

# Introduction to Substance Abuse Awareness for Seniors

## A Guide for Developing a Substance Abuse Awareness Program for Older Adults



Unifying science, education and services to transform lives.





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# Introduction

## **Substance Abuse Awareness for Seniors: A Guide for Developing a Substance Abuse Awareness Program for Older Adults**

There is a new sense of urgency surrounding the topic of aging and addiction. More than eight million older adults currently suffer from addiction to alcohol, medications or other chemical substances, and the numbers will swell as Baby Boomers age. The need for awareness among care providers has never been greater, because there is still little understanding or acknowledgement of the disease of addiction in older adult populations.

This manual will not only raise awareness of the scope and nature of this alarming epidemic, but it offers a basic guide to prevention, assessment, intervention, treatment and aftercare. It also explores underlying factors that keep the disease hidden and treatment and recovery elusive for millions. Written in clear, concise language and organized with practical guidelines throughout, the manual is an essential reference piece for practical implementation and resources.

Thanks to the Central East Addiction Technology Transfer Center, the Danya Institute and the District of Columbia Department of Health, Addiction Prevention and Recovery Administration for compiling this vital guide and making it widely accessible. The collaboration of these agencies brings into focus why and how we can stem the economic and human toll that the disease of addiction takes on society, families and individuals.

*Carol Colleran, Executive Vice President, public policy and national affairs,  
Hanley Center, West Palm Beach, Florida.*



# Acknowledgements

## **THIS DOCUMENT WAS DEVELOPED IN PARTNERSHIP WITH:**

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# Dear Colleague,

The primary aim of the publication is to address a growing dilemma in our society: the increasing number of senior adults who are addicted to alcohol and other drugs. There is also a sense of urgency due to the anticipation of the entrance of the Baby Boom generation into the ranks of seniors.

In light of this emerging dilemma, we must increase our efforts at substance abuse prevention while honing our skills at intervention and treatment regarding substance use disorders among this growing number of older adults. The use of the material in this manual is a significant step in that direction.

I would like to acknowledge a number of people who deserve recognition for the development and publication of this document. This manual was the vision of representatives of the District of Columbia's Addiction, Prevention and Recovery Administration (APRA) and the Central East Addiction Technology Transfer Center (Central East). Originally spearheading this effort were Cynthia Moreno Tuohy, former Project Director of the Central East; Kevin Shipman, Manager of the Office of Special Population Services at APRA; and Cassandra Hardison, Public Health Analyst/Substance Abuse Awareness for Seniors Program Coordinator at APRA.

The primary author of this document is Donna Ruscavage, an experienced editor and writer whose previous work includes writing and editing on health issues for the popular press, health-related Internet Web sites and professional publications. Contributions were also made by Ms. Moreno Tuohy, Ms. Hardison, and Frances Lorenzi, the Central East Director of Training.

Finally, I would like to recognize two individuals whose insight and action led to the initiation of the Substance Abuse Awareness for Seniors Program for the District of Columbia. Sue Whitman, former Chairman of the Washington Mayor's Long Term Care Committee, and the late Dr. Larry Segal former Deputy Director of Substance Abuse Services for the District of Columbia, were instrumental in the development of the Seniors Program, without which the vision for the development of this manual would not have existed.

I expect you will find this manual to be a practical guide and significant reference to use in the design and implementation of prevention, intervention and treatment services for senior adults with substance use disorders.

Sincerely,

Thomas G. Durham, Ph.D.  
Executive Director, The Danya Institute and  
Project Director of the Central East Addiction Technology Transfer Center



# Preface

## How To Use This Guide

Substance abuse—including alcohol, illegal drugs and prescription drugs—among persons 60 years or older has become a “hidden” epidemic across the United States, affecting persons of all races, ethnicities and income levels. While substance abuse is increasing at an alarming rate among seniors, there is a lack of specialized information for the provider community on the importance of and strategies for raising awareness about senior substance abuse. This guide seeks to address this information gap by presenting “how to” information on designing and implementing effective substance abuse awareness programs for older adults. Its intention is to build capacity among providers in order to address this critical growing issue.

**Target Audience:** The guide targets a wide audience of providers and professionals including substance abuse professionals, substance abuse treatment providers, organizations serving seniors and professionals working with seniors on issues that relate to or involve substance abuse.

The information provided will assist in their efforts to familiarize other providers, as well as seniors themselves, with the types of substance abuse issues that older adults face with increasing frequency. In addition, it will provide specific tools and strategies they can use to address these issues.

**Collaborators:** The guide is a special collaboration between the Central East Addiction Technology Transfer Center (Central East), the Danya Institute and the District of Columbia Department of Health, Addiction Prevention and Recovery Administration (APRA). APRA’s Substance Abuse Awareness for Seniors Program (SAAS) provided significant contributions to the content of this manual.

**Guide Organization:** The guide is organized into four main parts and appendices of additional information and resources.

- **Part 1: Understanding Substance Abuse Among Seniors.** Discusses statistics, trends and issues around substance abuse and seniors. Identifies challenges and barriers to treatment. Describes treatment modalities and special considerations for seniors. Provides specifics on case management, discharge planning and continuing care. Lists general substance abuse treatment guidelines for seniors.
- **Part 2: Developing a Substance Abuse Awareness Program for Seniors.** Outlines outreach and education strategies and walks readers through a ten-step process for designing awareness programs. Discusses special considerations in program development, including culture and language. Provides tips for conducting effective programs and addresses program sustainability.

- **Part 3: Providing Linkages to Substance Abuse Treatment and Related Services.** Gives tips for talking with seniors about substance abuse, identifies commonly used screening tools and talks about medication reviews. Provides information regarding referrals and case management and discusses legal issues and confidentiality.
- **Part 4: Involving Auxiliary Service Providers in Raising Awareness of Substance Abuse Among Seniors.** Provides education and awareness-raising strategies regarding engaging and training professionals. Provides information on evaluating training activities.
- **Appendices.** Contains sample documents from the District of Columbia APRA Senior Substance Abuse Awareness Program, substance abuse and related screening instruments, a discussion on using ice breakers in outreach activities, a resource list and a list of references used in the preparation of this guide.



# Understanding Substance Abuse Among Seniors

## Overview of Substance Abuse Among Seniors

### A Hidden Epidemic

Did you know that older adults, 60 years and older, make up one of the fastest growing groups of U.S. citizens who are affected by substance abuse? Did you know that experts are predicting an overwhelming increase in senior substance abuse in the coming years?

Despite the growing numbers and concerns, the epidemic of substance abuse among seniors is quite hidden and often overlooked. There are many reasons why substance abuse among seniors is not readily recognized.

- Alcohol and prescription medication use is commonplace in everyday life. Alcohol is used socially and for celebrations. Prescription medication is used to achieve and maintain good health, especially as we age. Yet for many individuals, alcohol and prescription drugs can cause serious problems, including abuse, misuse and addiction.
- There is still much stigma associated with substance abuse. We are more likely to think of a poor, homeless person as being vulnerable to substance abuse and not Grandma Jane in her Florida retirement home or Great Uncle John playing checkers on the front porch in Memphis. Yet, we all know from our own personal experiences that substance abuse truly does not discriminate. It affects people of all races, ages, genders, sexual orientations, socioeconomic backgrounds and education levels.
- Older adults are more likely than younger adults to hide their substance abuse, more likely to feel shame about their problem and much less likely to seek help or talk about their problem with family members and friends.
- Family members of older adults with substance abuse problems, particularly adult children, can feel ashamed of the elder's problem and/or not believe it is really a serious issue, and ignore the situation rather than seek help. On the other hand, an adult child of a senior may feel that, because their parent is older, they have the right to drink or use drugs whatever way they choose.

- Health care providers and caretakers often mistake substance abuse and misuse symptoms in older adults for symptoms of common conditions among the elderly, such as depression or dementia. Providers and caretakers can also feel uncomfortable about expressing their concerns and suspicions of senior substance abuse, and may not be aware of programs that specifically address the special needs of seniors.
- The relationship between aging and substance abuse is not well understood. Researchers are focusing on developing a greater understanding of this relationship and ways to incorporate this understanding into more effective and appropriate screening, prevention and treatment services for seniors.

## A Growing Problem

Like younger people, older adults use, misuse and overuse substances, both legal and illicit. The 2002/2003 National Survey on Drug Use and Health, sponsored by the Substance Abuse and Mental Health Services Administration, indicates that the misuse of alcohol and the use of illicit drugs are increasing among older adults. Illicit drugs include substances such as marijuana, hashish, cocaine, crack, inhalants, hallucinogens, heroin and prescription drugs used non-medically. Alcohol abuse includes binge drinking and heavy drinking. Medications can be mixed with alcohol and/or illicit drugs.

- From 1995 to 2002, alcohol was the most frequently reported primary substance of abuse among older adults in treatment services. Men are more likely to abuse alcohol than are women. However, experts believe that alcoholism among women is less frequently recognized, resulting in an underreporting of women as alcohol abusers.
- During 2002 and 2003, marijuana was the most commonly used illicit drug among older adults, followed by prescription medication used non-medically and cocaine. Among seniors, data indicate that women misuse prescription drugs more frequently than men do.
- Admissions for substance abuse treatment increased 32 percent among older adults from 1995 to 2002. The abuse of opiates, including prescription pain medicines, increased among older adults during this time period, as did heroin abuse.



## A Changing Population


The senior population is expected to increase significantly over the next several decades, as is the substance abuse epidemic in this age group. This will make it harder to “hide” or overlook substance abuse in the senior population.

- By 2050, the U.S. Census Bureau predicts that more than 20 percent of the population will be older than 65 years of age. This translates to approximately 80 million seniors or one out of every four U.S. citizens.
- By 2030, the Substance Abuse and Mental Health Services Administration estimates that one-third of adults 55 years of age and older will have a substance abuse problem.
- We are all living longer thanks to advances in medicine, new prescription medications and healthy lifestyle changes. Average life expectancy has increased dramatically over the last several decades. Many young or middle-aged men and women will carry their abuse of alcohol and/or drugs with them as they age and live longer than today’s seniors.
- Seniors 60 and older consume more prescription and over-the-counter drugs than any other age group. This number is expected to increase significantly as the population grows, increasing vulnerability of this age group to prescription drug abuse.
- The overall increase in alcohol problems throughout the U.S. population, coupled with the aging of Baby Boomers, suggests that the number of older adults with alcohol-related problems will rise.
- The number of illicit drug users among older adults is likely to increase due to the aging of Baby Boomers, who have a history as a group of higher rates of illicit drug use such as marijuana in their younger years.

## Reasons for Substance Abuse

There are many reasons that people abuse substances and the reasons are as varied as the people who abuse them. For seniors, however, these reasons often correlate with the aging process. We all know that each stage of life brings new challenges and changes. Growing older is no exception. Yet, we seldom think about aging, partly because our society is so focused on staying young. Some of the challenges we all face as we age that factor into the potential for substance abuse include:

- **Retirement:** dealing with an often dramatic change in lifestyle and sense of purpose
- **Isolation:** fewer social contacts and activities

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- **Grief and loss:** the death of a spouse, sibling or close friends; also includes sadness about the loss of social status, occupation and sense of work-related identity and ability to function
  - **Increased health problems:** physical distress, chronic pain, physical disabilities and handicapping conditions, vision loss, memory loss, hearing loss, added prescription and over-the-counter medications, more doctor visits and more hospitalizations
  - **Loss of independence:** more difficulty or an inability to perform activities of daily living, not being able to drive, reduced mobility and reduced coping skills
  - **Financial changes:** increased medical bills, lack of prescription drug insurance, rising cost of living and lowering or loss of income

Other reasons for substance abuse later in life can include having experienced substance abuse earlier in life. It is not uncommon for individuals in recovery to experience a relapse after long periods of sobriety. There are many events that can trigger relapse as a person ages, including loss of spouse or friends, loss of income and boredom.

In adjusting to the challenges of aging, a person's coping skills can vary considerably. Some individuals find these challenges overwhelming and use coping skills that are inappropriate, including:

- Drinking or illicit drug use
- Misusing or overmedicating with prescription drugs
- Isolation—avoiding social interaction, retreating from formerly enjoyable activities and withdrawing from family and friends
- Sleeping too much
- Becoming anxious, depressed or fearful

Seniors with painful health conditions or chronic pain can overmedicate with prescription drugs and start or increase drinking to cope. Depression and anxiety can result, fueling a dangerous and vicious cycle of drinking and/or abusing drugs to feel better both mentally and physically. There are also many dangers associated with combining alcohol and prescription drugs, as well as over-the-counter drugs.



## Special Health Considerations

We all know that alcohol and drugs—illicit and/or prescription—don't mix. Did you know, though, that, as we age, our bodies can develop different and sometimes harmful or even deadly reactions to alcohol and drugs? Given that the average person 65 years old and older takes at least two medicines a day, there is plenty of cause for concern. Keep in mind that over-the-counter medicines and herbal or “natural” remedies can also cause harmful interactions when combined or mixed with alcohol and drugs.

- As we age, we become more sensitive to the effects of alcohol, requiring less alcohol to become intoxicated.
- Aging also affects how drugs are absorbed, processed (metabolized) and released (excreted) from the body. Changes in metabolism affect how quickly and how well a particular medication or drug works. A slower metabolism can also cause drugs to have a more powerful effect on the body's systems and remain in the body for a longer period, thereby increasing the drugs' capacity for harm. Kidneys may be less efficient and keep drugs in the body longer, which can cause medicines taken regularly to build to harmful levels.
- Medical conditions such as high blood pressure, ulcers, angina (chest pain) and diabetes—all common in older adults—can become worse with alcohol use.
- Many types of medication—prescription and over-the-counter—can cause drowsiness and affect coordination. Mixing medications with alcohol and/or illicit drugs can lead to falls, broken bones, serious injuries and car accidents. Older adults are much more at risk for these harmful side effects because, as we age, our motor skills diminish and we lose coordination. We also lose bone density, making falls and accidents a more serious threat to our health and well-being.
- Memory loss, particularly short-term, can sometimes cause an older person to forget his or her medication or to take too much unintentionally. If the person is also using alcohol or illicit drugs, this can cause harmful effects, particularly if the person has taken too much medication.



## Treating Substance Abuse in Seniors

### Challenges and Barriers to Getting Seniors Into Treatment

Older adults typically have more health issues, both physical and mental, than do younger adults. These issues are often interconnected, making diagnosing and treating substance abuse in seniors more complicated than for other age groups.

The good news is that research has shown that older adults tend to stay with treatment programs longer than do younger adults, increasing their chances for recovery and improving their health. Research has also shown that overall adults 60 years old and older have higher rates of recovery than any other age group.

There are many challenges and barriers to identifying and treating substance abuse in seniors. Special populations may have unique barriers, in addition to the ones mentioned here. Barriers can include:

- **Ageism.** This term, first used in the 1960s, describes the tendency for society to assign negative stereotypes to older adults and explain their problems as a function of being old, rather than looking for potential medical or psychological causes. For example, a senior might be described as “senile” when in fact she or he might have treatable co-occurring conditions such as Alzheimer’s disease, depression and alcoholism. Seniors often internalize these stereotypes, making them less likely to seek help for substance abuse or mental health issues.
- **Lack of awareness or denial of a substance abuse problem among seniors.** Common among older adults, denial or lack of awareness can be related to complex and early formed attitudes about substance abuse and help-seeking. There is definite stigma associated with the terms “alcoholic” and “drug addict” among today’s seniors and it is not uncommon for seniors to be reluctant to talk about such problems. Many were taught “not to air their dirty laundry in public.” Stigma and silence both contribute to a lack of awareness and denial. Many older adults also do not think of substance abuse as a health care problem or disease. They were raised in the “well-deserved cocktail after a hard day’s work” generation, while others feel a great amount of shame because they can’t control their substance use.
- **Provider or caregiver difficulty recognizing and correctly identifying a substance abuse problem.** Many health conditions and symptoms can interfere with determining substance abuse in seniors. For example, symptoms such as fatigue, irritability and insomnia might be produced by substance abuse, common medical and mental disorders or a combination of these conditions. Shorter health care office visits, a trend that has been occurring for some time, also make it harder to identify a senior’s underlying problem with substance abuse.



Seniors are also less likely to have substance abuse diagnosed and are less likely to be referred into treatment during a routine medical care visit. One reason for this is that providers and caregivers might lack an awareness of the benefits of identifying and treating substance abuse in seniors. Research has shown that older adults are more likely to complete treatment and have outcomes that are as good as or better than that of younger adults. The lack of appropriate screening and provider training on recognizing senior-specific signs and symptoms also adds to the difficulty of diagnosing senior substance abuse.

Here are some frequently observed symptoms of early problem drinking or chemical abuse/dependency to be aware of:

- **Physical changes**, such as unexplained fatigue; night sweating; inability to sleep for more than three to four hours at a time; unexplained appetite or weight changes; flushed face or yellowing of the skin; speech difficulties, such as slurring or repeating oneself; hands or feet shaking or growing unsteady; unexplained cuts and bruises; short-term memory loss; uncontrolled bladder and bowels; swelling of abdominal region, legs or feet; involuntary eye movements, including pupils reacting slowly to light; recent onset of constipation, headaches and backaches; complaints of hearing strange noises; dry mouth and skin; and increased blood pressure or pulse abnormality.
- **Behavioral changes**, such as unexplained and sudden mood swings; making careless mistakes; becoming resentful and taking frustration out on others; developing unreasonable fears; listlessness or having no ambition; untidy personal appearance and/or home; undue suspicion of others; noticeable change in sexual activity; decreased attention span and becoming easily distracted; preoccupation with pessimistic thoughts; suicidal thoughts; and depression.
- **Habit changes**, such as avoiding old friends and family; unexplained and recent financial difficulty; failure to show up for appointments or work; difficulty in completing tasks; isolating oneself by staying home; drinking alone at home; and starting to drink in the morning.

Since all of these symptoms may also have a medical or psychiatric basis, it is important that a comprehensive assessment be conducted before concluding that substance abuse is involved.

- **Other Barriers.** Other barriers that seniors face in accessing services needed in order to get diagnosed and referred into substance abuse treatment include:
  - Being homebound or having restricted mobility.
  - Lack of transportation services, particularly in rural communities. Additionally, doctors might decide against referring seniors to Alcoholics Anonymous (AA) meetings because they cannot walk up stairs or drive after dark.
  - Fewer friends to ask for support or help with things such as transportation.
  - Limited free time if involved with being a caregiver to a spouse, elderly relative or friend. Some seniors might also be the primary caretakers of their grandchildren for a variety of reasons, including substance-abusing parents, further limiting their time.
  - Lack of money or insurance coverage, including payment for substance abuse-related disorders.
  - Language and literacy limitations, especially for seniors whose first language is not English.

As just described, there are many complicated and simultaneously occurring barriers and challenges to helping seniors identify and effectively treat substance abuse. We will be addressing these barriers and offering strategies for overcoming them in *Part 2* of this manual so that you can be more successful in your work with seniors and substance abuse.

## Treatment Options and Special Considerations for Seniors

This next section gives you a brief overview of treatment options for substance abuse and special considerations when working with seniors. We will begin with the least intensive treatment options—brief interventions, intervention and motivational counseling—that are recommended to be explored first with older substance abusers as a pre-treatment strategy or as treatment itself. These options can be very effective for seniors, particularly when follow-up and support is offered. For some older adults, however, more intensive treatment is needed, including inpatient/outpatient detoxification; inpatient rehabilitation; residential rehabilitation, including transitional living, recovery or group home housing; and specialized outpatient services. When working with seniors, try to identify treatment options that have specialized services for older adults and be aware of the need for continuing care with seniors once their treatment has been completed.



## BRIEF INTERVENTION

### What It Is

Brief intervention strategies are based on concepts and techniques from the motivational psychology and behavior change literature. A brief intervention consists of one or several counseling sessions that can include, depending on the individual's needs:

- Motivation for change strategies
- Education, including written educational materials
- Assessment and direct feedback
- Contracting and goal setting
- Behavior modification techniques

### Special Considerations for Seniors

When working with older adults, be sure to incorporate the following items into a brief intervention:

- Provide feedback on screening questions relating to drinking patterns and other health habits such as nutrition and smoking.
- Discuss the different types of drinking (social, moderate, heavy) and determine where the senior's patterns fit into the population norms for her or his age group.
- Clearly convey information on recommended alcohol limits as follows: men and women 60 or older should have no more than one drink a day—one drink equals one can (12 ounces) of ordinary beer or ale; a single shot (1.5 ounces) of spirits such as whiskey, vodka or gin; one glass (6 ounces) of wine; a small glass (4 ounces) of sherry; or a small glass (4 ounces) of liqueur or aperitif. Recommended limits are likely to be lower for seniors taking prescription medication.
- Determine reasons for drinking or drug use such as coping with loss and illness. This will help you gain a better understanding of the role of drinking in the context of the senior's life.
- Explain the consequences—physical, psychological and social—of heavier drinking, increased drug use, or a combination of the two. Know that some older adults might already be experiencing these problems, even if they are not heavily using alcohol and/or drugs.

