

**REPORT OF THE  
DEPARTMENT FOR THE AGING**

**Suicide And Substance  
Abuse Prevention Plan  
For The Elderly**

**TO THE GOVERNOR AND  
THE GENERAL ASSEMBLY OF VIRGINIA**



**HOUSE DOCUMENT NO. 38**

**COMMONWEALTH OF VIRGINIA  
RICHMOND  
1990**



## EXECUTIVE SUMMARY

The problems of suicide and substance abuse by the elderly have been identified as significant in Virginia. Virginia loses an elder to suicide every 2.9 days. Up to 10% of the elderly population may abuse alcohol and inappropriate use of medications and over-the-counter drugs among the elderly is substantial. The 1989 Session of the General Assembly requested the Department for the Aging to develop a Statewide Suicide and Substance Abuse Prevention Plan.

The Virginia Department for the Aging, with the help of a diverse group of organizations and many state agencies, developed the Plan. The Plan emphasizes further research into the issue, education of health professionals, and public awareness efforts for the elderly, their families and caregivers. The Suicide and Substance Abuse Prevention Plan compliments the 1990-92 Comprehensive Prevention Plan for Virginia and the 1989 Interagency Comprehensive Substance Abuse Plan.

The Plan identifies nine objectives and thirty-four strategic action steps which can be carried out. This will help reduce the incidence of suicide and substance abuse by the elderly. These strategies relate to four key goals:

Goal A: Learn more about the problem and causes of elderly suicides and substance abuse in Virginia.

Goal B: Improve the ability of citizens of the Commonwealth to help with prevention of elderly suicide and substance abuse.

Goal C: Increase the ability of selected health and human resources professionals to identify and help elderly persons with suicidal tendencies or substance abuse problems.

Goal D: Evaluate the effectiveness of the Suicide and Substance Abuse Prevention Plan.

Funding will be required to complete the Plan. However, many strategies can be addressed using current resources. Special resources have already been obtained to address specific strategies. A unique statewide project, using a total of \$256,759 Federal and State resources, will address the issue of alcoholism and the elderly in Virginia. Other strategies will require further funding to be accomplished.

The Plan offers a way to help stop the tragedy of suicide for older Virginians. The Plan will also reduce the misery and ill health of older persons in Virginia caused by medication misuse and alcohol abuse.

**TABLE OF CONTENTS**

I. Introduction . . . . . 2

II. Plan Development Process . . . . . 4

III. Goals, Objectives, and Strategies . . . . . 5

IV. Cost of Implementing Strategies . . . . . 12

V. Conclusion . . . . . 14

  

Appendix A - List of Advisory Group Members

Appendix B - House Joint Resolution No. 365

## INTRODUCTION

The 1988 session of the Virginia General Assembly, in House Joint Resolution 156, requested the Virginia Department for the Aging to study three areas of concern to the elderly. The areas of concern were suicide among the elderly, substance abuse by the elderly and the impact on the workplace of caregiving to elderly by adult children. The areas were studied separately and recommendations made for each concern (House Document No. 32 of the 1989 Session of the General Assembly.)

The study of suicide among the elderly found that Virginia loses an elder to suicide every 2.9 days. Older Virginians commit suicide at a rate of 21.7 per 100,000 elderly compared to 19.8 per 100,000 on the national level. A most startling finding was that Virginia's elderly have a 68% higher suicide rate than the general population of the state. Their rate is also 76% higher than among Virginia's youth. A profile of a person most "at risk" to commit suicide is a white male, over 65, widowed, with no strong religious beliefs, depressed, with some painful chronic illness and a history of alcohol abuse.

In general, the suicide rate among older men is higher than women. Men choose an extremely lethal method of suicide. Older men, nationally and in Virginia, tend to usually use firearms to commit suicide.

The rate among white persons for suicide increases with age. The rate of suicide among non-whites peaks in the twenties and then decreases. Those who have had a marriage disrupted by death or divorce are most at risk. Those who have never been married are the next most vulnerable. Those who are still married are the least at risk. Religion seems to have an impact on lessening the potential for suicide.

The methods of suicide are basically three: firearms, poison, and hanging. A significant fact is that older Virginians of both sexes use firearms to commit suicide in noticeably higher proportions than the elderly in the nation as a whole. For 1983-1985, in Virginia, elderly used firearms to kill themselves 80.3% of the time. This compares to a national firearm use of 64.9% of the nation's elderly. Virginia's older men used firearms almost exclusively and Virginia's older women in a majority of the cases.

