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ABSTRACT. Substance abuse among older adults is on the rise. Of particular concern is the increase in alcohol and drug use predicted among Latino elders, expected to result from an upsurge in the Latino population and concurrent growth in the number of older adults. Providing effective treatment for this group will require age-specific, culturally competent interventions. However, few studies have focused on geriatric substance abuse among Latinos. This study aims to lay the groundwork for further research by examining perceptions of the problem among treatment providers and researchers in aging and substance abuse. Implications for social work research and practice are addressed.

KEYWORDS. Substance abuse, alcohol, illicit drugs, older adults, Latino/Hispanic

INTRODUCTION

As social work advances into the 21st century, the profession will be faced with new challenges arising from a dramatic increase in the

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population of older adults. Within the next 30 years, the number of Americans age 65 and older is expected to double from 35 to 70 million, expanding the total proportion of older adults to 30% (Federal Interagency Forum on Aging-Related Statistics, 2000). As the aging of society impacts social work practice in nearly every setting, geriatric substance abuse will become a growing concern. Alcohol and illicit drug use among older adults is increasing in tandem with the aging of U.S. society. This cohort of older Americans will present new challenges for substance abuse treatment, in light of the projected increase in demand for addiction services and growing diversity among older adults. In particular, dramatic growth in alcohol and illicit drug use is predicted among older Latinos, resulting from an upsurge in the Latino population and the aging of our society.

Providing services to Latino older adults in need of substance abuse treatment will require social workers to understand the challenges to identification, engagement, and treatment specific to this population. Providers must have access to interventions that are age-specific and culturally competent to provide appropriate and effective treatment for Latino older adults. However, little is known about alcohol and drug use among this group. A review of the literature in social work and related fields revealed only one article focusing on substance abuse among Latino older adults. Consequently, few resources exist to guide social workers who will increasingly encounter elder Latinos in their practice in the years to come. If the profession is to play a leading role in meeting the needs of older adults of every background, more work must be done to understand the phenomenon of substance abuse among elder Latinos and develop culturally appropriate interventions for this group.

This exploratory study aims to lay the groundwork for further research in this area by examining current perceptions of the problem among key informants in social work research and practice. Interviews were conducted with 8 national social work experts in aging and substance abuse and 12 addiction treatment providers to gather their views regarding the current and future need for alcohol and drug treatment services for Latino older adults. The article explores barriers to identification of substance abuse disorders among this population, and offers recommendations for specialized treatment. Implications for social work practice and new directions for research are also addressed.

BACKGROUND

Aging in the 21st Century: Implications for Alcohol and Illicit Drug Use

Currently, the overwhelming majority of geriatric substance abuse involves alcohol (Blow, 1998). Recent estimates approximate that 3 million individuals age 60 and over abuse alcohol, representing nearly 30% of all cases of alcoholism in the U.S. (Center for Substance Abuse Prevention [CSAP], 2005). The most recent National Household Survey on Drug Abuse survey reports that 5.6% of individuals 65 and older engaged in binge drinking in the past month, and 2.1% engaged in heavy alcohol use (Substance Abuse and Mental Health Services Administration, 2000). However, estimates vary as to how prevalent alcohol abuse is in this population. The most recent report of the Surgeon General on mental health estimated the prevalence of “heavy drinking” among older adults to be between 3% and 9% (U.S. Office of the Surgeon General, 1999). In another study focusing on adults over 60 years of age, 15% of men and 12% of women drank in excess of the limits recommended by the National Institute on Alcohol Abuse and Alcoholism (Adams, Barry, & Fleming, 1996). Moreover, prevalence rates of problem drinking among older adults presenting in health care settings have been consistently higher, ranging from 15% to 58% in studies of alcohol in hospitals, nursing homes, and other institutional settings (Closser & Blow, 1993)

Although substance abuse among older adults clearly presents a serious challenge in the present, the aging of the Baby-Boom generation (those born between 1946 and 1964) is expected to lead to an increase in alcohol and illicit drug use among this cohort. According to CSAP (2005), alcohol and drug use among older adults is one of the fastest growing health problems in the country. One study predicts that the number of adults over 50 in need of substance abuse treatment will double between 1999 and 2020 to affect more than 5 million older Americans (Gfroerer, Penne, Pemberton, & Folsom, 2003). According to the projections of Gfroerer et al., approximately one-half of these older adults will be between the ages of 50 and 59, and over 80% will be male. Moreover, this estimate assumes that the majority of substance abuse among older individuals will continue to involve alcohol.

