Substance Use in Older Adults

INSTRUCTOR GUIDE

January 2026

Contents

Module 0. Manual Guide

0.1. Acknowledgements and Partners

The curriculum was originally created by NAPSA in collaboration with the Academy for Professional Excellence. It was then used as a foundation for training content and materials developed by NAPSA under the grant for the National APS Training Center.

The creation of this curriculum was the result of a collaborative effort between Adult Protective Services professionals, professional educators, and NAPSA members. NAPSA would like to thank the following:

Agencies and Partners

Academy for Professional Excellence

National Adult Protective Services Training Center (NATC)

Committees

NAPSA Education Committee

NAPSA Curriculum Development Committee

NAPSA Curriculum Review Committee

Curriculum Developer

Katie Wilson, MS

0.2. Course Summary

This training prepares APS professionals to address substance use concerns among older adults by exploring unique influencing factors such as physical changes, generational perspectives, and ageism. Participants will learn to identify commonly used substances, recognize risk and protective factors, and observe behavioral and physical signs without diagnosing. The course emphasizes trauma-informed, person-directed strategies for interviewing, engagement, and service planning. Participants will review SAMHSA's guiding principles, examine treatment and recovery options, and practice applying these concepts through interactive activities and case scenarios.

0.3. Target Audience

The course is intended for new APS professionals but is also applicable to allied disciplines and partners that work with older adults (law enforcement, conservatorship investigators, workers in aging networks). This training is also appropriate for tenured staff who require knowledge or skill review.

0.4. Course Requirements

There are no course requirements. It may be helpful for participants to have some experience of working with older adults and service planning.

0.5. Goal

The goal of this training is to equip APS professionals with the knowledge and practical skills to recognize, respond to, and collaboratively address substance use concerns among older adults using trauma-informed, person-directed, and strength-based approaches.

0.6. Learning Objectives

After completing this course, participants will be able to:

- Describe the unique factors that influence substance use in older adults.
- Identify substances commonly used by older adults and their associated risks.
- Recognize risk factors, protective factors, and observable signs and symptoms of concerning substance use in older adults.
- Apply trauma-informed, person-directed strategies when engaging older adults with substance use concerns.
- Identify APS-appropriate interventions, referrals, and collaborative responses to substance use involving older adults.

0.7. Course Length

This curriculum was developed as a 4-hour training. It is recommended that time be permitted for two 15-minute breaks, determined by the trainer's discretion.

0.8. Trainer Preparation

This instructor-led curriculum is designed for both classroom delivery and virtual delivery.

The optimal size for this training is 20-25 participants.

Module 1. Welcome and Overview

Time: 15 minutes

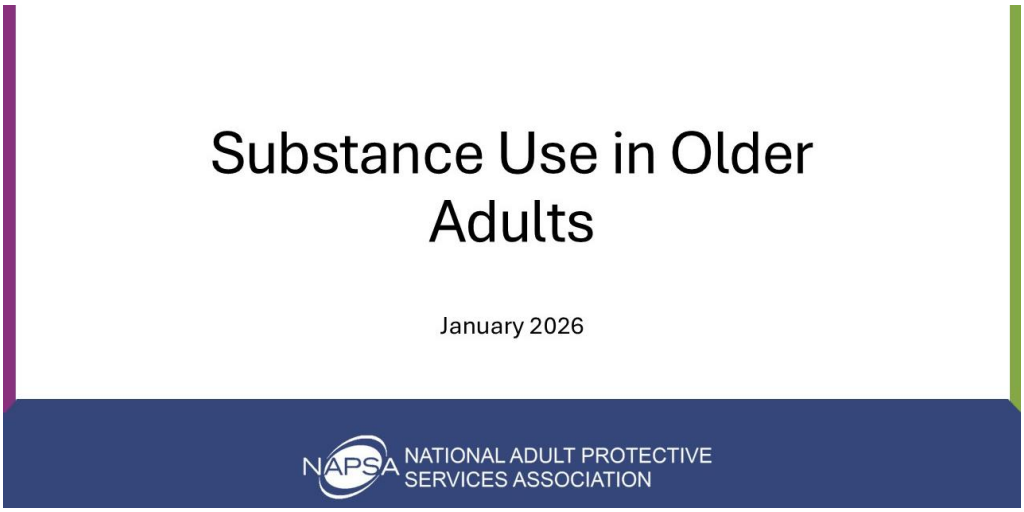
Associated Objective: NA

Purpose: Welcome and introduction of the course. This section includes the introduction of the trainer, participants, and the purpose and background of the course.

Facilitation Instructions: Follow the talking points and associated prompts.

Tools: PowerPoint Presentation, Group discussion/chat feature

Slide 1: Welcome



Do: Welcome participants to the course and introduce yourself by name, job title, organization, experience, and qualifications as the trainer.

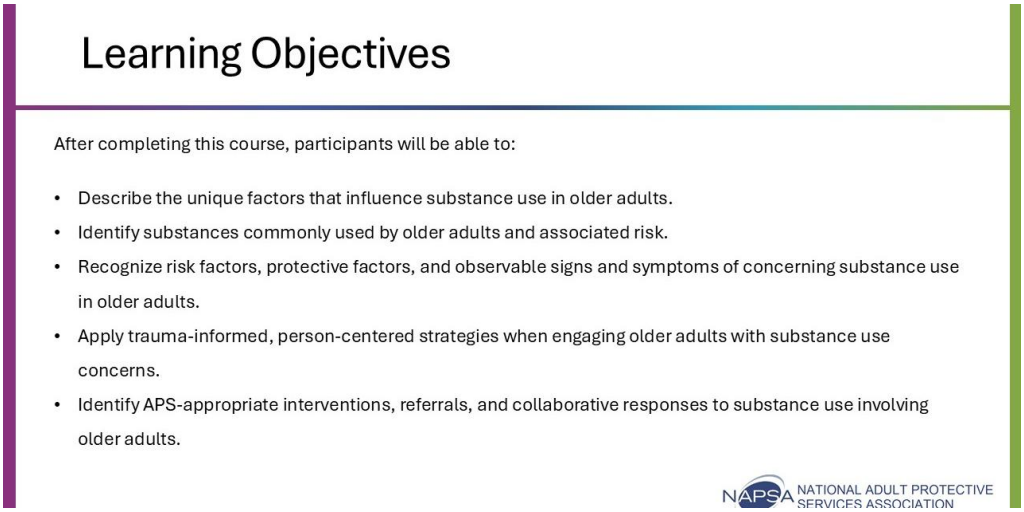
Review the following housekeeping items:

- Respect everyone's opinions, each other's time, and speakers.
- Timeliness- be on time for breaks.
- Confidentiality- at any point when we discuss real cases, do not share names or identifying information.
- Sensitive Content Warning - Content and discussion today may activate feelings based on personal or professional experiences. Please do what you need to do to safely engage in the training today.

Virtual Additions

- Always keep your audio on mute, unless instructed otherwise.
- Use the raise hand option to ask questions.
- Use reaction tabs to interact in class.
- Post any questions in the chat box that need additional clarification or information.
- Explain breakout rooms (if used in the course)

Slide 2: Learning Objectives



Explain class expectations – what they will learn, upcoming activities, length of class, number of breaks, etc.

Discuss the learning objectives:

After completing this course, participants will be able to:

- Describe the unique factors that influence substance use in older adults.
- Identify substances commonly used by older adults and their associated risks.
- Recognize risk factors, protective factors, and observable signs and symptoms of concerning substance use in older adults.
- Apply trauma-informed, person-directed strategies when engaging older adults with substance use concerns.
- Identify APS-appropriate interventions, referrals, and collaborative responses to substance use involving older adults.

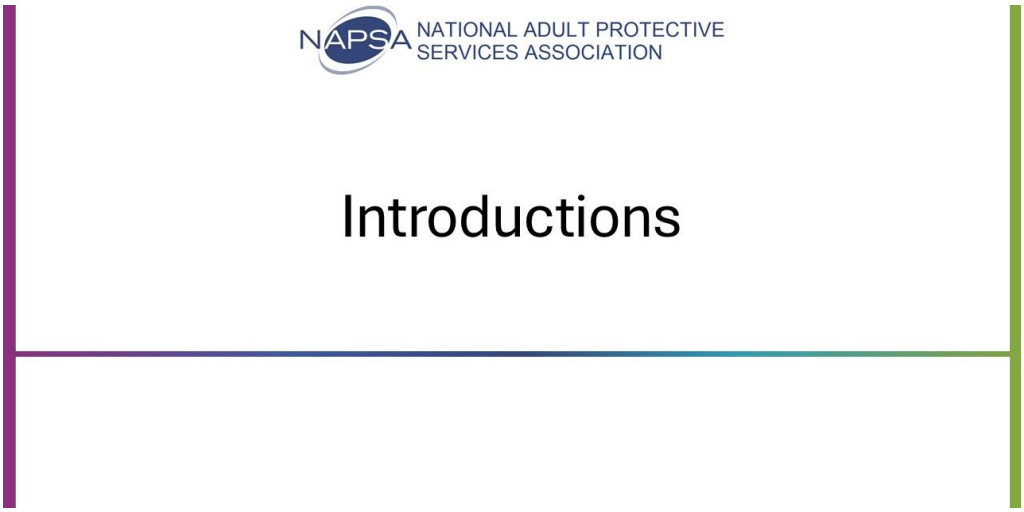
Note: We will not discuss any *behavioral addictions*, such as gambling disorder, which is classified in the DSM as a behavioral addiction due to the fact that it activates the brain's reward system in a way that substances do. Other possible behavioral addictions, such as sex or exercise, have not been researched enough to include in the DSM and will also not be discussed.

1.1. Introductions

Time: 5 minutes

Method: Will vary depending on selected activity

Slide 3: Introductions



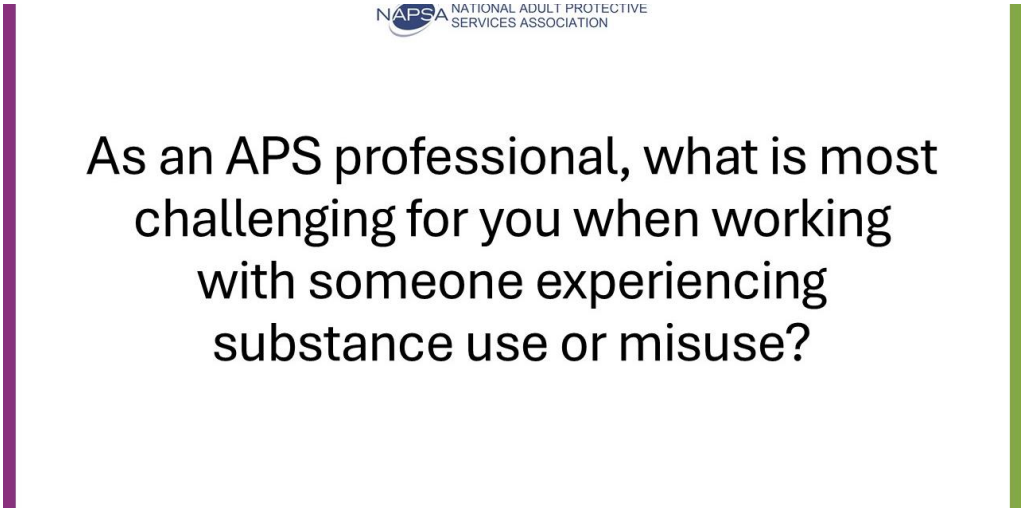
Do: Facilitate an icebreaker that will allow participants to become comfortable with interacting in class. There is flexibility with this activity as adjustments must be made depending on class size and participant familiarity with each other. The trainer may use an icebreaker of their choice, but it should tie to the class content to some degree.

1.2. Defining Substance-Related Disorders

Time: 10 minutes

Method: Group discussion, chat feature

Slide 4: Substance Use Disorders and APS Cases



Ask: As an APS professional, what is most challenging for you when working with someone experiencing substance use or misuse?

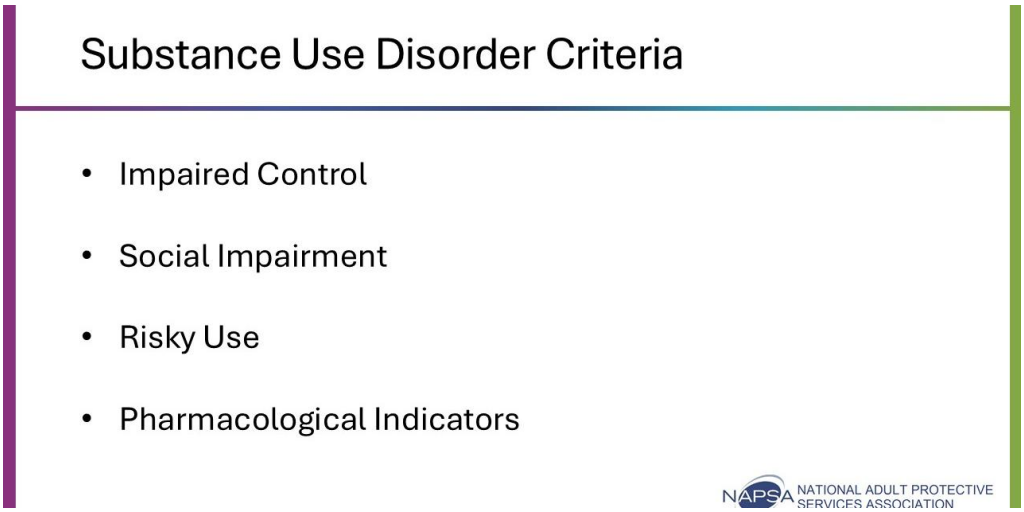
Allow participants to share their thoughts.

Say: Substance Use Disorders (SUD) can be major factors in APS cases.

- They can be the reason for the referral.
- They could also be contributors to the abuse, neglect, or exploitation.
- We may need to address them directly for the person who is reported to need APS.
- We may need to help the person address these issues with a family member or caregiver by providing a comprehensive person-directed service plan.

Explain that in this training, we will not use words like substance *abuse, alcoholic,* or *addict*. These words have been socially associated with viewing SUD as a moral issue where a person's failures result in their situation. SUD is a long-term brain disease and a medical issue. Our language must reflect this understanding of the condition.

Slide 5: Substance Use Disorder Criteria



Say: Let's review the definition of substance use disorders (SUD):

SUDs occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Not everyone who uses substances experiences SUD. The DSM-5-TR breaks down four key areas of diagnostic criteria for SUD. While APS professionals do not diagnose someone, it can be helpful to understand the criteria used when a clinician has diagnosed a person.

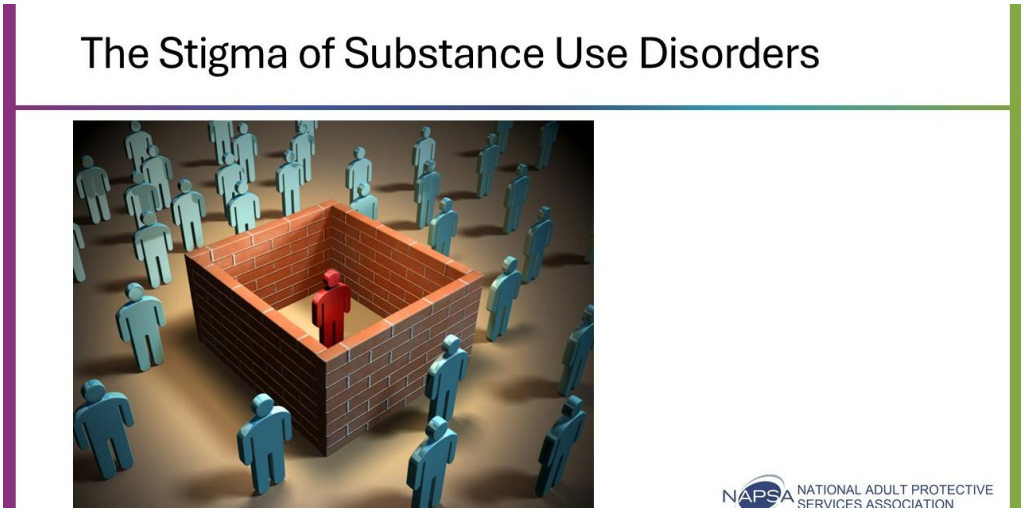
- **Impaired Control:** The person may have a desire to stop substance use but is unable to do so. Impaired control includes intense cravings and the inability to control the amount or frequency of use.
- **Social Impairment:** Continued substance use despite the negative impact on social, family, work, and obligations. Social, occupational, or recreational activities are given up or reduced because of use. Additionally, personal relationships may be hurt because of substance use.
- **Risky Use:** Use may be hazardous both physically and psychologically. The person may not abstain from using the substance despite the harm it may cause or previously caused an individual.
- **Pharmacological Indicators**: Tolerance is signaled by requiring markedly increased dose of the substance to achieve the desired effect or a markedly reduced effect when the usual dose is consumed.

All of this comes down to how current substance use is affecting the person and their life.

- Does a person have a bad day and use a substance to relieve some stress periodically—and then they don't for another week or month or more?
- Or, is using a substance their main coping strategy—a daily escape?
- Do they use to avoid? To block problems instead of managing and solving problems?
- Does the substance replace other coping skills? Including responsibilities to others?

Everyone has different ways of coping with life's stressors. Strategies can be healthy or unhealthy. Using substances is an unhealthy way to cope and can lead to a vicious cycle of repeated use.