- Identify positive reasons to cut down or stop using alcohol and/or drugs. You can bring up the benefits of maintaining independence, physical health, financial security and mental capacity, which are important motivators for most seniors.
- Work with the senior to develop strategies for cutting down, quitting or discontinuing the combination of alcohol and/or drugs. Strategies that work well with seniors include developing social opportunities (that do not involve alcohol), getting reacquainted with hobbies and interests from earlier years and pursuing volunteer activities, if possible.
- Develop a written contract with the senior to cut down on or limit substance use. Agreed-upon drinking limits are particularly effective in changing drinking patterns in seniors. Give the senior a copy of the signed contract. A sample contract is provided in Part 7, “Drinking Agreement,” of the *Health Promotion Workbook for Older Adults*, provided in *Appendix B*.
- Offer strategies for coping with risky situations, especially isolation, boredom and negative family interactions that can be very commonplace among seniors.
- Provide referrals, when possible, to programs that are geared toward seniors or have a senior focus, and follow up the referrals to be sure the senior has been able to access the service and is getting her or his needs met. See *Part 2* of this manual for information on developing a resource and referral list.

When people are motivated to take action regarding their health and life situations, the chances for their actions to be successful are much greater than when they are unmotivated or disinterested. To help motivate older adults, it is critical to have an empathic style and be able to convey caring for the individual. It is also critical to view seniors as full partners in their recovery and to provide hope and encouragement as they progress through the referral, treatment and recovery process.

## INTERVENTION

### What It Is

When a senior needs help but refuses to accept it, an intervention may be appropriate. An intervention provides an opportunity for the significant people in the senior’s life to collectively confront the person with their firsthand experiences of her or his drinking or drug use. Interventions are conducted with a counselor’s assistance. The goal is to provide evidence to an individual who is in denial that a problem does in fact exist. Typically, an intervention is progressive, where family and/or friends meet with the counselor several days before the actual intervention occurs to help plan the intervention. Participants are coached by the counselor about offering information in an emotionally neutral and factual manner, while maintaining a supportive and non-accusatory tone.



## Special Considerations for Seniors

Interventions can be particularly difficult for seniors. Here are some suggestions for making the experience more successful:

- Limit the number of friends and family members—having too many people present may be emotionally overwhelming or confusing for the older person.
- Involve key persons in the senior’s life, such as a spouse, cohabitant, caregiving daughter or son, clergy member, visiting nurse or caseworker.
- Be careful about including younger persons in an intervention with seniors, particularly grandchildren. Older adults can feel extreme shame and resentment about discussing their problems in front of much younger family members.
- Avoid using labels such as “addict” and “alcoholic.” Today’s older adults, because of the times and circumstances in which they were raised, can have strong negative attitudes about “addicts” and associate addiction with people who are dependent on illicit drugs and exhibit criminal behavior. Seniors can also hold beliefs that drinking can’t cause addiction and disease and that it is a problem that is entirely up to the individual to control.

## **MOTIVATIONAL COUNSELING**

### What It Is

Motivational counseling looks at a person’s readiness to change and factors it into the counseling process, enlists the client in her or his own recovery and provides support and encouragement. It incorporates the Stages of Change theory, where individuals can be in one of five stages of change that are not always consecutive—pre-contemplation, contemplation, ready for action, action and maintenance. We all know that change is a complex process that is not exact or predictable. A person can take one step forward and two steps backwards as they try to make a difficult change such as stopping drinking or using drugs. Motivational counseling takes this into consideration and works with clients as they navigate the change process. Counselors often refer to this as “meeting clients where they are.”

## Special Considerations for Seniors

Research has proven motivational counseling to be effective with older adults. Here are some guidelines for working with seniors using this intervention:

- Be accepting and nonjudgmental of how seniors view their situation, as you identify the stage of change they are currently in. Keep in mind that older adults often feel shame and find it difficult to discuss substance abuse.

- When enlisting seniors in their recovery process, be sure to avoid using labels such as “addict” or “alcoholic.”
- An issue that may be beneficial to explore with seniors abusing substances involves late-life worries about the legacy they are going to leave, as well as achieving peace in the last chapters of their lives.
- Stay away from direct confrontation—this can make seniors more defensive and less open to change.
- Work with seniors to identify how alcohol and/or drug abuse is having a negative impact on their lives. Having an open dialog about how substance abuse is affecting them can generate new insights about their behavior and help them develop strategies for change.
- Acknowledge their ambivalence about the need to change while inviting seniors to consider different ways of dealing with problems. Keep the responsibility for making those changes on the individual.
- Peer involvement is key. Holding peer counseling or support groups can help seniors feel supported, safe and understood. A senior may be more receptive to sharing experiences and receiving help from peers, which aids in the recovery process.

The next three treatment options are considered to be more intensive treatments than some older adults will require.

## **DETOXIFICATION—INPATIENT AND OUTPATIENT**

### **What It Is**

Detoxification programs can be inpatient, that is, managed in a hospital or an independent facility with medical staff, or outpatient, that is, handled with regular visits to a doctor’s office, clinic or program. It is typically recommended, though, to offer detoxification services for seniors in an inpatient setting. The individual is withdrawn from the substance being abused, with close medical supervision and psychological support. Detoxification can be the first step in an individual’s recovery and entry into treatment.



### Special Considerations for Seniors

- Detoxification is generally more medically risky for an older adult, due to age, health issues and medications being taken for other health conditions.
- When deciding on inpatient versus outpatient detoxification, factors to consider include any medical conditions that might require 24-hour care or someone else to administer medications, such as renal disease or diabetes, suicidal ideation or threats, psychiatric conditions, cognitive functioning and memory loss and availability of social supports.

## **REHABILITATION—INPATIENT AND RESIDENTIAL**

### What It Is

Rehabilitation for substance abuse is an intensive process that helps individuals arrest their dependency in a medically managed and monitored treatment setting that includes psychiatric services, case management and support. Traditional inpatient rehabilitation services include 14-, 21- or 28-day programs. Today's inpatient rehabilitation services, however, are often shorter, typically have long waiting lists and are not always reimbursed by health insurance. Inpatient care in a medical or psychiatric unit in a hospital, however, is often more assessible. Residential rehabilitation programs offer slower paced, more repetitive treatment approaches that vary in intensity and setting. While Medicare and Medicaid-assisted payment for treatment services is available, you will need to check with your state's substance abuse agency to determine what rehabilitation and related services are covered in your locale.

### Special Considerations for Seniors

- Residential rehabilitation programs can work particularly well for seniors who have limited social/support networks and lack mobility.
- Seniors who are frail, acutely suicidal or medically unstable, however, do require 24-hour primary medical and psychiatric inpatient care. They will need greater support from available family members, caregivers and friends to ensure that their needs continue to be met after they are discharged.



## OUTPATIENT SERVICES

### What They Are

Specialized outpatient programs for substance abuse vary greatly and include: partial hospitalization/day treatment programs, where an individual attends a day treatment program five days a week; intensive outpatient programs that provide several hours of treatment per day; weekly group sessions; and individual counseling. Outpatient services are offered in a variety of community-based organizations, drop-in centers and senior centers. Outpatient programs typically refer individuals to self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) to supplement outpatient treatment. Individuals who attend AA, NA and other self-help meetings generally have higher recovery success rates than persons who do not attend these meetings.

### Special Considerations for Seniors

- Research an outpatient program carefully regarding its appropriateness for seniors. Learn about the expertise of the staff working with seniors and the program's philosophy and practices regarding older clients before making a referral.
- Determine if the senior has access to transportation and sufficient social supports in place for successful outpatient treatment.
- Look for programs and services that offer case management services. Coordination of care is particularly important for older adults with memory loss and limited resources and supports.
- Peer involvement is important. Be sure to refer seniors to available self-help groups and support groups.



## Treatment Approaches

There are many different approaches to treatment for substance abuse. Each can be tailored for seniors, depending on individual circumstances and needs. Treatment approaches include:

- **Cognitive-behavioral approaches** that help individuals identify their reasons for drinking and/or using drugs and devise strategies for changing their behavior.
- **Group-based approaches** that can help seniors learn coping skills for many of the challenges and issues they face as they age that can put a person at risk for substance abuse. Group approaches work particularly well with seniors and create camaraderie and support. Research indicates that older adults bond more quickly into groups than do younger adults. There are many types of group-based approaches, including therapy groups, educational groups, Alcoholics Anonymous and other self-help groups.
- **Individual counseling or short-term psychotherapy** that helps older adults deal with interpersonal conflicts and feelings, such as shame, guilt, denial, anger and hopelessness. Be aware, though, that for many of today's seniors, counseling may be a new experience. Outlining expectations and explaining the therapy process can help seniors new to counseling.
- **Medical/psychiatric approaches** that use medication with counseling. Keep in mind that older adults have more complex health issues and that these must be factored into the treatment, along with increased vulnerability to toxic drug side effects due to age and medical conditions.
- **Family involvement, family therapy and marital therapy** to rebuild a senior's social support network and/or educate family members about the similarities between symptoms resulting from substance abuse and those of normal aging. The level of family involvement in a senior's treatment will vary. Some seniors have family close by, while others have children and relatives who live far away. Families also might have their own issues and may not be able to provide much support. Confidentiality is a big issue for seniors, who might not like their business being shared with other family members. Marital therapy can present its own challenges because as a couple ages, the dynamics of their marriage can change quite dramatically. Couples counseling or group counseling with other couples of similar age is effective with seniors.



## Case Management, Discharge Planning and Continuing Care

Case management refers to the coordination and monitoring of the medical, psychiatric, counseling, social, supportive and financial assistance services needed to support a senior's substance abuse treatment and recovery. Case management begins with treatment planning and continues through the treatment and continuing care stages. The case manager forms a special bond with the senior, acting as a services broker and advocate. The case manager works to link all of the service providers who play a role in the senior's treatment process, as well as key family members and other individuals who are important in the senior's social network.

One treatment program typically cannot meet all of the needs of a senior, and the case manager can provide linkages to other community resources. It is critical for providers who work with seniors to build strong connections to a wide variety of community agencies and practitioners, such as mental health counselors and geriatric counselors, medical facilities for detoxification and inpatient services, home health agencies, agencies that provide in-home support for meals, housekeeping and errands, transportation services, senior employment and volunteer programs, legal and financial services, faith communities (e.g., churches, synagogues, mosques, temples) and the local area Agencies on Aging. It is key to clearly identify which agency will assume the lead case management role.

Discharge planning needs to go hand-in-hand with case management when working with older adults. Seniors are likely to need the assistance of their case managers in order to access needed community services. This need for assistance may be related to the physical limitations or the loss of family members or friends. Their social networks may also have gotten smaller due to their substance abuse problems.

Upon completion of treatment, a continuing care plan is developed with the client as part of the discharge process. Discharge plans for older adults are most effective when they include:

- Age-appropriate referrals to Alcoholics Anonymous, Narcotics Anonymous, women's or other support and self-help groups. These are sometimes called "old timers" groups and seniors who are in recovery or coordinators of these groups can help you identify them.
- Referrals to services that will help the senior maintain independence in the community, such as transportation, Visiting Nurse and Meals on Wheels.
- Plans for ongoing monitoring to manage health issues and to prevent or reduce relapse.
- Consistent involvement of a case manager to advocate for the senior and ensure that needed services are provided.




There are differences in continuing care and recovery for older adults. Treatment programs typically discourage clients from associating with each other after completion of treatment. However, treatment programs oriented to older clients frequently encourage their continued association with the program, offering socialization or alumni groups led by peer counselors. Other programs allow clients to return for other services such as group therapy or help seniors to set up a contact network. When working with seniors, it is critical to consult with your local Agency on Aging and other community resources that target older adults.

## Substance Abuse Treatment Guidelines for Seniors

Seniors have unique needs that, if not addressed adequately or appropriately, can affect treatment success. When working with seniors, it is recommended to incorporate the following guidelines into their treatment, whenever possible:

- Provide age-specific treatment settings. Research indicates that seniors do better in treatment with other seniors, as compared to when they access treatment with mixed-age groups.
- Convey respect for an older person. Seniors can sometimes feel that there is no hope for them because of their age. Adding the stigma of aging to the stigma of substance abuse can be a recipe for failure.
- Encourage the senior's confidence in being able to help her or himself. Never convey the attitude that seniors are helpless or impaired, but do recognize that older adults need special help and assistance.
- Include a special focus on depression, loneliness and loss and the need to develop effective strategies for coping with these issues.
- Help seniors strengthen or rebuild their social support networks.
- Offer treatment at a pace and content level that is appropriate for an older person. Repeat educational messages often and provide reinforcement. Less formal, shorter and more frequent treatment sessions might be more effective and manageable than longer sessions.
- Always make the senior's needs the main focus of the treatment program, not those of her or his family. When family members are present always talk directly to the senior, not to the adult child or spouse.

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- Maintain flexibility in the treatment program in order to address the changing needs of seniors, including health and living situations. The goals, setting and length of treatment can vary from senior to senior. For example, the first step in stopping drinking for one senior might involve finding safe and affordable housing, while another senior might need to resolve her or his depression or improve a relationship with a family member. Treatment might need to be interrupted due to illnesses or hospitalizations, and treatment schedules might need to be adjusted with varying fatigue levels or to accommodate home visits if a senior becomes home bound.
  - Screen for co-occurring psychiatric, medical and substance abuse disorders. If the senior is already involved with multiple providers, encourage active and ongoing communication among all providers treating the senior. This will make it easier to determine whether symptoms that emerge are related to substance abuse and/or other medical or psychiatric conditions. Communication among providers will facilitate holistic treatment and minimize the chances that treatment prescribed for one condition will exacerbate another.

It should be noted that maneuvering successfully through medical and social services can be a daunting task for any individual. Seniors managing multiple providers might very well benefit from having a family member or reliable friend function as an advocate.

- Screen for visual and hearing problems prior to or at the start of treatment. These problems can affect coping skills in seniors as well as activities of daily living that may interfere with social functioning. They can also prevent effective participation in substance abuse treatment. Always be sure to use larger print on forms that need to be completed, including consent forms, as well as larger print on any educational materials you plan on distributing to seniors.
- Determine an older person's literacy level and do not assume that seniors are literate and able to read. Many seniors who grew up during the Great Depression had to leave school and find work to help support their families. Be sensitive to this issue and offer to read and/or explain any forms, consents or educational materials to individuals who cannot read or have difficulty reading. Also be aware that some seniors' first language might not be English and that varying levels of literacy can occur in native languages. It is important to have staff persons that are fluent in the languages of the senior population you are serving, as well as having print material developed in these languages.
- Do not wait for seniors to ask questions about something they have not understood. Some seniors may not be accustomed to asking questions, particularly in medical or treatment settings, or they may feel embarrassed to admit that they do not understand something. Always ask if they have questions or have understood. It may also be helpful to ask them to tell you what they understood you to say. ("Please tell me your understanding of what was said today.")



- Pay attention to special needs of seniors, such as possible incontinence problems, short attention spans and memory lapses and how these may affect their participation in treatment.
- Be aware of gender differences and cultural issues among seniors, such as women taking a subservient role to men. Both women and men may also have issues that they do not feel comfortable discussing in the presence of members of the opposite sex.
- Throughout treatment, provide case management and referrals to other needed services. Taking a comprehensive approach that includes follow-up will increase chances for treatment success among seniors.
- Establish linkages with services that have expertise and a specialty focus on seniors.

## Resources for Additional Information

For more in-depth information on substance abuse treatment for seniors and substance abuse statistics and trends, you can consult the following excellent resources. Please note that you can access the following Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocols (TIPs) online at [www.samhsa.gov](http://www.samhsa.gov) or by calling the National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686.

- Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults*. Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 98-3179. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998.
- Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: A Guide for Treatment Providers*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 02-3742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000. Reprinted 2002.
- Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: A Guide for Social Service Providers*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 00-3393. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000.
- Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: Physicians Guide*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 04-3937. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000. Reprinted 2004.

- Korper, S.P. & Council, C.L. (Eds.). *Substance Use by Older Adults: Estimates of Future Impact on the Treatment System*. DHHS Publication No. (SMA) 03-3763, Analytic Series A-21. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2002.
- Miller, W.R. & Rollnick, S. (Eds.). *Motivational Interviewing*. New York: Guilford Press, 2002.
- Online Information from SAMHSA's Office of Applied Studies (OAS):
  - OAS Homepage: [www.DrugAbuseStatistics.samhsa.gov](http://www.DrugAbuseStatistics.samhsa.gov)
  - OAS Short Reports: [www.samhsa/oas.facts.cfm](http://www.samhsa/oas.facts.cfm)
  - National Household Survey on Drug Abuse (NHSDA), including State-level estimates: [www.samhsa.gov/oas.nhsda.htm](http://www.samhsa.gov/oas.nhsda.htm)
  - National and State-level Information on the Substance Abuse Treatment System through the Drug and Alcohol Services Information System (DASIS): [www.samhsa.gov/oas/dasis.htm](http://www.samhsa.gov/oas/dasis.htm)
- SAMHSA's Center for Substance Abuse Prevention (CSAP) Prevention Pathways Online Courses: <http://pathwayscourses.samhsa.gov>
  - *At Any Age, It Does Matter: Substance Abuse and Older Adults* (for Professionals)
  - *Alcohol, Medication and Older Adults* (for those who care about or care for an older adult)



# Developing a Substance Abuse Awareness Program for Seniors

## Outreach and Education Strategies

Outreach and education are key strategies to use when reaching seniors who are unable to recognize the presence of substance abuse or are resistant to discussing the topic. Increasing awareness about substance misuse and abuse will ensure healthier lives of our seniors and can often be the first step in recovery when substance abuse is present. This section provides strategies for developing an effective outreach and education program in order to increase substance abuse awareness among seniors.

### Determining the Needs of Your Senior Population

When planning any type of outreach or education program to raise awareness about substance abuse, you will develop a more successful program if you first document the needs of your target population. This critical step of needs assessment is often not done for many reasons, including lack of funding, time and staff. Yet it is really critical, because important needs and population characteristics can be overlooked or misunderstood. Keep in mind that the needs of different population groups are fluid and change over time, so periodic updates are very helpful to ensure that you are up-to-date with your population's needs.

Why is a needs assessment so important when working with seniors? One reason is that today's seniors are typically from a different generation than outreach workers, educators and program planners. These groups may speak different languages and view the world differently, including issues such as substance abuse. Another reason is that as our society and environment changes, seniors are also changing and adapting to new developments and trends. For example, many of today's seniors lived in extended families when they were young. Parents, aunts and uncles often lived in the same neighborhood and looked after older family members. Today, many families have become far-flung and extended family living is less common. An increasing number of seniors live in life care, continuing care or assisted living communities.

Some seniors have frequent contact with their families, while others have less frequent contact with family members who visit only a few times a year. Some seniors have family close by who can provide support, while others need to enlist in-home support from individuals who are not family members. The only reliable way to become familiar with the life circumstances, needs and resources available to seniors being served is to ask them, i.e., do a needs assessment.



Conducting a needs assessment does not need to be costly or labor-intensive. Here are some effective and inexpensive methods you can use to identify the needs of your senior population:

- **Surveys**

Short and simple surveys are a very effective method for finding out the needs of the senior population you are working with and can be conducted orally or in writing. Develop no more than ten key questions to ask seniors in your community about their understanding of substance abuse, attitudes toward substance use and abuse, their health care and social service needs and the types of education programs they would be interested in attending. Use open-ended questions to stimulate discussion and to avoid getting “yes” or “no” responses. Use language that is easily understood by the seniors.

You can administer surveys at places where seniors normally gather, such as senior centers, churches, bingo games and health care clinics. One very effective way to gather information is to identify senior volunteers that you can train to distribute the surveys or conduct individual interviews with other seniors at places where they gather. Research has indicated that individuals often feel more comfortable being approached by or talking to their peers. You can provide transportation for your volunteer data-collecting seniors to these sites and offer incentives, such as cash or coupons for food or household necessities, if your budget permits. Be aware that some seniors may feel that, by participating in a survey, they are admitting that they have a substance abuse problem. If this occurs, you can reassure them that you are not collecting any personal information and that you are interested only in opinions, not behaviors.

A sample survey is provided in *Appendix A*.

- **Focus groups**

Facilitating focus group discussions with between eight and ten seniors at a time is another way to determine your senior population’s needs. You will need to develop 5–10 key questions to guide a discussion lasting no longer than one hour. The questions cover the same content described in the *Surveys* section, above. You can provide refreshments and offer incentives to participants, depending on your available resources. Most communities have experienced focus group facilitators and you can hold focus group meetings at your organization’s facility to save money. If you don’t know of a facilitator, contact your local university, college or community college and talk with their geriatric or human services departments for contacts. Your regional Addiction Technology Transfer Center may also be able to provide assistance (see [nattc.org](http://nattc.org)). If there is an advertising company in your community, consider talking with them about experienced focus group facilitators in their health and social service areas. You can also work with a local senior center to recruit and



hold a meeting at the center during regular hours, which will eliminate having to arrange transportation for the seniors. It is helpful to tape record the focus group meeting, with the participants' permission, and to have a note taker in addition to a facilitator so you don't miss key points made or issues raised during the discussion.

