

When the Party Finally Ends: The Aging Addict

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Drug addiction among individuals over the age of 50 has become an increasingly urgent social issue, with wide-ranging consequences for individuals, families, and society. By 2030, an estimated 61 million Baby Boomers will be 66 or older (Knickman & Snell, 2002), a generation known for its exposure to the era of sex, drugs, and rock and roll. The rise in substance use among older adults is driven by a complex mix of structural, social, and health-related factors that make them particularly vulnerable to addiction. Issues such as chronic pain, social isolation, financial hardship, and the loss of loved ones all heighten the risk of drug use in this population. Sociologically, healthcare inequalities, ageism, and the overprescription of medications play significant roles in perpetuating this problem. As the population continues to age, addressing drug addiction among older adults requires focused interventions and social action to prevent further harm and manage its growing impact on society.

Describe the social problem you have selected from the sociological perspective, using credible resources

Drug addiction among people over the age of 50 is an increasingly significant social problem that can be understood through a sociological lens by examining the broader social structures, life transitions, and inequalities that contribute to substance use in this population. From a sociological perspective, aging individuals face unique stressors, such as chronic pain, social isolation, financial instability, and loss of loved ones, all of which can increase vulnerability to drug use. Prescription medications like opioids, often prescribed to manage pain, can lead to dependence, especially in older adults who may not have been traditionally seen as at risk for substance abuse.

Structural factors such as inadequate healthcare, ageism, and limited access to mental health and addiction services exacerbate the issue. Sociologist Robert Merton's Strain Theory can be applied here, as older adults might turn to drugs as a coping mechanism when they struggle to meet societal expectations of "successful aging" due to declining health, financial strain, or loneliness. "Older adults are a special group because they are particularly vulnerable to the negative effects of substances and therefore substance misuse (SAMHSA, 2020)." Additionally, the stigma attached to addiction, particularly among older populations, can deter individuals from seeking help, further entrenching the problem.

Studies show that the baby boomer generation has higher rates of substance abuse compared to previous generations, partly due to historical exposure to the drug culture in their youth (Specht et al., 2021). This demographic shift highlights the need for age-specific addiction interventions and a more nuanced understanding of how social and structural factors intersect with drug addiction later in life.

Explain why this is considered a social problem according to the sociological literature.

Drug addiction among people over the age of 50 is considered a social problem according to sociological literature because it affects not only individuals but also society at large through economic, health, and social costs. Sociologically, a social problem is an issue that negatively impacts a large population segment and requires collective action to address its causes and consequences.

From a structural perspective, addiction in older adults strains healthcare systems, especially as many in this age group already face age-related health issues that are complicated by substance use. "The aging baby-boomer cohort has high rates of substance use that will place increasing demands and costs on the substance abuse treatment system, particularly for long-

term treatment of opioid dependence (Rosen et al., 2013, as quoted by Han et al., 2015).” The increasing number of older adults with addiction challenges also highlights failures in the healthcare and social support systems, such as inadequate mental health resources, insufficient addiction treatment tailored to older adults, and the over-prescription of opioids. “However, there has been little research regarding the epidemiology of older adults with opioid dependence and little discussion of the models for health care delivery for this population (Han et al., 2015).”

Symbolic interactionism explains how addiction in this age group is stigmatized, leading to social isolation and decreased willingness to seek help. Older adults with addiction may be viewed through stereotypes, such as being seen as morally failing or deviating from societal expectations of aging gracefully, which further marginalizes them.

Conflict theory highlights that this problem disproportionately affects lower-income and minority older adults, who have less access to healthcare, face higher rates of untreated pain, and experience greater social isolation, illustrating the systemic inequalities that exacerbate addiction. Thus, drug addiction among those over 50 is a social problem because it reflects broader societal issues—such as healthcare inequality, ageism, and social dislocation—that harm individuals and communities.

Define who is impacted by the social problem.

The social problem of drug addiction among people over the age of 50 directly impacts older adults who struggle with substance use. “Contrary to popular perception, the social and health impacts of opioid dependence are not limited to younger adults and are increasingly affecting older populations (Han et al., 2015).” These individuals face numerous physical,

mental, and emotional challenges, such as declining health, increased risk of overdose, and heightened social isolation. Addiction at this stage of life can also complicate existing health conditions and exacerbate emotional issues like depression and anxiety. “The issue of polysubstance use has not been fully explored in this older population (Han et al., 2015).” As a result, older adults with addiction are at a higher risk of mortality and suffer from a reduced quality of life.

