

## Chapter 5—Treating Drug Use and Prescription Medication Misuse in Older Adults

### KEY MESSAGES

- Illicit drug use and prescription medication misuse do occur in older adults, but they are treatable.
- Regular screening and assessment can help you learn whether an older client is struggling with drug use or prescription medication misuse.
- Education and brief interventions are often enough to help older adults prevent, reduce, or stop drug use and prescription medication misuse. Most older clients who use illicit drugs or misuse prescription medication do not need care from programs or providers that specialize in substance use disorder (SUD) treatment.
- Age-specific and age-sensitive treatments are useful in reducing drug use and prescription medication misuse and related health risks. These treatments are designed to meet the special physical, cognitive, and social needs of older individuals. For many older adults, these adaptations can make all the difference in helping them start, stay in, and benefit from treatment.

**Chapter 5 of this Treatment Improvement Protocol (TIP) will benefit healthcare, behavioral health service, and social service providers who work with older adults** (e.g., physicians, nurse practitioners [NPs], physician assistants, nurses, social workers, psychologists, psychiatrists, mental health counselors, drug and alcohol counselors, peer recovery support specialists). It addresses drug use, prescription medication misuse, and SUDs other than alcohol use disorder among older adults.

Prescription medications are some of the most commonly misused substances in this population,<sup>803</sup> and rates of substance misuse in general are increasing. These increases result, in part, from the

size of the aging baby boomer generation (those born from 1946 to 1964) and the fact that baby boomers are living longer and have higher rates of lifetime substance misuse, including SUDs, than past generations.

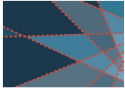
Many older adults who misuse substances do not need specialized SUD treatment. Prevention strategies and brief interventions are often enough. Even so, research shows that older adults do benefit from addiction treatment.<sup>804,805,806</sup> In fact, older adults in addiction treatment programs are more likely than younger adults to complete treatment, and older adults have nearly as good or better outcomes.<sup>807,808</sup> Thus, as the older population in the United States grows, the need for a full range of treatment approaches that meet the unique requirements of older adults will continue to increase.

### Organization of Chapter 5 of This TIP

**This chapter of TIP 26 addresses rates of drug use and prescription medication misuse, including drug use disorders, among older adults as well as treatment and recovery management approaches that meet older adults' specific needs.**

**The first section of Chapter 5 describes illicit drug use and prescription medication misuse, including drug use disorders, among older adults.** Definitions and facts are discussed as well as the physical, mental, social, and economic effects of drug use disorders.

**The second section describes how to identify, screen, and assess for drug use disorders in older adults.** The parts of screening, brief intervention, and referral to treatment (SBIRT) are discussed, along with specific tips for screening older adults.



The third section describes the continuum of care for older adults with drug use disorders, which ranges from brief interventions for prescription medication misuse to inpatient detoxification and rehabilitation for older adults with drug use disorders.

The fourth section discusses specific treatment approaches for older adults with drug use disorders. These approaches include acute care, overdose treatment, medically supervised withdrawal, medication maintenance therapy, psychosocial approaches, age-specific treatment options, referral management, and care coordination.

The fifth section provides an overview of recovery management strategies for older

adults with drug use disorders. It covers topics such as family member involvement in treatment and linking older adults to evidence-supported, community-based recovery support groups such as Narcotics Anonymous (NA) and Alcoholics Anonymous (AA).

The sixth section provides clinical scenarios. This section uses clinical case material to show how to apply approaches and strategies discussed in Chapter 5 to older clients.

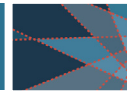
The seventh section identifies targeted resources to support your practice. A more detailed resource guide is in Chapter 9 of this TIP.

For definitions of key terms you will see throughout Chapter 5, refer to Exhibit 5.1.

## EXHIBIT 5.1. Key Terms

- **Addiction\*:** The most severe form of SUD, associated with compulsive or uncontrolled use of one or more substances. Addiction is a chronic brain disease that has the potential for both recurrence (relapse) and recovery.
- **Age-sensitive:** Adaptations to existing treatment approaches that accommodate older adults' unique needs (e.g., a large-print handout on the signs of substance misuse).
- **Age-specific:** Treatment approaches and practices specifically developed for older adults (e.g., an older adult specialty group in a mixed-age SUD treatment program).
- **Caregivers:** Informal caregivers provide unpaid care. They assist others with activities of daily living (ADLs), including health and medical tasks. Informal caregivers may be spouses, partners, family members, friends, neighbors, or others who have a significant personal relationship with the person who needs care. Formal caregivers are paid providers who offer care in one's home or in a facility.<sup>809</sup> Most older adults do not need caregivers and are as able to address their own needs as younger adults, whether or not substance misuse is a factor in their lives.
- **Diversion:** A medical and legal term describing the illegal sharing of a legally prescribed, controlled medication (e.g., an opioid) with another individual.
- **Drug–drug interaction:** The interaction of one substance (e.g., alcohol, medication, an illicit drug) with another substance. Drug–drug interactions may change the effectiveness of medications, introduce or alter the intensity of side effects, and increase a substance's toxicity or the concentration of that substance in a person's blood. Potentially serious interactions can also occur with certain foods, beverages, and dietary supplements.<sup>810</sup>
- **Drug use:** The full range of severity of illicit drug use, from a single instance of use to meeting criteria for a drug use disorder.
- **Illicit substances:** Illicit substances include cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription medications that are taken other than as prescribed (e.g., pain relievers, tranquilizers, stimulants, sedatives).

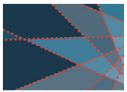
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- **Mutual-help groups:** Groups of people who work together on obtaining and maintaining recovery. Unlike peer support (e.g., the use of recovery coaches or peer recovery support specialists), mutual-help groups consist entirely of people who volunteer their time and typically have no official connection to treatment programs. Most are self-supporting. Although 12-Step groups such as AA and NA are the most widespread and well researched type of mutual-help groups, other groups may be available in some areas. They range from groups affiliated with a religion or church (e.g., Celebrate Recovery, Millati Islami) to purely secular groups (e.g., SMART [Self-Management and Recovery Training] Recovery, Women for Sobriety).
- **Peer support:** The use of peer recovery support specialists (e.g., someone in recovery who has lived experience in addiction plus skills learned in formal training) to provide nonclinical (i.e., not requiring training in diagnosis or treatment) recovery support services to individuals in recovery from addiction and to their families.
- **Prescription medication misuse:** The full range of severity of problematic use of prescription medication (meaning using a medication to feel good, using more than prescribed or in a way not prescribed, or using medication prescribed to someone else), from mild misuse to meeting criteria for an SUD.
- **Psychoactive substances:** Substances that can alter mental processes (e.g., cognition or affect; in other words, the way one thinks or feels). Also called psychotropic drugs, such substances will not necessarily produce dependence, but they have the potential for misuse or abuse.<sup>811</sup>
- **Recovery\*:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. Even individuals with severe and chronic SUDs can, with help, overcome them and regain health and social function. This is called remission. When those positive changes and values become part of a voluntarily adopted lifestyle, that is called being in recovery. Although abstinence from all substance misuse is a cardinal feature of a recovery lifestyle, it is not the only healthy, pro-social feature.
- **Relapse\*:** A return to substance use after a significant period of abstinence.
- **Remission:** A medical term meaning a disappearance of signs and symptoms of the disease or disorder. The fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) defines remission as present in people who previously met SUD criteria but no longer meet any SUD criteria (with the possible exception of craving).<sup>812</sup> Remission is an essential element of recovery.
- **Substance misuse\*:** The use of any substance in a manner, situation, amount, or frequency that can cause harm to users or to those around them. For some substances or individuals, any use would constitute misuse (e.g., underage drinking, injection drug use).
- **Substance use disorder\*:** A medical illness caused by repeated misuse of a substance or substances. According to DSM-5,<sup>813</sup> SUDs are characterized by clinically significant impairments in health and social function, and by impaired control over substance use. They are diagnosed through assessing cognitive, behavioral, and psychological symptoms. SUDs range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions like decision making and self-control. Multiple factors influence whether and how rapidly a person will develop an SUD. These factors include the substance itself; the genetic vulnerability of the user; and the amount, frequency, and duration of the misuse. Note: A severe SUD is commonly called an addiction. A mild SUD is generally equivalent to what previous editions of DSM called substance abuse; a moderate or severe SUD is generally equivalent to what was formerly called substance dependence.

\* The definitions of all terms marked with an asterisk correspond closely to those given in *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. This resource provides a great deal of useful information about substance misuse and its impact on U.S. public health. The report is available online (<https://addiction.surgeongeneral.gov/sites/default/files/surgeon-generals-report.pdf>).



## Drug Use and Prescription Medication Misuse Among Older Adults

Drug use and prescription medication misuse are growing problems among older adults. In the next decade, approximately 20 percent of the U.S. population will be over age 65.<sup>814</sup> As the large baby boomer population ages up, drug use and prescription medication misuse will likely increase.

This group has higher rates of illicit drug use than past generations,<sup>815,816</sup> and their misuse of pain medication and other prescription medication is significant.

**Taking opioids for pain is one pathway to drug use or prescription medication misuse for older adults.** They may start taking opioids for pain and become physically dependent.

**Other than alcohol and tobacco, the most commonly misused substances among older adults are psychoactive prescription medications,** such as opioids and benzodiazepines (i.e., medications for sleep, pain, and anxiety). Research shows that older adults also use cannabis, cocaine, and heroin. For example, past-year cannabis use by older adults increased from 2006 to 2013 by 57.8 percent for adults ages 50 to 64 and by 250 percent for adults ages 65 and older.<sup>817</sup>

**Drug use and prescription medication misuse can lead to many negative health outcomes for older adults,** such as:

- Increased risk of injury and falls.
- Problems with thinking (also called cognitive impairment).
- Harmful drug–drug interactions.

Prescribed medication is not always misused on purpose. Older adults:

- Can accidentally take more of a prescribed medication than they meant to.
- Can accidentally mix up medications.
- May not know the potential risk of harmful effects of using certain substances (e.g., over-the-counter [OTC] medications, dietary supplements) while taking medication, even when taking it as prescribed.

- Overdose, which can be fatal.
- Suicide.
- Liver and heart disease.
- Sleep problems.

**Drug use and prescription medication misuse have negative economic effects.** They cost the United States billions of dollars each year, including \$193 billion for illicit substances in 2007<sup>818</sup> (the last year in which those numbers were reported) and \$78.5 billion for prescription opioids in 2013<sup>819</sup> (the last year in which those numbers were reported). Drug use and prescription medication misuse also lead to greater healthcare costs. Older adults already use more healthcare resources than younger adults. As older adults with drug use disorders age, they are at an increased risk of co-occurring medical conditions, which means they will use more healthcare services.<sup>820,821,822</sup>

**Drug use and prescription medication misuse among older adults negatively affect relationships, families, and friends. Many family members, friends, and caregivers recognize but minimize drug use or prescription medication misuse among older adults.** Well-meaning family and friends may assume that drug use and prescription medication misuse in older adults cannot be treated, especially if the behavior has been going on for a while. They may feel that the time for treatment has passed or that previous attempts at treatment make trying again pointless.<sup>823,824</sup> Often, friends and family view the use of certain substances by older adults as one of their “last pleasures” or distractions in life.<sup>825</sup>

**Ageist, incorrect beliefs about drug use and prescription medication misuse among older adults can prevent older adults from getting treatment.** Treatment access for older adults is key, as research increasingly shows that SUD treatment for older adults can reduce or stop drug use and prescription medication misuse and improve health/quality of life.<sup>826,827,828,829,830</sup>

### Prescription Medication Misuse

Prescription medication misuse includes:

- Taking larger doses of a medication than prescribed.
- Changing the dose without guidance from the prescriber.

- Taking a medication for reasons other than its intended purpose.
- Taking someone else's medications.

**Older adults are prescribed and use more medication than any other age group. From 2015 to 2016:**<sup>831</sup>

- An estimated 87.5 percent of adults ages 65 and older took at least one prescription medication in the past 30 days, versus 67.4 percent of adults ages 45 to 64 and 35.3 percent of those ages 18 to 44.
- Adults ages 65 and older were the largest group of people taking five or more prescription medications in the past 30 days (39.8 percent) compared with adults ages 45 to 64 (19.1 percent) and adults ages 18 to 44 (3.9 percent).

Age-related changes to metabolism and body fat affect the medication dosage that older adults need and increase the risk of older adults feeling negative effects of medication. For example, older adults are very likely to feel memory-related and psychomotor effects of benzodiazepines and opioids. Also, older adults have a higher rate of co-occurring conditions than do younger adults, which means they take more medication and are more likely to experience harmful drug–drug, alcohol–drug, and drug–co-occurring condition interactions.<sup>832,833</sup>

Providers face challenges when prescribing for older adults in general and need to exercise extra caution. One challenge is that a medication may not have a recommended dosage for older adults, in which case providers should prescribe the minimum dosage needed to achieve a positive outcome. Prescribers also need to think about what formulation of a medication will work best for an older patient and what dosing schedule will be easiest to follow. Yet another common challenge is that older patients may be taking unnecessary medication given their specific clinical conditions. Such medication should be discontinued, consulting with the patient and using tapering as appropriate.<sup>834,835</sup> Also, some medications are potentially inappropriate for older adults: see the Chapter 6 text box on the American Geriatrics Society Beers Criteria®.

Younger people tend to misuse psychoactive prescription medication for mood effects (i.e., wanting to feel very happy or euphoric), but **older adults tend to develop drug use disorders because they are using drugs or misusing prescription medication to treat their chronic pain, anxiety, depression, and sleep issues.**<sup>836,837,838</sup>

## Opioids

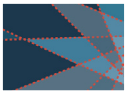
The United States is facing an opioid use and overdose crisis. (See SAMHSA's TIP 63, *Medications for Opioid Use Disorder*, for more information; <https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Documents/PEP20-02-01-006>). The years 2006 to 2013 saw an increase in calls to U.S. poison control centers about older adults' misuse of prescription opioids, including misuse of prescription opioids for self-harm.<sup>839</sup>

**Chronic pain is one of the most common reasons for taking medication. Older adults have the highest rate of chronic pain of any age group,**<sup>840</sup> leading to more clinic visits and increased prescribing of opioid medication. Older adults with opioid use disorder (OUD) and chronic pain may have a hard time accepting that they have OUD.

## Benzodiazepines

Benzodiazepines (e.g., lorazepam, alprazolam, clonazepam) are mainly used to treat sleep and anxiety disorders. Benzodiazepines are thought to be safer than barbiturates and nonbarbiturate sedative-hypnotics.<sup>841</sup> **However, the physical dependence potential for benzodiazepines is very high. Long-term use or misuse of benzodiazepines in older adults has many risks.** Results from more than 68 clinical trials show that benzodiazepines, no matter how long they are used (either short-, intermediate-, or long-acting) can lead to cognitive impairment. The greater the dose, the greater the impairment.<sup>842</sup>





Many older adults experience adverse drug reactions because they are managing numerous prescribed medications (sometimes from multiple prescribing physicians). Adverse drug reactions are not necessarily the result of intentional or accidental misuse; rather, they result from complying with a dangerous regimen of drugs.

## Multiple Medications

The aging process causes changes to the body that increase the chances of older adults feeling negative effects of medication. For example, older adults have decreased ability to metabolize drugs. **Older adults often take more than one medication.<sup>843</sup> Negative effects are more likely to occur when older adults take many OTC or prescription medications.<sup>844</sup>** Taking more than one medication that affects the central nervous system (CNS) increases the risk of:<sup>845</sup>

- Problems with daily functioning.
- Cognitive impairment.
- Falls.
- Death.

**Coprescribing of opioid and benzodiazepine medications is a concern.** The risk of death increases with the dose of benzodiazepine prescribed.<sup>846</sup> In 2016, the Food and Drug Administration (FDA) issued a Drug Safety Communication warning about serious risks, including respiratory depression and death, from combining opioids with benzodiazepines or other CNS depressants (e.g., **alcohol**), and requiring boxed warnings for prescription opioids and benzodiazepines. FDA also cautioned that healthcare professionals “should limit prescribing opioid pain medicines with benzodiazepines or other CNS depressants only to patients for whom alternative treatment options are inadequate. If these medicines are prescribed together, limit the dosages and duration of each drug to the minimum possible while achieving the desired clinical effect.” FDA further advised healthcare professionals to screen these patients for SUDs, plus listed other precautions.<sup>847</sup> Note that even greater caution should be used with older patients because of their higher risk of experiencing negative effects from medication.

FDA in 2017 advised against withholding buprenorphine or methadone treatment for OUD from patients taking benzodiazepines or other CNS depressants, but recommended careful medication management of these patients. Although combining these OUD medications with CNS depressants increases the risk of serious side effects, FDA noted that this risk can be outweighed by the risk and harm of untreated OUD.<sup>848</sup> For strategies on caring for these patients, see the FDA Drug Safety Communication at [www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-urges-caution-about-withholding-opioid-addiction-medications](http://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-urges-caution-about-withholding-opioid-addiction-medications) and the section “Concurrent Substance Use Disorders (SUDs) Involving Benzodiazepines or Alcohol” in SAMHSA’s TIP 63 (<https://store.samhsa.gov/product/TIP-63-Medications-for-Opioid-Use-Disorder-Full-Document/PEP20-02-01-006>). Again, keep in mind the need for using extra caution with older patients.

## Illicit Substances

Illicit substances include cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription medications that are taken other than as prescribed (e.g., pain relievers, tranquilizers, stimulants, sedatives). Because federal law bans the recreational and medical use of cannabis, this publication considers it an illicit substance (although in some states, medical use of cannabis is legal and in others, both recreational and medical use are legal).

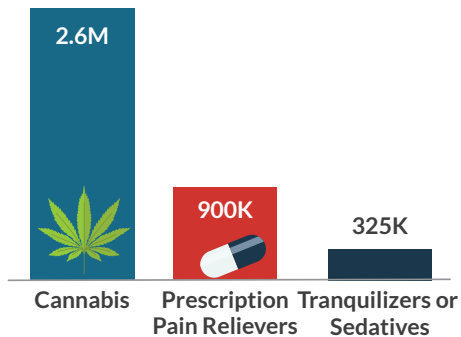
**In 2019, 3.7 million adults ages 65 and older had used illicit substances in the past year.<sup>849</sup>** Of these drugs, older adults most commonly used:<sup>850</sup>

- Cannabis: 2.6 million adults.
- Prescription pain relievers: 900,000 adults.
- Tranquilizers or sedatives: 325,000 adults.

From 2000 to 2012, SUD treatment admissions for illicit substance use increased for adults ages 55 or older.<sup>851</sup>

**Rates of cannabis use among older adults are likely to continue rising. This is a major concern as baby boomers, who tend to be more accepting of cannabis use than previous generations, enter**

## 3.7 MILLION ADULTS ages 65 and older used **ILLICIT SUBSTANCES** in 2019.



**the later stages of life.** From 2000 to 2019, the percentage of adults ages 50 to 64 who had ever used cannabis increased from approximately 24 percent to around 54 percent.<sup>852,853</sup>

The effects of using cannabis while also taking specific prescription medications are not known. However, **cannabis use is related to an increased risk of injury and short-term memory problems.** Cannabis affects central and peripheral nervous system processes in ways such as:<sup>854,855,856,857</sup>

- Increasing symptoms of anxiety and depression.
- Increasing problems with cognition and learning.
- Worsening motor coordination (i.e., the ability to use and control muscle movements).

Moreover, the increasing potency of cannabis in recent decades may make cannabis use riskier.<sup>858</sup>

## Screening and Assessment

**If you think a client might be using drugs or misusing prescription medication, screening measures will help you identify and address this behavior.**<sup>859</sup> Screening older adults for drug use and prescription medication misuse and providing education about health risks related to interactions between prescribed medication, alcohol, and illicit substances are prevention strategies you can use in many different settings.

**Screen and assess older adults for substance use and co-occurring medical and mental disorders (e.g., cognitive impairment) that can mask SUDs or appear similar to SUDs.**

## CO-OCCURRING CONDITIONS AMONG OLDER ADULTS

Older adults with SUDs have high rates of mental disorders and co-occurring health conditions. In 2019, an estimated 36.8 percent of adults older than age 50 with SUDs also had mental disorders.<sup>860</sup> Co-occurring mental disorders and SUDs among older adults are probably underdiagnosed, so the rates of co-occurring disorders (CODs) may actually be higher.<sup>861</sup>

Compared with older adults who have only an SUD or a mental disorder, those with both are at risk for:<sup>862,863</sup>

- Higher rates of inpatient and outpatient behavioral healthcare service use.
- Thoughts of suicide and of death in general.
- Certain physical conditions related to substance misuse (e.g., heart disease, organ damage, some cancers).

Given high rates of CODs in older adults with SUDs, you should use holistic, detailed approaches to screening, assessment, and treatment.

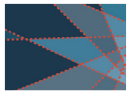
## Screening Strategies

To successfully make routine screening for drug use disorders a part of your clinical practice with older adults, **use simple, consistent approaches that can be added to screening practices you already have in place.** Screening questions can be asked verbally, on paper, or electronically. Make sure print is large enough for older adults to read easily. Ask about drug use:<sup>864</sup>

- In a straightforward and nonjudgmental manner.
- While asking about other health behaviors (e.g., exercise, weight, smoking, alcohol use).
- While keeping the focus on helping clients improve their overall health, functioning, independence, and quality of life.

Screen adults ages 60 and older:

- Yearly, as part of the annual checkup in both healthcare and behavioral health service settings.
- When changes in physical or mental health status occur (e.g., falls, memory issues).



- During major life events or changes (e.g., retirement, moving, loss of a significant person).

The consensus panel recommends screening all adults ages 60 and older yearly and when life changes occur (e.g., retirement, loss of a partner or spouse, changes in health).

Several measures can help you screen for substance misuse, but few are validated (tested and approved for use) with older adults.<sup>865</sup> (See Chapter 3 of this TIP for an indepth discussion of substance use screening tools that can be used with older adults.)

One option is to use screening questions developed for the general adult population. For example, open your conversation with older clients by asking, “Have you taken a prescription medication differently than prescribed by your healthcare provider?” You can also use a single-question screener for drug use, such as, “How many times in the past year have you used an illegal drug or taken a prescription medication for nonmedical reasons?”<sup>866</sup> If the client says “yes” to the first question or answers the second question with one or more, begin more indepth screening.

Indepth screening includes asking clients about:

- Use of prescription and OTC medications.
- Use of other substances (e.g., alcohol, cannabis, tobacco).
- Amount/frequency of past-month substance use.
- Effects of using substances.
- Concerns about their substance use as well as concerns of family members or friends.

### RESOURCE ALERT: NATIONAL INSTITUTE ON DRUG ABUSE-MODIFIED ALCOHOL, SMOKING, AND SUBSTANCE INVOLVEMENT SCREENING TEST

This screening tool ([www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf](http://www.drugabuse.gov/sites/default/files/pdf/nmassist.pdf)) offers a helpful way to organize your questions about types of substances used, lifetime and recent amount and frequency of substances used, and substance use concerns.

### SCREENING FOR USE OF MULTIPLE MEDICATIONS: A BROWN BAG MEDICINE REVIEW

Older adults often take a number of prescribed medications as well as OTC medications and dietary supplements. As part of an annual physical, or given signs that the older client is misusing medications (e.g., benzodiazepines, opioids), urge the client (or a family member, with consent) to bring in all prescribed and OTC medications and dietary supplements in a bag so that you and the client can review them together. This is known as a “brown bag medicine review.” This is a chance to discuss the health risks of taking multiple medications, of drug–drug interactions, and of misuse.<sup>867,868</sup> **Brown bag medicine reviews can improve client reporting of medication use and improve provider–client discussions about medication use.**<sup>869</sup>

When using verbal, electronic, or printed screeners:

- Be empathetic and nonconfrontational.
- Make the screening questions easy to understand.
- Speak clearly and repeat instructions or questions as needed, especially if the client has cognitive impairment or problems with vision or hearing. Make sure the client can hear and understand you.
- Use large type for printed questions and screen reader–friendly adaptations for computer screening.
- Ask questions about the client’s illicit substance use or prescription medication misuse as a part of assessing overall health status.
- Assess and reassess if the client is having problems using a computer, tablet, or writing on a printed form. If needed, offer a verbal interview in which you read the screening questions.

### Assessment and Diagnosis of Drug Use Disorders

Screening is the first step in performing an indepth assessment of substance misuse. Some signs of drug use disorders in older adults may be mistaken for symptoms of co-occurring



### LINKING SCREENING QUESTIONS ABOUT SUBSTANCE USE TO HEALTH STATUS

You can help older adults understand the reason for your asking substance use questions by giving them information about age-related changes in metabolism and how specific medications, such as sedatives and antianxiety medications, can negatively interact with alcohol. You can also help older adults understand the relationship between substance use and health outcomes by discussing their substance use and other health problems, such as falls, high blood pressure, and depression.

**medical or mental disorders. Using DSM-5 diagnostic criteria alone may underdiagnose older adults** who have drug use-related and prescription medication misuse-related health and functioning problems. This can keep clients from getting needed treatment.

A full assessment should include questions about a client's:

- History of substance use (including alcohol and tobacco use).
- Age at which substance misuse issues began.

- Amount and frequency of substance use.
- Current prescription medications, OTC medications, and dietary supplements.
- Co-occurring medical conditions.
- Relationship between substance use and daily functioning.
- Co-occurring mental disorders, particularly depression and anxiety.
- Use of substances to cope with sleep problems, depression, anxiety, stress, or pain.
- Management of daily medication regimens.

**Note any signs that clients may be under the influence of substances.** Although clients who appear to be so may give incomplete answers, current influence of substances is by itself a clear sign that further assessment and intervention are needed.

### DSM-5 Diagnostic Criteria

A formal SUD diagnosis is based on your client meeting 2 out of 11 DSM-5 diagnostic criteria. However, **some of the physical and social factors described in DSM-5 may not apply to older adults** because of age-related changes in tolerance to substances, cognitive functioning, role responsibilities, or social isolation.<sup>870</sup> **Exhibit 5.2 summarizes the physical, mental, and social aspects of aging you should consider when using these criteria to diagnose SUD in older adults.**

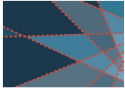
## EXHIBIT 5.2. DSM-5 Criteria for SUD and Considerations for Older Adults

### DSM-5 CRITERIA FOR SUD<sup>871</sup>

### CLINICAL CONSIDERATIONS<sup>872,873,874</sup>

Criterion 1	Older adults may need less of a substance to feel its physical effects. In addition to age-related or co-occurring medical-related decline in cognitive functioning, use of many substances can increase cognitive impairment and the ability to keep track of the amount and frequency of substance use.
Criterion 2	This is the same as in the general adult population. There are no special considerations for older adults.

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DSM-5 CRITERIA FOR SUD	CLINICAL CONSIDERATIONS
Criterion 3	Effects from substance use can occur from using relatively small amounts compared with the general adult population.
Criterion 4	Although older adults may have cravings, they may not recognize substance cravings in the same way as the general adult population (e.g., cognitive decline may increase confusion about physiological cues related to craving).
Criterion 5	Role responsibilities may be different for older adults because of life-stage changes, like retirement. Role responsibilities more common among older adults include caregiving for a spouse with a chronic illness and parenting a custodial grandchild.
Criterion 6	Older adults may not realize their substance use is related to social or interpersonal problems.
Criterion 7	Older adults may participate in fewer activities than younger adults, making it difficult to know whether a reduction in activities is related to substance use. However, social isolation is related to substance use and should be noted and addressed.
Criterion 8	Older adults may not understand that their use is harmful, especially when using substances in smaller amounts. Older adults may not identify certain situations (e.g., using a step stool or taking medications together) as physically dangerous.
Criterion 9	Older adults may not realize their substance use is related to physical (e.g., gastrointestinal distress) or mental problems (e.g., anxiety).
Criterion 10	Because of increased sensitivity to substances with age, older adults may have lowered rather than increased tolerance depending on the substance used.
Criterion 11	Withdrawal symptoms among older adults can be less obvious and more drawn out. Older adults may not develop physical dependence if they started using the substance in late life; if prescribed and correctly using medications like benzodiazepines, they may develop physical dependence.

## Biopsychosocial Assessment and Placement

The Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS 20) is an assessment and placement tool that supports adoption of a systematic approach to these important steps in meeting the needs of older adults. The tool can be downloaded for free from [www.communitypsychiatry.org/resources/locus](http://www.communitypsychiatry.org/resources/locus).

## Continuum of Care

The SUD treatment continuum of care has many **points of intervention where older adults can receive services** (Exhibit 5.3). Treatment for drug use disorders can be delivered in many different settings using behavioral and pharmacological methods.

**EXHIBIT 5.3. SUD Treatment Continuum of Care**


PREVENTION	EARLY INTERVENTION	TREATMENT	RECOVERY MANAGEMENT
Address individual and environmental risk factors for substance use through science-informed prevention strategies aimed at individuals, families, and communities.	Identify and screen for substance misuse; provide psychoeducation and brief interventions to reduce health risk; refer to treatment as needed.	Provide medication as needed, psychosocial interventions, and supportive services to achieve recovery and maximize functioning.  Levels of Care: Outpatient Intensive outpatient/partial hospitalization Residential/inpatient Medically managed intensive inpatient services	Offer comprehensive discharge planning, referral management, continuing care, and linkage to community-based services (e.g., mutual-help groups; medical care; social, legal, educational, and financial services) that support ongoing recovery and improve wellness and quality of life.

*Adapted from material in the public domain.<sup>875</sup>*

More than 14,500 specialized treatment facilities in the United States provide SUD services, such as:<sup>876</sup>

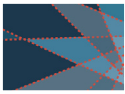
- Counseling.
- Rehabilitation.
- Behavioral therapy.
- Case management.
- Medication therapy.
- Psychoeducation.
- Peer recovery support services.

**Early intervention for an older adult's drug use or prescription medication misuse can take place in a healthcare office, a hospital, an emergency department (ED), an outpatient behavioral health clinic, or an older adult-focused social service**

**agency.** Primary care providers (PCPs) are often the entry point for brief interventions and referral to drug use disorder-specific treatment.

Different levels of care include:

- Outpatient individual, group, and family counseling.
- Intensive outpatient care (i.e., daily or weekly individual and group counseling for many weeks/months).
- Residential care (i.e., 24-hour supervision and clinical monitoring).
- Medically managed inpatient care (i.e., treatment services in a medical or mental hospital setting).



When you work with clients to develop a treatment and recovery plan based on their preferences, as well as on the accessibility and appropriateness of the chosen treatment, clients are more likely to follow your recommendations. Unless clients present with active suicidal ideation, withdrawal risks, or an acute health concern (e.g., overdose, significant impairment, delirium, falls), let them choose their preferred treatment method. Offer options and discuss the benefits of each as they apply to each client.

**Recovery management, including discharge planning and continuing care, is an important part of the continuum of care.** Older adults leaving intensive addiction treatment should:<sup>877</sup>

- Have routine medical care for co-occurring, chronic medical conditions.
- Be linked with older adult-focused, community-based services.
- Be introduced and referred to recovery groups to support their ongoing recovery but also to reduce isolation and loneliness, which are common among older adults. (See Chapter 7 of this TIP for more information about social isolation.)

## Treatment Approaches Suited to Older Adults

Many safe and effective interventions exist for older adults who use drugs, misuse prescription medication, or have drug use disorders. You should approach decisions about treatment by considering:

- The drug being used or the prescription medication being misused.
- The level of care needed (e.g., brief intervention, detoxification, maintenance).
- Overdose prevention and treatments.
- Psychosocial approaches adapted to older adults.

This section describes general approaches that work with older adults who misuse prescription medications and use illicit substances. It also describes treatment strategies for specific kinds of substances.

### ENDING, CHANGING, OR CONTINUING TREATMENT<sup>878</sup>

Clients' progress in treatment, as gauged by clearly defined, agreed-upon goals, should determine their length of time in treatment. The main criterion for discharge is that clients have met treatment goals. If clients are making progress and that progress is likely to continue, treatment should continue. If clients cannot meet treatment goals or they develop new treatment-related challenges, they should receive recommendations for different types of services or treatments.

### SBIRT

**Many older adults who use illicit drugs or misuse prescription medication do not need specialized addiction treatment. Education is often enough to help older adults change their behaviors. Older adults often respond well to nonjudgmental, brief education about:**

- Medications they are taking.
- Potential drug–drug interactions.
- Negative effects of using medications in ways other than as prescribed.

SBIRT is an indepth approach to screening and brief intervention with older adults who may exhibit at-risk drug use, misuse of prescription medications, or use of illicit substances.<sup>879</sup>

- **Screening** helps you quickly assess the severity of drug use or prescription medication misuse and identifies the right type and intensity of treatment.
- The **brief intervention** focuses on helping older adults increase awareness of their drug use or prescription medication misuse and motivation for changing health risk behaviors.
- **Referral to treatment** secures access to assessment and treatment by providers who specialize in addiction, when needed.<sup>880</sup> Providers can implement SBIRT in many settings, including behavioral health service programs and healthcare clinics.

Chapter 3 offers indepth discussion of SBIRT, research on its usefulness, and adaptations for older adults.

## Treatment for OUD

### *Opioid Overdose Treatment*

Because of physiological changes, older adults show higher blood concentrations of opioid metabolites. This results in greater substance potency, toxicity, and longer duration of action than in younger adults.<sup>881,882</sup> These factors may **increase older adults' risk of opioid overdose, which should be treated as a life-threatening emergency.**

Follow recommended guidelines for naloxone administration, and **offer overdose prevention education and emergency naloxone kits to clients, caregivers, and families in case of overdose.**<sup>883,884</sup>

### *Medically Supervised Opioid Withdrawal*

**Older adults are likely to have intense opioid withdrawal symptoms, especially related to chronic pain.**

#### **ACUTE CARE: MEDICAL STABILIZATION AND SUPERVISED MEDICAL WITHDRAWAL**

Individuals must be medically and mentally stabilized if they:<sup>885</sup>

- Are acutely intoxicated.
- Are having an overdose.
- Are in withdrawal.
- Return to substance use.

Acute inpatient treatment may also be needed for individuals who:

- Are frail.
- Have multiple addictions.
- Have suicidal ideation.

**Medically supervised withdrawal in a monitored or managed setting is recommended for older adults who have been taking high doses of a substance (e.g., opioids) or using for a long time.**

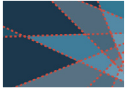
Inpatient treatment will ensure that individuals are medically monitored for a safe withdrawal process. This is especially important for older adults with co-occurring mental and medical conditions. Monitoring reduces risk of severe negative effects, including death, as older adults have more clinical risks related to withdrawal and medical stabilization.

### *Medication To Treat OUD*

Three FDA-approved medications<sup>886</sup> can treat OUD in older adults:

- **Buprenorphine. Buprenorphine carries less risk for overdose than methadone.**<sup>887,888</sup> Buprenorphine's risk of respiratory depression or sedation is low,<sup>889</sup> and the medication doesn't produce the euphoria caused by heroin or synthetic opioids. Buprenorphine:
  - Is a good option for patients with repeated return to opioid use.
  - Is usually more convenient and cost-effective than methadone, because it can be provided in office-based settings by qualified physicians, NPs, physician assistants, and, until October 1, 2023, qualified clinical nurse specialists, certified registered nurse anesthetists, and certified nurse midwives.
  - Is available as an implant, in sublingual and transmucosal formulations, and as an injection. This makes it a **good option for older adults with mobility or transportation issues, as it reduces the need for frequent visits to the provider.**<sup>890</sup>





- **Methadone.** Methadone can prevent opioid withdrawal symptoms and reduce drug cravings. Methadone is available in almost every state from specially licensed opioid treatment programs. Methadone is a beneficial intervention.<sup>891</sup>
- **Naltrexone.** Naltrexone is best for clients who want to stop all opioid use. Research on naltrexone for OUD treatment in older adults is not readily available. It is less useful for individuals needing long-term medication maintenance therapy for SUDs or for those with chronic pain. Naltrexone must not be prescribed to individuals who are currently using opioid medications.

### **Nonopioid Treatments for Chronic Pain**

Older adults may develop OUD because of chronic pain. Given the complexities of managing the care of older clients with chronic pain, a comprehensive treatment approach is recommended.<sup>892</sup> Chronic pain in older adults is best managed by a multidisciplinary team that includes (when possible) a:

- Geriatrician.
- Rheumatologist.
- Physical medicine and rehabilitation physician.
- Psychiatrist or psychologist.
- Physical therapist.
- Occupational therapist.
- Pharmacist.

**Nonpharmacological treatments can successfully treat chronic pain in older adults.** These include:<sup>894</sup>

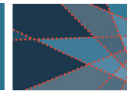
- Meditation.
- Relaxation.
- Cognitive-behavioral therapy (CBT).
- Exercise therapy.
- Physical therapy/occupational rehabilitation.

Exhibit 5.4 shows the general approach to managing chronic pain in older adults.

## **RESOURCE ALERT: VETERANS AFFAIRS CLINICAL DECISION TOOLS FOR OPIOID USE AND CHRONIC PAIN**

**The Department of Veterans Affairs/Department of Defense *Clinical Practice Guideline for Opioid Therapy for Chronic Pain*** ([www.healthquality.va.gov/guidelines/Pain/cot](http://www.healthquality.va.gov/guidelines/Pain/cot)) describes the critical decision points in the management of opioid therapy for chronic pain. It provides clear and comprehensive evidence-based recommendations using current information and practices for practitioners throughout the Department of Defense and Department of Veterans Affairs healthcare systems. It includes special dosing considerations for older adults.

**The Opioid Safety Initiative Toolkit** ([www.va.gov/PAINMANAGEMENT/Opioid\\_Safety\\_Initiative\\_OSI.asp](http://www.va.gov/PAINMANAGEMENT/Opioid_Safety_Initiative_OSI.asp)), created by the Veterans Health Administration National Pain Management Program, can aid in clinical decisions about starting, continuing, or tapering opioid therapy and other challenges related to safe opioid prescribing. Clinical teams caring for older adult veterans with chronic pain may find this useful.



## EXHIBIT 5.4. Chronic Pain Assessment and Treatment Approaches for Older Adults<sup>895,896</sup>

**Assessment.** An indepth assessment should review the client's:

- Cognitive and functional status.
- Social support.
- Co-occurring medical and psychiatric conditions and SUDs.
- History of pharmacological and nonpharmacological treatments.
- Current medication and alcohol use.
- ADLs. (See Chapter 3 for more information about assessing these.)
- Goals and hopes for treatment.

**Treatment.** An indepth approach should include:

- Building a treatment alliance with the older adult by asking about his or her preferences and goals.
- Providing consistent and prompt follow-up to a client's requests and phone calls.
- Providing backup coverage with providers who understand the unique treatment needs of older adults.
- Providing/actively linking the client to physical or occupational therapy and other community-based resources.
- Offering pharmacological (when needed) and other treatments (e.g., CBT, physical therapy, mindfulness).
- Using praise and positive reinforcement when the client meets treatment tasks and goals.
- When necessary, adapting treatment approaches to meet the needs of the older adult.
- Including family and caregivers in treatment planning and recovery/rehabilitation activities (with the older adult's permission).

If you are treating older adults with opioids for chronic pain, do not stop treatment suddenly. This can cause serious withdrawal effects. In addition, the return of pain may lead older adults to misuse or use other prescribed medications, alcohol, OTC medications, and illicit drugs.

**The consensus panel recommends that you slowly titrate older adults off of opioids, while at the same time offering them other pharmacological and nonpharmacological treatment options.**

## Treatment of Drug Use Disorders Other Than OUD

### Benzodiazepines

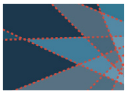
Given the potential risks and harmful effects, medical providers are cautioned against prescribing benzodiazepines to older adults. If a benzodiazepine is needed, prescribe the lowest dose for the shortest amount of time. Harmful effects of benzodiazepines can include:<sup>897</sup>

- Residual sedation.
- Decreased attention.
- Decreased memory and cognitive function.
- Changes in motor coordination.
- Increased risk of falls.
- Drug dependence and withdrawal.
- Increased risk of car accidents.

**Although life-threatening benzodiazepine overdoses are rare, the risk is higher in older adults because of age-related declines in medication metabolism.** In the event of a benzodiazepine overdose, low doses of a benzodiazepine antagonist are safe for older adults.<sup>898</sup>

Medically supervised withdrawal from benzodiazepines for older adults should include:<sup>899</sup>

- Counseling.
- A stepped withdrawal schedule.
- Client education about benzodiazepine use and withdrawal.



**Benzodiazepine withdrawal symptoms can be similar to alcohol withdrawal symptoms.** Withdrawal symptoms can include anxiety, sleep disturbances, and life-threatening complications such as seizures. A gradual, tapered approach to medically supervised withdrawal is best.