However, illicit drug use is also likely to increase. Currently, there is little reported drug use among this population, with rates of usage no greater than 2% of all substance abuse among older adults. Yet the greater

level of experience with drugs that the baby-boom generation brings into older adulthood suggests that an increase in illicit drug use is likely to occur (Korper & Raskin, 2002). Gfroerer and Epstein (1999) project that between 2000 and 2020, the number of individuals age 50 and older using illicit drugs will increase by almost 300%. What is more, some recent data suggests that such a shift in patterns of use may already be emerging. According to the Drug and Alcohol Services Information Systems report issued by the Substance Abuse and Mental Health Services Administration (SAMHSA, 2005a), between 1995 and 2002, illicit drug use more than doubled among individuals age 55 and older (2005a). In another study of individuals age 50 and older admitted to substance abuse treatment facilities, up to 20% of those aged 55–79 reported the use of multiple substances, not limited to but including illicit substances. The rate of use of more than one substance was even greater among those age 75 and older, comparable to levels for those under 40 years of age (Henderson, 2002).

Treatment Considerations for Older Adults

The anticipated increase in geriatric substance abuse will present new challenges to addiction treatment providers and health care professionals. Substance abuse can result in a range of negative outcomes for older adults, including accelerated deterioration of physical health (Mundle, 2000; Rigler, 2000); adverse health effects resulting from alcohol and drug interactions (Forester, Pollow, & Stroller, 1993); and greater risk for developing mental health problems in late life (Blixen, McDougal, & Suen, 1997; Brennan, Kagay, Geppert, & Moos, 2000). These problems can lead to difficulty in identification and assessment of substance abuse (Center for Substance Abuse Prevention, 2005); and increased hospitalization rates (Adams, Yuan, Barboriak, & Rimm, 1993; Brennan et al., 2000). Studies have consistently demonstrated that health professionals are less likely to identify alcohol and drug use among older adults than younger cohorts (Blow, 1998; Oslin, 2004). This may be due to providers' lack of awareness of this problem among the elderly, as well as challenges in assessment resulting from complicating factors such as dementia, other mental health disorders and the comorbidity of medical problems that may obfuscate symptom identification (Bartels, Blow, Brockmann, & Van Citters, 2005; Blow, 1998; Closser & Blow, 1993). As such, older adults may be less likely to enter treatment than younger adults.

Studies suggest that older adults differ from their younger counterparts in their experience of substance abuse. Older adults have a heightened response to alcohol, lower recommended guidelines for use (National Institute of Alcohol Abuse and Alcoholism, 2004), and greater severity in the duration and intensity of withdrawal symptoms (Brower, Mudd, Blow, Young, & Hill, 1994). Moreover, older adults require longer periods of treatment, as they often have difficulty moving out of the precontemplation stage due to greater perceptions of stigma related to substance abuse (Blow, Oslin, & Barry, 2002). Because they are more likely to have co-occurring medical problems and disabilities, special treatment accommodations are often needed.

Effective treatment programs must encompass strategies to address the challenges unique to substance abuse in late life. At least one study has found that age-specific interventions were more effective than “mainstreaming” older adults into mixed-age treatment programs (Kaempf, O’Donnell, & Oslin, 1999). A greater number of studies have demonstrated that older adults achieve equal and even better outcomes than younger adults in brief intervention and other forms of treatment geared specifically to individuals age 65 and older (Blow, Walton, Chermack, Mudd, & Brower, 2000; Mundt, French, Roebuck, Manwell, & Barry, 2005; Oslin, Pettinati, & Volpicelli, 2002; Satre, Mertens, Arean, & Weisner, 2003).

