



Seniors and Addictions: A bad gamble

Addictions hit older persons hard! Research shows that seniors as a whole are less likely to have addictions than other age groups. However, when a senior does develop an addiction, the consequences can often be more severe. Advancing age slows metabolisms, reduces organ functions and brings about some physical decline. Retirement, for many seniors, also means living on a fixed income. Compound these and other age-related changes with an addiction and you have a formula for severe health problems, and a lessened ability to recover physically and financially.

Sadly, many “addicted” seniors do not seek help due to denial of their condition, embarrassment or fear of judgment. Their problem may even go undetected by health

professionals because symptoms of addictions (such as liver damage, anxiety and insomnia) often mimic symptoms of age-related conditions or diseases. Seniors’ addictions are not well recognized among some service providers, limiting the necessary understanding and treatment.

Addictions rob seniors of a healthy and hopeful life, and cheat them of the opportunity to thrive in their community and families. Greater importance needs to be

given to the severity of addictions and their negative effects on the health and well-being of seniors so that addicted seniors, their families, our governments and our communities are motivated to act!



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NACA

The National Advisory Council on Aging consists of up to 18 members from all parts of Canada and all walks of life. The members bring to Council a variety of experience and expertise to advise the federal Minister of Health, his colleagues and the public on the situation of seniors and the measures needed to respond to the aging of the Canadian population. Current NACA members are:

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■ What is an “addiction”?

An *addiction* usually occurs in stages. It often begins with “a sense of need” – a *psychological dependence*. For example, the use of a specific substance to help relax, forget problems, socialize and alleviate physical pain, places a person at high risk of developing an addiction. When an occasional need to consume a substance becomes a habit, a *physical dependence* often develops with signs of physical withdrawal (for instance, nervousness, irritability, insomnia). If unable to consume the substance, the person may also become secretive and increasingly preoccupied with thoughts about the substance. People may be unable to consume the substance in moderation or unable to re-take control despite the physical, psychological or social harm to themselves or others.

Despite disagreements among experts in the field of addictions research concerning the origin of addictions, recent models of addictions have expanded their definitions to include excessive, unhealthy behaviour – such as compulsive gambling – in addition to that of chemical substances.¹

■ Seniors and addictions

Smoking

Smoking is the number one preventable cause of death and disease in Canada. For those over age 65, it contributes to eight of the top 14 causes of death. Smoking is also linked to the development of cataracts, sleep disturbances and osteoporosis, and can severely worsen illnesses and conditions such as heart disease, cancer, diabetes, respiratory disease, and circulatory and vascular conditions.

The cost to one’s health should be incentive enough to quit smoking, but it does not stop there! Smoking one pack of cigarettes a day at \$6 will cost you \$2,190 this year and likely more next year.

Despite the high cost and negative consequences of smoking, the “habit” is hard to break: half of seniors who smoke daily still

¹ Problem Gambling Research Group, “Classification of Pathological Gambling as an Impulse Control Disorder,” *eGambling: The Electronic Journal of Gambling Issues*, Issue 3, 2001.



consume an average of 15 cigarettes a day and have been doing so for more than 50 years.² To many people, smoking cigarette after cigarette is simply irresponsible, but in fact it's attributable to a highly addictive substance found in cigarettes. Nicotine is a drug that causes an almost immediate, but short lived 'high', causing the user to smoke frequently throughout the day to maintain the drug's pleasurable effects and prevent withdrawal.

For all smokers, including seniors, the good news is that quitting is a no-fail prescription for better health and quality of life: within eight hours of quitting, the blood oxygen level increases to normal. Within a year, the risk of a smoking-related heart attack is cut in half. In addition, kicking tobacco dependence is a great boost to self-esteem.

Alcohol

There is a common belief that alcohol use is not a problem for seniors, since this age group has fewer "problem drinkers" – in this case, defined by one who has more than one drink per day. Still, 6 to 10% of Canadian seniors have an alcohol problem³ and alcohol consumption among older adults is on the rise. Between 1999 and 2003, the rate of seniors who drink alcohol in any quantity increased from 60 to 68%.⁴

Alcohol is particularly dangerous for seniors. They are at greater risk of intoxication and addiction because:

- they consume significantly more prescription and over-the-counter drugs,

(which can increase the negative side effects from alcohol);

- their bodies contain less water to dilute alcohol, (which can result in higher blood alcohol concentrations);
- they often hide their problem and do not seek help. Many seniors still carry the stigma that views "an addict" as a person who *fails* to live responsibly. Such stereotyping overlooks the diverse and complex reasons that may cause someone to have an addiction;



- they've been drinking longer. Seniors who started drinking alcohol early in life make up approximately two-thirds of older problem drinkers. They have been taxing their health and social networks for a long time. By contrast, seniors who begin consuming later in life, often start in reaction to personal loss or stress. These seniors tend to be in better health and have stronger social support networks and coping strategies.⁵

² Canadian Community Health Survey 2005, Data analysed by the Division of Aging and Seniors, Public Health Agency of Canada, 2006.