**Because older adults can have withdrawal symptoms even after taking the medication for relatively short periods of time, tapering should be gradual. It should last for a minimum of 4 weeks, although most clients need longer.**<sup>900</sup>

One study using a 22-week tapering protocol and education about the tapering process found that 27 percent of clients stopped taking benzodiazepines within 6 months, compared with 5 percent in the control group.<sup>901</sup> A review of 28 studies of older adults tapering off benzodiazepines reported positive outcomes and no serious harmful effects with tapering only (32 percent), tapering and CBT (32 percent), and tapering plus other medication (36 percent).<sup>902</sup>

### **Other Sedative-Hypnotics**

**Medical providers often prescribe sedative-hypnotic medication to older adults for insomnia.** Sedative-hypnotics should not be first-line treatment for insomnia. Some older adults can benefit from benzodiazepines and other sedative-hypnotics as short-term solutions to sleep issues. However, **long-term use of these medications increases the risk of physical dependence. Be very cautious prescribing them to older adults because of the increased risk of:**<sup>903</sup>

- Memory impairment.
- Falls.
- Fractures.
- Car accidents.

The consensus panel discourages treatment of insomnia with sedative-hypnotics for more than 7 to 10 days. Patients need frequent monitoring and reassessment if treatment continues past 2 to 3 weeks. Intermittent dosing at the lowest possible dose is best. Prescribe no more than a 30-day supply.

### **SLEEP HYGIENE TO REDUCE INSOMNIA IN OLDER ADULTS**

The aging process can cause changes in sleep that lead to increased awakenings during the night. Older clients who practice good sleep hygiene and receive CBT can retrain their bodies and brains for better, more restful sleep. Sleep-related best practices that combine principles of sleep hygiene with CBT include the following:<sup>904,905,906,907</sup>

- Avoid alcohol and caffeine, especially before bed.
- Take medications in the morning if possible, especially if they are stimulating or cause alertness.
- Don't take daytime naps.
- Follow a regular bedtime.
- Use the bedroom only for sleep and sexual activity; remove TVs, electronics, and items unrelated to sleep.
- Limit exercise to earlier in the day.
- Avoid heavy meals before bedtime.
- Learn relaxation techniques and use them before bed and during night waking.
- If awake for 10 to 15 minutes, get out of bed and do something quiet and relaxing (e.g., read a book in some place other than bed). Go back to bed only when sleepy. This helps the brain link the bedroom to sleep only.
- Keep a sleep diary to track habits and changes in sleep over time.

### **Cannabis**

**The widening legalization, availability, and social acceptance of cannabis has led to more frequent recreational and medicinal use of this drug by older adults. Sometimes, this results in cannabis use disorder (CUD).** According to DSM-5, CUD includes symptoms such as:<sup>908</sup>

- Taking cannabis in larger amounts or over a longer period than was planned by the person.
- Having an ongoing desire to cut down or control use or past unsuccessful efforts to do so.

- Failing to fulfill major role responsibilities at work, school, or home because of cannabis use.
- Experiencing tolerance or withdrawal.

Withdrawal symptoms can lead to a return to use and include:<sup>909</sup>

- Irritability.
- Depression.
- Anxiety.
- Sleep problems.
- Dysphoria (sad mood).

**Evidence-based treatments for CUD are lacking for the general population and for older adults.** More studies and interventions designed for older adults are needed.

**The National Institute on Drug Abuse recommends three behavioral approaches to treat CUD:**<sup>910</sup> motivational interviewing (MI), CBT, and contingency management.

### Stimulants

Stimulant intoxication (e.g., from cocaine or amphetamines) is linked to mental symptoms (e.g., anxiety, agitation, psychosis) as well as autonomic hyperactivity (i.e., high blood pressure, rapid heart rate). Benzodiazepines or neuroleptics may be prescribed for withdrawal-related symptoms, such as agitation and sleep issues (e.g., insomnia, extreme sleepiness).<sup>911</sup> Other withdrawal symptoms can include:

- Depression.
- Irritability.
- Anxiety.
- Psychosis.

**At this time, there are no FDA-approved, evidence-based pharmacological treatment options for individuals with cocaine use disorder<sup>912</sup> and no approved treatments specific to older adults with stimulant use disorders.** However, some pharmacotherapies have shown success in adult populations, including disulfiram, bupropion, and naltrexone.<sup>913</sup> **CBT remains the gold-standard treatment for stimulant cravings and return to stimulant use.**<sup>914</sup>

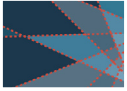
### Psychosocial Treatment Approaches

**Psychosocial interventions are generally effective in reducing and even stopping drug use and prescription medication misuse.** Some interventions, such as CBT, MI, and relapse prevention therapy, are effective for many types of drug use.<sup>915</sup> Medication treatments for drug use may be more effective in combination with psychosocial treatment, compared with either medication or psychosocial interventions alone.<sup>916,917</sup>

**It is unclear which psychosocial treatments are most effective for older adults with drug use disorders.** Some psychosocial approaches, like problem-solving therapy and CBT, have effectively treated older adults for other behavioral health issues (e.g., depression, tobacco addiction) that often co-occur with drug use disorders.<sup>918,919,920</sup> A systematic review found that older adults do as well as or better than younger adults across SUD treatment approaches.<sup>921</sup>

**You can adapt standard psychosocial counseling methods for use with older adults by:**

- Repeating information.
- Using a slower pace.
- Offering shorter sessions.
- Giving information in different ways (e.g., verbally, in large print) to match clients' level of physical and cognitive functioning.
- Using age-sensitive approaches with structured (not open-ended) questions. Such approaches are:
  - Supportive.
  - Nonconfrontational.
  - Responsive to gender/cultural differences.
  - Flexible (e.g., provide in-home or phone service for clients without transportation).
  - Focused on helping older adults learn/improve coping and social skills. (Chapter 4 of this TIP discusses CBT, MI, relapse prevention therapy, and problem-solving therapy treatment approaches for older adults in more detail.)



## Age-Specific Treatment

Age-specific treatment approaches and practices help older adults seek, participate in, and complete treatment. Such approaches also improve older adults' treatment experience (Exhibit 5.5). Whereas some older adults benefit from mixed-age addiction treatment, those ages 75 and older or with more chronic co-occurring health conditions and functional limitations benefit from age-specific treatment.<sup>922</sup> Regardless of the treatment approach, older adults prefer age-specific, age-sensitive approaches that are nonconfrontational, person centered, and flexible.

Age-specific programming<sup>923,924</sup> improves treatment completion and improves older adults' 12-month rates of abstinence. It also results in higher rates of attendance at group meetings compared with mixed-age treatment. Age-specific programs that have been studied have featured:<sup>925</sup>

- An emphasis on individual and group counseling and community activities.
- Adaptations such as slower pace and accommodations for vision, hearing, and cognitive impairment.

- Special topic groups for older adults focusing on:
  - Grief.
  - Loss.
  - Isolation.
  - Physical health issues.
  - Recreation.
  - Life changes.
  - Purpose.
  - Support.
- An emphasis on the therapeutic alliance while using CBT and MI, and a 12-Step philosophy.

**Exhibit 5.5 highlights important characteristics of age-specific treatment for older adults recommended by the consensus panel.**

## Referral Management and Care Coordination

Limited time and resources may keep you from treating older adults with drug use disorders. However, as part of care coordination, you should develop linkages with treatment providers who

### EXHIBIT 5.5. Age-Specific SUD Treatment for Older Adults

#### Accessibility

- Use a larger font on print and electronic client screening, assessment, and educational materials.
- Offer adaptations for individuals with cognitive, vision, or hearing impairments.
- Offer transportation, in-home services, and telephone checkups.
- Offer a sliding scale for self-paying clients.
- Use adaptations for individuals with physical disabilities and problems getting around.
- When needed, supply linkages to:
  - Food, clothing, and shelter.
  - Specialized medical services.
  - Older adult-focused social services.
  - Employment services.
  - Financial and housing assistance.

#### Program Specific

- Use a nonconfrontational manner emphasizing the therapeutic alliance while using therapeutic approaches that have been shown to work with older adults (e.g., CBT, MI, problem-solving therapy).
- Focus on building self-esteem and coping skills.
- Use a slower pace and adaptations for vision, hearing, and mild cognitive problems.
- Offer individual, group, and family counseling.
- Offer special topic groups for older adults.
- Give individual counseling and one-on-one attention.
- Ensure that staff are trained in the unique concerns and treatment needs of older adults.
- Use gender-specific content.
- Offer counseling with providers who specialize in geriatrics.
- Offer age-specific linkages to services within the community.
- Offer peer recovery support services geared to older adults.



can do so and with other resources within the community.<sup>926</sup> (See “Resource Alert: Developing Referral Resources” in Chapter 2 of this TIP.) **Referring older clients to the right level of treatment and offering ongoing coordination of care are the keys to getting positive outcomes for older adults in addiction treatment.**

Effective referral starts with matching your referral to the client’s stated goals and available resources. You must also address the client’s outlook and hopes for the referral.

**Once you make a referral, follow up with both the client and the other provider to make sure that the client is continuing in treatment. Work together with the other provider to offer ongoing care as needed.** (See Chapter 4 of this TIP for more strategies for referral management and care coordination.)

## Recovery Management

Recovery management is an organizing philosophy for addiction treatment and recovery support services. Recovery management can help individuals and family members participate in treatment and achieve long-term recovery.<sup>927</sup> Not everyone who uses illicit substances or misuses prescription medication needs ongoing recovery management support. However, **some older adults may need ongoing monitoring and recovery support**, especially if they have co-occurring medical conditions or mental disorders, experience social isolation, or receive little support from family and friends.<sup>928</sup>

Continuing care interventions that suit older adults and positively affect addiction treatment include:

- Home visits.
- Telephone counseling.
- Recovery checkups.
- Active linkage to community resources, such as recovery support groups.

Offering case management services and including supportive family members in the older adult’s treatment can also support ongoing recovery. (See also the “Family Involvement” section.)

## Case and Care Management Services

**Case and care management (CCM) services can help older adults reduce health-related risks of drug use or prescription medication misuse.** The CCM approach to addiction treatment is broad. It addresses clients’ overall health and connects them to recovery resources within the community, such as NA and AA. CCM services focus on getting clients into addiction treatment programs when needed and linking them to other services, like:

- Housing support.
- Employment services.
- Financial services.
- Specialty medical treatment.

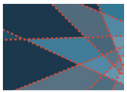
**CCM services are commonly available in community-based agencies, healthcare offices, and residential or long-term care facilities.**<sup>929</sup> Addiction treatment programs and comprehensive behavioral health programs also may have care coordination and resource linkage services, which are increasingly offered by peer recovery support specialists.

**CCM models can help older adults enter and stay in treatment, possibly because this approach seeks to reduce feelings of shame older adults often feel about entering treatment, and it provides support to the individual.** CCM does this by focusing on older adults’ overall health rather than just their drug use.<sup>930,931</sup> CCM strategies should help older adults gain access to age-related resources in the community that support recovery.<sup>932,933</sup>

## Family Involvement

**Involving family throughout treatment and ongoing recovery can help improve older clients’ chances of staying in addiction treatment. It can also improve treatment outcomes.** Family members:

- Often make first contact with treatment services.
- Can motivate the older adult to participate in treatment.



- Can help the older adult overcome barriers to access.
- Can help the older adult with the difficulties of the medical and specialized addiction treatment systems.
- Can provide important details about the client's history of and current substance use.

With the client's permission, involve family members and caregivers who support the older adult's recovery efforts:

- In the initial evaluation of the older adult.
- Throughout treatment.
- During ongoing recovery support.
- In posttreatment recovery plan development.

**Although family members and caregivers can be key in providing support, they may also feel shame related to their family member's drug use disorder. You can help them feel more open to being involved by stressing that addiction is a chronic illness, like heart disease, and reminding them of the confidential nature of treatment.** Without meaning to, sometimes family members exacerbate the older adult's drug use or prescription medication misuse by helping him or her get access to illicit substances or supporting the misuse of prescribed medication. Family members may benefit from psychoeducation, delivered in a nonjudgmental way, about the health risks of drug use and prescription medication misuse. (See Chapter 4 of this TIP for more information about family involvement in treatment and caregiver support resources.)

## Mutual-Help Groups

Twelve-Step recovery support groups offer community-based support for individuals who have drug use disorders, including people who are in continuing care following brief interventions or specialized addiction treatment.<sup>934</sup> A growing body of research suggests that mutual-help group participation improves long-term recovery, psychosocial outcomes, and self-efficacy.<sup>935,936</sup>

However, no systematic studies address outcomes for older adults. Even so, **mutual-help group participation may improve recovery and help older adults reduce social isolation, shame, and the effects of discrimination associated with drug use disorders.**<sup>937</sup>

**The key to linking older adults to mutual-help groups is finding available resources in your community and matching clients to specific groups that may be a better fit for older adults.**

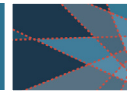
For example, when an older client cannot easily access an NA meeting, the client may benefit from attending AA meetings instead.<sup>938</sup> Older clients may feel more comfortable going to AA than NA, where participants are typically younger and use multiple substances.<sup>939</sup>

Key elements of 12-Step groups that are especially well suited to older adults include:<sup>940</sup>

- General social support, goal direction, and structure.
- Participation in substance-free social activities.
- Activities to improve participants' self-efficacy and coping skills.

These strategies can help you link older clients to community-based recovery support groups:

- Become familiar with age-friendly mutual-help groups available in your community.
- Contact local support group offices and ask which meetings are accessible to people with disabilities and have active members who are older adults.
- Ask groups to provide contact information for older adult members who can act as temporary sponsors or provide transportation.
- Link clients to peer recovery support specialists in your own organization or in the community.
- Urge older clients to attend several different meetings before they decide whether mutual help is something they want to pursue, because each meeting has its own tone and feeling.



## RESOURCE ALERT: SMART RECOVERY

SMART stands for Self-Management and Recovery Training. SMART Recovery is a network of local and online abstinence-focused addiction recovery support groups based on evidence-supported principles of CBT and MI approaches, which are appropriate for treating older adults. Unlike AA, NA, and Cocaine Anonymous, SMART Recovery meetings are run by trained volunteers and do not include a spiritual component. The SMART Recovery website ([www.smartrecovery.org](http://www.smartrecovery.org)) offers information about SMART Recovery principles and training opportunities, including how to become a facilitator for meetings. It includes a searchable database of local and online meetings. You can also learn more about SMART Recovery in Chapter 4 of this TIP.

## Clinical Scenarios

The clinical cases that follow give examples of substance misuse by older adults and ways to apply clinical interventions in these situations. Interventions and treatments can range from PCPs asking the older adult about personal use of substances (e.g., benzodiazepines, cannabis, cocaine, alcohol use with medication misuse or illicit substance use) to inpatient addiction treatment. The level of intensity of interventions and treatments for older adults depends on:

- The substance used.
- The level of use.
- Effects on and risks to client.

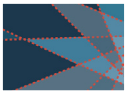
### Clinical Scenario: Benzodiazepine Misuse and Polypharmacy

For many older adults, the relationship with their PCP is often one of their strongest and most stable. Visits to their PCP provide an opportunity to screen for substance use and misuse, including substance use related to late-life changes (e.g., retirement, moving, grieving a death). **This scenario demonstrates thorough screening of a new client and strategies for problem-solving and referral.**

- **Sedative, Hypnotic, or Anxiolytic Use Disorder:** An older adult woman becomes physically dependent on benzodiazepines after long-term use and increases her health risk by taking benzodiazepines with other sedative-hypnotic medications.
- **Treatment Setting:** Outpatient healthcare clinic
- **Providers:** PCP; clinical social worker (CSW)
- **Treatment Strategies:** Screen for alcohol misuse; discuss history of sedative use; provide information on risks of taking substances together; explore tapering off benzodiazepines; refer to CSW who uses CBT strategies for anxiety; follow up with the client.

Joan is a 70-year-old widow who has two grown children who live far away from her. She started to have significant anxiety in her 50s, when the company she worked for closed and her job ended. She was never able to look for or find a job again. At that time, she was prescribed a benzodiazepine by her PCP and she has taken it for many years. In the past year, her husband died, and she moved from her house to an apartment because she could not afford to stay in the house. She became more anxious and started taking extra doses of the benzodiazepine. Her sister also has a benzodiazepine prescription and has given Joan extra pills when she runs out, which happens more often lately. Joan has arthritis pain, making sleep difficult. To help with this, her doctor prescribed sleeping pills on a short-term basis. Joan stopped drinking alcohol when her husband stopped drinking 10 years before his death.

Her long-term PCP retired recently—another significant loss for Joan. She started seeing a new PCP at the same group practice after the nurse care manager reached out by phone to set up an initial consultation. Her new provider is screening all new clients for a variety of health behaviors. The PCP asks Joan about her alcohol use and notes that she has been taking benzodiazepines for more than a decade. Joan states, “I have been taking Xanax for years for my ‘nerves.’ It made it easier for me to go to social events and church after Jake died.” Joan also says that the pills make it a little easier to sleep but that she has recently had to take more sleeping pills to get any sleep at all. Joan likes her new doctor, so she is willing to talk



about her benzodiazepine dosage. She discusses how she gets some extra pills from her sister because she runs out before the prescriptions are ready to be filled and starts to feel “bad.”

At this meeting, the new PCP discusses Joan’s anxiety and, in a nonjudgmental way, gives information about the risks of taking benzodiazepines for a long time, taking more than prescribed, and adding sleeping pills to the mix. She says, “You know, many people who take this medication for a long time, even as prescribed, start to need a higher dose just to keep the anxiety at bay or then add a sleeping pill because the tranquilizer isn’t working anymore. There are some options we can talk about that could help you feel better without all of this medication. Can we discuss some options and figure out together what might work best for you?” Joan says that she would like not to have to take so many pills, and she worries that if her sister isn’t around, she won’t be able to get more tranquilizers from her.

The PCP and Joan discuss several options, including a long-term taper from the benzodiazepines, and work together to find the best option for Joan. The PCP explains the tapering process and explains how Joan can manage anxiety and sleep problems as she tapers off the medication. Initially, Joan is a bit nervous about tapering off the medication but agrees to this option after the PCP reassures her that she will work closely with her to make sure the taper is adjusted correctly for her situation.

The PCP then asks Joan whether she would be willing to talk to the clinic’s social worker about connecting with age-friendly activities in the community and learning to manage her anxiety without medication. Joan says “yes.” The PCP walks Joan over to the social worker’s office and introduces Joan to her. They set up an appointment for an initial visit.

The social worker is trained in CBT strategies to manage anxiety and introduces them to Joan at her initial visit. In their next session, the social worker discusses with Joan how the CBT is affecting her ability to manage anxiety. The social worker continues to see Joan weekly. Each week, Joan gets a structured, between-session assignment and a quick telephone reminder about practicing the exercise.

## CBT FOR ANXIETY AMONG OLDER ADULTS

A review of psychosocial treatments for anxiety among older adults found that CBT had the strongest research support.<sup>941</sup> The authors reported that CBT could be even more useful for older adults when adapted to their needs. Some of these adaptations include:<sup>942</sup>

- Simpler CBT interventions.
- Between-session reminder phone calls.
- A weekly review of concepts discussed.
- At-home assignments.

The social worker also helps Joan connect with social activities she enjoys. With support, Joan feels she can improve how she feels physically and emotionally. Her PCP is in contact with Joan’s social worker and sees Joan on a regular basis to assess how well the taper is going and whether it needs adjustment.

## Clinical Scenario: Use of Opioids and Alcohol for Pain Management

When older adults taking pain medication use alcohol, they can experience additional negative health effects. Older adults who live in retirement communities and long-term residential care facilities often find themselves in social situations where drinking is supported.<sup>943</sup> Visits to the PCP provide a chance to screen for alcohol misuse as well as offer new options for pain management.

**This scenario demonstrates screening thoroughly before prescribing additional pain medication, educating clients on the dangers of using alcohol with medication, and providing nonpharmacological pain management strategies.**

- **ODU and Alcohol Misuse:** An older adult living in a retirement community who drinks to socialize becomes physically dependent on opioids after surgery.
- **Treatment Setting:** Outpatient healthcare clinic
- **Providers:** PCP; NP

- **Treatment Strategies:** Screen for prescription drug and alcohol use; discuss current health status of the client; provide information on risks of using alcohol while taking opioids; perform initial brief interventions; suggest physical therapy and a tapering program; conduct multiple follow-up brief interventions and calls with the client.

Louise is a 75-year-old retired middle school teacher who is married. She and her husband, a retired high school principal, just celebrated their 50th wedding anniversary. They have a son, a daughter, and three grandchildren. For the past 5 years, they have lived in a retirement community. They have made friends in the community and take part in activities, including golf, exercise classes, card games, and book clubs. Many of these events include alcohol. In addition, the community sponsors regular happy hour gatherings at the clubhouse that Louise and her husband also attend.

One month ago, Louise had knee replacement surgery. She began taking opioids for pain in the hospital and was sent home with a prescription so that she could continue to use the medication during rehabilitation. She was still having pain during the day, with greater pain at night. To add to the effects of the opioids and make them “go further,” she drank wine at the usual get-togethers with friends and had additional drinks in the evening before bed. A neighbor, Pat, had prescription opioids from a past surgery. She offered them to Louise to help “tide her over” until she saw her doctor. Louise waited to make an appointment until she was almost out of her neighbor’s opioid medication.

Louise makes an appointment with her PCP to see whether she can get more pain medication. She tells her PCP that the pain is not going away, and that she is almost out of medication. The PCP talks with Louise about her pain and screens for amount and frequency of alcohol use and medication use. He discovers that she is drinking while taking the opioids and has been using more opioids than recommended. He then gives her nonjudgmental feedback about the results of the screens. He says, “Based on your answers to my questions about your alcohol use and use of pain medication, it looks like you are at risk for some serious health

problems if you continue drinking alcohol and taking medication in this way. We know that when people your age drink and take the kind of pain medication you are on, they can have problems with their breathing, ability to move around, or memory. Are any of those happening to you?” Louise starts to become concerned and responds, “You know, I have been getting more confused about things lately and feeling like I sometimes have a hard time breathing easily. But I am worried about the pain and how I will manage without pain medicine or extra alcohol.”

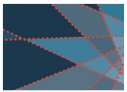
The PCP acknowledges her concerns by stating that maintaining her health and level of activity is important. The PCP asks whether she would be willing to work with him and an NP to come up with a plan to manage her pain while lowering the health risks she faces by drinking and using pain medication at the same time. Louise says, “Well, what’s most important to me is to get my knee in good shape again.”

The PCP supports Louise’s goal and calls in the NP, who is trained in giving substance-related brief interventions and has worked with other clients to help them cut back on alcohol and reduce or stop their use of opioids. The NP schedules Louise for two face-to-face meetings and two follow-up phone calls between visits. She and Louise develop a treatment plan that includes Louise going to physical therapy and a rehabilitative exercise class in her community to help her knee heal and improve her range of motion so she can get back to golfing with her group. Louise also agrees to keep track of her alcohol use and to follow an opioid taper plan over the next month to get off the pain medication.

### Clinical Scenario: Screening, Assessment, and Referral to Addiction Treatment

Older adults with a history of substance misuse have increased risk of return to substance use when they have additional stressors (e.g., injury, divorce, family conflict). Heavy substance use also leads to many health problems; these are often the primary reason a client seeks treatment or winds up in the ED. A study found that SBIRT in an ED setting was a factor in reducing substance use at follow-up, suggesting that an ED visit for another medical





problem may be a “turning point” for many individuals with substance misuse concerns.<sup>944</sup> **This scenario shows the importance of the ED as a setting for screening, assessment, and referral; it also demonstrates strategies providers can use to take advantage of “teachable moments” with clients.**

- **Cannabis and Alcohol Misuse:** An older adult with a long history of alcohol and cannabis misuse has co-occurring medical conditions.
- **Treatment Setting:** ED of a community hospital
- **Provider:** ED attending physician
- **Treatment Strategies:** Get the client medically stable; order a blood test screen for alcohol; order a urine screen for cannabis; discuss the current state of the client; provide information on the risks of using alcohol with cannabis; conduct a brief intervention; recommend short-stay, inpatient detoxification and treatment followed by outpatient care.

Walter is 69 years old and divorced. He lives with his girlfriend. He has an adult son and a granddaughter. Walter likes to hunt and fish with his male friends but has little other social contact. Walter had some problems with alcohol when he was younger, including being arrested for driving under the influence. He cut back on drinking but started smoking cannabis daily. After he got married, he stopped using cannabis and drank only occasionally for several years. He started drinking heavily and smoking cannabis again after an on-the-job back injury in his early 50s. He divorced 10 years ago and retired the next year. He met Sally, his long-term girlfriend, 5 years ago. Walter drinks heavily and uses cannabis daily. In the past year, there have been many times when he did not remember what he did when he was intoxicated. His girlfriend used to enjoy smoking cannabis and drinking with him, but as he increased his use, she is no longer comfortable living with him and has threatened to move out if he keeps using.

Walter has been having some health problems, including high blood pressure, diabetes, and chronic back pain. He sometimes forgets to take his medications. He was stopped by the police for unsafe driving recently but was not arrested.

In addition, he had a falling out with his son and daughter-in-law. They do not want him spending time with his granddaughter because he is often drunk and high.

A week later, he starts drinking and smoking cannabis when he wakes in the morning and continues to use all day, passing out in the late afternoon. When he awakens a few hours later, he has chest pain, nausea, and sweating. Worried of a heart attack, his girlfriend takes him to the ED. The attending physician sees him immediately, takes a medical history, and orders lab tests to rule out a heart attack. However, a blood draw shows his blood alcohol level is 0.18. A urine screen is positive for cannabis. The ED physician then performs a more indepth screen and assessment of Walter’s substance use history and, with Walter’s permission, invites Sally to discuss the effects of Walter’s drinking and cannabis use.

Once Walter is less intoxicated, the ED physician talks with him about his medical status. In a nonjudgmental and nonconfrontational tone, he says, “Walter, the good news is that you did not have a heart attack. Based on your other lab tests, your age, and other medical conditions and what you and Sally have told me about your drinking and cannabis use, I want you to think about a short stay at an inpatient treatment program so you can get a handle on your substance use.” At first, Walter is not sure, but then Sally supports him. He then says, “I feel so sick, and thinking I was having a heart attack really scared me. I guess it’s the best thing for me to do.” The ED physician introduces Walter and Sally to the nurse care manager and assures them that she can answer any questions they have about the treatment process and will help transfer his care to the inpatient program.

### Clinical Scenario: Polysubstance Misuse With Co-Occurring Medical Conditions

More and more older adults with a history of illicit drug use, particularly heroin and cocaine, are being admitted to inpatient addiction treatment programs.<sup>945,946</sup> Cocaine use in older adults is related to multiple medical problems, including higher rates of high blood pressure, breathing issues, heart attack, stroke, and cognitive

impairment.<sup>947</sup> Older adults with a long history of polysubstance misuse (misuse of multiple substances at the same time) and co-occurring medical conditions are at risk for return to substance use and lack of follow-up for medical conditions after inpatient treatment. **This scenario demonstrates referral management and ongoing recovery support strategies for an older adult with a history of polysubstance misuse and co-occurring medical conditions.**

- **Polysubstance Misuse:** An older adult has a history of misuse of heroin and cocaine.
- **Treatment Setting:** Inpatient detoxification and rehabilitation program
- **Provider:** Licensed alcohol and drug counselor (LADC) on a multidisciplinary treatment team
- **Treatment Strategies:** Offer referral and recovery management strategies before discharge.

Hal is 74 years old and never married. He started using heroin as a soldier in the Vietnam War. After discharge from the service, he started using cocaine to stay awake during his night shift at the post office. His drug use stayed about the same for many years but increased after he retired. He lives alone, and his social life includes playing poker with friends on Thursdays. During a recent game, Hal had numbness in his arm and slurred speech. One of his buddies brings him to the ED. Hal is having a mild stroke. After he is medically stabilized, Hal enters an extended-care inpatient SUD treatment program. After 8 weeks of treatment, Hal meets with his primary counselor to discuss his continuing care plan.

### ADAPTING RESIDENTIAL CARE FOR OLDER ADULTS

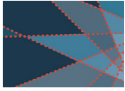
Because many older adults have problems getting around, upon admission to residential and inpatient programs, older adults can benefit from being paired with a “senior buddy” to help them learn the facility and move from one treatment activity to another.<sup>948</sup>

The counselor opens the conversation by saying, “Hal, you’ve done really well in treatment. You’ve participated fully in therapy and educational groups here and have a solid plan to keep yourself from relapsing and to help you cope with any triggers to use once you go home.” Hal responds, “Thanks. It’s good to hear that you think I’ve been doing well. Frankly, I was kind of anxious when I was first admitted to the program. It really helped that you paired me up with Bill to show me the ropes.”

The counselor says, “Let’s talk about your goals for ongoing recovery.” Hal says he doesn’t want to go back to using but worries that he has no recovery support back home. He says, “My poker buddies all drink and smoke pot. Even though that wasn’t my thing, I think that will be a trigger to use again. I liked the NA meetings a lot, but I live in a really small town, and there aren’t any NA meetings nearby.”

Hal’s counselor had already contacted the AA central service office closest to Hal and gotten the names and contact information of an older AA volunteer who would be willing to help Hal get to meetings and act as a temporary sponsor. The counselor says, “I already talked to Jerry. It turns out he is a Vietnam vet, too.” Hal says that talking to someone who has “been there” would be a big help to him.

Hal and his counselor talk about other recovery management options, like linking with a counselor and a continuing care group at an outpatient SUD treatment program nearby and getting Hal an appointment with a PCP who can provide medical care. The counselor tells Hal of a recovery checkup program with a peer recovery support specialist who will call him regularly to see how he is doing and whether he needs linkage to other community resources. The counselor will provide a “warm handoff” by introducing Hal to the specialist before discharge. Hal says, “That sounds great. It will be nice to have that connection to the rehab.” Hal and his counselor write down his continuing care plan and all contact information. His counselor says, “Your homework is to call the AA contact and schedule a meeting after your discharge on



Thursday. Mine is to make referrals to the PCP and outpatient addiction counseling program.” Hal is satisfied with the recovery plan and motivated to follow through and continue his recovery program.

## Summary

Widespread screening, brief intervention, and referral and recovery management are essential to the successful treatment of drug use and prescription medication misuse, including drug use disorders, in older adults. Whatever specific treatment method or strategy you use when working with older adults who have drug use disorders, make sure it is nonconfrontational and age sensitive. Ongoing recovery management strategies increase the chance that improvements will continue over time and not only help older adults reduce negative drug-related health and behavioral outcomes, but also improve the quality of their lives.

## Chapter 5 Resources

### Provider Resources

**National Council on Aging—Resources** ([www.ncoa.org/audience/professional-resources/?post\\_type=ncoaresource](http://www.ncoa.org/audience/professional-resources/?post_type=ncoaresource)): This resource provides a searchable database of articles, webinars, and manuals.

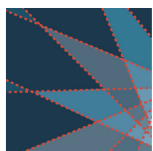
### Consumer Resources

**FindTreatment.gov** (<https://findtreatment.gov>): People seeking treatment for SUDs can use this federal locator maintained by SAMHSA to find treatment facilities based on location, availability of treatment for co-occurring mental disorders, availability of telemedicine care, payment option, age, languages spoken, and access to medication for OUD. The site also links to information on understanding addiction, understanding mental illness, and paying for treatment.

**SAMHSA—Behavioral Health Treatment Services Locator** (<https://findtreatment.samhsa.gov/>): SAMHSA offers people seeking treatment for addiction or mental illness a confidential, anonymous information source about treatment facilities in the United States and U.S. Territories.

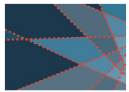
**SAMHSA's National Helpline** ([www.samhsa.gov/find-help/national-helpline](http://www.samhsa.gov/find-help/national-helpline)): The National Helpline is a free, confidential, 24/7, 365-days-a-year treatment referral and information service (in English and Spanish) for people facing mental disorders and SUDs. The toll-free phone number is 1-800-662-HELP (4357) or 800-487-4889 (TTY).

**Faces & Voices of Recovery—Guide to Mutual Aid Resources** (<https://facesandvoicesofrecovery.org/resources/mutual-aid-resources>): Visitors can find a listing of mutual-help group contact information.



## Appendix—Bibliography

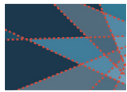
- <sup>1</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>2</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>3</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>4</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>5</sup> Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- <sup>6</sup> Family Caregiver Alliance. (2019, April 17). Caregiver statistics: Demographics. Retrieved from [www.caregiver.org/caregiver-statistics-demographics](http://www.caregiver.org/caregiver-statistics-demographics)
- <sup>7</sup> Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from [www.drugs.com/drug\\_interactions.html](http://www.drugs.com/drug_interactions.html)
- <sup>8</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>9</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>10</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>11</sup> Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from [www.cdc.gov/alcohol/faqs.htm](http://www.cdc.gov/alcohol/faqs.htm)
- <sup>12</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>13</sup> World Health Organization. (2018). Management of substance abuse: Psychoactive substances. Retrieved from [www.who.int/substance\\_abuse/terminology/psychoactive\\_substances/en/](http://www.who.int/substance_abuse/terminology/psychoactive_substances/en/)
- <sup>14</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>15</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>16</sup> Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from [https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS\\_2019/2019-NSSATS-R.pdf](https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf)
- <sup>17</sup> Blazer, D. G. (2013). The Institute of Medicine report on the mental health and substance use workforce for older adults: A reflection. *American Journal of Geriatric Psychiatry*, 21(10), 1038–1042.
- <sup>18</sup> Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from [https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS\\_2019/2019-NSSATS-R.pdf](https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf)
- <sup>19</sup> Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., ... Hasin, D. S. (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, 74(9), 911–923.



- <sup>20</sup> Han, B. H. (2018). Aging, multimorbidity, and substance use disorders: The growing case for integrating the principles of geriatric care and harm reduction. *International Journal of Drug Policy*, 85, 135–136.
- <sup>21</sup> Gfroerer, J., Penne, M., Pemberton, M., & Folsom, R. (2003). Substance abuse treatment need among older adults in 2020: The impact of the aging baby-boom cohort. *Drug and Alcohol Dependence*, 69(2), 127–135.
- <sup>22</sup> Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- <sup>23</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>24</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>25</sup> Vincent, G. K., & Velkoff, V. A. (2010). *The next four decades: The older population in the United States: 2010 to 2050*. Washington, DC: Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau.
- <sup>26</sup> Fox-Grage, W. (2016, April 18). The growing racial and ethnic diversity of older adults. Retrieved from <https://blog.aarp.org/thinking-policy/the-growing-racial-and-ethnic-diversity-of-older-adults>
- <sup>27</sup> Gfroerer, J., Penne, M., Pemberton, M., & Folsom, R. (2003). Substance abuse treatment need among older adults in 2020: The impact of the aging baby-boom cohort. *Drug and Alcohol Dependence*, 69(2), 127–135.
- <sup>28</sup> Wu, L.-T., & Blazer, D. G. (2011). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health*, 23(3), 481–504.
- <sup>29</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115.
- <sup>30</sup> Davies, E. A., & O'Mahony, M. S. (2015). Adverse drug reactions in special populations: The elderly. *British Journal of Clinical Pharmacology*, 80, 796–807.
- <sup>31</sup> Grant, B. F., Goldstein, R. B., Saha, T. D., Chou, S. P., Jung, J., Zhang, H., ... Hasin, D. S. (2015). The epidemiology of DSM-5 alcohol use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions, III. *JAMA Psychiatry*, 72, 757–766.
- <sup>32</sup> Grant, B. F., Saha, T. D., Ruan, W. J., Goldstein, R. B., Chou, S. P., Jung, J., ... Hasin, D. S. (2016). Epidemiology of DSM-5 drug use disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions-III. *JAMA Psychiatry*, 73, 39–47.
- <sup>33</sup> Choi, N. G., DiNitto, D. M., & Marti, C. N. (2016). Older-adult marijuana users and ex-users: Comparisons of sociodemographic characteristics and mental and substance use disorders. *Drug and Alcohol Dependence*, 165, 94–102.
- <sup>34</sup> Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*, 14(1), 74–81.
- <sup>35</sup> Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Department of Health and Human Services.
- <sup>36</sup> Whitlock, E. P., Polen, M. R., Green, C. A., Orleans, T., & Klein, J. (2004). Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 140(7), 557–568.
- <sup>37</sup> Kuerbis, A. N., Yuan, S. E., Borok, J., LeFevre, P., Kim, G. S., Lum, D., ... Moore, A. A. (2015). Testing the initial efficacy of a mailed screening and brief feedback intervention to reduce at-risk drinking in middle-aged and older adults: The Comorbidity Alcohol Risk Evaluation Study. *Journal of the American Geriatrics Society*, 63(2), 321–326.
- <sup>38</sup> Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, 105(1), 205–211.
- <sup>39</sup> Ettner, S. L., Xu, H., Duru, O. K., Ang, A., Tsengh C.-H., Tallen, L., ... Moore, A. A. (2014). The effect of an educational intervention on alcohol consumption, at-risk drinking, and health care utilization in older adults: The Project SHARE study. *Journal of Studies on Alcohol and Drugs*, 75(3), 447–457.
- <sup>40</sup> Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction*, 99(10), 1286–1297.
- <sup>41</sup> Oslin, D. W., Pettinati, H., & Volpicelli, J. R., (2002). Alcoholism treatment adherence: Older age predicts better adherence and drinking outcomes. *American Journal of Geriatric Psychiatry*, 10(6), 740–747.