Sample focus group questions are provided in *Appendix A*.

- **Key informant interviews**

Conducting interviews with key informants—that is, representatives from other organizations and professionals working with seniors in your area—will help you to obtain different perspectives on the needs of the senior population you are targeting. Key informants may include representatives from substance abuse agencies, home health agencies such as the Visiting Nurse Association, health care clinics, Medicare and Medicaid offices and mental health providers. You can develop a short list of questions to ask each key informant and conduct the interviews in person, over the phone or via an e-mailed or mailed questionnaire. You can also conduct a focus group with key informants, using the same format described above. Incentives are not typically required for talking with other providers and professionals—although a light snack and refreshments for focus group participants would certainly be appreciated.

Sample key informant interview questions are provided in *Appendix A*.

- **Needs Assessment Assistance**

If you have staffing limitations, limited expertise with needs assessment or are having difficulty locating focus group facilitators or research consultants, you can contact your local university or community college to identify potential students that might need a field project for their studies. Students are often looking for research projects in the community and would be happy to work with you to design data collection instruments and collect and analyze data.

Your regional Addiction Technology Transfer Center may also be able to provide assistance in conducting and/or analyzing your needs assessment (see [nattc.org](http://nattc.org)).

The *Resources and Information* section at the end of this chapter provides references for helpful materials regarding needs assessment.

## Selecting Outreach and Education Venues

Your outreach and education strategy for reaching seniors will vary depending on your setting and your senior population. During the needs assessment process, you can ask seniors what types of activities they would be interested in participating in, where they currently go for information and where they go to participate in social and other types of activities. This information will assist you in selecting the most appropriate outreach and education venues for your program.

Key questions to consider when selecting outreach and education venues include:

- Where do the seniors that you are trying to reach congregate on a regular basis—is it at a senior center, church, soup kitchen, shelter, day programs, recreation center in a senior housing development, or other venue?
- When are seniors most likely to frequent these locations (times, days)?
- What type of relationship do you have or need to form with these programs as potential outreach locations?
- Do you have a thorough understanding of all of the programs available at each of the potential outreach locations, as well as a list of each location’s programs and services?
- Do seniors already have transportation to these venues or is this something that you will need to arrange?

## Designing Education Programs for Seniors—Ten Steps for Success

You’ve conducted your needs assessment and determined appropriate outreach and education venues. Your next step is to determine what types of information you want to provide for your seniors. As you can imagine, there are many different types of education programs you can conduct to raise substance abuse awareness in your senior population.

Programs are most successful when they focus on the encouragement of healthy lifestyles and successful strategies for coping with life challenges that accompany aging. In *Part 1* of this manual we talked about reasons older adults might have difficulty discussing substance abuse. By incorporating substance use, misuse and abuse into health education programs rather than highlighting them as the main topic, you will create a safer environment where seniors will be more open to talking about substance-related issues.

There are a wide range of topics that you can present to seniors and interactive activities that you can use to enhance learning. We strongly encourage becoming acquainted with the principles of adult learning theory, which states that adults learn better through interactive and experiential methods versus lectures where they may feel “talked at.”



During your program activities, always distribute your business card and provide participants with a local or national information line or hotline to call for further information on substance abuse.

A ten-step guide for developing a senior substance abuse awareness program follows. Each step does not need to be conducted in the order in which it appears and you might already have some of these steps accomplished.

### **Step 1: Determine Risk Factors and Protective Factors to Address in Your Senior Program**

When developing your program, it is helpful to focus on the particular risk factors and protective factors that you want to address with the seniors. This will help you to determine topics to cover, as well as the types of outreach activities to implement.

**Risk factors** are those which make people more vulnerable or at-risk for substance abuse. As we age, our vulnerability increases as we experience more losses including:

- Death of a spouse, other family members and close friends
- Loss of income, social status and self-esteem as a result of retirement
- Loss of physical ability, including not being able to drive, difficulty walking or using public transportation
- Declining health and/or more health problems
- Loss of or reduction in hearing, sight and memory
- Separation from children and loss of home resulting from moving into a retirement community or senior housing development
- Loss of social support and social activity

**Protective factors** are those which help to promote and reinforce healthy behaviors and offset risk factors for substance abuse. Examples of protective factors include:

- Access to resources such as housing and health care
- Access to support networks and opportunities for forming social bonds (within the community, retirement home, church, etc.)
- Involvement in community and social activities
- Supportive family relationships

- Knowledge regarding how to safeguard their health and the skills to do so
- A sense of purpose and identity
- The ability to live independently or with few supports

To identify the specific risk and protective factors that your education programs should address, you can include questions about these factors in the needs assessment process.

### **Step 2: Name Your Program**

Programs are often developed and not named, or generic names are used such as “Senior Program.” It is very important, however, to give your program a name and an identity that will resonate with your senior population and be easily recognized. Try to find a name that is short and catchy and something that seniors can relate to. You can test out program names during your needs assessment process or ask seniors what type of a name would attract their attention. You do not want to use names such as “Substance Abuse Awareness Raising Program for Seniors.” A name such as “Healthy Lifestyles for Seniors” will be much better received by your senior population.

### **Step 3: Determine Educational Activities and Topics for Your Program**

There are a wide range of educational activities you can implement at your selected venues to educate seniors and raise awareness about healthy lifestyles and the prevention of substance abuse. These include:

- Community talks or presentations—particularly effective if you can use local celebrities or community leaders
- Health fairs with free samples of health products such as pill organizers and pillboxes, calendars and brochures/pamphlets
- Free health screenings, such as blood pressure screenings
- Exercise demonstrations and classes that can be donated by local trainers
- Cooking demonstrations and food samplings that can be donated by local cooking schools, home economic departments at local schools or community colleges or local grocery stores that have demonstrations and samplings in their stores



Be mindful of the habits and schedules of your senior population. Be sure to ask about when it is best to hold educational and other activities. Many seniors are early risers and tend to become tired in the afternoon. Some have favorite soap operas and talk shows that air in the afternoon. Others may have a hard time getting started in the morning and prefer early afternoon activities. For optimal participation and attendance, get input from your target audience of seniors and schedule events and activities accordingly.

### **Senior Games—Bingo, Cards and Board Games**

Another highly effective way to provide information to seniors who might not be receptive to learning about or discussing substance abuse issues is to offer activities that they enjoy, such as bingo, card or board games, and then having a discussion afterwards about healthy lifestyles and substance use, misuse and abuse. Senior bingo is very popular in many communities, and prizes offered can be health-related incentives such as pillbox organizers, medicine bottle openers and personal care products. We will talk more about incentives and ways to obtain donations in *Step 7*.

### **Educational Topics**

When determining the content of your education program, there are many topics that you can consider including, depending on the needs of your senior population and the risk and protective factors that you have decided to address. Keep in mind that you can do a series of programs addressing several topics over time or have a one-session stand-alone program, again depending on the needs that you have identified for your senior population. Educational topics can include:

- Relapse prevention
- Over-the-counter drugs, drug interactions and how to manage prescription and non-prescription medications (See the *Drug Safety* handout provided in *Appendix B*.)
- Stress management
- Physical fitness and nutrition
- Grief and loss
- Finances and insurance
- Depression and mental health issues
- Gambling
- Victimization, abuse and neglect

- Legal issues
- HIV, STDs and hepatitis
- Sexuality and relationships
- Family relationships
- Living alone
- Moving into a retirement community or senior housing development

You do not have to be an expert in all of these topics—there are often other organizations in your community that have experts on these topics that you can work with to help plan an educational activity or have them attend as guest speakers.

### **Coordination with National Observance Days**

There are two national observance days that you can use to help promote senior substance abuse awareness activities in your program. The first is Alcohol and Drug Addiction Recovery Month, sponsored by the Substance Abuse and Mental Health Services Administration, observed every September. There is a helpful Web site, [www.recoverymonth.gov](http://www.recoverymonth.gov), with a toolkit for planning activities to raise awareness, as well as public service announcements, flyers and Web banners for your Web site. The site also has links for technical assistance in planning events.

The other national observance is Older Americans Month. Observed every May, the Administration on Aging has information on its Web site for planning community events around a yearly theme. The Web site, [www.aoa.gov/press/oam/oam.asp](http://www.aoa.gov/press/oam/oam.asp), has links for flyers, posters, logos and press releases as well as promotion strategies.

### **Step 4: Select Educational Materials for Your Program**

There is a wide array of educational materials for seniors about substance abuse, health and other issues. A great place to start is the Internet. You can find resources and free materials at the following federal agency or federal agency-sponsored Web sites:

- Substance Abuse and Mental Health Services Administration (SAMHSA): [www.samhsa.gov](http://www.samhsa.gov)
- SAMHSA's Center for Substance Abuse Prevention (CSAP): [www.prevention.samhsa.gov](http://www.prevention.samhsa.gov)

Search CSAP's Prevention Pathways Online Courses. There are several that deal with senior substance abuse and treatment.



- SAMHSA’s Center for Substance Abuse Treatment (CSAT): [www.csat.samhsa.gov](http://www.csat.samhsa.gov)

Be sure to search CSAT’s Treatment Improvement Protocols (TIPs). These protocols are developed for professionals (providers, physicians and social service providers) and contain very helpful best practices and you can use them for professional education and raising awareness and as giveaways to geriatric clinicians and treatment providers. There is an entire TIP series called “Substance Abuse Among Older Adults.” You can order multiple copies free of charge.

- SAMHSA’s Center for Mental Health Services: [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)
- National Clearinghouse on Alcohol and Drug Information: [www.health.org](http://www.health.org)
- National Institute on Drug Abuse (NIDA): [www.nida.nih.gov](http://www.nida.nih.gov)
- National Institute on Alcohol and Alcoholism (NIAAA): [www.niaaa.nih.gov](http://www.niaaa.nih.gov)
- National Institute on Mental Health (NIMH): [www.nimh.nih.gov](http://www.nimh.nih.gov)
- National Institute on Aging (NIA): [www.nia.nih.gov](http://www.nia.nih.gov)
- Office of Minority Health Resource Center (OMH): [www.omhrc.gov](http://www.omhrc.gov)
- National Women’s Health Information Center (NWHIC): [www.4woman.gov](http://www.4woman.gov)
- Center for Disease Control and Prevention, National Center on HIV, STDs and TB Prevention’s National Prevention Information Network (NPIN): [www.cdc.npin.org](http://www.cdc.npin.org)
- NAADAC, The Association for Addiction Professionals (NAADAC): [www.naadac.org](http://www.naadac.org)
- National Addiction Technology Transfer Center (ATTC): [www.nattc.org](http://www.nattc.org)
- American Association of Retired Persons (AARP): [www.aarp.org](http://www.aarp.org)

Be sure to also check with local organizations in your community for educational materials they use or have developed for the topics you have selected to address with your senior population. Contact your local and/or state substance abuse agency, health department and Office on Aging for information, as well your local chapter of the American Association for Retired Persons (AARP). Another good resource for substance abuse-related information is Alcoholics Anonymous (AA). You might be able to connect with AA groups that consist mostly of seniors and obtain materials from them, as well as support for and assistance with your outreach activities.



### **Step 5: Recruit Senior Volunteers**

A great and often overlooked asset in developing an outreach program for seniors is the seniors that you are trying to reach. Involving seniors, particularly seniors who are in recovery, will not only lend credibility to your program, it will provide you with access to a wealth of information about senior needs and trends in the community that will assist you with program development and retooling. Developing a strong and active partnership with your target population will also broaden your reach. Like other population groups, seniors respond well to peer outreach. Hearing about your program from other seniors is a highly effective way to enlist participants and support for your efforts.

Senior volunteers can help you publicize your program, secure space for your program (in their senior residence, health care clinic, recreation center or church) and assist with presentations by sharing their stories. You can also ask senior volunteers to agree to represent your program and lend their faces to your recruitment and advertising activities. Using their pictures on posters and flyers can help impart the message that people of all ages are affected by substance abuse and need assistance and that help is available to people of all ages.

When you recruit seniors, it is important to provide volunteers with ongoing support. Some seniors might need emotional support because of past involvement with substance use, misuse or abuse, or the current involvement of a close friend or family member with substance abuse. Most likely you will need to provide transportation assistance to events in your community as well. You might also want to consider offering some type of incentive to volunteers such as coupons to redeem at a grocery or drug store.

### **Step 6: Develop Community Collaborations and Raise Awareness of Seniors and Substance Use, Misuse and Abuse**

An important step in developing a senior substance awareness program is the building of strong and effective collaborations with agencies and programs in your area that serve seniors. A good first step is to contact your local Office on Aging to obtain a list of all local senior programs and service providers, including substance abuse agencies. Depending on your program activities, select the most appropriate agencies and programs that you want to collaborate with, including:

- Senior centers
- Recreation and day programs for seniors
- Church programs
- Senior housing developments, assisted living and life care communities
- Health department and health-related clinics



- Soup kitchens and homeless shelters
- Substance abuse programs and clinics, including self-help groups such as Alcoholics Anonymous

When building relationships with agencies and programs that you would like to work with, it can be an excellent opportunity to raise awareness on senior substance abuse among staff. Educating the organizations you will be working with on the issue of senior substance use, misuse and abuse will help in many ways: providers will be more attuned to these issues and be better able to recognize substance abuse in their seniors; more seniors will be referred for needed services; and the issue will be “destigmatized” by talking about it in the open. You can set up visits to organizations to discuss senior substance abuse with management personnel and staff, plus provide any free educational materials you have collected such as the CSAT TIP series on “Substance Abuse Among Older Adults.” Another option is to develop and conduct awareness raising/educational sessions at your organization and invite your collaborators to participate in an informal training on seniors and substance abuse. The SAAS Technical Assistance Matrix provided in *Appendix B* contains a helpful list of training topics and program materials that can be distributed to various types of community partners.

### **Step 7: Secure Incentives for Seniors**

Many organizations do not have funds for providing incentives to their program participants and volunteers. You can, however, approach local companies and businesses for free giveaway items and support. Asking others for program contributions is often a task that no one wants to do. We encourage you, though, to involve local companies and businesses—after all, it will benefit them as well as the entire community to help ensure the health and well-being of the senior population. Businesses can also benefit from increased visibility that results from acknowledging their contributions in local advertisements, including local public service announcements and newspaper or newsletter articles about senior substance abuse. So, do not be afraid to ask for help. Here are some examples of local help you can ask for:

- Grocery stores for food coupons that seniors can redeem for over-the-counter medicines, personal care products, etc.
- Department stores and other local stores for donations of prizes for bingo and other games.
- Pharmacies and hospitals for pill box organizers and pocket health guides to list medications in. Many hospitals also have local foundations that you can approach.

Other organizations to reach out to for support include your local United Way and local clubs such as the Rotary, Kiwanis, Lions, Elks and Eagles.



We encourage you to be creative with the types of incentives you offer. When you are conducting your needs assessment activities, you can ask seniors what types of incentives or “freebies” they would be interested in receiving. Be sure to have the incentives relate to the topic(s) you will be discussing with seniors during your outreach activities.

### **Step 8: Develop and Maintain an Updated Resource and Referral List**

When conducting a substance abuse awareness program for seniors, it is very important to keep in mind that you are working with the whole person, not just the addiction. It is essential to have access to a wide variety of resources and referrals for your senior population. Assemble a resource and referral list with agency names, phone numbers, contact names and Web site addresses that cover all of your senior’s needs, including:

- Senior programs, including day care, recreation and local chapter of AARP
- Substance abuse treatment programs
- City, town or county Offices on Aging
- Health care, including geriatric clinicians
- Mental health programs, particularly those specializing in geriatric care
- Self-help groups, such as AA, NA and Al-Anon
- Church or faith-based programs
- Nutritional counseling and support
- Recreation and exercise programs for seniors
- Food assistance, such as Meals on Wheels
- Housing, including group homes and nursing homes (these will be helpful for seniors coming out of treatment who need housing assistance)
- Transportation assistance
- Senior chore services
- Salvation Army
- Homeless shelters



- Financial assistance, including Medicare and Medicaid
- Prescription drug assistance
- Nursing/home health aide assistance
- Job assistance
- Financial counseling
- Legal assistance for items such as wills
- Elder violence, domestic violence and sexual abuse

### **Sample Resource and Referral List**

*Appendix B* contains a Senior Resource and Referral List template that you can use for key referral sources. You can list agencies alphabetically or group them by area e.g., housing, substance abuse, mental health.

After you have developed your resource and referral list, be sure to update your list with new contact names and phone numbers at least every six months. This might even be an activity where you can enlist the help of your senior volunteers in making calls to agencies to verify that your contact information is accurate.

When making a referral, remember it is always preferable to give a senior the name of a contact person rather than just a phone number. Be sure to follow up with your seniors to make sure that the referral was appropriate, that service was in fact received and to obtain information about the senior's experience with the service. If you find that seniors are having difficulty accessing a particular service or were dissatisfied with that service, you can use this as an opportunity to conduct awareness raising and education with that particular service provider.

### **Step 9: Develop a Strategy to Promote Your Program**

Once you have your program developed, focus your attention on developing a strategy to promote the program. It is helpful to first create an identity for your program that will be attractive to your target senior population by using your program name, logo or slogan. This will help to “brand” your program and develop an easily recognizable presence in the community. There are a variety of ways to promote or advertise your program including:

- **Posters and flyers** that describe your program can be distributed widely throughout your community at places such as senior centers, clinics, soup kitchens and churches. You can also give flyers to the Visiting Nurse Association, Meals on Wheels and other organizations that serve seniors in their homes and ask these agencies to distribute the flyers to their clients. When designing posters and flyers, ask your senior volunteers to have their photographs placed on these materials in order to give your program a “face.” Using pictures of seniors can also make other seniors feel more comfortable with your program. You can identify one or two seniors as local “spokespersons” for your program and/or recruit local celebrities that seniors have high regard for to represent your program.
- **Public service announcements** on local radio and television stations popular with seniors. Ask for free public service announcement space and develop an announcement about your program. You can contact local advertising agencies to ask for donated assistance with developing effective messages about your program and the issues of senior substance use, misuse and abuse.
- **Articles in local newspapers, newsletters and gazettes** that seniors read. Invite a reporter to interview you or attend one of your outreach events and write a story. Consider writing a letter to the editor about the need for increased awareness about senior substance abuse issues.
- **Promotional materials**, including coffee cups, pens, T-shirts and baseball caps that use your program’s name, logo or slogan. You can solicit donations for these items from local businesses and companies.
- **Program kickoff events** that target seniors as well as community service providers, held in easily accessible, familiar and free venues, such as a hospital, library or community center in your area. You can send out invitation letters to the organizations on your resources and referral list. Include some statistics about the senior substance use, misuse and abuse issue and let organizations know that you are available to help the seniors they serve. Be sure to advertise the event on local radio and television stations and in the local newspaper a few weeks in advance. Invite your mayor, council members, AARP chapter head and any other relevant representatives of organizations, as well as a local senior “celebrity” to speak at the event and try to secure entertainment from local seniors and/or senior groups such as singing or acting groups. You can obtain donations from local vendors for refreshments and hand out program literature and free educational materials. Let the local press know about your event and ask them to cover it in their papers or do a story on their television or radio station. The goal is to generate enthusiasm and excitement for your program and get the word out to seniors and their families as well as organizations that serve seniors.



## Step 10: Design an Evaluation Strategy for Your Program

Program evaluation is a task that typically ends up on the back burner due to a lack of time and staff. Yet we all know how important evaluation is in determining program success and how important it is to have this information when seeking funding.

The number one reason for evaluating any program is that it will provide you with the information you need to know whether or not your program is effective. Evaluation will also provide you with information you can use to refine and improve your program, particularly if you continually evaluate your program. This is extremely cost-effective, because ongoing evaluation allows you to identify and fix problems early on.

There are two basic types of evaluation that can be effectively used for any type of program:

- **Process evaluation** is the type of evaluation that organizations are most familiar with. What it does is look at whether or not you implemented the program the way you had intended. It asks, did you reach the number of clients you projected you would reach? Did you hold the number of educational sessions or activities that you had outlined in your program plan? With process evaluation, you quantify and document program activity, such as the number of seniors who attended your educational sessions, the number of flyers and posters distributed, the number of television, radio and print stories about your program, etc. You can also measure the level of participation at each of your outreach activities and participant satisfaction with the activities themselves. For your senior population, it might be more effective to have closing discussions at each of your activities to determine satisfaction rather than obtaining written feedback. If you do choose to use written feedback forms, be sure to use large type and language that is easily understood and be brief with your questions.
- **Impact evaluation** examines the impact or effect your program had on your senior population. It asks if you achieved the outcomes that you established for your program. For example, did you increase knowledge among your population about substance use, misuse and abuse? Did seniors follow-through on referrals and obtain assistance with substance abuse issues? Did seniors change their attitudes about drinking and combining alcohol with prescription medication? You can document these outcomes using a pre- and post-program survey that asks seniors about knowledge, attitudes and behaviors, including intended behaviors. The pre- and/or post-program survey can be in the form of a written questionnaire, individual interviews or focus groups.

