INEBRIATED ELDERS: THE PROBLEM OF SUBSTANCE ABUSE AMONG THE ELDERLY

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With increasing frequency, members of the nation's elderly population are being diagnosed as substance abusers. In this note, Ms. Abrams explores why the rate of such diagnoses is increasing, as well as possible means of preventing this "epidemic" from becoming any worse. Ms. Abrams suggests that the causes of the current substance abuse problem among the elderly range from inadequate training in the medical community to a general shift in societal attitudes toward substance abuse. It is argued that, because the elderly do not engage in the same type of social interaction as the vast majority of the country's adult population, it is substantially more difficult to identify those in need of treatment for substance abuse problems. The proposed solution to the problem is to educate those that have regular contact with the elderly about this unique class's substance abuse so that afflicted individuals can be identified and treated. Moreover, Ms. Abrams argues that, with evolving professional customs, physicians and pharmacists may be subject to liability if they fail to adequately diagnose, monitor, and treat substance abuse in their elderly patients.

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I. Introduction

Mary was not fond of the taste, but she appreciated the effects of liquor.[1] She liked the way it made her feel relaxed and upbeat.[2] As long as she moderated her intake, she did not think she had a problem.[3] She considered herself a social drinker,[4] even though she often drank twice as much as the other women.[5] She eventually collapsed in the living room of her Florida condo, but managed to rouse herself from semi-consciousness long enough to crawl to the telephone and call for help.[6] The next day, her son and daughter sat by her hospital bedside, facing the reality that their seventy-two-year-old mother, whom they had never seen drunk, was an alcoholic.[7] Four years later, Mary stated, "The memory of my position in that living room keeps me sober."[8]

Tom would start his workday with a shot of whiskey and a cup of coffee.[9] He would have a few more drinks at lunch, and then go back to finish an afternoon of work before heading home.[10] Though he was rarely absent from the job, when he retired at age fifty-five, he had more time on his hands, and boredom led to increased drinking.[11] Even during yearly physical exams, he was never asked about alcohol.[12] Tom's doctor checked him for diabetes, but ignored another possible cause of Tom's leg problems—alcoholism.[13] Not until Tom was hospitalized did a doctor question him about his alcohol use.[14]

Mary and Tom are examples of what has been dubbed an "invisible epidemic"—substance abuse among the elderly.[15] Senior citizens are increasingly being diagnosed with substance abuse problems, including alcohol abuse as well as abuse of prescription and over-the-

1. Margo Harakas, *Alcoholic Seniors*, CHI. TRIB., Feb. 25, 2000, *available at* 2000 WL 3639998.
2. *Id.*
3. *Id.*
4. *Id.*
5. *Id.*
6. *Id.*
7. *Id.*
8. *Id.*
9. Kay Lazar, *The 'Invisible Epidemic'—Alcoholism Among Seniors a Hidden Health Hazard*, BOSTON HERALD, Feb. 27, 2000, at 003.
10. *Id.*
11. *Id.*
12. *Id.*
13. *Id.*
14. *Id.*
15. *Id.*

counter drugs.[16] Because drug use by the "baby boom" generation has been greater than in previous generations, this problem is likely to escalate as the number of citizens age sixty-five and older continues to rise.[17]

This note will discuss the problem of substance abuse among the elderly. Part II examines the factors that keep the problem hidden and the difficulty associated with treating a problem that many, through ignorance or denial, fail to recognize. Part III addresses the social, medical, and legal inadequacies, and the ramifications thereof, that keep the problem hidden and difficult to treat. Part IV presents recommendations for the prevention, detection, and treatment of the problem of senior substance abuse so that it does not reach epidemic proportions as the population ages.

II. Background

When people think of substance abuse, they tend to associate the problem with younger age groups. However, the recently recognized phenomenon of late-onset alcoholism, an aging population, and the shift in societal norms experienced by baby boomers during their younger years all factor into a potentially explosive substance abuse problem among the elderly within the next twenty years.

A. Rates of Substance Abuse

Seventeen percent[18] of Americans age sixty and older, or three million Americans, are addicted to alcohol.[19] According to the National Institute on Alcohol Abuse and Alcoholism, six to eleven percent of elderly hospital admittees show some symptoms of alcoholism.[20] Twenty percent of the elderly who are admitted to psychiatric

16. Thomas L. Patterson & Dilip V. Jeste, *The Potential Impact of the Baby-Boom Generation on Substance Abuse Among Elderly Persons*, 50 PSYCHIATRIC SERVICES 1184, 1184 (1999).

17. *Id.*; *see also* JEANNE REID, NAT'L CTR. ON ADDICTION & SUBSTANCE ABUSE AT COLUMBIA UNIV., UNDER THE RUG: SUBSTANCE ABUSE AND THE MATURE WOMAN 13 (1998) (stating that baby boomers are those persons born between 1946 and 1964).