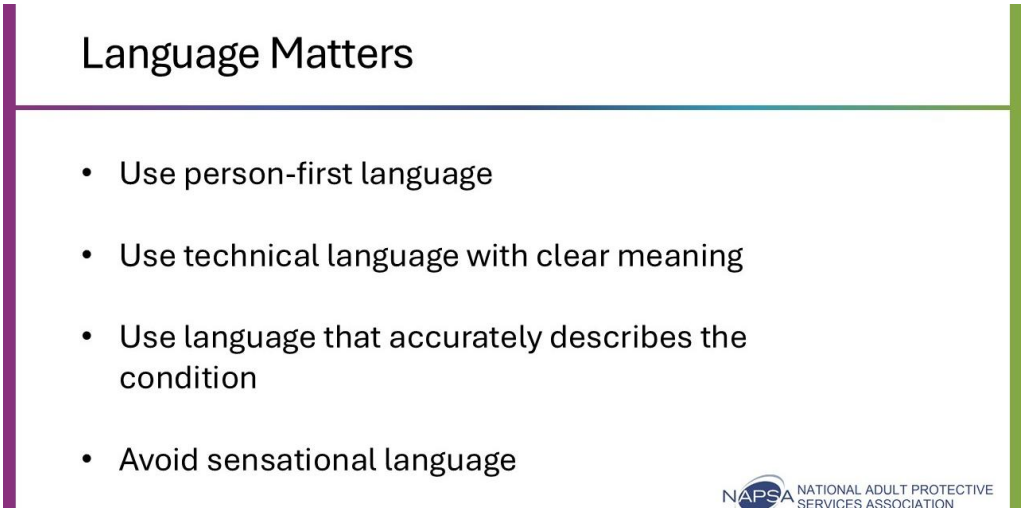
Slide 6: Stigma of Substance Use Disorders



Say: Differences in attitudes about substance misuse and SUD can make it difficult for older adults to seek help. Stigma tends to be influenced by the amount of perceived control someone has over the condition and the perceived fault of the person with the condition. There is very little, if any, stigma for someone who has been diagnosed with a nervous system disease like ALS (Lou Gehrig's *Disease)*. But societal perceptions of the use of alcohol and drugs tend to suggest people don't have to start and can stop if they want or try hard enough.

Many of us in APS have had our own experiences with a person who has experienced substance misuse or has had an SUD. Our own experiences often affect the way we view someone else. It is critical to recognize our own thoughts and perceptions as we approach this issue in APS. To address stigma as APS professionals, we can start practically by acknowledging the power of words and being aware of our language.

Slide 7: Language Matters



Say: To help address stigma as APS professionals, we can start practically by acknowledging the power of words and being aware of our language.

Person-First Language: Person-first language, like saying “a person with substance use disorder,” suggests that the person has an issue that can be addressed. On the other hand, calling someone a “drug abuser” suggests the person is the problem.

Technical Language with Clear Meaning: Think about the difference between when someone says, “negative urine drug screen” versus “clean urine.” The first is a clear description of medical test results; the second is a values-based term that suggests drug use creates “dirty” urine.

Language that Accurately Describes the Condition: We should limit language about SUD to situations where a clinical diagnosis has been made. In APS, we should only describe our observations and not document or imply that someone has a SUD unless we have that information from a clinician who has diagnosed that person.

Avoid sensational Language: Referring to new drug threats as worse than other drugs or scary can be perceived as inauthentic by people who use those substances. Sensational language also adds to stigma by conveying that anyone who uses such a "terrible" or "scary" substance is acting dangerously or illogically.

Module 2. Unique Circumstances for Older Adults

Time: 30 minutes

Associated Objectives:

- Describe the unique factors that influence substance use in older adults

Facilitation Instructions: Follow the talking points and associated prompts. Prepare the video.

Tools: PowerPoint Presentation, participant guide, video

2.1. Video Activity: Aging in Addiction

Time: 20 minutes

Method: Group discussion/Chat feature, “Aging Matters: Aging in Addiction” Video

Slide 8: Aging in Addiction

Say: Substance use and misuse are increasing among older adults. Because of the natural bodily changes that happen as we age, older adults may be at greater risk of developing a substance use disorder. Let’s explore this further by watching this 2-minute video from Aging Matters called “Aging in Addiction.”

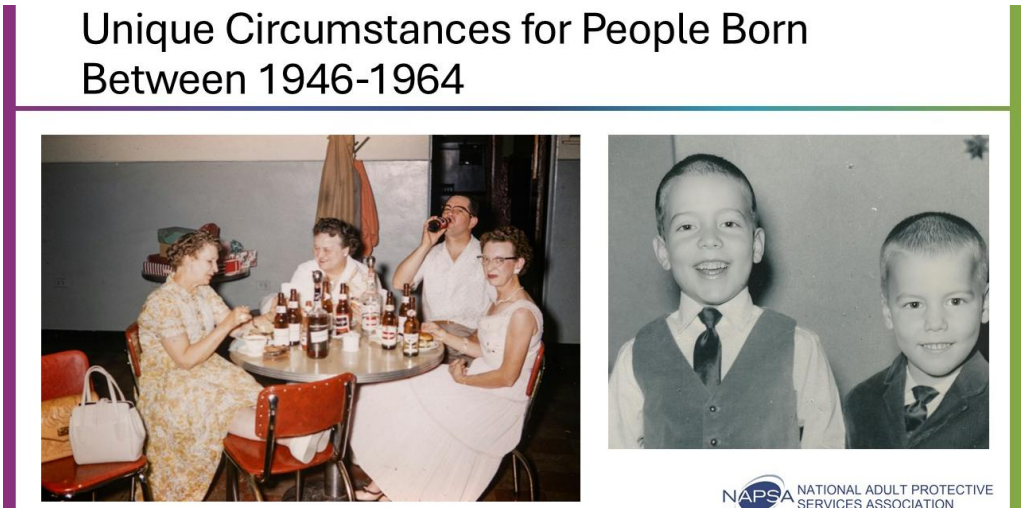
Play Video: Watch the 2:07 video titled “Aging Matters: Aging in Addiction to completion.

Video link provided in PowerPoint or can be accessed with this link: Aging Matters: Aging in Addiction.

Ask: What stood out to you in this video? Did any of the information surprise you?

Allow participants to share their impressions of the video. Explain that we’ll be covering many of these points throughout our discussion today.

Slide 9: Unique Circumstances for People Born Between 1946-1964



Say: The video mentioned the "Baby Boomer" population. This generation consists of people born between 1946-1964 (now in their 60's-70's).

This generation is beginning to change the profile of "older adults with substance use disorders" in several ways:

- Their life span, as of now, will be the longest.
- Because of medical advances, they can live longer with substance use disorders.
- They are a very large population.

Ask: What comes to mind when you think of the span of time between the 1950s and the end of the 70's – the time they were growing up?

Direct participants to use the chat feature to share their responses. Use the responses to generate a group discussion.

Possible answers: Post World Wars, nuclear families, hippies, changing attitudes, drug and sex experimentation, civil rights

Explain: They came to adulthood in the 60s and 70s, a time period of increased social tolerance for drug experimentation.

Fast forward to 50-60 years to the present day. This same population is now the rising older adult population.

- They have retained more tolerant acceptance of substances although their bodies are more vulnerable to the use of substances.

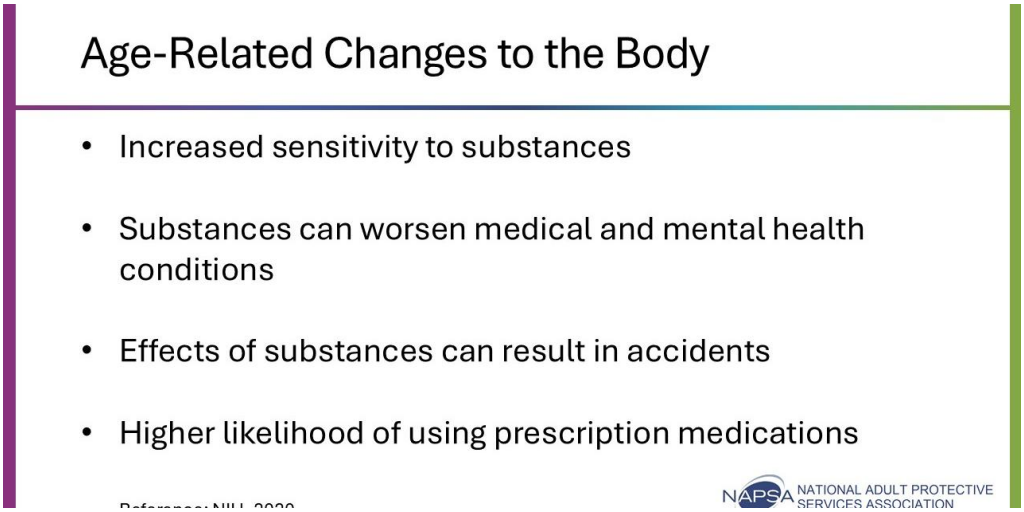
- Our nation overall has legalized cannabis.
- Pain management in the US has become mostly medication-focused, as opposed to other techniques of pain management.

All of this is resulting in a changing population of older adults experiencing substance use disorders.

Ask: What problems does this present for you as an APS professional? How can APS professionals use this information to understand a person's values and assess a person holistically?

Possible answers: Respecting an individual's norm while understanding this may create difficulty in seeing problematic use. Considering one's own beliefs on the use of substances, and how that intersects with a societal change in perspectives on substance use can create insight that maybe increase ability to assess holistically.

Slide 10: Age-Related Changes to the Body



Say: As the body ages, it goes through some changes that can make us more vulnerable to developing substance use disorders.

Ask: How are older adults impacted differently by substances, such as alcohol? The video mentioned a few of them.

Allow for group discussion, but cover the following points:

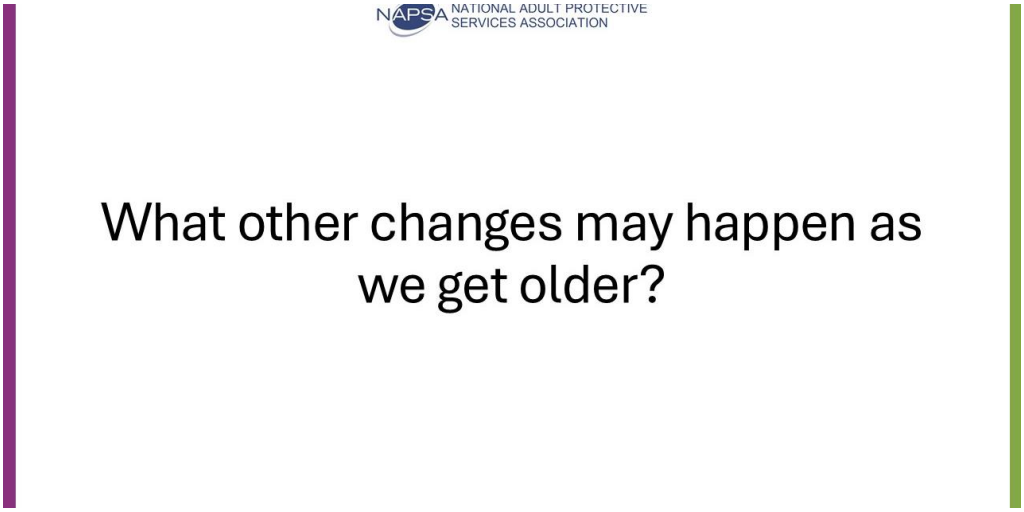
Increased sensitivity to substances. As we age, our muscle mass/lean body mass decreases. Metabolism slows. The human body has a lower water content, which impacts the blood-brain barrier, a barrier that is responsible for keeping harmful substances out of the brain. So, alcohol or other substances are metabolized more slowly and are more likely to impact brain function.

Substances can worsen medical and mental health conditions: Older adults may be more likely to experience mood disorders (such as depression), lung and heart problems, or memory issues. Drugs can worsen these conditions, exacerbating the negative health consequences of substance use.

Effects of substances can result in accidents. The effects of some drugs—like impaired judgment, coordination, or reaction time—can result in accidents, such as falls and motor vehicle crashes. These injuries can pose a greater risk to older adults and coincide with longer recovery times.

Higher likelihood of using prescription medications. Chronic health conditions tend to develop as part of aging, and older adults are often prescribed more medicines than other age groups, leading to a higher rate of exposure to potentially addictive medications. Older adults also often take more than one medication, which increases their odds of being exposed to harmful drug interactions. *We'll talk more about these later.* (NIH, 2020)

Slide 11: Other Age-Related Changes



Ask: Outside of our physical changes, what other changes might happen as we get older that may put us at higher risk for substance use disorders?

Allow for group discussion, but be sure to cover the following points:

- Alcohol and other substances can be seen as a way to cope with later in life challenges, including the death of a spouse or the onset of a chronic health condition.
- They may also be used as a pastime or a way to enhance social outings. For example, happy hours and other alcohol-centered events are regular programming in many senior living communities.
- More likely to have a smaller social support system, or to be isolated.
- More likely to have excess time in which to use.
- More likely to have any substance use issue seen as “their last deserved hurrah” or unimportant because “at their age, does it matter?”

(Abrams, 2025)

2.2. Impact of Ageism on Perception of Substance Use and Recovery

Time: 5 minutes

Method: Group discussion/Chat feature

Slide 12: Ageism and Substance Use Disorders

Say: Ageism is the stereotyping and discrimination against individuals or groups based on their age. Ageism is a bias that is unique in that everyone will, at some point in their lives, experience it.

Ask: What negative messages does society in the United States send about older adults?

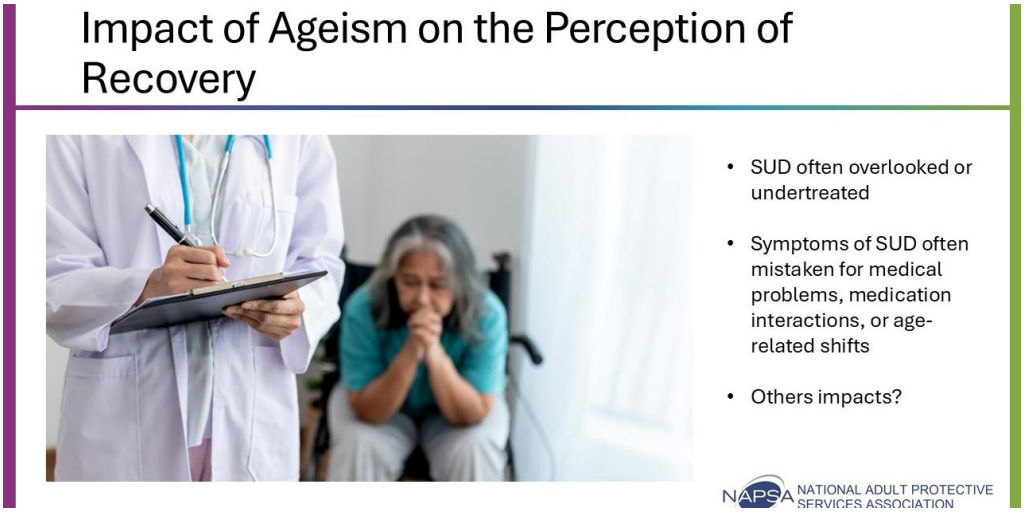
Possible answers: TV stereotypes, articles about "things boomers did that no one does anymore." The polite, "Oh no, let me do that for you" (because you are old) messages. Jokes, "the big 40, it's all downhill from here," or "can't teach an old dog new tricks."

Ageism and bias can send powerful messages to older adults about what they are "capable of" or "worth," even when those messages are not stated directly.

Explain: Ageism also exists with substance use issues:

- The, "oh let them, it's the end of their life" attitude.
- "They've been doing it this long, they won't change."
- "Older people age out of substance use.

Slide 13: Impact of Ageism on the Perception of Recovery



Say: Older adults experiencing substance use disorders are often overlooked or undertreated, despite the serious mental and physical health risks those habits pose. Symptoms of concerning substance use can also be mistaken for medical problems, medication interactions, or age-related shifts, such as balance issues, fatigue, or cognitive changes (Abrams, 2025).

Ask: How do ageist views impact older adults and recovery?

Because younger people are more likely to seek treatment, society often assumes that substance use problems mainly affect younger adults.

- This assumption can cause substance use concerns in older adults to be overlooked — by the individual, their family, or even service providers and referral agencies.
- Many older adults grew up hearing that substance use was a moral failure or a sign of personal weakness. When those beliefs are combined with ageist messages, older adults may feel shame, hopelessness, or a loss of self-worth.

APS professionals can make a meaningful difference by offering a different, more supportive message.

Providing clear, nonjudgmental education about substance use disorders helps reduce shame and misunderstanding. Validating an older adult's ability to make decisions — and supporting their right to define what they want and need — helps counter negative messages they may have internalized over time.

Module 3. Recognizing Concerning Substance Use in Older Adults

Time: 1 hour 15 minutes

Associated Objective:

- Describe the unique factors that influence substance use in older adults
- Identify substances commonly used by older adults and associated risks.
- Recognize risk factors, protective factors, and observable signs and symptoms of concerning substance use in older adults.

Facilitation Instructions: Follow the talking points and associated prompts. Prepare poll questions for the first activity. Prepare for breakout room activity (determine groups and case scenarios).

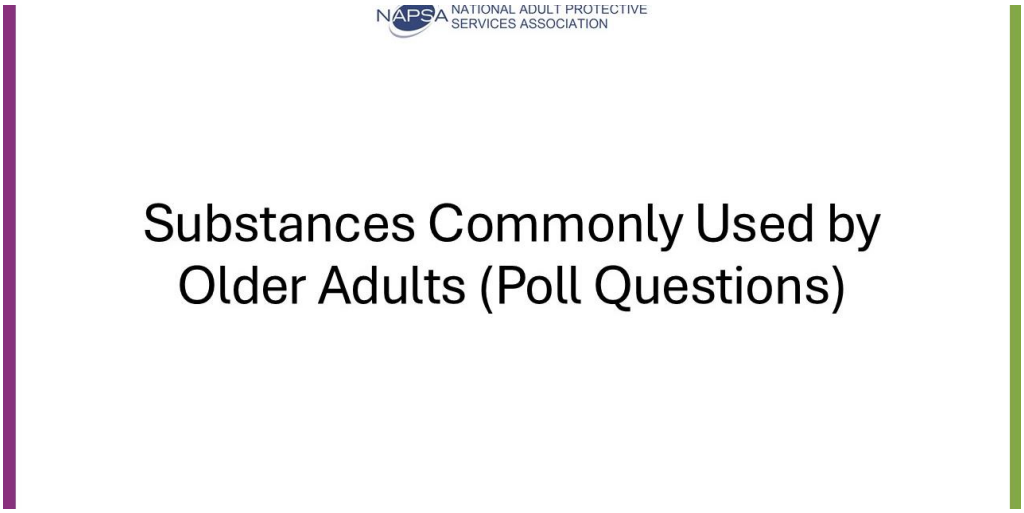
Tools: PowerPoint Presentation, participant guide, poll questions, breakout groups, case scenario

3.1. Poll Activity: Substances Commonly Used by Older Adults (Self-Assessment)

Time: 15 minutes

Method: Poll, chat feature

Slide 14: Activity: Substances Commonly Used by Older Adults



Trainer Note: This activity allows you to conduct a poll. Consider if an anonymous or general polling modality is needed as well as the available technology for participants, (eg.: Zoom poll, Mentimeter, Slido, etc.).