If you need assistance with evaluation, a great resource is your local community college or university research department, particularly one that has a department on aging. The school can help you to locate a student who needs a research project who can assist you with designing your process and impact evaluation, including developing goals, outcomes and evaluation questions, and analyzing data. Another option is to secure an independent evaluator or evaluation company.

When selecting an outside evaluator, be sure to consider his or her formal training and evaluation experience, particularly with senior populations. You can also look at work samples and ask for professional references to ensure that your evaluator will be a good match for your program. Your regional Addiction Technology Transfer Center is an excellent resource for advice and assistance in conducting your evaluation (see [nattc.org](http://nattc.org)).

## Special Considerations for Development of a Senior Substance Abuse Awareness Program

### Culture and Language

When developing a senior substance abuse awareness program, you need to be aware of the cultural dynamics that can influence the behaviors of the senior population that you will be working with, including alcohol and drug-using behavior, how individuals choose to communicate about personal issues, and their attitudes toward seeking information and assistance.

The operating definition of culture that we are using here is the shared values, norms, traditions, customs, arts, history, folklore and institutions of a group of people. These shared beliefs serve as guides and determinants for behavior within cultural groups. While cultural commonalities can be observed among groups of people, considerable variation can also be identified within groups based on factors of age, education, gender and exposure to other cultures. Keep in mind that culture is complex and never static; it is always changing and adapting to a continuously changing environment.

Be sensitive and aware of the cultural issues that may be influencing the senior population you are targeting. It is also important to understand the language your senior population is using, including figures of speech. Effective communication with seniors of different cultures includes:

- Actively listening to what the person is saying
- Responding to what is being said, not how it is said
- Allowing a senior to fully express herself or himself before responding to a situation or a concern
- Avoiding reactions such as anger, shock or laughter that may convey disapproval of a senior's viewpoint
- Asking open-ended questions to clarify what the person is saying



- Acknowledging the senior’s point of view
- Avoiding value judgments about what a senior is saying
- Conveying that it is okay to offer different points of view
- Conveying that it is okay to agree to disagree
- Committing to being available to provide support
- Always thanking seniors for sharing their points of view and/or concerns with yourself or a group

To help determine figures of speech in your population, you can ask seniors to help you develop a list of expressions and words; you can build on this at each outreach activity, making it a fun exercise.

Keep in mind that some people and cultures focus more on individualism while others focus more on being members of a group, which might influence interaction and participation in your outreach activities.

It is also important to understand the impact of population-specific behaviors related to substance abuse. For example, we have recently learned of Latino seniors being able to access addictive pain medications in their home countries that have been removed from the U.S. market. Having this type of knowledge of your target population is critical in designing effective outreach programs.

### **Special Population-Specific Resources**

Here is a listing of special publications and resources for working with different cultural populations.

- *Alcohol Problems in Native America: The Untold Story of Resistance and Recovery - the Truth About the Lie* by William White and Don Coyhis. White Bison: 2006. For more information about Native Americans and substance abuse, visit [www.whitebison.org](http://www.whitebison.org).
- Native Elder Research Center—Resource Center for Minority Aging Research, University of Colorado at Denver, Health Sciences Center—[www.uchsc.edu/ai/nerc/nerc\\_index.htm](http://www.uchsc.edu/ai/nerc/nerc_index.htm).
- The National African American Drug Policy Coalition, Center for Drug Abuse Research, Howard University: [www.naadpc.org](http://www.naadpc.org).
- National Hispanic Council on Aging: [www.nhcoa.org](http://www.nhcoa.org).

- National Asian Pacific American Families Against Substance Abuse: [www.napafasa.org](http://www.napafasa.org).
- National Association of Lesbian and Gay Addiction Professionals: [www.nalgap.org](http://www.nalgap.org).

## Tips for Conducting Effective Senior Outreach/Education Programs

We know that there are many ways to conduct effective outreach and education programs. We also know that methods will vary depending upon your senior population and outreach settings. What follows are tips that we have compiled from programs that have implemented senior substance abuse outreach and education programs.

- On the date of your outreach or education activity, arrive early to introduce yourself to the staff at the location where you are conducting your activity. Be sure to hand out your business card and any program literature and talk with staff about making referrals to your program.
- Let the seniors know that you are available to talk with them immediately after the program. Be sure to give all participants your business card or contact information so they can call you for more information or a referral in confidence.
- Always have a fun icebreaker exercise at the beginning of each activity. This will help seniors feel more comfortable and relaxed. You can lead a light exercise activity such as stretching or yoga, do a short reading such as a poem, tell jokes or lead a sing-along. Examples of icebreakers are provided in *Appendix D*.
- If you are conducting a game such as bingo, be sure to secure “prizes” that your seniors like and will use, such as slippers, eyeglass cases, jar openers, umbrella, socks, stockings, etc.
- It is often effective to start your activity with a discussion about medication. Ask seniors who take more than one medication to raise their hands. Talk about the importance of them talking to their doctors and asking questions about medication. Be sure they know that they need to tell their doctors all the medicines they are taking, including over-the-counter drugs and “natural,” or herbal, supplements. You can use this as a lead-in to talking about drug interactions, including alcohol. You can also talk about the dangers of skipping medicines and reducing dosages to save money and provide resources for drug assistance.
- Remember that peer involvement is key and use senior volunteers to help you, particularly seniors in recovery. This will give your program credibility and make seniors feel more comfortable discussing substance abuse issues.



- May is Older Americans Month and September is Alcohol and Drug Addiction Recovery Month and you can use these months to launch your program, plan a special event or hold a series of workshops or discussions.
- Any handouts distributed should use a large font and be tailored to the reading level of the target group of seniors.

## Program Sustainability

Developing a strategy to ensure the sustainability of your program can be a real challenge, especially given shrinking resources for public health and social welfare programs. It is important to diversify your funding sources and not become dependent on a single resource. There are a number of avenues you can explore for fundraising activities including:

- Grant proposals to local foundations and corporate giving programs. To identify local foundations and corporations in your area, check out the Foundation Center at [www.fdncenter.org](http://www.fdncenter.org)
- Network with your local Chamber of Commerce for fundraising ideas or businesses that you can submit a proposal to. Local Rotary Clubs often make donations for community activities.
- If you are located within a nonprofit organization, ask your Board of Directors to help you with fundraising and to host fundraising events such as dinners in their home that you can attend and speak about your program.
- Develop an individual donor solicitation that can be an informal newsletter about your program. Include a photograph of an outreach activity or your senior “celebrity” or spokesperson and mail to community organizations, Chamber of Commerce business members, Council members, elected officials and other potential donors that you can identify. Be sure to have permission forms available for taking photographs, etc. of your senior celebrity or other seniors in your program. Again, if you are located in a nonprofit organization, include your Board of Directors and your organization’s mailing list for individual donor solicitations.



## Resources for Additional Information

For more detailed information about the information presented in *Part 2*, please use the following resources.

- Model programs identified by the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention addressing senior substance abuse-related issues can be found at <http://pathwayscourses.samhas.gov/courses.htm>. Select the course “At Any Age It Does Matter: Substance Abuse and Older Adults (for Professionals),” and click on “Supplements.” Then go to Module 6 and select “Promising Prevention Programs for Older Adults.”
- *Need Analysis—Tools for the Human Services and Education* by Jack McKillip. Sage Publications: 1987.
- *Focus Groups—Theory and Practice* by David W. Stewart and Prem N. Shamdasani. Sage Publications: 1990.
- Making Health Communication Programs Work (the “Pink Book”), U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Cancer Institute (NCI): 2001. Available through the NCI Web site [www.cancer.gov/pinkbook](http://www.cancer.gov/pinkbook) or call NCI’s Cancer Information Service at (800) 4-CANCER.
- *Securing Your Organization’s Future—A Complete Guide to Fundraising Strategies* by Michael Seltzer. The Foundation Center: 2001. Available through the Foundation Center—[www.fdncenter.org](http://www.fdncenter.org).
- *Evaluation for the Unevaluated: Program Evaluation 101 and Program Evaluation 102*. SAMHSA’s Center for Substance Abuse Prevention Pathways Courses. Online at <http://pathwayscourses.samhsa.gov/courses.htm>.
- *Alcohol, Medication and Older Adults: For Those Who Care About or Care For an Older Adult*. SAMHSA’s Center for Substance Abuse Prevention Pathways Courses. Online at <http://pathwayscourses.samhsa.gov/courses.htm>.
- *Out of the Shadows: Uncovering Substance Use and Elder Abuse* (for Professionals). SAMHSA’s Center for Substance Abuse Prevention Pathways Courses. Online at <http://pathwayscourses.samhsa.gov/courses.htm>.



# Providing Linkages to Substance Abuse Treatment and Related Services

## Conducting Substance Abuse Screenings

Providing linkages to substance abuse treatment and related services is an important component of any awareness-raising program. This part of the manual will provide some tips for how to talk with seniors about substance abuse, give you resources and screening tools that you can use within your program, discuss the importance of incorporating medication reviews into substance abuse screening, review referrals and case management and address legal issues and confidentiality when working with seniors.

## Talking with Seniors about Substance Abuse

When you have identified a senior through your outreach activities that you feel needs to be screened for substance abuse, you may or may not be conducting the actual screenings at your program. Whether you do the screening yourself or refer out, it is important to recognize that many of today's seniors will have difficulty discussing substance abuse. When talking with a senior about substance abuse, it is important to:

- Be respectful of privacy—always conduct a screening or assessment in a confidential, quiet setting
- Frame your questions as a concern for a medical condition or health issue—not as judgment for a “bad” habit or behavior
- Be empathic and non-confrontational
- Be honest and if you do not know something, say so and offer to get an answer to a senior's question
- Never use terms such as “alcoholic” or “drug addict.” Terms that may stigmatize a senior, or appear judgmental will guarantee that the senior will shut down and not respond to you



- Be an active listener by listening to the words the senior is speaking; observing her or his nonverbal behavior such as body language, tone of voice and facial expressions; and listening to her or his responses in the context of the whole person and the recent events of her or his life

## Screening Tools

There are many screening tools that can be used to assess substance abuse, medication misuse and depression in older adults. Copies of some of these tools are included in *Appendix C* and Internet links are provided for each instrument. Even if you are not doing screenings in your program, it is helpful to become familiar with the following commonly used screening tools:

- The Alcohol Use Disorders Identification (AUDIT). Available online at [www.who.int/hq/2001/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://www.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf). This instrument has been validated cross-culturally.
- Alcohol Use Among Older Adults—Pocket Screening Instruments for Health Care and Social Service Providers. Includes AUDIT and CAGE Screening Test for Alcohol Dependence and the Short Michigan Alcoholism Screening Test—Geriatric Version. Available online at [http://kap.samhsa.gov/products/brochures/text/POCKET\\_2.txt](http://kap.samhsa.gov/products/brochures/text/POCKET_2.txt)
- Short Michigan Alcoholism Screening Test—Geriatric Version (S-MAST-G). Available online at [www.hartfordign.org/publications/trythis/issue17.pdf](http://www.hartfordign.org/publications/trythis/issue17.pdf).
- Drug Abuse Screening Test (does not include alcohol use questions). Available online at <http://kc.vanderbilt.edu/addiction/dast.html>.
- Substance Abuse Subtle Screening Inventory (SASSI) available online at [www.sassi.com](http://www.sassi.com).
- Index of Activities of Daily Living (Index of ADLs). Available online at [www.hartfordign.org/publications/trythis/issue02.pdf](http://www.hartfordign.org/publications/trythis/issue02.pdf).
- Instrumental Activities of Daily Living (IADL) Scale. Available online at [www.abramsoncenter.org/PRI/documents/IADL.pdf](http://www.abramsoncenter.org/PRI/documents/IADL.pdf).
- Geriatric Depression Scale (GDS) Short Form. Available online at [http://pathwayscourses.samhsa.gov/aaac/pdfs\\_aaac/gds.pdf](http://pathwayscourses.samhsa.gov/aaac/pdfs_aaac/gds.pdf). A copy of this form is provided in *Appendix C*.



- Center for Epidemiologic Studies—Depression Scale (CES-D). Available online at <http://patienteducation.stanford.edu/research/cesd10.pdf>.
- Health Screening Survey (HSS). Available online at [http://pathwayscourses.samhsa.gov/aaac/pdfs\\_aaac/hss.pdf](http://pathwayscourses.samhsa.gov/aaac/pdfs_aaac/hss.pdf).

## Medication Reviews

As part of screening for substance abuse it is critical to conduct a medication review to determine:

- What medications, including prescription, over-the-counter and herbal or “natural” remedies, a senior is taking
- Exactly how the senior is taking medications (e.g., with water, on an empty stomach, with food), time of day, dosage, what is done when a dosage is skipped or forgotten and how often a medication is forgotten
- Whether or not the primary care doctor and/or pharmacist are aware of all the medications a senior is taking
- Any side effects being experienced from a medication, including allergic reactions and sensitivities
- Other physicians, other than a primary care doctor, that are providing care to the senior
- Whether or not the senior is drinking alcohol and mixing alcohol with prescribed medications

You can use a number of tools or design your own to help seniors effectively manage medications, including charts and daily pillboxes available at local pharmacies. There are also publications that you can distribute to seniors on how to safely manage, store and take their medications. These publications include:

- *As You Age...A Guide to Aging, Medicines and Alcohol*. U.S. Department of Health and Human Services, SAMHSA and FDA. Available through the National Clearinghouse for Alcohol and Drug Information (NCADI)—(800) 729-6686.
- *Aging, Medicines and Alcohol*. U.S. Department of Health and Human Services, SAMHSA, Center for Substance Abuse Treatment. Available through NCADI.

- **Harmful Interactions: Mixing Alcohol with Medicines.** U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism. To order write to NIAAA, Publications Distribution Center, P.O. Box 10686, Rockville, MD 20849-0686. You can also download the publication online at [http://pubs.niaaa.nih.gov/publications/Medicine/Harmful\\_Interactions.pdf](http://pubs.niaaa.nih.gov/publications/Medicine/Harmful_Interactions.pdf).

Sample forms for medication management used by the Substance Abuse Awareness for Seniors Program in the District of Columbia are included in *Appendix B*.

## Referrals and Case Management

If a substance abuse problem is identified in the screening and assessment process, the next step is to provide timely and age-appropriate referrals for treatment. The screening and assessment process can also identify other issues for the senior requiring additional referrals for services, such as housing or financial assistance.

When referring seniors for substance abuse treatment and services, if your program or agency does not provide case management and follow up services, be sure to refer seniors to a treatment program that does. Case management is the coordination and monitoring of various treatment, health and social services that are needed to support a senior's treatment and recovery. The case manager will link the senior to a combination of several community resources in order to manage all issues associated with her or his substance abuse.

## Legal Issues and Confidentiality

When conducting screening and assessments for substance abuse with seniors, you need to take into consideration important legal issues as well as confidentiality concerns. Areas to consider are the relationship between client autonomy and your obligation as the provider to inform and counsel the senior about the health risks of alcohol or other drug use. Another important issue is privacy of information about substance abuse problems. Key questions to address include: who needs to know; how much information needs to be shared; and how information will be recorded and stored.

Some seniors may be in denial or may not realize or want to acknowledge a substance abuse problem. They may view providers' questions about their behavior and substance use as intrusive, threatening or offensive. In order to fulfill your ethical responsibility as a provider, you do need to educate and inform your clients and encourage follow through with referrals. Keep in mind though that only the person has the power to change, and that respecting a client's autonomy and right to make choices is central to facilitating change.



Another challenge when working with seniors is determining when or if it is necessary to involve the family. Privacy and confidentiality are very important to seniors. Disclosing that a senior has a substance abuse problem can threaten her or his sense of security and be interpreted as a sign of weakness or that the senior cannot live independently. In addition, a senior may be concerned about the practical consequences of divulging a substance abuse problem and worried that it will negatively impact her or his insurance coverage or ability to obtain insurance.

All of these issues will need to be addressed whether you are providing treatment in your program and/or referring to outside agencies for treatment and services. Programs and providers can follow three simple guidelines for confidentiality: always consult the client; let clients decide who needs to know about their situation; and be sensitive to how information is recorded or disclosed. You might already have in place within your program or agency confidentiality protocols that you can use or modify.

## Resources for Additional Information

- SAMHSA's Substance Abuse Treatment Facility Locator: [www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov).
- Information on senior health, including taking medications, from the National Institute of Health: [www.nihSeniorHealth.gov](http://www.nihSeniorHealth.gov).
- Eldercare Locator: Connecting You to Community Services from the Administration on Aging: [www.eldercare.gov/Eldercare/Public/Home.asp](http://www.eldercare.gov/Eldercare/Public/Home.asp).
- Administration on Aging's Services for Seniors: [www.aoa.gov/eldfam/Service\\_Options/Service\\_Options.asp](http://www.aoa.gov/eldfam/Service_Options/Service_Options.asp).
- State and Area Agencies on Aging: find your state or local agency at [www.aoa.gov/eldfam/How\\_To\\_Find/Agencies/Agencies.asp](http://www.aoa.gov/eldfam/How_To_Find/Agencies/Agencies.asp).
- *Alcohol, Medication and Older Adults—For Those Who Care About or Care for an Older Adult*. SAMHSA's Center for Substance Abuse Prevention Pathways Courses. Online at <http://www.pathwayscourses.samhsa.gov/courses.htm>.
- *Out of the Shadows: Uncovering Substance Use and Elder Abuse (for Professionals)*. SAMHSA's Center for Substance Abuse Prevention Pathways Course online at <http://pathwayscourses.samhsa.gov/courses.htm>.
- Center for Substance Abuse Treatment. *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases*. Treatment Improvement Protocol (TIP) Series, Number 11. DHHS Publication No. (SMA) 95-3058. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1994.





# Involving Auxiliary Service Providers in Raising Awareness of Substance Abuse Among Seniors

## Education and Awareness-Raising Strategies

An important part of raising awareness of substance abuse among seniors is to also raise awareness among auxiliary service providers who serve older adults. Think of all the agencies you listed when you developed your resource and referral list (see *Part 2, IC. Designing Education Programs for Seniors—Ten Steps for Success—Step 8—Develop and Maintain an Updated Resource and Referral List*). Not all of these agencies, even though they serve seniors, might be aware of or have knowledge about substance abuse issues and how they uniquely affect older adults.

Here are some activities you can consider to increase awareness among service providers and other organizations serving seniors:

- If you are launching a senior substance abuse awareness program, hold a grand opening and invite local service providers and other organizations to participate. Use this as an opportunity to begin awareness-raising by having a prepared address, handouts and educational materials. A short PowerPoint presentation can be very effective. To add a more personal touch, be sure to include photographs of seniors throughout the talk.
- When you assemble your resource and referral list, do a mailing about your senior substance abuse awareness program and also include some educational information about the silent senior substance abuse epidemic.
- Develop and conduct trainings for agencies on senior substance abuse. You can hold trainings at your agency or conduct the trainings at the agencies with whom you are working. Offering to give an in-service at an organization's regularly scheduled staff meeting is often well received and the less formal setting affords an opportunity for question and answer and discussion. You can include information about offering training in your letter mailed out to your resource and referral list agencies, as described in the preceding bullet. The *SAAS Technical Assistance Matrix in Appendix B* contains a list of the content areas covered for different types of providers by the District of Columbia's Substance Abuse Awareness for Seniors Program.

- Get in the habit of providing yearly updates to your resource and referral list and use this opportunity to reconnect with these organizations by sending out literature about your program. This would also be a good time to invite them to identify any new staff that might benefit from training.

## Training of Professionals

### Curriculum Development

The information in *Part 1* as well as other sections of this manual can be adapted to meet the training needs of the agencies and professionals you are working with. Just like with your senior population, you might want to first conduct a needs assessment. You can mail a short questionnaire to agencies or send it via email. The e-mail option is often easier for busy professionals and is less likely to get lost on someone's desk. Sample items and questions for a simple, one-page staff needs assessment can include the following:

- List any prior training you have had on substance abuse among seniors, including alcohol, drug and prescription drug abuse.
- List any prior training you have had on aging and the health, mental health and social service needs of seniors.
- What do you think are the main issues seniors are dealing with when they have a substance abuse problem?
- What areas of substance abuse would you like more information about—for example, prevention, treatment, screening, referral sources?

Another great resource for developing training is *Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Resources*, from the U.S. Department of Health and Human Services, Administration on Aging, SAMHSA and The National Council on Aging. This manual contains a training curriculum for professionals that can be easily replicated. It also contains the videotape *It Can Happen to Anyone*, produced by the Hanley-Hazelden Center at St. Mary's, which is an excellent resource. Copies of the "Get Connected" toolkit are available through SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686.