³ Centre for Addiction and Mental Health (CAMH), *Project Seagull*, Toronto: 2005.

⁴ Canadian Community Health Survey 2005, Data analysed by the Division of Aging and Seniors, Public Health Agency of Canada, 2006.

⁵ Health Canada, *Best Practices - Treatment and Rehabilitation for Seniors with Substance Use Problems*, Ottawa: 2002.



The effects of alcohol on seniors can be profound. Falls and accidents, dementias and the hazards associated with alcohol are common, but they are preventable if seniors with problems are identified and receive proper treatment.



Drugs

Seniors suffer from more diseases and conditions than other age groups, due largely to the normal consequences of aging. It's not surprising that they're the largest consumers of medications. For example, seniors:

- fill an average of 15 prescriptions per year;
- may take up to 10 different medications at one time;
- buy various over-the-counter drugs; and
- account for more than one-third of all adverse drug reaction reports made to Health Canada and for 44% of all reported adverse drug reactions suspected of causing death.⁶

Medications present a daunting paradox – a source of relief when taken appropriately, but a

possible cause of adverse reactions when combined with other medications or, particularly, with alcohol. Medication abuse – though not necessarily intentional – is a common occurrence among seniors. A lack of communication between doctors/pharmacists and patients can result in: over-prescribing; adverse reactions from taking various drugs; and compliance problems. Unknowingly, seniors may consume the wrong medication or mixture of drugs and develop a physical or mental dependence on them. Once dependence has occurred, the temptation may be strong to go to multiple doctors to increase one's supply of prescribed drugs and become over-reliant on them.

An international review revealed that 11% of seniors had become dependent on benzodiazepines – a type of drug highly prescribed to seniors for alleviating anxiety and sleep disorders. It also showed that 23% were taking these medications on a long-term basis (when actual usage of any benzodiazepine should not exceed 30 days).

(Source: B.C. Partners for Mental Health and Addictions Information, 2006).

Gambling

Gambling has increasingly become a form of recreation for older adults. In 2000, approximately 68% of Canadian seniors engaged in this activity.⁷ Among those aged 60 or older, 2.1% have moderate to severe gambling-related problems.⁸

The legalization of gaming establishments, increased access, social acceptance and disposable time and money have rendered seniors more susceptible to the “roll of the

⁶ Partners Seeking Solutions for Seniors, June 2006. Online: www.solutionsforseniors.cimnet.ca/cim/29.dhtm
 “Seniors and Drugs: Prescribed to Death,” *CBC News Online*, April 10, 2005. Online: www.cbc.ca/news/background/seniorsdrugs/

⁷ Hirsch, P., *Seniors and Gambling: Exploring the Issues (Summary Report)*, Alberta Alcohol and Drug Abuse Commission, 2000.



dice.” Targeted because of the tremendous market they represent for the gaming industry, seniors are becoming victims of tempting incentive campaigns involving anything from cheap transportation to special promotions and free lunches.

The most common gambling activities among older adults include the purchase of lottery and scratch tickets, and playing video lottery terminals, slot machines and bingo. Seniors gamble for a variety of reasons – for fun, to make money, out of curiosity, or to escape from loneliness, depression, financial difficulties, declining health and emotional loss.

Losing money and more

While most people can enjoy gambling without consequences, the lure of quick money can have devastating financial effects on seniors because they have little or no opportunity to recuperate from their losses. In southern Alberta for example, it was reported that video lottery terminals and casino gambling are partly to blame for the 15% bankruptcy rate among seniors.⁹ Similar to substance addictions, gambling may start out innocently as a social engagement, but for some people can progress into an independent activity, then into a habit, a secret, a loss of control and finally, an addiction “crisis.”

Among older gamblers who file for personal bankruptcy, many view their problem as a financial issue rather than one of addiction and therefore do not seek the help they need. *Compulsive* or *pathological gambling* extends beyond losing money – the *disorder* interferes with normal life activities and responsibilities,

threatens physical health, sabotages reputations, and leads to psychological distress, possibly suicide.

