



Substance Use in Older Adults

Participant Guide

January 2026

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Module 0. Manual Guide

0.1. Partners and Acknowledgements

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:

Committees

NAPSA Education Committee

NAPSA Curriculum Development Committee

NAPSA Curriculum Review Committee

Curriculum Developer

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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.

Module 1. Welcome and Overview

Substance Use in Older Adults

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Notes:

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Notes:

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Introductions

Notes:

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

Notes:

Substance Use Disorder Criteria

- Impaired Control
- Social Impairment
- Risky Use
- Pharmacological Indicators

Notes:

The Stigma of Substance Use Disorders



Notes:

Language Matters

- Use person-first language
- Use technical language with clear meaning
- Use language that accurately describes the condition
- Avoid sensational language



Notes:

Additional Notes:

Module 2. Unique Circumstances for Older Adults

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Aging Matters: Aging in Addiction
(Video Placeholder)

Notes:

Unique Circumstances for People Born Between 1946-1964



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Notes:

Age-Related Changes to the Body

- Increased sensitivity to substances
- Substances can worsen medical and mental health conditions
- Effects of substances can result in accidents
- Higher likelihood of using prescription medications

Reference: NHTSA, 2009

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Notes:

What other changes may happen as we get older?

Notes:

Ageism and Substance Use Disorder



Notes:

Impact of Ageism on the Perception of Recovery



- SUD often overlooked or undertreated
- Symptoms of SUD often mistaken for medical problems, medication interactions, or age-related shifts
- Others impacts?

Notes:

Module 3. Recognizing Concerning Substance Use in Older Adults

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Substances Commonly Used by Older Adults (Poll Questions)

Notes:

Types of Substances

Commonly used:

- Alcohol
- Cannabis
- Prescription medications

Less common:

- Heroin
- Stimulants (meth, crack, cocaine)
- Hallucinogens (LSD, PCP, ecstasy, etc.)

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Notes:

Alcohol

- Older people are more sensitive to alcohol's effects than younger people.
- Alcohol can negatively affect cognitive and mental health.
- Alcohol can worsen or increase the risk of physical health problems.
- Alcohol and medicines don't mix.

Reference: NIAAA, 2005

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Notes:

Cannabis

- Used recreationally and for medical purposes.
- Cannabis use can be used in many different forms.
- Cannabis may have short-term and long-term effects.
- Research on cannabis and older adults is currently limited.

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Notes:

Prescription Medications

- Medications of concern include opioids, benzodiazepines, and (less commonly) stimulants.
- Misuse is often unintentional, linked to pain, sleep or anxiety issues, memory changes, or dosing confusion.
- Older adults may be more susceptible to side effects such as falls, cognitive effects, and overdose, even at lower doses.

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Notes:

Reviewing Medications

Write down important information such as:

- 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



Notes:

Polypharmacy



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.

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Notes:

Illicit Substances

- Includes substances such as:
 - Heroin
 - Stimulants (meth, crack, cocaine)
 - Hallucinogens (LSD, PCP, Ecstasy, Peyote, Psilocybin)
- Less common in older adults but rates have increased steadily over the past two decades.
- Illicit substance use often unrecognized due to overlapping symptoms with aging.
- Older adults who use these types of substances are split into two groups:
 - Early use and late onset use

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Notes:

Interviewing Considerations

Planning the Visit:

- Determine best time of day for visit.
- Plan around appointments.
- Plan around any patterns of substance use.

During the Interview:

- Allow time for building rapport before asking about substance use.
- Be gentle, respectful, and non-judgmental while asking direct questions.
- Make it clear that you understand they are the expert on their experience.
- Keep discussion within context of their health and safety.

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Notes:

Physical Signs and Symptoms

- 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



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Notes:

Behavioral Signs and Symptoms

- 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



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Notes:

Risk Factors for Substance Use Disorder

Physical Risk Factors:	Social Factors:
<ul style="list-style-type: none"> • Chronic pain • Physical disability • Transitions in care or living situation • Poor health • Physical illnesses • History of alcohol or substance use disorder 	<ul style="list-style-type: none"> • Grief and loss • Social isolation • Poor coping skills • Unexpected or forced retirement

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Notes:

Risk Factor: Trauma

- Trauma and stress affect coping.
- Early trauma can have long-term impact.
- Trauma can be on-going in older age.