You can also obtain free educational materials from NCADI that can be distributed to professionals at trainings, as well as brochures that they can use with their clients. If you have program-specific materials with your address and logo, be sure to distribute these as well at the trainings.



## Training Tips

There are many different styles of training that we will not cover in this manual; however, we can provide some general tips for conducting trainings:

- Remember the adult-learning principle that adults learn better when actively engaged in learning. This means using as little lecture as possible and instead having discussions and exercises that promote learning. You do not want to “talk at” individuals. Get your audience to open up and share their experiences and concerns and you will have a more productive and satisfying training.
- Know your audience—do not overwhelm individuals with unnecessary or unrelated information. Keep it simple. Avoid long-winded explanations and allow plenty of time for discussion.
- Be positive. Substance abuse can be a difficult subject to discuss and there are plenty of scary statistics available. Do not overwhelm people with numbers. Try to focus on the positive aspects of what can be done to help seniors lead healthier and happier lives.
- Come to your training on time and prepared. No excuses about being late—all professionals are busy and being on time says volumes about how you respect the time of others. Always be prepared and anticipate possible problems. If you are bringing equipment with you for a PowerPoint presentation, make sure it works. Don’t forget copies of information and be sure you have all the materials you require for your training. If showing a PowerPoint presentation, bring paper copies as well. Do not assume that your training site will have a copier available.

## Evaluation

It is not uncommon for trainers to overlook evaluation of their efforts. Yet, this type of feedback is critical to help improve future course content and delivery.

Evaluation can be conducted using written forms and/or facilitating a verbal discussion. A sample evaluation form is included at the end of this section.

When trainings are less formal, verbal feedback is oftentimes sufficient. An effective way to obtain feedback using a verbal discussion format is to list on newsprint participants’ “pluses” and “wishes” for each module. Participants share what they found beneficial or liked about the training and describe their wishes or improvements for the training. Verbal input, like written input, can be used to guide future trainings.



### Sample Training Feedback Form

Please complete the following questions. Your input is important to us. Check or circle **ONLY ONE** response to each question unless otherwise indicated. Thank you!

1. How much did you learn from this training about substance abuse (or whatever the topic is)?

1	2	3	4	5
Very Little	Slight Amount	Moderate Amount	Substantial Amount	A Great Deal

2. What did you like **most** about the training?

3. What did you like **least** about the training?

4. What modifications to the training would you make to better meet the needs of your program or organization?



# Appendix A

## Sample Needs Assessment Instruments

- Senior Health Survey
- Sample Focus Group Questions
- Sample Key Informant Interview Questions



## Senior Health Survey

Thank you for completing this survey on seniors and their health needs. Your input is very important to us!

1. How often do the following people help you with your health and other needs?  
(Circle **one** number for each.)

	Never	Not Very Often	Somewhat Often	Often	Very Often
Family members	1	2	3	4	5
Friends	1	2	3	4	5
Neighbors	1	2	3	4	5
Professionals (doctors, home health aides, social workers)	1	2	3	4	5

2. What health care-related needs do you have right now **that are not being met** (for example, help with getting more affordable medications, help with transportation to doctor visits)?

3. What types of services **would help you the most** (for example, home health care, nutrition, meals, counseling, transportation, housing)?
  
  
  
  
  
  
  
  
  
  
4. **How many doctors** do you see **who prescribe medication** for you? (Circle **one**.)
  - a. 1
  - b. 2 to 3
  - c. 4 or more
  - d. I do not remember
  - e. I am not taking any medications
  
  
  
  
  
  
  
  
  
  
5. **How many prescription medications** are you taking every day? (Circle **one**.)
  - a. 1 to 3
  - b. 4 to 5
  - c. more than 5
  - d. I don't remember
  - e. I am not taking any medications
  
  
  
  
  
  
  
  
  
  
6. **Non Prescription Aids**
  - a. What types of **over-the-counter medications** do you use on a regular basis (for example, aspirin, Tylenol, ibuprofen, antacids, sleeping aids)? Write their names below.

- b. Do you take any “natural” or herbal supplements on a regular basis (for example, St. John’s wort, black cohosh, glucosamine or ginseng)? If so, list them below.

7. How likely do you think are a senior’s chances are of becoming physically addicted to: (Circle **one** number for each.)

	Not At All Likely	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
Alcohol	1	2	3	4	5
Drugs such as marijuana, cocaine, heroin	1	2	3	4	5
Prescription drugs such as painkillers, tranquilizers	1	2	3	4	5

8. What do you think of when you hear the words “addiction” or “drug addict?” Write your response in the space below.

9. How likely would it be for you to come to an education program on the following topics? (Circle **one** number for each.)

	Not At All Likely	Very Unlikely	Somewhat Unlikely	Somewhat Likely	Very Likely
Stress management and health	1	2	3	4	5
Exercise and nutrition	1	2	3	4	5
Financial issues	1	2	3	4	5
Alcohol and drugs and their effect on health	1	2	3	4	5

10. When seniors need information or want something explained to them, where do they go?

11. Where do seniors go for social or other types of activities?

12. What other types of activities would seniors be interested in?

13. Please tell us about anything important we have not covered in this survey regarding your health and social service needs.

Thank you again for your help!

## Sample Focus Group Questions

1. What are the most important issues facing seniors today regarding health and well being?
2. What type of health and social services would assist seniors in their daily lives? How available are these services in your community?
3. Do you think that the services that are available for seniors in your community are good? How might they be improved?
4. Who can seniors count on for help out when problems arise?
5. What kind of family responsibilities and obligations do seniors you know have (marriage, taking care of grandchildren, etc.)?
6. What types of health problems do you see in your local community? (If addiction is not mentioned, ask about it.)
7. What types of health problems do seniors have?
8. What are the places you know of where seniors go to on a regular basis in this community?
9. What do the words “addiction” or “drug addict” mean to you? (Probe for differences between alcohol, drugs and prescription drugs.)
10. What types of problems do you seniors have as a result of addiction? What type of help do you think they would benefit from?
11. Would you be interested in learning more about stress management, nutrition and health, financial issues and how alcohol and drugs can affect your health?
12. Would you go to a location in your community such as a Senior Center for educational talks and activities? (Probe for what would increase their likelihood of attending a program— incentives such as food or money, free transportation, etc.)



## Sample Key Informant Interview Questions

Person Interviewed: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Interviewer: \_\_\_\_\_

1. What type of senior population do you currently serve? Be specific about demographics including age, gender, race/ethnicity and socioeconomic status.
2. What are the key health issues that your senior population is currently dealing with?
3. What are the key social service needs of your senior population?
4. What is the incidence and prevalence of substance abuse in your senior population—including alcohol, illicit drug and prescription drug abuse?
5. Where do you typically refer seniors for substance abuse treatment? What has been your experience with making referrals for substance abuse-related issues?





## Appendix B

### **Sample Program and Client Materials from the Substance Abuse Awareness for Seniors (SAAS) Program**

- Senior Resource and Referral List
- SAAS Technical Assistance Matrix
- Steps in Brief Alcohol Intervention for Older Adults
- Drug Safety
- Health Promotion Workbook
- List Your Prescription Medicines
- Medication Check-Off List





## The Substance Abuse Awareness for Seniors (SAAS) Program

The District of Columbia Department of Health's Addiction Prevention and Recovery Administration (APRA), Office of Special Populations operates one of the oldest Substance Abuse Awareness for Seniors (SAAS) Program in the United States. APRA was an active partner in the creation of this manual with the Central East ATTC and the Danya Institute. The ten steps for developing a senior substance abuse awareness program in *Part 2* of this manual are based on D.C. APRA's experience.

The SAAS program was created as an outreach campaign to raise awareness and educate seniors in direct response to the alarming trend of increasing rates of substance abuse in this population. Since its inception, the SAAS program has expanded to include Alcohol, Tobacco and Other Drug (ATOD) prevention, education, advocacy and counseling services to seniors at risk or living with chemical dependency, and education and coordination of services with organizations working with older persons. The program also offers special educational performances, educational outreach, staff training, public awareness-raising through print, audio and other media projects, technical assistance on treatment planning, service linkages and counseling interventions to treatment programs serving seniors.

You can learn more about the SAAS program by contacting (202) 727-8858 or visit APRA online at <http://dchealth.dc.gov>.

## Sample Program Materials

Program materials used by SAAS include:

- Senior Resource and Referral List
- SAAS Technical Assistance Service Matrix
- Steps in Brief Alcohol Intervention for Older Adults
- Drug Safety



## Sample Client Materials

Client materials used by SAAS include:

- A Health Promotion Workbook that clients complete that identifies goals, provides a summary of health habits including alcohol use and provides education around drinking and how to reduce or stop drinking along with a drinking contract and tools for handling risky situations
- List Your Prescription Medicines
- Medication Check-Off List

<b>Senior Resource and Referral List</b>						
Referral Area	Agency Name and Address	Contact Person(s), Phone and E-mail	What the Agency Provides	Referral Instructions	Date of Last Update	
Substance Abuse: Detox Programs						
Substance Abuse: Inpatient Programs						
Substance Abuse: Outpatient Programs						
Substance Abuse: Self Help Groups						
Housing						
Mental Health						
Home Health Services						
Food and Nutrition						

**Senior Resource and Referral List**

Referral Area	Agency Name and Address	Contact Person(s), Phone and E-mail	What the Agency Provides	Referral Instructions	Date of Last Update
Protective Services					
Legal Services					
Day Care Programs					
Insurance and Prescription Drug Assistance					
Employment Assistance					
Financial Assistance					
Transportation					

## SAAS Technical Assistance Service Matrix

APRA Staff Person: Cassandra Hardison, Senior Services Coordinator

Target Groups	In-service length	Supplies/ Publications Needed	Subject Areas	Projected Outcome/ Objectives
<b>Counselors</b>	1.5 Hours	<i>Substance Abuse Among Older Adults: A Guide for Treatment Providers (Quick Guide)</i> ; AA for the Older Alcoholic; Promoting Older Adult Health; and <i>It Can Happen to Anyone</i> (Video).	Screening; Special assessments; Referral and treatment approaches; Sharing best practices and models of treatment; Treating the whole person; and Treatment Improvement Protocol Number 26.	Improve treatment approaches to meet the special needs of older adults in a treatment setting.
<b>Social Workers</b>	1.5 Hours	Posters: <i>Substance Abuse Among Older Adults: A Guide for Social Service Providers; Health Promotion Workbook</i> ; and <i>How to Talk to an Older Person Who Has a Problem With Alcohol or Medications</i> .	Assessment; Screening; Risk factors; Unique vulnerabilities; Patterns of use; Referrals; Brief interventions; and Appropriate linkages.	Inform and promote awareness; and Encourage social workers to educate and give the message that there is hope and that their clients have choices.
<b>Physicians</b>	2.0 Hours	<i>Substance Abuse Among Older Adults: Physicians' Guide</i> ; Geriatric screening instruments; and <i>It Can Happen to Anyone</i> (Video).	Treatment Improvement Protocol Number 26; Brief interventions; Screening instruments; Barriers to treatment; Patterns of use; Detoxification; Treatment settings; and Treatment approaches.	Improve awareness of choices for patients; and Build and increase competent delivery of senior – centered-care services.
<b>Home Care Aides</b>	1.5 Hours	<i>Age Page-Depression: Don't Let the Blues Hang Around: Age Page Medicines: Alcohol Use and Abuse</i> ; and <i>What Can I say to Get You to Stop?</i> .	Identification; Suggested approaches; Referrals; Risk factors; and Brief interventions.	Improve awareness; Provide ongoing assistance; and Give choices and resources on steps to take.
<b>Administrators/ Management</b>	1.5 Hours	Posters; <i>Wholesome Aging: and How to Talk to an Older Person Who Has a Problem With Alcohol or Medications</i> .	Statistics; Prevalence data; Identification; Risk factors; Referrals; and Agency linkages.	Increase awareness; Form partnerships; and Provide assistance.
<b>Faith Based Org.</b>	2.0 Hours	Posters, Alcohol Use and Abuse: <i>It Can Happen to Anyone</i> (Video), <i>What Can I say to Get You to Stop?</i> ; and <i>How to Talk to an Older Person Who Has a Problem With Alcohol or Medications</i> .	Identification; Risk factors; Suggested approaches; Referrals; and Agency linkages.	Improve and promote awareness; Provide ongoing assistance; Form partnerships; and Create senior-friendly environment.
<b>Intake Sites</b>	1.5 Hours	Posters; Geriatric screening instruments; <i>Substance Abuse Among Older Adults</i> ; and <i>A Guide for Treatment Providers</i> .	Screening, Treatment approaches; Best practices; and Treatment Improvement Protocol Number 26.	Promote awareness to meet the needs of older adults; and Enhance access to services.



## STEPS IN BRIEF ALCOHOL INTERVENTION FOR OLDER ADULTS

The actual steps and guidelines for brief alcohol intervention can be adapted from those recommended in recent reports (Barry, et al., 2001; Blow, Barry, & Walton, (unpublished); Fleming et al., 1997; Wallace, Cutler, & Haines, 1988). With older adults, a semi-structured brief intervention can be conducted following a positive screen for at-risk or problem drinking. The content of the intervention must be elder-specific and include:

- 1. Identifying future goals for health, activities, hobbies, relationships, and financial stability.** This activity makes issues that are affected by alcohol use salient, and may help to initiate a discrepancy between current drinking behaviors and valued goals.
- 2. Giving customized feedback on screening questions.** During this summary of health habits, clients are provided with information about their physical and mental health functioning, and their health habits including alcohol consumption. This provides an opportunity for the social worker to give feedback that may facilitate the client's self-reflection regarding his/her health status and alcohol use.
- 3. Defining drinking patterns.** This includes discussing types of older drinkers in the population, where the individual's drinking pattern fits into the population norms for a matched age group, and definitions of standard drinks. This assists individuals to understand that the effects of alcohol are similar across beverage groups and puts their drinking into perspective.
- 4. Weighing the pros and cons of drinking.** This step is particularly important as it helps the social worker to understand the role of alcohol in the older patient's life. For example, alcohol may be used to cope with loss and loneliness. Similar to a cost-benefit analysis, this activity can be used to motivate changes in drinking behaviors.
- 5. Exploring the consequences of heavier drinking.** Some older individuals experience problems with physical, psychological, or social functioning even though they are drinking below cut-off levels.
- 6. Exploring reasons to cut down or quit drinking.** This activity is also part of the motivation process. Maintaining independence, preserving physical health, and protecting mental capacity can be key motivators in this age group. Older adults are asked to identify positive and negative aspects of their alcohol use, and to identify both benefits and barriers to change. This discussion assists the client to weigh the issues, and hopefully "tips the decisional balance" in favor of changing drinking habits.
- 7. Setting sensible drinking limits and devising strategies for cutting down or quitting.** This step sets an action plan in motion. Strategies useful for this age group include developing social opportunities that do not involve alcohol, getting reacquainted with hobbies and interests from earlier in life, and pursuing interesting volunteer activities, if possible.

- 8. Developing a drinking agreement.** A formal written agreement helps to solidify the plan of action and reinforces commitment. Negotiated drinking limits, signed by the client and the practitioner, are particularly effective in changing drinking patterns. Older adults are asked to choose: (1) their drinking goal (reduction vs. abstinence), (2) a start date for addressing their drinking, (3) their rate of reduction, and (4) a target date for achieving their goal. This provides the client with a menu of options. The social worker may offer additional feedback and/or advice. Goal choice increases a sense of personal responsibility in the client.
- 9. Anticipating and planning for coping with risky situations.** This step is critical to empower the individual for change. Common risky situations include social isolation, boredom, sleeplessness, grief, physical pain, and negative family interactions. These all present special challenges to this age group. Social workers should ask their older clients about the situations and environmental cues that may trigger drinking. This step increases insight into consumption, allows the individual to identify personal strengths and strategies for cutting down, and supports the individual's self-efficacy.
- 10. The brief intervention ends with a summary of the session.**

*Source:* <http://pubs.niaaa.nih.gov/publications/Social/Module10COlderAdults/Module10C.html>

## Drug Safety

### Medicines

- Many popular cold remedies contain one or more of the following ingredients:

Ingredient	Medicine	Brand Name	What it Does	Possible Side Effects
Antihistamines	Diphenhydramine, brompheniramine, chlorpheniramine	Benadryl, Allegra, Claritin	Relieves sneezing and runny nose	Sleepiness, constipation, urinary retention, cloudy thinking
Decongestants	Ephedrine, pseudoephedrine	Sudafed	Clears nasal congestion	Increased blood pressure
Antitussives	Narcotics	Codeine, hydrocortone	Relieve coughing	Habit-forming, causing mental or physical dependence, constipation, stomach pains
Expectorants	Guaifenesin	Robitussin	Loosens mucus or phlegm	N/A
Analgesics	Acetaminophen, aspirin	Tylenol, Bayer	Relieve aches and pains	Kidney damage

- Examples of drug/food/beverage interactions

Medicine	Food	Possible Interaction
Diabetes medicine	Alcohol	Drop in blood sugar
Statins	Grapefruit juice	Cholesterol raises
Antidepressants	Alcohol	Excessive sleepiness and accidents
MAO inhibitors	Certain cheeses, cured meat, pickled foods and red wine	High blood pressure and stroke
Blood thinner	Green vegetables	Thicken blood and even stroke
Synthroid, Fosamax, antibiotics	Any type of food	Interferes with absorption; need to be taken on an empty stomach
Prednisone, Aspirin, NSAIDs	Empty stomach	Damage gastrointestinal tract if taken on empty stomach; need to take with food

## Drug Safety (cont.)

### Medicines (cont.)

- Examples of Prescription Medication and Over-The-Counter (OTC) Drug Interactions

Condition	Prescription Medication	OTC/Vitamin	Possible Interactions
Heart disease/high blood pressure	ACE Inhibitor (Vasotec, Zestril)	NSAIDs (non-steroidal anti-inflammatory such as Advil and Motrin)	Kidney failure
Stroke, atrial fibrillation	Blood thinner (Coumadin)	NSAIDs, aspirin	Excess bleeding
High blood pressure	Antihypertensives (Atenolol)	Decongestant	Increase in blood pressure
Heart Arrhythmia	Beta Blocker (Sectral, Teoptic)	Decongestant	Fast arrhythmia
Psychiatric problems	Anti-anxiety, anti-depressants (Paxil, Elavil, Tofranil)	Antihistamines (Benadryl)	Urinary retention, constipation, confusion and sleepiness
Dementia	Memory enhancer (Aricept)	Antihistamines (Benadryl)	Aricept loses effectiveness
Bacterial infections	Antibiotics	Antacids (Maalox) or iron supplements	Antibiotics lose effectiveness
Seizures	Anti-seizure (Dilantin)	Vitamin B (folic acid)	Dilantin may be less effective
Cancer	Prednisone	NSAID, aspirin	Excessive bleeding
Heartburn	Tagamet	Anti-cancer drugs	Interferes with metabolism of medicines handled by liver

*Source:* National Council on Aging; Seniors' Corner: Health Tips; Drug Safety – Over-The-Counter Drugs; Seniors and Medicine: Proper Use for Good Health



**Health Promotion Workbook  
For Older Adults**



Health Promotion Workbook for Older Adults

© Kristen Lawton Barry, Ph.D., David W. Oslin, M.D., and Frederic C. Blow, Ph.D.

November, 1999

**Part 1:**

**IDENTIFYING FUTURE GOALS**

We will start by talking about some of your future goals. By that we mean, how would you like your life to improve and be different in the future? It is often important to think about future goals when thinking about making changes in health habits.

What are some of your goals for the next three months to a year regarding your physical and emotional health?

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**What are some of your goals for the next three months to one year regarding activities and hobbies?**

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**What are some of your goals for the next three months to a year regarding your relationships and social life?**

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**What are some of your goals in the next three months to a year regarding your financial situation or other parts of your life?**

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**SUMMARY OF HEALTH HABITS**

Let's review some of the information about your health, behavior, or health habits which you shared in the clinic.

**EXERCISE**

- Days per week you participated in vigorous activity
- none
  - seldom
  - 1-2 days per week
  - 3-5 days per week
  - 6-7 days per week

- Minutes of exercise per day
- not applicable
  - less than 15 minutes
  - 15-30 minutes
  - more than 30 minutes

**NUTRITION**

- Weight change in last six months
- no change in weight
  - gained more than 10 pounds
  - lost more than 10 pounds
  - don't know

**TOBACCO USE**

- Tobacco used in last six months
- no
  - yes    If yes, which ones?
    - cigarettes
    - chewing tobacco
    - pipe

- Average cigarettes smoked per day in the last six months
- not applicable
  - 1-9
  - 10-19
  - 20-29
  - 30+

**ALCOHOL USE**

Drinking days per week

- 1-2 days per week
- 3-4 days per week
- 5-6 days per week
- 7 days per week

Drinks per day

- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7 or more

Binge drinking within last month  
(four or more drinks/occasion for women;  
four or more drinks/occasion for men)

- none
- 1-2 binges
- 3-5 binges
- 6-7 binges
- 8 or more

On days that you do not drink do you feel  
anxious, have greater difficulty sleeping than  
usual, feel your heart racing, have heart  
palpitations, or have the shakes or hand  
tremors?