Substance Abuse Among the Latino Population

The number of older adults with a substance abuse problem is expected to increase more quickly among Latinos than among any other ethnic group of older adults. One recent report found that, between 1995 and 2002, 12% of individuals age 55 and older admitted for substance abuse treatment were Latino (SAMSHA, 2005a). According to the National Survey on Drug Use and Health (NSDUH) conducted in 2002–2003, 3.4% of Latino adults age 50 and older reported heavy alcohol use, and 14.1% reported binge drinking—rates similar to those reported for Whites and African Americans (SAMHSA, 2005b). Also in keeping with national substance abuse trends, the NSDUH report found that 1.55 of Latinos in this age cohort reported illicit drug use. However, although the rate of illicit drug use among this group is low, recent data suggest that this may be changing. Among Latinos age 45 and older in 1999, 49 percent were admitted to treatment for primary abuse of alcohol, while 40% were admitted for use and opiates and 6% for use of cocaine (SAMSHA,

2002). As these individuals age into older adulthood, it is probable that some will continue their struggle with substance abuse into late-life, leading to an increase in alcohol and drug use among older adults.

As the Latino population in the United States is expected to grow dramatically in the next 50 years, so will the number of Latino older adults. According to recent projections by the U.S. Bureau of the Census, the total population of Latinos in the U.S. will grow from 31.4 million in 2000 to 96.5 million by 2050 (Day, 1996). Of this number, approximately 17 million will be 65 years of age or older, representing a 950% increase from the 1.6 million Latino elders residing in the U.S. in 1995. Based on these projections, it is estimated that by 2050, 17% of older adults nationally will be Latino. In tandem with the growth in the Latino population, the need for alcohol and illicit drug treatment is expected to nearly triple among Latinos age 50 and older between 1999 and 2020, increasing from 202,000 to 552,000 individuals (Gfroerer et al., 2003). This represents a 170% increase in substance abuse among Latino elders, contrasting with a 92% rate of growth projected for White older adults.

Treatment Considerations: Latino Older Adults

Addressing substance abuse among elder Latinos is likely to create new challenges for treatment providers. Latinos currently face multiple barriers to substance abuse identification and assessment. Traditionally, Latinos have been hesitant to access behavioral health services due to the high level of stigma attached to the use of mental health services within the Latino community (Abramson, Trejo, & Lai, 2002; Delgado, 1998), and a strong inclination to rely on voluntary support networks (Delgado, 1995; Kales et al., 2000). Among older adults in particular, the cultural value of "*familismo*," which promotes strong loyalty to the family, may cause relatives to hide the substance abuse of an elder Latino due to the belief that sharing the problem with authorities is disrespectful to the older adult (Kail & De La Rosa, 1998). Latino older adults may face other obstacles to access to treatment, including language barriers (Colon, 1996; Kail & De La Rosa, 1998), socioeconomic factors, and issues related to immigration status that may limit ability to pay for treatment (Kouyoumdjian, Zamboanga, & Hansen, 2003). To address such problems in identification and access to treatment, this population will require tailored outreach strategies.

Special challenges may also arise in assessment. Current assessment tools may be inappropriate for use with Latino older adults (Kail & De La

Rosa, 1998). The majority of instruments are standardized for young men and focus on issues such as driving under the influence of alcohol and drugs, difficulty maintaining employment due to substance abuse, and legal problems resulting from use. Among those assessment tools designed and tested for validity with older adults, such as the Michigan Alcoholism Screening Test–Geriatric Version (MAST-G; Blow et al., 1992), no research has been done to examine the applicability of this instrument for use with elder Latinos.

Ensuring quality, equitable treatment services to elder Latinos who do enter substance abuse treatment will require specialized, culturally competent interventions. Traditionally, Latinos have suffered from differential services in treatment. When compared with other ethnic groups, they are more likely to be misdiagnosed (U.S. Office of the Surgeon General, 1999); to receive treatment that is not grounded in evidence-based practice (Young, Klap, Sherbourne, & Wells, 2001); and to obtain less treatment than is needed (Wells, Klap, Koike, & Sherbourne, 2001). In light of these barriers, Latinos have been more likely to terminate from treatment prematurely (White, Winn, & Young, 1998), and demonstrate poor treatment outcomes in comparison with non-Latino Whites (Pendergast, Hser, & Gil-Rivas, 1998). These challenges are even more serious for Latino older adults who are foreign-born; social services continue to be underutilized among this group in comparison with those born in the United States (Tran, Dhooper, & McInnis-Dittrich, 1997).