Notes:

Trauma-Informed Approach

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

Reference: CDC, 2020

Notes:

Risk Factor: Co-Occurring Disorders

- Having a mental health disorder can lead to substance use as a means of dealing with the symptoms.
- Depression is one of the most likely mental health disorders in a co-occurring diagnosis. Older adults with depression are up to 5x more likely to misuse alcohol compared to older adults without depression.
- Anxiety and bipolar disorders are also common mental health conditions in older adults who have co-occurring disorders.



Reference: University of Georgia, 2017

Notes:

Protective Factors

- Social connections
- Resiliency
- Access to resources
- Involvement in community
- Education on proper use of medications
- Sense of purpose or identity
- Ability to live independently
- Concrete supports like housing, food, and transportation



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Notes:

Case Scenario Activity

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 disorder.

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Notes:

Additional Notes:

Handout #1- Case Scenario Activity – Part 1

Instructions: 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 discuss the two questions below.

You will be given **10 minutes** to read and discuss the prompts for the scenario.

Discussion Tasks:

1. Identify any risk factors for substance use disorder.

Notes:

2. Identify any protective factors.

Notes:

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

Notes:

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.

Module 4. Recovery and Treatment

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Addiction as a Disease –
Not a Moral Failure

Notes:

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SAMHSA Guiding Principles

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.

Notes:

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.

Reference: SAMHSA, 2024

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Notes:

Activity: Four Major Dimensions of Recovery

How can we incorporate the four major dimensions of recovery (Health, Home, Purpose, Community) into our casework?

For each recovery dimension, consider the following:

- 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?



Notes:

Additional Notes:

Handout #2: Four Dimensions of Recovery

The Substance Abuse and Mental Health Services Administration (SAMHSA) created the guiding principles of recovery. They believe 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.

The Four Major Dimensions of Recovery

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

Instructions: For this activity, 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?

Notes:

Person-Directed Interventions

- Understand the client's perception of the situation.
- Using client's strengths to address situation.
- Knowing what services and resources are available.
- Identify pattern of use and what can help them to change it.



Notes:

ASAM Criteria: Levels of Care

Level 0.5 – Early Intervention

Level 1 – Outpatient Services

Level 2 – Intensive Outpatient Services/Partial Hospitalization

Level 3 – Residential/Inpatient Services

Level 4 – Medically Managed Intensive Inpatient Services



Notes:

Preparing a Person for Referral



Notes:

Encourage Discussion with PCP



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Notes:

12 Step Groups



Notes:

SMART Recovery



Notes:

Challenges with Service Planning



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Notes:

Harm Reduction

- Harm reduction is an evidence-based approach that focuses on reducing harm when abstinence is not realistic or has not worked.
- It starts where the client is and recognizes that people use substances for many complex reasons.
- Harm reduction can range from larger system approaches to simple, everyday safety strategies.
- For older adults, small steps may be effective, such as spacing substances and medications, reviewing medications, or reducing use rather than stopping completely.
- APS professionals can support safer choices and respect self-determination, even when substance use continues.

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Notes:

Closing the Case



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Notes:

Module 5. Application

Case Scenario Activity – Part 2

1. Apply the SAMHSA Recovery-Oriented Principles
(4 Guiding Principles: Health, Home, Purpose, and Community)
2. Identify priority areas for a service plan.
3. Recommend possible intervention or treatment option.



Notes:

Additional Notes:

Handout #3: Case Scenario Activity – Part 2

Instructions: For this activity, you will be returning to your groups to continue discussing your previously assigned case scenario (Roberto, Vivienne, or Rodney). Based on the case scenario on the next page. Use this information to discuss the questions below.

You have 10 minutes to discuss. Be sure to designate a new spokesperson because when we come back, each group will be asked to summarize their discussions.

Discussion Questions:

1. Apply SAMHSA Recovery-Oriented Principles
 - a. How could these principles guide your approach and tone with this client?
 - b. What does a recovery-oriented APS response look like in this situation?

Notes:

2. Identify Priority Areas for a Service Plan
 - a. What are the most immediate safety or stability concerns?
 - b. What strengths or protective factors could be built upon?
 - c. Which areas of the client's life (health, home, purpose, community) need the most attention right now?

Notes:

3. Recommend Possible Intervention or Treatment Options

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

Notes:

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Module 6. Wrap-Up

Key Points

- 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.
- Ageism and stigma against substance use disorders can prevent older adults from getting the help they need.
- Look for changes in behavior, patterns, or physical condition as they may indicate substance use concern.
- Assess for both risk and protective factors.
- Know about treatment resources, organizations, and practices in our communities.
- Recovery does not mean perfection or abstinence.

Notes:

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?*



P – Priceless piece of information. What has been the most important piece of information to you today?

Notes:

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