Informal Caregiver, 2017)

# Senior Loneliness Line

- ▶ The Senior Loneliness Line contains three key features: emotional support, crisis intervention and referral to resources and services.
- ▶ Emotional support is provided simply by speaking compassionately with callers, validating their experience and listening with purpose.
- ▶ Crisis intervention is provided only when needed and follows the ASIST model. To date, we have not had any acute crisis situations on the line.
- ▶ We have an internal database of over 1,000 active and verified resources as well as long-term partnerships with community service providers.



# SLL Program Features and Design

- ▶ Active suicide intervention
- ▶ Providing emotional support
- ▶ Elder abuse prevention and counseling
- ▶ Giving well-being checks
- ▶ Grief support through assistance and reassurance
- ▶ Information and referrals for isolated older adults, and adults living with disabilities
- ▶ Building peer-delivered service model
- ▶ Able to serve any caller in Oregon

# SLL Program Features and Design cont.

- ▶ Threshold of 55 years and older
- ▶ Caring contacts
- ▶ Fully integrated services between all of our core service lines
- ▶ No limit on the number or length of calls
- ▶ Regular, scheduled calls
- ▶ Ongoing clinical review of callers to ensure a clinically-sound plan and approach
- ▶ 24/7, 365, all services provided at no cost
- ▶ Does not conflict therapeutically with any services caller may be receiving

# Senior Loneliness Line cont.

- ▶ Clackamas County has given us a great deal of creative license in how we can provide our services. We are permitted and encouraged to: provide unlimited follow-ups and check-in calls, schedule regular calls, and provide a warmline service in addition to a hotline service.
- ▶ While the target population is residents of Clackamas County, we are permitted to serve any caller 55 and older.
- ▶ We also incorporated a caring contact feature.

# Key Takeaways

- ▶ Seniors and aging adults have unique factors and dynamics that affect their experience of mental health issues.
- ▶ Comorbidities and compounding health issues create challenges in treating these issues.
- ▶ Protective factors exist that can limit risk.
- ▶ Efficacious intervention programs are available.



- ▶ Q & A

- ▶ Bill Fitzpatrick

- ▶ Senior Services Coordinator

- ▶ [BillF@Linesforlife.org](mailto:BillF@Linesforlife.org)

- ▶ 516-582-5118