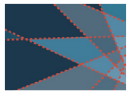


- 42 Taylor, M. H., & Grossberg, G. T. (2012). The growing problem of illicit substance abuse in the elderly: A review. *Primary Care Companion for CNS Disorders*, 14(4).
- 43 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 44 National Institute on Alcohol Abuse and Alcoholism. (n.d.). What's a "standard" drink? Retrieved June 14, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx)
- 45 Callahan, C. M., & Tierney, W. M. (1995). Health services use and mortality among older primary care patients with alcoholism. *Journal of the American Geriatrics Society*, 43(12), 1378–1383.
- 46 Kirchner, J. E., Zubritsky, C., Cody, M., Coakley, E., Chen, H., Ware, J. H., ... Levkoff, S. (2007). Alcohol consumption among older adults in primary care. *Journal of General Internal Medicine*, 22(1), 92–97.
- 47 Weyerer, S., Schäufele, M., Eifflaender-Gorfer, S., Köhler, L., Maier, W., Haller, F., ... Steffi, G. (2009). At-risk alcohol drinking in primary care patients aged 75 years and older. *International Journal of Geriatric Psychiatry*, 24(12), 1376–1385.
- 48 Kirchner, J. E., Zubritsky, C., Cody, M., Coakley, E., Chen, H., Ware, J. H., ... Levkoff, S. (2007). Alcohol consumption among older adults in primary care. *Journal of General Internal Medicine*, 22(1), 92–97.
- 49 Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from [www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf](http://www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf)
- 50 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Older adults. Retrieved from [www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults](http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults)
- 51 Bagnardi, V., Rota, M., Botteri, E., Tramacere, I., Islami, F., Scotti, L., ... LaVecchia, C. (2015). Alcohol consumption and site-specific cancer risk: A comprehensive dose-response meta-analysis. *British Journal of Cancer*, 112(3), 580–593.
- 52 Bagnardi, V., Rota, M., Botteri, E., Tramacere, I., Islami, F., Fedirki, L., ... LaVecchia, C. (2013). Light alcohol drinking and cancer: A meta-analysis. *Annals of Oncology*, 24(2), 301–308.
- 53 Shaw, B. A., Agahi, N., & Krause, N. (2011). Are changes in financial strain associated with changes in alcohol use and smoking among older adults? *Journal of Studies on Alcohol and Drugs*, 72(6), 917–925.
- 54 Sacco, P., Bucholz, K. K., & Harrington, D. (2014). Gender differences in stressful life events, social support, perceived stress, and alcohol use among older adults: Results from a national survey. *Substance Use and Misuse*, 49(4), 456–465.
- 55 Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- 56 Holton, A. E., Gallagher, P., Fahey, T., & Cousins, G. (2017). Concurrent use of alcohol interactive medications and alcohol in older adults: A systematic review of prevalence and associated adverse outcomes. *BMC Geriatrics*, 17(1), 148.
- 57 Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, Clinical and Experimental Research*, 39(2), 371–379.
- 58 Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, Clinical and Experimental Research*, 39(2), 371–379.
- 59 Moore, A. A., Whiteman, E. J., & Ward, K. T. (2007). Risks of combined alcohol/medication use in older adults. *American Journal of Geriatric Pharmacotherapy*, 5(1), 64–74.
- 60 National Center for Health Statistics. (2019). *Health, United States, 2018*. Retrieved from [www.cdc.gov/nchs/data/abus/abus18.pdf](http://www.cdc.gov/nchs/data/abus/abus18.pdf)
- 61 Qato, D. M., Wilder, J., Schumm, L. P., Gillet, V., & Alexander, G. C. (2016). Changes in prescription and over-the-counter medication and dietary supplement use among older adults in the United States, 2005 vs. 2011. *JAMA Internal Medicine*, 176(4), 473–482.
- 62 Davies, E. A., & O'Mahony, M. S. (2015). Adverse drug reactions in special populations: The elderly. *British Journal of Clinical Pharmacology*, 80, 796–807.
- 63 Bush, D. M. (2013). Emergency department visits for drug misuse or abuse involving the pain medication tramadol. *The CBHSQ Report*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/sites/default/files/report\\_1966/ShortReport-1966.html](http://www.samhsa.gov/data/sites/default/files/report_1966/ShortReport-1966.html)
- 64 Agency for Healthcare Research and Quality. (2019, September). Patient safety primer: Medication administration errors. Retrieved October 10, 2019, from <https://psnet.ahrq.gov/primer/medication-administration-errors>



- <sup>65</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>66</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>67</sup> Aira, M., Hartikainen, S., & Sulkava, R. (2008). Drinking alcohol for medicinal purposes by people aged over 75: A community-based interview study. *Family Practice*, 25(6), 445–449.
- <sup>68</sup> Levi-Minzi, M. A., Surratt, H. L., Kurtz, S. P., & Buttram, M. E. (2013). Under treatment of pain: A prescription for opioid misuse among the elderly. *Pain Medicine*, 14(11), 1719–1729.
- <sup>69</sup> Christie, M. M., Bamber, D., Powell, C., Arrindell, T., & Pant, A. (2013). Older adult problem drinkers: Who presents for alcohol treatment? *Aging and Mental Health*, 17(1), 24–32.
- <sup>70</sup> Colliver, J. D., Compton, W. M., Gfroerer, J. C., & Condon, T. (2006). Projecting drug use among aging baby boomers in 2020. *Annals of Epidemiology*, 16, 257–265.
- <sup>71</sup> Olfson, M., Wang, S., Iza, M., Crystal, S., & Blanco, C. (2013). National trends in the office-based prescription of schedule II opioids. *Journal of Clinical Psychiatry*, 74(9), 932–939.
- <sup>72</sup> Dobscha, S. K., Lovejoy, T. I., Morasco, B. J., Kovas, A. E., Peters, D. M., Hart, K., ... McFarland, B. H. (2016). Predictors of improvements in pain intensity in a national cohort of older veterans with chronic pain. *Journal of Pain*, 17(7), 824–835.
- <sup>73</sup> Jones, C. M., Paulozzi, L. J., & Mack, K. A. (2014). Alcohol involvement in opioid pain reliever and benzodiazepine drug abuse-related emergency department visits and drug-related deaths: United States, 2010. *Morbidity and Mortal Weekly Report*, 63(40), 881–885.
- <sup>74</sup> Food and Drug Administration. (2017). FDA Drug Safety Communication: FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; Requires its strongest warning. Retrieved from [www.fda.gov/Drugs/DrugSafety/ucm518473.htm](http://www.fda.gov/Drugs/DrugSafety/ucm518473.htm)
- <sup>75</sup> van der Schrier, R., Roozkrans, M., Olofsen, E., Aarts, L., & van Velzen, M. (2017). Influence of ethanol on oxycodone-induced respiratory depression: A dose-escalating study in young and elderly individuals. *Anesthesiology*, 126(3), 534–542.
- <sup>76</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). *Multiple cause of death data 1999-2018 on CDC WONDER* [Data set]. Retrieved April 14, 2020, from <https://wonder.cdc.gov/mcd.html>
- <sup>77</sup> Food and Drug Administration. (2017). FDA Drug Safety Communication: FDA urges caution about withholding opioid addiction medications from patients taking benzodiazepines or CNS depressants: Careful medication management can reduce risks. Retrieved from [www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-urges-caution-about-withholding-opioid-addiction-medications](http://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-urges-caution-about-withholding-opioid-addiction-medications)
- <sup>78</sup> Maust, D. T., Kales, H. C., Wiechers, I. R., Blow, F. C., & Olfson, M. (2016). No end in sight: Benzodiazepine use in older adults in the United States. *Journal of the American Geriatrics Society*, 64, 2546–2553.
- <sup>79</sup> Woolcott, J. C., Richardson, K. J., & Wiens, M. O. (2009). Meta-analysis of the impact of 9 medication classes on falls in elderly persons. *Archives of Internal Medicine*, 169(21), 1952–1960.
- <sup>80</sup> Tannenbaum, C., Paquette, A., Hilmer, S., Holroyd-Leduc, J., & Carnahan, R. (2012). A systematic review of amnestic and non-amnestic mild cognitive impairment induced by anticholinergic, antihistamine, GABAergic, and opioid drugs. *Drugs and Aging*, 29(8), 639–658.
- <sup>81</sup> Dassanayake, T., Michie, P., Carter G., & Jones, A. (2011). Effects of benzodiazepines, antidepressants and opioids on driving. *Drug Safety*, 34(2), 125–156.
- <sup>82</sup> Jones, C. M., Mack, K. A., & Paulozzi, L. J. (2013). Pharmaceutical overdose deaths, United States, 2010. *JAMA*, 309(7), 657–659.
- <sup>83</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>84</sup> Compton, W. M., Han, B., Hughes, A., Jones, C. M., & Blanco, C. (2017). Use of marijuana for medical purposes among adults in the United States. *JAMA*, 317, 209–211.
- <sup>85</sup> Minerbi, A., Häuser, W., & Fitzcharles, M. A. (2019). Medical cannabis for older patients. *Drugs and Aging*, 36(1), 39–51.
- <sup>86</sup> Minerbi, A., Häuser, W., & Fitzcharles, M. A. (2019). Medical cannabis for older patients. *Drugs and Aging*, 36(1), 39–51.
- <sup>87</sup> Briscoe, J., & Casarett, D. (2018). Medical marijuana use in older adults. *Journal of the American Geriatrics Society*, 66, 859–863.

- <sup>88</sup> McCance-Katz, E. F. (2019). Urgent and emerging issues in prevention: Marijuana, kratom, e-cigarettes. Retrieved from [www.samhsa.gov/sites/default/files/samhsas\\_15th\\_annual\\_prevention\\_day\\_afternoon\\_plenary\\_recording.pdf](http://www.samhsa.gov/sites/default/files/samhsas_15th_annual_prevention_day_afternoon_plenary_recording.pdf)
- <sup>89</sup> Alsherbiny, M. A., & Li, C. G. (2018). Medicinal cannabis—Potential drug interactions. *Medicines (Basel)*, 6(1), 3.
- <sup>90</sup> Bolla, K. I., Brown, K., Eldreth, D., Tate, K., & Cadet, J. L. (2002). Dose-related neurocognitive effects of marijuana use. *Neurology*, 59(9), 1337–1343.
- <sup>91</sup> Hayatbakhsh, M. R., Najman, J. M., Jamrozik, K., Mamun, A. A., Alati, R., & Bor, W. (2007). Cannabis and anxiety and depression in young adults: A large prospective study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(3), 408–417.
- <sup>92</sup> van Laar, M., van Dorsselaer, S., Monshouwer, K., & de Graaf, R. (2007). Does cannabis use predict the first incidence of mood and anxiety disorders in the adult population? *Addiction*, 102(8), 1251–1260.
- <sup>93</sup> Briscoe, J., & Casarett, D. (2018). Medical marijuana use in older adults. *Journal of the American Geriatrics Society*, 66, 859–863.
- <sup>94</sup> ElSohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in cannabis potency over the last 2 decades (1995–2014): Analysis of current data in the United States. *Biological Psychiatry*, 79(7), 613–619.
- <sup>95</sup> Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: Summary of national findings*. NSDUH Series H-48. HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- <sup>96</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>97</sup> Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- <sup>98</sup> Qato, D. M., Wilder, J., Schumm, L. P., Gillet, V., & Alexander, G. C. (2016). Changes in prescription and over-the-counter medication and dietary supplement use among older adults in the United States, 2005 vs. 2011. *JAMA Internal Medicine*, 176(4), 473–482.
- <sup>99</sup> Qato, D. M., Wilder, J., Schumm, L. P., Gillet, V., & Alexander, G. C. (2016). Changes in prescription and over-the-counter medication and dietary supplement use among older adults in the United States, 2005 vs. 2011. *JAMA Internal Medicine*, 176(4), 473–482.
- <sup>100</sup> Satre, D. D., Chi, F., Mertens, J., & Weisner, C. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73, 459–468.
- <sup>101</sup> Sajatovik, M., Blow, F., & Ignacio, R. V. (2006). Psychiatric comorbidity in older adults with bipolar disorder. *International Journal of Geriatric Psychiatry*, 21, 582–587.
- <sup>102</sup> Bartels, S. J., Blow, F. C., Van Citters, A. D., & Brockmann, L. M. (2006). Dual diagnosis among older adults: Co-occurring substance abuse and psychiatric illness. *Journal of Dual Diagnosis*, 2(3), 9–30.
- <sup>103</sup> Bartels, S. J., Miles, K. M., Oxman, T. E., Zimmerman, S., Cori, L. A., Pomerantz, A. S., ... Mendolevich, N. (2006). Correlates of co-occurring depressive symptoms and alcohol use in an older primary care clinic population. *Journal of Dual Diagnosis*, 2(3), 57–72.
- <sup>104</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>105</sup> Satre, D. D., Chi, F., Mertens, J., & Weisner, C. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73, 459–468.
- <sup>106</sup> Satre, D. D., Chi, F., Mertens, J., & Weisner, C. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73, 459–468.
- <sup>107</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>108</sup> Wu, L. T., & Blazer, D. G. (2011). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health*, 23(3), 481–504.
- <sup>109</sup> Klein, W. C., & Jess, C. (2002). One last pleasure? Alcohol use among elderly people in nursing homes. *Health and Social Work*, 27(3), 193–203.
- <sup>110</sup> Benshoff, J. J., Harrawood, L. K., & Koch, D. S. (2003). Substance abuse and the elderly: Unique issues and concerns. *Journal of Rehabilitation*, 69(2), 43.
- <sup>111</sup> Whitlock, E. P., Green, C. A., & Polen, M. R. (2004). Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: A summary of the evidence for the U.S. Preventive Services Task Force. *Annals of Internal Medicine*, 140(7), 557–568.



- <sup>112</sup> Kuerbis, A. N., Yuan, S. E., Borok, J., LeFevre, P., Kim, G. S., Lum, D., ... Moore, A. A. (2015). Testing the initial efficacy of a mailed screening and brief feedback intervention to reduce at-risk drinking in middle-aged and older adults: The Comorbidity Alcohol Risk Evaluation Study. *Journal of the American Geriatrics Society*, 63(2), 321–326.
- <sup>113</sup> Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, 105(1), 205–211.
- <sup>114</sup> Ettner, S. L., Xu, H., Duru, O. K., Ang, A., Tseng, C.-H., Tallen, L., ... Moore, A. A. (2014). The effect of an educational intervention on alcohol consumption, at-risk drinking, and health care utilization in older adults: The Project SHARE study. *Journal of Studies on Alcohol and Drugs*, 75(3), 447–457.
- <sup>115</sup> Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction*, 99(10), 1286–1297.
- <sup>116</sup> Oslin, D. W., Pettinati, H., & Volpicelli, J. R. (2002). Alcoholism treatment adherence: Older age predicts better adherence and drinking outcomes. *American Journal of Geriatric Psychiatry*, 10(6), 740–747.
- <sup>117</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115.
- <sup>118</sup> Barry, K. L., Brockmann, L., & Blow, F. C. (2010). Brief interventions for alcohol and drug problems. In N. S. Miller & M. S. Gold (Eds.), *Addictive disorders in medical populations* (pp. 557–573). Hoboken, NJ: Wiley-Blackwell.
- <sup>119</sup> Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, 105(1), 205–211.
- <sup>120</sup> Barry, K., & Fleming, M. (1990). Computerized administration of alcoholism screening tests in a primary care setting. *Journal of the American Board of Family Practice*, 3(2), 93–98.
- <sup>121</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>122</sup> Gfroerer, J., Penne, M., Pemberton, M., & Folsom, R. (2003). Substance abuse treatment need among older adults in 2020: The impact of the aging baby-boom cohort. *Drug and Alcohol Dependence*, 69(2), 127–135.
- <sup>123</sup> Chhatre, S., Cook, E., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- <sup>124</sup> Chhatre, S., Cook, E., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- <sup>125</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- <sup>126</sup> Babatunde, O. T., Outlaw, K. R., Forbe, B., & Gay, T. (2014). Revisiting baby boomers and alcohol use: Emerging treatment trends. *Journal of Human Behavior in the Social Environment*, 24, 597–611.
- <sup>127</sup> Kinney, J. (2011). *Loosening the grip: A handbook of alcohol information* (10th ed.). Boston, MA: McGraw-Hill.
- <sup>128</sup> Bommersbach, T. J., Lapid, M. A., Rumman, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>129</sup> Babatunde, O. T., Outlaw, K. R., Forbe, B., & Gay, T. (2014). Revisiting baby boomers and alcohol use: Emerging treatment trends. *Journal of Human Behavior in the Social Environment*, 24, 597–611.
- <sup>130</sup> Jonas, D. E., Amick, H. R., Feltner, C., Bobashev, G., Thomas, K., Wines, R., ... Garbutt, J. C. (2014). Pharmacotherapy for adults with alcohol use disorders in outpatient settings: A systematic review and meta-analysis. *JAMA*, 311(18), 1889–1900.
- <sup>131</sup> Winslow, B. T., Onysko, M., & Hebert, M. (2016). Medications for alcohol use disorder. *American Family Physician*, 93(6), 457–465.
- <sup>132</sup> Witkiewitz, K., Saville, K., & Hamreus, K. (2012). Acamprosate for treatment of alcohol dependence: Mechanisms, efficacy, and clinical utility. *Therapeutics and Clinical Risk Management*, 8, 45–53.
- <sup>133</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>134</sup> Mooney, L. J., & McCance-Katz, E. F. (2016). Psychopharmacological treatments. In A. H. Mack, K. T. Brady, S. I., Miller, & R. F. Frances (Eds.), *Clinical textbook of addictive disorders* (4th ed., pp. 668–694). New York, NY: Guilford Press.
- <sup>135</sup> Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>136</sup> Winslow, B. T., Onysko, M., & Hebert, M. (2016). Medications for alcohol use disorder. *American Family Physician*, 93(6), 457–465.



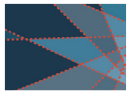
- 137 Mooney, L. J., & McCance-Katz, E. F. (2016). Psychopharmacological treatments. In A. H. Mack, K. T. Brady, S. I., Miller, & R. F. Frances (Eds.), *Clinical textbook of addictive disorders* (4th ed., pp. 668–694). New York, NY: Guilford Press.
- 138 Hassell, C., Wilkins, K., & Trevisan, L. A. (2017). Pharmacology of geriatric substance use disorders: Considerations and future directions. *Current Treatment Options in Psychiatry*, 4(1), 102–115.
- 139 Le Roux, C., Tang, Y., & Drexler, K. (2016). Alcohol and opioid use disorder in older adults: Neglected and treatable illnesses. *Current Psychiatry Reports*, 18, 87.
- 140 Lal, R., & Pattanayak, R. D. (2017). Alcohol use among the elderly: Issues and considerations. *Journal of Geriatric Mental Health*, 4(1), 4–10.
- 141 Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- 142 Skinner, M. D., Lahmek, P., Pham, H., & Aubin, H. J. (2014). Disulfiram efficacy in the treatment of alcohol dependence: A meta-analysis. *PLoS One*, 9(2), e87366. doi:10.1371/journal.pone.0087366
- 143 Winslow, B. T., Onysko, M., & Hebert, M. (2016). Medications for alcohol use disorder. *American Family Physician*, 93(6), 457–465.
- 144 Sinclair, J., Chambers, S., Shiles, C., & Baldwin, D. S. (2016). Safety and tolerability of pharmacological treatment of alcohol dependence: Comprehensive review of evidence. *Drug Safety*, 39, 627–645.
- 145 Connery, H. S. (2015). Medication-assisted treatment of opioid use disorder: Review of the evidence and future directions. *Harvard Review of Psychiatry*, 23(2), 63–75.
- 146 Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 147 Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 148 Oslin, D., Liberto, J. G., O'Brien, J., & Krois, S. (1997). Tolerability of naltrexone in treating older, alcohol-dependent patients. *American Journal on Addictions*, 6(3), 266–270.
- 149 Oslin, D., Liberto, J. G., O'Brien, J., Krois, S., & Norbeck, J. (1997). Naltrexone as an adjunctive treatment for older patients with alcohol dependence. *American Journal of Geriatric Psychiatry*, 5(4), 324–332.
- 150 World Health Organization. (2017). *WHO model list of essential medications*. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>
- 151 Herget, G. (2005). Methadone and buprenorphine added to the WHO list of essential medicines. *HIV/AIDS Policy and Law Review*, 10(3), 23–24.
- 152 Joshi, P., Shah, N. K., & Kirane, H. D. (2019). Medication-assisted treatment for opioid use disorder in older adults: An emerging role for the geriatric psychiatrist. *American Journal of Geriatric Psychiatry*, 27(4), 455–457.
- 153 Karp, J. F., Butters, M. A., Begley, A. E., Miller, M. D., Lenze, E. J., Blumberger, D. M., ... Reynolds, C. F., III. (2014). Safety, tolerability, and clinical effect of low-dose buprenorphine for treatment-resistant depression in midlife and older adults. *Journal of Clinical Psychiatry*, 75(8), e785–e793.
- 154 Purdue Pharma L.P. (2017). Advisory Committee briefing materials for Joint Meeting of the Anesthetic and Analgesic Drug Products Advisory Committee and Drug Safety and Risk Management Advisory Committee. Retrieved from [www.fda.gov/media/107620/download](http://www.fda.gov/media/107620/download)
- 155 Pergolizzi, J. V., Raffa, R. B., Marcum, Z., Colucci, S., & Ripa, S. R. (2017). Safety of buprenorphine transdermal system in the management of pain in older adults. *Postgraduate Medicine*, 129(1), 92–101.
- 156 Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 157 World Health Organization. (2017). *WHO model list of essential medications*. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>
- 158 Herget, G. (2005). Methadone and buprenorphine added to the WHO list of essential medicines. *HIV/AIDS Policy and Law Review*, 10(3), 23–24.
- 159 Sullivan, M., & Levin, F. (2016). *Addiction in the older patient*. New York, NY: Oxford University Press.
- 160 Abdulla, A., Adams, N., Bone, M., Elliott, A. M., Gaffin, J., ... Schofield, P. (2013). Guidance on management of pain in older people. *Age and Ageing*, 42, i1–i57.
- 161 Malec, M., & Shega, J. W. (2015). Pain management in the elderly. *Medical Clinics of North America*, 99(2), 337–350.
- 162 Gallagher, R. (2009). Methadone: An effective, safe drug of first choice for pain management in frail older adults. *Pain Medicine*, 10(2), 319–326.





- 163 Martin, J. A., Campbell, A., Killip, T., Kotz, M., Krantz, M. J., Kreek, M. J., ... Substance Abuse and Mental Health Services Administration. (2011). QT interval screening in methadone maintenance treatment: Report of a SAMHSA expert panel. *Journal of Addictive Diseases*, 30(4), 283–306.
- 164 Vu Bach, T., Pan, J., Kirstein, A., Grief, C. J., & Grossman, D. (2016). Use of methadone as an adjuvant medication to low-dose opioids for neuropathic pain in the frail elderly: A case series. *Journal of Palliative Medicine*, 19(12), 1351–1355.
- 165 Lehn, J. M., & Pinderhughes, S. T. (2017, January). Methadone for treating pain in older adults. *Elder Care*. Retrieved from [www.uofazcenteronaging.com/sites/default/files/methadone\\_for\\_treatment\\_of\\_pain.pdf](http://www.uofazcenteronaging.com/sites/default/files/methadone_for_treatment_of_pain.pdf)
- 166 World Health Organization. (2017). *WHO model list of essential medications*. Retrieved from <https://apps.who.int/iris/bitstream/handle/10665/273826/EML-20-eng.pdf?ua=1>
- 167 Chau, D. L., Walker, V., Pai, L., & Cho, L. M. (2008). Opiates and elderly: Use and side effects. *Clinical Interventions in Aging*, 3(2), 273–278.
- 168 Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction*, 99(10), 1286–1297.
- 169 Oslin, D. W., Pettinati, H., & Volpicelli, J. R. (2002). Alcoholism treatment adherence: Older age predicts better adherence and drinking outcomes. *American Journal of Geriatric Psychiatry*, 10(6), 740–747.
- 170 Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse: Research and Treatment*, 7, 13–37.
- 171 Lemke, S., & Moos, R. H. (2003). Treatment and outcomes of older patients with alcohol use disorders in community residential programs. *Journal of Studies on Alcohol*, 64(2), 219–226.
- 172 Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from [https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS\\_2019/2019-NSSATS-R.pdf](https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf)
- 173 Shutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2014). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. Rao, & P. Crome (Eds.), *Substance use and older people*. West Sussex, UK: Wiley-Blackwell.
- 174 D'Agostino, C. S., Blow, F. C., Barry, K., & Podgorski, C. (2006). Community interventions for older adults with comorbid substance abuse: The Geriatric Addictions Program (GAP). *Journal of Dual Diagnosis*, 2(3), 31–45.
- 175 Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, 105(1), 205–211.
- 176 Han, B. H., Masukawa, K., Rosenbloom, D., Kuerbis, A., Helmuth, E., Liao, D. H., & Moore, A. A. (2018). Use of web-based screening and brief intervention for unhealthy alcohol use by older adults. *Journal of Substance Abuse Treatment*, 86, 70.
- 177 Choi, N. G., DiNitto, D. M., & Marti, N. C. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 113–120.
- 178 Blais, R. K., Tsai, J., Southwick, S. M., & Pietrzak, R. H. (2015). Barriers and facilitators related to mental health care use among older veterans in the United States. *Psychiatric Services*, 66(5), 500–506.
- 179 Crome, I. (2013). Substance misuse in the older person: Setting higher standards. *Clinical Medicine (London)*, 13(Suppl. 6), s46–s49.
- 180 Royal College of Psychiatrists. (2015). *Substance misuse in older people: An information guide*. Older Persons' Substance Misuse Working Group faculty report. Retrieved from [www.researchgate.net/publication/278779731\\_Substance\\_misuse\\_in\\_Older\\_People\\_an\\_information\\_guide](http://www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide)
- 181 Crome, I. (2013). Substance misuse in the older person: Setting higher standards. *Clinical Medicine (London)*, 13(Suppl. 6), s46–s49.
- 182 Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from [https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS\\_2019/2019-NSSATS-R.pdf](https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf)
- 183 Priester, M. A., Browne, T., Iachini, A., Clone, S., DeHart, D., & Seay, K. D. (2016). Treatment access barriers and disparities among individuals with co-occurring mental health and substance use disorders: An integrative literature review. *Journal of Substance Abuse Treatment*, 61, 47–59.
- 184 Sacco, P., & Kuerbis, A. (2013). Older adults. In M. G. Vaughn & B. E. Perron (Eds.), *Social work practice in the addictions*. New York, NY: Springer.
- 185 Borok, J., Galier, P., Dinolfo, M., Welgreen, S., Hoffing, M., Davis, J. W., ... Moore, A. A. (2013). Why do older unhealthy drinkers decide to make changes or not in their alcohol consumption? Data from the Healthy Living as You Age study. *Journal of the American Geriatrics Society*, 61(8), 1296–1302.
- 186 Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.

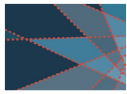
- 187 Royal College of Psychiatrists. (2015). *Substance misuse in older people: An information guide*. Older Persons' Substance Misuse Working Group faculty report. Retrieved from [www.researchgate.net/publication/278779731\\_Substance\\_misuse\\_in\\_Older\\_People\\_an\\_information\\_guide](http://www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide)
- 188 Briggs, W., Magnus, V., Lassiter, P., Patterson, A., & Smith, L. (2011). Substance use, misuse, and abuse among older adults: Implications for clinical mental health counselors. *Journal of Mental Health Counseling*, 33(2), 112–127.
- 189 Royal College of Psychiatrists. (2015). *Substance misuse in older people: An information guide*. Older Persons' Substance Misuse Working Group faculty report. Retrieved through [www.researchgate.net/publication/278779731\\_Substance\\_misuse\\_in\\_Older\\_People\\_an\\_information\\_guide](http://www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide)
- 190 Chrisler, J. C., Barney, A., & Palatino, B. (2016). Ageism can be hazardous to women's health: Ageism, sexism, and stereotypes of older women in the healthcare system. *Journal of Social Issues*, 72(1), 86–104.
- 191 Royal College of Psychiatrists. (2015). *Substance misuse in older people: An information guide*. Older Persons' Substance Misuse Working Group faculty report. Retrieved through [www.researchgate.net/publication/278779731\\_Substance\\_misuse\\_in\\_Older\\_People\\_an\\_information\\_guide](http://www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide)
- 192 Choi, N. G., DiNitto, D. M., & Marti, N. C. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 113–120.
- 193 Osborn, R., Doty, M. M., Moulds, D., Sarnak, D. O., & Shah, A. (2017). Older Americans were sicker and faced more financial barriers to health care than counterparts in other countries. *Health Affairs (Millwood)*, 36(12), 2123–2132.
- 194 Choi, N. G., DiNitto, D. M., & Marti, N. C. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 113–120.
- 195 Hadley Strout, E., Fox, L., Castro, A., Haroun, P., Leavitt, B., Ross, C., ... Carney, J. K. (2016). Access to transportation for Chittenden County Vermont older adults. *Aging Clinical and Experimental Research*, 28(4), 769–774.
- 196 Castle, N., Wagner, L., Ferguson-Rome, J., Smith, M., & Handler, S. (2012). Alcohol misuse and abuse reported by nurse aides in assisted living. *Research on Aging*, 34(3), 321–336.
- 197 Klein, W. C., & Jess, C. (2002). One last pleasure? Alcohol use among elderly people in nursing homes. *Health and Social Work*, 27(3), 193–203.
- 198 White, J. B., Duncan, D. F., Burr, D., Nicholson, B. T., Bonaguro, J., & Abrahamson, K. (2015). Substance abuse policies in long-term care facilities: A survey with implications for education of long-term care providers. *Educational Gerontology*, 41(7), 519–526.
- 199 Moos, R. H., Schutte, K. K., Brennan, P. L., & Moos, B. S. (2011). Personal, family and social functioning among older couples concordant and discordant for high-risk alcohol consumption. *Addiction*, 106(2), 324–334.
- 200 Bremer, D., Inhestern, L., & von dem Knesebeck, O. (2017). Social relationships and physician utilization among older adults: A systematic review. *PLoS One*, 12(9), e0185672. <https://doi.org/10.1371/journal.pone.0185672>
- 201 Graham, C. L., Scharlach, A. E., & Price Wolf, J. (2014). The impact of the "Village" model on health, well-being, service access, and social engagement of older adults. *Health Education Behavior*, 41(Suppl. 1), 91S–97S.
- 202 Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- 203 Bartels, S. J., Pepin, R., & Gill, L. E. (2014). The paradox of scarcity in a land of plenty: Meeting the needs of older adults with mental health and substance use disorders. *Generations*, 38(3), 6–13.
- 204 Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- 205 Gage, S., & Melillo, K. D. (2011). Substance abuse in older adults: Policy issues. *Journal of Gerontology Nursing*, 37(12), 8–11.
- 206 Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- 207 National Research Council. (2006). When I'm 64. In L. L. Carstensen & C. R. Hartel (Eds.), *Motivation and behavior change. Committee on Aging Frontiers in Social Psychology, Personality, and Adult Developmental Psychology. Board on Behavioral, Cognitive, and Sensory Sciences, Division of Behavioral and Social Sciences and Education*. Washington, DC: National Academies Press.
- 208 Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- 209 Stahl, S. T., & Schulz, R. (2014). Changes in routine health behaviors following late-life bereavement: A systematic review. *Journal of Behavioral Medicine*, 37(4), 736–755.
- 210 Kelly, S., Olanrewaju, O., Cowan, A., Brayne, C., & Lafortune, L. (2018). Alcohol and older people: A systematic review of barriers, facilitators and context of drinking in older people and implications for intervention design. *PLoS One*, 13(1), e0191189.



- 211 Levy, H., & Janke, A. (2016). Health literacy and access to care. *Journal of Health Communication*, 21(Suppl. 1), 43–50.
- 212 Geboers, B., Reijneveld, S. A., Jansen, C. J. M., & de Winter, A. F. (2016). Health literacy is associated with health behaviors and social factors among older adults: Results from the LifeLines Cohort Study. *Journal of Health Communication*, 21(Suppl. 2), 45–53.
- 213 Findley, A. (2015). Low health literacy and older adults: Meanings, problems, and recommendations for social work. *Social Work in Health Care*, 54(1), 65–81.
- 214 Royal College of Psychiatrists. (2015). Substance misuse in older people: An information guide. Older Persons' Substance Misuse Working Group faculty report. Retrieved through [www.researchgate.net/publication/278779731\\_Substance\\_misuse\\_in\\_Older\\_People\\_an\\_information\\_guide](http://www.researchgate.net/publication/278779731_Substance_misuse_in_Older_People_an_information_guide)
- 215 Barrio, C., Palinkas, L. A., Yamada, A. M., Fuentes, D., Criado, V., Garcia, P., & Jeste, D. V. (2008). Unmet needs for mental health services for Latino older adults: Perspectives from consumers, family members, advocates, and service providers. *Community Mental Health Journal*, 44(1), 57–74.
- 216 Jimenez, D. E., Bartels, S. J., Cardenas, V., & Alegria, M. (2013). Stigmatizing attitudes toward mental illness among racial/ethnic older adults in primary care. *International Journal of Geriatric Psychiatry*, 28(10), 1061–1068.
- 217 De Guzman, E., Woods-Giscombe, C. L., & Beeber, L. S. (2015). Barriers and facilitators of Hispanic older adult mental health service utilization in the USA. *Issues in Mental Health Nursing*, 36(1), 11–20.
- 218 Barrio, C., Palinkas, L. A., Yamada, A. M., Fuentes, D., Criado, V., Garcia, P., & Jeste, D. V. (2008). Unmet needs for mental health services for Latino older adults: Perspectives from consumers, family members, advocates, and service providers. *Community Mental Health Journal*, 44(1), 57–74.
- 219 Sorkin, D. H., Murphy, M., Nguyen, H., & Biegler, K. A. (2016). Barriers to mental health care for an ethnically and racially diverse sample of older adults. *Journal of the American Geriatrics Society*, 64(10), 2138–2143.
- 220 Auldridge, A., Tamar-Mattis, A., Kennedy, S., Ames, E., & Tobin, H. J. (2012). *Improving the lives of transgender older adults: Recommendations for policy and practice*. Services and Advocacy for GLBT Elders and the National Center for Transgender Equality. Retrieved from <https://transequality.org/issues/resources/improving-lives-transgender-older-adults-full-report>
- 221 Koenig, T. L., & Crisp, C. (2008). Ethical issues in practice with older women who misuse substances. *Substance Use and Misuse*, 43(8–9), 1045–1061.
- 222 Chrisler, J. C., Barney, A., & Palatino, B. (2016). Ageism can be hazardous to women's health: Ageism, sexism, and stereotypes of older women in the healthcare system. *Journal of Social Issues*, 72(1), 86–104.
- 223 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- 224 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 225 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- 226 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 227 Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.html?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- 228 Family Caregiver Alliance. (2019, April 17). Caregiver statistics: Demographics. Retrieved from [www.caregiver.org/caregiver-statistics-demographics](http://www.caregiver.org/caregiver-statistics-demographics)
- 229 Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from [www.drugs.com/drug\\_interactions.html](http://www.drugs.com/drug_interactions.html)
- 230 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 231 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 232 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- 233 Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from [www.cdc.gov/alcohol/faqs.htm](http://www.cdc.gov/alcohol/faqs.htm)

- 234 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 235 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 236 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 237 Moy, I., Crome, P., Crome, I., & Fisher, M. (2011). Systematic and narrative review of treatment for older people with substance problems. *European Geriatric Medicine*, 2(4), 212–236.
- 238 Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22(3), 238–254.
- 239 Rothrauff, T. C., Abraham, A. J., Bride, B. E., & Roman, P. M. (2011). Substance abuse treatment for older adults in private centers. *Substance Abuse*, 32(1), 7–15.
- 240 Substance Abuse and Mental Health Services Administration. (2020). *National Survey of Substance Abuse Treatment Services (N-SSATS): 2019, Data on substance abuse treatment facilities*. Retrieved from [https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS\\_2019/2019-NSSATS-R.pdf](https://www.dasis.samhsa.gov/dasis2/nssats/NSSATS_2019/2019-NSSATS-R.pdf)
- 241 Benshoff, J. J., Harrawood, L. K., & Koch, D. S. (2003). Substance abuse and the elderly: Unique issues and concerns. *Journal of Rehabilitation*, 69(2), 43–48.
- 242 Babatunde, O. T., Outlaw, K. R., Forbes, B., & Gay, T. (2014). Revisiting baby boomers and alcohol use: Emerging treatment trends. *Journal of Human Behavior in the Social Environment*, 24(5), 597–611.
- 243 National Evaluation Data Services. (2002). *Substance abuse among aging adults: A literature review*. Rockville, MD: Center for Substance Abuse Treatment. Retrieved from [www.readkong.com/page/substance-abuse-among-aging-adults-a-literature-review-5220038](http://www.readkong.com/page/substance-abuse-among-aging-adults-a-literature-review-5220038)
- 244 Rothrauff, T. C., Abraham, A. J., Bride, B. E., & Roman, P. M. (2011). Substance abuse treatment for older adults in private centers. *Substance Abuse*, 32(1), 7–15.
- 245 Rothrauff, T. C., Abraham, A. J., Bride, B. E., & Roman, P. M. (2011). Substance abuse treatment for older adults in private centers. *Substance Abuse*, 32(1), 7–15.
- 246 Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence. Treatment Improvement Protocol (TIP) Series 59*. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 247 American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from [www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf](http://www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf)
- 248 American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from [www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf](http://www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf)
- 249 American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from [www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf](http://www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf)
- 250 American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from [www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf](http://www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf)
- 251 Shutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2014). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. Rao, & P. Crome (Eds.), *Substance use and older people*. West Sussex, UK: Wiley-Blackwell.
- 252 Shutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2014). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. Rao, & P. Crome (Eds.), *Substance use and older people*. West Sussex, UK: Wiley-Blackwell.
- 253 American Psychological Association, Committee on Aging. (2009). *Multicultural competency in geropsychology*. Washington, DC: American Psychological Association. Retrieved from [www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf](http://www.apa.org/pi/aging/programs/pipeline/multicultural-competency.pdf)
- 254 Fung, H. H. (2013). Aging in culture. *Gerontologist*, 53(3), 369–377.
- 255 Fung, H. H. (2013). Aging in culture. *Gerontologist*, 53(3), 369–377.
- 256 Babatunde, O. T., Outlaw, K. R., Forbes, B., & Gay, T. (2014). Revisiting baby boomers and alcohol use: Emerging treatment trends. *Journal of Human Behavior in the Social Environment*, 24(5), 597–611.
- 257 Sahker, E., Schultz, S. K., & Arndt, S. (2015). Treatment of substance use disorders in older adults: Implications for care delivery. *Journal of the American Geriatrics Society*, 63(11), 2317–2323.





- 258 Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- 259 Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- 260 Kuerbis, A. N., Yuan, S. E., Borok, J., LeFevre, P. M., Kim, G. S., Lum, D., ... Moore, A. A. (2015). Testing the initial efficacy of a mailed screening and brief feedback intervention to reduce at-risk drinking in middle-aged and older adults: The Comorbidity Alcohol Risk Evaluation Study. *Journal of the American Geriatrics Society*, 63(2), 321–326.
- 261 Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, 105(1), 205–211. doi:10.2105/AJPH.2013.301859
- 262 Lin, J. C., Karno, M. P., Barry, K. L., Blow, F. C., Davis, J. W., Tang, L., & Moore, A. A. (2010). Determinants of early reductions in drinking in older at-risk drinkers participating in the intervention arm of a trial to reduce at-risk drinking in primary care. *Journal of the American Geriatrics Society*, 58(2), 227–233.
- 263 Gordon, A. J., Conigliaro, J., Maisto, S. A., McNeil, M., Kraemer, K. L., & Kelley, M. E. (2003). Comparison of consumption effects of brief interventions for hazardous drinking elderly. *Substance Use and Misuse*, 38(8), 1017–1035.
- 264 Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- 265 Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- 266 Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE Project. *American Journal of Public Health*, 100(1), 108–114.
- 267 American Geriatrics Society Consensus Panel on Person-Centered Care. (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, 64(1), 15–18.
- 268 American Geriatrics Society Consensus Panel on Person-Centered Care. (2016). Person-centered care: A definition and essential elements. *Journal of the American Geriatrics Society*, 64(1), 15–18.
- 269 Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- 270 Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- 271 Horvath, A. O., Del Re, A., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (2nd ed.). New York, NY: Oxford University Press.
- 272 Horvath, A. O., Del Re, A., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. In J. C. Norcross (Ed.), *Psychotherapy relationships that work* (2nd ed.). New York, NY: Oxford University Press.
- 273 Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- 274 Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- 275 Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- 276 Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- 277 Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73(3), 459–468.
- 278 Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2–3), 137–152.
- 279 Mannes, Z. L., Burrell, L. E., Bryant, V. E., Dunne, E. M., Hearn, L. E., & Whitehead, N. E. (2016). Loneliness and substance use: The influence of gender among HIV+ Black/African American adults 50+. *AIDS Care*, 28(5), 598–602.
- 280 Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- 281 McCrady, B. S. (2006). Family and other close relationships. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 166–181). New York, NY: Guilford Press.

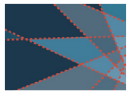


- 282 National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America*. Washington, DC: National Academies Press.
- 283 National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America*. Washington, DC: National Academies Press.
- 284 Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- 285 Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 286 Substance Abuse and Mental Health Services Administration. (2014). *Improving cultural competence*. Treatment Improvement Protocol (TIP) Series 59. HHS Publication No. (SMA) 14-4849. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 287 Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- 288 Kuerbis, A., Sacco, P., Blazer, D., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30, 629–654.
- 289 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Department of Health and Human Services.
- 290 Schulte, M. T., & Hser, Y. I. (2014). Substance use and associated health conditions throughout the lifespan. *Public Health Reviews*, 35(2), ii.
- 291 Institute of Medicine. (2012). *The mental health and substance use workforce for older adults: In whose hands?* Washington, DC: National Academies Press.
- 292 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- 293 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 294 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- 295 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 296 Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.html?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- 297 Family Caregiver Alliance. (2019, April 17). Caregiver statistics: Demographics. Retrieved from [www.caregiver.org/caregiver-statistics-demographics](http://www.caregiver.org/caregiver-statistics-demographics)
- 298 Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from [www.drugs.com/drug\\_interactions.html](http://www.drugs.com/drug_interactions.html)
- 299 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 300 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 301 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- 302 Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from [www.cdc.gov/alcohol/faqs.htm](http://www.cdc.gov/alcohol/faqs.htm)
- 303 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 304 World Health Organization. (2018). Management of substance abuse: Psychoactive substances. Retrieved August 27, 2018, from [www.who.int/substance\\_abuse/terminology/psychoactive\\_substances/en/](http://www.who.int/substance_abuse/terminology/psychoactive_substances/en/)
- 305 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 306 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 307 Alpert, P. T. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, 26(4), 269–272.