Explain that you're going to ask 5 questions related to substances commonly used by older adults. This will set the stage for this lesson and is intended to test their existing knowledge only. Share if the poll will be anonymous or not.

Instructions: Read each question and review the responses. Briefly provide feedback on the correct response but assure participants the information will be covered in more detail later in the lesson.

1. Which substance is most commonly used by older adults?
    a. Cannabis
    b. Alcohol
    c. Hallucinogens
    d. Fentanyl

Feedback: Alcohol is widely used among older adults and may interact with medications or increase fall and cognitive risks.

2. Which substance has increased use among older adults in recent years due to changing laws and perceptions?
    a. Hallucinogens
    b. Cocaine
    c. Inhalants
    d. Cannabis

Feedback: Cannabis use among older adults has increased, often for pain, sleep, or anxiety.

3. Most over-the-counter medicines can be safely used at the same time as other substances such as alcohol.
    a. True
    b. False

Feedback: It's typically unsafe to use substances while taking medicines. Both prescription and over-the-counter medications can intensify the effects of substances, which can be dangerous or even fatal. Even if hours pass between consuming medications and substances, the effects of the medication may be impacted or negated.

4. Which prescription medication is commonly used by older adults for chronic pain management?
    a. Antibiotics
    b. Antipsychotics
    c. Opioids
    d. Anti-seizure medications

Feedback: Opioid pain medications may be prescribed for chronic pain conditions.

5. The symptoms of substance use disorder are more obvious in older adults.
    a. True
    b. False

Feedback: The signs and behaviors that may indicate substance misuse or substance use disorder can be mistaken for signs of aging, symptoms of disability,

or physical illness. These symptoms and behaviors not only mimic but can intensify the signs and symptoms of many diseases.

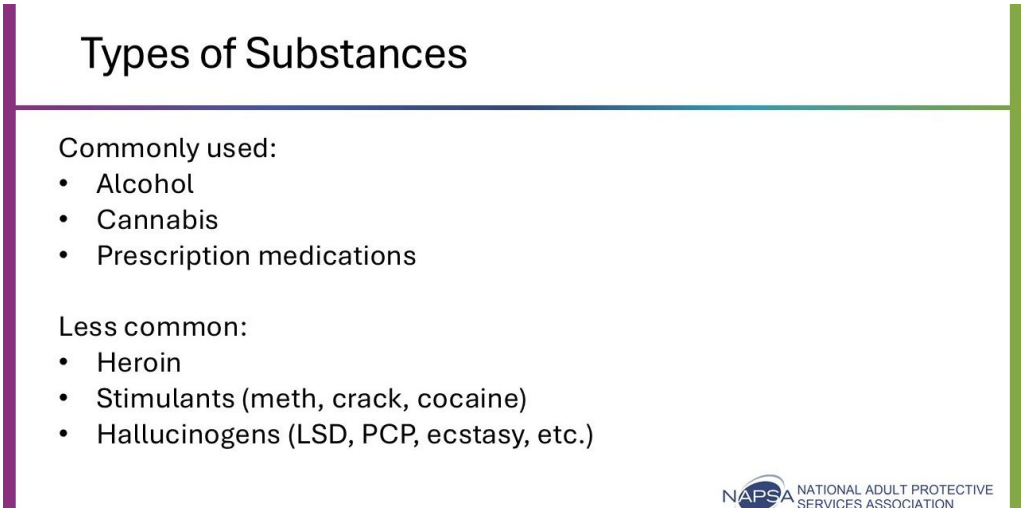
Explain that many of these questions touch on common misunderstandings that many APS professionals will encounter when working with situations involving substance use disorders and older adults.

3.2. Substances Commonly Used by Older Adults

Time: 15 minutes

Method: Group discussion, chat feature

Slide 15: Types of Substances



Say: In this section, we'll be covering the most common substances used in the older adult population and the risks associated with them.

Types of substances commonly used are:

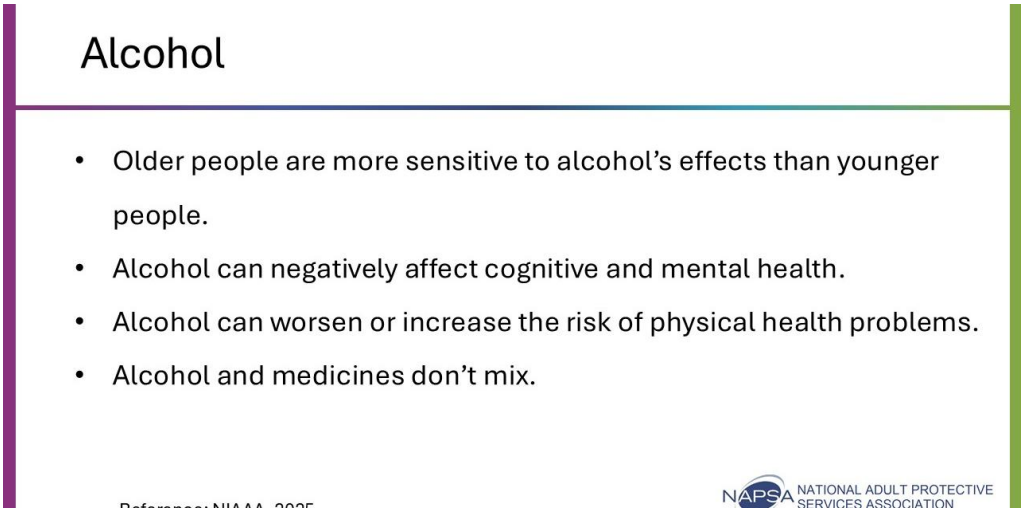
- Alcohol
- Cannabis
- Prescription medications

Less common:

- Heroin
- Stimulants – methamphetamine, crack, and cocaine
- Hallucinogens, LSD, PCP, ecstasy, peyote, psilocybin

We'll look at these in more depth in the next few slides.

Slide 16: Alcohol



Trainer Note: During lecture portion of the curriculum, it is advised that you ask questions or use virtual learning platform features such as raise hand or chat feature to encourage participation throughout to generate class discussion.

Explain the following information on alcohol**:**

Alcohol is the substance that older adults use and misuse most frequently. The Guidelines from American Geriatrics and the National Institute for Alcohol Abuse and Alcoholism have recommendations for older adults:

- No more than 7 standard drinks per week.
- One drink = 12 oz beer, 5 oz wine, 1.5 oz of 80 proof
- At risk drinking: More than 7 drinks per week, or more than 3 drinks per occasion.
- Binge drinking: 5 or more standard drinks in one drinking episode.

Older people are more sensitive to alcohol's effects than younger people. As people age, alcohol affects them more strongly, making problems with balance, attention, and coordination more likely and increasing the risk of accidents and injuries.

- Even if an older adult sustains the amount of alcohol, they have been able to tolerate for years they can still be at risk—but this may occur without awareness, or with disagreement to seeing it as a problem.

Alcohol can negatively affect cognitive and mental health. Alcohol misuse by older adults is associated with faster cognitive decline, such as problems with memory, thinking, and judgment.

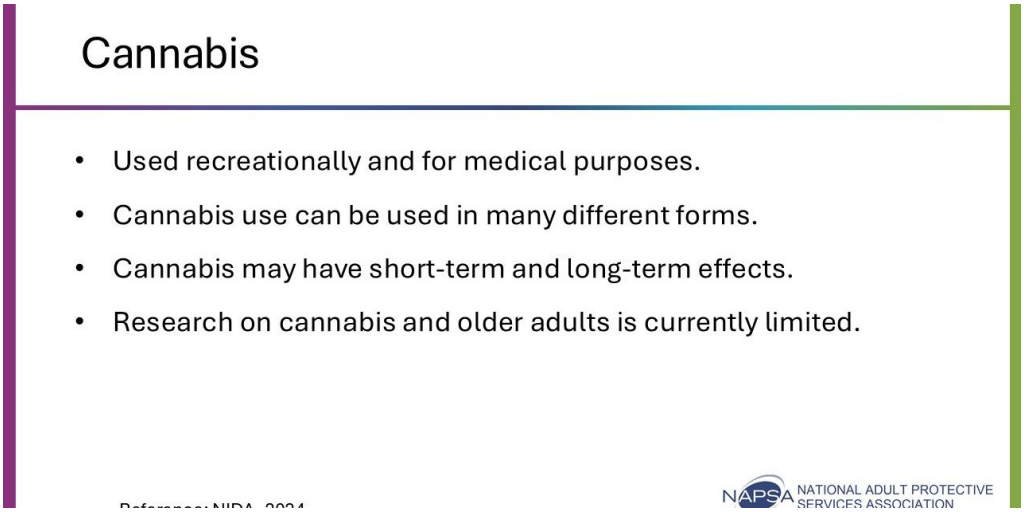
Alcohol can worsen or increase the risk of physical health problems. Alcohol misuse can increase the risk of—or worsen—medical conditions that are more common with aging, such as chronic pain, cardiovascular disease, diabetes, and respiratory infections.

Alcohol and medicines don't mix. Many older adults take medications that could interact with alcohol. These interactions could cause the medications to not work properly or make them dangerous or even deadly.

(National Institute on Alcohol Abuse and Alcoholism (NIAAA), 2025)

If an APS professional sees, or suspects, that long term use is impacting a client more than they are aware of because of those aging processes, psychoeducation can be provided to help them understand.

Slide 17: Cannabis



Explain the following information on Cannabis:

Older adults are the fastest growing population for the use of cannabis. As legalization and social acceptance expand, cannabis use among older adults has been increasing over the past decade.

Many older adults use cannabis for a variety of reasons.

- **Recreational:** Relaxation, enjoyment, euphoric effects, and mood elevation.
- **Medical:** Pain management, mental health symptom management (in particular with anxiety or mood concerns), and addressing sleep problems.

Forms of Cannabis Use: Smoking/vaping, edibles and beverages, and topical/skincare products. The means of ingestion matters as it can impact when the effects happen.

For example, smoking cannabis generally impacts the person within minutes, but with edibles, it may take between 1-3 hours before the person experiences the full effects.

Effects of Cannabis: Cannabis may impair short-term memory, attention, judgment, and coordination. These effects may be magnified in older adults already at risk of age-related cognitive concerns, especially when used at higher doses and heavier lifetime use (Scott, Brennan, & Benitez, 2019).

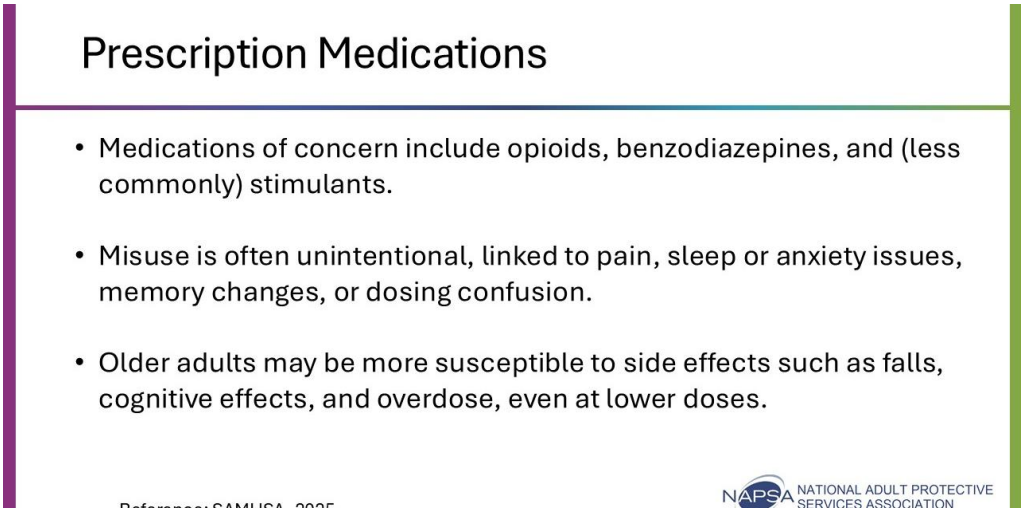
Research on cannabis usage and older adults is limited. Unfortunately, there is not a lot of information on what risks cannabis use may carry. It is a relatively new category of substance use because the recent legalization has made it available in a way that it previously was not. Exactly how cannabis affects the brain, including the older adult brain will take time to research.

We do not know what “safe” is. So, the only suggestion we can make with an older adult using cannabis is to encourage them to discuss it with their doctor. Understand that it

may be difficult for them to share with their doctor because it was illegal for so long or may still be illegal in some areas.

(NIDA, 2024)

Slide 18: Prescription Medications



Explain the following information on use/misuse of prescribed substances:

Prescription medications play an important role in managing health conditions for many older adults. However, some prescription medications also carry a risk for misuse, dependence, or harm—especially when combined with age-related changes, multiple medications, or other substance use.

Common prescription medications of concern include:

- Opioids (oxycodone, hydrocodone) for pain
- Benzodiazepines (Xanax, Valium, Ativan) for anxiety and insomnia
- Stimulants (Ritalin, Adderall) often misused but less frequently with older adults

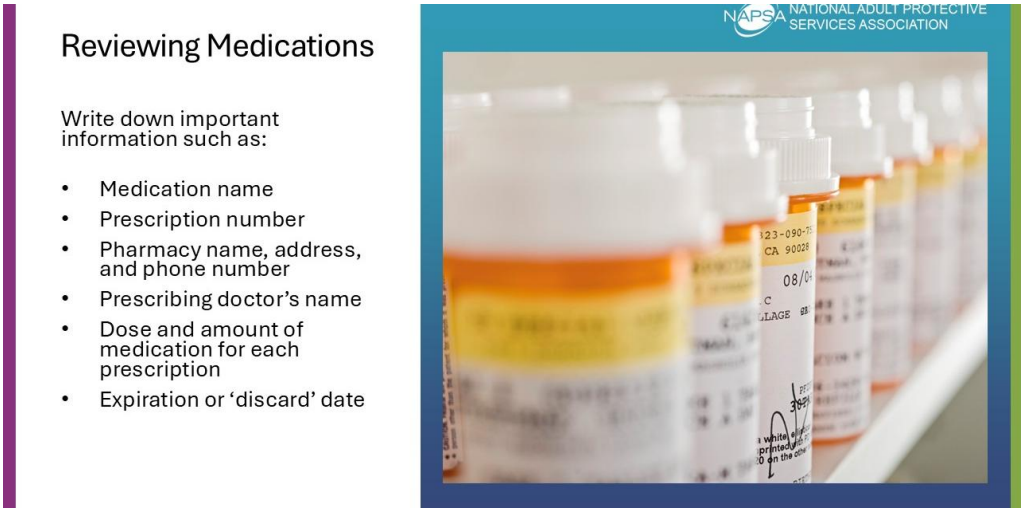
Older adults may use medications differently than prescribed for many reasons, including unmanaged pain, sleep problems, anxiety, memory changes, confusion about dosing, or limited access to follow-up care.

Misuse is not always intentional and may occur without the person recognizing a problem.

Concerns: Older adults are among the most vulnerable to medication misuse and dependency because they use more prescription and over-the-counter (OTC) medications than any other age groups. They are likely to experience more problems with relatively small amounts of medications. Concerns may include high risk of accidents/injury, cognitive impairment, or increased risk of overdose.

(SAMHSA, 2025)

Slide 19: Reviewing Medications

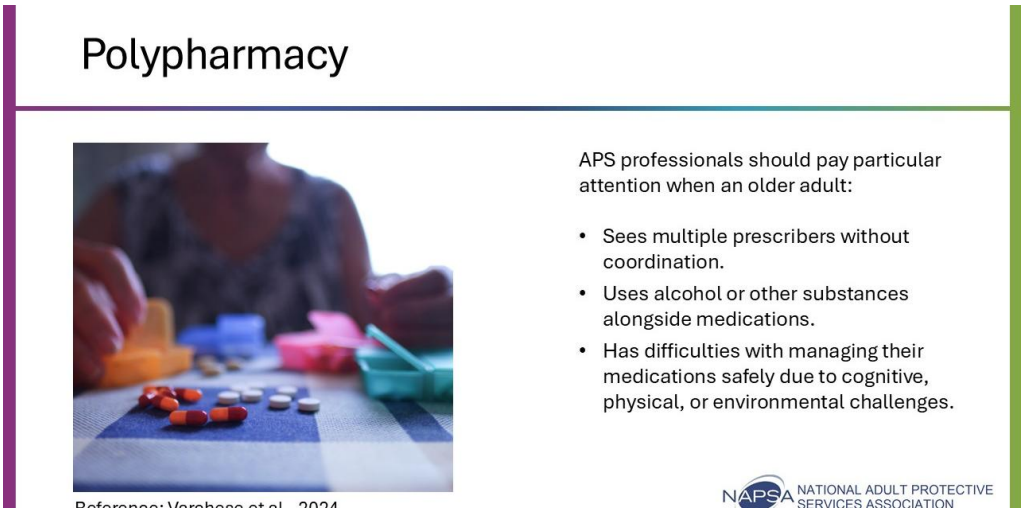


Say: As a part of our risk assessment, we should routinely review the client's medications. This involves writing down important information about each of the medications including:

- Medication name
- Prescription number
- Pharmacy name, address, and phone number
- Prescribing doctor's name
- Dose and amount of medication for each prescription
- Expiration or 'discard' date

It is important to determine if these medications are being used in doses larger than directed or taken in conjunction with several other potentially addictive substances.

Slide 20: Polypharmacy



Say: Frequently, an older adult may be using multiple medications at the same time. This is referred to as **polypharmacy** and is often defined as the use of 5 or more prescription, OTC, or supplemental products.

This is common among older adults managing multiple health conditions, but it can increase the risk of harm when medications interact, duplicate effects, or are taken incorrectly.

