

# Building a Supportive Environment: Strategies for Preventing Substance Misuse in Older Adults

**April 25, 2024**  
1:00 – 2:30 PM CT

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Prevention Manager  
Great Lakes PTTC



Great Lakes (HHS Region 5)

**PTTC**

Prevention Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

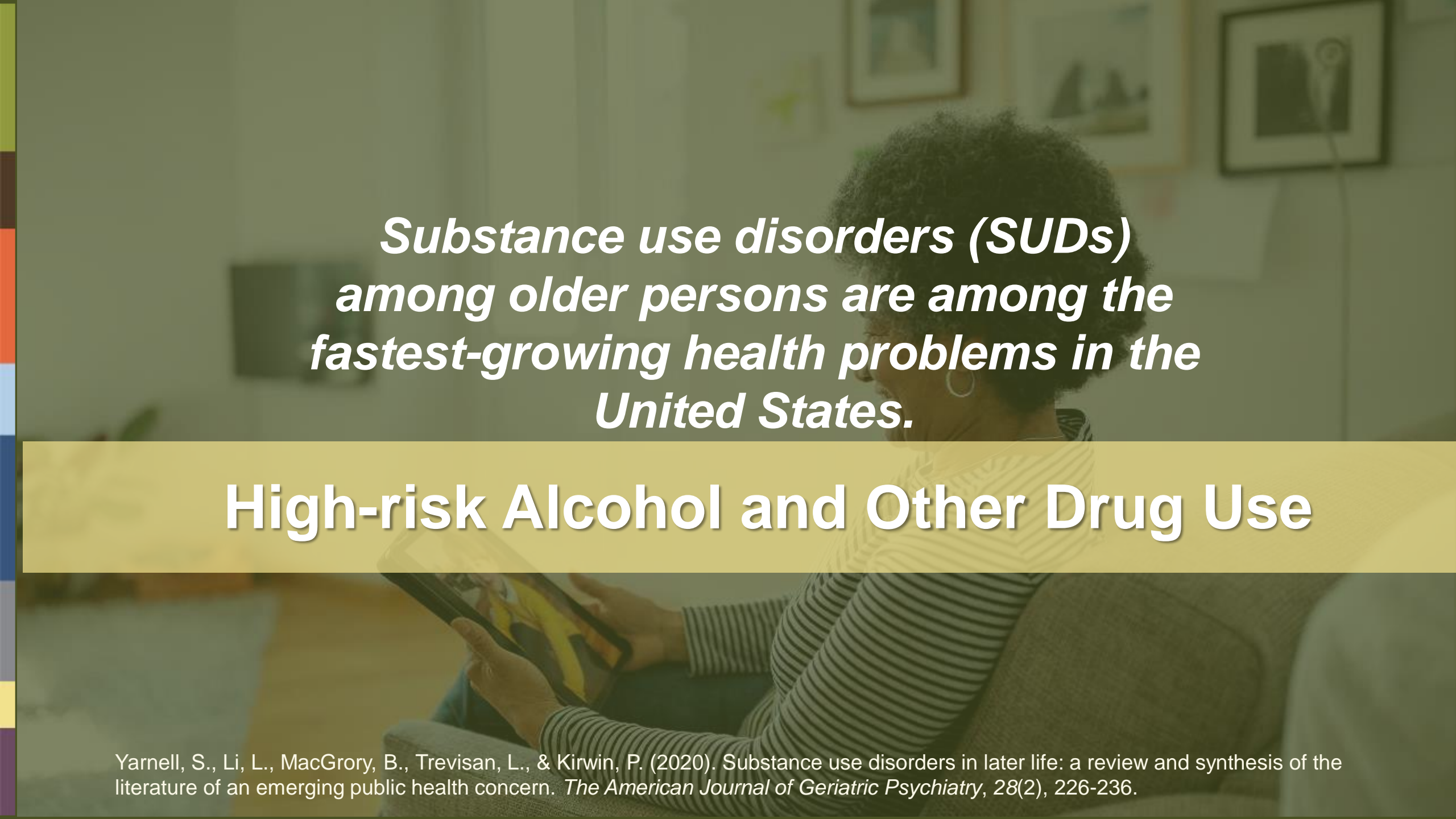
# Objectives

1. Discuss ways to identify and assess the prevention needs of older adults in your community.
2. Identify community strategies to prevent substance misuse and promote the health and well-being of seniors.
3. Understand approaches and barriers to engaging older adults in prevention efforts.
4. Develop new partnerships that can work across sectors to engage older adults.



## Older and Growing

*The number of Americans ages 65 and older will more than double over the next 40 years, reaching 80 million in 2040. The number of adults ages 85 and older, the group most often needing help with basic personal care, will nearly quadruple between 2000 and 2040*

A woman with curly hair is sitting on a couch, looking at a tablet device. The background is a living room with framed pictures on the wall.

***Substance use disorders (SUDs)  
among older persons are among the  
fastest-growing health problems in the  
United States.***

## **High-risk Alcohol and Other Drug Use**

Yarnell, S., Li, L., MacGrory, B., Trevisan, L., & Kirwin, P. (2020). Substance use disorders in later life: a review and synthesis of the literature of an emerging public health concern. *The American Journal of Geriatric Psychiatry*, 28(2), 226-236.

# Higher Rates of Mortality and Increased Behavioral Health Challenges

43% ▲

Increase in *deaths* from 6.9 to 9.9 per 100,000 adults ages 65+ between 2016-2018 and 2019-2021

13% ▲

Increase in *death by suicide* rates among those ages 65 and older since 2009-2011

9% ▲

Increase in the prevalence of *depression* among those ages 65 and older since 2011

Source: CDC WONDER. Multiple Cause of Death Files.

Source: CDC Wonder. Multiple Cause of Death Files. 2008-2010, 2018-2020

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2011, 2020.

# POLL: Fact or Falsehood

## Issues Impacting Older Adults



- A. Depression and loneliness are normal in older adults.
- B. The older I get, the less sleep I need.
- C. Older adults can't learn new things.
- D. It is inevitable that older people get dementia.
- E. Older adults should take it easy and avoid exercise, so they don't get injured.