Though the *reported* percentage of seniors with gambling and substance abuse issues is low, it is important to understand that many hide their problem due to shame that has resulted from straying from their deep-seeded cultural values of hard work, frugality and moderation.¹⁰ More needs to be learned about seniors and their gambling experience: research may shed some light on the gaming habits of the next larger group of seniors to hit casinos, the boomers.

Testimonial

Billie, 57, started out playing bingo occasionally and making the odd trip to Las Vegas. She became “hooked” on gambling after a few lucky wins. But the losses began to accumulate. When Billie hit rock bottom after losing her last \$2,000, she met with a counsellor at Problem Gambling Services. After 12 weeks of individual and group therapy, she vowed to never again experience the horror of feeling like “the lowest of the low, a betrayer.” A year later, Billie returned to Problem Gambling Services for a 12-week aftercare group to help her maintain her progress. She hasn’t looked back since.

(Source: Lemay, A. et al., 2006).

■ Why seniors?

Irrespective of education, intelligence or social status, seniors are more vulnerable to addictions because of health issues, isolation, loneliness, and other factors.

⁸ Responsible Gambling Council; Canadian Centre on Substance Abuse; Ontario Problem Gambling Research Centre, 2004.

⁹ “More seniors declaring bankruptcy,” *Lethbridge Herald*, 25 February, 2003, p. A1.

¹⁰ “Double Trouble: The lived experience of problem and pathological gambling in later life,” *The Journal of Gambling Issues*, 14, September 2005.



Addictive behaviours often mix with each other or co-occur with mental illness. A vicious cycle often starts when a mental health problem invites an addiction problem which worsens the existing mental health problem. Depressed seniors are three to four times more likely to have alcohol-related problems than other seniors.¹¹ An increasing number of seniors with mood disorders also have undetected gambling problems;¹² and tobacco dependence among those with a mental illness or an addiction is tremendously common.¹³

Casinos can be very appealing to older women. The friendly service and safe environment may make them feel comfortable even if they are alone. Compared to older men who mostly gamble for excitement, pleasure and financial gain, many senior women gamble to reduce social isolation and escape problems. For Aboriginal seniors, some researchers believe there may be a link between unreconciled cultural loss and addictions.¹⁴ For example, in Kanawake, Quebec, alcohol was rated as one of the major problems facing First Nations seniors. In turn, this raises particular concerns, as many Aboriginals suffer from diabetes.

50% of older homeless adults have a drinking problem.

(Source: McDonald, L. et al., *Older Homeless Adults Research Project: Final Report*, Toronto: Supporting Communities Partnership Initiative, 2004).

■ Models for help

Some components of provincial or local initiatives that have been shown to help seniors with addictions include :

- **Knowledge and awareness** of the root causes of seniors' addictions, their unique effects on seniors and how promotion campaigns can be brought to bear on addiction problems.
- **Outreach** strategies for prevention and caring for addicted seniors, as well as training for care providers.
- **Recovery programs** that are welcoming, designed for seniors and focused on harm reduction: ensuring that the other aspects of the senior's life are on track will help reduce the addiction's negative effects.
- **Monitoring and means to protect** vulnerable people from problem gambling, drug misuse and other addictions.

Check out some of these models for yourself, a loved one or a patient:

Addictions Foundation of Manitoba

<http://www.afm.mb.ca/>

1-204-944-6250 (ask for Deb Kostyk)

Offers various counselling programs, information and awareness raising tools to older Manitobans with a gambling problem.

Groupe Harmonie

<http://grharmonie.iquebec.com/main.html>

1-514-939-2640

¹¹ Devanand, D. P., "Comorbid psychiatric disorders in late life depression," *Biological Psychiatry*, Vol. 51, No. 3, 2002, pp. 236-242.

¹² Wiebe, J., *Prevalence of Gambling and Problem Gambling Among Older Adults in Manitoba*, Addictions Foundation of Manitoba, October 2000, p. 36.

¹³ Williams, J. and D. Ziedonis, "Addressing tobacco among individuals with a mental illness or an addiction," *Addictive Behaviours*, No. 29, 2004, pp. 1067-83.

¹⁴ Lemay, A. et al., *Betting on Older Adults: A Problem Gambling Prevention Clinical Manual for Service Providers*, Sault Area Hospital, St. Joseph's Care Group, Centretown Community Health Centre, 2006, p. 16.



Based in Montreal, one of the oldest alcohol treatment and support programs in Canada for people age 55+. Also offers services for problem gambling, outpatient telephone reassurance and follow-up services for addicts and their families. Emphasis on reducing isolation, re-integrating seniors and the harm reduction approach. Services in French and English.