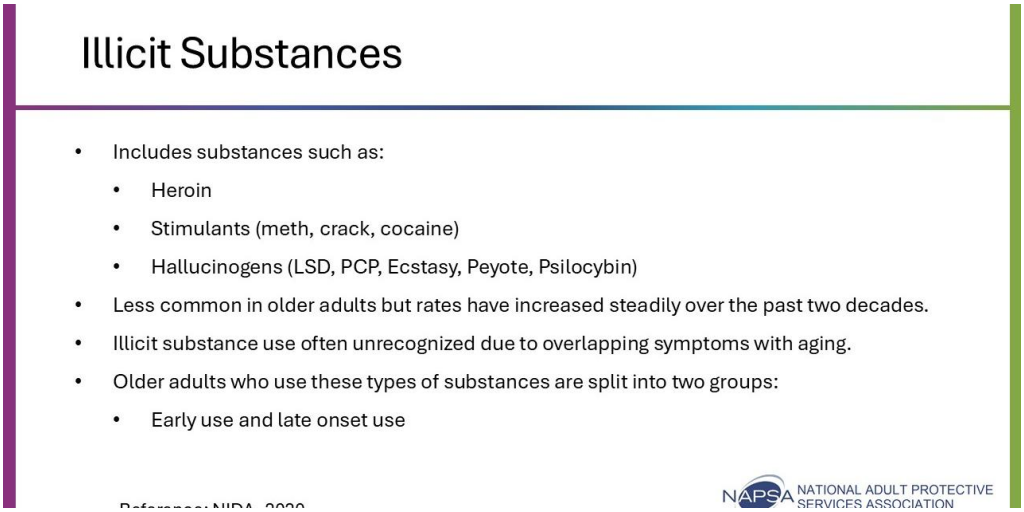
APS professionals should pay particular attention when an older adult:

- Sees multiple prescribers without coordination
- Uses alcohol or other substances alongside medications
- Has difficulties with managing their medications safely due to cognitive, physical, or environmental challenges.

While APS workers are not medical professionals, it is important to recognize when polypharmacy may be impacting safety or self-care which should prompt referrals for medication review, care coordination, or additional supports. Talking with either the client's prescribing physician or a clinical medical professional on staff in our agency can help us understand how their medications may be affected or the risk that the person may be experiencing.

(Varghese et. al. 2024)

Slide 21: Illicit Substances



Explain the following information on use of illicit drugs**:**

Because these substances are less frequently used by older adults, we will only include a broad overview of illicit drugs. These include:

- Heroin
- Stimulants – methamphetamine, crack, and cocaine
- Hallucinogens, LSD, PCP, ecstasy, peyote, psilocybin

Although illicit substance use is less common among older adults than younger populations, rates have increased steadily over the past two decades, particularly among the baby boomer generation.

Illicit substance use in older adults often goes unrecognized due to overlapping symptoms with aging or medical conditions and can contribute to serious risks, including cognitive impairment, falls, medication interactions, and worsening chronic illness.

Older adults who use these types of substances are split into two groups: early use and late onset use.

Ask: Why would a person begin using illicit substances later in life?

Possible answers may include:

- *Late onset use may be encouraged by a caregiver, friend or perpetrator who introduced substance use to an older adult, possibly to make their own lives easier, or to control the adult*
- *Response to life stressors such as grief or retirement.*
- *Possibly a return to old patterns after a period of recovery due to pain and mental health issues.*

- *Some older adults manage chronic pain with prescription medications only to have those medications decreased due to tracking and management strategies. At which point they may turn to illicit means.*

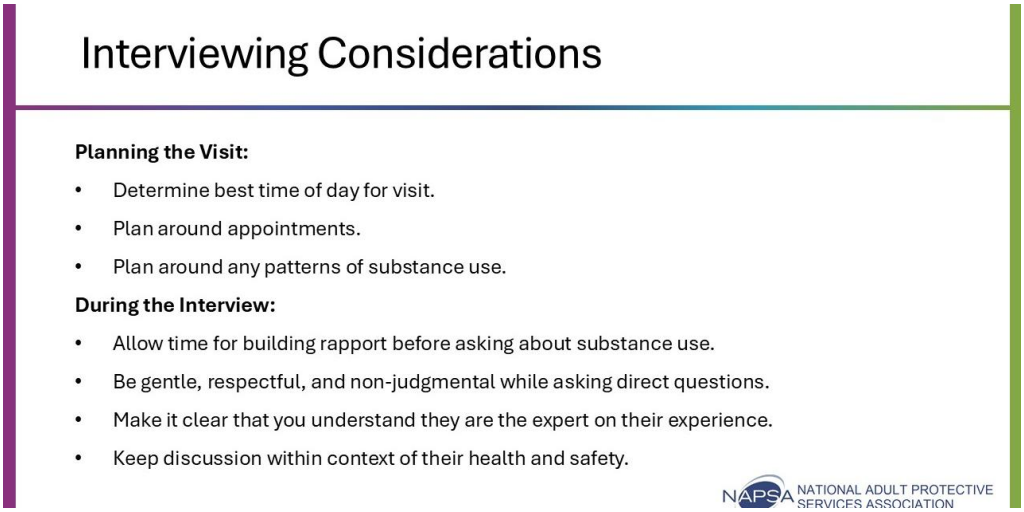
(NIDA, 2020)

3.3. Assessing for Concerning Substance Use

Time: 15 minutes

Method: Group discussion, chat feature

Slide 22: Interviewing Considerations



Say: APS professionals frequently identify substance use as a factor in abuse, neglect, and exploitation cases. The APS professional's primary tasks are to assess both risk and decision-making ability and to provide options for interventions and resources that may improve someone's safety and well-being.

APS professionals do not diagnose, but we can and should look for concerns of substance use. We should observe how those issues may affect the client's risk. We can make those observations about the client, their family members, and any caregivers that we interact with during the case.

We generally begin by interviewing the client. We will want to keep the following points in mind.

Planning the Visit: If you are able to, determine the best time to visit for either initial or follow-up visits. Consider when they are most likely to have the most clarity (least likely to be intoxicated). This will facilitate your ability to consider their decision-making ability, as well as build rapport and maximize your safety.

Given the information you have, consider:

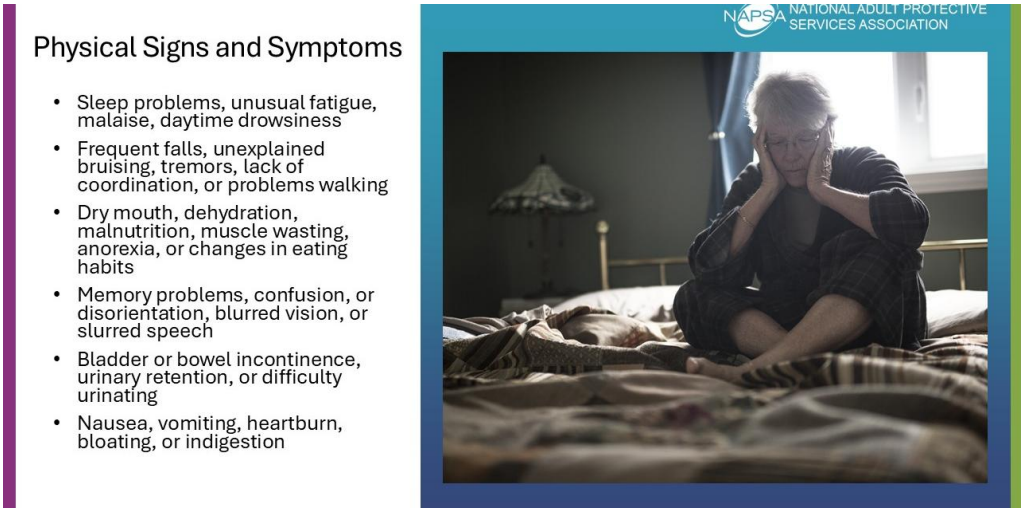
- What time of day is best (least likely to be intoxicated)?
- Do they have regular appointments or commitments where it's likely they will be sober? Plan around those appointments.
- Are you aware of any patterns of when they use substances? Plan around them.

During the Interview

- Asking about a substance use issue can create defensiveness.
- Approach the topic after building rapport and within the context of their concerns.
- Be less assertive in your discussion and more supportive.
- Be gentle and respectful while asking direct questions. The tone of voice makes a big difference in sending a message that the person is not being judged.
- Keep any discussion on substance use in the context of a conversation about their health and safety.
- Make it clear that you understand they are the expert on their experience.
- With your interventions, work to meet an immediate need.

Explain: Some of our agencies may use screening tools. Talk with your supervisor about whether an established screening tool is used by your agency. Our job is not to do a clinical assessment or diagnose a SUD. We are only trying to get enough information to know whether to include in our service plan a clinical SUD assessment by a SUD treatment professional, review of medications by a physician, treatment for substance misuse or a SUD, or support for recovery.

Slide 23: Physical Signs and Symptoms



Say: During your initial assessment, you'll want to pay attention for any changes in behavior, patterns, or physical condition as they may indicate substance misuse or SUD. A single symptom alone may not stand out, but if several occur in combination, we should be alerted to the potential of substance misuse or SUD.

Ask: What are some physical signs and symptoms we may observe if someone is experiencing substance use disorder?

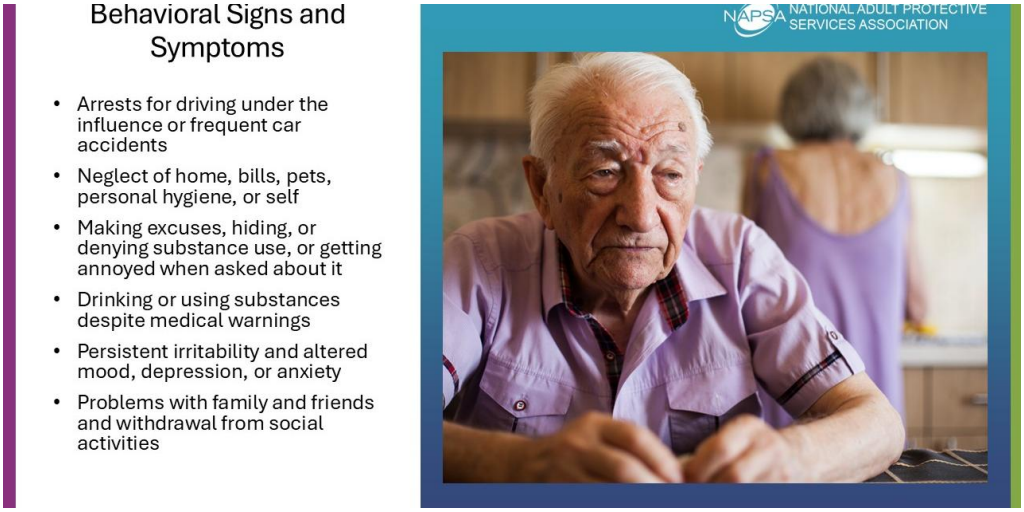
Allow for group discussion but ensure the following examples are provided in the discussion.

Some **physical signs and symptoms** include (but not limited to):

- Sleep problems, unusual fatigue, malaise, daytime drowsiness
- Frequent falls, unexplained bruising, tremors, lack of coordination, or problems walking
- Dry mouth, dehydration, malnutrition, muscle wasting, anorexia, or changes in eating habits
- Memory problems, confusion, or disorientation, blurred vision, or slurred speech
- Bladder or bowel incontinence, urinary retention, or difficulty urinating
- Nausea, vomiting, heartburn, bloating, or indigestion

(SAMHSA, 2019)

Slide 24: Behavioral Signs and Symptoms



Say: We may also observe behavioral symptoms of substance use disorder.

Ask: What are some **behavioral signs and symptoms** we may observe if someone is experiencing substance use disorder?

Allow for group discussion but ensure the following examples are provided in the discussion.

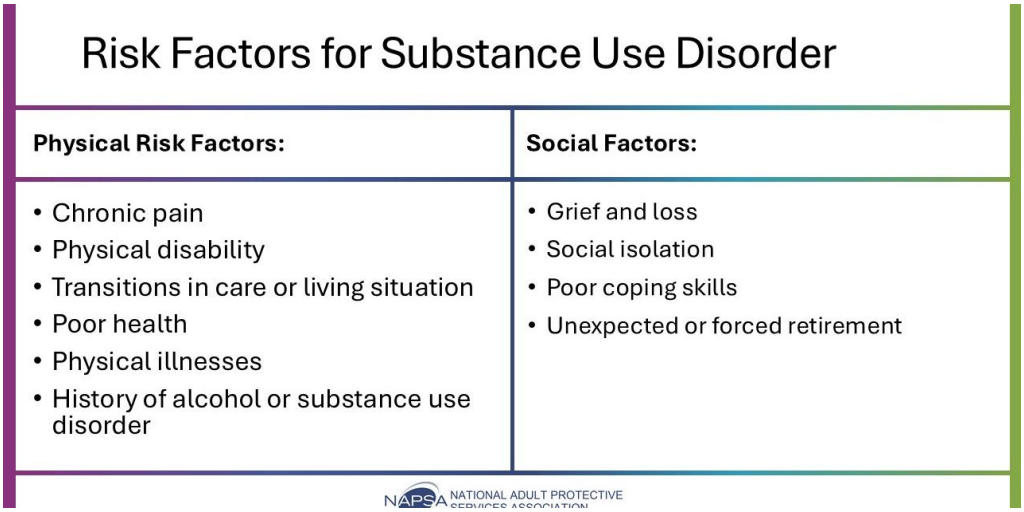
Some behavioral signs and symptoms may include (but not limited to):

- Arrests for driving under the influence or frequent car accidents
- Neglect of home, bills, pets, personal hygiene, or self
- Making excuses, hiding, or denying substance use, or getting annoyed when asked about it
- Drinking or using substances despite medical warnings
- Persistent irritability and altered mood, depression, or anxiety
- Problems with family and friends and withdrawal from social activities

(SAMHSA, 2019)

Say: Changes in behavior, patterns, or physical condition may indicate substance misuse or SUD. A single symptom alone may not stand out, but if several occur in combination, we should be alerted to the potential of substance misuse or SUD.

Slide 25: Assessing for Risk Factors



Say: Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of adverse outcomes. APS professionals should pay attention for risk factors when assessing a client.

Physical risk factors can include:

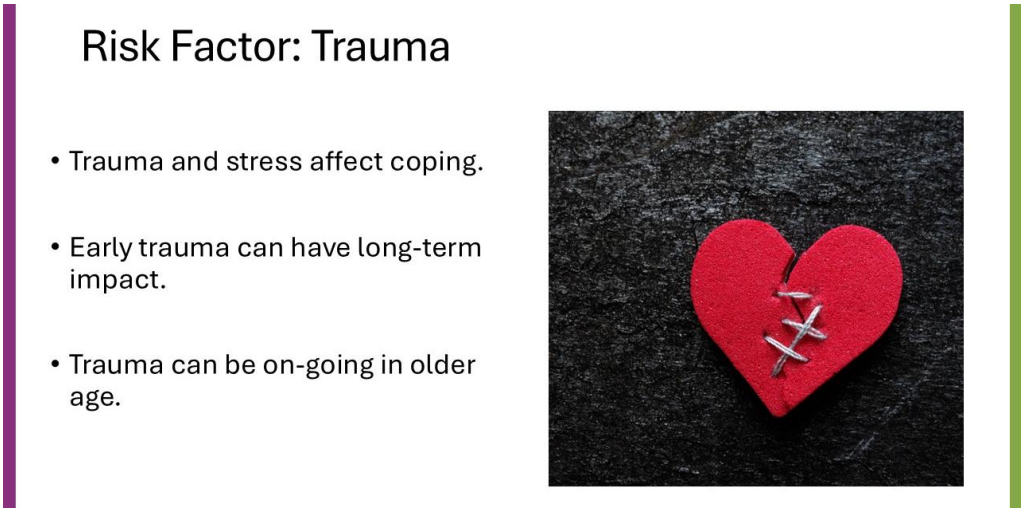
- Chronic pain
- Physical disability
- Transitions in care or living situation
- Poor health
- Physical illnesses
- History of alcohol or substance use disorder

Social factors may include:

- Grief and loss
- Social isolation
- Poor coping skills
- Unexpected or forced retirement

(NCOA, 2025)

Slide 26: Risk Factor: Trauma



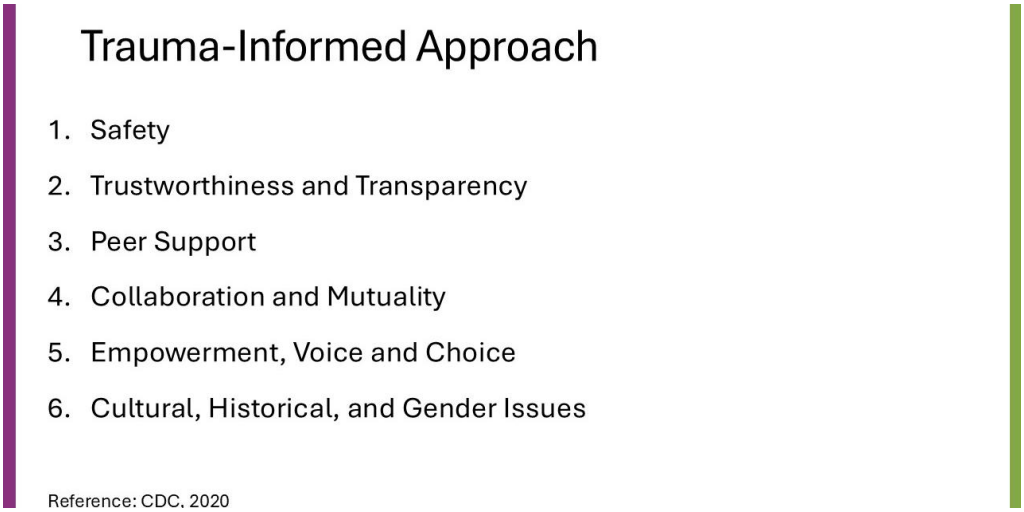
Explain that trauma is a risk factor to many situations including increased risk of substance use, misuse and disorders.

T**rauma and Stress Affect Coping** – Experiencing trauma (such as abuse, loss, violence, or serious accidents) can lead to lasting stress, anxiety, or PTSD. Some people use alcohol or other substances as a way to try to cope with distressing memories or emotions from these experiences. This pattern of using substances to "self-medicate" increases the risk of developing a substance use disorder.

Early Trauma Can Have Long-Term Impact – Even trauma experienced earlier in life (such as childhood abuse or neglect) is linked with a higher likelihood of substance misuse later on. Trauma alters stress and reward pathways in the brain, which can make a person more vulnerable to substance use as a way to manage feelings or memories.

Trauma Can Be On-going in Older Age – Older adults may also experience trauma later in life (like abuse, neglect or exploitation, loss of loved ones, or health crises). These events can contribute to emotional distress and increase the risk that someone uses substances to try to cope.

Slide 27: Trauma-Informed Approach



Ask: In light of this information, it is especially important we adopt a trauma-informed approach when working with people experiencing substance use concerns. What are some ways we can do this during our interviews or as part of our service planning?

