

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

Christin D'Ovidio:

Welcome to the Power of Prevention Podcast. In each podcast, we will go deeper into the topic of prevention in New Hampshire. We'll share our best interviews with you, of people who are working tirelessly for their professions, their families, and their communities to stop something unwanted from happening; in this case, substance misuse. This is a podcast for people who are looking for solutions and want to make New Hampshire a better place, where we all have the opportunity to live, learn, and thrive. We are hoping to make your lives a little better with these inspirational stories about substance misuse prevention.

Christin D'Ovidio:

As we age, we become more vulnerable to misusing substances and it's for a variety of reasons. Physical changes alter the way alcohol and other substances are processed, impacting mood, memory, and movement. Significant events such as retirement, moving or grieving change our lifestyle and can lead to using substances as a form of coping. Chronic pain or illness can result in multiple prescriptions that can be unintentionally misused. When adult children, loved ones, providers and others understand the risks associated with substance misuse amongst older people, then we can support and help our friends, neighbors, and loved ones enjoy healthy aging. In our studio today, we have two great guests. We are delighted to have Margaret Franckhauser, an aging specialist with JSI Research and Training Institute, where she leads projects that increase awareness about the factors that promote healthy aging, including opportunities to age in place and maintain strong social connections.

Christin D'Ovidio:

As a nurse and a former home health agency director, she saw firsthand the impact of substance misuse on the aging population. We're also joined with Anne Marie Olsen-Hayward. She's the coordinator of a statewide service called REAP, which stands for Referral, Education, Assistance and Prevention. This free home visiting program helps New Hampshire residents over 60 find solutions, support and services for various concerns, such as family and relationship stress, grief, and yes, problematic substance use. I loved talking with Margaret and Anne Marie, and I think you're going to enjoy this interview as much as I do.

Christin D'Ovidio:

I would like to welcome you both Margaret and Anne Marie. Thank you for joining us today.

Margaret Franckhauser:

My pleasure. Thank you.

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

Anne Marie Olsen-Hayward:

Thank you.

Christin D'Ovidio:

Social isolation, boredom and pain are a few factors that increase an older adult's risk for substance use. Substance use disorder is a progressive disease and older adults tend to slide into more and more frequent use. Let's hear what our guests have to say about the rise in use in the process and how to help a loved one.

Margaret Franckhauser:

Well, the answer is it's on the rise and it's been on the rise for the last two decades, in particular alcohol, but also other substances. In fact, a study done looking at use of alcohol between 2001 and 2013 among people who were aged 65 years and older showed a greater than 100% rise in those two decades. Then a more recent survey done in 2017 found that about 20% of people between the ages of 60 and 64, and about 11% of those 65 and older, binged on a regular basis. So certainly alcohol uses on the rise. Then in terms of other substances, we know that prescriptions are often given to older adults to mitigate things like pain, to assist them with sleep, sometimes to help them deal with a grieving situation, and those drugs that are designed for a particular purpose can easily be misused by older adults. So we're seeing that on the rise as well.

Christin D'Ovidio:

Thank you. Ann Marie, what do you see that's going on with adults and aging and substance use?

Anne Marie Olsen-Hayward:

I think very similar to what Margaret was talking about, and I think especially with COVID, we've seen some increase as well. Early in the pandemic, I always like to look at what's the gifts when we have a negative situation and one of the gifts was this rising awareness. You'd see it on the news. "Hey, women are drinking more." So there's this normalization that happened, which really helped to enhance our conversations with older adults, but at the same time, people were more isolated. "I'm not going for a drive. I'll have a cocktail in the afternoon," and became this easy slide into this now becomes my norm without really thinking about what the outcome may potentially be for them.

Margaret Franckhauser:

Yeah, absolutely. I agree with that, Anne Marie. COVID certainly exacerbated it and you made a really important point about women. So the rise is more pronounced among women than it is among men and that's an interesting feature of this. When you look at who does this, it's really people in high income nations who are more susceptible to it. As Anne Marie mentioned, it's

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

really a slide into the behavior. It's not a conscious decision to go there, but it substitutes for other activities that people once engaged in.