Families and caregivers are also significantly affected by this problem. “Among the elderly who require assistance with daily activities, 65 percent rely exclusively on families and friends... (Knickman & Snell, 2002).” They often bear the emotional and financial burden of supporting loved ones through their addiction, dealing with the stress and anxiety of caregiving, and navigating the complexities of medical care and addiction treatment. The social stigma attached to addiction in older adults can strain family relationships, leading to feelings of helplessness, frustration, or guilt as they attempt to provide care.

The healthcare system faces increased pressure from the growing number of older adults struggling with addiction. This leads to a higher demand for medical services, including emergency care, long-term treatment, and rehabilitation services tailored to aging populations. Given the preexisting health challenges many older adults face, addiction complicates medical care, further straining healthcare resources. “It has been estimated that the economic value of such informal caregiving in the United States reaches \$200 billion a year (Knickman & Snell, 2002),” and that is not counting drug addiction treatment.

Social services and communities are also impacted. Addiction in older adults can contribute to broader social problems, such as homelessness, poverty, and the weakening of

social support networks, particularly in areas with limited healthcare resources. Additionally, public health agencies and government bodies face increased demands to address this growing issue through policy reforms, prevention programs, and tailored treatment initiatives. Expanding access to mental health services, improving prescription drug monitoring, and developing age-specific addiction treatments are necessary to mitigate the far-reaching consequences of this social problem.

Scope and Consequences of Drug Addiction Among People Over 50 Consequences on Society

Drug addiction among people over the age of 50 has broad social, economic, and health consequences. One major consequence is the strain it places on healthcare systems. Older adults with addiction often require complex, long-term medical care due to their vulnerability to chronic illnesses and the complications that arise from substance use, such as organ damage or interactions with prescription medications. Emergency room visits, hospitalizations, and long-term care facilities are increasingly burdened by this demographic's needs, driving up healthcare costs. Furthermore, the social stigma associated with addiction in this age group can lead to underreporting, inadequate support, and delayed treatment, prolonging the negative impacts on individuals and their families. "Prior research indicates that medical comorbidities and health behaviors associated with prolonged substance use, including the high prevalence of co-occurring tobacco use and mental health disorders (Rosen et al., 2008; Fareed et al., 2009; Maruyama et al., 2013 as quoted by Han et al., 2015) can accelerate the decline in health and contribute to frailty (Dursteler-MacFarland et al., 2011; Reece, 2007 as quoted by Han et al., 2015)."

Families and caregivers are also severely impacted. The emotional and financial strain of caring for an older family member with addiction is significant, as they may be required to assist with daily needs, medical care, and navigating treatment options. The stress of caregiving, coupled with societal stigma, can lead to caregiver burnout and breakdowns in family relationships. Communities are affected by increased rates of homelessness, social isolation, and a greater demand for social services that often lack the resources to address addiction among older adults effectively.

Groups Most Affected

The groups most affected by this social problem include older adults struggling with substance use, their families, healthcare providers, and social service agencies. Within the population of older adults, certain subgroups are disproportionately affected, including low-income individuals, racial minorities, and those with a history of trauma or mental health issues. Low-income older adults often face barriers to accessing quality healthcare and addiction treatment, while minority populations are more likely to experience health disparities and receive inadequate support. Women over 50, particularly those who are caregivers or have experienced significant life transitions such as widowhood, are also at heightened risk of addiction, as they may use substances to cope with emotional or physical pain.

Scope and Prevalence

The scope of this problem is significant and growing. In 2018, the National Institute on Drug Abuse (NIDA) reported that approximately 1 million adults aged 65 or older struggled with a substance use disorder. Opioid use among this age group has seen a dramatic rise, primarily

due to overprescription of pain medications and inadequate monitoring of prescription drug use in older adults. “Older persons are vulnerable to negative drug and alcohol interactions with prescription medications, adverse reactions from illicit drugs and prescription medications, and the harmful effects of alcohol(SAMHSA, 2020).”