Allow for group discussion but ensure the following points are discussed:

- Trauma-informed care focuses on creating a safe and supportive environment so that the person can establish a level of control and trust.
- The Six Guiding Principles of Trauma-Informed Approach are:
    - Safety: Physical and emotional.
    - Trustworthiness and Transparency: Task clarity, consistency and interpersonal boundaries.
    - Peer Support: Connect people with support systems.
    - Collaboration and Mutuality: Decisions with shared power.
    - Empowerment, Voice, and Choice: Individual choice and control. Also includes encouraging skill building and problem solving. Remember, because the individual has focused on escape and avoidance, you can help them build problem-solving skills and gain a sense of self-efficacy, which is tremendously empowering in recovery from substance use.
    - Cultural, Historical, and Gender Issues: Seek to understand the history, identities, and experience of the person.

(CDC, 2020)

Slide 28: Risk Factor: Co-Occurring Disorders

Explain: Another risk factor for developing substance use disorder is having a mental health diagnosis. When a person with a mental health diagnosis is also experiencing substance use disorder, this combination is called a co-occurring disorder (also known as Dual Diagnosis). Research shows:

- That mental health disorders can lead to substance use as a means of dealing with the symptoms of the mental health disorder.
- Depression is one of the most likely mental health disorders in a co-occurring diagnosis, and older adults are up to 4x more likely to use alcohol to cope with depression than a younger population.
- Anxiety and bipolar disorders are also common mental health issues in older adults who have co-occurring or dual disorders.

The following are reasons why some older adults are likely to minimize the importance of treatment for mental health:

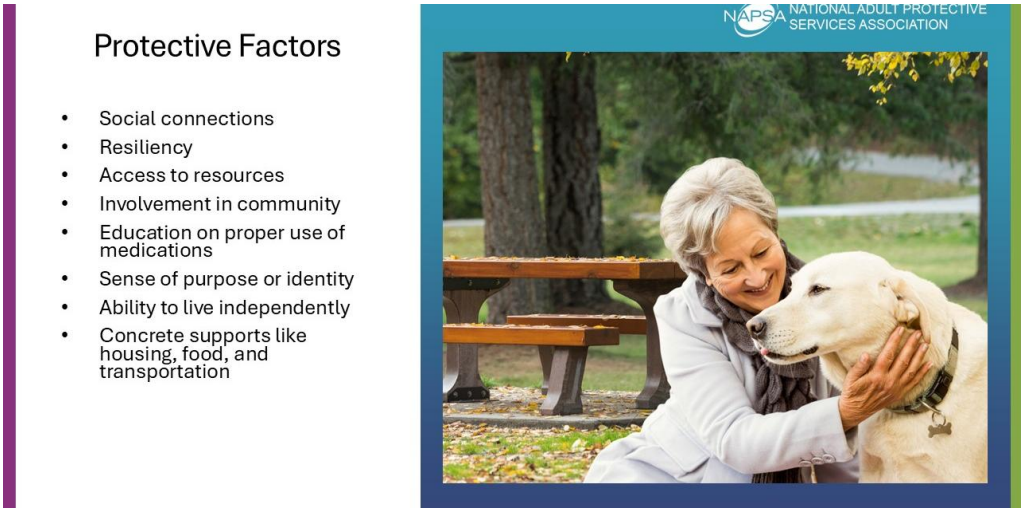
- They have lived with mental health issues for so long.
- They find medical issues more concerning.
- They stigmatize treatment for both mental health and substance use disorders.

When working with someone who has a dual diagnosis, realize that the need for services is *more imperative* because neurological issues are more prevalent in older adults with dual disorders.

(NIDA, 2024)

Say: It's important to keep in mind that these are potential risk factors, and don't automatically equate to substance use disorders.

Slide 29: Protective Factors



Say: Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events to the risk factors.

Don't just try to eliminate risk. Be sure to build protective factors into your service planning to foster long-term success in all areas of the person's life.

Protective Factors include:

- Social connections with family members, friends, neighbors, co-workers, community members, and service providers.
- Resilience of the person to maintain stability despite difficult or challenging circumstances
- Access to resources, such as housing and health care
- Involvement in community activities
- Education like proper use of medications
- Sense of purpose or identity
- Ability to live independently
- Concrete supports like housing, food, and transportation

In every area of someone's life that is impacting the issue, APS professionals should help identify risk and protective factors as part of the service plan.

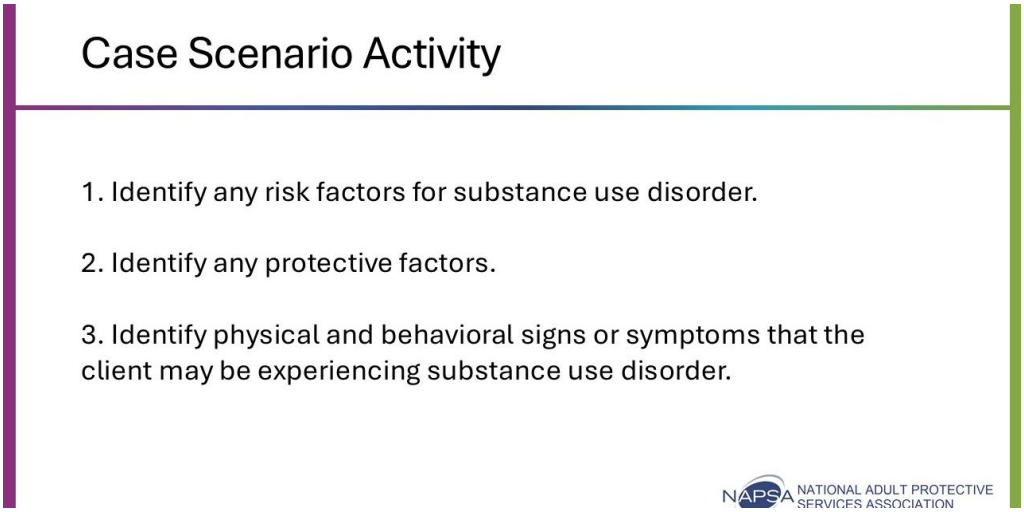
In this next activity, we will practice doing just that and pull everything we have learned together.

3.4. Case Scenario Activity: Identify Risk Factors, Signs, and Symptoms

Time: 30 minutes

Method: Breakout Group Activity, Handout #1, Participant Guide

Slide 30: Breakout Group Activity



Say: For this activity, you will be assigned to a breakout group. Each group will be assigned one of the three case scenarios (Roberto, Vivienne or Rodney). As a group, you will review the case scenario and complete the tasks in Handout #1.

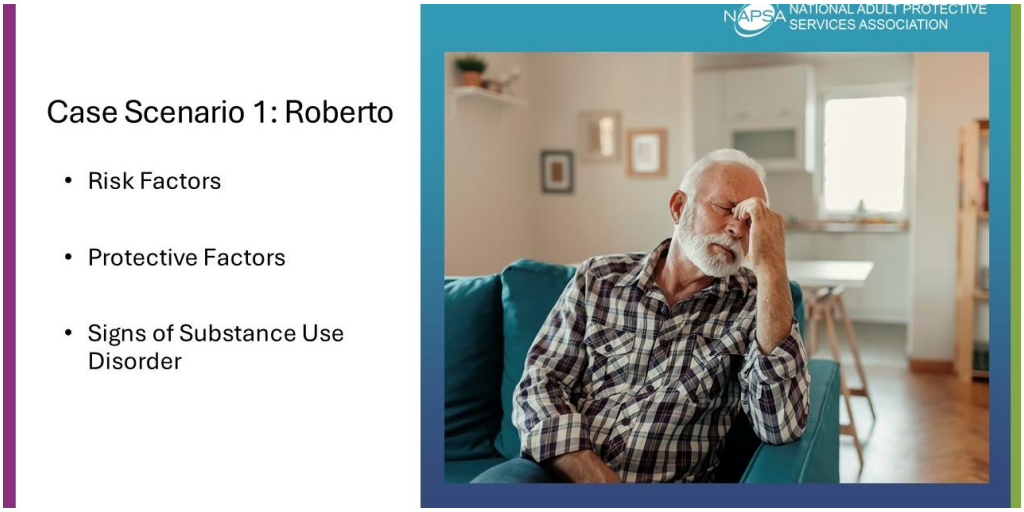
1. Identify any risk factors for substance use disorder.
2. Identify any protective factors.
3. Identify physical and behavioral signs or symptoms that the client may be experiencing substance use concerns.

You will be given 10 minutes to read the scenario and discuss the tasks. We will be returning to these groups/case scenarios for further discussion later in the training. Be sure to designate a spokesperson because when we come back, each group will be asked to summarize their discussions.

Do: After 10 minutes, close out the breakout groups. Allow each spokesperson to share some highlights from their discussion (about 5 minutes per case scenario). Each case scenario has a designated slide.

Note: Remind participants that APS professionals are not diagnosing substance use disorders. The goal is to identify concerning patterns, assess safety and functioning, and consider appropriate supports, referrals, and collaboration based on observed risks and protective factors.

Slide 31: Case Scenario 1: Roberto



Do: Review case scenario 1 as a group (case scenarios located in Appendix A). Be sure to provide additional information or considerations that were not previously discussed by the group's spokesperson.

1. Identify any risk factors for substance use disorder.

Possible Answers: Chronic pain with long-term opioid use, multiple prescription bottles and possible multiple prescribers, social isolation and loneliness following spouse's death, living alone with limited daily structure, history of recent falls, difficulty managing medications independently

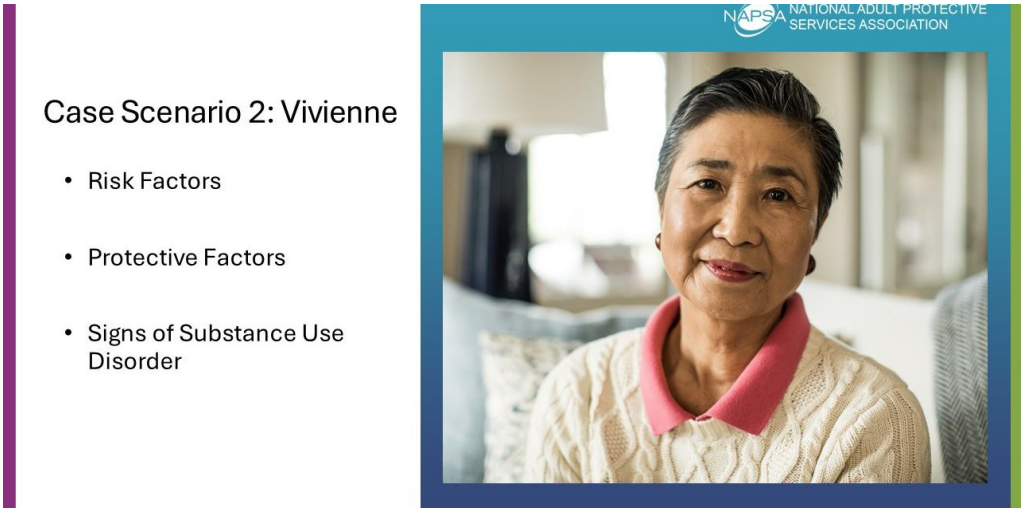
2. Identify any protective factors.

Possible answers: Stable housing (currently housed), connection to medical providers, APS involvement and opportunity for assessment/support, willingness to engage in conversation during the visit

3. Identify physical and behavioral signs or symptoms that the client may be experiencing substance use disorder.

Possible answers: Drowsiness or sedation, difficulty concentrating or staying focused, confusion about medication dosage and frequency, unsteady gait and falls, possible overuse or misuse of prescribed medication

Slide 32: Case Scenario 2: Vivienne



Do: Review case scenario 2 as a group (case scenarios located in Appendix A). Be sure to provide additional information or considerations that were not previously discussed by the group's spokesperson.

1. Identify any risk factors for substance use disorder.

Possible Answers: History of anxiety and insomnia, use of alcohol to cope with emotional distress, mixing alcohol with prescription medications, inconsistent medication use (missed doses and extra doses), family conflict and stress in the home, defensiveness when discussing substance use

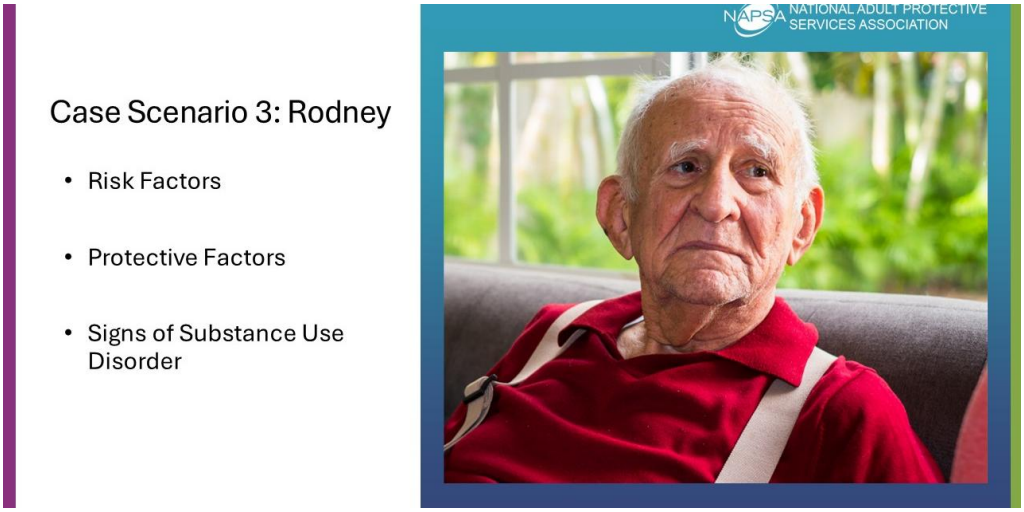
2. Identify any protective factors.

Possible answers: Living with family members who are aware and concerned, engagement with a faith community, generally oriented and able to participate in conversation, stable housing and basic needs being met

3. Identify physical and behavioral signs or symptoms that the client may be experiencing substance use disorder.

Possible answers: Memory problems and forgetfulness, mood changes (irritability, withdrawal), defensive or minimizing responses related to substance use, missed activities that were previously important (church), potential interaction effects between alcohol and medications

Slide 33: Case Scenario 3: Rodney



Do: Review case scenario 3 as a group (case scenarios located in Appendix A). Be sure to provide additional information or considerations that were not previously discussed by the group's spokesperson.

1. Identify any risk factors for substance use disorder.

Possible Answers: Multiple chronic health conditions (diabetes, hypertension), polypharmacy, use of cannabis without medical guidance, misperception that legal substances are automatically safe, limited family involvement, changes noticed by a service provider

2. Identify any protective factors.

Possible answers: Connection to home health services, stable senior housing, social relationships with neighbors, participation in community activities when able, openness about cannabis use

3. Identify physical and behavioral signs or symptoms that the client may be experiencing substance use disorder.

Possible answers: Excessive sleepiness or fatigue, missed meals, unsteadiness or balance issues, reduced engagement in daily activities, possible cognitive or physical effects related to substance use

Module 4. Recovery and Treatment

Time: 45 minutes

Associated Objective:

- Apply trauma-informed, person-centered strategies when engaging older adults with substance use concerns.
- Identify APS-appropriate interventions, referrals, and collaborative responses to substance use involving older adults.

Facilitation Instructions: Follow the talking points and associated prompts. Prepare the video.

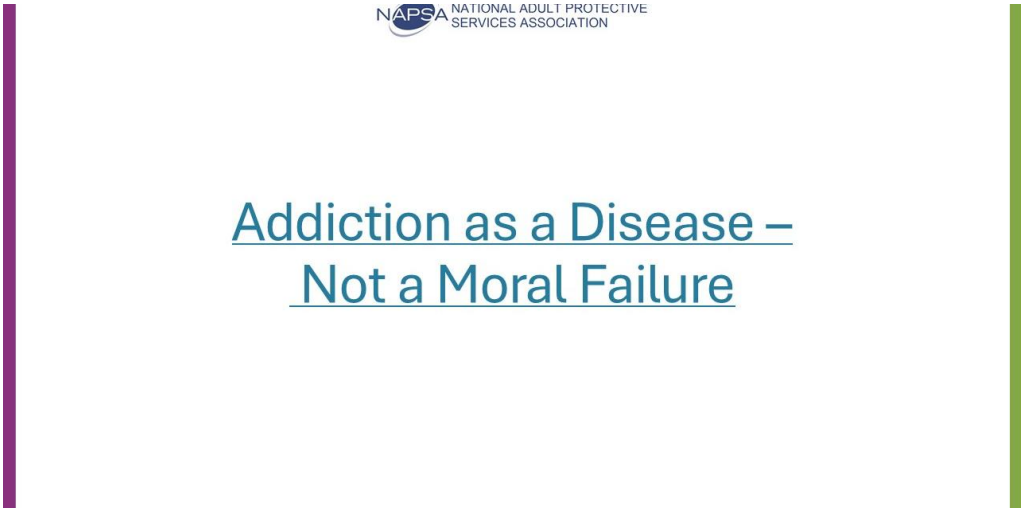
Tools: PowerPoint Presentation, participant guide, SAMHSA video

4.1. SAMHSA Video – Addiction as a Disease, not a Moral Failure

Time: 10 minutes

Method: Video, Group discussion

Slide 34: Addiction as a Disease, Not a Moral Failure



Say: We will be shifting our focus now to recovery and treatment for substance use disorder. Let's begin by watching a video from SAMHSA – Substance Abuse and Mental Health Services Administration.

Play video: Watch the 3:04 video from SAMHSA. Video link provided in PowerPoint or can be accessed with this link: Addiction as a Disease – Not a Moral Failure

Ask the following questions to engage the discussion about the video:

1. What words or phrases stood out to you as you watched the video?
2. How did this framing differ from common stereotypes about substance use disorder you have heard?

Possible answer: Understanding addiction as a health concern – not a moral failing – helps reduce shame and encourages compassionate responses. This shift is important because negative attitudes and language can impede people from seeking help or sharing information.

3. How might stigma influence an older adult's willingness to talk about substance use or recovery with their doctor or family members?

Possible answer: Stigma is layered – older adults may face both age-related stereotypes and negative assumptions about substance use, making them less likely to disclose concerns or seek support.

4. How can recognizing addiction as a chronic disease shift our approach to engagement, support, and referral? What strengths or supports might we focus on – instead of faults – when working with older adults?

Possible answer: Viewing recovery through a strength-based lens encourages long-term, person-directed support. It acknowledges recovery is a process that may include setbacks and requires compassion.