Older Persons Mental Health and Addictions Network

<http://www.ontario.cmha.ca/opmhan/>
1-416-325-7643

Just published on Internet a *Directory of Mental Health and Addictions Services for Ontario's Older Adults*

http://www.ontario.cmha.ca/admin_ver2/maps/OPMHAN_Directory_EN.pdf

Partners Seeking Solutions with Seniors

<http://www.solutionsforseniors.cimnet.ca/cim/29.dhtm>
1-204-669-3300

A coalition of various stakeholders who meet regularly around issues of seniors and substance misuse and abuse.

Project SEAGULL

1-204-669-3300
SEAGULL stands for Seniors Education and Alcohol: Guidelines for Use, Learning, and Life. Aimed at reducing the risk of older adults developing alcohol use problems, the project involves organizations from British Columbia, Alberta and Saskatchewan.

Responsible Gambling Council

<http://www.responsiblegambling.org/olderadults/>
1-888-391-1111 (toll free)

Provides a list of Ontario major centres to address the needs of seniors with a gambling problem.

Seniors Well Aware Program

<http://www.vch.ca/swap/contact.htm>
1-604-633-4230

Helping communities across Canada share information and ways to help seniors with alcohol problems, through a free e-mail discussion service.

■ For more information

Look in your phone book for the local Alcoholics Anonymous (AA) Centre or other organizations helping with addictions. Or start with the resources below:

British Columbia

Addictions - *Here To Help*: 1-800-661-2121

Smoking - *Quit Now By Phone*:
1-877-455-2233

Gambling - *BC Problem Gambling Hotline*:
1-888-795-6111

Alberta

Addictions, Smoking and Gambling - *The Alberta Alcohol and Drug Use Commission*:
1-866-332-2322

Saskatchewan

Smoking - *Saskatchewan Smokers' Help Line*:
1-877-513-5333

Gambling - *Problem Gambling Help Line*:
1-800-306-6789

Manitoba

Smoking - *Manitoba Smokers' Help Line*:
1-877-513-5333

Gambling - *Gambling Help Line*:
1-800-463-1554

Ontario

Addictions - *Drug and Alcohol Registry of Treatment*: 1-800-565-8603

Smoking - *Ontario Smokers' Help Line*:
1-877-513-5333



Gambling - *The Ontario Problem Gambling Help Line*: 1-888-230-3505

Quebec

Addictions - *Help and Referrals*:

1-800-265-2626

Gambling - *Gambling Help and Referral*:

1-800-461-0140

Prince Edward Island

Addictions - *PEI Addiction Services*:

1-888-299-8399

Smoking - *Prince Edward Island Smokers' Help Line*:

1-888-818-6300

Gambling - *Prince Edward Island Gambling Addiction Treatment Program*: 1-888-299-8399

Nova Scotia

Smoking - *Nova Scotia Smokers' Help Line*:

1-877-513-5333

Gambling - *Problem Gambling Help Line*:

1-888-347-8888

New Brunswick

Addictions and Gambling - *Addiction Services*:

1-800-461-1234

Smoking - *New Brunswick Smokers' Help Line*:

1-877-513-5333

Newfoundland and Labrador

Smoking - *Newfoundland and Labrador Smokers' Help Line*: 1-800-363-5864

Gambling - *Newfoundland and Labrador Help Line*: 1-888-737-4668

Nunavut

Smoking - *Quit Now By Phone*:

1-866-877-3845

Northwest Territories

Addictions - *Help Line*: 1-800-661-0844

Yukon

Addictions - *Help Line*: 1-800-661-0408

Smoking - *Quit Now By Phone*:

1-800-661-0408, ext. 8393

Books, etc.

Alcoholics Anonymous. *The Big Book*. 2006. Available online: www.aacanada.com/bb.html

Centre for Addiction and Mental Health. *Responding to Older Adults with Substance Use, Mental Health and Gambling Challenges: A Guide for Workers and Volunteers*. Toronto: 2006.

Health Canada. Tobacco Control Program. *On the Road to Quitting - Guide to Becoming a Non-Smoker*. Ottawa: 2003.

Lemay, A. et al. *Betting on Older Adults: A Problem Gambling Prevention Clinical Manual for Service Providers*. Sault Area Hospital, St. Joseph's Care Group, Centretown Community Health Centre, 2006.



A chartered accountant by trade, **Mike Sommerville**, has spent his professional career in the financial

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Mike Sommerville is the NACA member from Campbellville, Ontario. He was appointed to Council in October 2005 for a three-year term.