Readiness of the Profession to Respond

As the social work profession advances into the 21st century, little is known about substance abuse among Latino older adults. A review of the literature in social work and related fields revealed only one article focusing on the topic of substance among Latino older adults (Kail & De La Rosa, 1998). The article, published in 1998, noted that there is virtually no research regarding the etiology, incidence, prevalence and patterns of substance use among elder Latinos. In 2005, little progress has been made. In a review of the literature related to geriatric substance abuse issued by the Center for Substance Abuse Treatment (Fielder, Leary, Pertica, & Strohl, 2002), only two studies published in the past 10 years were identified that specifically related to substance abuse treatment for elders of color (Hendrie, Geo, Hall, Hui, & Unverzagt, 1996; Kail and De La Rosa, 1998). Clearly, a need exists for further research on substance

abuse among this group, research that can lay the groundwork for the development of specialized identification and treatment interventions.

METHODS

Two groups of key informants were identified to participate in the study. The first consisted of researchers in social work with expertise in gerontology, substance abuse, or both. To identify potential key informants, a review of the social work faculty at 69 Council on Social Work Education-accredited social work education programs providing doctoral level training was conducted (Group for the Advancement of Doctoral Education, 2005). Potential key informants invited to participate met the following criteria: (a) educational background in social work (Ph.D., DSW, MSW); (b) significant experience conducting research in gerontology and/or substance abuse; and (c) in-depth knowledge of service considerations for Latino populations. The review yielded 11 key informants. Each faculty member received a personal invitation to participate. Of this number, 8 completed the survey. Three of the key informants had expertise primarily in aging, 1 in substance abuse, and 4 had significant expertise in both areas.

The second group consisted of community-based substance abuse treatment providers. To be invited to participate in the study, practitioners had to possess at least 10 years of professional experience in substance abuse treatment, and specialized knowledge of treatment considerations for older adults or Latinos. To identify potential informants, a review was conducted of all SAMHSA-funded providers of alcohol and drug abuse treatment services in the greater Boston metropolitan area, to locate providers offering specialized services to older adults and Spanish-speaking clients. Eight provider agencies were identified through this review. At these agencies, 4 key informants who met the stipulated criteria were identified and agreed to participate in the study. A snowball sampling approach was used to identify 8 additional substance abuse providers who met the selection criteria and agreed to participate in the study. Of the 12 treatment providers included in the sample, 7 were licensed clinical social workers.

A single survey was developed for use with all participants in the study. The survey included eight open-ended questions examining four key areas of inquiry with regard to Latino adults age 65 and older: (a) perceptions of the current significance of substance abuse; (b) perceptions of the likelihood of an increase in substance abuse among this population in the next thirty years; (c) considerations for culturally competent

TABLE 1. Questionnaire items

 Alcohol use

1. Do you think alcohol use among this population is a problem *in the present?* Why?
2. Do you think alcohol use among this population will increase in the *next 30 years?* Why?

Illicit drug use

3. Do you think *illicit drug use* among this population is a problem *in the present?* Why?
4. Do you think *illicit drug use* among this population will increase in the *next 30 years?* Why?

Treatment considerations

5. Do you think Latino older adults have unique substance abuse treatment needs that require specialized services?
6. Do you know of any barriers that exist in identifying and treating substance abuse that are unique to Latinos who are in older adulthood?

Resources

7. Are you aware of any reports or publications focusing on substance abuse among Latino older adults?
 8. Are you aware of any resources for service providers focusing on substance abuse treatment for Latino older adults?
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substance abuse treatment; and (d) knowledge of research, publications, or resources for providers focusing on alcohol and drug use in this population. Table 1 lists the questions that participants were asked. Due to the limited scope of the study, abuse of prescription drugs and over-the-counter medications were excluded. Social work researchers invited to participate in the study were asked to complete the survey by filling out an online questionnaire. The survey was administered to treatment providers by phone. All of the surveys were conducted by a single interviewer, noting verbatim quotes elicited from participants. Data from the online survey and phone interviews were transcribed into Atlas.ti software for analysis. Key informant responses were analyzed using a grounded theory method (Glaser & Strauss, 1967), and responses were sorted into content categories and coded using Atlas.ti software.

FINDINGS

The findings of the key informant surveys fell into three primary themes: (a) the current and future need for alcohol treatment among elder Latinos; (b) the current and future need for illicit drug treatment among this population; and (c) treatment considerations with Latino older adults.