- No
- Yes

Are there any of these health behaviors (exercise, nutrition, tobacco use, alcohol use) with which you would like some help?

- No
- Yes

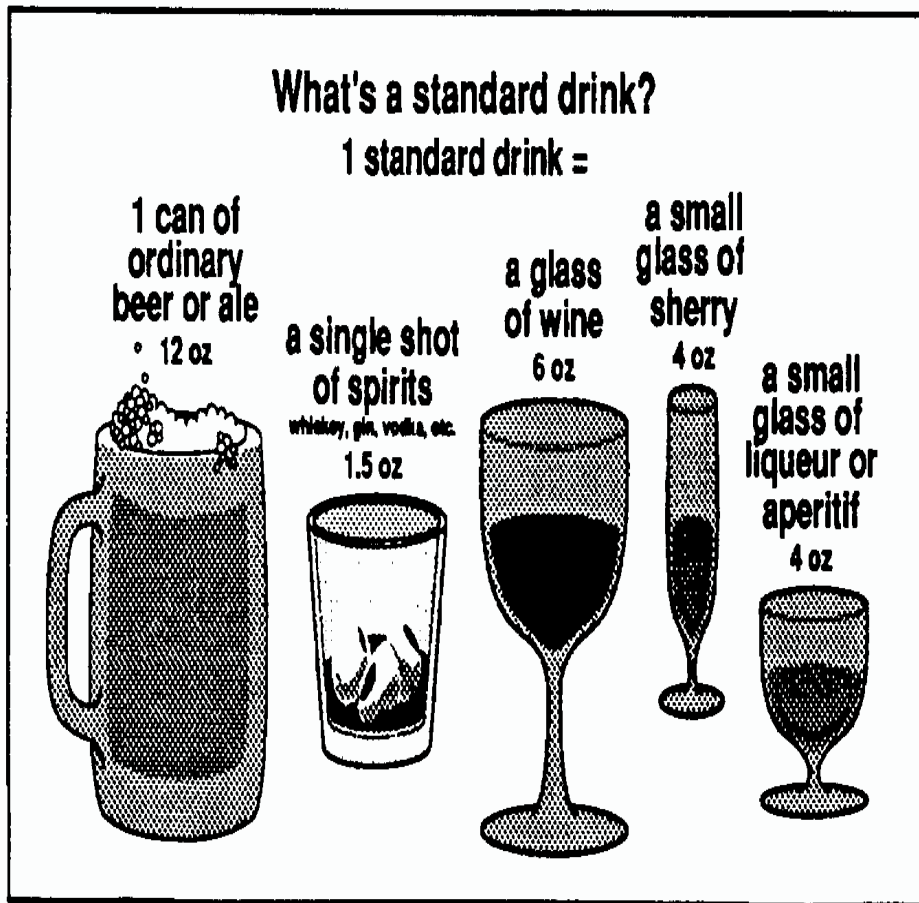
If yes, which ones?

- exercise
- nutrition
- tobacco use
- alcohol use



**STANDARD DRINKS**

The drinks shown below, in normal measure, contain roughly the same amount of pure alcohol. You can think of each one as a **standard drink**.

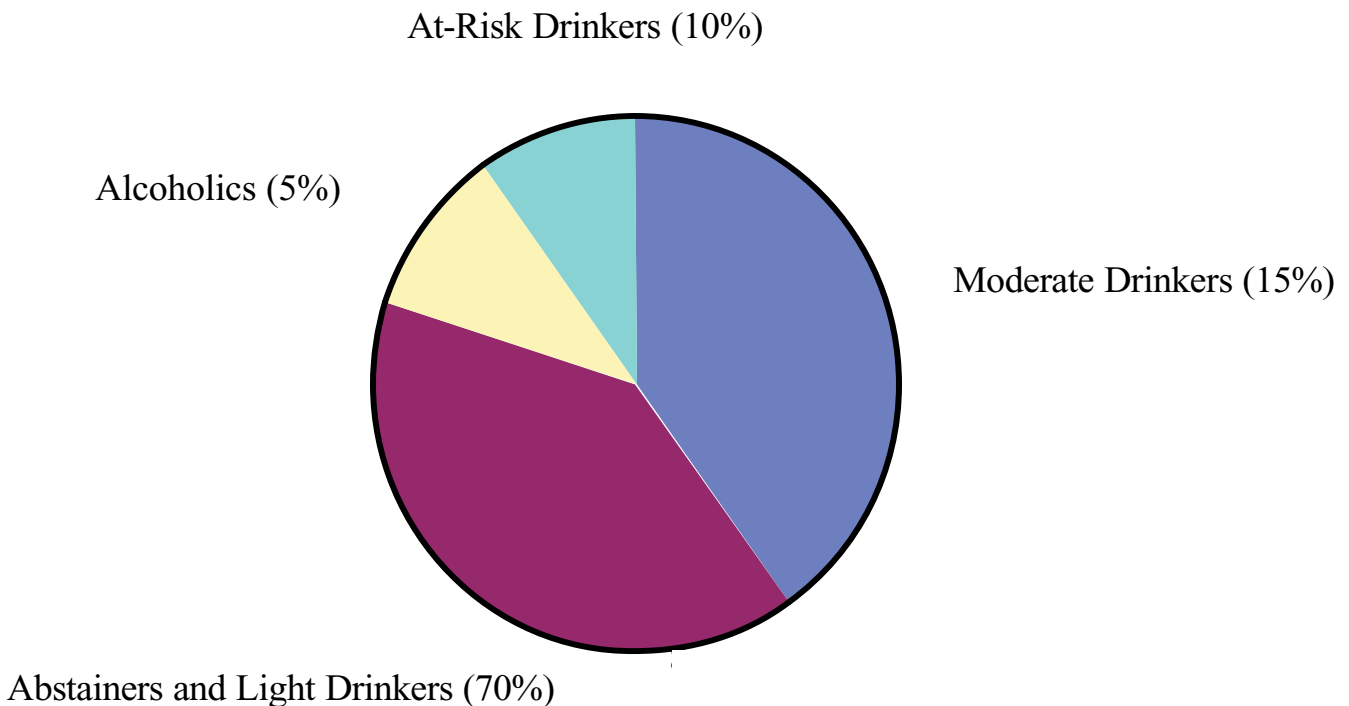


**Part 4:**

**TYPES OF OLDER DRINKERS IN THE U.S. POPULATION**

It is helpful to think about the amount of alcohol consumed by older adults in the United States and by you. There are different types of drinkers among the older adult population, and these types can be explained by different patterns of alcohol consumption. These include:

<b>Types</b>	Patterns of alcohol consumption
Abstainers and light drinkers	<ul style="list-style-type: none"> <li>• drink no alcohol or less than three drinks per month</li> <li>• alcohol use does not affect health or result in negative consequences</li> </ul>
Moderate drinkers	<ul style="list-style-type: none"> <li>• drink three or fewer times per week</li> <li>• drink one to two standard drinks per occasion</li> <li>• alcohol use does not affect health or result in negative consequences</li> <li>• at times moderate drinkers consume NO alcohol, such as before driving, while operating machinery, and so on.</li> </ul>
At-risk drinkers	<ul style="list-style-type: none"> <li>• drink over seven standard drinks per week</li> <li>• at risk for negative health and social consequences</li> </ul>
Alcoholics	<ul style="list-style-type: none"> <li>• heavy drinking has led to a physical need for alcohol and to other problems</li> </ul>



**CONSEQUENCES OF AT-RISK OR PROBLEM DRINKING**

Drinking alcohol can affect your *physical health, emotional and social well being, and relationships*.

The following are some of the positive effects that people sometimes describe as a result of drinking alcohol. Let's place a check mark by the ones that you feel apply to you.

<input type="checkbox"/> Temporary high	<input type="checkbox"/> Relaxation	<input type="checkbox"/> Avoid uncomfortable feelings
<input type="checkbox"/> Forget problems	<input type="checkbox"/> Sense of confidence	<input type="checkbox"/> Ease in speaking one's mind
<input type="checkbox"/> Enjoy the taste	<input type="checkbox"/> Temporary lower stress	
<input type="checkbox"/> Social ease		

The following are some of the *negative consequences* that may result from drinking. Let's place a check mark by any of these problems that are affecting you regardless of whether you believe they are related to your drinking.

<input type="checkbox"/> Difficulty coping with stressful situations	<input type="checkbox"/> Sleep problems	<input type="checkbox"/> Accidents/falls
<input type="checkbox"/> Depression	<input type="checkbox"/> Memory problems or confusion	<input type="checkbox"/> Relationship problems
<input type="checkbox"/> Loss of independence	<input type="checkbox"/> Malnutrition	<input type="checkbox"/> Increased risk of assault
<input type="checkbox"/> Problems in community activities	<input type="checkbox"/> Reduced effectiveness of medications	<input type="checkbox"/> Financial problems
<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Increased side effects from medication	<input type="checkbox"/> Stomach pain
<input type="checkbox"/> Sexual performance problems		<input type="checkbox"/> Liver problems

**Part 6:****REASONS TO QUIT OR CUT DOWN ON YOUR DRINKING**

The purpose of this step is to think about the best reason for you to quit or cut down on your drinking. The reasons will be different for different people.

The following list identifies some of the reasons for which people decide to cut down or quit drinking. Put an X in the box by the three most important reasons that YOU want to quit or cut down on your drinking. Perhaps you can think of other reasons that are not on this list.

- To consume fewer empty calories (alcoholic drinks contain many calories).
- To sleep better.
- To maintain independence.
- To feel better
- To save money.
- To be happier.
- To reduce the possibility that I will be injured in a car crash.
- To have better family relationships.
- To participate more in community activities.
- To have better friendships.
- Other: \_\_\_\_\_

Write down the three most important reasons you choose to cut down or quit drinking.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Think about the consequences of continuing to drink heavily. Now think about how your life might improve if you decide to change your drinking habits by cutting down or quitting. What improvements do you anticipate?

Physical health:

Mental health:

Family:

Other relationships:

Activities:

**DRINKING AGREEMENT**

The purpose of this step is to decide on a drinking limit for yourself for a particular period of time. Negotiate with your health care provider so you can both agree on a reasonable goal. A reasonable goal for some people is abstinence-not drinking any alcohol.

As you develop this agreement, answer the following questions:

- How many standard drinks (see below)?
- How frequently?
- For what period of time?

<p>DRINKING AGREEMENT</p> <p>Date _____</p> <hr/> <hr/> <p>Older adult signature _____</p> <p>Intervener signature _____</p>
--



**DRINKING DIARY CARD**

One way to keep track of how much you drink is the use of drinking diary cards. One card is used for each week. Every day record the number of drinks you had. At the end of the week add up the total number of drinks you had during the week.

**DIARY CARD**

KEEP TRACK OF WHAT YOU DRINK OVER THE NEXT 7 DAYS

STARTING DATE \_\_\_\_\_

DAY	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			WEEK'S TOTAL:	

KEEP TRACK OF WHAT YOU DRINK OVER THE NEXT 7 DAYS

STARTING DATE \_\_\_\_\_

DAY	Beer	Wine	Liquor	Number
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
			WEEK'S TOTAL:	

**HANDLING RISKY SITUATIONS**

Your desire to drink may change according to your mood, the people you are with, and the availability of alcohol. Think about your last periods of drinking.

Here are examples of risky situations. The following list may help you remember situations that can result in at-risk drinking.

◆ social get-togethers	◆ sleeplessness	◆ anger
◆ boredom	◆ family	◆ watching television
◆ tension	◆ friends	◆ other people drinking
◆ feeling lonely	◆ criticism	◆ certain places
◆ feelings of failure	◆ dinner parties	◆ after regular daily activities
◆ frustration	◆ children and grandchildren	◆ weekends
◆ use of tobacco	◆ TV or magazine ads	◆ arguments

What are situations that make you want to drink at a risky level. Please write them down.

1. \_\_\_\_\_

2. \_\_\_\_\_

**WAYS TO COPE WITH RISKY SITUATIONS**

It is important to figure out how you can make sure you will not go over drinking limits when you are tempted. Here are examples:

- √ Telephone a friend
- √ Call on a neighbor
- √ Read a book
- √ Go for a walk
- √ Watch a movie
- √ Participate in an activity you like

Some of these ideas may not work for you, but other methods of dealing with risky situations may work. Identify ways you could cope with the specific risky situations you listed above.

1. For the first risky situation or feeling, write down different ways of coping.

---



---

2. For the second risky situation or feeling, write down different ways of coping.

---



---

Think about other situations and ways you could cope without using alcohol.

**Part 9:**

**VISIT SUMMARY**

We've covered a great deal of information today. Changing your behavior, especially drinking patterns, can be a difficult challenge. The following pointers may help you stick with your new behavior and maintain the drinking limit agreement, especially during the first few weeks when it is most difficult. Remember that you are changing a habit, and that it can be hard work. It becomes easier with time.

- Remember your drinking limit goal: \_\_\_\_\_
- Read this workbook frequently.
- Every time you are tempted to drink above limits and are able to resist, congratulate yourself because you are breaking an old habit.
- Whenever you feel very uncomfortable, tell yourself that the feeling will pass.
- At the end of each week, think about how many days you have been abstinent (consumed no alcohol) or have been a light or moderate drinker.
- Some people have days during which they drink too much. If that happens to you, DON'T GIVE UP. Just start again the next day.
- You should always feel welcome to call your physician for assistance or in case of an emergency.

THANKS FOR TRYING THIS PROGRAM.



## List Your Prescription Medicines

NAME: \_\_\_\_\_

**LIST YOUR PRESCRIPTION MEDICINES:**

Date	Name of My Medicine	How Much Do I Take	When Do I Take It	What Do I Use It for	Refills
	<i>Example</i>	<i>1 tablet 400 mg</i>	<i>3 times a day after meals</i>	<i>Arthritis</i>	<i>2</i>

KEEP THIS IN YOUR PURSE AND SHOW IT TO YOUR DOCTORS, PHARMACIST, OR NURSE.

## **1. READ THE LABEL**

Before you take any medicine, read the label. The label should show:

- **List of ingredients**--If you know you are allergic to anything in the medicine, don't use it. Ask your doctor or pharmacist for a different medicine.
- **Warnings** --Read these carefully.
- **The expiration date**--Do not use a medicine after the date on the bottle. It may not work as well.

*For more information on your medicines, ask your pharmacist.*

## **2. AVOID PROBLEMS**

Medicines can cause problems, or side effects; such as sleepiness, vomiting, bleeding, headaches or rashes. Ask about the side effects of the medicines you are taking. Talk with your doctor, pharmacist, or nurse.

- **Organize your medicines.**
- **Do not skip taking your medicines.**
- **Do not share medicines.**
- **Do not take medicine in the dark.**

## **3. ASK QUESTIONS**

- What is the medicine's name?
- Is there a generic available?
- Why am I taking this medicine?
- Should I take this on an empty stomach or with food?
- Is it safe to drink alcohol with it?
- If I forget to take it, what should I do?
- How much should I take?
- How long am I to take it?
- What problems should I watch for?

Seek the advice of a health professional before taking any medication or diet supplement. Talk with your doctor, pharmacist or nurse. She/he will be happy to help you.







# Appendix C

## Sample Substance Abuse and Other Screening Instruments

The attached screening tools may be used to assess substance abuse, medication misuse and depression in older adults.

1. Short Michigan Alcoholism Screening Test—Geriatric Version (S-MAST-G) - from the Regents of the University of Michigan.
2. Geriatric Depression Scale (GDS) Short Form
3. Quick/Screening C.A.G.E.
4. Screening Questions for Brief Intervention Model



**Short Michigan Alcoholism Screening Test  
Geriatric Version (S-MAST-G)  
The Regents of the University of Michigan, 1991.**

	YES	NO
1. When talking with others, do you ever underestimate how much you actually drink?		
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?		
3. Does having a few drinks help decrease your shakiness or tremors?		
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?		
5. Do you usually take a drink to relax or calm your nerves?		
6. Do you drink to take your mind off your problems?		
7. Have you ever increased your drinking after experiencing a loss in your life?		
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?		
9. Have you ever made rules to manage your drinking?		
10. When you feel lonely, does having a drink help?		
<b>TOTAL S-MAST-G SCORE (0-10)</b>		

Scoring: 2 or more "yes" responses are indicative of an alcohol problem.



## Geriatric Depression Scale (GDS) Short Form

**Choose the best answer for how you have felt over the past week:**

1. Are you basically satisfied with your life?	Yes	No
2. Have you dropped many of your activities and interests?	Yes	No
3. Do you feel that your life is empty?	Yes	No
4. Do you often get bored?	Yes	No
5. Are you in good spirits most of the time?	Yes	No
6. Are you afraid that something bad is going to happen to you?	Yes	No
7. Do you feel happy most of the time?	Yes	No
8. Do you often feel helpless?	Yes	No
9. Do you prefer to stay at home rather than going out and doing new things?	Yes	No
10. Do you feel you have more problems with memory than most?	Yes	No
11. Do you think it is wonderful to be alive now?	Yes	No
12. Do you feel pretty worthless the way you are now?	Yes	No
13. Do you feel full of energy?	Yes	No
14. Do you feel that your situation is hopeless?	Yes	No
15. Do you think that most people are better off than you are?	Yes	No

*Source:* Sheikh, J.I., and Yesavage, J.A. Geriatric Depression Scale (GDS): Recent evidence and development of a shorter version. *Clinical Gerontologist* 5(1-2): 165-173, 1986.

**Prevention Pathways: *Online Courses***  
<http://www.samhsa.gov/preventionpathways>

## Scoring for Geriatric Depression Scale

- Score 1 point for every “yes” in questions  
2, 3, 4, 6, 8, 9, 10, 12, 14, 15
- Score 1 point for every “no” in questions  
1, 5, 7, 11, 13

A total score greater than 5 suggests the need to see a doctor.

If you have any concerns about your response, call the doctor for further testing, There is a good reason to seek medical help. There are many effective ways to treat depression in older adults.

**Prevention Pathways:** *Online Courses*

<http://www.samhsa.gov/preventionpathways>

# CAGE Questionnaire

- C** Have you ever felt you should cut down on your drinking?
- A** Have people annoyed you by criticizing your drinking?
- G** Have you ever felt bad or guilty about your drinking?
- E** Have you ever had a drink first thing in the morning (eye opener) to steady your nerves or to get rid of a hangover?

## Scoring:

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

Updated: February 2002

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**I-5. Why was client referred for screening? (check all that apply):**

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol Problems             | <input type="checkbox"/> Illegal drug use (marijuana, cocaine, etc.) |
| <input type="checkbox"/> Prescription Medications     | <input type="checkbox"/> Depression                                  |
| <input type="checkbox"/> Over the Counter Medications | <input type="checkbox"/> Other mental disorder _____                 |
| <input type="checkbox"/> Suicide Risk                 | Describe   |

**I-6. Referral Source/Method - Who referred the person? Choose one from below:**

- |   |  |
|---|--|
| <input type="checkbox"/> Self-Referral                            | <input type="checkbox"/> Prevention/Public Education Presenter |
| <input type="checkbox"/> Spouse                                   | <input type="checkbox"/> Treatment agency outreach             |
| <input type="checkbox"/> Spouse equivalent (opposite sex partner) | <input type="checkbox"/> Physician                             |
| <input type="checkbox"/> Spouse equivalent (same sex partner)     | <input type="checkbox"/> Social Worker                         |
| <input type="checkbox"/> Son                                      | <input type="checkbox"/> Hospital staff member                 |
| <input type="checkbox"/> Daughter                                 | <input type="checkbox"/> Nurse                                 |
| <input type="checkbox"/> Other Family Member                      | <input type="checkbox"/> Other Professional _____              |
| <input type="checkbox"/> Friend or Neighbor                       | <input type="checkbox"/> Other _____                           |

**I-13. What is your current living situation?**

- |  |  |
|--|--|
| <input type="checkbox"/> In own Home               | <input type="checkbox"/> Assisted Living Facility (ALF)          |
| <input type="checkbox"/> In a family member's home | <input type="checkbox"/> Boarding Home                           |
| <input type="checkbox"/> In an Apartment           | <input type="checkbox"/> Homeless (in shelter, on streets, etc.) |
| <input type="checkbox"/> Low income senior housing | <input type="checkbox"/> Other _____                             |
|  | Describe   |

**I-14. With whom do you live? (check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Lives Alone                              | <input type="checkbox"/> With Other Family Member             |
| <input type="checkbox"/> With Spouse                              | <input type="checkbox"/> With Friend                          |
| <input type="checkbox"/> Spouse equivalent (opposite sex partner) | <input type="checkbox"/> With others in group home, ALF, etc. |
| <input type="checkbox"/> Spouse equivalent (same sex partner)     |   |
| <input type="checkbox"/> With Son                                 | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> With Daughter                            | Describe  |

## **Part II. Interview Questions**

**I'm going to ask you a series of questions about your mood or your thoughts. Sometimes a question may sound unusual, but these are questions we must ask of everyone and your answers help us to determine how we can best help you."**

<b>II-1. Were you ever treated for any of these problems in the past? (check all that apply):</b>	
<input type="checkbox"/> Alcohol Problems	<input type="checkbox"/> Illegal drug use (marijuana, cocaine, etc.)
<input type="checkbox"/> Prescription Medications problems	<input type="checkbox"/> Depression
<input type="checkbox"/> Over the Counter Medications problems	<input type="checkbox"/> Other mental disorder
<input type="checkbox"/> Suicide Risk	_____ Describe

### **II-2. Short-GDS Scale**

<b>Think about how you have felt over the <u>past week</u> and respond yes or no to the following:</b>	
1. Are you basically satisfied with your life?	Yes <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
2. Have you dropped many of your activities and interests?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
3. Do you feel that your life is empty?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
4. Do you often get bored?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
5. Are you in good spirits most of the time?	Yes <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
6. Are you afraid that something bad is going to happen to you?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
7. Do you feel happy most of the time?	Yes <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
8. Do you often feel helpless?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
9. Do you prefer to stay at home, rather than going out and doing new things?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
10. Do you feel you have more problems with memory than most?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
11. Do you think it is wonderful to be alive now?	Yes <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
12. Do you feel pretty worthless the way you are now?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
13. Do you feel full of energy?	Yes <input type="checkbox"/> <b>NO</b> <input type="checkbox"/>
14. Do you feel that your situation is hopeless?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>
15. Do you think that most people are better off than you are?	<b>YES</b> <input type="checkbox"/> No <input type="checkbox"/>

**Scoring: Score 1 point for each CAPITALIZED YES or NO response above.**

0-4 points - Suggests None or mild depression

5-9 points - Suggests moderate depression warrants a follow-up interview

10-15 - Highly indicative of depression. Requires referral for appropriate follow-up and treatment.