# Build on What We Understand

## Starting with Risk and Protective Factors

### Risk Factors



- *Increase likelihood of use/misuse*
- *Not causal*
- *Impact is exponential*


### Protective Factors



- *Conditions for healthy development*
- *Buffer risks*
- *Not simply the opposite or absence of risk*

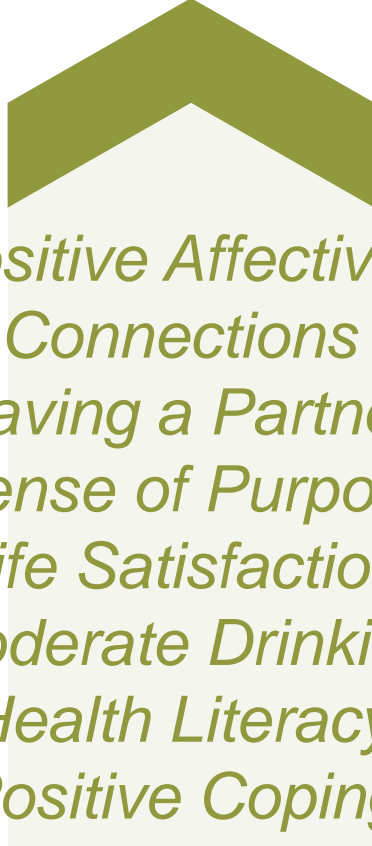
# Examples of Risk and Protective Factors

## Reduce Risk Factors




*Male, Affluent, Caucasian*  
*Transitions*  
*Widowed, Single*  
*History of Misuse*  
*Coexisting Medical Conditions*  
*Isolation and/or Loneliness*  
*Depression*  
*Pain*

## Increase Protective Factors



*Positive Affectivity*  
*Connections*  
*Having a Partner*  
*Sense of Purpose*  
*Life Satisfaction*  
*Moderate Drinking*  
*Health Literacy*  
*Positive Coping*





**Adding to Our Understanding  
The Role of Psychosocial Factors  
Additional Levers of Change with Older Adults**

# Adding to Our Understanding Leveraging Psychosocial Factors

## Health Behaviors

The **health behaviors** constitute the main contributors to non-communicable diseases. Clustering of risk behaviors is common and increases the risk of these diseases.

Leveraging psychosocial factors can play an important role in **health behavior change**.