Within each primary theme were distinct subthemes. Overall, informants' perceptions converged around two overarching themes. First, key informants predict that substance abuse among Latino older adults will grow significantly as a result of the aging of the baby boom generation, which has typically been more open to the use of alcohol and illicit drugs than the current generation of older individuals. Second, specialized treatment programs will be required to address the needs of elder Latinos that are both age-specific and culturally competent. Few differences existed between the substance abuse treatment providers and social work researchers in their perceptions of the problem. Greater divergence appeared among treatment providers based upon their level of involvement in the Latino community; those working in organizations primarily serving Latinos were significantly more likely than geriatric treatment providers to perceive substance abuse among this population to be a significant and growing challenge.

Abuse of Alcohol

All but one key informant believed that alcohol abuse among elder Latinos currently presents a significant problem. Both treatment providers and researchers noted that alcohol abuse is an issue for all older adults, and that elder Latinos are no exception. According to one researcher, "Alcohol abuse is a national problem in the aging population, and Latinos are equally at risk." Several of the treatment providers cited experience working with Latino older adults with a diagnosis of alcohol abuse or dependence. However, in spite of agreement among informants that geriatric alcohol abuse among Latinos presents a major challenge, two informants noted that they felt that it was no more serious a problem for older individuals than for younger cohorts.

Researchers emphasized that the nation's changing demographics would likely lead to an increase in geriatric alcohol abuse among Latinos in the next 30 years. In particular, the increase in the number of older adults resulting from the aging of the baby boom generation was cited frequently:

- "The leading edge of the Latino baby boom population has entered old age and with them come major substance abuse problems and disorders."
- "The prevalence rate of [of alcohol use] among aging boomers have been in excess of limits established by NIAAA [National Institute on Alcohol Abuse and Alcoholism]. Older Latino men have a history of drinking practices and problems. This problem will persist in years to come."

Although this problem was cited by both groups of informants, researchers were more likely than providers to identify the role of the changing demographics of our society as a leading factor in the predicted increase in alcohol abuse among Latino older adults.

Use of Illicit Drugs

Overall, informants were less likely to consider illicit drug use than alcohol abuse to be a significant problem among Latino older adults. Researchers who did not perceive it to be a problem cited the lack of research in this area. Several treatment providers admitted that they could not answer the question because they had not encountered any elder Latinos using illicit drugs in their practice. According to one treatment provider, “I haven’t seen it, but that doesn’t mean it’s not happening. For me, this is the essence of the problem—that we just don’t know.”

However, several substance treatment providers did believe it to be a small but growing problem among not only elder Latinos, but all older adults. Referring to illicit drug use among Latinos age 50 and older, two treatment providers said the following:

- “I run a methadone clinic, and we’re seeing it here. I know there’s been a growing problem with the 50+ group. In New York, they are seeing a ton of that.”
- “It’s an issue. Often, it’s men who have used for years in the past, who get hooked up with current users and get back into it.”

Treatment providers who were aware of the problem noted that drug use among this group is often hidden due to the stigma surrounding drug use among elder Latinos, and also as a result of aging in place, which can isolate older adults and hide substance abuse problems. One treatment provider noted that

the older guys are sometimes scared to pick up drugs on the street; they don’t want to come out of their homes. So they use a middleman and have [drugs] delivered to them. I think [other treatment providers] don’t see them on the street, so they think the problem is not there.

Treatment providers working in social service agencies primarily serving Latinos were much more likely to perceive illicit drug use among elder

Latinos to be a significant problem than treatment providers specializing in geriatric substance abuse.

Researchers and treatment providers agreed that illicit drug use among Latino older adults will be an increasing problem in future decades. Several informants described a process of “aging-in” to geriatric substance abuse, in which individuals with a history of substance abuse continue to use drugs into older adulthood:

- “The aging of the population will lead to larger numbers of Latinos who are involved with illicit drug use.”
- “I wouldn't say a ‘significant’ problem yet. However, methadone clinics in the New York area are getting older, and there are a substantial number of Latinos.”
- “Many of the younger [Latino] guys using now are going to continuing using into the future. As they get older, I think it's going to be big problem.”

Moreover, informants cited that the higher prevalence of substance abuse among the baby boom generation, and greater comfort and experience with illicit drugs among this population will lead to higher rates of substance abuse:

- “Illicit drug use will continue because today's elderly are the product of the 60's and 70's, where drug use was more permissible.”
- “Alcohol is becoming passé. Thirty years ago, alcohol was practically the only substance older folks were using. Now it's very different. The increase in heroin is affecting everyone, and the numbers are going to go up as these people age.”