**II-3. Now I'd like to talk to you about some health-related behaviors.  
First let's talk about drinks that might contain alcohol.**

1. Have you ever, in your entire life, consumed any alcohol such as wine, beer, or liquor?  
Yes  No

If "no" move to Section II-5.

2. Have you had any alcohol in the past five years? Yes  No  (Interviewer: If "no," move to Section II-5)

For the next few questions think about your most recent drink.

3. How often did you have a drink containing alcohol?

- Never  
 Monthly or less  
 Two to four times a month  
 Two to three times a week  
 Four or more times a week

4. How many drinks containing alcohol did you have on a typical day when you were drinking?

- 1 or 2       3 or 4       5 or 6       7 to 9       10 or more

5. How often did you have six or more drinks on one occasion?

- Never  
 Less than monthly  
 Monthly  
 Weekly  
 Daily or almost daily

**II-4. Short Michigan Alcoholism Screening Test -Geriatric Version (S-MAST-G)**

1. When talking with others, do you ever underestimate how much you drink?	YES <input type="checkbox"/> No <input type="checkbox"/>
2. After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?	YES <input type="checkbox"/> No <input type="checkbox"/>
3. Does having a few drinks help decrease your shakiness or tremors?	YES <input type="checkbox"/> No <input type="checkbox"/>
4. Does alcohol sometimes make it hard for you to remember parts of the day or night?	YES <input type="checkbox"/> No <input type="checkbox"/>
5. Do you usually take a drink to relax or calm your nerves?	YES <input type="checkbox"/> No <input type="checkbox"/>
6. Do you drink to take your mind off your problems?	YES <input type="checkbox"/> No <input type="checkbox"/>
7. Have you ever increased your drinking after experiencing a loss in your life?	YES <input type="checkbox"/> No <input type="checkbox"/>
8. Has a doctor or nurse ever said they were worried or concerned about your drinking?	YES <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever made rules to manage your drinking?	YES <input type="checkbox"/> No <input type="checkbox"/>
10. When you feel lonely, does having a drink help?	YES <input type="checkbox"/> No <input type="checkbox"/>

**Score 1 point for each YES response. A score of 2 or more indicates need for further assessment.**



**II-7. Now I'd like to ask you about your use of "over-the-counter" medications and remedies. These are pills that you can buy at a drug store or grocery store without a prescription.**

1. Do you frequently take aspirin, Tylenol, Advil, or other non-prescription pills for pain?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Do you ever tell your physician about the type of non-prescription pills you buy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Do you use herbal pills such as Ginkgo, Saw Palmetto, St. John's Wort?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Do you take non-prescription pills or remedies for improving your memory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you ever felt worse soon after taking over-the counter remedies?	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you taking medications to help you sleep?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do any of the non-prescription pills you take make you feel groggy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you use plants or herbs to make your own remedies such as garlic, or aloe?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**FLAG for further Investigation if yes to #1, #5, #6, #7 or to next question (impression):**

**Investigator's Impression: Is there any indication this person is misusing OTC's AND requires further education? Yes  No**

**II-8. I'd like to ask a few more questions that may be a little sensitive. Please remember we have to ask this of all the people we see.**

<b>Have you used any of the following in the past year?</b>	
Marijuana	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cocaine	Yes <input type="checkbox"/> No <input type="checkbox"/>
Crack	Yes <input type="checkbox"/> No <input type="checkbox"/>
Heroin	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hallucinogens (such as LSD, PCP)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Substances you sniff or inhale to get high or escape from reality	Yes <input type="checkbox"/> No <input type="checkbox"/>

**If any of the above are YES, then "flag" this as a problem area for follow-up.**

---



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**II-9. Just a few more sensitive questions and we'll be through.**

1. Has anyone in your family ever committed suicide? (if no skip to 3)	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. If yes, who in your family committed suicide?	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Sister <input type="checkbox"/> Brother <input type="checkbox"/> Other _____
3. Have you ever thought about taking your life? (if no, skip to question 6)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. How recently have you thought about killing yourself?	<input type="checkbox"/> Today <input type="checkbox"/> In the past week <input type="checkbox"/> In the past month <input type="checkbox"/> In the past few months <input type="checkbox"/> In the past year <input type="checkbox"/> More than one year
5. Do you have a plan for doing this? (When the person replies, check categories that apply)	<input type="checkbox"/> No Plan (Skip to next question) <input type="checkbox"/> Gun <input type="checkbox"/> Medications/pills <input type="checkbox"/> Cutting wrists <input type="checkbox"/> Hanging <input type="checkbox"/> Carbon Monoxide (using car) <input type="checkbox"/> Other _____
6. Have you ever been in the care of psychiatrist, psychologist, or other professional because of severe depression or mental problems?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Do you keep firearms in the house?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. If yes, ask how many guns are in the house?	NUMBER OF GUNS _____

**Interviewer:**

**Flag if Item #3 is YES.**

**NOTE: If responses to #4 and #5 indicate recent thoughts about suicide and a current plan for committing suicide, please follow proper procedure for addressing this situation (example: Call your supervisor; Contact law enforcement)**

**Thank You. This ends the questionnaire. Are there any questions or comments you have?**

---



---





## Appendix D

### Using Icebreakers in Raising Substance Abuse Awareness Among Seniors

#### Introduction

When conducting outreach to raise awareness about senior substance abuse, it is important to create an environment that is non-threatening, supportive and inviting to seniors. Group “icebreakers” are a tool you can use to help create this type of environment. If you do not want to be so formal with an icebreaker, you can have a group sing along, read a poem, or have seniors tell stories to help warm up the group. We have included several icebreaker exercises that you can use to warm up a group and help seniors get to know each other better and feel more relaxed.

#### Sample Icebreaker Exercises

- “Getting To Know You” Exercise
- “Let Me Introduce You” Exercise
- “Don’t Break the Elastic” Exercise
- “Class of ’46” Exercise



## 1. “Getting to Know You” Exercise

### When you were 16 years old:

Where were you living?

What did you do for fun?

What was your favorite song?

Were you in love? With whom?

What did you look like?

What did you want to be when you grew up?

What were the pressing social issues (sexuality, war, politics, etc.) of the day?

### Directions for “Getting to Know You” Exercise

1. Distribute the above questions to each participant on separate pieces of paper, prepared in a large typeface for easy reading, along with a pen or pencil. Feel free to modify or add questions for your particular audience.
2. Give participants three to four minutes to write answers. Emphasize they should not spend a lot of time thinking about the questions and that first impressions are best.
3. Have participants talk in pairs for two to three minutes and switch partners once if the group is large enough or does not have mobility issues.
4. Bring participants back into a large group. Process this exercise with the following questions: What was it like to go back (to being 16 years old)? What changes happened in your life regarding what you wanted to be and what you actually did? What differences do you see in the world today versus the world when you were young?



**When you were 16 years old:**

Where were you living?

What did you do for fun?

What was your favorite song?

Were you in love? With whom?

What did you look like?

What did you want to be when you grew up?

What were the pressing social issues (sexuality, war, politics, etc.) of the day?



## 2. “Let Me Introduce You” Exercise

Where were you born and raised?  
What did you do (or still do) to make a living?  
What is your favorite pastime or hobby?  
How many children and grandchildren do you have?  
What was the best trip you’ve ever taken?  
What is your favorite song?  
Who is your favorite movie star?

### Directions for “Let Me Introduce You” Exercise

1. Distribute the above questions to each participant on a separate piece of paper, prepared in a large typeface for easy reading, along with a pen or pencil. Feel free to modify or add questions for your particular audience.
2. Have seniors select a partner to “interview” and give them 10 minutes to interview each other. Have the first interviewer talk with her or his interviewee for five minutes and then have the pair switch roles. Be sure to tell the interviewers to take notes and write down responses so they don’t forget.
3. Bring participants back into a large group. Have each team of seniors introduce each other. Allow two to three minutes for introductions.



## Let Me Introduce You

Your name: \_\_\_\_\_

Where were you born and raised?

What did you do (or still do) to make a living?

What is your favorite pastime or hobby?

How many children and grandchildren do you have?

What was the best trip you've ever taken?

What is your favorite song?

Who is your favorite movie star?



### 3. Don't Break the Elastic! Maya Angelou On Growing Older

In April 2006, Maya Angelou was interviewed on her 78th birthday by Oprah Winfrey. Oprah asked her what she thought of growing older. She said it was “exciting.” When asked about body changes, she said there were many, occurring every day. Like her breasts seemed to be in a race to see which will reach her waist first. The audience laughed so hard they cried.

Here is what Maya Angelou says about growing older in her poem “Don't Break the Elastic”:

When I was in my younger days, I weighed a few pounds less,  
 I needn't hold my tummy in to wear a belted dress.  
 But now that I am older, I've set my body free;  
 There's the comfort of elastic, where once my waist would be.  
 Inventor of those high-heeled shoes, my feet have not forgiven;  
 I have to wear a nine now, but used to wear a seven.  
 And how about those pantyhose—they're sized by weight, you see,  
 So how come when I put them on the crotch is at my knee?  
 I need to wear these glasses as the print's been getting smaller;  
 And it wasn't very long ago I know that I was taller.  
 Though my hair has turned to gray and my skin no longer fits,  
 On the inside, I'm the same old me, it's the outside's changed a bit.

But, on a positive note... I've learned that no matter what happens, or how bad it seems today, life does go on, and it will be better tomorrow.  
 I've learned that you can tell a lot about a person by the way he/she handles these three things: a rainy day, lost luggage, and tangled Christmas tree lights.  
 I've learned that regardless of your relationship with your parents, you'll miss them when they're gone from your life.  
 I've learned that making a “living” is not the same thing as making a “life.”  
 I've learned that life sometimes gives you a second chance.  
 I've learned that you shouldn't go through life with a catcher's mitt on both hands. You need to be able to throw something back.  
 I've learned that whenever I decide something with an open heart, I usually make the right decision.  
 I've learned that even when I have pains, I don't have to be one.  
 I've learned that every day you should reach out and touch someone. People love a warm hug, or just a friendly pat on the back.  
 I've learned that I still have a lot to learn.  
 I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.

#### 4. Class of '46

Remember the days when we danced to the rhythms of the big bands of Kay Kaiser, Artie Shaw, Tommy Dorsey Guy Lombardo, Glenn Miller and Xavier Cugat? While the Andrews Sisters harmonized on “Rum and Coca Cola,” Eileen Barton snappily sang “If I Knew You Were Comin’, I’d Have Baked a Cake.” Remember Wee Bonnie Baker, the tiny canary with the tiny voice singing “Oh Johnny.” “A Tisket, A Tasket” was popular, and many of us shed a tear when Evelyn Knight sang “Little Things Mean a Lot.”

Remember the days when we went to swing shifts dances? The days we dreamed at all-night picture shows? The days when we ate out in the new 24-hour restaurants? The days when the energetic and limber among us entered jitterbug contests? Everything was “reet” or “aw reet.” You had to “get hep” to be a “hep cat” and oh, the joys of wearing a “zoot suit” and being “zootie.”

Remember the days when World War II loomed over all of us? We used our ration stamps, coupons, and books for cigarettes, hard liquor, shoes, meat, gasoline and sugar. Enterprising women, unable to find nylon hose, simply painted seams onto their legs. We advised our loves “Don’t Sit Under the Apple Tree (With Anyone Else But Me),” and we went away to war. The drive for war bonds was on, and the Stage Door Canteen was always open. Our men in uniform taped pictures of pin-ups girls Betty Grable, Rita Hayworth, Esther Williams, Marlene Dietrich, Paulette Goddard and Ann Miller on their lockers and sang “The Boogie Woogie Bugle Boy of Company B” and “The G.I. Jive.” Our women knew the tune “No Love, No Nothin’ (Until My Baby Comes Home).” “4F” became a new word in our vocabulary and for the thousands of Rosie the Riveters streaming into the war plants on the graveyard shift, “The 5-O’Clock Whistle (Never Blew).”

Remember the day when V-E Day came? Followed by V-J Day? Where were you when we kissed, hugged, yelled, danced in the streets, and celebrated those long-awaited glorious moments of peace? At last—there were “Bluebirds over the White Cliffs of Dover,” and the fortunate ones took a “Sentimental Journey” home.

Yes, remember the days? We all belong to some “Class of ’46,” and we are bound together by more than our alcohol or prescription/medication abuse. We are bound together by our memories of having shared some of the greatest personal experiences and moments in history. Now, we come together again to face another challenge—our abstinence, our sobriety—a future free from alcohol or prescription/medication abuse. And we will look back on our membership in this class, the “Class of ’46” and remember. Remember the days!



# Appendix E

## Resource List





**Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Improvement Protocols (TIPs) available online at [www.samhsa.gov](http://www.samhsa.gov) or by calling SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686.**

- Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults*. Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 98-3179. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998.
- Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: A Guide for Treatment Providers*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 02-3742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000. Reprinted 2002.
- Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: A Guide for Social Service Providers*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 00-3393. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000.
- Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: Physicians Guide*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 04-3937. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000. Reprinted 2004.
- Center for Substance Abuse Treatment. *Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases*. Treatment Improvement Protocol (TIP) Series, Number 11. DHHS Publication No. (SMA) 95-3058. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1994.
- Korper, S.P. & Council, C.L. (Eds.). *Substance Use by Older Adults: Estimates of Future Impact on the Treatment System*. DHHS Publication No. (SMA) 03-3763, Analytic Series A-21. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2002.

**Online statistical information from SAMHSA's Office of Applied Studies (OAS):**

- **OAS Homepage**  
The Office of Applied Studies supplies national data on substance abuse, drug-related episodes and the national substance abuse treatment system.  
1 Choke Cherry Road, Room 7-1044  
Rockville, MD 20857  
[www.DrugAbuseStatistics.samhsa.gov](http://www.DrugAbuseStatistics.samhsa.gov)



- **OAS Short Reports**

The OAS Short Reports includes data sorted by topic, drug, year of release and data system so the user can access information regarding alcohol, drug abuse and mental health.  
[www.oas.samhsa.gov/facts.cfm](http://www.oas.samhsa.gov/facts.cfm)

- **National Household Survey on Drug Abuse (NHSDA), including State-level estimates**

The National Survey on Drug Use and Health (NSDUH), formerly called the National Household Survey on Drug Abuse (NHSDA), supplies users with data on the prevalence of substance use and treatment in the United States.  
[www.oas.samhsa.gov/nhsda.htm](http://www.oas.samhsa.gov/nhsda.htm)

- **National and State-level Information on the Substance Abuse Treatment System through the Drug and Alcohol Services Information System (DASIS)**

The Drug and Alcohol Services Information System (DASIS) is the principal source of data provided on a national level about substance abuse treatment.  
[www.oas.samhsa.gov/dasis.htm](http://www.oas.samhsa.gov/dasis.htm)

#### **SAMHSA or SAMHSA-sponsored Web sites:**

- **Substance Abuse and Mental Health Services Administration (SAMHSA)**

The Substance Abuse and Mental Health Services Administration (SAMHSA) works with States, communities, and private organizations to improve the Nation's health care capacity. As the umbrella agency for the Center for Mental Health Services (CMHS), the Center for Substance Abuse Prevention (CSAP), and the Center for Substance Abuse Treatment (CSAT), SAMHSA works to provide prevention, diagnosis, and treatment services for substance abuse and mental illness.

5600 Fishers Lane  
Rockville, MD 20857  
[www.samhsa.gov](http://www.samhsa.gov)

- **SAMHSA's Center for Substance Abuse Prevention (CSAP)**

The Center for Substance Abuse Prevention (CSAP) integrates the Strategic Prevention Framework (SPF) for a community-based approach to substance abuse prevention. As a result, the information and tools provided by SPF aid states and communities in building a successful prevention framework.

1 Choke Cherry Road, Room 4-1056  
Rockville, MD 20857  
(240) 276-2420  
[www.prevention.samhsa.gov](http://www.prevention.samhsa.gov)



- **SAMHSA’s Center for Substance Abuse Prevention (CSAP) Prevention Pathways Online Courses: At Any Age, It Does Matter: Substance Abuse and Older Adults (for Professionals)**

These tutorials present tracks that concentrate on preventing and reducing problems associated with older adults’ use of alcohol and medications.

<http://pathwayscourses.samhsa.gov>.

- **SAMHSA’s Center for Substance Abuse Treatment (CSAT)**

The Center for Substance Abuse Treatment (CSAT) advances the quality and availability of community-based substance abuse treatment services. Improving and expanding existing substance abuse treatment services, CSAT also works with SAMHSA’s free treatment referral service to link people with the community-based substance abuse services they need.

1 Choke Cherry Road, Room 4-1056

Rockville, MD 20857

(800) 487-4889

[www.csat.samhsa.gov](http://www.csat.samhsa.gov)

- **SAMHSA’s Substance Abuse Treatment Facility Locator**

This Web site provides a search for users to locate drug abuse centers, alcoholism treatment facilities, and support services by city, State or ZIP code.

[www.findtreatment.samhsa.gov](http://www.findtreatment.samhsa.gov)

- **SAMHSA’s Center for Mental Health Services**

The National Mental Health Information Center is available for users to find information about mental health. The Information Center is complete with information ranging from Federal grants to local organizations dedicated to treating and preventing mental illness.

P.O. Box 42557

Washington, DC 20015

(800) 789-2647

[www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov)

- **SAMHSA’s Mental Health Facilities Locator**

This locator search enables users to obtain information about mental health facilities and support services by city, State or ZIP code.

(800) 789-2647

[www.mentalhealth.org/databases/kenSearch.asp](http://www.mentalhealth.org/databases/kenSearch.asp)



- **SAMHSA’s National Clearinghouse on Alcohol and Drug Information**  
The NCADI is considered the primary resource of users looking for information regarding substance abuse prevention and addiction treatment.  
11420 Rockville Pike  
Rockville, MD 20852  
(800) 729-6686  
[www.health.org](http://www.health.org)
- **SAMHSA’s Treatment Improvement Exchange (TIE)**  
The Treatment Improvement Exchange (TIE) is a vital resource in providing the information exchange between CSAT staff and State and local substance abuse agencies.  
[www.tie.samhsa.gov](http://www.tie.samhsa.gov)
- **SAMHSA’s Older Americans Substance Abuse and Mental Health Technical Assistance Center**  
The goal of the Center is to enrich the quality of life and support the physical and mental condition of older Americans. The Center functions to distribute information, training, and direct assistance in the prevention and early intervention of substance abuse and mental health problems.  
[www.samhsa.gov/olderAdultsTAC/index.aspx](http://www.samhsa.gov/olderAdultsTAC/index.aspx).