Alcohol abuse remains one of the most prevalent issues, with nearly 3% of older adults considered to have alcohol use disorder. “Alcohol is the most used drug among older adults, with about 65% of people 65 and older reporting high-risk drinking, defined as exceeding daily guidelines at least weekly in the past year(NIDA, 2020).” Prescription drug misuse, particularly opioids and benzodiazepines, is also on the rise, with older adults constituting a growing percentage of individuals misusing these medications. “Between 4-9% of adults age 65 or older use prescription opioid medications for pain relief (NIDA, 2020).” The baby boomer generation, which came of age during an era of increased drug experimentation, shows higher rates of substance use than previous generations, suggesting that this social problem will likely continue to grow as the population ages. This is made more complicated by the fact that “...older adults differ from other substance users in a variety of ways, including the types of substances used, methods of use, consequences, physical symptoms, and risk factors (Shafer, 2004).”

The growing prevalence of drug addiction among adults over 50 is a significant and multifaceted social problem with widespread consequences. The healthcare system, families, and communities bear the brunt of the issue, while low-income, minority and marginalized older adults experience the most severe impacts. “The U.S. population of adults 55 and older increased by about 6% between 2013-2015, yet the proportion of people in that age group seeking treatment for opioid use disorder increased nearly 54% (NIDA, 2020).” As the population

continues to age, addressing this problem will require comprehensive efforts, including tailored addiction treatment, expanded healthcare resources, and social support programs that can help reduce the scope and harm of addiction in older adults.

Social Action for Change: Drug Addiction Among People Over 50

Existing Social Movements, Policies, and Programs

Several social movements, policies, and programs have been developed to address the growing problem of drug addiction among older adults. At the policy level, Medicare and Medicaid have expanded coverage to include addiction treatment for seniors, which is a critical step in making rehabilitation more accessible. Organizations such as the Substance Abuse and Mental Health Services Administration (SAMHSA) have launched initiatives aimed at improving mental health and addiction services for older adults, including targeted outreach and specialized treatment options. Additionally, movements like *The Gray Wave* bring attention to the aging population's unique substance use issues, pushing for more research and better healthcare services tailored to older adults.

Programs such as *Senior Reach* and *Aging & Addiction Prevention Programs* have focused on raising awareness of substance use disorders among older adults and providing support, screening, and interventions at community levels. Localized movements led by social service organizations, community centers, and elder care programs also advocate for education, prevention, and treatment services that meet the specific needs of this demographic.

Effectiveness of Existing Movements, Policies, and Programs

While some progress has been made, these movements and programs have had limited success in addressing the social problem on a larger scale. For example, the expansion of Medicare and Medicaid for addiction treatment is essential, but gaps remain in specialized care

for older adults, particularly those with co-occurring physical and mental health issues. Many older adults are hesitant to seek treatment due to the stigma surrounding addiction, and current programs often lack the culturally sensitive or age-appropriate resources necessary to engage this population.

Social movements like *The Gray Wave* and awareness campaigns have raised meaningful discussions but have not yet driven significant policy changes or widespread societal attention. Furthermore, the existing programs tend to be fragmented and localized, limiting their ability to reach broader populations. As a result, while these efforts have laid the groundwork, they need to be expanded and integrated into a more comprehensive national response.

Proposed Social Movement Action Plan

To effectively address drug addiction among people over 50, I propose a multifaceted social movement that integrates social actions, public policies, and advocacy programs.

First, the movement would involve nationwide awareness campaigns aimed at destigmatizing addiction among older adults and normalizing discussions around substance use in this demographic. Partnering with senior organizations, healthcare providers, and media outlets, the campaign would focus on educating older adults, caregivers, and medical professionals on the risks of addiction and available resources. Outreach efforts should also target isolated older adults by providing mobile clinics and telehealth services to ensure they have access to addiction treatment.

On the policy front, the movement would advocate for federal and state governments to implement policies that require age-specific treatment programs. This includes increasing funding for Medicare and Medicaid to cover long-term addiction recovery services and mandating healthcare providers to receive training on managing addiction in older adults. Policies should also promote the development of affordable treatment centers specifically designed for seniors, addressing both substance use and co-occurring health issues. Additionally, improved prescription drug monitoring programs are essential to prevent opioid misuse in this age group.

Finally, community-based advocacy programs would focus on establishing peer support networks where older adults can connect with others who have overcome addiction. Integrating addiction treatment with broader senior care services—such as those provided by nursing homes, community centers, and social service agencies—would create a more holistic framework for addressing the problem. Advocacy groups could also work to create senior-focused 12-step meetings, counseling services, and mental health support specifically tailored to meet the unique needs of older adults.