## Psychosocial Factors

**Psychosocial factors** are characteristics or facets that influence an individual psychologically and/or socially.

**Psychosocial resources** in the social environment include social network and social support

# Psychosocial Factors

## The Levers of Change

### Building or Enhancing Psychosocial Factors



Can lead to



### Reductions in Health Behaviors





# An Integrated Approach

## Interactions Between Risk, Protection, and Psychosocial Factors and Health Behaviors

Major Life Events

Connectedness

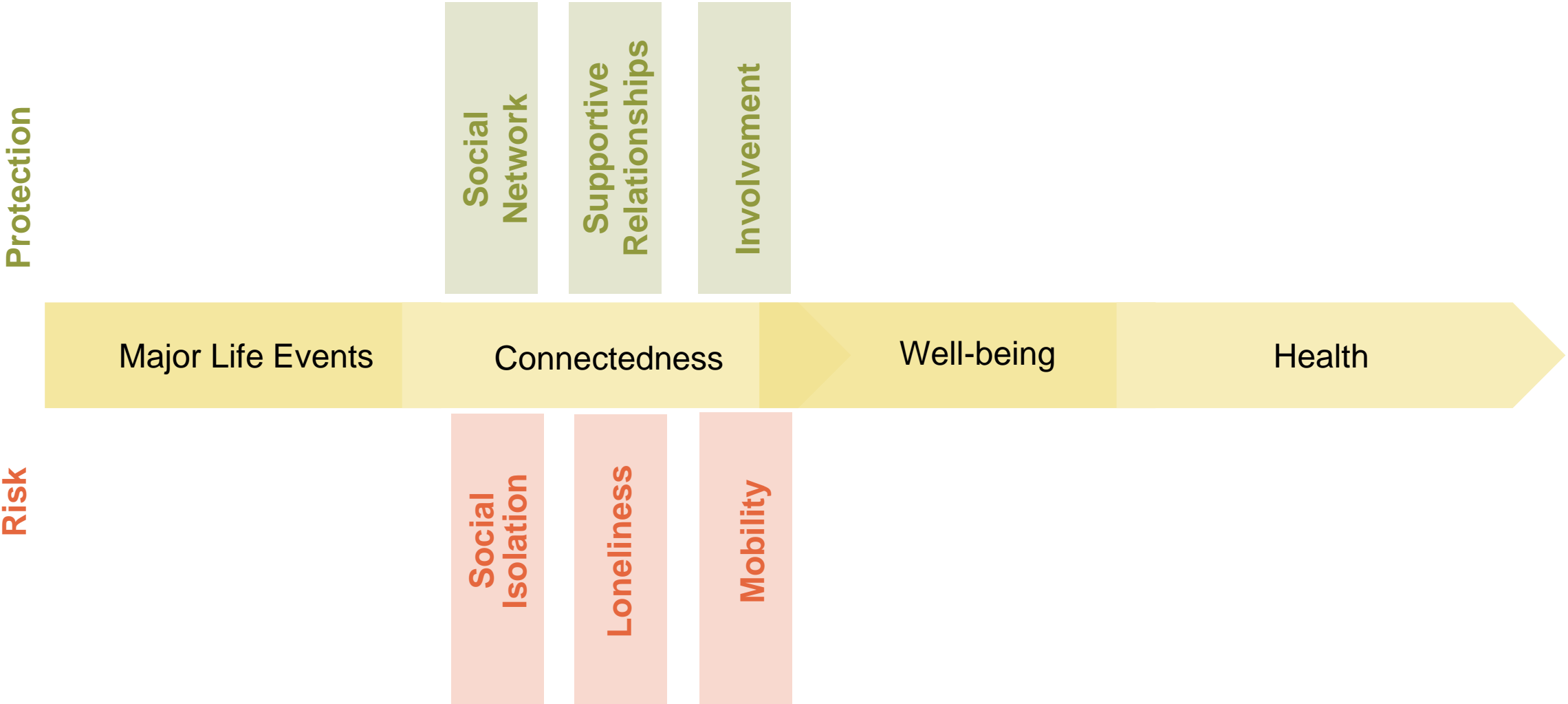
Well-being

Health

# An Integrated Approach: Major Life Events



# An Integrated Approach: Connectedness



# An Integrated Approach: Well-being

Protection

- Positive Affectivity
- Purpose
- Perceived Self Efficacy



Risk

- Depression
- Cynicism, hopelessness, exhaustion
- Ageism

# An Integrated Approach: Health

Protection

Health Literacy

Adaptive Health Behaviors

Positive Health