Two informants also cited the role of acculturation in increasing illicit drug use among this population; one researcher noted that the impact of the aging of the baby boom generation on illicit drug use could be particularly pointed among Latinos due to the growing rate of acculturation among this generation.

Treatment Considerations

Key informants offered several treatment considerations for Latino older adults who are abusing alcohol or illicit drugs. Several providers noted the importance of improving outreach services to identify substance

abuse disorders among this group. A couple of informants noted a serious problem among health care and mental health providers in referring older adults to treatment:

- “There’s clearly an under-referral problem with this group. Most of my clients come from the [primary care] clinics, so if they don’t find it, than I don’t know about it.”
- “This is an issue that needs serious attention. As it stands, [substance abuse] with these guys often goes untreated for so long that by the time they get help, they’re very sick.”

Researchers and treatment providers both noted that the disparities in access to health care faced by the Latino population contribute to problems in identification.

A key consideration for treatment noted by informants was cultural competence. Researchers and providers alike cited the need for programs that employ bilingual staff and provide Spanish-language materials. According to one treatment provider, “Right now, it’s hard making referrals to inpatient [treatment], because you know some of these agencies only have one person on the staff who can speak Spanish, and often it’s really broken Spanish—that’s just not going to cut it with older Latino folks.”

Services for this group must, whenever possible, employ bicultural staff members who understand the cultural norms and meanings around alcohol and drug use. Key informants emphasized the importance of providing culturally-sensitive substance treatment to Latino older adults. Providers working in the Latino community noted that elders will refrain from treatment if the program is not specifically tailored to their culture. Notes one provider:

[Latino older adults] need to feel culturally-identified with the program, or they will not go. I see them go to [a Latino social services center] that can’t provide them with the best services available just because there are other Latinos working there. You can’t just put them in a generic program.

Several informants noted that regular use of alcohol has broad cultural acceptance in many Latino cultures, particularly for men. Additionally, substance abuse among Latinos is strongly influenced by patterns and norms of use among other family members. Two informants noted that

programs must address the intergenerational implications of substance abuse in Latino families, and negotiate the involvement of the family in treatment. Notes one treatment provider:

- “Programs are going to need to deal with family issues for older Latinos in treatment. Sometimes the [older] person is ashamed of the problem and doesn’t want the family to know. In other cases, the family is aware of the issue and needs to be really involved in what’s happening in treatment.”
- “Alcohol abuse with Hispanic families is intergenerational. Young people abuse alcohol when there is a pattern of alcohol abuse among their parents, elders, and extended family.”

Finally, informants stressed the need for age-specific programs. The majority of respondents noted that today’s substance abuse treatment programs do not provide specialized treatment for older adults. Providers primarily discussed the issues of comfort and trust for older adults in treatment. According to one provider, “In [substance abuse treatment], placement with much younger people may be very difficult for older people. If they don’t feel part of the community, treatment is probably going to be less effective.” Moreover, providers mentioned that older adults typically required a longer period of treatment. One provider said, “Right now, detox is an ‘in and out’ kind of system. This won’t work with older clients.” Stigma related to disclosure of substance abuse was identified as an issue for older adults on the leading edge of the baby boom, who entered adulthood prior to changes in the public’s perceptions of alcohol and drug use. Providers noted that:

- “Stigma around substance abuse is a key issue. It wasn’t until the 1980–90s that society became more open to talking about these issues. Older folks are coming from a different generation, where it wasn’t okay to open up about this stuff.”
- “Treatment can take much longer. The stigma may be more of a problem among Latino elders, who are more likely to be part of a small, close-knit ethnic community.”

Overall, neither researchers nor treatment providers were aware of any research or publications specifically geared towards identification and treatment of Latino older adults. Several researchers and providers were aware of state-level reports that included data regarding demographic

characteristics of individuals who received substance abuse treatment, including age, race, and ethnicity. Additionally, one researcher and several providers named specific state-level and community-based organizations that have developed a reputation for working with Latino older adults in need of treatment. All of the organizations noted were primarily Latino-serving social service agencies. None of the key informants were aware of any treatment interventions for Latino older adults.