Another significant observation was a difference in suicide rates in the regions within the Commonwealth. In the Shenandoah - North-Central Area (excludes northern Virginia) the suicide rate for elderly persons for the 1978-1982 period was 29.4 per 100,000 compared to 23.1 for the state.

Researchers concluded that a suicide prevention plan was needed to educate the elderly, their family and service providers; that a system for early detection and treatment should be developed; and that development and expansion of psychosocial services should take place.

The study of substance abuse by the elderly was hampered by a lack of accurate and reliable data or studies on the topic. However, results of this study revealed some factors worthy of attention. Substance abuse among Virginian's elderly can be divided into three groups: prescription and over-the-counter drug abuse, alcohol abuse, and illegal drug abuse. The potential for abuse of prescription drugs is significant. The potential for abuse of combinations of prescription drugs, over-the-counter drugs and alcohol is very significant.

Many elderly use at least two to three prescription drugs daily. Greater use of prescription drugs exacerbates the potential for complications. Complications are even worse if the older person uses over-the-counter drugs, prescription drugs, and alcohol in combination. The elderly abuse these substances by overuse, under use, erratic use or contraindicated use. Sedative-like tranquilizers and prescribed pain killers are most likely to be intentionally abused by the elderly.

It was also reported that one-third of the elderly do not take their prescriptions correctly. Drug-sharing and hoarding are other examples of misuse. The use of different physicians and several pharmacies can result in adverse reactions from inappropriate combination of drugs. Virtually no elderly seemed to make use of substance abuse treatment centers to help lessen the drug abuse problems.

The profile of the elderly person most at risk for misuse of drugs focuses on the older woman. It is significant that older women are prescribed psychotropic drugs twice as often as men. Physiological changes which occur with aging increase the risk for drug interactions and toxicity. Reduced metabolic functions and other physical changes impair the absorption rate of drugs. Impaired vision and hearing add to misunderstanding about directions for use of medications. Memory loss and confusion increase the risk of misuse. Older persons use drugs to ease pain from chronic and terminal illnesses. They also seek to counter the common effects of aging such as insomnia, anxiety, and constipation.

Up to 10% of the elderly population may abuse the use of alcohol. The abuse of alcohol is a particular problem for white males between 60 and 70 years of age. Male alcoholics also make up 88% of the elderly who are receiving treatment at substance abuse treatment centers. The psychological effects of alcohol are more deleterious in the elderly than in the young. The risk of

suicide among the elderly alcoholic is five times greater than among the nonalcoholic. The potential for suicide by the use of alcohol, prescription drugs, over-the-counter drugs, or a combination of these substances was seen to be significant.

Researchers also recommended a prevention plan for substance abuse to include education, early detection and treatment, development of services, and evaluation of efforts.

Based on the disturbing results of these studies, the 1989 General Assembly passed House Joint Resolution No. 365 which requested the Department for the Aging to develop a Statewide Suicide and Substance Abuse Plan for the Elderly.

#### PLAN DEVELOPMENT PROCESS

The Virginia Department for the Aging developed this Suicide and Substance Abuse Prevention Plan. The Department consulted with a diverse group of organizations and many state agencies. The development of the Plan required the active participation and coordination with existing networks of persons involved in the fields of aging and mental health, mental retardation and substance abuse. An ad-hoc advisory group was formed. The purpose of the advisory group was to provide counsel in the development of the Plan. Members of the ad-hoc advisory group are listed in Appendix A. The ad-hoc advisory group reviewed the results of the study of suicide and substance abuse among the elderly (House Document No. 32 of the 1989 Session of the General Assembly). The deliberations on the need for future strategies to address the problem clustered around three specific areas: further research, education of physicians and other health professionals, and public awareness efforts toward the elderly and their caregivers.

The Suicide and Substance Abuse Prevention Plan is designed to lead and guide the Commonwealth in discovering solutions to the incidence of these problems and to promote independence and healthy lifestyles of older Virginians. This Plan is also designed to compliment and enhance the 1990-92 Comprehensive Prevention Plan for Virginia, especially the objective related to reducing the incidence of suicide in Virginia. The Plan also supplements the 1989 Interagency Comprehensive Substance Abuse Plan of the Department of Mental Health, Mental Retardation and Substance Abuse Services.

## GOALS, OBJECTIVES AND STRATEGIES

GOAL A: Learn more about the problem and causes of elderly suicides and substance abuse in Virginia.

Objective A.1: To investigate the causes for the high rates of suicide and the prevalence of the use of firearms by older Virginians.