Major Life Events

Connectedness

Well-being

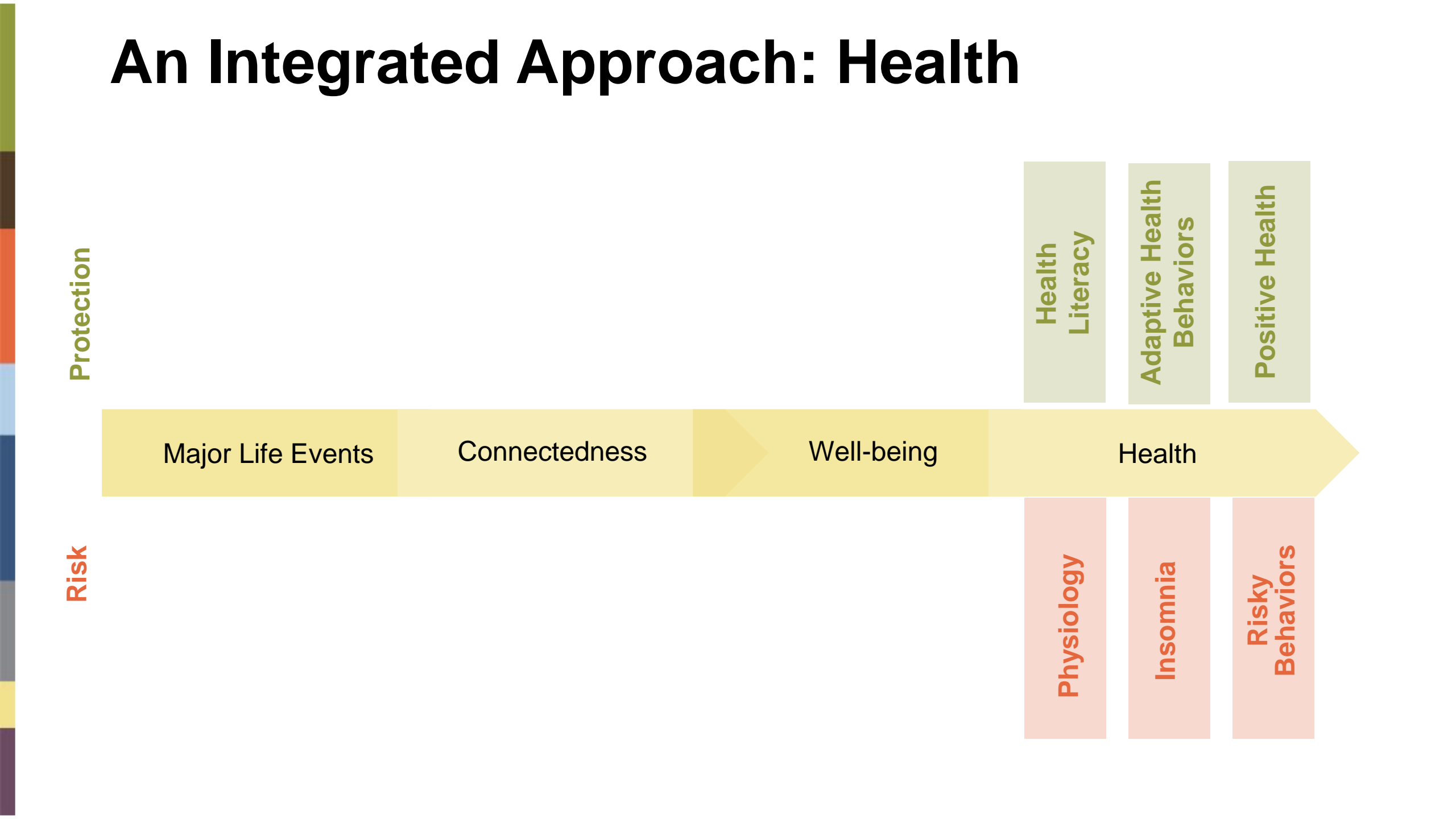
Health

Risk

Physiology

Insomnia

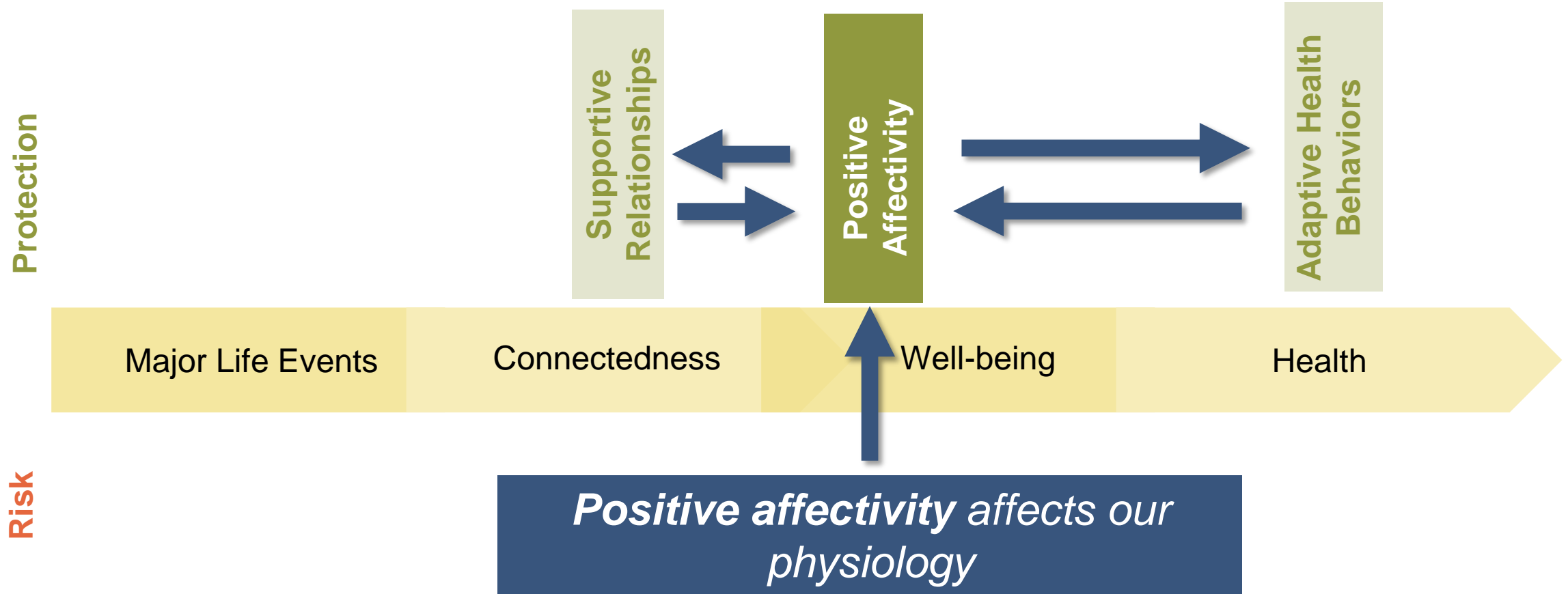
Risky Behaviors





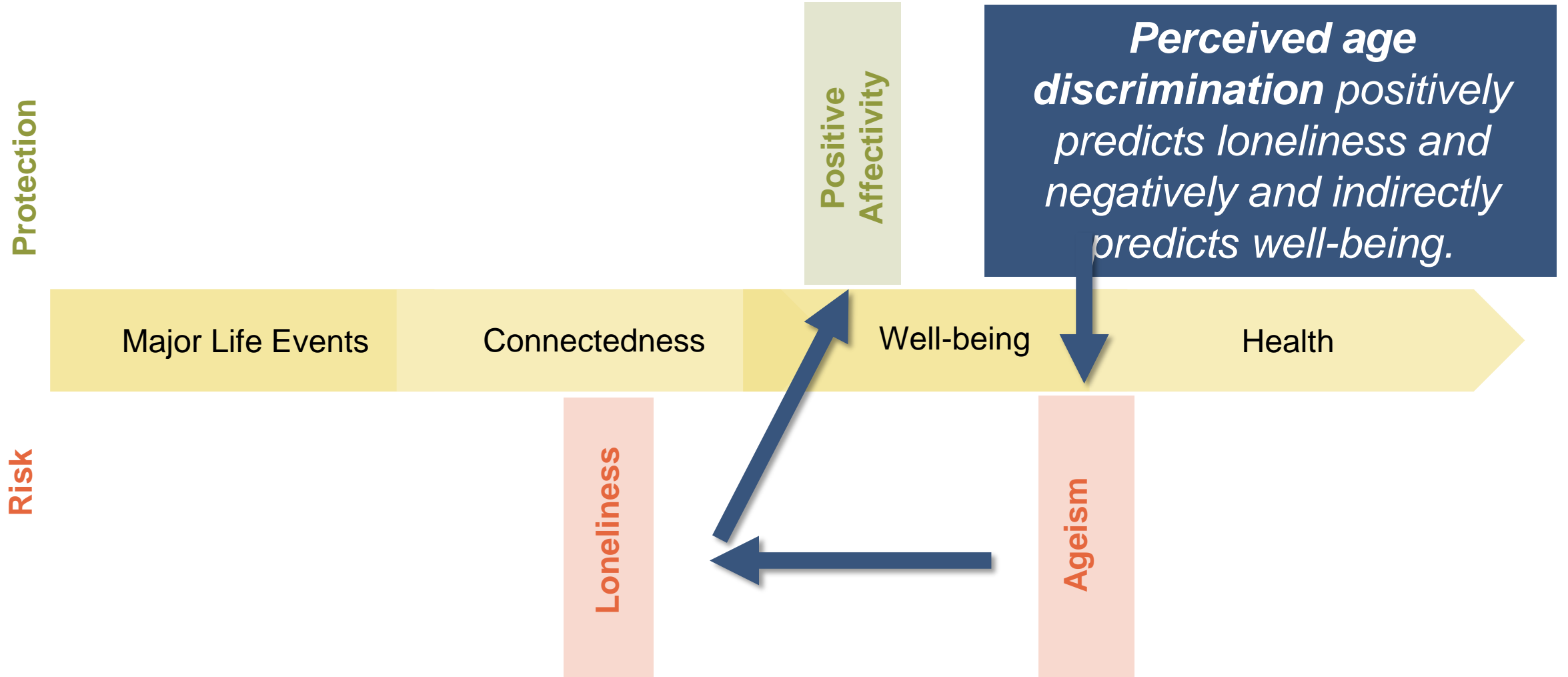
# Interactivity Between Factors

Connectedness, Wellbeing, and Health



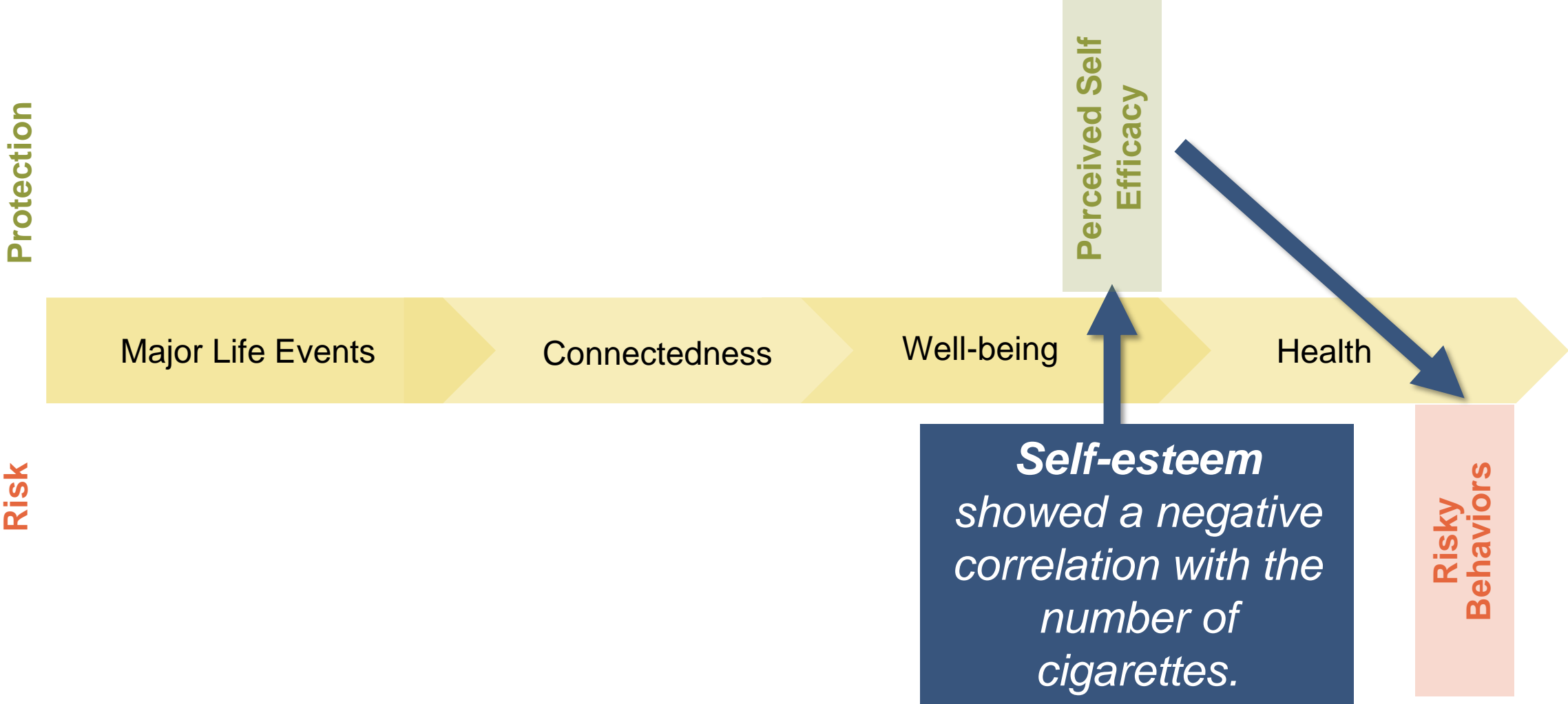
# Interactivity Between Factors:

Ageism, Loneliness, and Positive Affectivity



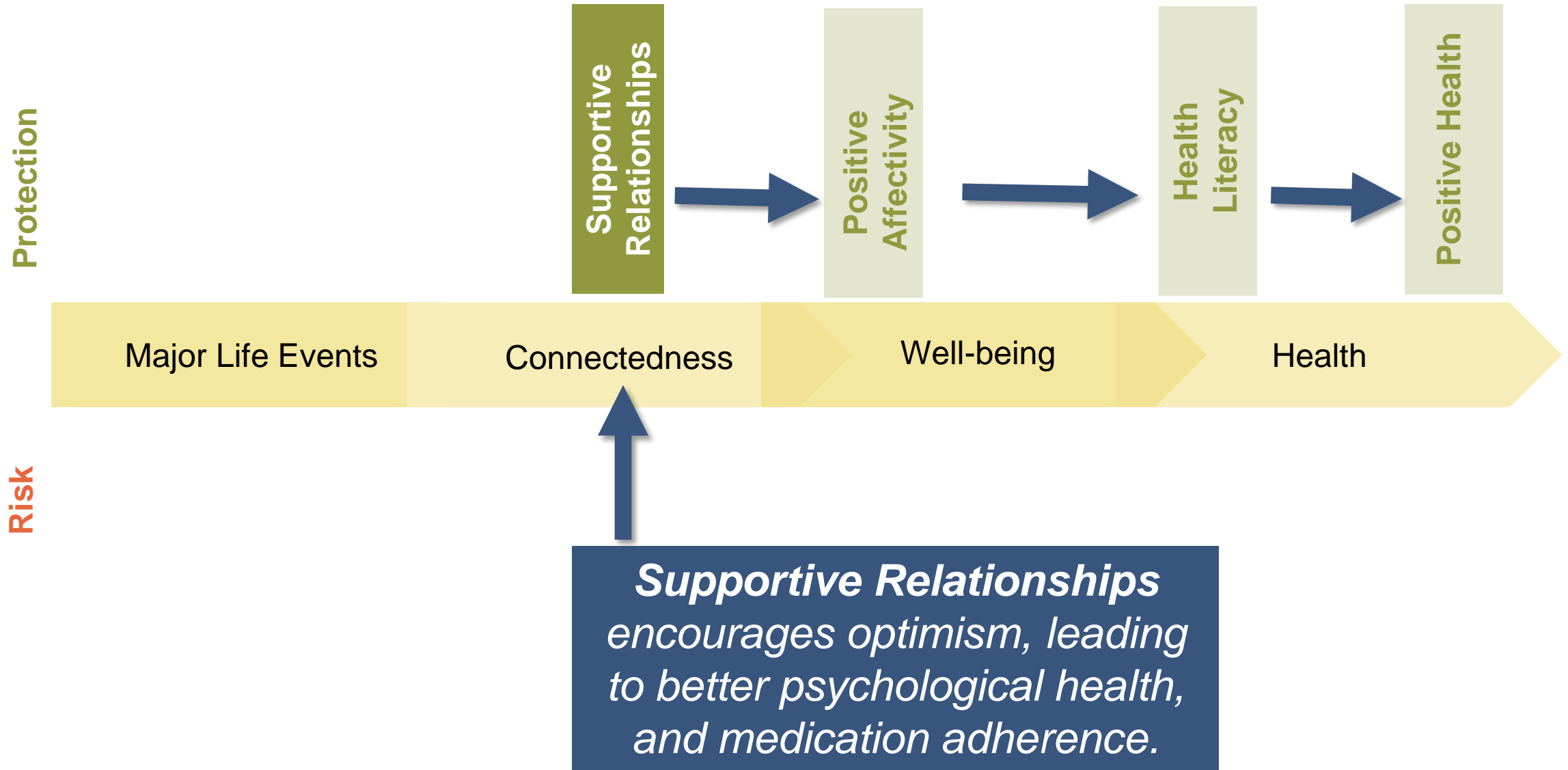
# Interactivity Between Factors:

Self-esteem, Self-efficacy, and Health Behaviors



# Interactivity Between Factors:

Connectedness and the Flow of Benefits



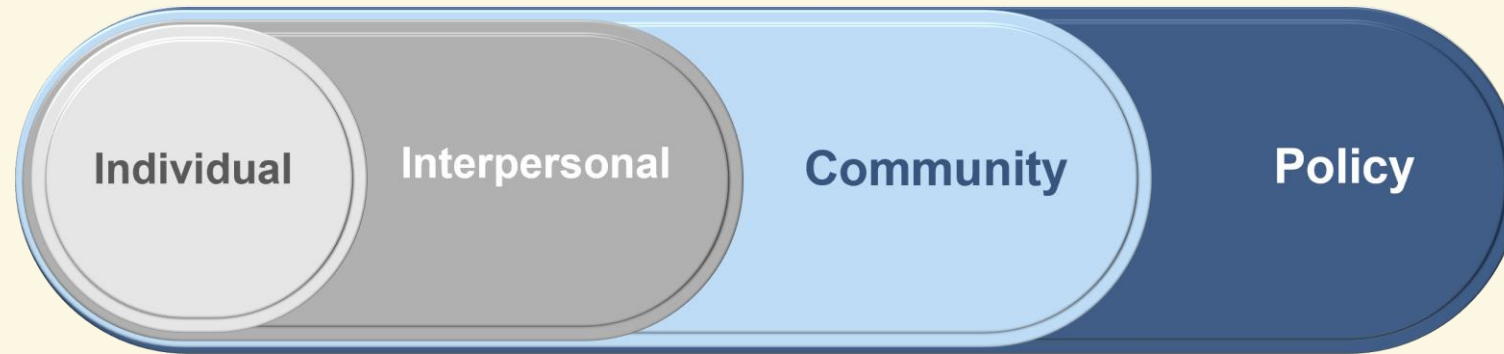


# Barriers and Facilitators

## Considerations for Engaging Older Adults

For today, we define **barriers** as factors that hinder, limit, or prevent people from engaging in a certain behavior, whereas **facilitators** are factors that favor, facilitate, or help people to engage in a certain behavior.

# Barriers and Facilitators Impacting Participation: Social Ecological Model



This framework helps us understand the range of factors that impact participation in community programs. This model considers the complex interplay between individual, relationship, community, and societal factors.

# Barriers and Facilitators Impacting Participation: Individual

*Individual level: Behavior and intention, knowledge and skills, beliefs and values, emotion, perceived risk, self-efficacy, self image, subjective norms.*



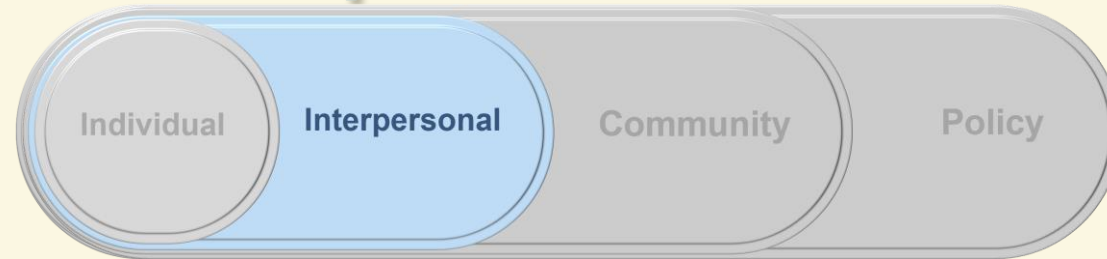
Knowledge, awareness, positive attitudes, enjoyment or interest, and sense of achievement are common **facilitators**



Physical health conditions or physical limitations are considered **barriers**. Lack of motivation, time, and interest and also language barriers discourage older adults from actively participating in programs..

# Barriers and Facilitators Impacting Participation: Interpersonal

*Interpersonal level: Partner and family relationships (communication, trust, understanding, agreement, and power), peer influence, gender equality, normative influence*



Family members, partners, and friends can be **facilitators** to participating in programs. Developing or improving interpersonal relationships, facilitating communication, and motivating are also facilitators.

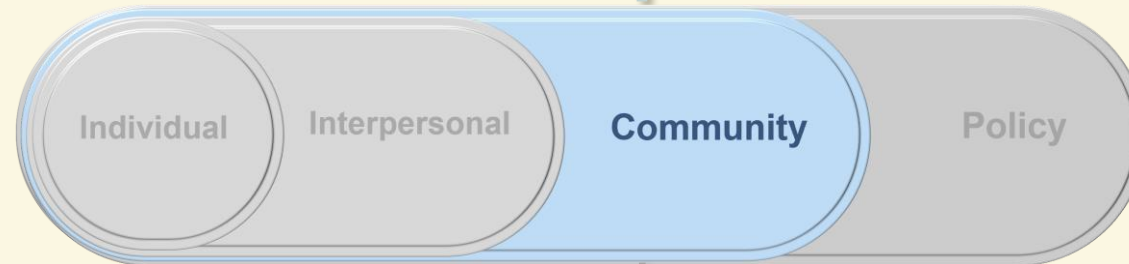


Disharmonious family relationships and lack of family support were **barriers** to interpersonal relationships.



# Barriers and Facilitators: Community

**Community level:** Leadership, level of participation, information equality, access to resources, shared ownership, collective efficacy, social capital



Good weather, convenient and safe transportation, as well as familiar and easily accessible sites, help older adults reach sites for programs. Program sustainability, and consistency, such as continued, increased financial investment in the program.



Lack of transportation (in urban settings), less knowledge or awareness of programs, and technical difficulties.

# Barriers and Facilitators: Policy

*Policy level: Income levels, income inequality, ageism, health policy, infrastructure, mass media, religious and cultural values, gender norms*



The development, expansion, and management of activities are important **facilitators** of the continued participation of older adults.

Also, the use of virtual remote technology has helped older adults continue to participate in programs when they are unable to gather in person.



Organizational issues and the duration of the program can act as barriers.

# Program Example: WISE

The WISE program empowers older adults to advocate for their own health, make healthy lifestyle choices, and navigate use of medications and substances like alcohol.

WISE helps older adults improve their psychological well-being, knowledge, and attitudes about aging, including the knowledge of the early signs and symptoms of depression.