DISCUSSION

This exploratory study highlights the need for further research regarding alcohol and drug use among Latino older adults. A review of the literature and interviews with key informants in social work research and practice reveal that little is known about substance abuse among this population. Although researchers and treatment providers identified several major barriers to identification and treatment among elder Latinos, none of the informants were aware of any interventions to address the unique challenges presented by this group. As such, although many treatment providers believe geriatric substance abuse is a growing problem among Latinos, they lack the tools required to assist them in transitioning into recovery. In light of demographic projections predicting that alcohol and drug use among Latinos will nearly triple by 2020 (Gfroerer & Epstein, 1999), it is clear that specialized interventions must be developed to ensure that substance abuse among this population is identified and treated. Otherwise, alcohol and drug use among elder Latinos is likely to remain a hidden and growing problem.

Recommendations

The study's findings suggest that Latino older adults require age-specific, culturally appropriate substance abuse treatment interventions. To provide effective outreach, greater collaboration will be required between substance abuse treatment programs, Latino-serving organizations, and health care professionals. The following are recommendations that emerged from this study to guide the development of alcohol and drug treatment services for Latino older adults.

Develop treatment programs that incorporate age-specific interventions. Treatment services must address the specialized needs of older adults. The majority of treatment providers believe that elder Latinos do not fare

as well in recovery programs with younger adults as they would in age-specific treatment programs. This finding is consistent with research by Kaempf et al. (1999), indicating that services exclusive to older adults are more effective than mixed-age treatment. Whenever possible, elder-specific treatment should be available for Latino older adults. Such programs should allow for a longer period for recovery than is typically available in mixed-age treatment. Services will also be needed to assist older adults in accessing transportation, and accommodating disabilities and medical problems common to late-life. This will be particularly important for older adults with a history of alcohol or drug abuse, as they are more likely to present serious medical problems resulting from long-term use.

Ensure that treatment programs are culturally and linguistically appropriate. In addition to incorporating elder-specific interventions into treatment, services for this population must employ bilingual and bicultural staff who can provide services in Spanish, and understand the cultural norms, values, and customs of elder Latinos. Moreover, treatment interventions must recognize the cultural acceptance of alcohol in Latino culture. Providers noted that this belief may hinder the ability of some older adults to move beyond the precontemplation stage; as such, interventions should address cultural understandings of alcohol use early in treatment. Treatment providers must also pay particular attention to the role of the family in the development of recovery programs, and use the family as a source of social support for Latino older adults whenever possible. Treatment providers also noted that shame and stigma related to substance abuse are likely to be pronounced among Latino older adults. As such, interventions designed for this population must be responsive to these concerns, particularly during the engagement stage of treatment. Clearly, meeting the growing demand for bilingual and bicultural social workers present a significant challenge for the field. To address this need, the profession should explore ways to recruit an increasing number of Latino individuals who speak Spanish into social work education programs. Additionally, social work education programs can also encourage students of other ethnic backgrounds to learn Spanish by providing language courses, and organizing Spanish-immersion opportunities that will enable students to enhance their competency in the language.

Develop linkages with informal and formal service providers working in the Latino community to enhance outreach to Latino older adults in need of substance abuse treatment. The findings of this study complement the existing body of literature indicating that substance abuse among

older adults is rarely identified (Blow, 1998; Oslin, 2004). Informants also noted that difficulties faced by providers in identifying geriatric substance abuse may be exacerbated among elder Latinos due to cultural factors that may limit their willingness to disclose alcohol and drug use. Addressing this problem will require better coordination between substance abuse treatment programs and Latino social service agencies. In this study, treatment providers based in Latino-serving organizations were all aware of a problem with alcohol and drug use among elder Latinos. However, treatment providers specializing in geriatric substance abuse reported that they knew little about the issue, particularly as it relates to illicit drug use. Substance abuse treatment programs, particularly those serving older adults, will need to develop stronger linkages with the Latino community, working in tandem to ensure that elder Latinos in need of treatment are identified. Moreover, geriatric substance treatment providers must develop linkages with informal social service providers in the Latino community, who typically have close ties to elders and may be able to provide outreach to older individuals who are undocumented and do not have access to the formal health care system (Delgado, 1995).