Strategy A.1.1: The Virginia Department of Health, Office of Vital Statistics will analyze and summarize available data on the demographics of older Virginians who commit suicide.

Status: Ongoing.

Strategy A.1.2: Virginia Commonwealth University will investigate the experience of family members who have experienced the death of a loved one through suicide.

Status: Contingent upon funding.

Strategy A.1.3: The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services will investigate the experience of older persons who are survivors of suicide attempts.

Status: Contingent upon funding.

Strategy A.1.4: The Medical College of Virginia will investigate the prevalence, incidence and distribution of depression among older Virginians in the different areas of the Commonwealth.

Status: Contingent upon funding.

Objective A.2: To determine the actual prevalence of alcoholism and medication misuse by the elderly in Virginia.

Strategy A.2.1: The Department of Mental Health, Mental Retardation and Substance Abuse Services, with the medical institutions of Virginia universities, will determine the most appropriate sources of data on the incidence of substance abuse. Alcoholism and prescribed medication misuse will receive special attention.

Status: To be completed by December, 1990.



GOAL B: Improve the ability of citizens of the Commonwealth to help with prevention of elderly suicide and substance abuse.

Objective B.1: To educate the elderly in the responsible use of drugs and ways to deal with stress, depression, changes and loss so they can avoid suicidal tendencies.

Strategy B.1.1: The Virginia Department for the Aging will work with the Area Agencies on Aging to send out public education materials to senior citizens through newsletters and presentations to senior groups.

Status: Ongoing.

Strategy B.1.2: The Virginia Department for the Aging will work with the following groups to develop strategies to educate their members:

- a. American Association of Retired Persons (AARP)
- b. National Association of Retired Federal Employees (NARFE)
- c. Unions in Virginia
- d. Corporate retirement programs
- e. Virginia Council of Senior Citizens
- f. Virginia's Senior Citizen Clubs and Centers

Status: To be completed by June, 1990.

Strategy B.1.3: The Virginia Department for the Aging and the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services will prepare and distribute a brochure on warning signs, and resources available to help with the prevention of elderly suicide and substance abuse.

Status: To be completed by September, 1990.

Strategy B.1.4: The Governor's Advisory Board on Aging, with the Virginia Council of Churches, will disseminate public educational materials on the issue and educate members of churches and other religious organizations.

Status: To be completed by June, 1990.

Objective B.2: To educate family members and friends of the elderly to assist the elderly to cope with changes, loss and depression in a positive way to avoid substance abuse or suicide.

Strategy B.2.1: The Virginia Department for the Aging will work with corporations and businesses to train 'Gatekeepers' (e.g. personnel directors, retirement specialists, employee assistance program staff and employees who are caring for elderly relatives) in ways to help with prevention of elderly suicide and substance abuse.

Status: To be completed by December, 1990.

Strategy B.2.2: The Virginia Department for Health will make information available on the topic in local clinics and will include appropriate instruction in the recognition and treatment of mental health and substance abuse problems in continuing medical education programs for the medical staff of the Department.

Status: To be completed by December, 1990.

Strategy B.2.3: The Virginia Department for the Aging will work with the Virginia Medical Society to make available in the offices of physicians and other health professionals public educational materials on prevention of elderly suicide and substance abuse.

Status: To be completed by September, 1990.

Strategy B.2.4: The Governor's Advisory Board on Aging, with the Virginia Council of Churches, will send out information on the issue and educate members of churches and religious organizations. The Governor's Advisory Board will also send materials to various support groups which assist with prevention and treatment such as AL-Anon, Alcoholics Anonymous, caregiver support groups.

Status: To be completed by December, 1990.

Strategy B.2.5: The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services will conduct a pilot program of community transition support for elderly persons with primary and secondary diagnosis of alcoholism. The pilot program will ensure that necessary community supports are available to such persons to avoid unnecessary institutionalization.

Status: Contingent upon funding.

Objective B.3: To educate professionals about the problem of elderly suicide and substance abuse including contributing factors, warning signs and available resources.

Strategy B.3.1: The Virginia Department for the Aging and the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services will work with the Virginia Medical Society to conduct special outreach to Virginia physicians. Special emphasis will be placed on the need for referral for mental health or substance abuse treatment.  
Status: To be completed by December, 1990.