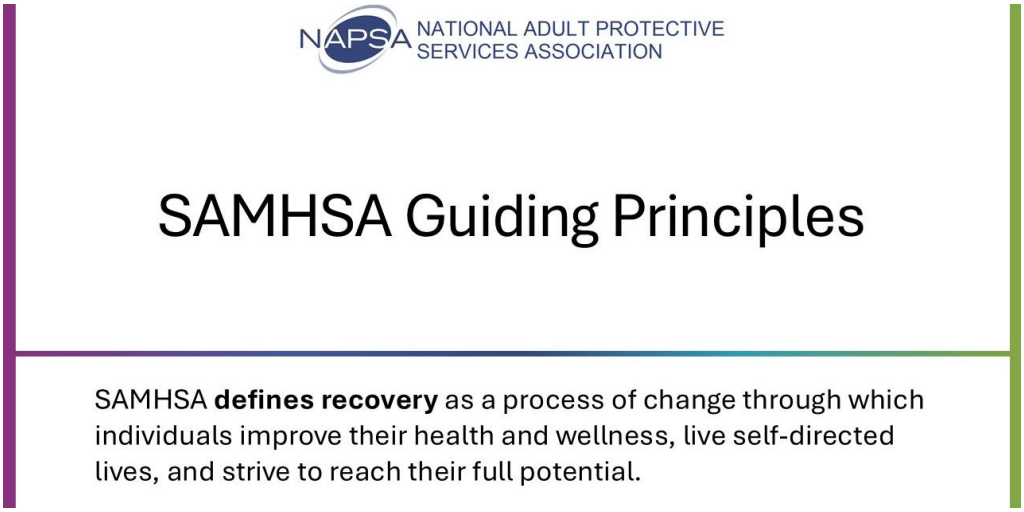
Explain: One of the most important interventions APS professionals can bring to an older individual is a different message. That message can be provided with psychoeducation about substance use disorders. It can be provided by validating their ability to make decisions and build a life that is based on their wants and needs without listening to negative messages from others or themselves. We are going to look at the SAMHSA Guiding Principles to help us consider how to do that.

4.2. SAMHSA Guiding Principles

Time: 15 minutes

Method: Group discussion, Handout

Slide 35: SAMHSA Guiding Principles



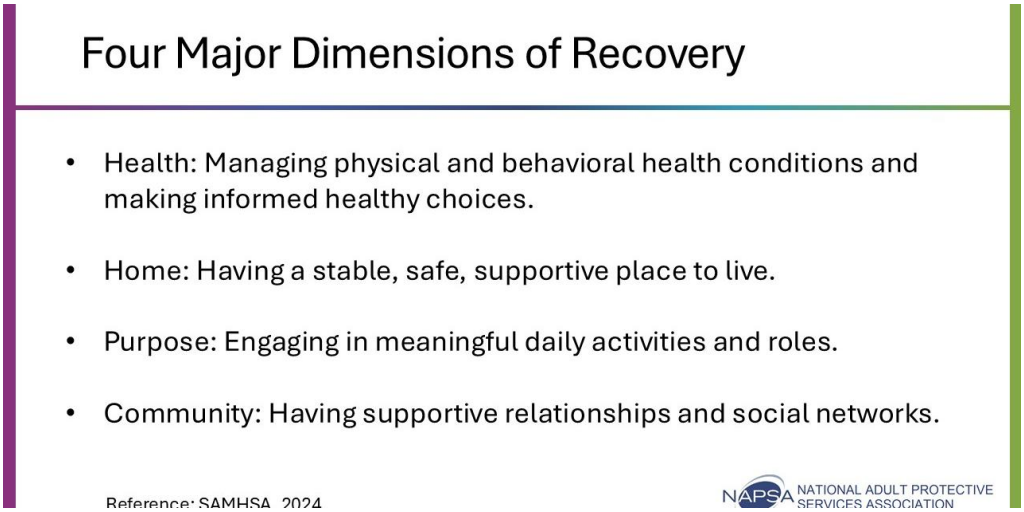
Say: We are going to take our first look at SAMHSA's Guiding Principles of Recovery. This should become a picture frame through which you view recovery. SAMHSA stands for "Substance Abuse and Mental Health Services Administration."

For those who are willing to approach the tremendous challenge of recovery, our goal, no matter how small our role in their life, should be to help them gain a sense of self-efficacy and understand they have the self-determination to use their life in a way that leaves them with a sense of integrity.

SAMHSA's guiding principles for recovery can be a catalyst for this process. These are some things an APS professional can keep in mind each time they interact with someone who may have a substance use disorder.

SAMHSA **defines recovery** as a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential. Recovery signals a dramatic shift in the expectation for positive outcomes for individuals who experience mental and substance use conditions or the co-occurring of the two.

Slide 36: Four Dimensions of Recovery



Say: Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.

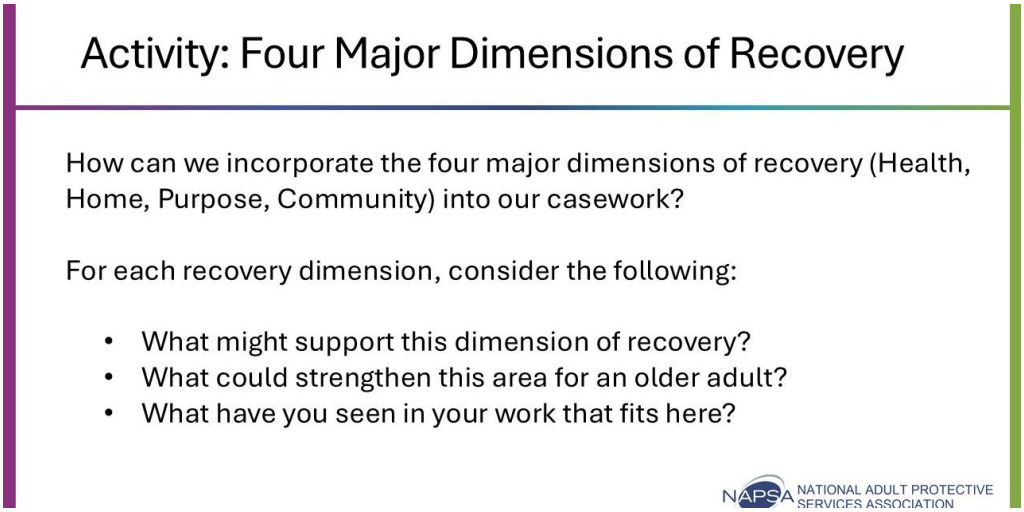
The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one's health and wellness, and managing setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.

The Four Major Dimensions of Recovery

- Health - Managing physical and behavioral health conditions and making informed healthy choices.
- Home - Having a stable, safe, supportive place to live.
- Purpose – Engaging in meaningful daily activities and roles.
- Community – Having supportive relationships and social networks.

(SAMHSA, 2024)

Slide 37: Activity - Four Dimensions of Recovery



Say: So, how can we at APS incorporate these four major dimensions of recovery into our casework? Let's consider how these dimensions might look in real life in your APS work.

In your participant guide, you'll find **Handout #2** titled "Four Dimensions of Recovery." Take a moment to quietly think about what these recovery dimensions might look like for an older adult involved with APS.

- What might support this dimension of recovery?
- What could strengthen this area for an older adult?
- What have you seen in your work that fits here?

You may use the note space to include your thoughts and impressions here. You have five minutes to consider your responses.

Facilitate a group discussion when time is up. Allow participants to take turns sharing their thoughts for each dimension of recovery. Encourage participants to make notes of any ideas they hear. This may be helpful for another activity later in the training.

Use the following question prompts to guide the discussion.

Ask: Let's start with **Health**. What are some examples of what health-related recovery might look like for an older adult? Remember that health includes both physical and mental well-being.

Possible answers: Taking medications as prescribed or with support, regular primary care or specialty medical visits, pain being managed safely and effectively, reduced falls, injuries, or hospitalizations, support for mental health concerns (e.g., anxiety,

depression), nutrition support and regular meals, assistance with medication organization (pill boxes, reminders).

Ask: What about **Home**—what helps an older adult feel safe and stable? Understand that when we're talking about home, we're talking about safety and stability, not just shelter.

Possible answers: Safe and stable housing, home free from immediate safety hazards, utilities turned on and food available, accessible living space (grab bars, mobility supports), reduced conflict or stress in the home, home health services or caregiver support, feeling secure and not at risk of eviction.

Ask: When you hear **Purpose**, what comes to mind for the clients you work with? Keep in mind that this will look very different for each person you work with.

Possible answers: Having a daily routine or structure, volunteering or helping others, caring for pets, plants, or grandchildren, hobbies or interests (gardening, crafts, reading, walking), attending appointments independently, feeling useful or having something to look forward to, financial stability, or managing benefits.

Note: Loss of roles (retirement, loss of partner, caregiving) can increase vulnerability, so rebuilding purpose will support recovery.

Ask: How does **Community** show up—or not show up—in APS cases? This can include both formal and informal supports.

Possible answers: Family involvement or regular contact, friends or neighbors checking in, faith-based or cultural community connections, support groups or peer support, senior center or community activities, home health aides or trusted service providers, feeling less isolated or lonely.

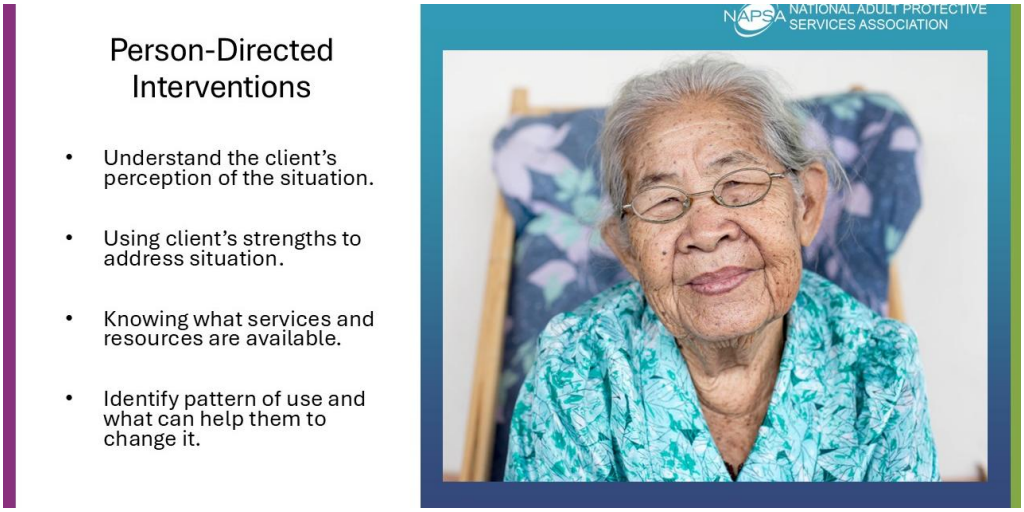
Explain that recovery does not mean perfection or abstinence. We should instead focus on stability, safety, and quality of life. There are times when one strong dimension can support another.

4.3. Treatment and Support Options

Time: 20 minutes

Method: Group discussion

Slide 38: Person-Directed Interventions



Say: As in all APS work, there is a task to balance the person's right to self-determination (making their own decisions, even when we may not agree) and their right to safety. This remains the same when suggesting or providing recovery options and recommending interventions with someone who uses substances.

In developing a plan and identification of services, the APS professional will:

- Identify safety and medical needs
- Assess the decision-making ability to accept services.
- Identify referrals for treatment from other providers.
- Identify protective factors

The goal is to gain voluntary acceptance and to help them with mental or medical health treatment, support services, etc. The best chances for successful engagement occur when the plan is person-directed. This is best done by:

- Understanding their perception of the situation, including their wishes and motivation.
- Using the client's strengths to address the situation.
- Knowing what services and resources are available.

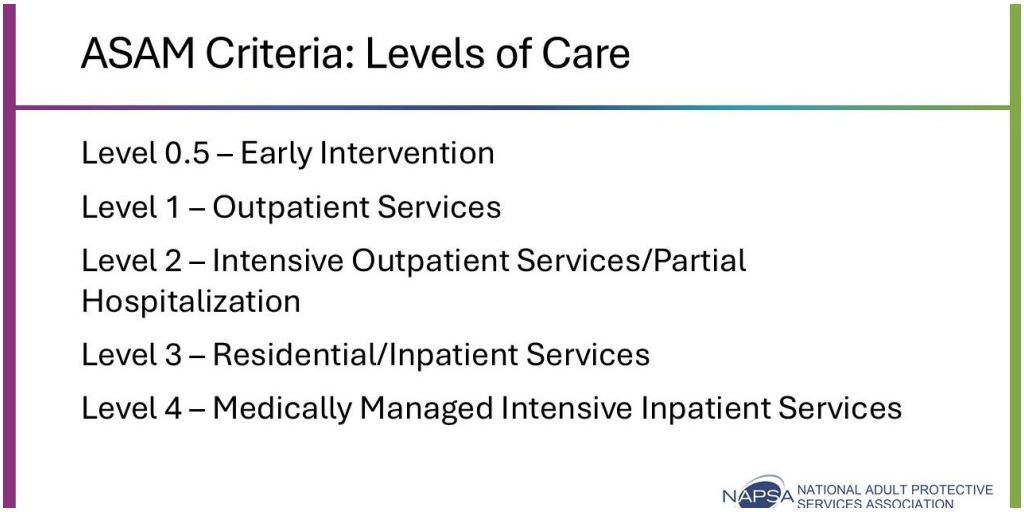
- Identifying their pattern of use and what can help them to change it, be that harm reduction or abstinence.

(Barry and Blow, 2016)

A conversation with the person explaining the concerns we identified is critical. We can engage them in a conversation about their concerns and our concerns. We can ask them what has helped in the past and work with them to determine the best options based on their needs and preferences.

We should talk about their interest in treatment and address any concerns they may have about seeking treatment. We should focus on their strengths in thinking through those concerns.

Slide 39: ASAM Criteria: Levels of Care



Say: Clinical treatment is one possible pathway for recovery. The American Society of Addiction Medicine (ASAM) Criteria is a framework used by treatment providers to decide what type and intensity of substance use treatment a person may need. It matches services to a person's risk, needs, and level of support, rather than using a one-size-fits-all approach.

APS professionals do not determine ASAM levels but understanding them will help with appropriate referrals and collaboration.

Level 0.5, Early Intervention

- Education, brief counseling, prevention services
- For individuals with early or mild substance-related concerns

Level 1, Outpatient Services

- Counseling or therapy a few hours per week while the person remains at home
- For individuals with stable housing and support and able to manage daily responsibilities

Level 2, Intensive Outpatient/Partial Hospitalization

- Structured treatment several days a week and offers more support than standard outpatient
- For individuals needing close monitoring but not 24-hour care

Level 3, Residential/Inpatient Services

- 24-hour structured care in a residential setting with focus on stabilization and skill building

- For individuals who cannot safely manage substance use in the community

Level 4, Medically Managed Intensive Inpatient Services

- Hospital-based, 24-hour medical care (often includes detoxification)
- For individuals with serious medical or psychiatric needs related to substance use

The ASAM Criteria helps match people to the right level of substance use treatment, from brief education to hospital care, based on safety, health, and support needs.

(ASAM, 2025)

Slide 40: Preparing a Person for Referral

Say: If there are concerns about substance use disorder and the person is open to treatment options, we should first be aware of the following information:

- The extent and range of treatment and service resources available to people in our communities
- The characteristics of the various treatment or service programs
- The services that the programs provide
- The requirements, expectations, and conditions for participating in treatment or services
- Amount of time required to be part of the program
- Whether the treatment or service options provide support that meets the needs of older adults.

Helping a person know what they can expect will decrease anxiety and support their success. Talk to your supervisor and colleagues if you don't know about these options in your community. Remember, we can reach out to these providers to find out this information before recommending a referral.

Slide 41: Encourage Discussion with the Primary Care Physician

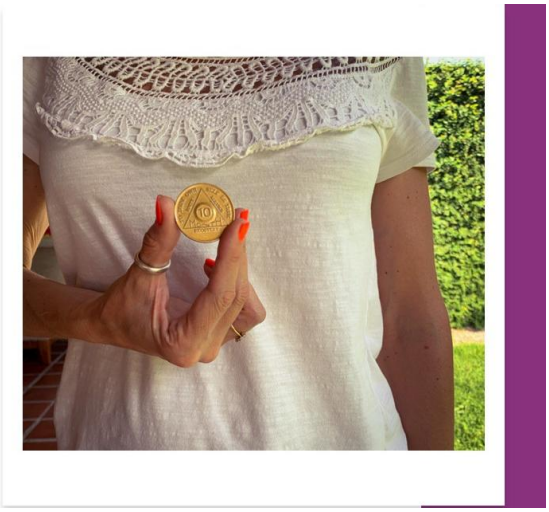
Say: If the person is unsure about treatment, one simple intervention that can be made is to encourage the person to facilitate a discussion with their primary physician.

- Older adults are more likely than younger adults to seek help from their primary physician, or a specialty care provider.
- A primary physician may be the first medical personnel they discuss any concerns or issues with about substance use concerns.
- Research has shown that a large number of older adults living with alcohol use disorder can have a positive response to an intervention from their primary physician and be motivated to change when health and lifestyle are addressed in medical settings.

An APS professional can facilitate by coordinating or aiding a visit to the client's primary care physician, with a follow-up check-in to see how it went.

(Barry & Blow, 2016)

Slide 42: Peer Support – 12 Step Groups



Say: Another resource used in recovery from substance use disorder is peer support. 12 step groups provide a spiritual foundation in a recovery program. The original was Alcoholics Anonymous (AA). The 12 step groups focus on:

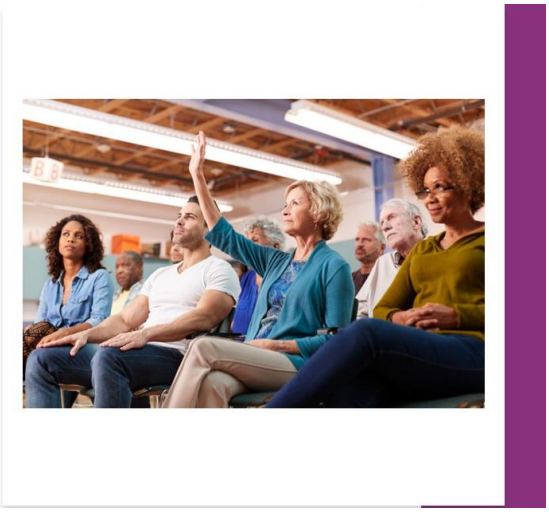
- Helping a person realize they have lost control of their lives and need the help of a higher power.
- Working through the steps.
- Make amends to those they have harmed
- Living by a set of values that includes service to others.