18. Lazar, *supra* note 9.

19. Harakas, *supra* note 1.

20. NAT'L INST. ON ALCOHOL ABUSE & ALCOHOLISM, U.S. DEP'T OF HEALTH & HUMAN SERV., ALCOHOL ALERT: ALCOHOL & AGING 40 (1998), *available at* http://silk.nih.gov/silk/niaaa1/publication/aa40.htm (last visited Oct. 23, 2000) [hereinafter ALCOHOL ALERT].

wards and fourteen percent of elderly emergency room patients show signs of substance abuse.[21] The rate of seniors who are admitted to acute-care hospitals for alcohol-related problems is comparable to the rate of admissions of seniors for heart attacks.[22]

B. Societal Norms

Attitudes about substance abuse reflect societal norms, which are a product of attitudinal development in a person's younger years.[23] Many of today's seniors, born in the 1920s, developed attitudes toward alcohol that reflect the stigma attached to alcohol use during that time.[24] In general, people's drinking patterns are relatively constant over time.[25] Segments of today's elderly population show lower rates of alcoholism and drug abuse problems; such rates are a consequence of life-long stigmatization of such behavior.[26] Members of the current elderly population are also infrequent users of recreational drugs.[27] Use of hallucinogens, illicit drugs, and cannabis is rare, and is limited almost exclusively to "longstanding opioid users and aging criminals."[28]

As the baby boomers[29] age, the threat of an explosion in the number of elderly substance abusers increases. The first wave of baby boomers will reach the age of sixty-five in the year 2011.[30] Baby boomers' experience with drugs far outpaces that of their parents and grandparents.[31] While statistics of baby boomers' substance abuse

21. *Id.*
22. *Id.*
23. *Id.*
24. *Id.* Beginning in 1920, the Eighteenth Amendment to the U.S. Constitution prohibited "the manufacture, sale, or transportation of intoxicating liquors within, the importation thereof into, or the exportation thereof from the United States and all territory subject to the jurisdiction thereof for beverage purposes[.]" U.S. CONST. amend. XVIII, § 1. In 1933, the Eighteenth Amendment was repealed by the Twenty-first Amendment, in which the federal government delegated regulation of the transportation or importation of intoxicating liquors to the states, its territories and possessions. *Id.* amend. XXI, §§ 1, 2.
25. ALCOHOL ALERT, *supra* note 20.
26. *Id.*
27. DAN BLAZER, EMOTIONAL PROBLEMS IN LATER LIFE: INTERVENTION STRATEGIES FOR PROFESSIONAL CAREGIVERS 164 (1998).
28. Roland M. Atkinson, *Substance Use & Abuse in Late Life*, *in* ALCOHOL AND DRUG ABUSE IN OLD AGE 2, 7 (Roland M. Atkinson ed., 1984). Opioids include heroin and hydromorphone. *Id.* at 6.
29. *See* REID, *supra* note 17, at 13.
30. Patterson & Jeste, *supra* note 16, at 1184.
31. *Id.*

shows a steady decrease in use until the age of thirty, it then stabilizes at a higher rate than that of previous generations of older citizens.[32] The sheer size of the baby boom population, along with increased life expectancy rates[33] and higher rates of substance abuse, foretell the emergence of a major problem that existing social services and medical providers are now ill equipped to handle. As the rates of first-time drug use increase, and current drug users grow older, experts anticipate that drug abuse treatment programs will need to increase by fifty-seven percent by the year 2020 in order to adequately serve all those who need these services.[34]

C. Patterns of Substance Abuse in the Older Adult

Alcohol abuse among the elderly is generally classified into three patterns, depending on the age of onset and the severity of the substance abuse problem.[35] The first category includes the aging alcoholic, who carries a life-long substance abuse problem into his or her senior years.[36] The second category includes geriatric problem drinkers who may experience an intermittent alcohol problem, but do not fall into a regular pattern of abuse.[37] The third category recognized by researchers is the late-onset alcoholic.[38] A person may not regularly abuse alcohol until his or her fifties, or later, when he or she drinks in response to major physical and life changes, such as, health problems,[39] loss of a spouse,[40] retirement,[41] caregiving,[42] sleeplessness,[43] financial problems,[44] or chronic illness or pain.[45] Moving to a retire-

32. *Id.* at 1186.
33. REID, *supra* note 29, at 13.
34. *SAMHSA Use of Resources: Hearing Before the House Comm. on Gov't Reform, Subcomm. on Criminal Justice, Drug Policy & Human Resources*, 106th Cong. (2000) (testimony of Camille Barry, Deputy Director, Ctr. for Substance Abuse Treatment, Substance Abuse & Mental Health Serv. Admin., U.S. Dep't of Health & Human Serv.), *available at* 2000 WL 11068327.
35. IN-HOME ASSESSMENT OF OLDER ADULTS: AN INTERDISCIPLINARY APPROACH 169–70 (Charles A. Emlat et al. eds., 1995).
36. *Id.*
37. *Id.* at 170.
38. *Id.*
39. *Id.*
40. *Id.*
41. *Id.*
42. Karen McNally Bensing, *Alcoholism Often Slips By in Elderly,* PLAIN DEALER (Cleveland, Ohio), Jan. 24, 1999, at 7K.
43. *Id.*
44. Harakas, *supra* note 1.
45. *Id.*