This action plan is effective because it addresses addiction in older adults from multiple angles: healthcare, social services, public awareness, and government policy. By normalizing addiction treatment and creating resources that are accessible and culturally relevant to older adults, the movement would help reduce the stigma and isolation that currently prevent many from seeking help.

Using sociological theory, outline your social problem. How does that theory explain why your social problem exists?

To outline the social problem of drug addiction among people over the age of 50 using a sociological theory, I will apply Conflict Theory. Conflict Theory explains drug addiction among older adults as a product of systemic inequalities and power imbalances that marginalize this population, particularly along lines of class, race, and access to resources. As people age, they often lose access to the social power they once held, especially regarding economic stability, health, and social networks. Many older adults face poverty, social isolation, and chronic illness, leading to a reduced quality of life. For marginalized older adults, including racial minorities and those from low-income backgrounds, these issues are exacerbated by a lack of access to quality healthcare, addiction treatment, and mental health support.

Economic and healthcare inequalities contribute significantly to this problem. Older adults from disadvantaged backgrounds often have fewer financial resources and less access to adequate healthcare, including addiction treatment. The healthcare system, driven by profit motives, tends to prioritize younger populations with perceived higher economic value while neglecting the health needs of older adults. Additionally, the overprescription of medications like opioids disproportionately affects older adults, as pharmaceutical companies and healthcare providers benefit financially from the widespread distribution of these drugs. This can lead to addiction, especially when pain management is not appropriately handled and alternatives are not offered.

Furthermore, ageism and social stigma around aging play a role in exacerbating addiction in this demographic. Older adults with substance use issues are often stigmatized as having moral failings, further isolating them and deterring them from seeking help. Social services and

public health systems are not adequately designed to support older adults with addiction, reflecting societal undervaluing of their well-being. This lack of institutional support underscores how economic and social inequalities maintain and exacerbate the problem.

In sum, Conflict Theory explains drug addiction among people over 50 because of unequal access to resources, healthcare disparities, and social marginalization, particularly affecting those who are economically disadvantaged or belong to minority groups. The problem persists because powerful institutions—such as healthcare systems and pharmaceutical companies—benefit from the status quo, while older adults, especially those in marginalized groups, are left without adequate support to overcome addiction.

Detail three reasons why you selected this social problem

The social problem of drug addiction among people over 50 was selected for several key reasons. First and foremost, this issue resonates with me personally, as I am an adult in recovery, approaching 50 years of age. Throughout my recovery journey, I have observed a significant lack of support and resources specifically tailored to older adults who are struggling with addiction. Drug users over 50 are frequently using for different reasons than younger users, and as such, those issues aren't addressed. This personal experience has illuminated a critical gap in addiction services for individuals in this age group, underscoring the need for focused attention on this growing problem.

Another major factor is the lack of age-appropriate addiction treatment programs and support services for people over 50. Most addiction recovery services are geared toward younger populations, often failing to address the unique needs of older adults. Those over 50 may be dealing with chronic health conditions, increased social isolation, and significant life transitions,

which can exacerbate substance use. The shortage of services designed with these factors makes it crucial to advocate for more specialized resources for this demographic.

Lastly, the growing prevalence of substance use disorders among older adults makes this an urgent issue. The aging population in the U.S. is rapidly expanding, and as baby boomers—who have higher rates of drug use than previous generations—continue to age, the number of older adults battling addiction is expected to rise. Addressing this issue now is essential to prevent it from becoming an even larger public health crisis. By taking action today, we can help mitigate the impact of addiction among older adults and ensure they receive the care and support they need.

Conclusion

In conclusion, drug addiction among individuals over the age of 50 is a growing and significant social problem, fueled by structural inequalities, healthcare system gaps, and the unique challenges of aging. This issue, while affecting individuals directly, also impacts families, communities, and broader social systems. From inadequate healthcare to the stigmatization of older adults with addiction, addressing this problem requires a comprehensive approach, including tailored addiction treatment, better social services, and public policy reforms. Applying sociological theories like Conflict Theory helps to highlight the systemic inequalities and power imbalances that perpetuate this problem, particularly for marginalized populations.

As the population continues to age and addiction rates among older adults increase, urgent social action is needed to develop resources, reduce stigma, and improve care for this demographic. The proposed social movement action plan provides a multifaceted approach to

tackling the problem, integrating public awareness campaigns, advocacy for age-specific treatment, and community-based support systems. By focusing on these efforts, we can create meaningful change and offer older adults the support they need to overcome addiction, ensuring healthier, more supportive communities for future generations.

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