**Other Federal or federally sponsored Web sites:**

- **National Institute on Drug Abuse (NIDA)**  
The goal of the National Institute on Drug Abuse is to harness the potential of science to influence drug abuse and addiction. NIDA supports a large amount of research on health topics related to drug abuse and is vital in the distribution of scientific data to policymakers.  
6001 Executive Blvd, Room 5213  
Bethesda, MD 20892-9561  
(301) 443-1124  
[www.nida.nih.gov](http://www.nida.nih.gov)
- **National Institute on Alcohol and Alcoholism (NIAAA)**  
The NIAAA works to continue research efforts in areas related to alcohol consumption, prevention and treatment. By working with other research institutes, NIAAA strives to provide leadership in the attempt to minimize alcohol-related problems.  
6000 Executive Blvd  
Willco Building  
Bethesda, MD 20892-7003  
[www.niaaa.nih.gov](http://www.niaaa.nih.gov)



- **National Institute on Mental Health (NIMH)**  
The NIMH seeks to lessen the weight of mental and behavioral disorders by conducting research on the mind, brain and behavior. Research is used to contribute to the scientific gains that have already been accomplished. To fulfill this mission, the NIMH goes beyond its research capacity and engages in public information outreach.  
6001 Executive Blvd, Room 8184, MSC 9663  
Bethesda, MD 20892-9663  
(301) 443-4513  
[www.nimh.nih.gov](http://www.nimh.nih.gov)
- **National Institute on Aging (NIA)**  
The National Institute on Aging improves the health of older Americans through research in areas that are geared toward the older adults. The NIA communicates with the public about relevant health topics and new research advances.  
Building 31, Room 5C27  
31 Center Drive, MSC 2292  
Bethesda, MD 20892  
(301) 496-1752  
[www.nia.nih.gov](http://www.nia.nih.gov)
- **Administration on Aging (AOA)**  
The Administration on Aging provides information and news features about aging and its relevance to its target group. Interested patrons can also read about the Older Americans Act.  
330 Independence Avenue, SW  
Washington, DC 20201  
(202) 619-7501  
[www.aoa.gov](http://www.aoa.gov)
- **National Institutes of Health (NIH)**  
NIH is one of the world's renowned research centers. Geared to pursue knowledge about diseases and disability, the research at NIH has helped further the communication of medical information across the world.  
Building 1  
1 Center Drive  
Bethesda, MD 20892  
[www.nih.gov](http://www.nih.gov)



- **Food and Drug Administration (FDA)**

The Food and Drug Administration acts as a public health and consumer protection agency to promote and guard the health of the public by ensuring safe and effective products are on the market for use.

5600 Fishers Lane  
Rockville, MD 20857  
(888) 463-6332  
[www.fda.gov](http://www.fda.gov)

- **Office of Minority Health Resource Center (OMH)**

The purpose of OMH is to advance and protect the health of racial and ethnic minority groups. As an advisor center to the Secretary of the U.S. Department of Health and Human Services and the Office of Public Health and Science, the OMH develops health policies and programs that will eradicate health inequalities.

The Tower Building  
1101 Wootton Parkway, Suite 600  
Rockville, MD 20852  
(240) 453-2882  
E-mail: [info@omhrc.gov](mailto:info@omhrc.gov)  
[www.omhrc.gov](http://www.omhrc.gov)

- **National Women's Health Information Center (NWHIC)**

The National Women's Health Information Center is a valuable resource for information regarding health topics ranging from pregnancy to violence against women. Through distributing health information, NWHIC strives to improve the health and well-being of women and girls in the United States.

8270 Willow Oaks Corporate Drive  
Fairfax, VA 22031  
(800) 994-9662  
[www.4woman.gov](http://www.4woman.gov)

- **National Addiction Technology Transfer Center (ATTC)**

The Addiction Technology Transfer Center works to improve addiction treatment through identifying opportunities and implementing services to change the lives of those affected by alcohol and drug addiction.

University of Missouri—Kansas City  
5100 Rockhill Road  
Kansas City, MO 64110  
(816) 235-6888  
E-mail: [no@nattc.org](mailto:no@nattc.org)  
[www.nattc.org](http://www.nattc.org)



- **Information on senior health, including taking medications, from the National Institute of Health**

As an important resource for older adults, this Web site enables Internet users to learn more about health and aging. Medications and thorough links with information about various diseases/conditions for older adults are also provided.

E-mail: [custserv@nlm.nih.gov](mailto:custserv@nlm.nih.gov)

[www.nihSeniorHealth.gov](http://www.nihSeniorHealth.gov)

- **Eldercare Locator: Connecting You to Community Services from the Administration on Aging**

The Eldercare Locator is a nationwide service that older adults and their caregivers can find information about senior services. This resource assists older adults and their families in finding local support resources for those who need assistance.

(800) 677-1116

[www.eldercare.gov/Eldercare/Public/Home.asp](http://www.eldercare.gov/Eldercare/Public/Home.asp)

- **Administration on Aging Services for Seniors**

The Administration on Aging Services provides links for older residents to find Federal, State and local programs. Access services such as transportation, outreach and escort are available to help assure that elderly Americans are linked with appropriate services in the community as needed.

Administration on Aging

Washington, DC 20201

(202) 619-0724

[www.aoa.gov/eldfam/Service\\_Options/Service\\_Options.asp](http://www.aoa.gov/eldfam/Service_Options/Service_Options.asp)

- **State and area agencies on aging**

Links are provided for the user to locate a state or local agency that deals with aging and the issues surrounding it.

[www.aoa.gov/eldfam/How\\_To\\_Find/Agencies/Agencies.asp](http://www.aoa.gov/eldfam/How_To_Find/Agencies/Agencies.asp)

**Other relevant organizations:**

- **NAADAC, The Association for Addiction Professionals (NAADAC)**

The mission of NAADAC is to improve the health and speed the recovery of individuals and communities by advocating the best quality and current services to their clients.

Through government relations, membership and certification, NAADAC continually works to provide treatment to whoever needs it.

901 N. Washington St. Suite 600

Alexandria, VA 22314

(800) 548-0497

E-mail: [naadac@naadac.org](mailto:naadac@naadac.org)

[www.naadac.org](http://www.naadac.org)



- **The District of Columbia Department of Health’s Addiction Prevention and Recovery Administration (APRA), Office of Special Populations Substance Abuse Awareness for Seniors (SAAS) Program**

The Department of Health in the District of Columbia is responsible for promoting and protecting the health of its residents. To fulfill its mission, the DOH identifies health risks, makes community resources available to the public and educates the public.

825 North Capitol Street, NE

Washington, DC 20002

(202) 671-5000

E-mail: [doh@dc.gov](mailto:doh@dc.gov)

<http://dchealth.dc.gov>

- **National Association of State Alcohol/Drug Abuse Directors (NASADAD)**

A nonprofit association, the NASADAD was founded to further the development of alcohol and drug abuse prevention and treatment programs. NASADAD is involved with other organizations and Federal agencies such as SAMHSA and CSAT to work with drug-related and other issues of common interest.

808 17th Street NW, Suite 410

Washington, DC 20006

(202) 293-0090

E-mail: [dcoffice@nasadad.org](mailto:dcoffice@nasadad.org)

[www.nasadad.org](http://www.nasadad.org)

- **National Council on Aging (NCOA)**

The National Council on Aging is a national network devoted to enhancing the health of older adults and helping them contribute to communities and successive generations. NCOA incorporates programs that allow older adults to stay healthy, find jobs and join programs that can improve the quality of their lives.

300 D Street SW, Suite 801

Washington, D.C. 20024

(202) 479-1200

[www.ncoa.org](http://www.ncoa.org)

- **American Association of Geriatric Psychiatry (AAGP)**

The American Association for Geriatric Psychiatry is a frontrunner in the field of geriatric psychiatry. Promoting the mental health and well-being of older adults and improving the overall quality of life, the AAGP’s mission is to increase the knowledge base in geriatric psychiatry through education and research.

7910 Woodmont Ave., Suite 1050

Bethesda, MD 20814-3004

(301) 654-7850

E-mail: [main@aagponline.org](mailto:main@aagponline.org)

[www.aagpgpa.org](http://www.aagpgpa.org)



- **American Psychiatric Association (APA)**  
The American Psychiatric Association is where physicians collaborate together to guarantee care and treatment for those with mental disorders. The APA strives to promote the best quality care for individuals and to further research in the psychiatric field.  
1000 Wilson Boulevard, Suite 1825  
Arlington, VA 22209-3901  
(703) 907-7300  
E-mail: [apa@psych.org](mailto:apa@psych.org)  
[www.psych.org](http://www.psych.org)
- **American Psychological Association (APA)**  
The APA is both a science- and professional-based organization that uses the two fields to promote health, education and human welfare. The APA also applies research methods and findings to continue to better public condition.  
750 First Street, NE  
Washington, DC 20002-4242  
(800) 374-2721  
[www.apa.org](http://www.apa.org)
- **National Mental Health Association (NMHA)**  
The National Mental Health Association deals with all aspects of mental health and mental illness through education, research and service. Very influential, the NMHA has engaged in work that has changed the lives of millions who suffer from mental illnesses.  
2000 N. Beauregard Street, 6th Floor  
Alexandria, VA 22311  
(703) 684-7722  
[www.nmha.org](http://www.nmha.org)
- **American Association of Retired Persons (AARP)**  
The AARP is a nonprofit organization that has prioritized improving the overall quality of life as people age by providing information to the public and serving those in need. The AARP Web site also has a Spanish-language newspaper and meets the needs of those who are aging.  
601 E Street NW  
Washington, DC 20049  
(888) 687-2277  
[www.aarp.org](http://www.aarp.org)



- **American Society on Aging (ASA)**

The ASA is a vital resource that provides information about aging by offering training opportunities, education and conferences. Those interested can stay up-to-date concerning the relevant health issues surrounding the aging population.

833 Market Street, Suite 511

San Francisco, CA 94103

(800) 537-9728

E-mail: [info@asaging.org](mailto:info@asaging.org)

[www.asaging.org](http://www.asaging.org)

- **The Hanley Center**

The Hanley Center in Florida is a center where those struggling with substance addiction can find their way back to hope. The Hanley Center offers a full range of care for alcoholism and chemical dependency.

5200 East Avenue

West Palm Beach, FL 33407-2374

(866) 4-HANLEY

E-mail: [info@hanleycenter.org](mailto:info@hanleycenter.org)

[www.hanleycenter.org](http://www.hanleycenter.org)

- **Hazelden Alcohol and Drug Rehabilitation Centers, Publishing and Research**

Hazelden is an alcohol and drug rehabilitation center for those struggling with addiction. A non-profit organization, the lives of many have been transformed due the high quality treatment serves and research available to help aid in recovery.

Hazelden Foundation

CO3, PO Box 11

Center City, MN 55012-0011

(800) 257-7810

E-mail: [info@hazelden.org](mailto:info@hazelden.org)

[www.hazelden.org](http://www.hazelden.org)

### Special Population-Specific Resources

- **Alcohol Problems in Native America: The Untold Story of Resistance and Recovery and The Truth About the Lie by William White and Don Coyhis**

6145 Lehman Drive, Suite 200

Colorado Springs, CO 80198

(719) 548-1000

E-mail: [info@whitebison.org](mailto:info@whitebison.org)

[www.whitebison.org](http://www.whitebison.org)



- **Native Elder Research Center—Resource Center for Minority Aging Research, University of Colorado at Denver, Health Sciences Center**

The Research Center focuses on native elder health and has been established to help provide relevant programs to meet the needs of its target group.

American Indian and Alaska Native Programs  
University of Colorado Health Sciences Center  
Department of Psychiatry  
Nighthorse Campbell Native Health Building  
P.O. Box 6508, Mail Stop F800  
Aurora, CO 80045-0508  
(303) 724-1414  
[www.uchsc.edu/ai/nerc/nerc\\_index.htm](http://www.uchsc.edu/ai/nerc/nerc_index.htm)

- **The National African American Drug Policy Coalition (NAADPC), Center for Drug Abuse Research, Howard University**

The NAADPC strives to work and conduct research about the effect of drug policies and laws in the African American community. By reviewing Federal and State laws, the NAADPC helps to advocate the needs of the African American community in health and drug-related issues.

2900 Van Ness Street NW, Suite 400  
Washington, D.C. 20008  
(202) 806-8600  
E-mail: [info@naadpc.org](mailto:info@naadpc.org)  
[www.naadpc.org](http://www.naadpc.org)

- **National Hispanic Council on Aging (NHCOA)**

The mission of the NHCOA is to improve the overall quality of life for Latino elderly and Latino communities. Established as an advocate organization for the Latino community, NHCOA works with issues regarding economic stability and abuse of the elderly and their families.

1341 Connecticut Ave., 4th Floor, Suite 4.2  
Washington, DC 20036  
(202) 429-0787  
E-mail: [nhcoa@nhcoa.org](mailto:nhcoa@nhcoa.org)  
[www.nhcoa.org](http://www.nhcoa.org)

- **National Asian Pacific American Families Against Substance Abuse (NAPAFASA)**

A nonprofit organization, NAPAFASA was created to meet the needs of Asian American and Pacific Islander populations who struggle with alcohol and tobacco addictions.

340 East 2nd Street, Suite 409  
Los Angeles, CA 90012  
(213) 625-5795  
E-mail: [napafasa@napafasa.org](mailto:napafasa@napafasa.org)  
[www.napafasa.org](http://www.napafasa.org)



- **National Association of Lesbian and Gay Addiction Professionals (NALGAP)**  
 The NALGAP seeks to face the various types of oppression and discrimination that people of all genders and sexual orientation may experience. It is also a valuable resource of information for those who are in recovery from alcohol and drug addiction.  
 901 North Washington Street, Suite 600  
 Alexandria, VA 22314  
 (703) 465-0539  
[www.nalgap.org](http://www.nalgap.org)

### **Educational Materials (Client and Professional) and Other Resources:**

- *As You Age...A Guide to Aging, Medicines and Alcohol*. U.S. Department of Health and Human Services, SAMHSA and FDA. Available through the National Clearinghouse for Alcohol and Drug Information (NCADI)—(800) 729-6686.
- *Aging, Medicines and Alcohol*. U.S. Department of Health and Human Services, SAMHSA, Center for Substance Abuse Treatment. Available through NCADI at (800) 729-6686.
- *Harmful Interactions: Mixing Alcohol with Medicines*. U.S. Department of Health and Human Services, National Institute on Alcohol Abuse and Alcoholism. To order write to NIAAA, Publications Distribution Center, P.O. Box 10686, Rockville, MD 20849-0686. You can also download the publication online at [http://pubs.niaaa.nih.gov/publications/Medicine/Harmful\\_Interactions.pdf](http://pubs.niaaa.nih.gov/publications/Medicine/Harmful_Interactions.pdf).
- *The Early Recovery Workbook—Problems with Alcohol and Medications Among Older Adults*. Available through Hazelden at (800) I-DO-CARE in collaboration with the American Association of Retired Persons.
- *Get Connected! Linking Older Adults with Medication, Alcohol, and Mental Resources*, from the U.S. Department of Health and Human Services, Administration on Aging, SAMHSA and The National Council on Aging. Copies of this publication are available through SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686.
- *Promoting Older Adult Health*, from the U.S. Department of Health and Human Services, Administration on Aging, SAMHSA and The National Council on Aging. Copies of this publication are available through SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686.
- Project SHARE (Senior Health and Alcohol Risk Education). An open clinical trial sponsored by NIAAA. Information at [www.clinicaltrials.gov/ct/show/NCT00107640;jsessionid=23544027ACCE5B11F3AFDOAIE4D3](http://www.clinicaltrials.gov/ct/show/NCT00107640;jsessionid=23544027ACCE5B11F3AFDOAIE4D3).



- *Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults*, available from SAMHSA's Older Americans Substance Abuse and Mental Health Technical Assistance Center at [www.samhsa.gov/olderAdultsTAC/index.aspx](http://www.samhsa.gov/olderAdultsTAC/index.aspx).
- *Wholesome Aging—Medication and Alcohol*. Available through the District of Columbia Department of Health, Addiction Prevention and Recovery Administration, Office of Special Populations, Substance Abuse Awareness for Seniors at (202) 727-8858.
- *Healthy Aging—Safe Use of Medications*. Available through The StayWell Company at (800) 333-3032.
- *Nonprescription Drugs—Modern Medicine for Mature Americans*. Available through the Nonprescription Drug Manufacturers Association at (202) 429-9260.
- *Need Help Paying for Medicine?* Available through the Partnership for Prescription Assistance at (888) 4PPA-NOW or visit [www.pparx.org](http://www.pparx.org).
- *How to Talk to An Older Person Who Has A Problem with Alcohol or Medications*. Available through the Hanley Center at (800) 444-7008.
- *If Only I Knew What to Say or Do...Ideas for Helping a Friend in Crisis*. Available through the American Association of Retired Persons—[www.aarp.org](http://www.aarp.org).
- *Alcohol, Medications, and Older Adults—A Guide for Families and Other Caregivers*. Available through the Johnson Institute at (800) 231-5165.
- *Coping with Your Aging Parents*. Available through Prairie View at (800) 362-0180.
- *The Role of the Geriatric Psychiatrist*. Available through the American Association for Geriatric Psychiatry at [www.aagponline.org](http://www.aagponline.org) or (301) 654-7850.
- National Institute on Aging Publications Catalogue. Available listing of publications on [www.niapublications.org](http://www.niapublications.org) or call (800) 222-2225.
- *Age Page—Depression: Don't Let the Blues Hang Around* and *Age Page—Alcohol Use and Abuse*. National Institute on Aging. Available at [www.niapublications.org](http://www.niapublications.org) or call (800) 222-2225.
- *Good Mental Health is Ageless*. Available through SAMHSA's National Clearinghouse for Alcohol and Drug Information (NCADI) at (800) 729-6686.
- *AA for the Older Alcoholic*. Available through Alcoholics Anonymous at [www.aa.org](http://www.aa.org).



- *Older Adults With Problem Gambling*. Available through S.P.I.C.E. Prevention and Recovery Services at (785) 266-8666 or visit [www.parstopeka.com](http://www.parstopeka.com).
- *HIV/AIDS—Is Your Client at Risk? A Pocket Tool for Substance Abuse Treatment Providers*. Available through NCADI at (800) 729-6686.
- *Alcohol Use Among Older Adults—Pocket Screening Instruments for Health Care and Social Service Providers*. Available online at [http://kap.samhsa.gov/products/brochures/text/POCKET\\_2.txt](http://kap.samhsa.gov/products/brochures/text/POCKET_2.txt) or through NCADI at (800) 729-6686.
- *Aging and Addiction: Helping Older Adults Overcome Alcohol or Medication Dependence* by Carol Colleran and Deborah Jay. Information available from [www.agingandaddiction.net](http://www.agingandaddiction.net).



# Appendix F

## References





Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults*. Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 98-3179. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998.

Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: A Guide for Treatment Providers*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 02-3742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000. Reprinted 2002.

Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: A Guide for Social Service Providers*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 00-3393. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000.

Center for Substance Abuse Treatment. *Substance Abuse Among Older Adults: Physicians Guide*. Based on Treatment Improvement Protocol (TIP) Series, Number 26. DHHS Publication No. (SMA) 04-3937. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000. Reprinted 2004.

Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. *CSAP's Prevention Pathways Online Courses—At Any Age It Does Matter: Substance Abuse and Older Adults (for Professionals); Alcohol, Medication and Older Adults: For Those Who Care About or Care For an Older Adult; Out of the Shadows: Uncovering Substance Use and Elder Abuse (for Professionals); Evaluation for the Unevaluated: Program Evaluation 101 and 102*. <http://pathwayscourses.samhsa.gov>.

Drug and Alcohol Services Information System. *Older Adults in Substance Abuse Treatment: Update*. The DASIS Report, Office of Applied Studies, Substance Abuse and Mental Health Services Administration, May 5, 2005.

Korper, S.P. & Council, C.L. (Eds.). *Substance Use by Older Adults: Estimates of Future Impact on the Treatment System*. DHHS Publication No. (SMA) 03-3763, Analytic Series A-21. Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, 2002.

McKilip, J. *Need Analysis: Tools for the Human Services and Education*. Sage Publications: Newbury Park, CA. 1987.

National Survey on Drug Use and Health. *Substance Use Among Older Adults: 2002 and 2003 Update*. The NSDUH Report, Office of Applied Studies, Substance Abuse and Mental Health Services Administration, April 22, 2005.



Stewart, D. and Shamdasani, P. *Focus Groups: Theory and Practice*. Sage Publications: Newbury Park, CA. 1990.

Substance Abuse and Mental Health Services Administration (SAMHSA), Older Americans Substance Abuse and Mental Health Technical Assistance Center. *Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults*. [www.samhsa.gov](http://www.samhsa.gov).

Substance Abuse and Mental Health Services Administration. *Get Connected! Linking Older Adults With Medication, Alcohol, and Mental Health Resources*. DHHS Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2003.

Substance Abuse and Mental Health Services Administration. *Promoting Older Adult Health: Aging Network Partnerships to Address Medication, Alcohol, and Mental Health Problems*. DHHS Pub. No. (SMA) 02-3628. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2002.