- 308 Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30, 629–654.
- 309 Choi, N. G., DiNitto, D. M., & Marti, C. N. (2014). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 113–120.
- 310 Kuerbis, A., Sacco, P., Blazer, D., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30, 629–654.
- 311 Pace, C. A., & Uebelacker, L. A. (2018). Addressing unhealthy substance use in primary care. *Medical Clinics of North America*, 102(4), 567–586.
- 312 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 313 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 314 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 315 West, N. A., Severtson, S. G., Green, J. L., & Dart, R. C. (2015). Trends in abuse and misuse of prescription opioids among older adults. *Drug and Alcohol Dependence*, 149, 117–121.
- 316 Choi, N. G., DiNitto, D. M., & Marti, C. N. (2015). Treatment use, perceived need, and barriers to seeking treatment for substance abuse and mental health problems among older adults compared to younger adults. *Drug and Alcohol Dependence*, 145, 113–120.
- 317 Kuerbis, A., Hagman, B. T., & Sacco, P. (2013). Functioning of alcohol use disorders criteria among middle-aged and older adults: Implications for DSM-5. *Substance Use and Misuse*, 48(4), 309–322.
- 318 Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Department of Health and Human Services.
- 319 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67(4), 674–694.
- 320 Tansil, K. A., Esser, M. B., Sandhu, P., Reynolds, J. A., Elder, R. W., Williamson, R. S., ... Fielding, J. E. (2016). Alcohol electronic screening and brief intervention: A community guide systematic review. *American Journal of Prevention Medicine*, 51(5), 801–811.
- 321 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 322 Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from [www.cdc.gov/alcohol/faqs.htm](http://www.cdc.gov/alcohol/faqs.htm)
- 323 National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- 324 U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- 325 U.S. Preventive Services Task Force. (2018). Final recommendation statement: Unhealthy alcohol use in adolescents and adults: Screening and behavioral counseling interventions. Retrieved from [www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions](http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions)
- 326 U.S. Prevention Services Task Force. (2018). Screening and behavioral counseling interventions to reduce unhealthy alcohol use in adolescents and adults: Recommendation statement. *JAMA*, 320(18), 1899–1909.
- 327 U.S. Preventive Services Task Force. (2018). Final recommendation statement: Unhealthy alcohol use in adolescents and adults: Screening and behavioral counseling interventions. Retrieved from [www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions](http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions)
- 328 Aalto, M., Alho, H., Halm, J., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26, 881–885.

- <sup>329</sup> Selin, K. H. (2003). Test-retest reliability of the Alcohol Use Disorder Identification Test in a general population sample. *Alcoholism, Clinical and Experimental Research*, 27(9), 1428–1435.
- <sup>330</sup> Purcell, B., & Olmstead, M. C. (2014). The performance and feasibility of three brief alcohol screening tools in a senior population. *Canadian Psychology*, 55(2a), 19.
- <sup>331</sup> Purcell, B., Flower, M. C., & Busto, U. (2017). Senior Alcohol Misuse Indicator (SAMI) tool. Centre for Addiction and Mental Health. Retrieved June 19, 2019, from [www.porticonetwork.ca/documents/21686/0/SAMI+fillable/f6668443-559f-4ad8-9e5f-bde47a38e70a](http://www.porticonetwork.ca/documents/21686/0/SAMI+fillable/f6668443-559f-4ad8-9e5f-bde47a38e70a)
- <sup>332</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>333</sup> Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., ... Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test–Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- <sup>334</sup> Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., ... Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test–Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- <sup>335</sup> McNeely, J., Strauss, S. M., Rotrosen, J., Ramautar, A., & Gourevitch, M. N. (2016). Validation of an audio computer-assisted self-interview (ACASI) version of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) in primary care clients. *Addiction*, 111(2), 233–244.
- <sup>336</sup> Gryczynski, J., Kelly, S. M., Mitchell, S. G., Kirk, A., O’Grady, K. E., & Schwartz, R. P. (2015). Validation and performance of the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) among adolescent primary care patients. *Addiction*, 110(2), 240–247.
- <sup>337</sup> Ali, R., Meena, S., Eastwood, B., Richards, I., & Marsden, J. (2013). Ultra-rapid screening for substance use disorders: The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite). *Drug and Alcohol Dependence*, 132, 352–361.
- <sup>338</sup> Cacciola, J. S., Alterman, A. I., DePhillippis, D., Drapkin, M. L., Valadez, C., Jr., Fala, N. C., ... McKay, J. R. (2013). Development and initial evaluation of the Brief Addiction Monitor (BAM). *Journal of Substance Abuse Treatment*, 44(3), 256–263.
- <sup>339</sup> Cacciola, J. S., Alterman, A. I., DePhillippis, D., Drapkin, M. L., Valadez, C., Jr., Fala, N. C., ... McKay, J. R. (2013). Development and initial evaluation of the Brief Addiction Monitor (BAM). *Journal of Substance Abuse Treatment*, 44(3), 256–263.
- <sup>340</sup> Brown, R. L., & Rounds, L. A. (1995). Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in a primary care practice. *Wisconsin Medical Journal*, 94(3), 135–140.
- <sup>341</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>342</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>343</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>344</sup> Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- <sup>345</sup> Hendrie, H. C., Lindgren, D., Hay, D. P., Lane, K. A., Gao, S., Purnell, C., ... Callahan, C. M. (2013). Comorbidity profile and healthcare utilization in elderly patients with serious mental illnesses. *American Journal of Geriatric Psychiatry*, 21(12), 1267–1276.
- <sup>346</sup> Lane, S. D., Costa, S. C., Teixeira, A. L., Reynolds, C. F., & Diniz, B. S. (2018). The impact of substance use disorders on clinical outcomes in older-adult psychiatric inpatients. *International Journal of Geriatric Psychiatry*, 33(2), 323–329.
- <sup>347</sup> Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- <sup>348</sup> Sacco, P., Unick, G. J., Zanjani, F., & Camlin, E. A. S. (2015). Hospital outcomes in major depression among older adults: Differences by alcohol comorbidity. *Journal of Dual Diagnosis*, 11(1), 83–92.
- <sup>349</sup> Cleary, M., Sayers, J., Bramble, M., Jackson, D., & Lopez, V. (2017). Overview of substance use and mental health among the “baby boomers” generation. *Issues in Mental Health Nursing*, 38(1), 61–65.
- <sup>350</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2015). Associations of mental health and substance use disorders with presenting problems and outcomes in older adults’ emergency department visits. *Academic Emergency Medicine*, 22(11), 1316–1326.
- <sup>351</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2015). Associations of mental health and substance use disorders with presenting problems and outcomes in older adults’ emergency department visits. *Academic Emergency Medicine*, 22(11), 1316–1326.



- 352 Bartels, S. J., Blow, F. C., Van Citters, A. D., & Brockmann, L. M. (2006). Dual diagnosis among older adults: Co-occurring substance abuse and psychiatric illness. *Journal of Dual Diagnosis*, 2(3), 9–30.
- 353 Moore, A. A., Beck, J. C., Barbor, T. F., Hays, R. D., & Reuben, D. B. (2002). Beyond alcoholism: Identifying older, at-risk drinkers in primary care. *Journal of Studies on Alcohol*, 63, 316–324.
- 354 Ettner, S. L., Xu, H., Duru, O. K., Ang, A., Tseng, C. H., Tallen L., ... Moore A. A. (2014). The effect of an educational intervention on alcohol consumption, at-risk drinking, and health care utilization in older adults: The Project SHARE study. *Journal of Studies on Alcohol and Drugs*, 75(3), 447–457.
- 355 Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine*, 25(8), 840–846.
- 356 Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine*, 25(8), 840–846.
- 357 Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- 358 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 359 Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- 360 Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology*, 43(2), 304–317.
- 361 Yesavage, J. A. (n.d.). Geriatric Depression Scale. Retrieved from <https://web.stanford.edu/~yesavage/GDS.html>
- 362 Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- 363 Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- 364 Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- 365 Yesavage, J. A. (n.d.). Geriatric Depression Scale. Retrieved from <https://web.stanford.edu/~yesavage/GDS.html>
- 366 U.S. Preventive Services Task Force. (2019). *Final recommendation statement: Depression in adults: Screening*. Retrieved from [www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1](http://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/depression-in-adults-screening1)
- 367 Phelan, E., Williams, B., Meeker, K., Bonn, K., Frederick, J., Logerfo, J., & Snowden, M. (2010). A study of the diagnostic accuracy of the PHQ-9 in primary care elderly. *BMC Family Practice*, 11, 63.
- 368 Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry*, 18(12), 1116–1123.
- 369 Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry*, 18(12), 1116–1123.
- 370 Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613.
- 371 Kroene, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals*, 32, 509–521.
- 372 Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry*, 18(12), 1116–1123.
- 373 Bower, E. S., Wetherell, J. L., Mon, T., & Lenze, E. J. (2015). Treating anxiety disorders in older adults: Current treatments and future directions. *Harvard Review of Psychiatry*, 23(5), 329–342.
- 374 Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*, 14(1), 74–81.
- 375 Bower, E. S., Wetherell, J. L., Mon, T., & Lenze, E. J. (2015). Treating anxiety disorders in older adults: Current treatments and future directions. *Harvard Review of Psychiatry*, 23(5), 329–342.
- 376 Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*, 14(1), 74–81.
- 377 Koychev, I., & Ebmeier, K. P. (2016). Anxiety in older adults often goes undiagnosed. *Practitioner*, 260(1789), 17–20, 2–3.



- 378 Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety, 27*(2), 190–211.
- 379 Koychev, I., & Ebmeier, K. P. (2016). Anxiety in older adults often goes undiagnosed. *Practitioner, 260*(1789), 17–20, 2–3.
- 380 Bower, E. S., Wetherell, J. L., Mon, T., & Lenze, E. J. (2015). Treating anxiety disorders in older adults: Current treatments and future directions. *Harvard Review of Psychiatry, 23*(5), 329–342.
- 381 Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research, 21*(3), 169–184.
- 382 Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research, 21*(3), 169–184.
- 383 Reynolds, K., Pietrzak, R. H., Mackenzie, C. S., Chou, K. L., Sareen, J. (2016). Post-traumatic stress disorder across the adult lifespan: Findings from a nationally representative survey. *American Journal of Geriatric Psychiatry, 24*(1), 81–93.
- 384 Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders, 109*(3), 233–250.
- 385 Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry, 22*(11), 1356–1363.
- 386 Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry, 22*(11), 1356–1363.
- 387 Christie, M. M., Bamber, D., Powell, C., Arrindell, T., & Pant, A. (2013). Older adult problem drinkers: Who presents for alcohol treatment? *Aging and Mental Health, 17*(1), 24–32.
- 388 Mackenzie, C. S., Reynolds, K., Chou, K. L., Pagura, J., & Sareen, J. (2011). Prevalence and correlates of generalized anxiety disorder in a national sample of older adults. *American Journal of Geriatric Psychiatry, 19*(4), 305–315.
- 389 Blazer, D. G., & Wu, L. T. (2012). Patterns of tobacco use and tobacco-related psychiatric morbidity and substance use among middle-aged and older adults in the United States. *Aging and Mental Health, 16*(3), 296–304.
- 390 Therrien, Z., & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. *Aging and Mental Health, 16*(1), 1–16.
- 391 Gould, C. E., Segal, D. L., Yochim, B. P., Pachana, N. A., Byrne, G. J., & Beaudreau, S. A. (2014). Measuring anxiety in late life: A psychometric examination of the Geriatric Anxiety Inventory and Geriatric Anxiety Scale. *Journal of Anxiety Disorder, 28*(8), 804–811.
- 392 Mueller, A. E., Segal, D. L., Gavett, B., Marty, M. A., Yochim, B., June, A., & Coolidge, F. L. (2015). Geriatric Anxiety Scale: Item response theory analysis, differential item functioning, and creation of a ten-item short form (GAS-10). *International Psychogeriatrics, 27*(7), 1099–1111.
- 393 Balsamo, M., Cataldi, F., Carlucci, L., & Fairfield, B. (2018). Assessment of anxiety in older adults: A review of self-report measures. *Clinical Interventions in Aging, 13*, 573–593.
- 394 Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. *Journal of Anxiety Disorders, 24*, 709–714.
- 395 Meyer, T., Miller, M., Metzger, R., & Borkovec, T. D. (1990). Development and validation of the Penn State Worry Scale. *Behaviour Research and Therapy, 28*, 487–495.
- 396 Therrien, Z., & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. *Aging and Mental Health, 16*(1), 1–16.
- 397 Flanagan, J. C., Korte, K. J., Killeen, T. K., & Back, S. E. (2016). Concurrent treatment of substance use and PTSD. *Current Psychiatry Reports, 18*(8), 70.
- 398 Forman-Hoffman, V. L., Bose, J., Batts, K. R., Glasheen, C., Hirsch, E., Karg, R. S., ... Hedden, S. L. (2016). Correlates of lifetime exposure to one or more potentially traumatic events and subsequent posttraumatic stress among adults in the United States: Results from the Mental Health Surveillance Study, 2008–2012. *CBHSQ Data Review*. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 399 Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2017). Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. *International Psychogeriatrics, 29*(3), 359–372.





- 400 Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2017). Association of adverse childhood experiences with lifetime mental and substance use disorders among men and women aged 50+ years. *International Psychogeriatrics*, 29(3), 359–372.
- 401 Kessler, R. C., Petukhova, M., Sampson, N. A., Zaslavsky, A. M., & Wittchen, H.-U. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the United States. *International Journal of Methods in Psychiatric Research*, 21(3), 169–184.
- 402 Reynolds, K., Pietrzak, R. H., Mackenzie, C. S., Chou, K. L., & Sareen, J. (2016). Post-traumatic stress disorder across the adult lifespan: Findings from a nationally representative survey. *American Journal of Geriatric Psychiatry*, 24(1), 81–93.
- 403 Cukor, J., Wyka, K., Jayasinghe, N., & Difede, J. (2010). The nature and course of subthreshold PTSD. *Journal of Anxiety Disorder*, 24(8), 918–923.
- 404 Centers for Disease Control and Prevention. (2017). Elder abuse prevention. Retrieved April 9, 2019, from [www.cdc.gov/features/elderabuse/index.html](http://www.cdc.gov/features/elderabuse/index.html)
- 405 Hall, J. E., Karch, D. L., & Crosby, A. E. (2016). *Elder abuse surveillance: Uniform definitions and recommended core data elements for use in elder abuse surveillance, version 1.0*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from [www.cdc.gov/violenceprevention/pdf/ea\\_book\\_revised\\_2016.pdf](http://www.cdc.gov/violenceprevention/pdf/ea_book_revised_2016.pdf)
- 406 Knight, L., & Hester, M. (2016). Domestic violence and mental health in older adults. *International Review of Psychiatry*, 28(5), 464–474.
- 407 Dong, X. Q. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214–1238.
- 408 Dong, X. Q. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214–1238.
- 409 Acierio, R., Hernandez-Tejada, M. A., Anetzberger, G. J., Loew, D., & Muzzy, W. (2017). The National Elder Mistreatment Study: An 8-year longitudinal study of outcomes. *Journal of Elder Abuse and Neglect*, 29, 254–269.
- 410 Dong, X. Q. (2015). Elder abuse: Systematic review and implications for practice. *Journal of the American Geriatrics Society*, 63(6), 1214–1238.
- 411 Pless Kaiser, A., Cook, J. M., Glick, D. M., & Moye, J. (2019). Posttraumatic stress disorder in older adults: A conceptual review. *Clinical Gerontologist*, 42(4), 359–376.
- 412 Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 413 Tsai, J., Armour, C., Southwick, S. M., & Pietrzak, R. H. (2015). Dissociative subtype of DSM-5 posttraumatic stress disorder in U.S. veterans. *Journal of Psychiatric Research*, 66, 67–74.
- 414 Ho, C. L., Schlenger, W. E., Kulka, R. A., & Marmar, C. R. (2017). The influence of different criteria for establishing optimal cutoff scores on performance of two self-report measures for warzone PTSD. *Psychological Assessment*, 29(2), 232–237.
- 415 Shrira, A. (2016). A youthful age identity mitigates the effect of post-traumatic stress disorder symptoms on successful aging. *American Journal of Geriatric Psychiatry*, 24(2), 174–175.
- 416 Ho, C. L., Schlenger, W. E., Kulka, R. A., & Marmar, C. R. (2017). The influence of different criteria for establishing optimal cutoff scores on performance of two self-report measures for warzone PTSD. *Psychological Assessment*, 29(2) 232–237.
- 417 Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). PTSD Checklist for DSM-5 (PCL-5). Retrieved from [www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp](http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp)
- 418 Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Scale available from the National Center for PTSD at [www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp](http://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp)
- 419 Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine*, 31(10), 1206–1211.
- 420 Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine*, 31(10), 1206–1211.
- 421 Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine*, 31(10), 1206–1211.
- 422 Yaffe, M. J., & Tazkarji, B. (2012). Understanding elder abuse in family practice. *Canadian Family Physician*, 58(12), 1336–1340.

- <sup>423</sup> Langa, K. M., Larson, E. B., Crimmins, E. M., Faul, J. D., Levine, D. A., Kabeto, M. U., & Weir, D. R. (2017). A comparison of the prevalence of dementia in the United States in 2000 and 2012. *JAMA Internal Medicine*, 177(1), 51–58.
- <sup>424</sup> Langa, K. M., Larson, E. B., Crimmins, E. M., Faul, J. D., Levine, D. A., Kabeto, M. U., & Weir, D. R. (2017). A comparison of the prevalence of dementia in the United States in 2000 and 2012. *JAMA Internal Medicine*, 177(1), 51–58.
- <sup>425</sup> Petersen, R. C. (2011). Clinical practice: Mild cognitive impairment. *New England Journal of Medicine*, 364(23), 2227–2234.
- <sup>426</sup> Petersen, R. C. (2016). Mild cognitive impairment. *Continuum (Minneapolis, Minnesota)*, 22(2 Dementia), 404–408.
- <sup>427</sup> Petersen, R. C., Caracciolo, B., Brayne, C., Gauthier, S., Jelic, V., & Fratiglioni, L. (2014). Mild cognitive impairment: A concept in evolution. *Journal of Internal Medicine*, 275(3), 214–228.
- <sup>428</sup> González-Reimers, E., Santolaria-Fernández, F., Martín-González, M. C., Fernández-Rodríguez, C. M., & Quintero-Platt, G. (2014). Alcoholism: A systemic proinflammatory condition. *World Journal of Gastroenterology*, 20(40), 14660–14671.
- <sup>429</sup> Bjork, J. M., & Gilman, J. M. (2014). The effects of acute alcohol administration on the human brain: Insights from neuroimaging. *Neuropharmacology*, 84, 101–110.
- <sup>430</sup> Downer, B., Zanjani, F., & Fardo, D. W. (2014). The relationship between midlife and late life alcohol consumption, APOE e4 and the decline in learning and memory among older adults. *Alcohol and Alcoholism*, 49(1), 17–22.
- <sup>431</sup> Gongvatana, A., Morgan, E. E., Iudicello, J. E., Letendre, S. L., Grant, I., & Woods, S. P. (2014). A history of alcohol dependence augments HIV-associated neurocognitive deficits in persons aged 60 and older. *Journal of Neurovirology*, 20(5), 505–513.
- <sup>432</sup> Kuźma, E., Llewellyn, D. J., Langa, K. M., Wallace, R. B., & Lang, I. A. (2014). History of alcohol use disorders and risk of severe cognitive impairment: A 19-year prospective cohort study. *American Journal of Geriatric Psychiatry*, 22(10), 1047–1054.
- <sup>433</sup> de la Monte, S. M., & Kril, J. J. (2014). Human alcohol-related neuropathology. *Acta Neuropathologica*, 127(1), 71–90.
- <sup>434</sup> Topiwala, A., Allan, C. L., Valkanova, V., Zsoldos, E., Filippini, N., Sexton, C., ... Ebmeier, K. P. (2017). Moderate alcohol consumption as risk factor for adverse brain outcomes and cognitive decline: Longitudinal cohort study. *BMJ*, 357, j2353.
- <sup>435</sup> Woods, A. J., Porges, E. C., Bryant, V. E., Seider, T., Gongvatana, A., Kahler, C. W., ... Cohen, R. A. (2016). Current heavy alcohol consumption is associated with greater cognitive impairment in older adults. *Alcoholism, Clinical and Experimental Research*, 40(11), 2435–2444.
- <sup>436</sup> Zhong, G., Wang, Y., Zhang, Y., & Zhao, Y. (2015). Association between benzodiazepine use and dementia: A meta-analysis. *PLoS One*, 10(5), e0127836.
- <sup>437</sup> Billioti de Gage, S., Pariente, A., & Bégaud, B. (2015). Is there really a link between benzodiazepine use and the risk of dementia? *Expert Opinion on Drug Safety*, 14(5), 733–747.
- <sup>438</sup> Puustinen, J., Lähteenmäki, R., Polo-Kantola, P., Salo, P., Vahlberg, T., Lyles, A., ... & Kivelä, S. L. (2014). Effect of withdrawal from long-term use of temazepam, zopiclone or zolpidem as hypnotic agents on cognition in older adults. *European Journal of Clinical Pharmacology*, 70(3), 319–329.
- <sup>439</sup> Curran, H. V., Freeman, T. P., Mokrysz, C., Lewis, D. A., Morgan, C. J., & Parsons, L. H. (2016). Keep off the grass? Cannabis, cognition and addiction. *National Reviews: Neuroscience*, 17(5), 293–306.
- <sup>440</sup> Volkow, N. D., Swanson, J. M., Evins, A. E., DeLisi, L. E., Meier, M. H., Gonzalez, R., ... & Baler, R. (2016). Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: A review. *JAMA Psychiatry*, 73(3), 292–297.
- <sup>441</sup> Broyd, S. J., van Hell, H. H., Beale, C., Yücel, M., & Solowij, N. (2016). Acute and chronic effects of cannabinoids on human cognition: A systematic review. *Biological Psychiatry*, 79(7), 557–567.
- <sup>442</sup> Mahoney, J. J. (2019). Cognitive dysfunction in individuals with cocaine use disorder: Potential moderating factors and pharmacological treatments. *Experimental and Clinical Psychopharmacology*, 27(3), 203–214.
- <sup>443</sup> Zhong, G., Wang, Y., Zhang, Y., Guo, J. J., & Zhao, Y. (2015). Smoking is associated with an increased risk of dementia: A meta-analysis of prospective cohort studies with investigation of potential effect modifiers. *PLoS One*, 10(3), e0118333.
- <sup>444</sup> National Institute on Aging. (n.d.). Assessing cognitive impairment in older patients. Retrieved from [www.nia.nih.gov/health/assessing-cognitive-impairment-older-patients#bunn](http://www.nia.nih.gov/health/assessing-cognitive-impairment-older-patients#bunn)
- <sup>445</sup> Alzheimer's Association. (n.d.). Cognitive assessment. Retrieved from [www.alz.org/professionals/health-systems-clinicians/cognitive-assessment](http://www.alz.org/professionals/health-systems-clinicians/cognitive-assessment)



- 446 Fage, B. A., Chan, C. C., Gill, S. S., Noel-Storr, A. H., Herrmann, N., Smailagic, N., ... Seitz, D. P. (2015). Mini-Cog for the diagnosis of Alzheimer's disease dementia and other dementias within a community setting. *Cochrane Database of Systematic Reviews*, 2015(2), 1–33. doi:10.1002/14651858.CD010860.pub2.
- 447 Yokomizo, J. E., Simon, S. S., & Bottino, C. M. (2014). Cognitive screening for dementia in primary care: A systematic review. *International Psychogeriatrics*, 26(11), 1783–1804.
- 448 Tsoi, K. K., Chan, J. Y., Hirai, H. W., Wong, S. Y., & Kwok, T. C. (2015). Cognitive tests to detect dementia: A systematic review and meta-analysis. *JAMA Internal Medicine*, 175(9), 1450–1458.
- 449 Montreal Cognitive Assessment. (n.d.). FAQ. Retrieved from [www.mocatest.org/faq](http://www.mocatest.org/faq)
- 450 PAR. (n.d.). MMSE. Retrieved from [www.parinc.com/Products/Pkey/237](http://www.parinc.com/Products/Pkey/237)
- 451 Shapiro, B., Coffa, D., & McCance-Katz, E. F. (2013). A primary care approach to substance misuse. *American Family Physician*, 88(2), 113–121.
- 452 Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- 453 Substance Abuse and Mental Health Services Administration. (1999). *Brief interventions and brief therapies for substance abuse*. Treatment Improvement Protocol (TIP) Series. 34. HHS Publication No. (SMA) 12-3952. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- 454 Boucek, L., Kane, I., Lindsay, D. L., Hagle, H., Salvio, K., & Mitchell, A. M. (2019). Screening, brief intervention, and referral to treatment (SBIRT) education of residential care nursing staff: Impact on staff and residents. *Geriatric Nursing*, 40(6), 553–557.
- 455 Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- 456 National Institute on Drug Abuse. (2014). *Principles of drug abuse treatment for criminal justice populations: A research-based guide*. Retrieved from [www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations/legally-mandated-treatment-effective](http://www.drugabuse.gov/publications/principles-drug-abuse-treatment-criminal-justice-populations/legally-mandated-treatment-effective)
- 457 Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100(1), 108–114.
- 458 Schonfeld, L., Hazlett, R. W., Hedgecock, D. K., Duchene, D. M., Burns, L. V., & Gum, A. M. (2015). Screening, brief intervention, and referral to treatment for older adults with substance misuse. *American Journal of Public Health*, 105(1), 205–211.
- 459 Schonfeld, L., King-Kallimanis, B. L., Duchene, D. M., Etheridge, R. L., Herrera, J. R., Barry, K. L., & Lynn, N. (2010). Screening and brief intervention for substance misuse among older adults: The Florida BRITE project. *American Journal of Public Health*, 100(1), 108–114.
- 460 Colrain, I. M., Nicholas, C. L., & Baker, F. C. (2014). Alcohol and the sleeping brain. *Handbook of Clinical Neurology*, 125, 415–431.
- 461 Garcia, A. N., & Salloum, I. M. (2015). Polysomnographic sleep disturbances in nicotine, caffeine, alcohol, cocaine, opioid, and cannabis use: A focused review. *American Journal on Addictions*, 24(7), 590–598.
- 462 Canham, S. L., Kaufmann, C. N., Mauro, P. M., Mojtabai, R., & Spira, A. P. (2015). Binge drinking and insomnia in middle-aged and older adults: The Health and Retirement Study. *International Journal of Geriatric Psychiatry*, 30(3), 284–291.
- 463 Cohrs, S., Rodenbeck, A., Riemann, D., Szagun, B., Jaehne, A., Brinkmeyer, J., ... Winterer, G. (2014). Impaired sleep quality and sleep duration in smokers—Results from the German Multicenter Study on Nicotine Dependence. *Addiction Biology*, 19(3), 486–496.
- 464 Garcia, A. N., & Salloum, I. M. (2015). Polysomnographic sleep disturbances in nicotine, caffeine, alcohol, cocaine, opioid, and cannabis use: A focused review. *American Journal on Addictions*, 24(7), 590–598.
- 465 Correa, D., Farney, R. J., Chung, F., Prasad, A., Lam, D., & Wong, J. (2015). Chronic opioid use and central sleep apnea: A review of the prevalence, mechanisms, and perioperative considerations. *Anesthesia and Analgesia*, 120(6), 1273–1285.
- 466 Substance Abuse and Mental Health Services Administration. (2014). Treating sleep problems of people in recovery from substance use disorders. *In Brief*, 8(2). Retrieved from <https://store.samhsa.gov/product/Treating-Sleep-Problems-of-People-in-Recovery-From-Substance-Use-Disorders/SMA14-4859>
- 467 Wu, L., & Sun, D. (2017). Sleep duration and falls: A systemic review and meta-analysis of observational studies. *Journal of Sleep Research*, 26(3), 293–301.
- 468 Stone, K. L., Blackwell, T. L., Ancoli-Israel, S., Cauley, J. A., Redline, S., Marshall, L. M., & Ensrud, K. E. (2014). Sleep disturbances and risk of falls in older community-dwelling men: The outcomes of Sleep Disorders in Older Men (MrOS Sleep) Study. *Journal of the American Geriatrics Society*, 62(2), 299–305.

- <sup>469</sup> da Silva, A. A., de Mello, R. G. B., Schaan, C. W., Fuchs, F. D., Redline, S., & Fuchs, S. C. (2016). Sleep duration and mortality in the elderly: A systematic review with meta-analysis. *BMJ Open*, 6(2), e008119.
- <sup>470</sup> Saccomano, S. J. (2014). Sleep disorders in older adults. *Journal of Gerontological Nursing*, 40(3), 38–45.
- <sup>471</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2017). Association between nonmedical marijuana and pain reliever uses among individuals aged 50+. *Psychoactive Drugs*, 49(4), 267–278.
- <sup>472</sup> Brennan, P. L., & Soohoo, S. (2013). Pain and use of alcohol in later life: Prospective evidence from the Health and Retirement Study. *Journal of Aging and Health*, 25(4), 656–677.
- <sup>473</sup> Brennan, P. L., & Soohoo, S. (2013). Pain and use of alcohol in later life: Prospective evidence from the Health and Retirement Study. *Journal of Aging and Health*, 25(4), 656–677.
- <sup>474</sup> Gilson, K. M., Bryant, C., & Judd, F. (2014). The hidden harms of using alcohol for pain relief in older adults. *International Psychogeriatrics*, 26(11), 1929–1930.
- <sup>475</sup> Kang, Y., & Demiris, G. (2017). Self-report pain assessment tools for cognitively intact older adults: Integrative review. *International Journal of Older People Nursing*, 13(2), e12170.
- <sup>476</sup> Schofield, P., & Abdulla, A. (2018). Pain assessment in the older population: What the literature says. *Age and Ageing*, 47(3), 324–327.
- <sup>477</sup> Schofield, P., & Abdulla, A. (2018). Pain assessment in the older population: What the literature says. *Age and Ageing*, 47(3), 324–327.
- <sup>478</sup> Horgas, A. L. (2017). Pain assessment in older adults. *Nursing Clinics of North America*, 52(3), 375–385.
- <sup>479</sup> Horgas, A. L. (2017). Pain assessment in older adults. *Nursing Clinics of North America*, 52(3), 375–385.
- <sup>480</sup> Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- <sup>481</sup> Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- <sup>482</sup> Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- <sup>483</sup> Kang, Y., & Demiris, G. (2017). Self-report pain assessment tools for cognitively intact older adults: Integrative review. *International Journal of Older People Nursing*, 13(2), e12170.
- <sup>484</sup> Kang, Y., & Demiris, G. (2017). Self-report pain assessment tools for cognitively intact older adults: Integrative review. *International Journal of Older People Nursing*, 13(2), e12170.
- <sup>485</sup> Shega, J., W., Tiedt, A. D., Grant, K., & Dale, W. (2014). Pain measurement in the National Social Life, Health, and Aging Project: Presence, intensity, and location. *Journals of Gerontology, Series B: Psychological Sciences and Social Sciences*, 69(8), S191–S197.
- <sup>486</sup> American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society*, 57, 1331–1346.
- <sup>487</sup> American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society*, 57, 1331–1346.
- <sup>488</sup> American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological management of persistent pain in older persons. *Journal of the American Geriatrics Society*, 57, 1331–1346.
- <sup>489</sup> American Geriatrics Society Panel on the Pharmacological Management of Persistent Pain in Older Persons. (2009). Pharmacological Management of Persistent Pain in Older Persons. *Journal of the American Geriatrics Society*, 57, 1331–1346.
- <sup>490</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). *Multiple cause of death data 1999-2018 on CDC WONDER* [Data set]. Retrieved April 14, 2020, from <https://wonder.cdc.gov/mcd.html>
- <sup>491</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. (2020). *Multiple cause of death data 1999-2018 on CDC WONDER* [Data set]. Retrieved April 14, 2020, from <https://wonder.cdc.gov/mcd.html>
- <sup>492</sup> McGuire, B. E., Nicholas, M. K., Asghari, A., Wood, B. M., & Main, C. J. (2014). The effectiveness of psychological treatments for chronic pain in older adults: Cautious optimism and an agenda for research. *Current Opinion in Psychiatry*, 27(5), 380–384.
- <sup>493</sup> Reid, M. C., Ong, A. D., & Henderson, C. R. (2016). Why we need nonpharmacologic approaches to manage chronic low back pain in older adults. *JAMA Internal Medicine*, 176(3), 338–339. doi: 10.1001/jamainternmed.2015.8348.
- <sup>494</sup> Davies, P. S. (2017). Opioids for pain management in older adults: Strategies for safe prescribing. *Nurse Practitioner*, 42(2), 20–26.
- <sup>495</sup> Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain: United States, 2016. *JAMA*, 315(15), 1624–1645.
- <sup>496</sup> Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain: United States, 2016. *JAMA*, 315(15), 1624–1645.

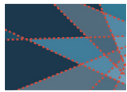




- 497 Ali, A., Arif, A. W., Bhan, C., Kumar, D., Malik, M. B., Sayyed, Z., ... Ahmad, M. Q. (2018). Managing chronic pain in the elderly: An overview of the recent therapeutic advancements. *Cureus*, 10(9), e3293.
- 498 Makris, U. E., Abrams, R. C., Gurland, B., & Reid, M. C. (2014). Management of persistent pain in the older patient: A clinical review. *JAMA*, 312(8), 825–836.
- 499 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 500 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 501 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 502 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 503 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 504 Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- 505 Lai, H. M., Cleary, M., Sitharthan, T., & Hunt, G. E. (2015). Prevalence of comorbid substance use, anxiety and mood disorders in epidemiological surveys, 1990–2014: A systematic review and meta-analysis. *Drug and Alcohol Dependence*, 154, 1–13.
- 506 Fink, D. S., Hu, R., Cerdá, M., Keyes, K. M., Marshall, B. D., Galea, S., & Martins, S. S. (2015). Patterns of major depression and nonmedical use of prescription opioids in the United States. *Drug and Alcohol Dependence*, 153, 258–264.
- 507 Dworkin, E. R., Wanklyn, S., Stasiewicz, P. R., & Coffey, S. F. (2018). PTSD symptom presentation among people with alcohol and drug use disorders: Comparisons by substance of abuse. *Addictive Behaviors*, 76, 188–194.
- 508 Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2011). Prevalence and Axis I comorbidity of full and partial posttraumatic stress disorder in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Anxiety Disorders*, 25(3), 456–465.
- 509 Espinoza, R., & Kaufman, A. H. (2014). Diagnosis and treatment of late-life depression. *Psychiatric Times*, 31(10), 1–8.
- 510 Lagana, L. (2009). Pilot testing a new short screen for the assessment of older women's PTSD symptomatology. *Educational Gerontology*, 35(8), 732–751.
- 511 Jeste, D. V., Peschin, S., Buckwalter, K., Blazer, D. G., McGuire, M., Moutier, C., ... Reynolds, C. F. (2018). Promoting wellness in older adults with mental illnesses and substance use disorders: Call to action to all stakeholders. *American Journal of Geriatric Psychiatry*, 26(6), 617–630.
- 512 Soper, R. G. (2014, October 6). Intimate partner violence and co-occurring substance abuse/addiction. *ASAM Magazine*. Retrieved from [www.asam.org/resources/publications/magazine/read/article/2014/10/06/intimate-partner-violence-and-co-occurring-substance-abuse-addiction](http://www.asam.org/resources/publications/magazine/read/article/2014/10/06/intimate-partner-violence-and-co-occurring-substance-abuse-addiction)
- 513 Lachs, M., & Pillemer, K. (2015). Elder abuse. *New England Journal of Medicine*, 373, 1947–1956.
- 514 Stone, A. L., Becker, L. G., Huber, A. M., & Catalano, R. F. (2012). Review of risk and protective factors of substance use and problem use in emerging adulthood. *Addictive Behaviors*, 37(7), 747–775.
- 515 Urbanoski, K. A., & Kelly, J. F. (2012). Understanding genetic risk for substance use and addiction: A guide for non-geneticists. *Clinical Psychology Reviews*, 32(1), 60–70.
- 516 Urbanoski, K. A., & Kelly, J. F. (2012). Understanding genetic risk for substance use and addiction: A guide for non-geneticists. *Clinical Psychology Reviews*, 32(1), 60–70.
- 517 Hummel, A., Shelton, K. H., Heron, J., Moore, L., & van den Bree, M. B. (2013). A systematic review of the relationships between family functioning, pubertal timing and adolescent substance use. *Addiction*, 108(3), 487–496.
- 518 Katz, S., Ford, A. B., Moskowitz, R. W., Jackson, B. A., & Jaffe, M. W. (1963). Studies of illness in the aged: The Index of ADL; a standardized measure of biological and psychosocial function. *JAMA*, 185(12), 914–919.

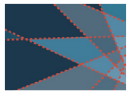


- 519 Mahoney, F., & Barthel, D. (1965). Functional evaluation: The Barthel Index. *Maryland State Medical Journal*, 14, 61–65.
- 520 NINDS Common Data Elements. (n.d.). Report Viewer [for Barthel Index]. Retrieved from [www.commondataelements.ninds.nih.gov/report-viewer/23804/www.mapi-trust.org](http://www.commondataelements.ninds.nih.gov/report-viewer/23804/www.mapi-trust.org)
- 521 Pfeffer, R. I., Kurosaki, T. T., Harrah, C. H., Chance, J. M., & Filos, S. (1982). Measurement of functional activities in older adults in the community. *Journal of Gerontology*, 37(3), 323–329.
- 522 Marshall, G. A., Zoller, A. S., Lorus, N., Amariglio, R. E., Locascio, J. J., Johnson, K. A., ... Alzheimer's Disease Neuroimaging Initiative. (2015). Functional Activities Questionnaire items that best discriminate and predict progression from clinically normal to mild cognitive impairment. *Current Alzheimer Research*, 12(5), 493.
- 523 Centers for Disease Control and Prevention. (2016, September 22). Falls are leading cause of injury and death in older Americans. Retrieved April 11, 2019, from [www.cdc.gov/media/releases/2016/p0922-older-adult-falls.html](http://www.cdc.gov/media/releases/2016/p0922-older-adult-falls.html)
- 524 Centers for Disease Control and Prevention. (2016). Older adult falls data. Retrieved February 12, 2018, from [www.cdc.gov/homeandrecreationsafety/falls/fallcost.html](http://www.cdc.gov/homeandrecreationsafety/falls/fallcost.html)
- 525 Bergen, G., Stevens, M. R., & Burns, E. R. (2016). Falls and fall injuries among adults aged ≥65 years — United States, 2014. *MMWR: Morbidity and Mortality Weekly Report*, 65(37), 993–998.
- 526 Burns, E. B., Stevens, J. A., & Lee, R. L. (2016). The direct costs of fatal and non-fatal falls among older adults: United States. *Journal of Safety Research*, 58, 99–103.
- 527 Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2015). Associations of mental health and substance use disorders with presenting problems and outcomes in older adults' emergency department visits. *Academic Emergency Medicine*, 22(11), 1316–1326.
- 528 Ambrose, A. F., Paul, G., & Hausdorff, J. M. (2013). Risk factors for falls among older adults: A review of the literature. *Maturitas* 75(1), 51–61.
- 529 Arora, A., O'Neill, A., Crome, P., & Martin, F. C. (2015). Clinical medicine and substance misuse: Research, assessments and treatment. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 35–55). Hoboken, NJ: Wiley-Blackwell.
- 530 Richardson, K., Bennett, K., & Kenny, R. A. (2015). Polypharmacy including falls risk-increasing medications and subsequent falls in community-dwelling middle-aged and older adults. *Age and Ageing*, 44(1), 90–96.
- 531 Stone, K. L., Blackwell, T. L., Ancoli-Israel, S., Cauley, J. A., Redline, S., Marshall, L. M., & Ensrud, K. E. (2014). Sleep disturbances and risk of falls in older community-dwelling men: The outcomes of Sleep Disorders in Older Men (MrOS Sleep) Study. *Journal of the American Geriatrics Society*, 62(2), 299–305.
- 532 Hayley, A. C., Williams, L. J., Kennedy, G. A., Holloway, K. L., Berk, M., Brennan-Olsen, S. L., & Pasco, J. A. (2015). Excessive daytime sleepiness and falls among older men and women: Cross-sectional examination of a population-based sample. *BMC Geriatrics*, 15, 74.
- 533 Panel on Prevention of Falls in Older Persons, American Geriatrics Society and British Geriatrics Society. (2011). Summary of the updated American Geriatrics Society/ British Geriatrics Society clinical practice guideline for prevention of falls in older persons. *Journal of the American Geriatrics Society*, 59(1), 148–157.
- 534 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 535 American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- 536 American Association of Community Psychiatrists. (2016). *LOCUS: Level of Care Utilization System for Psychiatric and Addiction Services Adult Version 20*. Retrieved from [www.communitypsychiatry.org/resources/locus](http://www.communitypsychiatry.org/resources/locus)
- 537 National Guardianship Association. (2013). *Standards of practice* (4th ed.). Retrieved from [www.guardianship.org/wp-content/uploads/2017/07/NGA-Standards-with-Summit-Revisions-2017.pdf](http://www.guardianship.org/wp-content/uploads/2017/07/NGA-Standards-with-Summit-Revisions-2017.pdf)
- 538 Wilkins, J. M. (2017). Dementia, decision making, and quality of life. *AMA Journal of Ethics*, 19, 637–639.
- 539 Friedrichs, A., Spies, M., Härter, M., & Buchholz, A. (2016). Patient preferences and shared decision making in the treatment of substance use disorders: A systematic review of the literature. *PLoS One*, 11(1), e0145817.
- 540 Friedrichs, A., Spies, M., Härter, M., & Buchholz, A. (2016). Patient preferences and shared decision making in the treatment of substance use disorders: A systematic review of the literature. *PLoS One*, 11(1), e0145817.
- 541 Elwyn, G., Dehlendorf, C., Epstein, R. M., Marrin, K., White, J., & Frosch, D. L. (2014). Shared decision making and motivational interviewing: Achieving patient-centered care across the spectrum of health care problems. *Annals of Family Medicine*, 12(3), 270–275.



