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Substance abuse in seniors expected to rise - Substance abuse treatment for Americans 50 and older is expected to double by the year 2020.

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For a 63-year-old Miami school librarian who had never taken a sip of alcohol, the threat of addiction never crossed her mind. Thinking her prescription for Xanax, a popular drug in treating anxiety, was as safe as her blood pressure medicine, she and her family didn't see the warning signs of addiction until the weekend Maria slept for five days straight. That's when her daughter, son and husband admitted her to South Miami Hospital's Addiction Treatment Center, where she was detoxified.

While addiction often is associated with young people, Maria's situation is not at all uncommon.

According to a recent report by the Substance Abuse and Mental Health Services Administration, the number of U.S. adults age 50 or older needing substance abuse treatment is expected to double from 2.8 million to 5.7 million by the year 2020. A 2010 report by the Drug Abuse Warning Network said drugs used for pain relief, anxiety or insomnia were involved in almost a quarter of adverse drug reactions among older adults.

"Oxycontin is the number one problematic drug right now. But also, older people tend to deal with more feelings of loneliness and sadness and are prescribed anxiety and anti-depressants that can be abused as well," said Chip Hobbs, residential services manager at South Miami Hospital's Addiction Treatment Center.

For about 80 percent of the population, prescribing these drugs is the right thing to do, he said. For about 20 to 25 percent, however, there is a risk of developing a dependency.

Painkillers "are supposed to be prescribed in combination with physical therapy in order to heal the injury," Hobbs said.

"But what happens is that the drug itself can promote pain. All of a sudden, the drug has a life of its own and it starts to create pain in the patient. They then go back to the doctor and, if the doctor has not been trained in addiction medicine, they, of course, have to treat pain. That's when they get locked up with a patient that all of a sudden loses their prescription or something happens to it. The patient starts calling in earlier and earlier than normal for a refill and that's sort of a flag now."

Maria started taking Xanax when she was about 40.

"I had a lot of problems with a child I adopted because he was an addict, and ended up having a nervous breakdown," Maria said. "My doctor in Puerto Rico prescribed me Xanax,

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with a dosage of 2mg.”

“Xanax is an interesting drug,” Hobbs said. “Say you take 1mg a day, tomorrow morning half a milligram will still be in your system. Eventually the drug starts accumulating and the body gains tolerance.”

Maria said she would cut the pill into smaller pieces and take a little bit when she woke up, in the afternoon. She would take a whole pill when she went to bed at night.

“The pill made me very sleepy,” she said. “All I would want to do is sleep in order to forget about everything. I didn’t know what I was doing was bad.”

Eventually, Maria decided to cut back on her own but realized the side effects were unbearable.

“When I stopped taking it, I was nervous, shaking a lot, sweating and it was more or less like a panic attack,” Maria said. “But eventually, I started to get better.”

“Most times, medical supervision is needed to be weaned off of these drugs because there can be risks as serious as seizures caused from withdrawals,” Hobbs said.

It wasn’t until Maria moved to Miami 10 years ago to live close to her children and grandchildren that she started taking Xanax again.

“When I came to Miami, things were very hard for us. I didn’t have any friends, I had my children but they had their own things going on, so I started feeling very lonely,” Maria said. “All I had to do to get the drug again was tell my primary care doctor that I received it in Puerto Rico and he just prescribed it to me.”

Maria also began going to multiple doctors to get the prescription. Hobbs refers to this as “doctor shopping,” a common pattern in prescription drug abuse.

Since Presidents’ Day weekend was a long weekend, she took more Xanax than she would during the week.

“I had a brand new bottle, so I started taking it and then everything was a blur,” she said. “The thing is with Xanax, you forget. I couldn’t remember if I had taken it or not so I just kept taking it.”

Maria slept from Friday to Monday without eating, and called in sick to work on Tuesday and Wednesday because she could not get out of bed. Maria is still working at the same place today, but plans to retire next year.

“Finally on Wednesday I had the strength to get up and get a glass of water. When I went down around 2 p.m., my entire family was there at a time they should’ve been at work,” Maria said. “They told me, ‘That’s it, we’re going to a hospital.’”

Maria was medically detoxified at South Miami Hospital and enrolled in an outpatient program where she attends daily group therapy sessions.

“Group therapy especially helps with the stigma and shame that comes along with addiction. It helps to sit with people who understand you on a cellular basis,” Hobbs said.

Hobbs recommends that patients seeking pain pills or anxiety drugs ask their doctor for an evaluation to determine their risk for dependency. “The recipe for disaster is an innocent patient with an ignorant doctor. Not enough doctors are trained on addiction,” Hobbs said.

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