Christin D'Ovidio:

So you just brought up something interesting too, Margaret. You're talking about activities and I always have this picture in my head of these retirement communities where everyone's got a golf cart and there's almost a stereotype around it, I think. Can you kind of speak to the reality of that or if that's real?

Margaret Franckhauser:

Sure. I mean, in some places it definitely is real and some retirement communities recruit people around the idea of social engagement and that is really good. That's a wonderful thing, but we're in a country where when you socially engage, it's often over alcohol. So that slide becomes instead of on Fridays and Saturdays, I meet with my friends, it becomes an everyday event that I'm meeting with my friends. Maybe the time increases so that there's this opportunity to engage socially over alcohol. But you said something at the beginning of the podcast as well that I think really bears repeating. There are so many changes that people experience in older adulthood. The death of a loved one, a spouse, a good friend, a sister or a brother, retirement, loss of a job means that there's much more free time than there was previously that can result in boredom.

Margaret Franckhauser:

There may be immobility. You can't get up and get around as much anymore, or you live distant from other people. To Anne Marie's point about COVID, one of the things we certainly saw among older adults is this profound increase in social isolation and people fill that void with alcohol typically. Because alcohol is so acceptable in our society, no one has strong taboos against it. So they reach for a drink to calm them, to entertain them, to fill that void.

Christin D'Ovidio:

What are some of the services or programs that are an alternative, or how can we raise that awareness for people who are unaware that this is even happening in their life and then where can they go? Because we don't want to increase isolation again. I know you both probably have some interesting answers to this. Your program, REAP, I think Anne Marie, probably.

Anne Marie Olsen-Hayward:

So I think there are a number of different ways to intervene depending on what the situation is. So REAP, I think first and foremost, is having the conversation and raising awareness. It's something as simple as just saying, "How much are you drinking?" It can decrease someone's use because, "Oh, wow. I didn't realize that I was drinking five days a week. I just didn't think about

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

it. That's not what I was drinking a week ago or six months ago." So just raising awareness in general and that can be done by any of us. I can do that with my friends. I can do that as a professional, my primary care physician. So just raising that awareness and having the conversation, that's part of what REAP does. We come out, we can do three assessments, regardless of what the referral reason is. We do an assessment on cognition. We do an assessment on depression and we do assessment on alcohol usage.

Anne Marie Olsen-Hayward:

Then we have a conversation around just basic education and just helping people to get a little bit more aware around where things may fall for them in particular, regardless of whether they screen it or not. There are other resources in terms of isolation. We can look at the senior companion program. That's someone either coming to my house, or that may be my volunteering. If I have a car and I have the ability to go out and see someone who may be home bound. It may be going to the senior center. I may be doing something at the library. It may be looking at how are we as communities supporting our older adults.

Anne Marie Olsen-Hayward:

So it's great if I'm in a 55 and older community that has resources, but we see a lot of adults, especially in the rural areas of the state, but even not in the rural areas because we have this decrease in available care providers. So smaller families, family members live out of the state. We may not even have good relationships with them and so that isolation is already starting to increase and we're seeing an increasing number of what we call elder orphans who have no family, who have no connection. So how do we as communities provide those opportunities to support individuals who may not be able to afford a 55 plus community and may be trying to live at home as long as they possibly can, because we want our independence.

Margaret Franckhauser:

Yeah, absolutely. I agree with that and I think this attention that COVID gave to the issues of social isolation is shining a light on the needs of the older adult population. Frankly, all of us, to be frank with you. But the older adult population has mobility issues often, we have poor public transportation in most areas of the state. So it requires some assistance and some active intervention to get people going. Here I'd like to talk for a moment about healthcare providers, because I think that's one of the areas of potential awareness, but most healthcare providers actually don't screen for alcohol use or other substance use among older adults. There is this belief or denial, who knows what it is, that that's not going to be a problem after you age reach age 60 when in fact it is a serious problem for many people. So raising awareness among healthcare providers, physicians, nurse practitioners, PAs, nurses, home care, community based clinicians and hospital based clinicians.