- <sup>542</sup> Substance Abuse and Mental Health Services Administration. (2019). *Enhancing motivation for change in substance use disorder treatment*. Treatment Improvement Protocol (TIP) Series 35. HHS Publication No. PEP19-02-01-003. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- <sup>543</sup> Purath, J., Keck, A., & Fitzgerald, C. (2014). Motivational interviewing for older adults in primary care: A systematic review. *Geriatric Nursing*, 35(3), 219–224.
- <sup>544</sup> Elwyn, G., Dehlendorf, C., Epstein, R. M., Marrin, K., White, J., & Frosch, D. L. (2014). Shared decision making and motivational interviewing: Achieving patient-centered care across the spectrum of health care problems. *Annals of Family Medicine*, 12(3), 270–275.
- <sup>545</sup> Sahker, E., Schultz, S. K., & Arndt, S. (2015). Treatment of substance use disorders in older adults: Implications for care delivery. *Journal of the American Geriatrics Society*, 63(11), 2317–2323.
- <sup>546</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>547</sup> Sahker, E., Schultz, S. K., & Arndt, S. (2015). Treatment of substance use disorders in older adults: Implications for care delivery. *Journal of the American Geriatrics Society*, 63(11), 2317–2323.
- <sup>548</sup> Carew, A. M., & Comiskey, C. (2018). Treatment for opioid use and outcomes in older adults: A systematic literature review. *Drug and Alcohol Dependence*, 182, 48–57.
- <sup>549</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>550</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>551</sup> Moy, I., Crome, P., Crome, I., & Fisher, M. (2011). Systematic and narrative review of treatment for older people with substance problems. *European Geriatric Medicine*, 358, 212–236.
- <sup>552</sup> Bhatia, U., Nadkarni, A., Murthy, P., Rao, R., & I. Crome. (2015). Recent advances in treatment for older people with substance use problems: An updated systematic and narrative review. *European Geriatric Medicine*, 358, 580–586.
- <sup>553</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>554</sup> Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885.
- <sup>555</sup> Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 17). Geneva, Switzerland: World Health Organization.
- <sup>556</sup> Bush, K., Kivlahan, D. R., McDonnell, M. B., Fihn, S. D., & Bradley, K. A. (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. Ambulatory Care Quality Improvement Project (ACQUIP). *Archives of Internal Medicine*, 158, 1789–1795.
- <sup>557</sup> U.S. Department of Veterans Affairs. (n.d.). AUDIT-C Frequently Asked Questions. Retrieved from [www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm#top](http://www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm#top)
- <sup>558</sup> Blow, F. C., et al. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). Hilton Head Island, SC: Research Society on Alcoholism Annual Scientific Meeting.
- <sup>559</sup> Purcell, B. (2003). *Senior Alcohol Misuse Indicator*. Toronto, Canada: Centre for Addiction and Mental Health, University of Toronto.
- <sup>560</sup> Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., Kelly, B. J., & Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test-Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- <sup>561</sup> Meyer, T., Miller, M., Metzger, R., & Borkovec, T. D. (1990). Development and validation of the Penn State Worry Questionnaire. *Behaviour Research and Therapy*, 28, 487–495.
- <sup>562</sup> Therrien, Z., & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. *Aging and Mental Health*, 16(1), 1–16.
- <sup>563</sup> Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). Retrieved from [www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp](http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp)
- <sup>564</sup> Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine*, 31(10), 1206–1211.

- <sup>565</sup> Ware, L. J., Herr, K. A., Booker, S. S., Dotson, K., Key, J., Poindexter, N., ... Packard, A. (2015). Psychometric evaluation of the revised Iowa Pain Thermometer (IPT-R) in a sample of diverse cognitively intact and impaired older adults: A pilot study. *Pain Management Nursing*, 16(4), 475–482.
- <sup>566</sup> Katz, S., Down, T. D., Cash, H. R., & Grotz, R. C. (1970). Progress in the development of the index of ADL. *Gerontologist*, 10, 20–30.
- <sup>567</sup> Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., ... Hasin, D. S. (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV Alcohol Use Disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, 74(9), 911–923.
- <sup>568</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>569</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>570</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>571</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>572</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>573</sup> Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- <sup>574</sup> Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from [www.caregiver.org/caregiver-statistics-demographics](http://www.caregiver.org/caregiver-statistics-demographics)
- <sup>575</sup> Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from [www.drugs.com/drug\\_interactions.html](http://www.drugs.com/drug_interactions.html)
- <sup>576</sup> World Health Organization. (2018). Lexicon of alcohol and drug terms published by the World Health Organization, Management of Substance Abuse. Retrieved from [www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)
- <sup>577</sup> World Health Organization. (2018). Lexicon of alcohol and drug terms published by the World Health Organization, Management of Substance Abuse. Retrieved from [www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)
- <sup>578</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>579</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>580</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>581</sup> Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from [www.cdc.gov/alcohol/faqs.htm](http://www.cdc.gov/alcohol/faqs.htm)
- <sup>582</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>583</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>584</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>585</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>586</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>587</sup> DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing*, 38(1), 25–32.
- <sup>588</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>589</sup> Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people*. (pp. 75–90). West Sussex, UK: Wiley-Blackwell.



- <sup>590</sup> Wilson, S. R., Knowles, S. B., Huang, Q., & Fink, A. (2014). The prevalence of harmful and hazardous alcohol consumption in older U.S. adults: Data from the 2005–2008 National Health and Nutrition Examination Survey (NHANES). *Journal of General Internal Medicine*, 29(2), 312–319.
- <sup>591</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>592</sup> Simou, E., Britton, J., & Leonardi-Bee, J. (2018). Alcohol and the risk of sleep apnoea: A systematic review and meta-analysis. *Sleep Medicine*, 42(2018), 38–46.
- <sup>593</sup> Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., ... Hasin, D. S. (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, 74(9), 911–923. doi:10.1001/jamapsychiatry.2017.2161
- <sup>594</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>595</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>596</sup> Ramchandani, V. A., Slattum, P. W., Patkar, A. A., Wu, L.-T., Lee, J. C., Mohanty, M., ... Li, T.-K. (2014). Psychopharmacology and the consequences of alcohol and drug interactions. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 149–170). West Sussex, UK: Wiley-Blackwell.
- <sup>597</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>598</sup> Chernick, R., & Kuerbis, A. (2016). Social and familial contexts for drinking among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 149–166). New York, NY: Springer.
- <sup>599</sup> Schonfeld, L. (2016). Adapting SBIRT for older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 215–232). New York, NY: Springer.
- <sup>600</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>601</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>602</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>603</sup> Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- <sup>604</sup> Han, B. H., Moore, A. A., Sherman, S., Keyes, K. M., & Palamar, J. J. (2017). Demographic trends of binge alcohol use and alcohol use disorders among older adults in the United States, 2005–2014. *Drug and Alcohol Dependence*, 170, 198–207.
- <sup>605</sup> Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- <sup>606</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>607</sup> Chou, K. L., Liang, K., & Mackenzie, C. S. (2011). Binge drinking and Axis I psychiatric disorders in community-dwelling middle-aged and older adults: Results from the National Epidemiology Survey on Alcohol and Related Conditions (NESARC). *Journal of Clinical Psychiatry*, 72(5), 640–647.
- <sup>608</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>609</sup> Grant, B. F., Chou, S. P., Saha, T. D., Pickering, R. P., Kerridge, B. T., Ruan, W. J., ... Hasin, D. S. (2017). Prevalence of 12-month alcohol use, high-risk drinking, and DSM-IV alcohol use disorder in the United States, 2001–2002 to 2012–2013: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *JAMA Psychiatry*, 74(9), 911–923.
- <sup>610</sup> U.S. Census Bureau. (2017). *2017 national population projections tables: Main series* (Table 2). Retrieved April 17, 2020, from [www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html](http://www.census.gov/data/tables/2017/demo/popproj/2017-summary-tables.html)



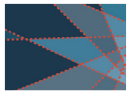
- <sup>611</sup> U.S. Census Bureau. (2019, October 8). *Older people projected to outnumber children for first time in U.S. history* [Revised press release]. Retrieved April 14, 2020, from [www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html](http://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html)
- <sup>612</sup> Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- <sup>613</sup> Caputo, F., Vignoli, T., Leggio, L., Addolorato, G., Zoli, G., & Bernardi, M. (2012). Alcohol use disorders in the elderly: A brief overview from epidemiology to treatment options. *Experimental Gerontology*, 47(6), 411–416.
- <sup>614</sup> Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people*. (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- <sup>615</sup> Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders*, 109(3), 233–250.
- <sup>616</sup> Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*, 27(2), 190–211.
- <sup>617</sup> Bryant, C., Jackson, H., & Ames, D. (2008). The prevalence of anxiety in older adults: Methodological issues and a review of the literature. *Journal of Affective Disorders*, 109(3), 233–250.
- <sup>618</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>619</sup> Meeks, T. W., Vahia, I. V., Lavretsky, H., Kulkarni, G., & Jeste, D. V. (2011). A tune in “A minor” can “B major”: A review of epidemiology, illness course, and public health implications of subthreshold depression in older adults. *Journal of Affective Disorders*, 129(1–3), 126–142.
- <sup>620</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>621</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>622</sup> Wilson, D., Jackson, S., Crome, I. B., Rao, R. T., & Crome, P. (2015). Comprehensive geriatric assessment and the special needs of older people. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 171–191). West Sussex, UK: Wiley-Blackwell.
- <sup>623</sup> Osterweil, N. (2012, November 12). Older adults with schizophrenia can achieve remission. *Clinical Psychiatry News*. Retrieved from [www.mdedge.com/clinicalpsychiatrynews/article/56692/schizophrenia-other-psychotic-disorders/older-adults](http://www.mdedge.com/clinicalpsychiatrynews/article/56692/schizophrenia-other-psychotic-disorders/older-adults)
- <sup>624</sup> Lane, S. D., da Costa, S. C., Teixeira, A. L., Reynolds, C. F., & Diniz, B. S. (2018). The impact of substance use disorders on clinical outcomes in older-adult psychiatric inpatients. *International Journal of Geriatric Psychiatry*, 33(2), e323–e329.
- <sup>625</sup> Patel, K. V., Guralnik, J. M., Dansie, E. J., & Turk, D. C. (2013). Prevalence and impact of pain among older adults in the United States: Findings from the 2011 National Health and Aging Trends Study. *Pain*, 154(12), 2649–2657.
- <sup>626</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>627</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>628</sup> DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing*, 38(1), 25–32.
- <sup>629</sup> Klein, W. C., & Jess, C. (2002). One last pleasure? Alcohol use among elderly people in nursing homes. *Health and Social Work*, 27(3), 193–203.
- <sup>630</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>631</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>632</sup> Massachusetts Department of Public Health, Bureau of Substance Abuse Services. (2015). Alcohol and medication issues for older adults. Retrieved from <http://files.hria.org/files/SA1003.pdf>
- <sup>633</sup> Blow, F. C., et al. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). Hilton Head Island, SC: Research Society on Alcoholism Annual Scientific Meeting.





- <sup>634</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>635</sup> Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed.). Geneva, Switzerland: World Health Organization. Retrieved from [http://apps.who.int/iris/bitstream/10665/67205/1/WHO\\_MSD\\_MSB\\_01.6a.pdf](http://apps.who.int/iris/bitstream/10665/67205/1/WHO_MSD_MSB_01.6a.pdf)
- <sup>636</sup> Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885. doi:10.1002/gps.2498
- <sup>637</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>638</sup> Blow, F. C., & Barry, K. L. (2012). Alcohol and substance misuse in older adults. *Current Psychiatry Reports*, 14(4), 310–319.
- <sup>639</sup> Arndt, S., & Schultz, S. K. (2015). Epidemiology and demography of alcohol and the older person. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 75–90). West Sussex, UK: Wiley-Blackwell.
- <sup>640</sup> Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf](http://www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf)
- <sup>641</sup> Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf](http://www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf)
- <sup>642</sup> Sacco, P. (2016). Understanding alcohol consumption patterns among older adults: Continuity and change. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 19–34). New York, NY: Springer.
- <sup>643</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>644</sup> Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- <sup>645</sup> Barry, K. L., Blow, F. C., & Oslin, D. W. (2002). Substance abuse in older adults: Review and recommendations for education and practice in medical settings. *Substance Abuse*, 23(3 Suppl.), 105–131.
- <sup>646</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>647</sup> Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22(3), 238–254.
- <sup>648</sup> Alpert, P. T. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, 26(4), 269–272.
- <sup>649</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>650</sup> Fink, A., Morton, S. C., Beck, J. C., Hays, R. D., Spritzer, K., Oishi, S. M., & Moore, A. A. (2002). The Alcohol-Related Problems Survey: Identifying hazardous and harmful drinking in older primary care patients. *Journal of American Geriatrics Society*, 50, 1717–1722.
- <sup>651</sup> Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- <sup>652</sup> Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine*, 25(8), 840–846.
- <sup>653</sup> Cummings, S. M., Bride, B., Cassie, K. M., & Rawlins-Shaw, A. (2009). Substance abuse. In S. M. Cummings & N. P. Kropf (Eds.), *Handbook of psychosocial interventions with older adults: Evidence-based approaches* (pp. 215–241). New York, NY: Haworth Press.
- <sup>654</sup> Emiliussen, J., Søgaard Nielsen, A., & Andersen, K. (2017). Identifying risk factors for late-onset (50+) alcohol use disorder and heavy drinking: A systematic review. *Substance Use and Misuse*, 52(12), 1575–1588.
- <sup>655</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>656</sup> Slattum, P. W., & Hassan, O. E. (2016). Medications, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 117–129). New York, NY: Springer.

- <sup>657</sup> Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine*, 25(8), 840–846.
- <sup>658</sup> Gilson, K. M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>659</sup> Breslow, R., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism*, 39, 371–379.
- <sup>660</sup> Slattum, P. W., & Hassan, O. E. (2016). Medications, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 117–129). New York, NY: Springer.
- <sup>661</sup> DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing*, 38(1), 25–32.
- <sup>662</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>663</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>664</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>665</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>666</sup> Moore, A. A., Blow, F. C., Hoffing, M., Welgreen, S., Davis, J. W., Lin, J. C., ... Barry, K. L. (2011). Primary care-based intervention to reduce at-risk drinking in older adults: A randomized controlled trial. *Addiction*, 106(1), 111–120.
- <sup>667</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>668</sup> Blow, F. C., & Barry, K. L. (2000). Older patients with at-risk and problem drinking patterns: New developments in brief interventions. *Journal of Geriatric Psychiatry and Neurology*, 13(3), 115–123.
- <sup>669</sup> Moore, A. A., Blow, F. C., Hoffing, M., Welgreen, S., Davis, J. W., Lin, J. C., ... Barry, K. L. (2011). Primary care-based intervention to reduce at-risk drinking in older adults: A randomized controlled trial. *Addiction*, 106(1), 111–120.
- <sup>670</sup> Moore, A. A., Blow, F. C., Hoffing, M., Welgreen, S., Davis, J. W., Lin, J. C., ... Barry, K. L. (2011). Primary care-based intervention to reduce at-risk drinking in older adults: A randomized controlled trial. *Addiction*, 106(1), 111–120.
- <sup>671</sup> Miller, W. R., Forcehimes, A., & Zweben, A. (2011). *Treating addiction: A guide for professionals*. New York, NY: Guilford Press.
- <sup>672</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>673</sup> Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing for older adults. In P. A. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma, and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- <sup>674</sup> Serdarevic, M. (2016). Literature review: Motivational interviewing with the older adult. *Journal of Psychology and Clinical Psychiatry*, 6(7), 00409. doi:10.15406/jpcpy.2016.06.00409
- <sup>675</sup> Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing for older adults. In P. A. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma, and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- <sup>676</sup> Cummings, S. M., Cooper, R. L., & Cassie, K. M. (2009). Motivational interviewing to affect behavioral change in older adults. *Research on Social Work Practice*, 19(2), 195–204.
- <sup>677</sup> Lundahl, B., Moleni, T., Burke, B., Butters, R., Tollefson, D., Butler, C., & Rollnick, S. (2013). Motivational interviewing in medical care settings: A systematic review and meta-analysis of randomized controlled trials. *Patient Education and Counseling*, 93(2), 157–168.
- <sup>678</sup> Kuerbis, A., Treloar Padovano, H., Shao, S., Houser, J., Muench, F., & Morgenstern, J. (2018). Comparing daily drivers of problem drinking among older and younger adults: An electronic daily diary study using smartphones. *Drug and Alcohol Dependence*, 183, 240–246.



- <sup>679</sup> Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- <sup>680</sup> Miller, W. R., Forcehimes, A., & Zweben, A. (2011). *Treating addiction: A guide for professionals*. New York, NY: Guilford Press.
- <sup>681</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>682</sup> Miller, W. R., Forcehimes, A., & Zweben, A. (2011). *Treating addiction: A guide for professionals*. New York, NY: Guilford Press.
- <sup>683</sup> Blow, F. C., & Barry, K. L. (2000). Older patients with at-risk and problem drinking patterns: New developments in brief interventions. *Journal of Geriatric Psychiatry and Neurology*, 13(3), 115–123.
- <sup>684</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). What's a "standard" drink? Retrieved June 14, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx)
- <sup>685</sup> Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- <sup>686</sup> Magill, M., Stout, R. L., & Apodaca, T. R. (2013). Therapist focus on ambivalence and commitment: A longitudinal analysis of motivational interviewing treatment ingredients. *Psychology of Addictive Behaviors*, 27(3), 754–762.
- <sup>687</sup> Magill, M., Kiluk, B. D., McCrady, B. S., Tonigan, J. S., & Longabaugh, R. (2015). Active ingredients of treatment and client mechanisms of change in behavioral treatments for alcohol use disorders: Progress 10 years later. *Alcoholism, Clinical and Experimental Research*, 39(10), 1852–1862.
- <sup>688</sup> Magill, M., Gaume, J., Apodaca, T. R., Walthers, J., Mastroleo, N. R., Borsari, B., & Longabaugh, R. (2014). The technical hypothesis of motivational interviewing: A meta-analysis of MI's key causal model. *Journal of Consulting and Clinical Psychology*, 82(6), 973–983.
- <sup>689</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>690</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>691</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>692</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>693</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>694</sup> Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>695</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>696</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>697</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>698</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>699</sup> Satre, D. D., Knight, B. G., & David, S. (2006). Cognitive-behavioral interventions with older adults: Integrating clinical and gerontological research. *Professional Psychology: Research and Practice*, 37(5), 489–498.
- <sup>700</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.

- <sup>701</sup> Satre, D. D., Knight, B. G., & David, S. (2006). Cognitive-behavioral interventions with older adults: Integrating clinical and gerontological research. *Professional Psychology: Research and Practice*, 37(5), 489–498.
- <sup>702</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>703</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>704</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>705</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>706</sup> Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22(3), 238–254.
- <sup>707</sup> Satre, D. D., Knight, B. G., & David, S. (2006). Cognitive-behavioral interventions with older adults: Integrating clinical and gerontological research. *Professional Psychology: Research and Practice*, 37(5), 489–498.
- <sup>708</sup> Substance Abuse and Mental Health Services Administration. (2005). *Substance abuse relapse prevention for older adults: A group treatment approach*. HHS Publication No. (SMA) 05-4053. Rockville, MD: Substance Abuse and Mental Health Services Administration. <https://preventionlane.org/wp-content/uploads/2018/01/SMA05-4053.pdf>
- <sup>709</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>710</sup> Center for Substance Abuse Treatment. (2005). *Substance abuse relapse prevention for older adults: A group treatment approach* (p. 23). HHS Publication No. (SMA) 05-4053. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://preventionlane.org/wp-content/uploads/2018/01/SMA05-4053.pdf>
- <sup>711</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>712</sup> Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry*, 1(1), 15–26.
- <sup>713</sup> Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry*, 1(1), 15–26.
- <sup>714</sup> Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry*, 1(1), 15–26.
- <sup>715</sup> Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry*, 1(1), 15–26.
- <sup>716</sup> Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health*, 28(3–4), 313–332.
- <sup>717</sup> Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health*, 28(3–4), 313–332.
- <sup>718</sup> Kelly, J. F., Stout, R. L., Magill, M., & Tonigan, J. S. (2011). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: A prospective lagged mediational analysis. *Drug and Alcohol Dependence*, 114(2–3), 119–126.
- <sup>719</sup> Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2011). Spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change. *Alcoholism, Clinical and Experimental Research*, 35(3), 454–463.
- <sup>720</sup> Montes, K. S., & Tonigan, J. S. (2017). Does age moderate the effect of spirituality/religiousness in accounting for Alcoholics Anonymous benefit? *Alcoholism Treatment Quarterly*, 35(2), 96–112.
- <sup>721</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>722</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>723</sup> Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>724</sup> Klotz, U. (2009). Pharmacokinetics and drug metabolism in the elderly. *Drug Metabolism Reviews*, 41(2), 67–76.

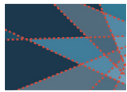




- <sup>725</sup> Lal, R., & Pattanayak, R. D. (2017). Alcohol use among the elderly: Issues and considerations. *Journal of Geriatric Mental Health*, 4(1), 4–10.
- <sup>726</sup> Ramchandani, V. A., Slattum, P. W., Patkar, A. A., Li-Tzy, W., Lee, J. C., Mohanty, M., ... Ting-Kai, L. (2015). Psychopharmacology and the consequences of alcohol and drug interactions. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 149–170). West Sussex, UK: Wiley-Blackwell.
- <sup>727</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>728</sup> Witkiewitz, K., Saville, K., & Hamreus, K. (2012). Acamprosate for treatment of alcohol dependence: Mechanisms, efficacy, and clinical utility. *Therapeutics and Clinical Risk Management*, 8, 45–53.
- <sup>729</sup> Hassell, C., Wilkins, K., & Trevisan, L. A. (2017). Pharmacology of geriatric substance use disorders: Considerations and future directions. *Current Treatment Options in Psychiatry*, 4(1), 102–115.
- <sup>730</sup> Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>731</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>732</sup> Sinclair, J., Chambers, S., Shiles, C., & Baldwin, D. S. (2016). Safety and tolerability of pharmacological treatment of alcohol dependence: Comprehensive review of evidence. *Drug Safety*, 39, 627–645.
- <sup>733</sup> Hassell, C., Wilkins, K., & Trevisan, L. A. (2017). Pharmacology of geriatric substance use disorders: Considerations and future directions. *Current Treatment Options in Psychiatry*, 4(1), 102–115.
- <sup>734</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>735</sup> Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>736</sup> Substance Abuse and Mental Health Services Administration. (2015). *Clinical use of extended-release injectable naltrexone in the treatment of opioid use disorder: A brief guide*. HHS Publication No. (SMA) 14-4892. Retrieved from <https://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorder-A-Brief-Guide/SMA14-4892R>
- <sup>737</sup> Substance Abuse and Mental Health Services Administration. (2015). *Clinical use of extended-release injectable naltrexone in the treatment of opioid use disorder: A brief guide*. HHS Publication No. (SMA) 14-4892. Retrieved from <https://store.samhsa.gov/product/Clinical-Use-of-Extended-Release-Injectable-Naltrexone-in-the-Treatment-of-Opioid-Use-Disorder-A-Brief-Guide/SMA14-4892R>
- <sup>738</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>739</sup> Hassell, C., Wilkins, K., & Trevisan, L. A. (2017). Pharmacology of geriatric substance use disorders: Considerations and future directions. *Current Treatment Options in Psychiatry*, 4(1), 102–115.
- <sup>740</sup> Le Roux, C., Tang, Y., & Drexler, K. (2016). Alcohol and opioid use disorder in older adults: Neglected and treatable illnesses. *Current Psychiatry Reports*, 18, 87.
- <sup>741</sup> Lal, R., & Pattanayak, R. D. (2017). Alcohol use among the elderly: Issues and considerations. *Journal of Geriatric Mental Health*, 4(1), 4–10.
- <sup>742</sup> Lal, R., & Pattanayak, R. D. (2017). Alcohol use among the elderly: Issues and considerations. *Journal of Geriatric Mental Health*, 4(1), 4–10.
- <sup>743</sup> Friedmann, P. D. (2013). Alcohol use in adults. *New England Journal of Medicine*, 368(17), 1655–1656.
- <sup>744</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>745</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>746</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>747</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.



- <sup>748</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>749</sup> Taheri, A., Dahri, K., Chan, P., Shaw, M., Aulakh, A., & Tashakkor, A. (2014). Evaluation of a symptom-triggered protocol approach to the management of alcohol withdrawal syndrome in older adults. *Journal of the American Geriatrics Society*, 62(8), 1551–1555.
- <sup>750</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>751</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>752</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>753</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>754</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>755</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>756</sup> Substance Abuse and Mental Health Services Administration. (2012). *SAMHSA's working definition of recovery* (p. 3). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>
- <sup>757</sup> Kelly, J. F., & White, W. L. (2011). Addiction recovery management: Theory, research and practice. In W. L. White & J. F. Kelly (Eds.), *Addiction recovery management: Theory, research and practice* (pp. xi, 326). Totowa, NJ: Humana Press.
- <sup>758</sup> McKay, J. R. (2011). Continuing care and recovery. In J. F. Kelly & W. L. White (Eds.), *Addiction recovery management: Theory, research and practice* (pp. 163–183). Totowa, NJ: Humana Press.
- <sup>759</sup> Atkinson, R. M., & Misra, S. (2002). Further strategies in the treatment of aging alcoholics. In A. M. Gurnack, R. Atkinson, & N. J. Osgood (Eds.), *Treating alcohol and drug abuse in the elderly* (pp. 131–154). New York, NY: Springer.
- <sup>760</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>761</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>762</sup> McCrady, B. S. (2006). Family and other close relationships. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 166–181). New York, NY: Guilford Press.
- <sup>763</sup> McCrady, B. S. (2006). Family and other close relationships. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 166–181). New York, NY: Guilford Press.
- <sup>764</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America* (p. 366). Washington, DC: National Academies Press.
- <sup>765</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America* (p. 366). Washington, DC: National Academies Press.
- <sup>766</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America* (p. 366). Washington, DC: National Academies Press.
- <sup>767</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America* (p. 366). Washington, DC: National Academies Press.
- <sup>768</sup> Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73(3), 459–468.
- <sup>769</sup> Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73(3), 459–468.
- <sup>770</sup> Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73(3), 459–468.



- 771 Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health, 28*(3–4), 313–332.
- 772 Timko, C. (2008). Outcomes of AA for special populations. In M. Galanter & L. A. Kaskutas (Eds.), *Research on Alcoholics Anonymous and spirituality in addiction recovery* (pp. 373–392). New York, NY: Springer.
- 773 Kelly, J. F., Stout, R. L., Magill, M., & Tonigan, J. S. (2011). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: A prospective lagged mediational analysis. *Drug and Alcohol Dependence, 114*(2–3), 119–126.
- 774 Moos, R., & Timko, C. (2008). Outcome research on 12-Step and other self-help programs. In M. Galanter & H. O. Kleber (Eds.), *Textbook of substance abuse treatment* (pp. 511–521). Washington, DC: American Psychiatric Press.
- 775 Moos, R., & Timko, C. (2008). Outcome research on 12-Step and other self-help programs. In M. Galanter & H. O. Kleber (Eds.), *Textbook of substance abuse treatment* (pp. 511–521). Washington, DC: American Psychiatric Press.
- 776 Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction, 99*(10), 1286–1297.
- 777 Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- 778 Lemke, S., & Moos, R. H. (2003). Outcomes at 1 and 5 years for older patients with alcohol use disorders. *Journal of Substance Abuse Treatment, 24*(1), 43–50.
- 779 Alcoholics Anonymous World Services, Inc. (2015). Reaching the older alcoholics: The “Invisible Epidemic.” *Box 459, 61*(4), 6–7.
- 780 Satre, D. D., Blow, F. C., Chi, F. W., & Weisner, C. (2007). Gender differences in seven-year alcohol and drug treatment outcomes among older adults. *American Journal on Addictions, 16*(3), 216–221.
- 781 Timko, C. (2008). Outcomes of AA for special populations. In M. Galanter & L. A. Kaskutas (Eds.), *Research on Alcoholics Anonymous and spirituality in addiction recovery* (pp. 373–392). New York, NY: Springer.
- 782 Montes, K. S., & Tonigan, J. S. (2017). Does age moderate the effect of spirituality/religiousness in accounting for Alcoholics Anonymous benefit? *Alcoholism Treatment Quarterly, 35*(2), 96–112.
- 783 Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction, 99*(10), 1286–1297.
- 784 SMART Recovery. (2017). *Five year strategic plan: Freedom from addiction*. Mentor, OH: SMART Recovery. Retrieved from [http://smartrecovery.org/wp-content/uploads/2017/11/2017\\_SMART\\_Strategic\\_Plan\\_Final.pdf](http://smartrecovery.org/wp-content/uploads/2017/11/2017_SMART_Strategic_Plan_Final.pdf)
- 785 Beck, A. K., Forbes, E., Baker, A. L., Kelly, P. J., Deane, F. P., Shakeshaft, A., ... Kelly, J. F. (2017). Systematic review of SMART Recovery: Outcomes, process variables, and implications for research. *Psychology of Addictive Behaviors, 31*(1), 1–20.
- 786 Valentine, P., White, W., & Taylor, P. (2007). *The recovery community organization: Toward a definition and description* (p. 1). Retrieved from [www.williamwhitepapers.com/pr/2007DefiningRecoveryCommunityOrganization.pdf](http://www.williamwhitepapers.com/pr/2007DefiningRecoveryCommunityOrganization.pdf)
- 787 Substance Abuse and Mental Health Services Administration. (2011). *Screening, brief intervention, and referral to treatment (SBIRT) in behavioral healthcare*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/sites/default/files/sbirtwhitepaper\\_0.pdf](http://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf)
- 788 Friedmann, P. D. (2013). Alcohol use in adults. *New England Journal of Medicine, 368*(17), 1655–1656.
- 789 Babor, T. F., & Higgins-Biddle, J. C. (2001). *Brief intervention for hazardous and harmful drinking: A manual for use in primary care*. Retrieved from <https://apps.who.int/iris/handle/10665/67210>
- 790 Fishleder, S., Schonfeld, L., Corvin, J., Tyler, S., & VandeWeerd, C. (2016). Drinking behavior among older adults in a planned retirement community: Results from the Villages survey. *International Journal of Geriatric Psychiatry, 31*(5), 536–543.
- 791 Sacco, P., Burruss, K., Smith, C. A., Kuerbis, A., Harrington, D., Moore, A. A., & Resnick, B. (2015). Drinking behavior among older adults at a continuing care retirement community: Affective and motivational influences. *Aging and Mental Health, 19*(3), 279–289.
- 792 Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
- 793 Valentine, S. E., Bankoff, S. M., Poulin, R. M., Reidler, E. B., & Pantalone, D. W. (2015). The use of dialectical behavior therapy skills training as stand-alone treatment: A systematic review of the treatment outcome literature. *Journal of Clinical Psychology, 71*(1), 1–20.
- 794 Chapman, A. L. (2006). Dialectical behavior therapy: Current indications and unique elements. *Psychiatry, 3*(9), 62–68.

- <sup>795</sup> Drossel, C., Fisher, J. E., & Mercer, V. (2011). A DBT skills training group for family caregivers of persons with dementia. *Behavior Therapy*, 42(1), 109–119.
- <sup>796</sup> Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885.
- <sup>797</sup> Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 17). Geneva, Switzerland: World Health Organization.
- <sup>798</sup> Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 31). Geneva, Switzerland: World Health Organization.
- <sup>799</sup> Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885.
- <sup>800</sup> Blow, F. C., et al. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). Hilton Head Island, SC: Research Society on Alcoholism Annual Scientific Meeting.
- <sup>801</sup> Smith, M., Robinson, L., & Segal, J. (2019). Coping with grief and loss: Understanding the grieving process and learning to heal. Retrieved from <https://staging.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>
- <sup>802</sup> Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions* (p. 83). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf](http://www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf)
- <sup>803</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>804</sup> Outlaw, F. H., Marquart, J. M., Roy, A., Luellen, J. K., Moran, M., Willis, A., & Doub, T. (2010). Treatment outcomes for older adults who abuse substances. *Journal of Applied Gerontology*, 31(1), 78–100.
- <sup>805</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>806</sup> Mowbray, O., & Quinn, A. (2015). A scoping review of treatments for older adults with substance use problems. *Research on Social Work Practice*, 26(1), 74–87.
- <sup>807</sup> Mowbray, O., & Quinn, A. (2015). A scoping review of treatments for older adults with substance use problems. *Research on Social Work Practice*, 26(1), 74–87.
- <sup>808</sup> Carew, A. M., & Comiskey, C. (2018). Treatment for opioid use and outcomes in older adults: A systematic literature review. *Drug and Alcohol Dependence*, 182, 48–57.
- <sup>809</sup> Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from [www.caregiver.org/caregiver-statistics-demographics](http://www.caregiver.org/caregiver-statistics-demographics)
- <sup>810</sup> Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from [www.drugs.com/drug\\_interactions.html](http://www.drugs.com/drug_interactions.html)
- <sup>811</sup> World Health Organization. (2018). Management of substance abuse: Psychoactive substances. Retrieved from [www.who.int/substance\\_abuse/terminology/psychoactive\\_substances/en/](http://www.who.int/substance_abuse/terminology/psychoactive_substances/en/)
- <sup>812</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>813</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>814</sup> U.S. Census Bureau. (2019, October 8). *Older people projected to outnumber children for first time in U.S. history* [Revised press release]. Retrieved April 14, 2020, from [www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html](http://www.census.gov/newsroom/press-releases/2018/cb18-41-population-projections.html)
- <sup>815</sup> Cleary, M., Sayers, J., Bramble, M., Jackson, D., & Lopez, V. (2017). Overview of substance use and mental health among the “baby boomers” generation. *Issues in Mental Health Nursing*, 38(1), 61–65.
- <sup>816</sup> Wu, L.-T., & Blazer, D. G. (2011). Illicit and nonmedical drug use among older adults: A review. *Journal of Aging and Health*, 23(3), 481–504.
- <sup>817</sup> Han, B. H., Sherman, S., Mauro, P. M., Martins, S. S., Rotenberg, J., & Palamar, J. J. (2017). Demographic trends among older cannabis users in the United States, 2006–13. *Addiction (Abingdon, England)*, 112(3), 516–525.
- <sup>818</sup> National Drug Intelligence Center. (2011). *The economic impact of illicit drug use on American society*. Retrieved from [www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf](http://www.justice.gov/archive/ndic/pubs44/44731/44731p.pdf)
- <sup>819</sup> Florence, C. S., Zhou, C., Luo, F., & Xu, L. (2016). The economic burden of prescription opioid overdose, abuse, and dependence in the United States, 2013. *Medical Care*, 54(10), 901–906.



- <sup>820</sup> Buttorff, C., Rudder, T., & Bauman, M. (2017). *Multiple chronic conditions in the United States*. Santa Monica, CA: RAND Corporation.
- <sup>821</sup> Rich, P. B., & Adams, S. D. (2015). Health care: Economic impact of caring for geriatric patients. *Surgical Clinics of North America*, 95(1), 11–21.
- <sup>822</sup> Sambamoorthi, U., Tan, X., & Deb, A. (2015). Multiple chronic conditions and healthcare costs among adults. *Expert Review of Pharmacoeconomics and Outcomes Research*, 15(5), 823–832.
- <sup>823</sup> Alpert, P. T. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, 26(4), 269–272.
- <sup>824</sup> Benshoff, J. J., Harrawood, L. K., & Koch, D. S. (2003). Substance abuse and the elderly: Unique issues and concerns. *Journal of Rehabilitation*, 69(2), 43.
- <sup>825</sup> Alpert, P. T. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, 26(4), 269–272.
- <sup>826</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>827</sup> Mowbray, O., & Quinn, A. (2016). A scoping review of treatments for older adults with substance use problems. *Research on Social Work Practice*, 26(1), 74–87.
- <sup>828</sup> Moy, I., Crome, P., Crome, I., & Fisher, M. (2011). Systematic and narrative review of treatment for older people with substance problems. *European Geriatric Medicine*, 2(4), 212–236.
- <sup>829</sup> Bhatia, U., Nadkarni, A., Murthy, P., Rao, R., & Crome, I. (2015). Recent advances in treatment for older people with substance use problems: An updated systematic and narrative review. *European Geriatric Medicine*, 6(6), 580–586.
- <sup>830</sup> Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22(3), 238–254.
- <sup>831</sup> National Center for Health Statistics. (2019). *Health, United States, 2018*. Retrieved from [www.cdc.gov/nchs/data/abus/abus18.pdf](http://www.cdc.gov/nchs/data/abus/abus18.pdf)
- <sup>832</sup> Milton, J. C., Hill-Smith, I., & Jackson, S. H. (2008). Prescribing for older people. *BMJ*, 336(7644), 606–609.
- <sup>833</sup> 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67(4), 674–694.
- <sup>834</sup> Milton, J. C., Hill-Smith, I., & Jackson, S. H. (2008). Prescribing for older people. *BMJ*, 336(7644), 606–609.
- <sup>835</sup> Rochon, P. A. (2020). Drug prescribing for older adults. In J. Givens (Ed.), *UpToDate*. Retrieved from [www.uptodate.com/contents/drug-prescribing-for-older-adults](http://www.uptodate.com/contents/drug-prescribing-for-older-adults)
- <sup>836</sup> Aira, M., Hartikainen, S., & Sulkava, R. (2008). Drinking alcohol for medicinal purposes by people aged over 75: A community-based interview study. *Family Practice*, 25(6), 44–59.
- <sup>837</sup> Levi-Minzi, M. A., Surratt, H. L., Kurtz, S. P., & Buttram, M. E. (2013). Under treatment of pain: A prescription for opioid misuse among the elderly? *Pain Medicine*, 14(11), 1719–1729.
- <sup>838</sup> Christie, M. M., Bamber, D., Powell, C., Arrindell, T., & Pant, A. (2013). Older adult problem drinkers: Who presents for alcohol treatment? *Aging and Mental Health*, 17(1), 24–32.
- <sup>839</sup> West, N. A., Severtson, S. G., Green, J. L., & Dart, R. C. (2015). Trends in abuse and misuse of prescription opioids among older adults. *Drug and Alcohol Dependence*, 149, 117–121.
- <sup>840</sup> Institute of Medicine. (2011). *Relieving pain in America: A blueprint for transforming prevention, care, education, and research*. Washington, DC: The National Academies Press.
- <sup>841</sup> Wick, J. Y. (2013). The history of benzodiazepines. *Consultant Pharmacist*, 28(9), 538–548.
- <sup>842</sup> Tannenbaum, C., Paquette, A., Hilmer, S., Holroyd-Leduc, J., & Carnahan, R. (2012). A systematic review of amnestic and non-amnestic mild cognitive impairment induced by anticholinergic, antihistamine, GABAergic, and opioid drugs. *Drugs and Aging*, 29(8), 639–658.
- <sup>843</sup> Wang, R., Chen, L., Fan, L., Gao, D., Liang, Z., He, J., ... Gao, L. (2015). Incidence and effects of polypharmacy on clinical outcome among patients aged 80+: A five-year follow-up study. *PLoS One*, 10(11), e0142123.
- <sup>844</sup> Alomar, M. J. (2014). Factors affecting the development of adverse drug reactions (Review article). *Saudi Pharmaceutical Journal*, 22(2), 83–94.
- <sup>845</sup> Maher, R. L., Hanlon, J. T., & Hajjar, E. R. (2014). Clinical consequences of polypharmacy in elderly. *Expert Opinion on Drug Safety*, 13(1), 57–65.
- <sup>846</sup> Park, T. W., Saitz, R., Ganoczy, D., Ilgen, M. A., & Bohnert, A. S. (2015). Benzodiazepine prescribing patterns and deaths from drug overdose among US veterans receiving opioid analgesics: Case-cohort study. *BMJ*, 350. doi:10.1136/bmj.h2698
- <sup>847</sup> Food and Drug Administration. (2016). FDA Drug Safety Communication: *FDA warns about serious risks and death when combining opioid pain or cough medicines with benzodiazepines; Requires its strongest warning*. Retrieved from [www.fda.gov/Drugs/DrugSafety/ucm518473.htm](http://www.fda.gov/Drugs/DrugSafety/ucm518473.htm)



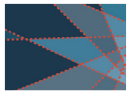
- <sup>848</sup> Food and Drug Administration. (2017). FDA Drug Safety Communication: *FDA urges caution about withholding opioid addiction medications from patients taking benzodiazepines or CNS depressants: Careful medication management can reduce risks*. Retrieved from [www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-urges-caution-about-withholding-opioid-addiction-medications](http://www.fda.gov/drugs/drug-safety-and-availability/fda-drug-safety-communication-fda-urges-caution-about-withholding-opioid-addiction-medications)
- <sup>849</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>850</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>851</sup> Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- <sup>852</sup> Black, P., & Joseph, L. J. (2014). Still dazed and confused: Midlife marijuana use by the baby boom generation. *Deviant Behavior*, 35(10), 822–841.
- <sup>853</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>854</sup> Curran, H. V., Freeman, T. P., Mokrysz, C., Lewis, D. A., Morgan, C. J., & Parsons, L. H. (2016). Keep off the grass? Cannabis, cognition and addiction. *National Reviews: Neuroscience*, 17(5), 293–306.
- <sup>855</sup> Lev-Ran, S., Roerecke, M., Le Foll, B., George, T. P., McKenzie, K., & Rehm, J. (2014). The association between cannabis use and depression: A systematic review and meta-analysis of longitudinal studies. *Psychological Medicine*, 44(4), 797–810.
- <sup>856</sup> Armentano, P. (2013). Cannabis and psychomotor performance: A rational review of the evidence and implications for public policy. *Drug Testing and Analysis*, 5(1), 52–56.
- <sup>857</sup> Mechoulam, R., & Parker, L. A. (2013). The endocannabinoid system and the brain. *Annual Review of Psychology*, 64, 21–47.
- <sup>858</sup> ElSohly, M. A., Mehmedic, Z., Foster, S., Gon, C., Chandra, S., & Church, J. C. (2016). Changes in cannabis potency over the last 2 decades (1995–2014): Analysis of current data in the United States. *Biological Psychiatry*, 79(7), 613–619.
- <sup>859</sup> Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- <sup>860</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>861</sup> Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- <sup>862</sup> Sacco, P., Unick, G. J., Zanjani, F., & Camlin, E. A. S. (2015). Hospital outcomes in major depression among older adults: Differences by alcohol comorbidity. *Journal of Dual Diagnosis*, 11(1), 83–92.
- <sup>863</sup> Schulte, M. T., & Hser, Y.-I. (2014). Substance use and associated health conditions throughout the lifespan. *Public Health Reviews*, 35(2).
- <sup>864</sup> Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- <sup>865</sup> Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- <sup>866</sup> Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- <sup>867</sup> Agency for Healthcare Research and Quality. (2015). *Health Literacy Universal Precautions Toolkit* (2nd ed.). Retrieved from [www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html](http://www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2.html)
- <sup>868</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>869</sup> Weiss, B. D., Brega, A. G., LeBlanc, W. G., Mabachi, N. M., Barnard, J., Albright, K., ... West, D. R. (2016). Improving the effectiveness of medication review: Guidance from the Health Literacy Universal Precautions Toolkit. *Journal of the American Board of Family Medicine*, 29(1), 18–23.
- <sup>870</sup> Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- <sup>871</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.