## Examples of Outcomes:

- 1) *Knowledge and attitudes about alcohol and medications, aging, and depression*
- 2) *Health and health care behaviors*
- 3) *Medication management*



# Panel Members



**Patricia Zuber-Wilson**  
Associate Commissioner for  
Prevention  
Division of Prevention at the  
New York State Office of  
Addiction Services  
and Supports



**Valerie Leach, OCPS**  
Prevention & Early  
Intervention Manager  
Office of Prevention  
Ohio Department of Mental  
Health and Addiction  
Services



**Gregory Morse, MDiv.**  
Project Coordinator Substance  
Misuse Prevention Initiative  
Congregational Care Network  
Indiana University Health

# New York: Introduction

## Prevention Initiative with Older Adults

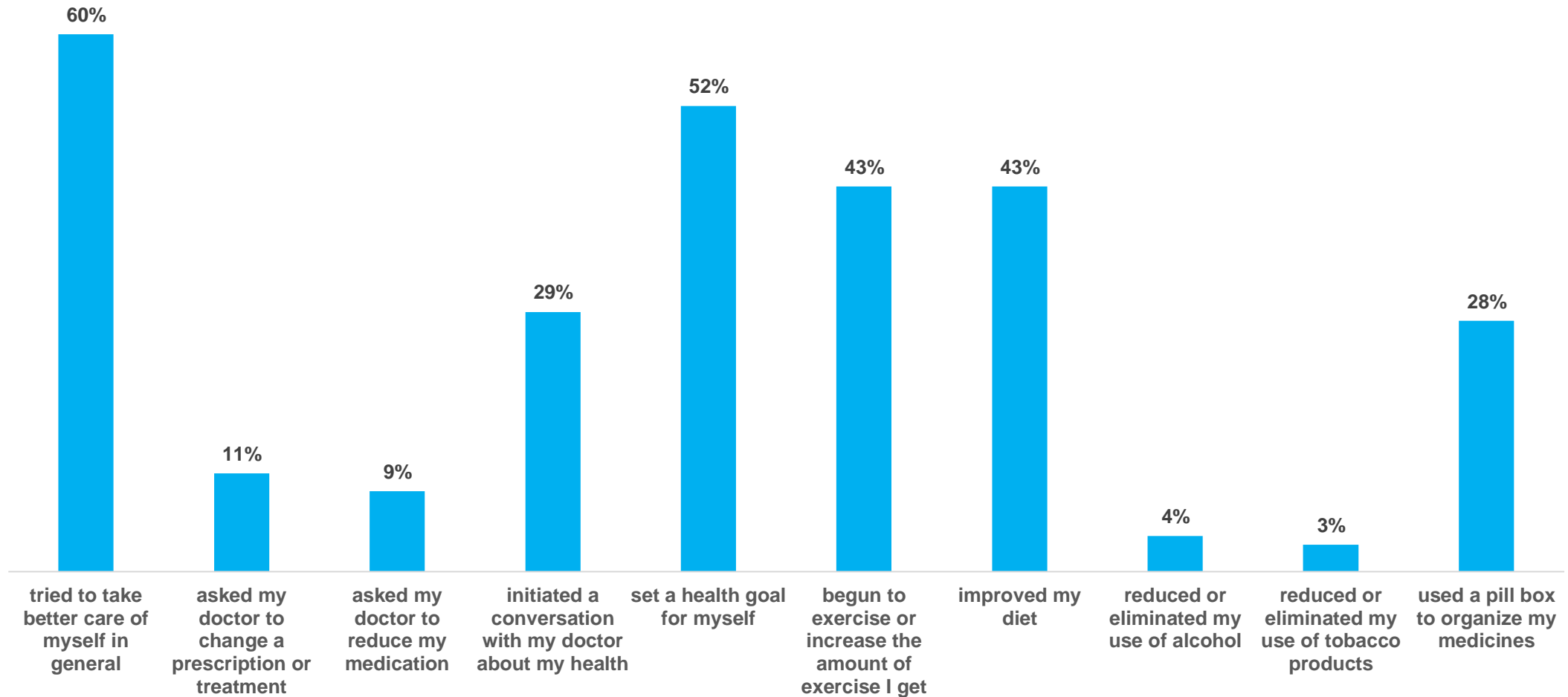
- 9 Prevention Agencies (3 downstate/5 upstate)
- 6-session Wellness Initiative for Senior Education
- Paired WISE with Screening, Brief Intervention, and Referral to Treatment (SBIRT)
- 1074 older adults participated in WISE after the first year of implementation
- 1050 older adults screened for alcohol/substance use
  - Received referrals and brief interventions as needed

## Preliminary Outcomes

- Increased perception of harm from alcohol use, prescription medication misuse, and combined alcohol/prescription use
- Decreased alcohol use among participants who drink
- 77% report changing behavior to promote a healthy lifestyle