Forge new linkages with primary care settings to improve identification and referral to treatment for elder Latinos with substance abuse disorders. Treatment providers indicated that primary care clinics are a main setting for identification of substance abuse disorders. Kail and De La Rosa (1998) noted that primary care may be the most acceptable venue for Latino older adults and family members to discuss substance abuse problems and treatment, as mental health and substance abuse treatment settings are both highly stigmatized in Latino culture. Thus, improving treatment for Latino older adults will necessitate that primary care providers be able to identify alcohol and drug problems among elder Latinos and make referrals to treatment. To ensure that health professionals possess the knowledge and skills needed to conduct screenings, substance abuse treatment providers will need to work closely with primary care offices to increase their awareness of the problem, and provide training in identification and referral. However, because Latinos have traditionally faced barriers in accessing primary care services, other outreach strategies must also be employed that are geared toward individuals who may not have access to health care.

Agenda for Research

This exploratory study represents a first step towards addressing the problem of substance abuse among Latino older adults. Advancing the

recommendations put forth above will require further research to develop a clearer understanding of the problem. Additional epidemiological studies are needed to understand the incidence, prevalence and patterns of use of alcohol and illicit drugs among this population. Currently, SAMHSA reports on alcohol and illicit drug use among older adults using a single category that includes all individuals 55 years of age and older. While this data provides a helpful overview of the problem, more research is required to understand substance abuse use among different age cohorts within the population of older Americans. Epidemiological studies will also be required to understand how elder Latinos from various cultural groups differ with regard to use of alcohol and drugs. Finally, there will be a growing need to understand the incidence and prevalence of the problem at state and local levels. It is likely that this problem will be felt most powerfully in urban communities, where Latinos tend to reside. In 2000, just 16 established Latino hubs, including New York, Los Angeles, Miami and Chicago, accounted for approximately 50 percent of the total population of Latinos in the U.S. (Suro & Singer, 2002). Developing effective treatment programs at the local level will require clear information regarding the demographic profile and patterns of use among Latinos with substance abuse-disorders in late life.

Social work researchers are needed to work collaboratively with community-based treatment providers to build a foundation of evidence-based practice for substance abuse treatment for this group. Assessment tools must be grounded in an understanding of the primary roles and activities of Latino older adults, and tested for validity with this population. It will also entail evaluating current interventions for applicability of use with Latino older adults, and developing new approaches to outreach and treatment that incorporate the program recommendations previously noted. Moreover, additional qualitative studies are needed to understand the experience of substance abuse among Latino older adults. Interviews and focus groups should be conducted with Latinos who have faced problems with substance abuse in late-life regarding their own perceptions of the problem. These studies may provide a clearer understanding of how alcohol and illicit drug use varies among older adults of different cultures.

Finally, research is needed in the area of prevention. If current trends in geriatric substance abuse continue, over two-thirds of alcohol and drug abuse among older adults will result from long-term problems with substance abuse and will require treatment. However, nearly one-third of substance abuse among older adults begins in late life (Blow, 1998). Although issues of prevention are not discussed in detail in this article, it

is clear from this review of the literature that studies will be needed to inform the development of strategies to prevent substance abuse disorders among Latino older adults. Primary care may be an ideal place to conduct prevention and brief intervention among older adults, as health care professionals in this setting are likely to encounter Latinos who may be at risk for developing a problem with substance abuse, but are not currently in need of treatment. Further research is required to identify prevention strategies that are effective with this group.

In light of the aging of our society, the concurrent expansion of the Latino population, and changing patterns of alcohol and illicit drug use among older adults arising from the entry of the baby boom generation into late-life, the development of specialized substance abuse treatment interventions for Latino older adults are urgently needed. These demographic trends will produce a highly diverse population of older adults that will require new approaches to intervention and treatment across many social work practice settings. Not only must social workers in the field of substance abuse be prepared to meet the growing treatment needs of Latino older adults, but also practitioners in the areas of gerontology, health care, and services to the Latino community. These professionals must play a critical role in providing outreach to elder Latinos in need of treatment, and also to inform the development of culturally competent treatment interventions that are appropriate for older adults. The complex challenges presented by the burgeoning aging population will demand interdisciplinary solutions. Greater collaboration will be required between research and practice, and also among professionals in substance abuse and gerontology to ensure that alcohol and drug abuse among Latino older adults ceases to remain a hidden and growing problem.

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