- <sup>872</sup> Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34(1), 117–129.
- <sup>873</sup> Barry, K. L., Blow, F. C., & Oslin, D. W. (2002). Substance abuse in older adults: Review and recommendations for education and practice in medical settings. *Substance Abuse*, 23(Suppl. 3), 105–131.
- <sup>874</sup> Kuerbis, A., Sacco, P., Blazer, D., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30, 629–654.
- <sup>875</sup> Office of the Surgeon General. (2016). *Facing addiction in America: The Surgeon General's report on alcohol, drugs, and health*. Washington, DC: Department of Health and Human Services.
- <sup>876</sup> National Institute on Drug Abuse. (2018). *Principles of drug addiction treatment: A research-based guide* (3rd ed.). Bethesda, MD: National Institute on Drug Abuse. Retrieved from [www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface](http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/preface)
- <sup>877</sup> Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). Application to adult special populations: Older adults. In *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed., pp. 307–317). Carson City, NV: The Change Companies.
- <sup>878</sup> Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). Level of care placement (3rd ed., pp. 174–306). In *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed., pp. 307–317). Carson City, NV: The Change Companies.
- <sup>879</sup> Satre, D. D. & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing. In P. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma and substance abuse* (pp. 163–280). Washington, DC: American Psychological Association.
- <sup>880</sup> Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf](http://www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf)
- <sup>881</sup> Mercadante, S. (2015). Opioid metabolism and clinical aspects. *European Journal of Pharmacology*, 769, 71–78.
- <sup>882</sup> Martin, C. M., & Forrester, C. S. (2013). Anticipating and managing opioid side effects in the elderly. *Consultant Pharmacist*, 28(3), 150–159.
- <sup>883</sup> Dowell, D., Haegerich, T. M., & Chou, R. (2016). CDC guideline for prescribing opioids for chronic pain: United States, 2016. *MMWR Recommendations and Reports*, 65(No. RR-1), 1–49.
- <sup>884</sup> Substance Abuse and Mental Health Services Administration. (2018). *SAMHSA opioid overdose prevention toolkit*. HHS Publication No. (SMA) 18-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/SMA18-4742>
- <sup>885</sup> Bommersbach, T. J., Lapid, M. A., Rumman, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>886</sup> Substance Abuse and Mental Health Services Administration. (2020). *Medications for opioid use disorder*. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-006. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- <sup>887</sup> Kahan, M., Srivastava, A., Ordean, A., & Cirone, S. (2011). Buprenorphine: New treatment of opioid addiction in primary care. *Canadian Family Physician*, 57(3), 281–289.
- <sup>888</sup> Whelan, P. J., & Remski, K. (2012). Buprenorphine vs. methadone treatment: A review of evidence in both developed and developing worlds. *Journal of Neurosciences in Rural Practice*, 3(1), 45–50.
- <sup>889</sup> Karp, J. F., Butters, M. A., Begley, A. E., Miller, M. D., Lenze, E. J., Blumberger, D. M., ... Reynolds, C. F., III. (2014). Safety, tolerability, and clinical effect of low-dose buprenorphine for treatment-resistant depression in midlife and older adults. *Journal of Clinical Psychiatry*, 75(8), e785–e793.
- <sup>890</sup> Le Roux, C., Tang, Y., & Drexler, K. (2016). Alcohol and opioid use disorder in older adults: Neglected and treatable illnesses. *Current Psychiatry Reports*, 18(9), 87.
- <sup>891</sup> Dugosh, K., Abraham, A., Seymour, B., McLoyd, K., Chalk, M., & Festinger, D. (2016). A systematic review on the use of psychosocial interventions in conjunction with medications for the treatment of opioid addiction. *Journal of Addiction Medicine*, 10(2), 93–103.
- <sup>892</sup> Makris, U. E., Abrams, R. C., Gurland, B., & Reid, M. C. (2014). Management of persistent pain in the older patient: A clinical review. *JAMA*, 312(8), 825–836.
- <sup>893</sup> Makris, U. E., Abrams, R. C., Gurland, B., & Reid, M. C. (2014). Management of persistent pain in the older patient: A clinical review. *JAMA*, 312(8), 825–836.
- <sup>894</sup> Keilman, L. (2015). *Compendium of evidence-based nonpharmacologic interventions for pain in older adults*. East Lansing, MI: Michigan State University, College of Nursing.
- <sup>895</sup> Bicket, M. C., & Mao, J. (2015). Chronic pain in older adults. *Anesthesiology Clinics*, 33(3), 577–590.

- <sup>896</sup> Makris, U. E., Abrams, R. C., Gurland, B., & Reid, M. C. (2014). Management of persistent pain in the older patient: A clinical review. *JAMA*, 312(8), 825–836.
- <sup>897</sup> Schroeck, J. L., Ford, J., Conway, E. L., Kurtzhals, K. E., Gee, M. E., Vollmer, K. A., & Mergenhagen, K. A. (2016). Review of safety and efficacy of sleep medicines in older adults. *Clinical Therapeutics*, 38(11), 2340–2372.
- <sup>898</sup> Hood, S. D., Norman, A., Hince, D. A., Melichar, J. K., & Hulse, G. K. (2014). Benzodiazepine dependence and its treatment. *British Journal of Clinical Pharmacology*, 77, 285–294.
- <sup>899</sup> Gould, R. L., Coulson, M. C., Patel, N., Highton-Williamson, E., & Howard, R. J. (2014). Interventions for reducing benzodiazepine use in older people: Meta-analysis of randomised controlled trials. *British Journal of Psychiatry*, 204(2), 98–107.
- <sup>900</sup> Markota, M., Rummans, T., Bostwick, M., & Lapid, M. (2016). Benzodiazepine use in older adults: Dangers, management, and alternative therapies. *Mayo Clinic Proceedings*, 91(11), 1632–1639.
- <sup>901</sup> Tannenbaum, C., Martin, P., Tamblyn, R., Benedetti, A., & Ahmed, S. (2014). Reduction of inappropriate benzodiazepine prescriptions among older adults through direct patient education: The EMPOWER cluster randomized trial. *JAMA Internal Medicine*, 174(6), 890–898.
- <sup>902</sup> Paquin, A. M., Zimmerman, K., & Rudolph, J. L. (2014). Risk versus risk: A review of benzodiazepine reduction in older adults. *Expert Opinion on Drug Safety*, 13(7), 919–934.
- <sup>903</sup> Tannenbaum, C. (2015). Inappropriate benzodiazepine use in elderly patients and its reduction. *Journal of Psychiatry and Neuroscience*, 40(3), E27–E28.
- <sup>904</sup> Lovato, N., Lack, L., Wright, H., & Kennaway, D. J. (2014). Evaluation of a brief treatment program of cognitive behavior therapy for insomnia in older adults. *Sleep*, 37(1), 117–126.
- <sup>905</sup> Rybarczyk, B., Lund, H. G., Garroway, A. M., & Mack, L. (2013). Cognitive behavioral therapy for insomnia in older adults: Background, evidence, and overview of treatment protocol. *Clinical Gerontologist*, 36(1), 70–93.
- <sup>906</sup> McMurry, S. M., Logsdon, R. G., Teri, L., & Vitiello, M. V. (2007). Evidence-based psychological treatments for insomnia in older adults. *Psychology and Aging*, 22(1), 18–27.
- <sup>907</sup> Belanger, L., LeBlanc, M., & Morin, C. M. (2012). Cognitive behavioral therapy for insomnia in older adults. *Cognitive and Behavioral Practice*, 19(1), 101–115.
- <sup>908</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>909</sup> Bonnet, U., & Preuss, U. W. (2017). The cannabis withdrawal syndrome: Current insights. *Substance Abuse and Rehabilitation*, 8, 9–37.
- <sup>910</sup> National Institute on Drug Abuse. (2019). Marijuana Research Report. [www.drugabuse.gov/publications/research-reports/marijuana](http://www.drugabuse.gov/publications/research-reports/marijuana)
- <sup>911</sup> Stern, T. A., Celano, C. M., Gross, A. F., Huffman, J. C., Freudenreich, O., Kontos, N., ... Thompson, B. T. (2010). The assessment and management of agitation and delirium in the general hospital. *Primary Care Companion to the Journal of Clinical Psychiatry*, 12(1), PCC.09r00938.
- <sup>912</sup> Kim, J. H., & Lawrence, A. J. (2014). Drugs currently in Phase II clinical trials for cocaine addiction. *Expert Opinion on Investigational Drugs*, 23(8), 1105–1122.
- <sup>913</sup> Haile, C. N., & Kosten, T. R. (2013). Pharmacotherapy for stimulant-related disorders. *Current Psychiatry Reports*, 15(11), 10.1007/s11920-013-0415-y.
- <sup>914</sup> Lee, N. K., & Rawson, R. A. (2008). A systematic review of cognitive and behavioural therapies for methamphetamine dependence. *Drug and Alcohol Review*, 27(3), 309–317.
- <sup>915</sup> Jhanjee, S. (2014). Evidence-based psychosocial interventions in substance use. *Indian Journal of Psychological Medicine*, 36(2), 112–118.
- <sup>916</sup> Jhanjee, S. (2014). Evidence-based psychosocial interventions in substance use. *Indian Journal of Psychological Medicine*, 36(2), 112–118.
- <sup>917</sup> Bhatia, U., Nadkarni, A., Murthy, P., Rao, R., & Crome, I. (2015). Recent advances in treatment for older people with substance use problems: An updated systematic and narrative review. *European Geriatric Medicine*, 6, 580–586.
- <sup>918</sup> Kiosses, D. N., & Alexopoulos, G. S. (2014). Problem-solving therapy in the elderly. *Current Treatment Options in Psychiatry*, 1(1), 15–26.
- <sup>919</sup> Zbikowski, S. M., Magnusson, B., Pockey, J. R., Tindle, H. A., & Weaver, K. E. (2012). A review of smoking cessation interventions for smokers aged 50 and over. *Maturitas*, 71, 131–141.
- <sup>920</sup> Kropf, N. P., & Cummings, S. M. (2017). *Evidence-based treatment with older adults: Theory, Practice, and Research*. New York, NY: Oxford University Press.
- <sup>921</sup> Moy, I., Crome, P., Crome, I., & Fisher, M. (2011). Systematic and narrative review of treatment for older people with substance problems. *European Geriatric Medicine*, 2(4), 212–236.
- <sup>922</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.



- <sup>923</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>924</sup> Oslin, D. W., Slaymaker, V. J., Blow, F. C., Owen, P. L., & Collieran, C. (2005). Treatment outcomes for alcohol dependence among middle-aged and older adults. *Addictive Behaviors*, 30(7), 1431–1436.
- <sup>925</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse*, 7, 13–37.
- <sup>926</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>927</sup> Kelly, J. F., & White, W. L. (2011). Addiction recovery management: Theory, research and practice. In J. F. White & W. L. White (Eds.), *Current clinical psychiatry* (pp. xi, 326). Totowa, NJ: Humana Press.
- <sup>928</sup> Kelly, J. F., & White, W. L. (2011). Addiction recovery management: Theory, research and practice. In J. F. White & W. L. White (Eds.), *Current clinical psychiatry* (pp. xi, 326). Totowa, NJ: Humana Press.
- <sup>929</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>930</sup> Oslin, D. W., Grantham, S., Coakley, E., Maxwell, J., Miles, K., Ware, J., ... Levkoff, S. (2006). PRISM-E: Comparison of integrated care and enhanced specialty referral in managing at-risk alcohol use. *Psychiatric Services*, 57(7), 954–958.
- <sup>931</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>932</sup> McCrady, B. S. (2006). Family and other close relationships. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 166–181). New York, NY: Guilford Press.
- <sup>933</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>934</sup> Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step Interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health*, 28(3–4), 313–332.
- <sup>935</sup> Donovan, D. M., Ingalsbe, M. H., Benbow, J., & Daley, D. C. (2013). 12-Step interventions and mutual support programs for substance use disorders: An overview. *Social Work in Public Health*, 28(3–4), 313–332.
- <sup>936</sup> Beck, A. K., Forbes, E., Baker, A. L., Kelly, P. J., Deane, F. P., Shakeshaft, A., ... Kelly, J. F. (2017). Systematic review of SMART Recovery: Outcomes, process variables, and implications for research. *Psychology of Addictive Behaviors*, 31(1), 1–20.
- <sup>937</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>938</sup> Kelly, J. F., Greene, M. C., & Bergman, B. G. (2014). Do drug-dependent patients attending Alcoholics Anonymous rather than Narcotics Anonymous do as well? A prospective, lagged, matching analysis. *Alcohol and Alcoholism*, 49(6), 645–653.
- <sup>939</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>940</sup> Kelly, J. F., Stout, R. L., Magill, M., & Tonigan, J. S. (2011). The role of Alcoholics Anonymous in mobilizing adaptive social network changes: A prospective lagged mediational analysis. *Drug and Alcohol Dependence*, 114(2–3), 119–126.
- <sup>941</sup> Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*, 27(2), 190–211.
- <sup>942</sup> Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*, 27(2), 190–211.
- <sup>943</sup> Chernick, R., & Kuerbis, A. (2016). Social and familial contexts for drinking among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 149–166). New York, NY: Springer.
- <sup>944</sup> Bogenschutz, M. P., Donovan, D. M., Mandler, R. N., Perl, H. I., Forcehimes, A. A., Crandall, C., ... Douaihy, A. (2014). Brief intervention for drug users presenting in emergency departments (NIDA CTN Protocol 0047: SMART-ED). *JAMA Internal Medicine*, 174(11), 1736–1745.
- <sup>945</sup> Lofwall, M. R., Schuster, A., & Strain, E. C. (2008). Changing profile of abused substances by older persons entering treatment. *Journal of Nervous and Mental Disease*, 196(12), 898–905.
- <sup>946</sup> Yarnell, S. C. (2015). Cocaine abuse in later life: A case series and review of the literature. *Primary Care Companion for CNS Disorders*, 17(2), 10.4088/PCC.14r01727.

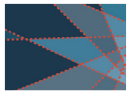
- <sup>947</sup> Yarnell, S. C. (2015). Cocaine abuse in later life: A case series and review of the literature. *Primary Care Companion for CNS Disorders*, 17(2), 10.4088/PCC.14r01727.
- <sup>948</sup> Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). Application to adult special populations: Older adults. In *The ASAM criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed., pp. 307–317). Carson City, NV: The Change Companies.
- <sup>949</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>950</sup> Rooney, R. F. (2014). Preventing dementia: How lifestyle in midlife affects risk. *Current Opinion in Psychiatry*, 27(2), 149–157.
- <sup>951</sup> Baumgart, M., Snyder, H. M., Carrillo, M. C., Fazio, S., Kim, H., & Johns, H. (2015). Summary of the evidence on modifiable risk factors for cognitive decline and dementia: A population-based perspective. *Alzheimer's and Dementia*, 11(6), 718–726.
- <sup>952</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>953</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>954</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>955</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>956</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>957</sup> Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- <sup>958</sup> Family Caregiver Alliance. (2019). Caregiver statistics: Demographic. Retrieved from [www.caregiver.org/caregiver-statistics-demographics](http://www.caregiver.org/caregiver-statistics-demographics)
- <sup>959</sup> Drugs.com. (2018). What are drug interactions? Retrieved August 27, 2018, from [www.drugs.com/drug\\_interactions.html](http://www.drugs.com/drug_interactions.html)
- <sup>960</sup> World Health Organization. (2018). Lexicon of alcohol and drug terms published by the World Health Organization. Retrieved from [www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/)
- <sup>961</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>962</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>963</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>964</sup> Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from [www.cdc.gov/alcohol/faqs.htm](http://www.cdc.gov/alcohol/faqs.htm)
- <sup>965</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>966</sup> World Health Organization. (2018). Management of substance abuse: Psychoactive substances. Retrieved August 27, 2018, from [www.who.int/substance\\_abuse/terminology/psychoactive\\_substances/en/](http://www.who.int/substance_abuse/terminology/psychoactive_substances/en/)
- <sup>967</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>968</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>969</sup> Chhatre, S., Cook, R., Mallik, E., & Jayadevappa, R. (2017). Trends in substance use admissions among older adults. *BMC Health Services Research*, 17(1), 584.
- <sup>970</sup> Alpert, P. (2014). Alcohol abuse in older adults: An invisible population. *Home Health Care Management and Practice*, 26(4), 269–272.
- <sup>971</sup> American Psychiatric Association. (2015). Position statement on substance use disorders in older adults. [www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Substance-Use-Disorders-in-Older-Adults.pdf](http://www.psychiatry.org/File%20Library/About-APA/Organization-Documents-Policies/Policies/Position-Substance-Use-Disorders-in-Older-Adults.pdf)





- <sup>972</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>973</sup> Qato, D. M., Manzoor, B. S., & Lee, T. A. (2015). Drug-alcohol interactions in older U.S. adults. *Journal of the American Geriatrics Society*, 63(11), 2324–2331.
- <sup>974</sup> Mattson, M., Lipari, R. N., Hays, C., & Van Horn, S. L. (2017). A day in the life of older adults: Substance use facts. *The CBHSQ Report*. Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved March 10, 2018, from [www.samhsa.gov/data/sites/default/files/report\\_2792/ShortReport-2792.html](http://www.samhsa.gov/data/sites/default/files/report_2792/ShortReport-2792.html)
- <sup>975</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>976</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>977</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>978</sup> National Institute on Alcohol Abuse and Alcoholism. (2016). *Rethinking drinking*. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism.
- <sup>979</sup> Breslow, R. A., Castle, I. P., Chen, C. M., & Graubard, B. I. (2017). Trends in alcohol consumption among older Americans: National Health Interview Surveys, 1997 to 2014. *Alcoholism, Clinical and Experimental Research*, 41(5), 976–986.
- <sup>980</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>981</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>982</sup> National Institute on Drug Abuse. (2018). Misuse of prescription drugs. Retrieved from [www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs](http://www.drugabuse.gov/publications/research-reports/misuse-prescription-drugs)
- <sup>983</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>984</sup> Blazer, D. G., & Wu, L. T. (2012). Patterns of tobacco use and tobacco-related psychiatric morbidity and substance use among middle-aged and older adults in the United States. *Aging and Mental Health*, 16(3), 296–304.
- <sup>985</sup> American Geriatrics Society. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67(4), 674–694.
- <sup>986</sup> Markota, M., Rummans, T. A., Bostwick, J. M., & Lapid, M. I. (2016). Benzodiazepine use in older adults: Dangers, management, and alternative therapies. *Mayo Clinic Proceedings*, 91(11), 1632–1639.
- <sup>987</sup> Choi, N. G., DiNitto, D. M., & Marti, C. N. (2016). Older marijuana users: Life stressors and perceived social support. *Drug and Alcohol Dependence*, 169, 56–63.
- <sup>988</sup> Bolla, K. I., Brown, K., Eldreth, D., Tate, K., & Cadet, J. L. (2002). Dose-related neurocognitive effects of marijuana use. *Neurology*, 59(9), 1337–1343.
- <sup>989</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>990</sup> Moore, A. A., Whiteman, E. J., & Ward, K. T. (2007). Risks of combined alcohol/medication use in older adults. *American Journal of Geriatric Pharmacotherapy*, 5(1), 64–74.
- <sup>991</sup> Holton, A. E., Gallagher, P., Fahey, T., & Cousins, G. (2017). Concurrent use of alcohol interactive medications and alcohol in older adults: A systematic review of prevalence and associated adverse outcomes. *BMC Geriatrics*, 17(1), 148.
- <sup>992</sup> Zanjani, F., Smith, R., Slavova, S., Charnigo, R., Schoenberg, N., ... Clayton, R. (2016). Concurrent alcohol and medication poisoning hospital admissions among older rural and urban residents. *American Journal of Drug and Alcohol Abuse*, 42(4), 422–430.
- <sup>993</sup> Clausen, T., Martinez, P., Towers, A., Greenfield, T., & Kowal, P. (2016). Alcohol consumption at any level increases risk of injury caused by others: Data from the Study on Global AGEing and Adult Health. *Substance Abuse*, 9(Suppl. 2), 125–132.

- <sup>994</sup> Thompson, H. J., Dikmen, S., & Temkin, N. (2012). Prevalence of comorbidity and its association with traumatic brain injury and outcomes in older adults. *Research in Gerontological Nursing*, 5(1), 17–24.
- <sup>995</sup> Grossbard, J., Malte, C. A., Lapham, G., Pagulayan, K., Turner, A. P., Rubinsky, A. D., ... Hawkins, E. J. (2017). Prevalence of alcohol misuse and follow-up care in a national sample of OEF/OIF VA patients with and without TBI. *Psychiatric Services*, 68(1), 48–55.
- <sup>996</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Nonsuicidal self-injury and suicide attempts among ED patients older than 50 years: Comparison of risk factors and ED visit outcomes. *American Journal of Emergency Medicine*, 34(6), 1016–1021.
- <sup>997</sup> Blow, F. C., & Barry, K. L. (2012). Alcohol and substance misuse in older adults. *Current Psychiatry Reports*, 14(4), 310–319.
- <sup>998</sup> Mayo Clinic. (2019). Alcohol: Does it affect blood pressure? Retrieved June 17, 2019, from [www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/blood-pressure/faq-20058254](http://www.mayoclinic.org/diseases-conditions/high-blood-pressure/expert-answers/blood-pressure/faq-20058254)
- <sup>999</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>1000</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>1001</sup> Harada, C. N., Natelson Love, M. C., & Triebel, K. L. (2013). Normal cognitive aging. *Clinics in Geriatric Medicine*, 29(4), 737–752.
- <sup>1002</sup> National Institute on Aging. (2017). How the aging brain affects thinking. Retrieved June 17, 2019, from [www.nia.nih.gov/health/how-aging-brain-affects-thinking](http://www.nia.nih.gov/health/how-aging-brain-affects-thinking)
- <sup>1003</sup> Harada, C. N., Natelson Love, M. C., & Triebel, K. L. (2013). Normal cognitive aging. *Clinics in Geriatric Medicine*, 29(4), 737–752.
- <sup>1004</sup> Sudhinaraset, M., Wigglesworth, C., & Takeuchi, D. T. (2016). Social and cultural contexts of alcohol use: Influences in a social-ecological framework. *Alcohol Research*, 38(1), 35–45.
- <sup>1005</sup> GBD 2016 Alcohol Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 392(10152), 1015–1035.
- <sup>1006</sup> Piazza-Gardner, A. K., Gaffud, T. J., & Barry, A. E. (2013). The impact of alcohol on Alzheimer's disease: A systematic review. *Aging and Mental Health*, 17(2), 133–146.
- <sup>1007</sup> Downer, B., Zanjani, F., & Fardo, D. W. (2014). The relationship between midlife and late life alcohol consumption, APOE e4 and the decline in learning and memory among older adults. *Alcohol and Alcoholism*, 49(1), 17–22.
- <sup>1008</sup> Kuźma, E., Llewellyn, D. J., Langa, K. M., Wallace, R. B., & Lang, I. A. (2014). History of alcohol use disorders and risk of severe cognitive impairment: A 19-year prospective cohort study. *American Journal of Geriatric Psychiatry*, 22(10), 1047–1054.
- <sup>1009</sup> González-Reimers, E., Santolaria-Fernández, F., Martín-González, M. C., Fernández-Rodríguez, C. M., & Quintero-Platt, G. (2014). Alcoholism: A systemic proinflammatory condition. *World Journal of Gastroenterology*, 20(40), 14660–14671.
- <sup>1010</sup> Bjork, J. M., & Gilman, J. M. (2014). The effects of acute alcohol administration on the human brain: Insights from neuroimaging. *Neuropharmacology*, 84, 101–110.
- <sup>1011</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>1012</sup> Qato, D. M., Manzoor, B. S., & Lee, T. A. (2015). Drug-alcohol interactions in older U.S. adults. *Journal of the American Geriatrics Society*, 63(11), 2324–2331.
- <sup>1013</sup> Stavro, K., Pelletier, J., & Potvin, S. (2013). Widespread and sustained cognitive deficits in alcoholism: A meta-analysis. *Addiction Biology*, 18(2), 203–213.
- <sup>1014</sup> Bates, M. E., Buckman, J. F., & Nguyen, T. T. (2013). A role for cognitive rehabilitation in increasing the effectiveness of treatment for alcohol use disorders. *Neuropsychology Review*, 23(1), 27–47.
- <sup>1015</sup> de la Monte, S. M., & Kril, J. J. (2014). Human alcohol-related neuropathology. *Acta Neuropathology*, 127(1), 71–90.
- <sup>1016</sup> Kim, J. W., Lee, D. Y., Lee, B. C., Jung, M. H., Kim, H., Choi, Y. S., & Choi, I. G. (2012). Alcohol and cognition in the elderly: A review. *Psychiatry Investigation*, 9(1), 8–16.
- <sup>1017</sup> Topiwala, A., Allan, C. L., Valkanova, V., Zsoldos, E., Filippini, N., Sexton, C., ... Ebmeier, K. P. (2017). Moderate alcohol consumption as risk factor for adverse brain outcomes and cognitive decline: Longitudinal cohort study. *BMJ*, 357, j2353.
- <sup>1018</sup> Huang, W.-J., Zhang, X., & Chen, W.-W. (2016). Association between alcohol and Alzheimer's disease. *Experimental and Therapeutic Medicine*, 12(3), 1247–1250.
- <sup>1019</sup> Piazza-Gardner, A. K., Gaffud, T. J., & Barry, A. E. (2013). The impact of alcohol on Alzheimer's disease: A systematic review. *Aging and Mental Health*, 17(2), 133–146.
- <sup>1020</sup> Downer, B., Zanjani, F., & Fardo, D. W. (2014). The relationship between midlife and late life alcohol consumption, APOE e4 and the decline in learning and memory among older adults. *Alcohol and Alcoholism*, 49(1), 17–22.



- <sup>1021</sup> Kuźma, E., Llewellyn, D. J., Langa, K. M., Wallace, R. B., & Lang, I. A. (2014). History of alcohol use disorders and risk of severe cognitive impairment: A 19-year prospective cohort study. *American Journal of Geriatric Psychiatry*, 22(10), 1047–1054.
- <sup>1022</sup> Xue, H., Sun, Q., Liu, L., Zhou, L., Liang, R., He, R., & Yu, H. (2017). Risk factors of transition from mild cognitive impairment to Alzheimer's disease and death: A cohort study. *Comprehensive Psychiatry*, 78, 91–97.
- <sup>1023</sup> Nordstrom, P., Nordstrom, A., Eriksson, M., Wahlund, L. O., & Gustafson, Y. (2013). Risk factors in late adolescence for young-onset dementia in men: A nationwide cohort study. *JAMA Internal Medicine*, 173(17), 1612–1618.
- <sup>1024</sup> Anttila, T., Helkala, E. L., Viitanen, M., Kareholt, I., Fratiglioni, L., Winblad, B., ... Kivipelto, M. (2004). Alcohol drinking in middle age and subsequent risk of mild cognitive impairment and dementia in old age: A prospective population-based study. *BMJ*, 329(7465), 539.
- <sup>1025</sup> de Oliveira, F. F., Wajman, J. R., Bertolucci, P. H., Chen, E. S., & Smith, M. C. (2015). Correlations among cognitive and behavioural assessments in patients with dementia due to Alzheimer's disease. *Clinical Neurology and Neurosurgery*, 135, 27–33.
- <sup>1026</sup> González-Reimers, E., Santolaria-Fernández, F., Martín-González, M. C., Fernández-Rodríguez, C. M., & Quintero-Platt, G. (2014). Alcoholism: A systemic proinflammatory condition. *World Journal of Gastroenterology*, 20(40), 14660–14671.
- <sup>1027</sup> Bjork, J. M., & Gilman, J. M. (2014). The effects of acute alcohol administration on the human brain: Insights from neuroimaging. *Neuropharmacology*, 84, 101–110.
- <sup>1028</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research: Current Reviews*, 38(1), 115–120.
- <sup>1029</sup> Qato, D. M., Manzoor, B. S., & Lee, T. A. (2015). Drug-alcohol interactions in older U.S. adults. *Journal of the American Geriatrics Society*, 63(11), 2324–2331.
- <sup>1030</sup> Panza, F., Capurso, C., D'Introno, A., Colacicco, A. M., Frisardi, V., Lorusso, M., ... Solfrizzi, V. (2009). Alcohol drinking, cognitive functions in older age, predementia, and dementia syndromes. *Journal of Alzheimer's Disease*, 17(1), 7–31.
- <sup>1031</sup> GBD 2016 Alcohol Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 392(10152), 1015–1035.
- <sup>1032</sup> Hein, C., Forgues, A., Piau, A., Sommet, A., Vellas, B., & Nourhashemi, F. (2014). Impact of polypharmacy on occurrence of delirium in elderly emergency patients. *Journal of the American Medical Directors Association*, 15(11), e811–e855.
- <sup>1033</sup> Inouye, S. K., Robinson, T., Blaum, C., Busby-Whitehead, J., Boustani, M., Chalian, A., ... Richter, H. (2015). Postoperative delirium in older adults: Best practice statement from the American Geriatrics Society. *Journal of the American College of Surgeons*, 220(2), 136–148.
- <sup>1034</sup> Inouye, S. K., Westendorp, R. G., & Saczynski, J. S. (2014). Delirium in elderly people. *Lancet*, 383(9920), 911–922.
- <sup>1035</sup> Costin, B. N., & Miles, M. F. (2014). Molecular and neurologic responses to chronic alcohol use. *Handbook of Clinical Neurology*, 125, 157–171.
- <sup>1036</sup> Mainerova, B., Prasko, J., Latalova, K., Axmann, K., Cerna, M., ... Bradacova, R. (2015). Alcohol withdrawal delirium: Diagnosis, course and treatment. *Biomedical Papers of the Medical Faculty of the University Palacky, Olomouc, Czechoslovakia*, 159(1), 44–52.
- <sup>1037</sup> Schuckit, M. A. (2014). Recognition and management of withdrawal delirium (delirium tremens). *New England Journal of Medicine*, 371(22), 2109–2113.
- <sup>1038</sup> Schuckit, M. A. (2014). Recognition and management of withdrawal delirium (delirium tremens). *New England Journal of Medicine*, 371(22), 2109–2113.
- <sup>1039</sup> Sachdeva, A., Chandra, M., Choudhary, M., Dayal, P., & Anand, K. S. (2016). Alcohol-related dementia and neurocognitive impairment: A review study. *International Journal of High-Risk Behaviors and Addiction*, 5(3), e27976.
- <sup>1040</sup> Cheng, C., Huang, C. L., Tsai, C. J., Chou, P. H., Lin, C. C., & Chang, C. K. (2017). Alcohol-related dementia: A systemic review of epidemiological studies. *Psychosomatics*, 58(4), 331–342.
- <sup>1041</sup> Sachdeva, A., Chandra, M., Choudhary, M., Dayal, P., & Anand, K. S. (2016). Alcohol-related dementia and neurocognitive impairment: A review study. *International Journal of High Risk Behaviors and Addiction*, 5(3), e27976.
- <sup>1042</sup> Sachdeva, A., Chandra, M., Choudhary, M., Dayal, P., & Anand, K. S. (2016). Alcohol-related dementia and neurocognitive impairment: A review study. *International Journal of High Risk Behaviors and Addiction*, 5(3), e27976.
- <sup>1043</sup> Zahr, N. M., Kaufman, K. L., & Harper, C. G. (2011). Clinical and pathological features of alcohol-related brain damage. *Nature Reviews: Neurology*, 7, 284–294.
- <sup>1044</sup> Galvin, R., Bräthen, G., Ivashynka, A., Hillbom, M., Tanasescu, R., & Leone, M. A. (2010). EFNS guidelines for diagnosis, therapy and prevention of Wernicke encephalopathy. *European Journal of Neurology*, 17(12), 1408–1418.

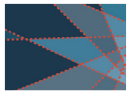
- <sup>1045</sup> Galvin, R., Bråthen, G., Ivashynka, A., Hillbom, M., Tanasescu, R., & Leone, M. A. (2010). EFNS guidelines for diagnosis, therapy and prevention of Wernicke encephalopathy. *European Journal of Neurology*, 17(12), 1408–1418.
- <sup>1046</sup> Gerritzen, I. J., Moerman-van den Brink, W. G., Depla, M. F., Verschuur, E. M., Veenhuizen, R. B., van der Wouden, J. C., ... Joling, K. J. (2017). Prevalence and severity of behavioural symptoms in patients with Korsakoff syndrome and other alcohol-related cognitive disorders: A systematic review. *International Journal of Geriatric Psychiatry*, 32(3), 256–273.
- <sup>1047</sup> Zhong, G., Wang, Y., Zhang, Y., & Zhao Y. (2015). Association between benzodiazepine use and dementia: A meta-analysis. *PLoS One*, 10(5), e0127836.
- <sup>1048</sup> Billioti de Gage, S., Pariente, A., & Bégaud, B. (2015). Is there really a link between benzodiazepine use and the risk of dementia? *Expert Opinions in Drug Safety*, 14(5), 733–747.
- <sup>1049</sup> Zhong, G., Wang, Y., Zhang, Y., & Zhao Y. (2015). Association between benzodiazepine use and dementia: A meta-analysis. *PLoS One*, 10(5), e0127836.
- <sup>1050</sup> 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67(4), 674–694.
- <sup>1051</sup> 2019 American Geriatrics Society Beers Criteria® Update Expert Panel. (2019). Updated AGS Beers Criteria® for potentially inappropriate medication use in older adults. *Journal of the American Geriatrics Society*, 67(4), 674–694.
- <sup>1052</sup> Zhong, G., Wang, Y., Zhang, Y., Guo, J. J., & Zhao, Y. (2015). Smoking is associated with an increased risk of dementia: A meta-analysis of prospective cohort studies with investigation of potential effect modifiers. *PLoS One*, 10(3), e0118333.
- <sup>1053</sup> Peters, R., Poulter, R., Warner, J., Beckett, N., Burch, L., & Bulpitt, C. (2008). Smoking, dementia and cognitive decline in the elderly: A systematic review. *BMC Geriatrics*, 8, 36.
- <sup>1054</sup> Cataldo, J. K., Prochaska, J. J., & Glantz, S. A. (2010). Cigarette smoking is a risk factor for Alzheimer's disease: An analysis controlling for tobacco industry affiliation. *Journal of Alzheimer's Disease*, 19(2), 465–480.
- <sup>1055</sup> Anstey, K. J., von Sanden, C., Salim, A., & O'Kearney, R. (2007). Smoking as a risk factor for dementia and cognitive decline: A meta-analysis of prospective studies. *American Journal of Epidemiology*, 166(4), 367–378.
- <sup>1056</sup> Beydoun, M. A., Beydoun, H. A., Gamaldo, A. A., Teel, A., Zonderman, A. B., & Wang, Y. (2014). Epidemiologic studies of modifiable factors associated with cognition and dementia: Systematic review and meta-analysis. *BMC Public Health*, 14, 643.
- <sup>1057</sup> Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology*, 43(2), 304–317.
- <sup>1058</sup> Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology*, 43(2), 304–317.
- <sup>1059</sup> Mowbray, O., Washington, T., Purser, G., & O'Shields, J. (2017). Problem drinking and depression in older adults with multiple chronic health conditions. *Journal of the American Geriatrics Society*, 65(1), 146–152.
- <sup>1060</sup> Shimada, H., Park, H., Makizako, H., Doi, T., Lee, S., & Suzuki, T. (2014). Depressive symptoms and cognitive performance in older adults. *Journal of Psychiatric Research*, 57, 149–156.
- <sup>1061</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>1062</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>1063</sup> Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- <sup>1064</sup> Sacco, P., Unick, G. J., Zanjani, F., & Camlin, E. A. S. (2015). Hospital outcomes in major depression among older adults: Differences by alcohol comorbidity. *Journal of Dual Diagnosis*, 11(1), 83–92.
- <sup>1065</sup> Bartels, S. J., Coakley, E., Oxman, T. E., Constantino, G., Oslin, D., Chen, H., ... Sanchez, H. (2002). Suicidal and death ideation in older primary care patients with depression, anxiety, and at-risk alcohol use. *American Journal of Geriatric Psychiatry*, 4, 417–427.
- <sup>1066</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>1067</sup> Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.