The groups are spiritually focused and while a person does not have to believe in God, they do need to define and depend on a higher power typically outside of themselves, but they can define the higher power as something inside of them.

These are a type of mutual aid groups that provide social support and guidance for a new way of life. Anyone is welcome.

There are different types of groups, including women's groups or big book study groups. They also do many sober activities so that people can build a sober support group. These groups are widely used by courts and addiction recovery programs and have been highly influential.

Slide 43: Peer Support – SMART Recovery



Say: Another example of a peer support group is SMART Recovery. This is an acronym for Self-Management and Recovery Training.

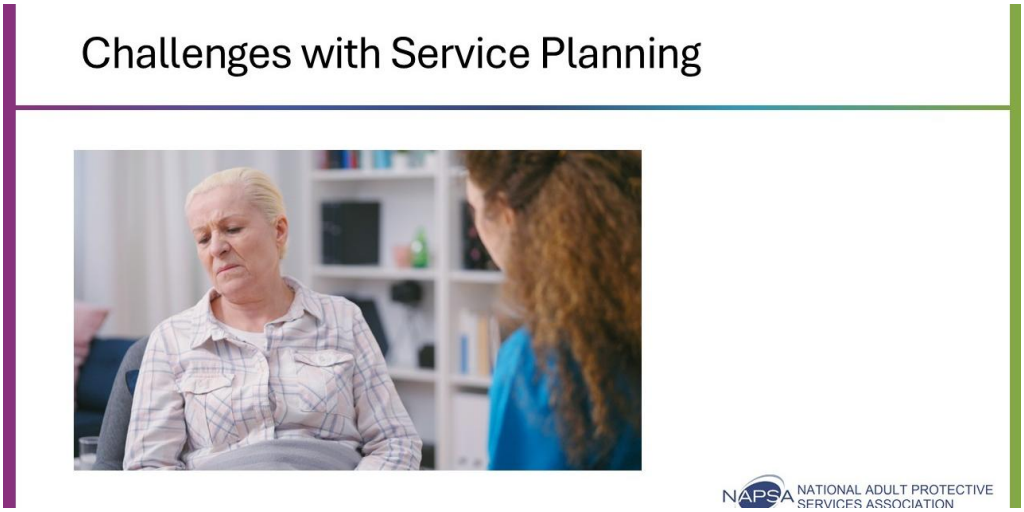
This group was started for people who were agnostic, atheist, or simply did not want to look at recovery as being dependent on a higher power.

Instead, the focus is on the power of the group and having a science-based approach. It also avoids labels like “addict” and acknowledges that substance use is a coping strategy that is ultimately self-destructive. It is present-focused and works to gain new and healthier coping strategies.

As with the 12-step groups, it is also a mutual aid support group that focuses on abstinence from addiction. SMART Recovery is a smaller entity than 12 Step Groups, but there are many online groups.

(SMART Recovery, 2025)

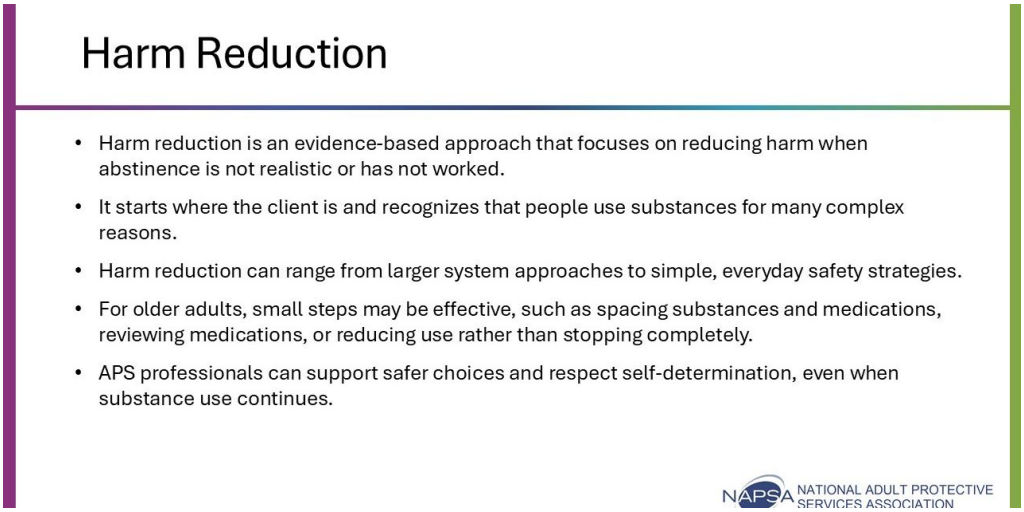
Slide 44: Challenges with Service Planning



Say: Sometimes no matter what our service plan is, the person will refuse some or all services offered by APS. When clients refuse services or treatment for concerning substance use, we can still leave them with specific contact information for resources such as crisis hotline, alcohol anonymous, narcotics anonymous, etc.

As we work through this process, we should remember that the more times a person enters treatment, the higher the chance of a successful outcome. We should not rule out certain types of treatment just because they did not work in the past. They may work this time.

Slide 45: Harm Reduction



Say: Another evidence-based intervention for those with substance use concerns is Harm Reduction. In its simplest form, it means minimizing harm to the substance user for whom abstinence is unrealistic and has not been successful. It recognizes the complexity of reasons for substance use and seeks to start where the client is.

There is a wide spectrum of ideas and practices about harm reduction from supervised consumption to sobering centers to simple practices, such as watering down alcohol.

With older adults, who often respond well to basic interventions, Harm Reduction could be providing a brochure like "Rethinking Drinking" or tips to reduce the harm, such as eating before drinking, alternating with water, or diluting alcohol, creating a tracker, or making a safe drinking plan.

(NIAAA, 2025, Perera et al., 2022)

Harm Reduction may be a good example of how people have to choose their own path. Some examples of how this may look include:

- Encouraging spacing substances and medications
- Discussing safer storage of medications or alcohol
- Supporting reduced use rather than abstinence
- Encouraging medication review with prescribers

APS can support safer behaviors, even when substance use continues.

Slide 46: Closing the Case

Say: Before closing a case, we can help the person establish a community network of support and a safety plan they can rely on when we are no longer involved. This network needs to provide linkages, relationships, and benefits.

We can help promote linkages with community-based organizations and resources that can provide ongoing support and assistance. We can support these linkages with community-based organizations by helping arrange initial visits and ensuring the person has access to these appointments.

We can discuss with the client ways to establish relationships with family members, friends, churches or temples, or other social support groups to support them as they progress through recovery.

We are not family therapists. But with the client's permission, we can talk with their designated social supports about establishing a safety plan to help them avoid alcohol and drugs and ensure they receive the necessary resources.

A person-directed approach is critical because it relates to how the person receiving services feels about their experiences. Their perception of their experiences may make or break their willingness to continue participating with APS and in services and treatment.

Module 5. Application

Time: 30 minutes

Associated Objective:

- Apply trauma-informed, person-directed strategies when engaging older adults with substance use concerns.
- Identify APS-appropriate interventions, referrals, and collaborative responses to substance use involving older adults.

Facilitation Instructions: Follow the talking points and associated prompts. Prepare for breakout room activity.

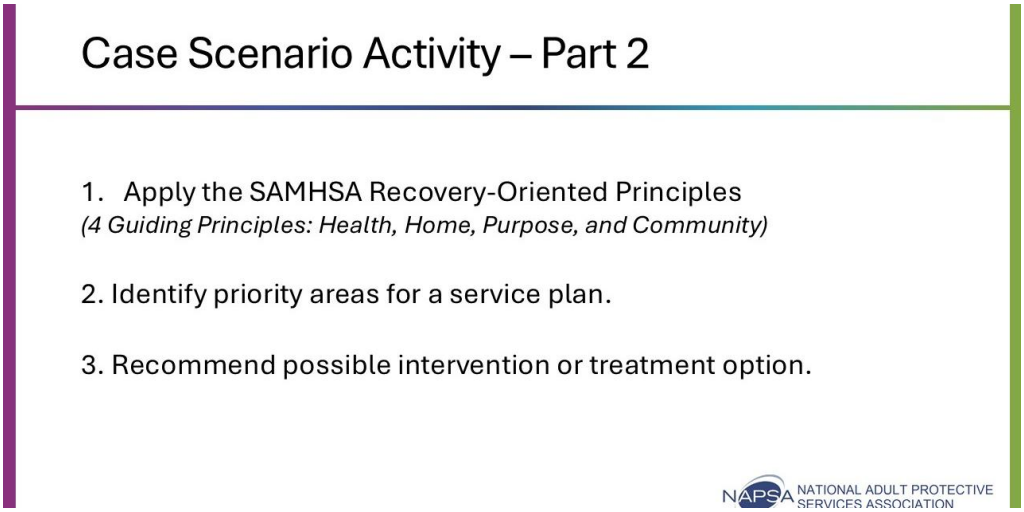
Tools: PowerPoint Presentation, participant guide, breakout groups, group discussion

5.1. Activity: Application- Case Scenario - Part 2

Time: 30 minutes

Method: Breakout groups, Group discussion, Case Scenario, Handout

Slide 47: Activity – Case Scenario Part 2



Say: Throughout this training, we've explored substance use in older adults, risk and protective factors, stigma, and recovery-oriented approaches. In this final activity, you'll return to the case scenario you've already worked with and apply what you've learned to think about service planning, engagement, and interventions.

Instructions: For this activity, you will be returning to your groups to continue discussing your previously assigned case scenario (Roberto, Vivienne, or Rodney). However, this time, you will have a different set of questions to discuss. The questions can be found in your participant guide, along with the full case scenario, and will involve the following topics:

1. Apply the SAMHSA Recovery-Oriented Principles (4 Guiding Principles)
2. Identify priority areas for a service plan
3. Recommend possible intervention or treatment options

Do: After 10 minutes, close out the breakout groups. Allow each spokesperson to share some highlights from their discussion (about 5 minutes per case scenario).

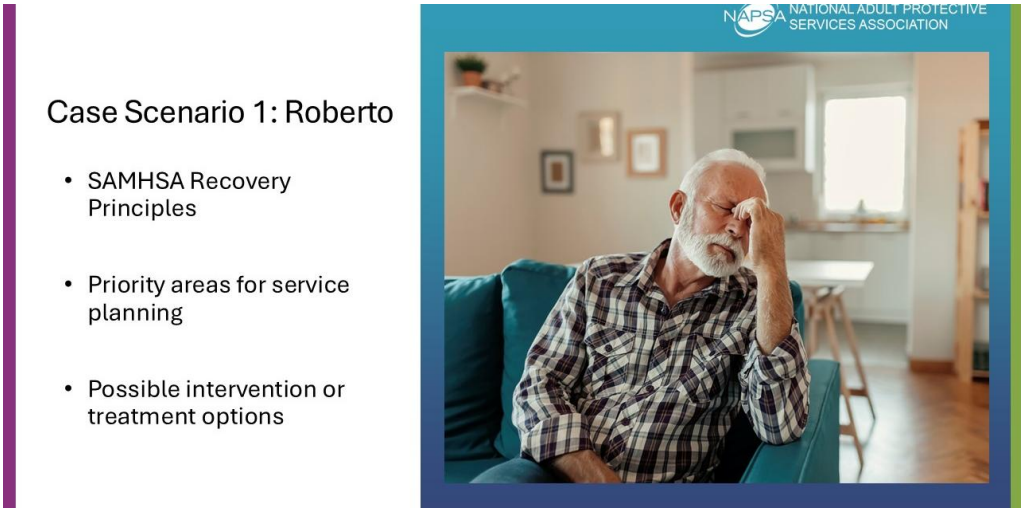
During the report-outs, reinforce strength-based language and normalize the complexity and uncertainty that comes with service planning around substance use concerns.

Trainer Note: The following slides and the trainer's copy of the case scenario handout (Appendix C) include possible answers to each question, which may help generate discussion if participants are having difficulties with any of the scenarios or questions.

Say: Recovery does not look the same for every older adult. What this activity shows is that APS responses are most effective when they are person-directed, strengths-based, and grounded in dignity and respect.

By applying recovery-oriented principles, APS professionals can support safety and stability while honoring each individual’s values, choices, and life circumstances.

Slide 48: Case Scenario 1: Roberto



Do: Review each of the three questions for the case scenario as a group. Some suggested answers are provided below for each one:

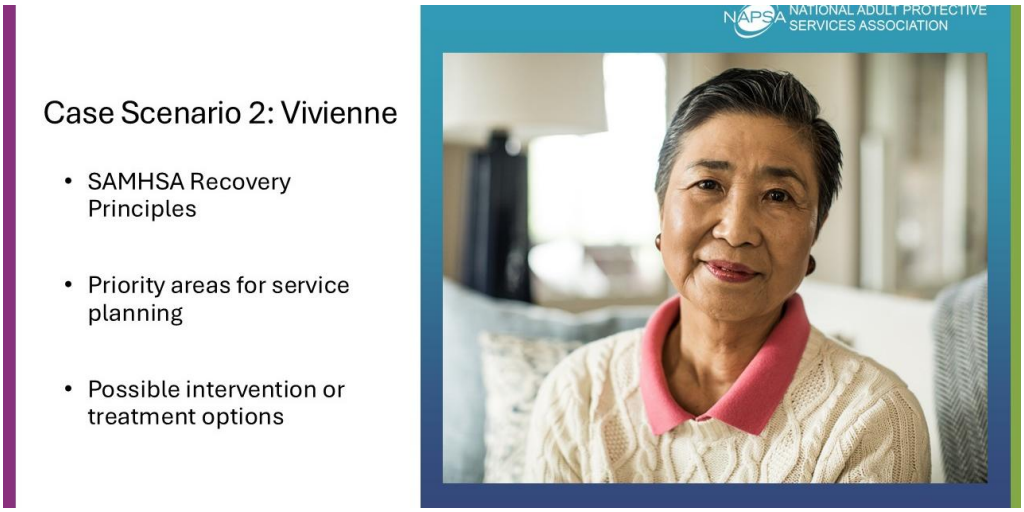
Topic 1 (SAMHSA Recovery Principles): *Use nonjudgmental, collaborative engagement to explore medication use and safety, recognize grief and loneliness as part of Roberto's lived experience, support self-direction by involving Roberto in decisions about next steps, emphasize dignity and respect, avoid assumptions about misuse or intent.*

Topic 2 (Priority Areas for Service Planning): *Immediate safety concerns include frequent falls, possible over-sedation, and medication confusion. Other concerns include chronic pain management, polypharmacy, and finding coordination among providers. Unpaid rent and risk of housing instability. Social isolation, limited community engagement following the partner's death.*

Topic 3 (Possible Intervention or Treatment Options): *Medication review or coordination with prescribing providers (with consent), referral to home health, medication management, or fall-prevention services, assistance connecting to grief support, senior services, or social engagement opportunities, housing stabilization supports or referrals (e.g., benefits review, budgeting assistance).*

These interventions address safety and stability while building on Roberto's strengths and willingness to engage.

Slide 49: Case Scenario 2: Vivienne



Do: Review each of the three questions for the case scenario as a group. Some suggested answers are provided below for each one:

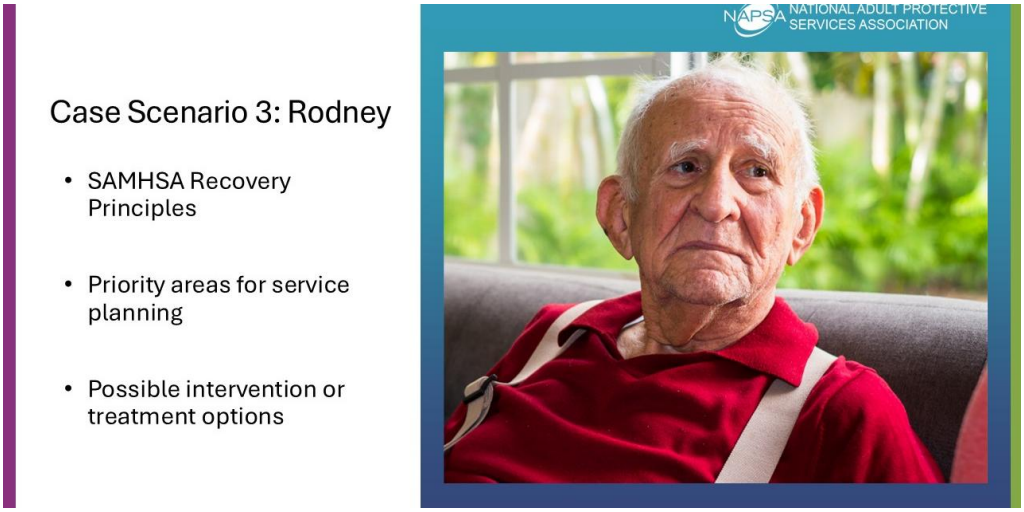
Topic 1 (SAMHSA Recovery Principles): *Respect Vivienne's autonomy while acknowledging family concerns, use a strengths-based lens, recognizing her faith community and family ties, approach substance use discussions with sensitivity to stigma and defensiveness, emphasize recovery as improved well-being and stability, not blame or punishment.*

Topic 2 (Priority Areas for Service Planning): *Immediate safety concerns include inconsistent use of medications and potential interactions with alcohol. Other concerns involve mental health including anxiety, insomnia, and mood changes. Concerns for family dynamics (stress and conflict within the household) and recent withdrawal from faith-based activities.*

Topic 3 (Possible Intervention or Treatment Options): *Education and support around medication adherence and safe use, referral to behavioral health or geriatric care (with consent), family mediation or supportive services to reduce conflict, connection back to faith or community supports if desired by Vivienne.*

These interventions support safety and emotional health while honoring Vivienne's values and independence.

Slide 50: Case Scenario 3: Rodney



Do: Review each of the three questions for the case scenario as a group. Some suggested answers are provided below for each one:

Topic 1 (SAMHSA Recovery Principles): *Acknowledge Rodney's openness about cannabis use, provide education without judgment, respecting his perspective on legality, emphasize informed choice and harm reduction, recognize community connections as a strength.*

Topic 2 (Priority Areas for Service Planning): *Addressing health and safety concerns including unsteadiness, missed meals, excessive sleep. Medication interactions between cannabis use alongside multiple prescriptions. Daily functioning with maintaining nutrition and routine. Support system includes limited family involvement but strong peer connections.*

Topic 3 (Possible Intervention or Treatment Options): *Education on possible interactions between cannabis and prescribed medications, referral to medical provider or pharmacist for review (with consent), nutritional supports or meal services, encouragement of continued engagement in senior housing activities.*

These interventions prioritize safety while respecting Rodney's autonomy and social strengths.