# Self-reported Health Behavior Changes Made

*Preliminary data from WISE post-test (Feb-Sept 2023)*

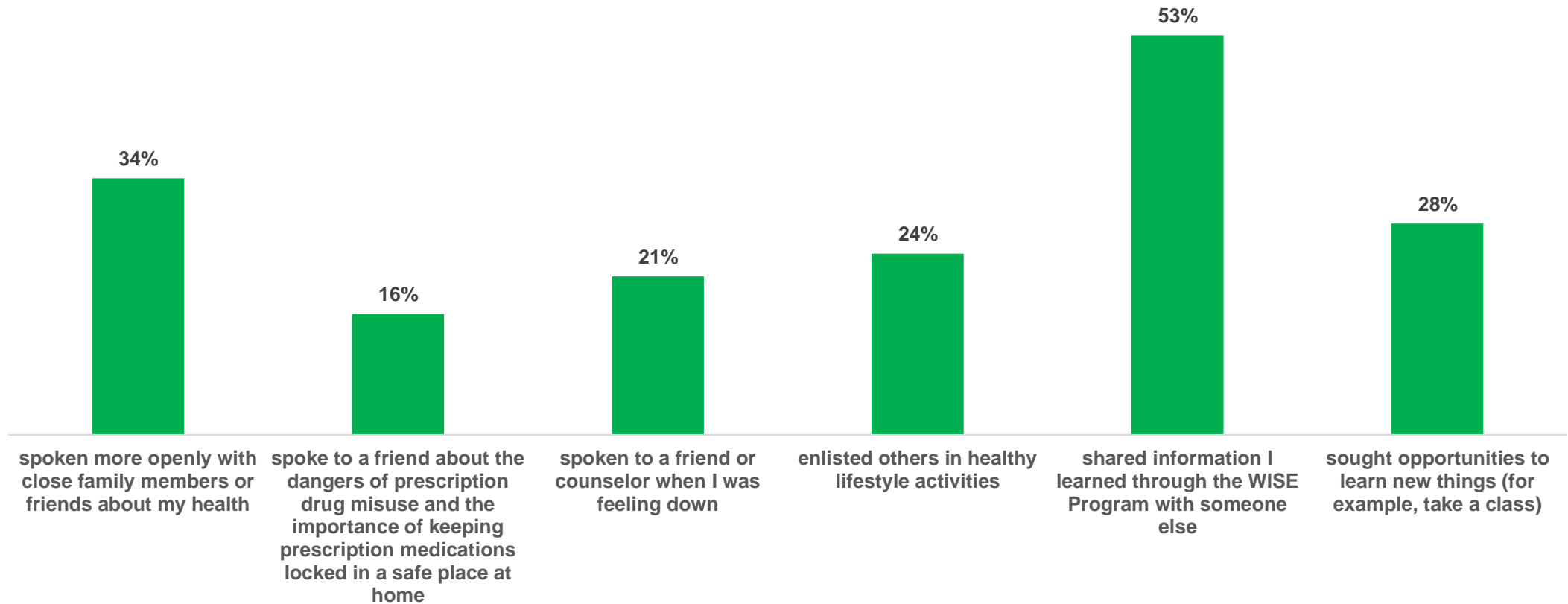


**Office of Addiction Services and Supports**

OASAS. Every Step of the Way.

# Self-reported Social Connectedness Changes Made

*Preliminary data from WISE post-test (Feb-Sept 2023)*



**Office of Addiction  
Services and Supports**

OASAS. Every Step of the Way.

# New York: Lessons

## Facilitators

- Received well by participants, facilitators & partner sites—frequent requests for additional programming
- Serve older adults in place, improving access to prevention and wellness programming (Sites include NYS Aging nutrition sites, public/private senior centers, libraries, churches, senior housing, etc.)
- Frame interventions about substance use/misuse in broader “healthy aging” context builds rapport/engagement

## Challenges

- Addressing data collection concerns/understanding
- Developing new collaborative infrastructure with partner sites takes time and effort
- Providing individual SBIRT in a group curriculum a challenge
- Curriculum translation needs for diverse NYS communities

## Lessons Learned

- Partnerships between OASAS Prevention Division and older adult agencies allows for effective delivery of substance abuse and misuse education to a diverse population of older adults statewide



# New York: Older Adult Coalitions

## Excessive Alcohol & Binge Drinking among ages 50+

- Rural – UP! Coalition, Lewis County
- Suburban – FCA Nassau and Suffolk Counties
- Veterans – Partnership for Ontario, Ontario County

## Using SAMHSA's Strategic Prevention Framework

- Community-level data
- Building prevention capacity
- Environmental strategies for population-level change

## Measuring Outcomes

- Past 30-day binge drinking
- Perceived risk of binge alcohol
- Community norms for binge drinking

## Challenges

- Engaging the communities
- Risk and protective factor data
- Adapting youth-focused approaches for older adults



# Ohio: Introduction



## Older Adult Behavioral Health and Wellness Initiative

- Gap in prevention programming
- Empowering older adults
- SBIRT and Question Persuade & Refer (QPR)
- Partnering with existing WISE facilitators

## Early wins:

- The curriculum sells itself
- Seniors love it
- Providers want to offer more to older adults
- High attendance
- Engaged with the NJPN to formalize a master training program
- Formalized a portal for data collection and reporting outcomes



**Department of  
Mental Health &  
Addiction Services**

# Ohio: Lessons

## Initial Outcomes

- Trained 55 new WISE facilitators
- Trained 14 Master Trainers
- 85 of those have also been trained in QPR
- Provided 654 older adults the WISE curriculum

## Barriers and Facilitators

- Determine consistent master trainer requirements for new providers
- New requirements for documentation process of new facilitators

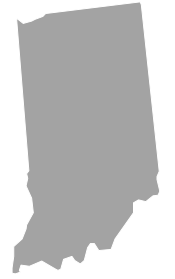
## Lessons Learned

- Finding balance on advisory team
- Flexibility and adaptability in approach



**Department of  
Mental Health &  
Addiction Services**

# Indiana: Introduction



Prevention initiative with older adults (ages 50+) in partnership with Indiana's Division of Mental Health and Addiction (DMHA)

Congregational Care Network collaborates with congregations in central Indiana to address:

- Depression
- Social isolation
- Substance misuse prevention

# Indiana: Improved Health Outcomes



## Wellness Initiative for Senior Education (WISE)

- Improvements in psychological well-being
- Increased knowledge about the ability of the body to metabolize alcohol as we age
- Increase in the frequency in which participants engage in healthy lifestyle choices, healthcare behaviors, and positive medication management

## Substance Free Alternative Events (SFAE)

- Alcohol-free and drug-free activities help people stay away from situations that encourage the use of alcohol, tobacco, or illegal substances
- Establishes and strengthens collaborations to support prevention efforts
- Provides fun, challenging, structured, supervised activities. Promotes constructive, healthy ways to enjoy free time, and enhance skills

# Indiana: Lessons Learned



## Barriers and Facilitators

- Initial participation
- Technology
- Urban vs. Rural

## Lessons Learned

- Offer incentives (gift cards, pens, tote bags, hand sanitizer, etc.)
- Partner with organizations along with congregations (Senior Housing, Community Centers)
- Recruit WISE participants at SFAE

# Questions for the Panelists?



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# An Integrated Prevention Framework

## Building a Supportive Environment for Wellness



Create or  
enhance  
partnerships



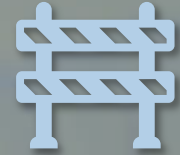
Assess the  
needs of older  
adults



Address risk  
and protective  
factors



Enhance  
psychosocial  
resources



Address  
barriers and  
facilitators



# Potential Partners

- State and City departments on aging
- Health centers
- Senior services or centers
- Primary care
- Specialized workers (i.e., geriatric psychiatrists, gerontological nurses, geropsychologists, and gerontological social workers)
- Associations (i.e., American Geriatrics Society)

# Identify evidence-based or Evidence-informed Programs



**Registries and catalogues**



**State and federal websites**



**Organizations that focus on older adults**



**Questions**