- <sup>1068</sup> Kuring, J. K., Mathias, J. L., & Ward, L. (2018). Prevalence of depression, anxiety and PTSD in people with dementia: A systematic review and meta-analysis. *Neuropsychology Reviews*, 28(4), 393–416.
- <sup>1069</sup> Mowbray, O., Washington, T., Purser, G., & O'Shields, J. (2017). Problem drinking and depression in older adults with multiple chronic health conditions. *Journal of the American Geriatrics Society*, 65(1), 146–152.
- <sup>1070</sup> Hunt, S. A., Kay-Lambkin, F. J., Baker, A. L., & Michie, P. T. (2015). Systematic review of neurocognition in people with co-occurring alcohol misuse and depression. *Journal of Affective Disorders*, 179, 51–64.
- <sup>1071</sup> Bennett, S., & Thomas, A. J. (2014). Depression and dementia: Cause, consequence or coincidence? *Maturitas*, 79(2), 184–190.
- <sup>1072</sup> Ownby, R. L., Crocco, E., Acevedo, A., John, V., & Loewenstein, D. (2006). Depression and risk for Alzheimer's disease: Systematic review, meta-analysis, and metaregression analysis. *Archives of General Psychiatry*, 63, 530–538.
- <sup>1073</sup> Diniz, B. S., Butters, M. A., Albert, S. M., Dew, M. A., & Reynolds, C. F. (2013). Late-life depression and risk of vascular dementia and Alzheimer's disease: Systematic review and meta-analysis of community-based cohort studies. *British Journal of Psychiatry*, 202(5), 329–335.
- <sup>1074</sup> Spira, A. P., Rebok, G. W., Stone, K. L., Kramer, J. H., & Yaffe, K. (2012). Depressive symptoms in oldest-old women: Risk of mild cognitive impairment and dementia. *American Journal of Geriatric Psychiatry*, 20(12), 1006–1015.
- <sup>1075</sup> da Silva, J., Gonçalves-Pereira, M., Xavier, M., & Mukaetova-Ladinska, E. B. (2013). Affective disorders and risk of developing dementia: Systematic review. *British Journal of Psychiatry*, 202(3), 177–186.
- <sup>1076</sup> Bower, E. S., Wetherell, J. L., Mon, T., & Lenze, E. J. (2015). Treating anxiety disorders in older adults: Current treatments and future directions. *Harvard Review of Psychiatry*, 23(5), 329–342.
- <sup>1077</sup> Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*, 14(1), 74–81.
- <sup>1078</sup> Wolitzky-Taylor, K. B., Castriotta, N., Lenze, E. J., Stanley, M. A., & Craske, M. G. (2010). Anxiety disorders in older adults: A comprehensive review. *Depression and Anxiety*, 27(2), 190–211.
- <sup>1079</sup> Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*, 14(1), 74–81.
- <sup>1080</sup> Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 22(11), 1356–1363.
- <sup>1081</sup> Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology*, 43(2), 304–317.
- <sup>1082</sup> Mackenzie, C. S., El-Gabalawy, R., Chou, K. L., & Sareen, J. (2014). Prevalence and predictors of persistent versus remitting mood, anxiety, and substance disorders in a national sample of older adults. *American Journal of Geriatric Psychiatry*, 22(9), 854–865.
- <sup>1083</sup> Schutte, K., Lemke, S., Moos, R. H., & Brennan, P. L. (2015). Age-sensitive psychosocial treatment for older adults with substance abuse. In I. Crome, L.-T. Wu, R. T. Rao, & P. Crome (Eds.), *Substance use and older people* (pp. 314–339). West Sussex, UK: Wiley-Blackwell.
- <sup>1084</sup> Beaudreau, S. A., & O'Hara, R. (2008). Late-life anxiety and cognitive impairment: A review. *American Journal of Geriatric Psychiatry*, 16(10), 790–803.
- <sup>1085</sup> Beaudreau, S. A., & O'Hara, R. (2008). Late-life anxiety and cognitive impairment: A review. *American Journal of Geriatric Psychiatry*, 16(10), 790–803.
- <sup>1086</sup> Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 22(11), 1356–1363.
- <sup>1087</sup> Kuring, J. K., Mathias, J. L., & Ward, L. (2018). Prevalence of depression, anxiety and PTSD in people with dementia: A systematic review and meta-analysis. *Neuropsychology Reviews*, 28(4), 393–416.
- <sup>1088</sup> Burton, C., Campbell, P., Jordan, K., Strauss, V., & Mallen, C. (2013). The association of anxiety and depression with future dementia diagnosis: A case-control study in primary care. *Family Practice*, 30(1), 25–30.
- <sup>1089</sup> Burton, C., Campbell, P., Jordan, K., Strauss, V., & Mallen, C. (2013). The association of anxiety and depression with future dementia diagnosis: A case-control study in primary care. *Family Practice*, 30(1), 25–30.
- <sup>1090</sup> Burton, C., Campbell, P., Jordan, K., Strauss, V., & Mallen, C. (2013). The association of anxiety and depression with future dementia diagnosis: A case-control study in primary care. *Family Practice*, 30(1), 25–30.

- <sup>1091</sup> Gulpers, B., Ramakers, I., Hamel, R., Köhler, S., Oude Voshaar, R., & Verhey, F. (2016). Anxiety as a predictor for cognitive decline and dementia: A systematic review and meta-analysis. *American Journal of Geriatric Psychiatry*, 24(10), 823–842.
- <sup>1092</sup> Andreescu, C., & Varon, D. (2015). New research on anxiety disorders in the elderly and an update on evidence-based treatments. *Current Psychiatry Reports*, 17(7), 53.
- <sup>1093</sup> Reynolds, K., Pietrzak, R. H., El-Gabalawy, R., Mackenzie, C. S., & Sareen, J. (2015). Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*, 14(1), 74–81.
- <sup>1094</sup> Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2012). Psychiatric comorbidity of full and partial posttraumatic stress disorder among older adults in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 20(5), 380–390.
- <sup>1095</sup> Kuring, J. K., Mathias, J. L., & Ward, L. (2018). Prevalence of depression, anxiety and PTSD in people with dementia: A systematic review and meta-analysis. *Neuropsychological Reviews*, 28(4), 393–416.
- <sup>1096</sup> Kang, B., Xu, H., & McConnell, E. S. (2019). Neurocognitive and psychiatric comorbidities of posttraumatic stress disorder among older veterans: A systematic review. *International Journal of Geriatric Psychiatry*, 34(4), 522–538.
- <sup>1097</sup> Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. Retrieved from <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>
- <sup>1098</sup> Substance Abuse and Mental Health Services Administration. (2014). *Trauma-informed care in behavioral health services*. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Retrieved from <https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816>
- <sup>1099</sup> Hiskey, S., & McPherson, S. (2013). That's just life: Older adult constructs of trauma. *Aging and Mental Health*, 17(6), 689–696.
- <sup>1100</sup> Searby, A., Maude, P., & McGrath, I. (2015). Dual diagnosis in older adults: A review. *Issues in Mental Health Nursing*, 36(2), 104–111.
- <sup>1101</sup> Wu, L. T., & Blazer, D. G. (2014). Substance use disorders and psychiatric comorbidity in mid and later life: A review. *International Journal of Epidemiology*, 43(2), 304–317.
- <sup>1102</sup> Lin, J. C., Karno, M. P., Grella, C. E., Ray, L. A., Liao, D. H., & Moore, A. A. (2014). Psychiatric correlates of alcohol and tobacco use disorders in U.S. adults aged 65 years and older: Results from the 2001–2002 National Epidemiologic Survey of Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 22(11), 1356–1363.
- <sup>1103</sup> Balsamo, M., Cataldi, F., Carlucci, L., & Fairfield, B. (2018). Assessment of anxiety in older adults: A review of self-report measures. *Clinical Interventions in Aging*, 13, 573–593.
- <sup>1104</sup> Wuthrich, V. M., Johnco, C., & Knight, A. (2014). Comparison of the Penn State Worry Questionnaire (PSWQ) and abbreviated version (PSWQ-A) in a clinical and non-clinical population of older adults. *Journal of Anxiety Disorders*, 28(7), 657–663.
- <sup>1105</sup> Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2012). Psychiatric comorbidity of full and partial posttraumatic stress disorder among older adults in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. *American Journal of Geriatric Psychiatry*, 20(5), 380–390.
- <sup>1106</sup> Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing. In P. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- <sup>1107</sup> Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing. In P. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- <sup>1108</sup> Oyebode, J. R., & Parveen, S. (2019). Psychosocial interventions for people with dementia: An overview and commentary on recent developments. *Dementia (London)*, 18(1), 8–35.
- <sup>1109</sup> de Oliveira, A. M., Radanovic, M., de Mello, P. C., Buchain, P. C., Vizzotto, A. D., ... Forlenza, O. V. (2015). Nonpharmacological interventions to reduce behavioral and psychological symptoms of dementia: A systematic review. *BioMed Research International*, 218980.
- <sup>1110</sup> Bernabei, V., De Ronchi, D., La Ferla, T., Moretti, F., Tonelli, L., Ferrari, B., ... Atti, A. R. (2013). Animal-assisted interventions for elderly patients affected by dementia or psychiatric disorders: A review. *Journal of Psychiatric Research*, 47(6), 762–773.
- <sup>1111</sup> Rooney, R. F. (2014). Preventing dementia: How lifestyle in midlife affects risk. *Current Opinion in Psychiatry*, 27(2), 149–157.
- <sup>1112</sup> Yaffe, K., & Hoang, T. (2013). Nonpharmacologic treatment and prevention strategies for dementia. *Continuum (Minneapolis, Minnesota)*, 19(2 Dementia), 372–381.



- <sup>1113</sup> Cipriani, G., Lucetti, C., Danti, S., & Nuti, A. (2015). Sleep disturbances and dementia. *Psychogeriatrics*, 15(1), 65–74.
- <sup>1114</sup> Lindauer, A., Sexson, K., & Harvath, T. A. (2017). Medication management for people with dementia. *American Journal of Nursing*, 117(2), 60–64.
- <sup>1115</sup> AARP and National Alliance for Caregiving. (2020). *Caregiving in the U.S. 2020*. Retrieved from [www.caregiving.org/caregiving-in-the-us-2020/](http://www.caregiving.org/caregiving-in-the-us-2020/)
- <sup>1116</sup> National Association of Social Workers. (2010). *NASW standards for social work practice with family caregivers of older adults*. Retrieved from [www.socialworkers.org/LinkClick.aspx?fileticket=aUwQL98exRM%3d&portalid=0](http://www.socialworkers.org/LinkClick.aspx?fileticket=aUwQL98exRM%3d&portalid=0)
- <sup>1117</sup> Chiao, C. Y., Wu, H. S., & Hsiao, C. Y. (2015). Caregiver burden for informal caregivers of patients with dementia: A systematic review. *International Nursing Review*, 62(3), 340–350.
- <sup>1118</sup> Moon, H., & Dilworth-Anderson, P. (2015). Baby boomer caregiver and dementia caregiving: Findings from the National Study of Caregiving. *Age and Ageing*, 44(2), 300–306.
- <sup>1119</sup> Dong, X., Chen, R., & Simon, M. A. (2014). Elder abuse and dementia: A review of the research and health policy. *Health Affairs (Millwood)*, 33(4), 642–649.
- <sup>1120</sup> Perkins, M., Howard, V. J., Wadley, V. G., Crowe, M., Safford, M. M., Haley, W. E., ... Roth, D. L. (2013). Caregiving strain and all-cause mortality: Evidence from the REGARDS study. *Journal of Gerontology, Series B, Psychological Sciences and Social Sciences*, 68(4), 504–512.
- <sup>1121</sup> Kim, Y., Carver, C. S., Cannady, R. S., & Shaffer, K. M. (2013). Self-reported medical morbidity among informal caregivers of chronic illness: The case of cancer. *Quality of Life Research*, 22(6), 1265–1272.
- <sup>1122</sup> Fonareva, I., & Oken, B. S. (2014). Physiological and functional consequences of caregiving for relatives with dementia. *International Psychogeriatrics*, 26(5), 725–747.
- <sup>1123</sup> Martín-Carrasco, M., Ballesteros-Rodríguez, J., Domínguez-Panchón, A. I., Muñoz-Hermoso, P., & González-Fraile, E. (2014). Interventions for caregivers of patients with dementia. *Actas Españolas de Psiquiatría*, 42(6), 300–314.
- <sup>1124</sup> Brodaty, H., & Donkin, M. (2009). Family caregivers of people with dementia. *Dialogues in Clinical Neuroscience*, 11(2), 217–228.
- <sup>1125</sup> Gilhooly, K. J., Gilhooly, M. L., Sullivan, M. P., McIntyre, A., Wilson, L., Harding, E., ... Crutch, S. (2016). A meta-review of stress, coping and interventions in dementia and dementia caregiving. *BMC Geriatrics*, 16, 106.
- <sup>1126</sup> Sattar, S. P., Padala, P. R., McArthur-Miller, D., Roccaforte, W. H., Wengel, S. P., & Burke, W. J. (2007). Impact of problem alcohol use on patient behavior and caregiver burden in a geriatric assessment clinic. *Journal of Geriatric Psychiatry and Neurology*, 20(2), 120–127.
- <sup>1127</sup> García-Fernández, F. P., Arrabal-Orpez, M. J., Rodríguez-Torres Mdel, C., Gila-Selas, C., Carrascosa-García, I., & Laguna-Parras, J. M. (2014). Effect of hospital case-manager nurses on the level of dependence, satisfaction and caregiver burden in patients with complex chronic disease. *Journal of Clinical Nursing*, 23(19–20), 2814–2821.
- <sup>1128</sup> Labrum, T. (2018). Caregiving for relatives with psychiatric disorders vs. co-occurring psychiatric and substance use disorders. *Psychiatric Quarterly*, 89(3), 631–644.
- <sup>1129</sup> Yesavage, J. A. (n.d.). Geriatric Depression Scale. Retrieved from <https://web.stanford.edu/~yesavage/GDS.html>
- <sup>1130</sup> Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- <sup>1131</sup> Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- <sup>1132</sup> Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- <sup>1133</sup> Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Retrieved from <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>
- <sup>1134</sup> Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from [www.caregiver.org/caregiver-statistics-demographics](http://www.caregiver.org/caregiver-statistics-demographics)
- <sup>1135</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>1136</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>1137</sup> Satre, D. D., Chi, F. W., Mertens, J. R., & Weisner, C. M. (2012). Effects of age and life transitions on alcohol and drug treatment outcome over nine years. *Journal of Studies on Alcohol and Drugs*, 73(3), 459–468.
- <sup>1138</sup> Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2–3), 137–152.

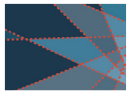
- <sup>1139</sup> Koenig, H. G. (2015). Religion, spirituality, and health: A review and update. *Advances*, 29(3), 19–26.
- <sup>1140</sup> Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016). Spirituality, religiosity, aging and health in global perspective: A review. *SSM-Population Health*, 2, 373–381.
- <sup>1141</sup> Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016). Spirituality, religiosity, aging and health in global perspective: A review. *SSM-Population Health*, 2, 373–381.
- <sup>1142</sup> Koenig, H. G. (2012). Religion, spirituality, and health: The research and clinical implications. *ISRN Psychiatry*, 2012, 278730.
- <sup>1143</sup> Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016). Spirituality, religiosity, aging and health in global perspective: A review. *SSM-Population Health*, 2, 373–381.
- <sup>1144</sup> Kim, S., Spilman, S. L., Liao, D. H., Sacco, P., & Moore, A. A. (2018). Social networks and alcohol use among older adults: A comparison with middle-aged adults. *Aging and Mental Health*, 22(4), 550–557.
- <sup>1145</sup> Cohen-Mansfield, J., Hazan, H., Lerman, Y., & Shalom, V. (2016). Correlates and predictors of loneliness in older-adults: A review of quantitative results informed by qualitative insights. *International Psychogeriatrics*, 28(4), 557–576.
- <sup>1146</sup> Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health and Social Care in the Community*, 26(2), 147–157.
- <sup>1147</sup> Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2–3), 137–152.
- <sup>1148</sup> Mannes, Z. L., Burrell, L. E., Bryant, V. E., Dunne, E. M., Hearn, L. E., & Whitehead, N. E. (2016). Loneliness and substance use: The influence of gender among HIV+ Black/African American adults 50+. *AIDS Care*, 28(5), 598–602.
- <sup>1149</sup> Rainer, J. P. (2013). *Life after loss: Contemporary grief counseling and therapy*. Eau Claire, WI: PESI Publishing & Media.
- <sup>1150</sup> Winokuer, H. R., & Harris, D. L. (2015). *Principles and practice of grief counseling* (2nd ed.). New York, NY: Springer.
- <sup>1151</sup> Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2–3), 137–152.
- <sup>1152</sup> Wethington, E., & Pillemer, K. (2014). Social isolation among older people. In R. J. Coplan & J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 242–259). Chichester, England: Wiley-Blackwell.
- <sup>1153</sup> Bhatti, A. B., & Haq, A. U. (2017). The pathophysiology of perceived social isolation: Effects on health and mortality. *Cureus*, 9(1), e994. doi:10.7759/cureus.994
- <sup>1154</sup> Cacioppo, J. T., Hawkley, L. C., Norman, G. J., & Berntson, G. G. (2011). Social isolation. *Annals of the New York Academy of Sciences*, 1231, 17–22.
- <sup>1155</sup> Bhatti, A. B., & Haq, A. U. (2017). The pathophysiology of perceived social isolation: Effects on health and mortality. *Cureus*, 9(1), e994. doi:10.7759/cureus.994
- <sup>1156</sup> Cacioppo, J. T., Hawkley, L. C., Norman, G. J., & Berntson, G. G. (2011). Social isolation. *Annals of the New York Academy of Sciences*, 1231, 17–22.
- <sup>1157</sup> Wethington, E., & Pillemer, K. (2014). Social isolation among older people. In R. J. Coplan & J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 242–259). Chichester, England: Wiley-Blackwell.
- <sup>1158</sup> Bhatti, A. B., & Haq, A. U. (2017). The pathophysiology of perceived social isolation: Effects on health and mortality. *Cureus*, 9(1), e994. doi:10.7759/cureus.994
- <sup>1159</sup> Nicholson, N. R. (2012). A review of social isolation: An important but underassessed condition in older adults. *Journal of Primary Prevention*, 33(2–3), 137–152.
- <sup>1160</sup> Doukas, N. (2017). Older adults prescribed methadone for opiate replacement therapy: A literature review. *Journal of Addiction and Preventive Medicine*, 2(1), 1–6.
- <sup>1161</sup> Wethington, E., & Pillemer, K. (2014). Social isolation among older people. In R. J. Coplan & J. C. Bowker (Eds.), *The handbook of solitude: Psychological perspectives on social isolation, social withdrawal, and being alone* (pp. 242–259). Chichester, England: Wiley-Blackwell.
- <sup>1162</sup> Gouveia, O. M. R., Matos, A. D., & Schouten, M. J. (2016). Social networks and quality of life of elderly persons: A review and critical analysis of literature. *Revista Brasileira de Geriatria e Gerontologia*, 19, 1030–1040.
- <sup>1163</sup> Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health and Social Care in the Community*, 26(2), 147–157.
- <sup>1164</sup> Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health and Social Care in the Community*, 26(2), 147–157.





- <sup>1165</sup> Momtaz, Y. A., Haron, S. A., Ibrahim, R., & Hamid, T. A. (2014). Social embeddedness as a mechanism for linking social cohesion to well-being among older adults: Moderating effect of gender. *Clinical Interventions in Aging*, 9, 863–870.
- <sup>1166</sup> Jackson, S. L. (2014). All elder abuse perpetrators are not alike: The heterogeneity of elder abuse perpetrators and implications for intervention. *International Journal of Offender Therapy and Comparative Criminology*, 60(3), 265–285.
- <sup>1167</sup> Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1–9.
- <sup>1168</sup> Reif, S., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., ... Delphin-Rittmon, M. E. (2014). Peer recovery support for individuals with substance use disorders: Assessing the evidence. *Psychiatric Services*, 65(7), 853–861.
- <sup>1169</sup> Stevens, E., Jason, L. A., Ram, D., & Light, J. (2015). Investigating social support and network relationships in substance use disorder recovery. *Substance Abuse*, 36(4), 396–399.
- <sup>1170</sup> Bassuk, E. L., Hanson, J., Greene, R. N., Richard, M., & Laudet, A. (2016). Peer-delivered recovery support services for addictions in the United States: A systematic review. *Journal of Substance Abuse Treatment*, 63, 1–9.
- <sup>1171</sup> Center for Substance Abuse Treatment. (2009). *What are peer recovery support services?* HHS Publication No. (SMA) 09-4454. Retrieved from <https://store.samhsa.gov/product/What-Are-Peer-Recovery-Support-Services-/SMA09-4454>
- <sup>1172</sup> Gardiner, C., Geldenhuys, G., & Gott, M. (2018). Interventions to reduce social isolation and loneliness among older people: An integrative review. *Health and Social Care in the Community*, 26(2), 147–157.
- <sup>1173</sup> Leist, A. K. (2013). Social media use of older adults: A mini-review. *Gerontology*, 59(4), 378–384.
- <sup>1174</sup> Anderson, M., & Perrin, A. (2017). Tech adoption climbs among older adults. Retrieved June 13, 2019, from [http://assets.pewresearch.org/wp-content/uploads/sites/14/2017/05/16170850/PI\\_2017.05.17\\_Older-Americans-Tech\\_FINAL.pdf](http://assets.pewresearch.org/wp-content/uploads/sites/14/2017/05/16170850/PI_2017.05.17_Older-Americans-Tech_FINAL.pdf)
- <sup>1175</sup> Kuerbis, A., Mulliken, A., Muench, F., Moore, A. A., & Gardner, D. (2017). Older adults and mobile technology: Factors that enhance and inhibit utilization in the context of behavioral health. *Mental Health and Addiction Research*, 2(2), 1–11.
- <sup>1176</sup> Fang, M. L., Canham, S. L., Battersby, L., Sixsmith, J., Wada, M., & Sixsmith, A. (2019). Exploring privilege in the digital divide: Implications for theory, policy, and practice. *Gerontologist*, 59(1), e1–e15.
- <sup>1177</sup> Federal Communications Commission. (2018). 2018 broadband deployment report. Retrieved from [www.fcc.gov/reports-research/reports/broadband-progress-reports/2018-broadband-deployment-report](http://www.fcc.gov/reports-research/reports/broadband-progress-reports/2018-broadband-deployment-report)
- <sup>1178</sup> Chernick, R., & Kuerbis, A. (2016). Social and familial contexts for drinking among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 149–166). New York, NY: Springer.
- <sup>1179</sup> Fishleder, S., Schonfeld, L., Corvin, J., Tyler, S., & VandeWeerd, C. (2016). Drinking behavior among older adults in a planned retirement community: Results from The Villages survey. *International Journal of Geriatric Psychiatry*, 31(5), 536–543.
- <sup>1180</sup> Kobrin, M. (2019). Promoting wellness for better behavioral and physical health. Retrieved from [https://mfpc.samhsa.gov/ENewsArticles/Article12b\\_2017.aspx](https://mfpc.samhsa.gov/ENewsArticles/Article12b_2017.aspx)
- <sup>1181</sup> McMahon, S., & Fleury, J. (2012). Wellness in older adults: A concept analysis. *Nursing Forum*, 47(1), 39–51.
- <sup>1182</sup> Kobrin, M. (2019). Promoting wellness for better behavioral and physical health. Retrieved from [https://mfpc.samhsa.gov/ENewsArticles/Article12b\\_2017.aspx](https://mfpc.samhsa.gov/ENewsArticles/Article12b_2017.aspx)
- <sup>1183</sup> Substance Abuse and Mental Health Services Administration. (2016). Learn the eight dimensions of wellness. Retrieved from <https://store.samhsa.gov/product/Learn-the-Eight-Dimensions-of-Wellness-Poster-/SMA16-4953>
- <sup>1184</sup> Gerontological Society of America. (2012). Communicating with older adults: An evidence-based review of what really works. Retrieved from [www.changetogether.com/app/uploads/2016/03/GSA\\_Communicating-with-Older-Adults-high-Final.pdf](http://www.changetogether.com/app/uploads/2016/03/GSA_Communicating-with-Older-Adults-high-Final.pdf)
- <sup>1185</sup> Satre, D. D., & Leibowitz, A. (2015). Brief alcohol and drug interventions and motivational interviewing. In P. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma and substance abuse* (pp. 163–180). Washington, DC: American Psychological Association.
- <sup>1186</sup> Cummings, S. M., Cooper, R. L., & Cassie, K. M. (2009). Motivational interviewing to affect behavioral change in older adults. *Research on Social Work Practice*, 19(2), 195–204.
- <sup>1187</sup> Purath, J., Keck, A., & Fitzgerald, C. E. (2014). Motivational interviewing for older adults in primary care: A systematic review. *Geriatric Nursing*, 35(3), 219–224.

- <sup>1188</sup> Cherniack, E. P., & Cherniack, A. R. (2014). The benefit of pets and animal-assisted therapy to the health of older individuals. *Current Gerontology and Geriatrics Research*, 2014, 1–9.
- <sup>1189</sup> Harvard Women's Health Watch. (2015). The health benefits of tai chi. Retrieved from [www.health.harvard.edu/staying-healthy/the-health-benefits-of-tai-chi](http://www.health.harvard.edu/staying-healthy/the-health-benefits-of-tai-chi)
- <sup>1190</sup> Hackney, M. E., & Wolf, S. L. (2014). Impact of Tai Chi Chu'an practice on balance and mobility in older adults: An integrative review of 20 years of research. *Journal of Geriatric Physical Therapy*, 37(3), 127–135.
- <sup>1191</sup> Irwin, M. R., Olmstead, R., & Motivala, S. J. (2008). Improving sleep quality in older adults with moderate sleep complaints: A randomized controlled trial of Tai Chi Chih. *Sleep*, 31(7), 1001–1008.
- <sup>1192</sup> Fountain-Zaragoza, S., & Prakash, R. S. (2017). Mindfulness training for healthy aging: Impact on attention, well-being, and inflammation. *Frontiers in Aging Neuroscience*, 9, 1–15.
- <sup>1193</sup> Krause, N., & Hayward, R. D. (2014). Religious involvement, practical wisdom, and self-rated health. *Journal of Aging and Health*, 26(4), 540–558.
- <sup>1194</sup> Kelly, J. F., Stout, R. L., Magill, M., Tonigan, J. S., & Pagano, M. E. (2011). Spirituality in recovery: A lagged mediational analysis of Alcoholics Anonymous' principal theoretical mechanism of behavior change. *Alcoholism, Clinical and Experimental Research*, 35(3), 454–463.
- <sup>1195</sup> Zimmer, Z., Jagger, C., Chiu, C. T., Ofstedal, M. B., Rojo, F., & Saito, Y. (2016). Spirituality, religiosity, aging and health in global perspective: A review. *SSM-Population Health*, 2, 373–381.
- <sup>1196</sup> Ponnuswami, I., Francis, A., & Udhayakumar, P. (2012). *Strengths-based approach to social work practice with older persons*. Retrieved from [www.academia.edu/3470933/Strengths-based-Approach-to-Social-Work-Practice-with-Older-Persons](http://www.academia.edu/3470933/Strengths-based-Approach-to-Social-Work-Practice-with-Older-Persons)
- <sup>1197</sup> National Council on Aging. (2016). *Fact sheet: Chronic disease self-management*. Arlington, VA: National Council on Aging. Retrieved from [www.ncoa.org/resources/fact-sheet-cdsmp](http://www.ncoa.org/resources/fact-sheet-cdsmp)
- <sup>1198</sup> Schulman-Green, D., Jaser, S. S., Park, C., & Whittemore, R. (2016). A metasynthesis of factors affecting self-management of chronic illness. *Journal of Advanced Nursing*, 72(7), 1469–1489.
- <sup>1199</sup> National Council on Aging. (2016). *Fact sheet: Chronic disease self-management*. Arlington, VA: National Council on Aging. Retrieved from [www.ncoa.org/resources/fact-sheet-cdsmp](http://www.ncoa.org/resources/fact-sheet-cdsmp)
- <sup>1200</sup> Erdem, E., & Korda, H. (2014). Self-management program participation by older adults with diabetes: Chronic Disease Self-Management Program and Diabetes Self-Management Program. *Family and Community Health*, 37(2), 134–146.
- <sup>1201</sup> Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction*, 99(10), 1286–1297.
- <sup>1202</sup> Litt, M. D., Kadden, R. M., Kabela-Cormier, E., & Petry, N. M. (2009). Changing network support for drinking: Network Support Project 2-year follow-up. *Journal of Consulting and Clinical Psychology*, 77(2), 229–242.
- <sup>1203</sup> Davidoff, J., Higgins, R., & Kipnis, S. (2004). Working with aging client populations: Preventing, identifying and treating alcohol, and substance abuse and supporting recovery [Presentation slides]. Retrieved June 1, 2019, from <https://omh.ny.gov/omhweb/geriatric/resources.html>
- <sup>1204</sup> Davidoff, J., Higgins, R., & Kipnis, S. (2004). Working with aging client populations: Preventing, identifying and treating alcohol & substance abuse and supporting recovery [Presentation slides]. Retrieved June 1, 2019, from <https://omh.ny.gov/omhweb/geriatric/resources.html>
- <sup>1205</sup> Schonfeld, L., & MacFarland, N. S. (2015). Relapse prevention treatment for substance abuse disorders in older adults. In P. A. Areán (Ed.), *Treatment of late-life depression, anxiety, trauma, and substance abuse* (pp. 211–234). Washington, DC: American Psychological Association.
- <sup>1206</sup> Burzinski, C. A., & Zgierska, A. (2014). Reducing relapse risk: Clinical tool. Retrieved from [http://projects.hsl.wisc.edu/SERVICE/modules/35/M35\\_CT\\_Reducing\\_Relapse\\_Risk.pdf](http://projects.hsl.wisc.edu/SERVICE/modules/35/M35_CT_Reducing_Relapse_Risk.pdf)
- <sup>1207</sup> Alim, T. N., Lawson, W. B., Feder, A., Iacoviello, B. M., Saxena, S., Bailey, C. R., ... Neumeister, A. (2012). Resilience to meet the challenge of addiction: Psychobiology and clinical considerations. *Alcohol Research: Current Reviews*, 34(4), 506–515.
- <sup>1208</sup> Nilsson, H., Bülow, P. H., & Kazemi, A. (2015). Mindful sustainable aging: Advancing a comprehensive approach to the challenges and opportunities of old age. *Europe's Journal of Psychology*, 11(3), 494–508.
- <sup>1209</sup> American Psychological Association. (2014). Guidelines for psychological practice with older adults. *American Psychologist*, 69(1), 34–65.
- <sup>1210</sup> Hildon, Z., Smith, G., Netuveli, G., & Blane, D. (2008). Understanding adversity and resilience at older ages. *Sociology of Health and Illness*, 30(5), 726–740.
- <sup>1211</sup> Walter, C. A., & McCoyd, J. L. M. (2015). *Grief and loss across the lifespan: A biopsychosocial perspective* (2nd ed.). New York, NY: Springer.



- <sup>1212</sup> Slosser, A., McKibbin, C., Lee, A., Bourassa, K., & Carrico, C. (2015). Perceived health status and social network as predictors of resilience in rural older adults. Retrieved from [www.uwyo.edu/wycoa/files/powerpoints/as\\_gsa%20poster%202015.pdf](http://www.uwyo.edu/wycoa/files/powerpoints/as_gsa%20poster%202015.pdf)
- <sup>1213</sup> American Psychological Association. (2018). Building your resilience. Retrieved from [www.apa.org/helpcenter/road-resilience](http://www.apa.org/helpcenter/road-resilience)
- <sup>1214</sup> Lavretsky, H. (2014). *Resilience and aging: Research and practice*. Baltimore, MD: Johns Hopkins University Press.
- <sup>1215</sup> Bovend'Eerd, T. J. H., Botell, R. E., & Wade, D. T. (2009). Writing SMART rehabilitation goals and achieving goal attainment scaling: A practical guide. *Clinical Rehabilitation*, 23(4), 352–361.
- <sup>1216</sup> National Committee for Quality Assurance. (2016). Goals to care: How to keep the person in “person-centered.” Retrieved from [www.ncqa.org/Portals/0/Programs/Goals%20to%20Care%20-%20Spotlight%20Report.pdf?ver=2016-02-23-113526-113](http://www.ncqa.org/Portals/0/Programs/Goals%20to%20Care%20-%20Spotlight%20Report.pdf?ver=2016-02-23-113526-113)
- <sup>1217</sup> Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- <sup>1218</sup> Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- <sup>1219</sup> Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- <sup>1220</sup> Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- <sup>1221</sup> Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- <sup>1222</sup> Lubben, J., & Gironde, M. (2004). Measuring social networks and assessing their benefits. In C. Phillipson, G. Allan, & D. Morgan (Eds.), *Social networks and social exclusion: Sociological and policy perspectives* (pp. 20–35). Aldershot, England: Ashgate.
- <sup>1223</sup> Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *Gerontologist*, 46(4), 503–513.
- <sup>1224</sup> Lubben, J., Blozik, E., Gillmann, G., Iliffe, S., von Renteln Kruse, W., Beck, J. C., & Stuck, A. E. (2006). Performance of an abbreviated version of the Lubben Social Network Scale among three European community-dwelling older adult populations. *Gerontologist*, 46(4), 503–513.
- <sup>1225</sup> Gabrielson, M. L., & Holston, E. C. (2014). Broadening definitions of family for older lesbians: Modifying the Lubben Social Network Scale. *Journal of Gerontological Social Work*, 57(2–4), 198–217.
- <sup>1226</sup> White, A. M., Philogene, G. S., Fine, L., & Sinha, S. (2009). Social support and self-reported health status of older adults in the United States. *American Journal of Public Health*, 99(10), 1872–1878.
- <sup>1227</sup> Hwang, E. H., & Peralta-Catipon, T. (2016). *Health Enhancement Lifestyle Profile (HELP) & HELP Screener: Older adult version; Guide for clinicians*. Dominguez Hills, CA: California State University. Retrieved from [www.csudh.edu/Assets/csudh-sites/ot/docs/3%20Health%20Enhancement%20Lifestyle%20Profile%20\(HELP\)-Guide%20for%20Clinicians-2016.pdf](http://www.csudh.edu/Assets/csudh-sites/ot/docs/3%20Health%20Enhancement%20Lifestyle%20Profile%20(HELP)-Guide%20for%20Clinicians-2016.pdf)
- <sup>1228</sup> Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guilford Press.
- <sup>1229</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>1230</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- <sup>1231</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>1232</sup> Kok, R. M. (2014). Treatment of alcohol use disorders in the elderly: An overview of RCTs. *International Psychogeriatrics*, 26(11), 1767–1770.
- <sup>1233</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- <sup>1234</sup> Schutte, K. K., Moos, R. H., & Brennan, P. L. (2006). Predictors of untreated remission from late-life drinking problems. *Journal of Studies on Alcohol*, 67(3), 354–362.
- <sup>1235</sup> American Public Health Association & Education Development Center. (2008). *Alcohol screening and brief intervention: A guide for public health practitioners*. Washington, DC: National Highway Traffic Safety Administration, Department of Transportation.
- <sup>1236</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)

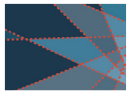
- <sup>1237</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>1238</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>1239</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>1240</sup> Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- <sup>1241</sup> Family Caregiver Alliance. (2019). Caregiver statistics: Demographics. Retrieved from [www.caregiver.org/caregiver-statistics-demographics](http://www.caregiver.org/caregiver-statistics-demographics)
- <sup>1242</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>1243</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>1244</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>1245</sup> Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from [www.cdc.gov/alcohol/faqs.htm](http://www.cdc.gov/alcohol/faqs.htm)
- <sup>1246</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>1247</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>1248</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>1249</sup> Centers for Disease Control and Prevention. (2018). Alcohol and Public Health. Frequently Asked Questions. Retrieved from [www.cdc.gov/alcohol/faqs.htm](http://www.cdc.gov/alcohol/faqs.htm)
- <sup>1250</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>1251</sup> Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- <sup>1252</sup> Downer, B., & Boron, J. B. (2016). Alcohol and cognition. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 79–96). New York, NY: Springer.
- <sup>1253</sup> Downer, B., & Boron, J. B. (2016). Alcohol and cognition. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 79–96). New York, NY: Springer.
- <sup>1254</sup> National Institute on Alcohol Abuse and Alcoholism. (2015). *Beyond hangovers: Understanding alcohol's impact on your health*. NIH Publication No. 15–7604. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- <sup>1255</sup> GBD 2016 Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 392(10152), 1015–1035.
- <sup>1256</sup> Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from [www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%202%20Alcohol%20Misuse.pdf](http://www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%202%20Alcohol%20Misuse.pdf)
- <sup>1257</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>1258</sup> Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from [www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%202%20Alcohol%20Misuse.pdf](http://www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%202%20Alcohol%20Misuse.pdf)
- <sup>1259</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>1260</sup> Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from [www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%202%20Alcohol%20Misuse.pdf](http://www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%202%20Alcohol%20Misuse.pdf)





- <sup>1261</sup> Leggett, A., Kavanagh, J., Zivin, K., Chiang, C., Kim, H. M., & Kales, H. C. (2015). The association between benzodiazepine use and depression outcomes in older veterans. *Journal of Geriatric Psychiatry and Neurology*, 28(4), 281–287.
- <sup>1262</sup> Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from [www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf](http://www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf)
- <sup>1263</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- <sup>1264</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>1265</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- <sup>1266</sup> Addiction Technology Transfer Center Network. (2001). A stomach enzyme deficit may place women at more risk from drinking alcohol. Retrieved from [www.eurekalert.org/pub\\_releases/2001-04/ACER-Ased-1404101.php](http://www.eurekalert.org/pub_releases/2001-04/ACER-Ased-1404101.php)
- <sup>1267</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- <sup>1268</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>1269</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- <sup>1270</sup> Letizia, M., & Reinbolz, M. (2005). Identifying and managing acute alcohol withdrawal in the elderly. *Geriatric Nursing*, 26(3), 176–183.
- <sup>1271</sup> Saitz, R. (2013). Brief intervention for unhealthy alcohol use. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 41–48). New York, NY: Springer.
- <sup>1272</sup> Epstein, E. E., Fischer-Elber, K., & Al-Otaiba, Z. (2007). Women, aging, and alcohol use disorders. *Journal of Women and Aging*, 19(1–2), 31–48.
- <sup>1273</sup> Substance Abuse and Mental Health Services Administration. (2009). *Substance abuse treatment: Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series 51. HHS Publication No. (SMA) 15-4426. Retrieved from <https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426>
- <sup>1274</sup> Alcohol Pharmacology Education Partnership. (n.d.). Gender differences in alcohol metabolism. Retrieved from <https://sites.duke.edu/apep/module-1-gender-matters/content/content-gender-differences-in-alcohol-metabolism>
- <sup>1275</sup> Epstein, E. E., Fischer-Elber, K., & Al-Otaiba, Z. (2007). Women, aging, and alcohol use disorders. *Journal of Women and Aging*, 19(1–2), 31–48.
- <sup>1276</sup> Blow, F., & Barry, K. (2002). Use and misuse of alcohol among older women. *Alcohol Research and Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism*, 26(4), 308–315.
- <sup>1277</sup> Substance Abuse and Mental Health Services Administration. (2009). *Substance abuse treatment: Addressing the specific needs of women*. Treatment Improvement Protocol (TIP) Series 51. HHS Publication No. (SMA) 15-4426. Retrieved from <https://store.samhsa.gov/product/TIP-51-Substance-Abuse-Treatment-Addressing-the-Specific-Needs-of-Women/SMA15-4426>
- <sup>1278</sup> Olsson, M., King, M., & Schoenbaum, M. (2015). Benzodiazepine use in the United States. *JAMA Psychiatry*, 72(2), 136–142.
- <sup>1279</sup> Satre, D. D., Mertens, J. R., & Weisner, C. (2004). Gender differences in treatment outcomes for alcohol dependence among older adults. *Journal of Studies on Alcohol*, 65(5), 638–642.
- <sup>1280</sup> Wettlaufer, A. (2018). Can a label help me drink in moderation? A review of the evidence on standard drink labelling. *Substance Use and Misuse*, 53(4), 585–595.
- <sup>1281</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). What's a “standard” drink? Retrieved June 14, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx)
- <sup>1282</sup> Kuerbis, A., Chernick, R., & Gardner, D. S. (2016). Alcohol use and comorbid psychiatric and subsyndromal disorders among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 35–53). New York, NY: Springer.
- <sup>1283</sup> Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22, 238–254.

- <sup>1284</sup> Haighton, C. (2016). Thinking behind alcohol consumption in old age: Psychological and sociological reasons for drinking in old age. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 3–16). New York, NY: Springer.
- <sup>1285</sup> Kuerbis, A., Treloar Padovano, H., Shao, S., Houser, J., Muench, F. J., & Morgenstern, J. (2018). Comparing daily drivers of problem drinking among older and younger adults: An electronic daily diary study using smartphones. *Drug and Alcohol Dependence*, 183, 240–246.
- <sup>1286</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS. Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>1287</sup> Kelly, S., Olanrewaju, O., Cowan, A., Brayne, C., & LaFortune, L. (2018). Alcohol and older people: A systematic review of barriers, facilitators and context of drinking in older people and implications for intervention design. *PLoS One*, 13(1), e0191189.
- <sup>1288</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>1289</sup> Satre, D. D. (2015). Alcohol and drug use problems among older adults. *Clinical Psychology: Science and Practice*, 22, 238–254.
- <sup>1290</sup> Chernick, R., & Kuerbis, A. (2016). Social and familial contexts for drinking among older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 149–166). New York, NY: Springer.
- <sup>1291</sup> Canham, S. L., & Mauro, P. M. (2016). Self-medication with alcohol: Aging issues. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 201–214). New York, NY: Springer.
- <sup>1292</sup> Canham, S. L., & Mauro, P. M. (2016). Self-medication with alcohol: Aging issues. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 201–214). New York, NY: Springer.
- <sup>1293</sup> Blow, F. C., Brockmann, L. M., & Barry, K. L. (2004). Role of alcohol in late-life suicide. *Alcoholism, Clinical and Experimental Research*, 28(Suppl. 1), 48S–56S.
- <sup>1294</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>1295</sup> Canham, S. L., & Mauro, P. M. (2016). Self-medication with alcohol: Aging issues. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 201–214). New York, NY: Springer.
- <sup>1296</sup> Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>1297</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS. Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>1298</sup> DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing*, 38(1), 25–32.
- <sup>1299</sup> Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>1300</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS. Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>1301</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>1302</sup> DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing*, 38(1), 25–32.