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

Margaret Franckhauser:

When people come in with a fall, for example, one of the things to explore is why did they fall? What was the antecedent to that? So I'm a big proponent of encouraging all healthcare providers to use a screening tool, to assess for alcohol that's not an accusatory tool, but asks about alcohol and other drug use during the day. By paying attention to that, it can alert an older adult that, "Hey, I am sliding into greater use," or, "I may not be using my sleeping pill correctly." So I think all of those items make a great deal of sense, but they're often forgotten for older adults because we tend to patronize older adults rather than consider the risks that they bear.

Anne Marie Olsen-Hayward:

I think just to kind of stress that point, when we're all asking the question, it becomes normal to have the conversation. It's not just when I see that you're having an issue, it's I'm going to ask every time and it also raises it to a level of importance.

Margaret Franckhauser:

I absolutely agree and I think it also helps older adults to sort of put it in perspective themselves. I mean, there are many conditions of aging that make any substance use far more dangerous than it would've been at an earlier time of life, not the least of which is that there are other diseases often present and alcohol and other substances can exacerbate those diseases such as diabetes, hypertension, liver disease, congestive heart failure are made much worse by the use of alcohol and other substances, and there's access to many medications as people age. They may be given a pain medication for a fracture that they underwent and being frugal Yankees, they don't want to throw anything away so they keep that Percocet and the medicine box and they reach for it when they need it.

Margaret Franckhauser:

Same is true for sleeping medications, perhaps anti-anxiety medications. When they're available, people tend to self-treat using those, even if it's not really for the prescribed reason. So I agree completely with Anne Marie. I think making those questions a routine part of the exam normalizes that, doesn't make it feel that the person has been selected for those questions, but we also raise awareness with them and family members who accompany them to a medical visit.

Christin D'Ovidio:

It can be uncomfortable for adult children and others to raise the topic and to share their concerns, but our guests have some suggestions.

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

Margaret Franckhauser:

I'll start and say that I think it's really hard and as a nurse, one of the things I saw very frequently is, "Oh, this is enhancing my dad's quality of life. He's 80 years old. What's it going to hurt him to have three drinks a day? He's made it this far." My answer to that is I'm not trying to destroy his quality of life, I certainly understand that, but it also puts them at risk for a fall and a hip fracture, for increasing dementia and all kinds of serious health consequences. So I try to educate people that while a little bit may be helpful, where your father's going isn't necessarily helpful. We can agree on quality of life, but we may have to negotiate how we get there. But I also think that having a child police a parent is very dangerous territory to tread on. Because they're adults, they don't want to be treated like children. This is one of the greatest tensions in the world of aging is not being told by your children what to do. So I think gathering supports such as Anne Marie's organization is really useful for that.

Margaret Franckhauser:

I would add one other thing and I say this as a former practicing nurse practitioner. HIPAA prevents a practitioner from talking to a child about what is discovered in an older adult, but it doesn't stop a provider from listening to a family member. I would sometimes say to people, "I can't share any information with you because of HIPAA laws, but I can listen to you. Do you have something you want to share with me?" That was very, very helpful because a daughter or a grandchild could say, "We found that bucket load of wine bottles and my dad has not said anything to us, but this is what we discovered in the trash." Then that alerts a provider that we need to explore that. They should be exploring it anyway, but it really alerts the provider that this is a red flag.

Christin D'Ovidio:

How does one access Anne Marie's organization?

Anne Marie Olsen-Hayward:

So REAP is where each of the 10 counties in the state of New Hampshire. They can call our referral line and make a referral that way, for Seacoast Mental Health, or they can call their local community mental health center and ask for the REAP counselor at that site. Or they can even call ServiceLink and they'll help connect them as well.