Explain: Recovery does not look the same for every older adult. What this activity shows is that APS responses are most effective when they are person-directed, strengths-based, and grounded in dignity and respect.

By applying recovery-oriented principles, APS workers can support safety and stability while honoring each individual's values, choices, and life circumstances.

Module 6. Wrap-Up

Time: 15 minutes

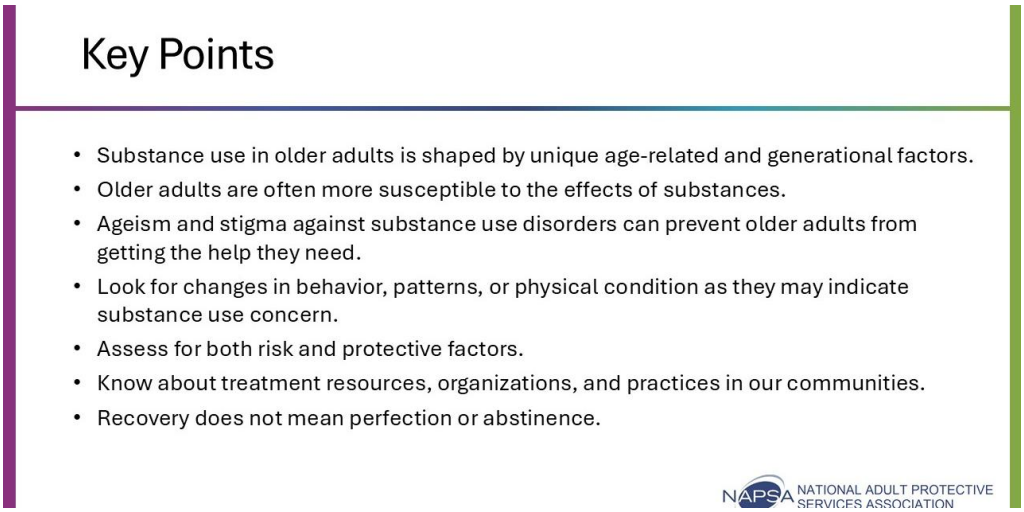
Associated Objectives: N/A

Purpose: Identify how to apply knowledge gained from the training to casework practice.

Facilitation Instructions: Follow the talking points and associated prompts.

Tools: PowerPoint Presentation, participant guide, group discussion

Slide 51: Key Points



Summarize key points from the training, including:

- Substance use in older adults is shaped by unique age-related and generational factors.
- Older adults are often more susceptible to the effects of substances because as the body ages, it often cannot absorb and break down these substances as easily as it once did.
- For older adults with substance use concerns, this type of stigma disproportionately influences their health and mental well-being. Fear of judgement can prevent people from getting the help they need.
- Changes in behavior, patterns, or physical condition may indicate substance use concern. A single symptom by itself may not stand out, but if several occur in combination, we should be alerted to the potential of substance use concerns.
- When conducting the investigation and developing a person-directed service plan, we should assess for both risk and protective factors.

- To support a person with a referral, we need to know about treatment resources, organizations, and practices in our communities.
- Recovery does not mean perfection or abstinence. APS should instead focus on stability, safety, and quality of life.

6.1. Activity: P-I-E Wrap-Up

Time: 10 minutes

Method: Personal reflection, group discussion

Slide 52: P-I-E Wrap-Up

P-I-E Wrap-Up

- **P – Priceless piece of information.** *What has been the most important piece of information to you today?*
- **I – Item to implement.** *What is something you intend to implement from our time today?*
- **E – Encouragement I received.** *What is something that I am already doing that I was encouraged to keep on doing?*

Say: Based on what we have talked about during our time together, I want you to answer a few questions.

1. P – Priceless piece of information. What has been the most important piece of information to you today?
2. I – Item to implement. What is something you intend to implement from our time today?
3. E – Encouragement I received. What is something that I am already doing that I was encouraged to keep on doing?

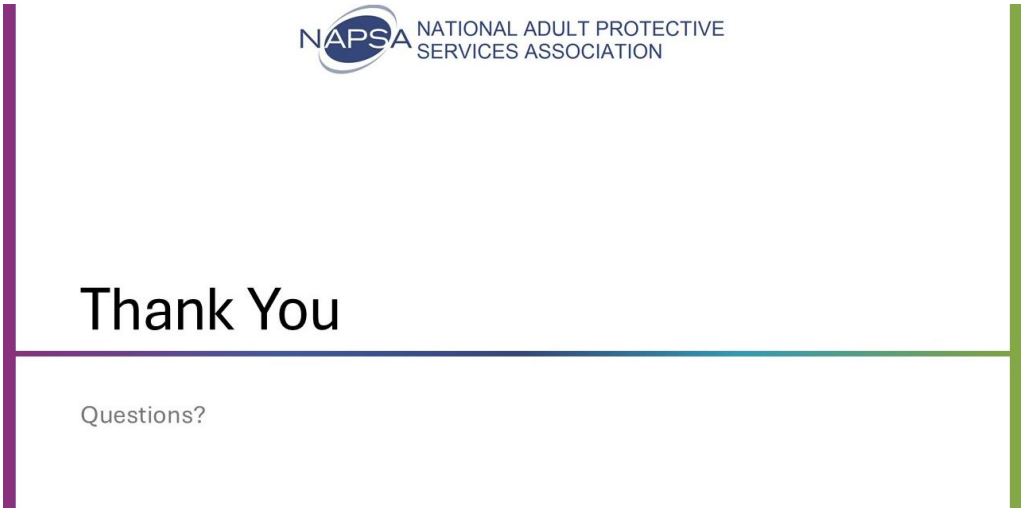
You have 5 minutes to answer the questions on your own.

Do: Once complete, ask for volunteers to share what they wrote down. Request the participants to use the “Raise Hand” feature to volunteer to speak.

Use the following questions for debrief:

- What were some of the key words that you heard while you shared?
- What were the common themes that kept coming up?

Slide 53: Thank you!



Say: Thank you for your time and participation today with such an important topic.

Appendix A: Case Scenario Activity – Part 1 (Participant Copy)

Case Scenario 1: Roberto

Roberto is a 72-year-old man who lives alone in a rented apartment. APS received a report from a building manager who is concerned about Roberto's frequent falls and unpaid rent. Roberto has chronic back pain from an old work injury and was prescribed opioid pain medication several years ago.

During the APS visit, Roberto appears drowsy and has difficulty staying focused during conversation. He reports taking his medication "as needed," but cannot clearly explain how often or how much he takes. Several prescription bottles are visible in the apartment, some with different prescribing providers listed. Roberto states that he no longer drives and rarely leaves his apartment, aside from medical appointments. He reports feeling "pretty lonely" since his wife died three years ago.

Case Scenario 2: Vivienne

Vivienne is a 68-year-old woman living with her adult daughter and teenage grandson. APS became involved after a report of verbal conflict in the home. Vivienne has a history of anxiety and insomnia and takes medication for both conditions. During the visit, Vivienne appears well-groomed and oriented but becomes defensive when asked about her medication use. Her daughter reports that Vivienne sometimes drinks wine "to help calm her nerves" and has been forgetting to take her medications as prescribed, occasionally taking extra doses instead. The daughter also notes recent mood changes, including irritability and withdrawal from family activities. Vivienne attends church weekly and says her faith community is important to her, though she has missed several services recently.

Case Scenario 3: Rodney

Rodney is a 75-year-old man who lives in a senior housing complex. APS received a referral from a home health aide who noticed changes in Rodney's behavior. Rodney has diabetes and hypertension and takes multiple medications. The aide reports that Rodney has been sleeping during scheduled visits, missing meals, and appearing unsteady when walking. Rodney admits he has been using cannabis gummies at night to help with pain and sleep, which he started after a friend recommended them. He does not believe cannabis can be harmful because it is legal in his state. Rodney has limited family involvement but maintains friendly relationships with neighbors in his building and enjoys participating in on-site activities when he feels well enough.

Appendix B: Case Scenario Activity – Part 1 (Trainer Copy)

Case Scenario 1: Roberto

Roberto is a 72-year-old man who lives alone in a rented apartment. APS received a report from a building manager who is concerned about Roberto's frequent falls and unpaid rent. Roberto has chronic back pain from an old work injury and was prescribed opioid pain medication several years ago.

During the APS visit, Roberto appears drowsy and has difficulty staying focused during conversation. He reports taking his medication "as needed," but cannot clearly explain how often or how much he takes. Several prescription bottles are visible in the apartment, some with different prescribing providers listed. Roberto states that he no longer drives and rarely leaves his apartment, aside from medical appointments. He reports feeling "pretty lonely" since his wife died three years ago.

Possible responses for discussion questions:

1. Risk Factors for Substance Use Disorder

- Chronic pain with long-term opioid use
- Multiple prescription bottles and possible multiple prescribers
- Social isolation and loneliness following spouse's death
- Living alone with limited daily structure
- History of recent falls
- Difficulty managing medications independently

2. Protective Factors

- Stable housing (currently housed)
- Connection to medical providers
- APS involvement and opportunity for assessment/support
- Willingness to engage in conversation during the visit

3. Physical and Behavioral Signs/Symptoms

- Drowsiness or sedation
- Difficulty concentrating or staying focused
- Confusion about medication dosage and frequency
- Unsteady gait and falls
- Possible overuse or misuse of prescribed medication

Case Scenario 2: Vivienne

Vivienne is a 68-year-old woman living with her adult daughter and teenage grandson. APS became involved after a report of verbal conflict in the home. Vivienne has a history of anxiety and insomnia and takes medication for both conditions. During the visit, Vivienne appears well groomed and oriented but becomes defensive when asked about her medication use. Her daughter reports that Vivienne sometimes drinks wine “to help calm her nerves” and has been forgetting to take her medications as prescribed, occasionally taking extra doses instead. The daughter also notes recent mood changes, including irritability and withdrawal from family activities. Vivienne attends church weekly and says her faith community is important to her, though she has missed several services recently.

Possible responses for discussion questions:

1. Risk Factors for Substance Use Disorder

- History of anxiety and insomnia
- Use of alcohol to cope with emotional distress
- Mixing alcohol with prescription medications
- Inconsistent medication use (missed doses and extra doses)
- Family conflict and stress in the home
- Defensiveness when discussing substance use

2. Protective Factors

- Living with family members who are aware and concerned
- Engagement with a faith community
- Generally oriented and able to participate in conversation
- Stable housing and basic needs being met

3. Physical and Behavioral Signs/Symptoms

- Memory problems and forgetfulness
- Mood changes (irritability, withdrawal)
- Defensive or minimizing responses related to substance use
- Missed activities that were previously important (church)
- Potential interaction effects between alcohol and medications

Case Scenario 3: Rodney

Rodney is a 75-year-old man who lives in a senior housing complex. APS received a referral from a home health aide who noticed changes in Rodney's behavior. Rodney has diabetes and hypertension and takes multiple medications. The aide reports that Rodney has been sleeping during scheduled visits, missing meals, and appearing unsteady when walking. Rodney admits he has been using cannabis gummies at night to help with pain and sleep, which he started after a friend recommended them. He does not believe cannabis can be harmful because it is legal in his state. Rodney has limited family involvement but maintains friendly relationships with neighbors in his building and enjoys participating in on-site activities when he feels well enough.

Possible responses for discussion questions:

1. Risk Factors for Substance Use Disorder

- Multiple chronic health conditions (diabetes, hypertension)
- Polypharmacy
- Use of cannabis without medical guidance
- Misperception that legal substances are automatically safe
- Limited family involvement
- Changes noticed by a service provider

2. Protective Factors

- Connection to home health services
- Stable senior housing
- Social relationships with neighbors
- Participation in community activities when able
- Openness about cannabis use

3. Physical and Behavioral Signs/Symptoms

- Excessive sleepiness or fatigue
- Missed meals
- Unsteadiness or balance issues
- Reduced engagement in daily activities
- Possible cognitive or physical effects related to substance use

Appendix C: Case Scenario Activity – Part 2 (Trainer Copy)

Case Scenario 1: Roberto

Roberto is a 72-year-old man who lives alone in a rented apartment. APS received a report from a building manager who is concerned about Roberto's frequent falls and unpaid rent. Roberto has chronic back pain from an old work injury and was prescribed opioid pain medication several years ago.

During the APS visit, Roberto appears drowsy and has difficulty staying focused during conversation. He reports taking his medication "as needed," but cannot clearly explain how often or how much he takes. Several prescription bottles are visible in the apartment, some with different prescribing providers listed. Roberto states that he no longer drives and rarely leaves his apartment, aside from medical appointments. He reports feeling "pretty lonely" since his partner died three years ago.

Discussion Questions:

Topic 1. Apply SAMHSA Recovery-Oriented Principles

Based on the SAMHSA recovery principles discussed earlier:

- How could these principles guide your approach and tone with this client?
- What does a recovery-oriented APS response look like in this situation?

Possible Answers: Use nonjudgmental, collaborative engagement to explore medication use and safety, recognize grief and loneliness as part of Roberto's lived experience, support self-direction by involving Roberto in decisions about next steps, emphasize dignity and respect, avoid assumptions about misuse or intent.

Topic 2. Identify Priority Areas for a Service Plan

- What are the most immediate safety or stability concerns?
- What strengths or protective factors could be built upon?
- Which areas of the client's life (health, home, purpose, community) need the most attention right now?

Possible Answers: Immediate safety concerns include frequent falls, possible over-sedation, medication confusion. Other concerns include chronic pain management, polypharmacy, and finding coordination among providers. Unpaid rent and risk of housing instability. Social isolation, limited community engagement following partner's death.

Topic 3. Recommend Possible Intervention or Treatment Options

- What interventions could be considered?
- What supports, services, or referrals might fit this client best?
- Why do these interventions make sense for *this* individual?

Possible Answers: Medication review or coordination with prescribing providers (with consent), referral to home health, medication management, or fall-prevention services, assistance connecting to grief support, senior services, or social engagement opportunities, housing stabilization supports or referrals (e.g., benefits review, budgeting assistance).

These interventions address safety and stability while building on Roberto's strengths and willingness to engage.

Case Scenario 2: Vivienne

Vivienne is a 68-year-old woman living with her adult daughter and teenage grandson. APS became involved after a report of verbal conflict in the home. Vivienne has a history of anxiety and insomnia and takes medication for both conditions. During the visit, Vivienne appears well groomed and oriented but becomes defensive when asked about her medication use. Her daughter reports that Vivienne sometimes drinks wine "to help calm her nerves" and has been forgetting to take her medications as prescribed, occasionally taking extra doses instead. The daughter also notes recent mood changes, including irritability and withdrawal from family activities. Vivienne attends church weekly and says her faith community is important to her, though she has missed several services recently.

Discussion Questions:

Topic 1. Apply SAMHSA Recovery-Oriented Principles

Based on the SAMHSA recovery principles discussed earlier:

- How could these principles guide your approach and tone with this client?
- What does a recovery-oriented APS response look like in this situation?

Possible Answers: Respect Vivienne's autonomy while acknowledging family concerns, use a strengths-based lens, recognizing her faith community and family ties, approach substance use discussions with sensitivity to stigma and defensiveness, emphasize recovery as improved well-being and stability, not blame or punishment.

Topic 2. Identify Priority Areas for a Service Plan

- What are the most immediate safety or stability concerns?
- What strengths or protective factors could be built upon?
- Which areas of the client's life (health, home, purpose, community) need the most attention right now?

Possible Answers: Immediate safety concerns include inconsistent use of medications and potential interactions with alcohol. Other concerns involve mental health including anxiety, insomnia, and mood changes. Concerns for family dynamics (stress and conflict within the household) and recent withdrawal from faith-based activities.

Topic 3. Recommend Possible Intervention or Treatment Options

- What interventions could be considered?
- What supports, services, or referrals might fit this client best?
- Why do these interventions make sense for *this* individual?

Possible Answers: Education and support around medication adherence and safe use, referral to behavioral health or geriatric care (with consent), family mediation or supportive services to reduce conflict, connection back to faith or community supports if desired by Vivienne.

These interventions support safety and emotional health while honoring Vivienne's values and independence.

Case Scenario 3: Rodney

Rodney is a 75-year-old man who lives in a senior housing complex. APS received a referral from a home health aide who noticed changes in Rodney's behavior. Rodney has diabetes and hypertension and takes multiple medications. The aide reports that Rodney has been sleeping during scheduled visits, missing meals, and appearing unsteady when walking. Rodney admits he has been using cannabis gummies at night to help with pain and sleep, which he started after a friend recommended them. He does not believe cannabis can be harmful because it is legal in his state. Rodney has limited family involvement but maintains friendly relationships with neighbors in his building and enjoys participating in on-site activities when he feels well enough.

Discussion Questions:

Topic 1. Apply SAMHSA Recovery-Oriented Principles

Based on the SAMHSA recovery principles discussed earlier:

- How could these principles guide your approach and tone with this client?
- What does a recovery-oriented APS response look like in this situation?

Possible Answers: Acknowledge Rodney's openness about cannabis use, provide education without judgment, respecting his perspective on legality, emphasize informed choice and harm reduction, recognize community connections as a strength.

Topic 2. Identify Priority Areas for a Service Plan

- What are the most immediate safety or stability concerns?
- What strengths or protective factors could be built upon?
- Which areas of the client's life (health, home, purpose, community) need the most attention right now?

Possible Answers: Addressing health and safety concerns including unsteadiness, missed meals, excessive sleep. Medication interactions between cannabis use alongside multiple prescriptions. Daily functioning with maintaining nutrition and routine. Support system includes limited family involvement but strong peer connections.

Topic 3. Recommend Possible Intervention or Treatment Options

- What interventions could be considered?
- What supports, services, or referrals might fit this client best?
- Why do these interventions make sense for *this* individual?

Possible Answers: Education on possible interactions between cannabis and prescribed medications, referral to medical provider or pharmacist for review (with consent),

nutritional supports or meal services, encouragement of continued engagement in senior housing activities.

These interventions prioritize safety while respecting Rodney's autonomy and social strengths.

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