- <sup>1303</sup> Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>1304</sup> Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>1305</sup> Substance Abuse and Mental Health Services Administration & Food and Drug Administration. (2004). As you age: A guide to aging, medicines, and alcohol. Retrieved from [www.fda.gov/drugs/resources-you/you-agea-guide-aging-medicines-and-alcohol](http://www.fda.gov/drugs/resources-you/you-agea-guide-aging-medicines-and-alcohol)
- <sup>1306</sup> Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>1307</sup> Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>1308</sup> Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>1309</sup> Gilson, K.-M., Bryant, C., & Judd, F. (2017). Understanding older problem drinkers: The role of drinking to cope. *Addictive Behaviors*, 64, 101–106.
- <sup>1310</sup> Gordon, A. J., Gordon, J. M., & Broyles, L. M. (2013). Medical consequences of unhealthy alcohol. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 107–118). New York, NY: Springer.
- <sup>1311</sup> World Health Organization. (2018). Alcohol. Retrieved from [www.who.int/news-room/fact-sheets/detail/alcohol](http://www.who.int/news-room/fact-sheets/detail/alcohol)
- <sup>1312</sup> Barry, K. L., & Blow, F. C. (2016). Drinking over the lifespan: Focus on older adults. *Alcohol Research*, 38(1), 115–120.
- <sup>1313</sup> GBD 2016 Collaborators. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: A systematic analysis for the Global Burden of Disease Study 2016. *Lancet*, 392(10152), 1015–1035.
- <sup>1314</sup> Rehm, J., Gmel, G. E., Sr., Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S., ... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease—An update. *Addiction*, 112, 968–1001.
- <sup>1315</sup> NIH Osteoporosis and Related Bone Disease National Resource Center. (n.d.). What people recovering from alcoholism need to know about osteoporosis. Retrieved from [www.bones.nih.gov/health-info/bone/osteoporosis/conditions-behaviors/alcoholism](http://www.bones.nih.gov/health-info/bone/osteoporosis/conditions-behaviors/alcoholism)
- <sup>1316</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>1317</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- <sup>1318</sup> Rehm, J., Gmel, G. E., Sr., Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S., ... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease—An update. *Addiction*, 112, 968–1001.
- <sup>1319</sup> National Institute on Aging. (2017). Facts about aging and alcohol. Retrieved from [www.nia.nih.gov/health/facts-about-aging-and-alcohol](http://www.nia.nih.gov/health/facts-about-aging-and-alcohol)
- <sup>1320</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). HIV/AIDS. Retrieved from [www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/hivaids](http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/hivaids)
- <sup>1321</sup> AIDSinfo. (n.d.). HIV and older people. Retrieved from <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/25/80/hiv-and-older-people>
- <sup>1322</sup> Ford, C. L., Godette, D. C., Mulatu, M. S., & Gaines, T. L. (2015). Recent HIV testing prevalence, determinants, and disparities among U.S. older adult respondents to the Behavioral Risk Factor Surveillance System. *Sexually Transmitted Diseases*, 42(8), 405–410.
- <sup>1323</sup> Rehm, J., Gmel, G. E., Sr., Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S., ... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease—An update. *Addiction*, 112, 968–1001.
- <sup>1324</sup> Berkeley Wellness. (2017). Alcohol's benefits: New questions. Retrieved from [www.berkeleywellness.com/self-care/preventive-care/article/alcohols-health-benefits-new-questions](http://www.berkeleywellness.com/self-care/preventive-care/article/alcohols-health-benefits-new-questions)
- <sup>1325</sup> Andréasson, S., Chikritzhs, T., Dangardt, F., Holder, H., Naimi, T., & Stockwell, T. (2014). Evidence about health effects of “moderate” alcohol consumption: Reasons for skepticism and public health implications. In *Alcohol and society 2014* (pp. 6–23). Stockholm, Sweden: IOGT-NTO and Swedish Society of Medicine.
- <sup>1326</sup> Molina, P. E., Gardner, J. D., Souza-Smith, F. M., & Whitaker, A. M. (2014). Alcohol abuse: Critical pathophysiological processes and contribution to disease burden. *Physiology (Bethesda, Maryland)*, 29(3), 203–215.

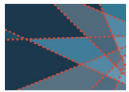
- <sup>1327</sup> Caputo, F., Vignoli, T., Leggio, L., Addolorato, G., Zoli, G., & Bernardi, M. (2012). Alcohol use disorders in the elderly: A brief overview from epidemiology to treatment options. *Experimental Gerontology*, 47, 411–416.
- <sup>1328</sup> DiBartolo, M. C., & Jarosinski, J. M. (2017). Alcohol use disorder in older adults: Challenges in assessment and treatment. *Issues in Mental Health Nursing*, 38(1), 25–32.
- <sup>1329</sup> Gordon, A. J., Gordon, J. M., & Broyles, L. M. (2013). Medical consequences of unhealthy alcohol. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 107–118). New York, NY: Springer.
- <sup>1330</sup> Rehm, J., Gmel, G. E., Sr, Gmel, G., Hasan, O. S. M., Imtiaz, S., Popova, S., ... Shuper, P. A. (2017). The relationship between different dimensions of alcohol use and the burden of disease—An update. *Addiction*, 112, 968–1001.
- <sup>1331</sup> Savage, C. L., Finnell, D. S., & Choflet, A. (2016). Cancer, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 65–77). New York, NY: Springer.
- <sup>1332</sup> Simou, E., Britton, J., & Leonardi-Bee, J. (2018). Alcohol and the risk of pneumonia: A systematic review and meta-analysis. *BMJ Open*, 8(8), 1–10.
- <sup>1333</sup> Elmets, C. A., Leonardi, C. L., Davis, D. M. R., Gelfand, J. M., Lichten, J., Mehta, N. N., ... Menter, A. (2019). Joint AAD-NPF guidelines of care for the management and treatment of psoriasis with awareness and attention to comorbidities. *Journal of the American Academy of Dermatology*, 80, 1073–1113.
- <sup>1334</sup> Li, S., Cho, E., Drucker, A. M., Qureshi, A. A., & Li, W. Q. (2017). Alcohol intake and risk of rosacea in US women. *Journal of the American Academy of Dermatology*, 76(6), 1061–1067.
- <sup>1335</sup> Topiwala, A., & Ebmeier, K. P. (2018). Effects of drinking on late-life brain and cognition. *Evidence-Based Mental Health*, 21(1), 12–15.
- <sup>1336</sup> Qato, D. M., Manzoor, B. S., & Lee, T. A. (2015). Drug–alcohol interactions in older U.S. adults. *Journal of the American Geriatrics Society*, 63(11), 2324–2331.
- <sup>1337</sup> Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, Clinical and Experimental Research*, 39(2), 371–379.
- <sup>1338</sup> Breslow, R. A., Dong, C., & White, A. (2015). Prevalence of alcohol-interactive prescription medication use among current drinkers: United States, 1999 to 2010. *Alcoholism, Clinical and Experimental Research*, 39(2), 371–379.
- <sup>1339</sup> National Institute on Alcohol Abuse and Alcoholism. (2014). Harmful interactions: Mixing alcohol with medicines. Retrieved from [www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines](http://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines)
- <sup>1340</sup> Meier, P., & Seitz, H. K. (2008). Age, alcohol metabolism and liver disease. *Current Opinion in Clinical Nutrition and Metabolic Care*, 11, 21–26.
- <sup>1341</sup> National Institute on Alcohol Abuse and Alcoholism. (2014). Harmful interactions: Mixing alcohol with medicines. Retrieved from [www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines](http://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines)
- <sup>1342</sup> Slattum, P. W., & Hassan, O. E. (2016). Medications, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 117–129). New York, NY: Springer.
- <sup>1343</sup> National Institute on Alcohol Abuse and Alcoholism. (2014). Harmful interactions: Mixing alcohol with medicines. Retrieved from [www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines](http://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/harmful-interactions-mixing-alcohol-with-medicines)
- <sup>1344</sup> Slattum, P. W., & Hassan, O. E. (2016). Medications, alcohol, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 117–129). New York, NY: Springer.
- <sup>1345</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- <sup>1346</sup> Drugs.com. (n.d.). Cough syrup DM (dextromethorphan) and alcohol/food interactions. Retrieved from [www.drugs.com/food-interactions/dextromethorphan,cough-syrup-dm.html](http://www.drugs.com/food-interactions/dextromethorphan,cough-syrup-dm.html)
- <sup>1347</sup> Arora, S., Baraona, E., & Lieber, C. S. (2000). Alcohol levels are increased in social drinkers receiving ranitidine. *American Journal of Gastroenterology*, 95(1), 208–213.
- <sup>1348</sup> Weaver, M. (2013). Choices for patients and clinicians: Ethics and legal issues. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 195–206). New York, NY: Springer.
- <sup>1349</sup> Paquin, A. M., Zimmerman, K., & Rudolph, J. L. (2014). Risk versus risk: A review of benzodiazepine reduction in older adults. *Expert Opinion on Drug Safety*, 13(7), 919–934.
- <sup>1350</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.





- <sup>1351</sup> Harrington, A. (2013). Psychiatric comorbidity. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 119–128). New York, NY: Springer.
- <sup>1352</sup> Paquin, A. M., Zimmerman, K., & Rudolph, J. L. (2014). Risk versus risk: A review of benzodiazepine reduction in older adults. *Expert Opinion on Drug Safety*, 13(7), 919–934.
- <sup>1353</sup> Gould, R. L., Coulson, M. C., Patel, N., Highton-Williamson, E., & Howard, R. J. (2014). Interventions for reducing benzodiazepine use in older people: Meta-analysis of randomised controlled trials. *British Journal of Psychiatry*, 204(2), 98–107.
- <sup>1354</sup> Choi, N. G., DiNitto, D. M., Marti, C. N., & Choi, B. Y. (2016). Alcohol, injury, and aging. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 97–115). New York, NY: Springer.
- <sup>1355</sup> Gudin, J. A., Mogali, S., Jones, J. D., & Comer, S. D. (2013). Risks, management, and monitoring of combination opioid, benzodiazepines, and/or alcohol use. *Postgraduate Medicine*, 125(4), 115–130.
- <sup>1356</sup> Gunderson, E. W., & Alford, D. P. (2013). Managing pain in the context of unhealthy alcohol use. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 93–105). New York, NY: Springer.
- <sup>1357</sup> Taheri, A., Dahri, K., Chan, P., Shaw, M., Aulakh, A., & Tashakkor, A. (2014). Evaluation of a symptom-triggered protocol approach to the management of alcohol withdrawal syndrome in older adults. *Journal of the American Geriatrics Society*, 62(8), 1551–1555.
- <sup>1358</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>1359</sup> Long, D., Long, B., & Koyfman, A. (2017). The emergency medicine treatment of severe alcohol withdrawal. *American Journal of Emergency Medicine*, 35, 1005–1011.
- <sup>1360</sup> Blondell, R. D., & Azadfard, M. (2013). Hospital management. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 207–220). New York, NY: Springer.
- <sup>1361</sup> Blondell, R. D., & Azadfard, M. (2013). Hospital management. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 207–220). New York, NY: Springer.
- <sup>1362</sup> Dixit, D., Endicott, J., Burry, L., Ramos, L., Yeung, S. Y., Devabhakthuni, S., ... Bulloch, M. N. (2016). Management of acute alcohol withdrawal syndrome in critically ill patients. *Pharmacotherapy*, 36(7), 797–822.
- <sup>1363</sup> Oslyn, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>1364</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>1365</sup> Eberly, M. E., Lockwood, A. G., Lockwood, S., & Davis, K. W. (2016). Outcomes after implementation of an alcohol withdrawal protocol at a single institution. *Hospital Pharmacy*, 51(9), 752–758.
- <sup>1366</sup> Letizia, M., & Reinbolz, M. (2005). Identifying and managing acute alcohol withdrawal in the elderly. *Geriatric Nursing*, 26(3), 176–183.
- <sup>1367</sup> Blondell, R. D., & Azadfard, M. (2013). Hospital management. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 207–220). New York, NY: Springer.
- <sup>1368</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Planning for change. Retrieved June 1, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Its-up-to-you/Planning-For-Change.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Its-up-to-you/Planning-For-Change.aspx)
- <sup>1369</sup> Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2017). Alcohol and prescription medication misuse. In C. L. Hunt, J. L. Goodie, M. S. Oordt, & A. C. Dobmeyer (Eds.), *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (pp. 175–186). Washington, DC: American Psychological Association.
- <sup>1370</sup> Miller, W. R., & Muñoz, R. F. (2013). *Controlling your drinking: Tools to make moderation work for you* (2nd ed.). New York, NY: Guildford Press.
- <sup>1371</sup> National Institute on Alcohol Abuse and Alcoholism. (2016). *Rethinking drinking*. NIH Publication No. 15-3770. Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- <sup>1372</sup> National Institute on Aging. (n.d.). Getting help for alcohol problems. Retrieved from [www.nia.nih.gov/health/getting-help-alcohol-problems](http://www.nia.nih.gov/health/getting-help-alcohol-problems)
- <sup>1373</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking tracker cards. Retrieved June 1, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/tools/Interactive-worksheets-and-more/Track-what-you-drink/Drinking-Tracker-Cards.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/tools/Interactive-worksheets-and-more/Track-what-you-drink/Drinking-Tracker-Cards.aspx)
- <sup>1374</sup> National Institute on Aging. (n.d.). Getting help for alcohol problems. Retrieved from [www.nia.nih.gov/health/getting-help-alcohol-problems](http://www.nia.nih.gov/health/getting-help-alcohol-problems)
- <sup>1375</sup> Alcoholics Anonymous. (2016). *The Twelve Steps of Alcoholics Anonymous*. Retrieved from [www.aa.org/assets/en\\_US/smf-121\\_en.pdf](http://www.aa.org/assets/en_US/smf-121_en.pdf)

- <sup>1376</sup> Alcoholics Anonymous. (2017). Serving all alcoholics: Making the A.A. message accessible. Retrieved from [www.aa.org/assets/en\\_US/f-107\\_servingallalcoholics.pdf](http://www.aa.org/assets/en_US/f-107_servingallalcoholics.pdf)
- <sup>1377</sup> Addiction Recovery Guide. (n.d.). Mobile apps for addiction. Retrieved from [www.addictionrecoveryguide.org/resources/mobile\\_apps](http://www.addictionrecoveryguide.org/resources/mobile_apps)
- <sup>1378</sup> Jewell, T. (2020). The best alcohol addiction recovery apps of 2020. Retrieved from [www.healthline.com/health/addiction/top-alcoholism-iphone-android-apps#nomo](http://www.healthline.com/health/addiction/top-alcoholism-iphone-android-apps#nomo)
- <sup>1379</sup> Jewell, T. (2020). The best alcohol addiction recovery apps of 2020. Retrieved from [www.healthline.com/health/addiction/top-alcoholism-iphone-android-apps#nomo](http://www.healthline.com/health/addiction/top-alcoholism-iphone-android-apps#nomo)
- <sup>1380</sup> Castle, N., Smith, M. L., & Wolf, D. G. (2016). Long-term care and alcohol use. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 233–246). New York, NY: Springer.
- <sup>1381</sup> Han, B. H., & Moore, A. A. (2018). Prevention and screening of unhealthy substance use by older adults. *Clinics in Geriatric Medicine*, 34, 117–129.
- <sup>1382</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS. Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>1383</sup> Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- <sup>1384</sup> Barry, K. L., & Blow, F. C. (2010). Screening, assessing and intervening for alcohol and medication misuse in older adults. In P. A. Lichtenberg (Ed.), *Handbook of assessment in clinical gerontology* (pp. 307–330). Burlington, MA: Elsevier.
- <sup>1385</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Why do different people need different options? Retrieved from <https://alcoholtreatment.niaaa.nih.gov/what-to-know/different-people-different-options>
- <sup>1386</sup> Substance Abuse and Mental Health Services Administration, & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>1387</sup> Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- <sup>1388</sup> Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>1389</sup> Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>1390</sup> Substance Abuse and Mental Health Services Administration & National Institute on Alcohol Abuse and Alcoholism. (2015). *Medication for the treatment of alcohol use disorder: A brief guide*. HHS Publication No. (SMA) 15-4907. Retrieved from <https://store.samhsa.gov/product/Medication-for-the-Treatment-of-Alcohol-Use-Disorder-A-Brief-Guide/SMA15-4907>
- <sup>1391</sup> Knopf, A. (2011, May 15). Some experts charge centers that avoid drug treatments with shunning science and ethics. *Addiction Professional*, 9(3).
- <sup>1392</sup> National Institute on Alcohol Abuse and Alcoholism. (2014). Treatment for alcohol problems: Finding and getting help. Retrieved from <https://pubs.niaaa.nih.gov/publications/Treatment/treatment.htm#chapter04>
- <sup>1393</sup> Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- <sup>1394</sup> Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- <sup>1395</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–200). New York, NY: Springer.



- <sup>1396</sup> Dixit, D., Endicott, J., Burry, L., Ramos, L., Yeung, S. Y., Devabhakthuni, S., ... Bulloch, M. N. (2016). Management of acute alcohol withdrawal syndrome in critically ill patients. *Pharmacotherapy*, 36(7), 797–822.
- <sup>1397</sup> Bommersbach, T. J., Lapid, M. I., Rummans, T. A., & Morse, R. M. (2015). Geriatric alcohol use disorder: A review for primary care physicians. *Mayo Clinic Proceedings*, 90(5), 659–666.
- <sup>1398</sup> McCarty, D., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Substance abuse intensive outpatient programs: Assessing the evidence. *Psychiatric Services (Washington, D.C.)*, 65(6), 718–726.
- <sup>1399</sup> Rastegar, D. A. (2013). Making effective referrals to specialty care. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 63–72). New York, NY: Springer.
- <sup>1400</sup> McCarty, D., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Substance abuse intensive outpatient programs: Assessing the evidence. *Psychiatric Services (Washington, D.C.)*, 65(6), 718–726.
- <sup>1401</sup> McCarty, D., Braude, L., Lyman, D. R., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E. (2014). Substance abuse intensive outpatient programs: Assessing the evidence. *Psychiatric Services (Washington, D.C.)*, 65(6), 718–726.
- <sup>1402</sup> Rastegar, D. A. (2013). Making effective referrals to specialty care. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 63–72). New York, NY: Springer.
- <sup>1403</sup> Mee-Lee, D., Shulman, G. D., Fishman, M. J., Gastfriend, D. R., & Miller, M. M. (Eds.). (2013). *The ASAM Criteria: Treatment criteria for addictive, substance-related, and co-occurring conditions* (3rd ed.). Carson City, NV: The Change Companies.
- <sup>1404</sup> Satre, D. D., Mertens, J., Areán, P. A., & Weisner, C. (2003). Contrasting outcomes of older versus middle-aged and younger adult chemical dependency patients in a managed care program. *Journal of Studies on Alcohol*, 64(4), 520–530.
- <sup>1405</sup> Kuerbis, A., & Sacco, P. (2013). A review of existing treatments for substance abuse among the elderly and recommendations for future directions. *Substance Abuse: Research and Treatment*, 7, 13–37.
- <sup>1406</sup> MedLine Plus. (2017). Alcohol use disorder (AUD) treatment. Retrieved from <https://medlineplus.gov/alcoholusedisorderaudtreatment.html>
- <sup>1407</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>1408</sup> Petkus, A. J., & Wetherell, J. L. (2013). Acceptance and commitment therapy with older adults: Rationale and considerations. *Cognitive and Behavioral Practice*, 20, 47–56.
- <sup>1409</sup> O'Farrell, T. J., & Clements, K. (2012). Review of outcome research on marital and family therapy in treatment for alcoholism. *Journal of Marital and Family Therapy*, 38(1), 122–144.
- <sup>1410</sup> McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). Cognitive behavioral therapy for substance use disorders. *Psychiatric Clinics of North America*, 33(3), 511–525.
- <sup>1411</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>1412</sup> Rastegar, D. A. (2013). Making effective referrals to specialty care. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 63–72). New York, NY: Springer.
- <sup>1413</sup> Substance Abuse and Mental Health Services Administration. (2013). *Family therapy can help*. HHS Publication No. (SMA) 13-4784. Retrieved from <https://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/SMA15-4784>
- <sup>1414</sup> Chawla, N., Collin, S., Bowen, S., Hsu, S., Grow, J., Douglass, A., & Marlatt, G. A. (2010). The Mindfulness-Based Relapse Prevention Adherence and Competence Scale: Development, interrater reliability, and validity. *Psychotherapy Research*, 20(4), 388–397.
- <sup>1415</sup> Miller, W. R., & Rollnick, S. (2013). *Motivational interviewing: Helping people change* (3rd ed.). New York, NY: Guildford Press.
- <sup>1416</sup> Amodeo, M., & López, L. M. (2013). Making effective referrals to Alcoholics Anonymous and other 12-Step programs. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 73–83). New York, NY: Springer.
- <sup>1417</sup> Doyle, T. J., Peter D., Friedmann, P. D., & Zywiak, W. H. (2013). Management of patients with alcohol dependence in recovery: Options for maintenance and anticipating and managing relapse in primary care. In R. Saitz (Ed.), *Addressing unhealthy alcohol use in primary care* (pp. 85–92). New York, NY: Springer.
- <sup>1418</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Social support to stop drinking. Retrieved June 1, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Support-for-quitting/Social-Support.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Support-for-quitting/Social-Support.aspx)

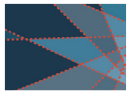
- <sup>1419</sup> Substance Abuse and Mental Health Services Administration. (2013). *Family therapy can help*. HHS Publication No. (SMA) 13-4784. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <https://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/SMA15-4784>
- <sup>1420</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Tips to try. Retrieved June 14, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Strategies-for-cutting-down/Tips-To-Try.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Strategies-for-cutting-down/Tips-To-Try.aspx)
- <sup>1421</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>1422</sup> NAADAC, The Association for Addiction Professionals. (2014). Understanding the role of peer recovery coaches in the addiction profession. Retrieved from [www.naadac.org/assets/2416/2014-05-01\\_understanding\\_role\\_peer\\_recovery\\_coaches\\_webinarslides.pdf](http://www.naadac.org/assets/2416/2014-05-01_understanding_role_peer_recovery_coaches_webinarslides.pdf)
- <sup>1423</sup> National Institute on Aging. (n.d.). Getting help for alcohol problems. Retrieved from [www.nia.nih.gov/health/getting-help-alcohol-problems](http://www.nia.nih.gov/health/getting-help-alcohol-problems)
- <sup>1424</sup> Hazelden Betty Ford Foundation. (2015, September 1). How do you talk to older adults who may be addicted? Retrieved from [www.hazeldenbettyford.org/articles/how-to-talk-to-an-older-person-who-has-a-problem-with-alcohol-or-medications](http://www.hazeldenbettyford.org/articles/how-to-talk-to-an-older-person-who-has-a-problem-with-alcohol-or-medications)
- <sup>1425</sup> SeniorNavigator. (n.d.). Alcoholism and the older adult. Retrieved from <https://seniornavigator.org/article/12411/alcoholism-and-older-adult%20%20>
- <sup>1426</sup> Substance Abuse and Mental Health Services Administration. (2019). *Get connected: Linking older adults with resources on medication, alcohol, and mental health*. HHS Publication No. (SMA) 03-3824. Retrieved from <https://store.samhsa.gov/product/Get-Connected-Linking-Older-Adults-with-Resources-on-Medication-Alcohol-and-Mental-Health-2019-Edition/SMA03-3824>
- <sup>1427</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>1428</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>1429</sup> National Academies of Sciences, Engineering, and Medicine. (2016). *Families caring for an aging America*. Washington, DC: National Academies Press.
- <sup>1430</sup> Hazelden Betty Ford Foundation. (2015, September 1). How do you talk to older adults who may be addicted? Retrieved from [www.hazeldenbettyford.org/articles/how-to-talk-to-an-older-person-who-has-a-problem-with-alcohol-or-medications](http://www.hazeldenbettyford.org/articles/how-to-talk-to-an-older-person-who-has-a-problem-with-alcohol-or-medications)
- <sup>1431</sup> Hazelden Betty Ford Foundation. (2019). How to talk about addiction: When a friend has a drinking or drug problem. Retrieved from [www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop](http://www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop)
- <sup>1432</sup> MedLine Plus. (2017). Helping a loved one with a drinking problem. Retrieved from <https://medlineplus.gov/ency/patientinstructions/000815.htm>
- <sup>1433</sup> Oslin, D. W., & Zanjani, F. (2016). Treatment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 181–199). New York, NY: Springer.
- <sup>1434</sup> HealthyAging.org (n.d.). Tools & Tips: Caregiver Self Assessment Questionnaire. Retrieved from [www.healthinaging.org/tools-and-tips/caregiver-self-assessment-questionnaire](http://www.healthinaging.org/tools-and-tips/caregiver-self-assessment-questionnaire)
- <sup>1435</sup> MedLine Plus. (2017). Helping a loved one with a drinking problem. Retrieved from <https://medlineplus.gov/ency/patientinstructions/000815.htm>
- <sup>1436</sup> Hazelden Betty Ford Foundation. (2019). How to talk about addiction: When a friend has a drinking or drug problem. Retrieved from [www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop](http://www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop)
- <sup>1437</sup> Hazelden Betty Ford Foundation. (2019). How to talk about addiction: When a friend has a drinking or drug problem. Retrieved from [www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop](http://www.hazeldenbettyford.org/articles/what-can-i-say-to-get-you-to-stop)
- <sup>1438</sup> Center for Behavioral Health Statistics and Quality. (2020). *Results from the 2019 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.samhsa.gov/data/](http://www.samhsa.gov/data/)
- <sup>1439</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking levels defined. Retrieved from [www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking](http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking)
- <sup>1440</sup> Kaiser Permanente. (2019). Alcohol use in older adults. Retrieved from <https://wa.kaiserpermanente.org/healthAndWellness/index.jhtml?item=%2Fcommon%2FhealthAndWellness%2FhealthyLiving%2Flifestyle%2Falcohol-seniors.html>
- <sup>1441</sup> U.S. Department of Health and Human Services & U.S. Department of Agriculture. (2015). *2015–2020 Dietary Guidelines for Americans* (8th ed.). Retrieved from <https://health.gov/our-work/food-nutrition/2015-2020-dietary-guidelines>
- <sup>1442</sup> National Institute on Alcohol Abuse and Alcoholism. (2017). Cocktail content calculator. Retrieved June 14, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/cocktail-calculator.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/Tools/Calculators/cocktail-calculator.aspx)





- <sup>1443</sup> Substance Abuse and Mental Health Services Administration. (2012). *Older Americans Behavioral Health Issue Brief 2: Alcohol misuse and abuse prevention* (p. 1). Retrieved from [www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf](http://www.acl.gov/sites/default/files/programs/2016-11/Issue%20Brief%20%20Alcohol%20Misuse.pdf)
- <sup>1444</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). What's a "standard" drink? Retrieved from [www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/How-much-is-too-much/What-counts-as-a-drink/Whats-A-Standard-Drink.aspx)
- <sup>1445</sup> Blow, F. C., et al. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). Hilton Head Island, SC: Research Society on Alcoholism Annual Scientific Meeting.
- <sup>1446</sup> American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- <sup>1447</sup> Moore, A. A., Kuerbis, A., Sacco, P., Chen, G. I., & Garcia, M. B. (2016). Screening and assessment of unhealthy alcohol use in older adults. In A. Kuerbis, A. A. Moore, P. Sacco, & F. Zanjani (Eds.), *Alcohol and aging: Clinical and public health perspectives* (pp. 169–180). New York, NY: Springer.
- <sup>1448</sup> Barry, K. L., Blow, F. C., & Oslin, D. W. (2002). Substance abuse in older adults: Review and recommendations for education and practice in medical settings. *Substance Abuse*, 23(3 Suppl.), 105–131.
- <sup>1449</sup> Kuerbis, A., Sacco, P., Blazer, D. G., & Moore, A. A. (2014). Substance abuse among older adults. *Clinics in Geriatric Medicine*, 30(3), 629–654.
- <sup>1450</sup> Barnes, A. J., Moore, A. A., Xu, H., Ang, A., Tallen, L., Mirkin, M., & Ettner, S. L. (2010). Prevalence and correlates of at-risk drinking among older adults: The Project SHARE study. *Journal of General Internal Medicine*, 25(8), 840–846.
- <sup>1451</sup> Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885.
- <sup>1452</sup> Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 17). Geneva, Switzerland: World Health Organization.
- <sup>1453</sup> Barbor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *AUDIT: The Alcohol Use Disorders Identification Test: Guidelines for use in primary care* (2nd ed., p. 31). Geneva, Switzerland: World Health Organization.
- <sup>1454</sup> Aalto, M., Alho, H., Halme, J. T., & Seppä, K. (2011). The Alcohol Use Disorders Identification Test (AUDIT) and its derivatives in screening for heavy drinking among the elderly. *International Journal of Geriatric Psychiatry*, 26(9), 881–885.
- <sup>1455</sup> Bush, K., Kivlahan, D. R., McDonnell, M. B., Fihn, S. D., & Bradley, K. A. (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. *Archives of Internal Medicine*, 158, 1789–1795.
- <sup>1456</sup> U.S. Department of Veterans Affairs. (n.d.). AUDIT-C Frequently Asked Questions. Retrieved from [www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm#top](http://www.queri.research.va.gov/tools/alcohol-misuse/alcohol-faqs.cfm#top)
- <sup>1457</sup> Purcell, B. (2003). *Senior Alcohol Misuse Indicator*. Toronto, Canada: Centre for Addiction and Mental Health, University of Toronto.
- <sup>1458</sup> Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., Kelly, B. J., & Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test-Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- <sup>1459</sup> Adamson, S. J., Kay-Lambkin, F. J., Baker, A. L., Lewin, T. J., Thornton, L., Kelly, B. J., & Sellman, J. D. (2010). An improved brief measure of cannabis misuse: The Cannabis Use Disorders Identification Test-Revised (CUDIT-R). *Drug and Alcohol Dependence*, 110, 137–143.
- <sup>1460</sup> Brown, R. L., & Rounds, L. A. (1995). Conjoint screening questionnaires for alcohol and other drug abuse: Criterion validity in a primary care practice. *Wisconsin Medical Journal*, 94(3), 135–140.
- <sup>1461</sup> Substance Abuse and Mental Health Services Administration. (2011). Screening, brief intervention and referral to treatment (SBIRT) in behavioral healthcare. Retrieved from [www.samhsa.gov/sites/default/files/sbirtwhitepaper\\_0.pdf](http://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf)
- <sup>1462</sup> Friedmann, P. D. (2013). Alcohol use in adults. *New England Journal of Medicine*, 368(17), 1655–1656.
- <sup>1463</sup> Babor, T. F., & Higgins-Biddle, J. C. (2001). *Brief intervention for hazardous and harmful drinking: A manual for use in primary care*. Retrieved from <https://apps.who.int/iris/handle/10665/67210>
- <sup>1464</sup> Substance Abuse and Mental Health Services Administration. (2017). *A guide to preventing older adult alcohol and psychoactive medication misuse/abuse: Screening and brief interventions* (p. 87). Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from [www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf](http://www.ncoa.org/wp-content/uploads/SBIRT-Older-Adult-Manual-Final.pdf)

- <sup>1465</sup> Vasiliadis, H. M., Chudzinski, V., Gontijo-Guerra, S., & Prévile, M. (2015). The 10-item Kessler Psychological Distress Scale (K10) and the 7-item Generalized Anxiety Disorder Scale (GAD-7): Screening instruments for a population of older adults. *Gerontologist*, 55(Suppl. 2), 87.
- <sup>1466</sup> Spitzer, R. L., Kroenke, K., Williams, J. B. W., & Löwe, B. A. (2006). Brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives of Internal Medicine*, 166(10), 1092–1097.
- <sup>1467</sup> Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. *Journal of Anxiety Disorders*, 24, 709–714.
- <sup>1468</sup> Mueller, A. E., Segal, D. L., Gavett, B., Marty, M. A., Yochim, B., June, A., & Coolidge, F. L. (2015). Geriatric Anxiety Scale: Item response theory analysis, differential item functioning, and creation of a ten-item short form (GAS-10). *International Psychogeriatrics*, 27(7), 1099–1111.
- <sup>1469</sup> Segal, D. L., June, A., Payne, M., Coolidge, F. L., & Yochim, B. (2010). Development and initial validation of a self-report assessment tool for anxiety among older adults: The Geriatric Anxiety Scale. *Journal of Anxiety Disorders*, 24, 709–714.
- <sup>1470</sup> Meyer, T., Miller, M., Metzger, R., & Borkovec, T. D. (1990). Development and validation of the Penn State Worry Scale. *Behaviour Research and Therapy*, 28, 487–495.
- <sup>1471</sup> Therrien, Z., & Hunsley, J. (2012). Assessment of anxiety in older adults: A systematic review of commonly used measures. *Aging and Mental Health*, 16(1), 1–16.
- <sup>1472</sup> Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- <sup>1473</sup> Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- <sup>1474</sup> Brown, E. L., Raue, P. J., & Halpert, K. (2015). Evidence-based practice guideline: Depression detection in older adults with dementia. *Journal of Gerontological Nursing*, 41(11), 15–21.
- <sup>1475</sup> Yesavage, J. A. (n.d.). Geriatric Depression Scale. Retrieved from <https://web.stanford.edu/~yesavage/GDS.html>
- <sup>1476</sup> Phelan, E., Williams, B., Meeker, K., Bonn, K., Frederick, J., Logerfo, J., & Snowden, M. (2010). A study of the diagnostic accuracy of the PHQ-9 in primary care elderly. *BMC Family Practice*, 11, 63.
- <sup>1477</sup> Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry*, 18(12), 1116–1123.
- <sup>1478</sup> Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry*, 18(12), 1116–1123.
- <sup>1479</sup> Kroenke, K., Spitzer, R. L., & Williams, J. B. (2001). The PHQ-9: Validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613.
- <sup>1480</sup> Kroene, K., & Spitzer, R. L. (2002). The PHQ-9: A new depression diagnostic and severity measure. *Psychiatric Annals*, 32, 509–521.
- <sup>1481</sup> Richardson, T. M., He, H., Podgorski, C., Tu, X., & Conwell, Y. (2010). Screening for depression in aging services clients. *American Journal of Geriatric Psychiatry*, 18(12), 1116–1123.
- <sup>1482</sup> Hudson, S. A., Beckford, L. A., Jackson, S. D., & Philpot, M. P. (2008). Validation of a screening instrument for post-traumatic stress disorder in a clinical sample of older adults. *Aging and Mental Health*, 12(5), 670–673.
- <sup>1483</sup> Weathers, F. W., Litz, B. T., Herman, J. A., Huska, J. A., & Keane, T. M. (1993). The PTSD Checklist (PCL): Reliability, validity and diagnostic utility. Paper presented at the 9th Annual Conference of the International Society of Traumatic Stress Studies. San Antonio, Texas.
- <sup>1484</sup> Pietrzak, R. H., Van Ness, P. H., Fried, T. R., Galea, S., & Norris, F. (2012). Diagnostic utility and factor structure of the PTSD Checklist in older adults. *International Psychogeriatrics*, 24(10), 1684–1696.
- <sup>1485</sup> Yeager, D. E., & Magruder, K. M. (2014). PTSD checklist scoring rules for elderly Veterans Affairs outpatients. *American Journal of Geriatric Psychiatry*, 22(6), 545–550.
- <sup>1486</sup> Weathers, F. W., Litz, B. T., Keane, T. M., Palmieri, P. A., Marx, B. P., & Schnurr, P. P. (2013). The PTSD Checklist for DSM-5 (PCL-5). Retrieved from <https://www.ptsd.va.gov/professional/assessment/adult-sr/ptsd-checklist.asp>
- <sup>1487</sup> Prins, A., Bovin, M. J., Smolenski, D. J., Marx, B. P., Kimerling, R., Jenkins-Guarnieri, M. A., ... Tiet, Q. Q. (2016). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5): Development and evaluation within a veteran primary care sample. *Journal of General Internal Medicine*, 31(10), 1206–1211.
- <sup>1488</sup> Prins, A., Bovin, M. J., Kimerling, R., Kaloupek, D. G., Marx, B. P., Pless Kaiser, A., & Schnurr, P. P. (2015). The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5). Retrieved from [www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp](https://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp)



- <sup>1489</sup> Yaffe, M. J., & Tazkarji, B. (2012). Understanding elder abuse in family practice. *Canadian Family Physician*, 58(12), 1336–1340.
- <sup>1490</sup> Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- <sup>1491</sup> Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- <sup>1492</sup> Ware, L. J., Herr, K. A., Booker, S. S., Dotson, K., Key, J., Poindexter, N., ... Packard, A. (2015). Psychometric evaluation of the revised Iowa Pain Thermometer (IPT-R) in a sample of diverse cognitively intact and impaired older adults: A pilot study. *Pain Management Nursing*, 16(4), 475–482.
- <sup>1493</sup> Booker, S. Q., & Herr, K. A. (2016). Assessment and measurement of pain in adults in later life. *Clinics in Geriatric Medicine*, 32(4), 677–692.
- <sup>1494</sup> Katz, S., Ford, A. B., Moskowitz, R. W., Jackson, B. A., & Jaffe, M. W. (1963). Studies of illness in the aged: The Index of ADL; a standardized measure of biological and psychosocial function. *JAMA*, 185(12), 914–919.
- <sup>1495</sup> Hartigan, I. (2007). A comparative review of the Katz ADL and the Barthel Index in assessing the activities of daily living of older people. *International Journal of Older People Nursing*, 2(3), 204–212.
- <sup>1496</sup> Katz, S., Down, T. D., Cash, H. R., & Grotz, R. C. (1970). Progress in the development of the Index of ADL. *Gerontologist*, 10, 20–30.
- <sup>1497</sup> Mahoney, F., & Barthel, D. (1965). Functional evaluation: The Barthel Index. *Maryland State Medical Journal*, 14, 61–65.
- <sup>1498</sup> Hartigan, I. (2007). A comparative review of the Katz ADL and the Barthel Index in assessing the activities of daily living of older people. *International Journal of Older People Nursing*, 2(3), 204–212.
- <sup>1499</sup> NINDS Common Data Elements. (n.d.). Report Viewer [for Barthel Index]. Retrieved from [www.commondataelements.ninds.nih.gov/report-viewer/23804/www.mapi-trust.org](http://www.commondataelements.ninds.nih.gov/report-viewer/23804/www.mapi-trust.org)
- <sup>1500</sup> Pfeffer, R. I., Kurosaki, T. T., Harrah, C. H., Chance, J. M., & Filos, S. (1982). Measurement of functional activities in older adults in the community. *Journal of Gerontology*, 37(3), 323–329.
- <sup>1501</sup> Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- <sup>1502</sup> Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- <sup>1503</sup> Tracy, E., & Whittaker, J. (1990). The Social Network Map: Assessing social support in clinical practice. *Families in Society*, 71, 461–470.
- <sup>1504</sup> National Committee for Quality Assurance. (2016). Goals to care: How to keep the person in “person-centered.” Retrieved from [www.ncqa.org/Portals/0/Programs/Goals%20to%20Care%20-%20Spotlight%20Report.pdf?ver=2016-02-23-113526-113](http://www.ncqa.org/Portals/0/Programs/Goals%20to%20Care%20-%20Spotlight%20Report.pdf?ver=2016-02-23-113526-113)
- <sup>1505</sup> Haight, B. K., and Haight, B. S. (2007). *The handbook of structured life review*. Baltimore, MD: Health Professions Press.
- <sup>1506</sup> Smith, M., Robinson, L., & Segal, J. (2019). Coping with grief and loss: Understanding the grieving process and learning to heal. Retrieved from <https://staging.helpguide.org/articles/grief/coping-with-grief-and-loss.htm>
- <sup>1507</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Drinking tracker cards. Retrieved June 14, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/tools/Interactive-worksheets-and-more/Track-what-you-drink/Drinking-Tracker-Cards.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/tools/Interactive-worksheets-and-more/Track-what-you-drink/Drinking-Tracker-Cards.aspx)
- <sup>1508</sup> Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2017). Alcohol and prescription medication misuse. In C. L. Hunt, J. L. Goodie, M. S. Oordt, & A. C. Dobmeyer (Eds.), *Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention* (pp. 175–186). Washington, DC: American Psychological Association.
- <sup>1509</sup> National Institute on Alcohol Abuse and Alcoholism. (n.d.). Planning for change. Retrieved June 14, 2019, from [www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Its-up-to-you/Planning-For-Change.aspx](http://www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Its-up-to-you/Planning-For-Change.aspx)

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