Christin D'Ovidio:

So if I'm a caretaker, I can call in asking basically for help. Then how does that process happen? Does that adult know that I did that?

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

Anne Marie Olsen-Hayward:

So there's couple of different ways we can work this. So as a care partner, I may call in and say, "I'm struggling. I'm noticing my mom or my dad or drinking more. I'm not sure what to do," and we can provide assistance to the care partner as long as the person identified is over 60. So the care partner can be 20 and I have a concern because my parent's over at the age of 60. We can provide them support. The other piece would be, "I want to make a referral for my mom or my dad," and in that case, we do need to have permission from the person who the referral is being made. We don't go out and do cold calls. We can talk with them around how can they broach the conversation. So if they want to give a call and say, "I really like to get my mom or dad connected or my sibling, but I don't know how to do it," we can talk with them and come up with a game plan as to maybe the best way to try to broach it.

Christin D'Ovidio:

Is this something that's covered through insurance or how does one access it and pay for it?

Margaret Franckhauser:

So Medicare does pay for treatment for both inpatient and outpatient substance use. Medicare A pays for inpatient, Medicare B pays for outpatient and those are subject to the deductibles and copays of Medicare in general. For people who are on Medicare Advantage programs, which are like health maintenance organizations, they may be restricted to those provider sets that are within the network, but Medicare does cover this and that's a really important point, a very important point because many people postpone receiving care because they think it will be an entirely out of pocket expense and they can't afford that treatment. So the good news is yes, Medicare does cover treatment.

Christin D'Ovidio:

Now what else does Medicare cover around mental health or substance use disorder treatments?

Anne Marie Olsen-Hayward:

You can get access outpatient treatment with a psychiatrist, with a licensed clinical social worker. That's covered. It does not cover case management and that is one of the biggest gaps that we have with older adults is case management and having individuals who can assist them with accessing systems issues, or systems resources that are beyond what maybe a family member would be able to provide.

Margaret Franckhauser:

Right. One of the greatest challenges of older adults is that the system of care and support is fragmented and not easily accessed. It's very complicated for many people. So care management

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

is a great asset, but again, Medicare doesn't pay for it. Often, however, for example, if the patient's involved in a visiting nurse association, then the VNA can help with that service and can assign a social worker or a nurse case manager to assist with finding other services and connecting people with those services so that they have a streamlined approach and they don't fall through the cracks somewhere in that process.

Anne Marie Olsen-Hayward:

That's also a role that REAP can help with as well, because if maybe they don't qualify for a VNA or they don't have a primary care physician that has an outpatient care manager who's available, REAP can come in for a short amount of time, help get some assessment, it's referral education, assistance, prevention. So we'll assess, we'll provide some education and then we'll try to connect that person with resources within the area, which can then follow them for the longer term. It does not replace the need, the huge need for case management, but it does help with facilitating that connection.

Margaret Franckhauser:

Kristen, there are other things that family members can do to help support somebody who they see is increasing their use of alcohol and other substances, and that is identify what the issue they're trying to do with is. So maybe the issue is loneliness, maybe it's pain. Trying to get to the bottom of the cause can help with that. So often we see social isolation as one of the issues, one of the drivers of substance use. So trying to get people engaged in activities that we talked about earlier, senior center, Neil's program, home visitors, library, volunteers, and whatever, trying to get them involved and engaged so that they aren't turning to the substance as their method of coping, they have engagement with other people that helps to keep them interested and content.

Christin D'Ovidio:

You talked before about this normalization that happened, especially around I think probably alcohol use. I want to bring up what about cannabis? I've heard a number of people tell me that an older adult has now gone into trying this thinking it's going to help them and had a horrible experience from it. If you can speak to that.

Margaret Franckhauser:

Yeah. I don't know what the figures are in the state of New Hampshire. I can tell you that I recently returned to New Hampshire from living in Colorado where medical and recreational marijuana had been legal for some time. I will tell you that the shops are everywhere and I was surprised at the age of people who pulled up to those shops to purchase their cannabis product. I think a good reminder is as we age, we are far more sensitive to all mood altering chemicals than we were at younger ages. Many people who are in their 60s, 70s and 80s grew up in that kind of

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

marijuana culture and they're anxious to try it again and turn to it for pain relief often or as a sleeping asset.

Margaret Franckhauser:

But unfortunately the impact of that chemical is so much more profound that they find their mobility impaired, their judgment impaired, their memory impaired, but they may not even notice it. That's an alert I would give to anybody reaching out to use a cannabis product for any reason, is be very alert to its impact on your behaviors and your safety as you're using it. We've certainly seen that the demand in this age group has increased and I think with it becoming legal in more states, that will continue to be a concern.

Anne Marie Olsen-Hayward:

I think too with the cannabis use, there's a lot of misinformation as to why we would use it and what the outcomes are. So sometimes a client will take it saying, "Oh, it's going to make me less anxious," when actually it's going to increase their anxiety. So it's really important for them to be having a conversation with their providers. If there is a medical reason for them to use it, we do have designated diagnoses and doctors who have the ability to write a prescription, but just like any over the counter medication or supplement or vitamin, I always want my clients to be having that conversation with their physician because we don't know what those interactions are going to be and it can either amplify the drugs that I'm already taking, or it can start to cause issues with their ability to work for the purpose that I'm taking them.

Margaret Franckhauser:

I think that's a really important thing because so many older adults are on multiple medications and the interactions between and among those medications alters their desired effect, but it also increases the likelihood of side effects. So it really deserves to be approached by a professional who understands what the impact may be. We have a word in healthcare, it is start low, go slow with older adults and that means how you load medications is very important in older adults because their ability to clear those drugs out of their blood system is impaired just by the process of aging. Our liver and our kidneys filter our blood system, but they are not as efficient as we age and so the drugs linger in the body for a longer period of time and that accumulation is what is so dangerous.

Christin D'Ovidio:

Well, our show is called the Power of Prevention and that's really our focus and we like to ask this of all the guests. If each of you could let me know, what do you define as prevention? What does that mean to you in this area? I'm going to start with you Margaret, please.

THE POWER OF PREVENTION PODCAST: EPISODE 7

Sounding the Alarm on Substance Misuse Among the Aging Population

Margaret Franckhauser:

So for me, prevention is anticipating the risks that can exist in a particular sphere. In this case, it's with alcohol and substance use and modifying behaviors to mitigate those risks so that people are kept healthy for as long as they can be. By healthy, I mean not just alive, but functional, able to engage and able to enjoy life. So prevention to me is maintaining that health by identifying and modifying risk.

Christin D'Ovidio:

Thank you. I'll ask that question of you, Anne Marie.

Anne Marie Olsen-Hayward:

I would agree with everything that Margaret just said. I think I would add to that providing that education so people can make informed choices around how they want to manage risk as well. We talked about quality of life and I know when I've worked on palliative care teams, we've talked about, "Okay, well we can do longevity. We can do quality. What's important to you." I think as we're all adults, I need to have the education, I need to have the information, I need to know what my choices are and then I need to be able to make that decision for myself, but I need to have all of the information and I need to have the right information.

Christin D'Ovidio:

Thank you. Well, I'd like to thank you both for joining us today. It's been so wonderful to talk with you and thank you for coming and talking with us about this really important topic.

Margaret Franckhauser:

It's been a pleasure.

Anne Marie Olsen-Hayward:

Thanks for having us.

Christin D'Ovidio:

I loved talking with Margaret and Anne Marie and I think you will enjoy this interview as much as I did. There's an urgent need for all of us to recognize and support our loved ones when we see their unhealthy use of substances. When all of us invest in the early stages and take action, we can help our parents, our friends and our neighbors get well and stay well.