Strategy B.3.2: The Virginia Pharmaceutical Association will implement a number of responses to the problem of medication misuse:

(a) review the feasibility of setting up a writers and speakers bureau to provide information on proper medication use,

(b) investigate the possibility of a "brown bag" day which would allow elderly persons to bring their medications and over-the-counter drugs to a pharmacist for review of their medication profile,

(c) plan a state wide teleconference on medication usage and the older adult for pharmacists, physicians, and other health professionals,

(d) hold a two day seminar for pharmacists and other health professionals in Virginia on issues relating health care and the elderly, and

(e) sponsor a special public relations effort in May (Older Americans Month) on using prescriptions properly.

Status: In process, to be completed by May, 1990.

Strategy B.3.3: The Virginia Health Care Association, the Virginia Home Care Association, and the Virginia Association of Homes for Adults will hold training sessions on the issues of suicide and substance abuse among the elderly at their annual meetings and conferences.  
Status: To be completed by September, 1990.

Strategy B.3.4: The Virginia Department for the Aging and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services will work with the Area Agencies on Aging and the Virginia Community Services Boards of Virginia to conduct special training to educate state and local staff of their agencies. Topics covered will include:

(a) the extent of the problem of elderly suicide and substance abuse,

(b) how to access needed mental health, substance abuse, and supportive services, and

(c) how to cope with the stress of serving older persons and their families who are victims of suicide and substance abuse.

Status: To be completed by September, 1990.

Strategy B.3.5: The Virginia Department of Medical Assistance Services will conduct drug utilization reviews of all older recipients who receive more than the normal number of medications and refer such cases to physicians for review of medication as appropriate.

Status: Contingent upon funding.

Strategy B.3.6: The Department of Social Services, the Virginia Association for Home Care, and the Virginia Association of Homes for Adults, and the Virginia Association of Non-Profit Homes for the Aging, and the Virginia Health Care Association, will recommend that information on this issue be made a part of staff training curricula.

Status: To be completed by December, 1990.

Strategy B.3.7: The Virginia Department for the Aging will work with statewide housing agencies and organizations to distribute public educational materials to managers and staff of housing facilities for senior citizens.

Status: To be completed by March, 1990.

Strategy B.3.8: The Virginia Department for the Aging will distribute information on the issue to diverse other groups including other state agencies, such as the Department of Health Regulatory Professions, Virginia Cooperative Extension, other professional associations, such as the Virginia Nurses Association, police/fire rescue associations, hospital emergency room personnel, and volunteer groups such as Meals-On-Wheels.

Status: To be completed by December, 1990.

GOAL C: Increase the ability of selected health and human resources professionals to screen for conditions which may lead to suicidal tendencies or substance abuse and to refer such identified individuals for treatment with appropriate resources.

Objective C.1: To improve the ability of health services personnel, especially physicians, to recognize and treat physical and psychological conditions which contribute to suicide or substance abuse among the elderly.

Strategy C.1.1: The Virginia Department for the Aging will work with the medical institutions of Virginia universities and with the Virginia Medical Society to continue the development of training which qualifies for Continuing Medical Education credits and which addresses the issues of suicide and substance abuse by the elderly.

Status: To be completed by December, 1990.

Strategy C.1.2: The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department for the Aging will provide physicians with information on available sources of mental health and substance abuse services counseling for older persons.

Status: To be completed by September, 1990.

Objective C.2.: To train professionals in the fields of aging, mental health, and substance abuse services in the early detection, screening and treatment of substance abuse by the elderly.

Strategy C.2.1: Virginia Commonwealth University, with the Virginia Department for the Aging and the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services, will obtain a grant from the Administration on Aging to conduct statewide training on the subject of alcoholism and the older adult.

Status: COMPLETED.

Strategy C.2.2: The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services will provide funds for one halftime staff member in each Community Services Board who will be a source of technical assistance to local health and human resources professionals. Technical assistance will include strategies for prevention and and for treatment of elderly persons with suicidal tendencies or of elderly persons who are abusing alcohol, medications, or other drugs.

Status: Contingent upon funding.

Strategy C.2.3: The Virginia Association of Community Services Boards and the Virginia Association of Area Agencies on Aging will develop strategies to improve coordination of services at the local level targeted to older persons.

Status: To be completed by December, 1990.

Strategy C.2.4: The Virginia Long-Term Care Council will disseminate information on the issue to each Local Long-Term Care Coordinating Committee to further encourage a coordinated response to this problem among local health and human resource agencies.

Status: To be completed by April, 1990.

Strategy C.2.5: The Department of Mental Health, Mental Retardation and Substance Abuse Services and the Department of Social Services will train staff of homes for adults on alcoholism and the older adult.

Status: COMPLETED.

GOAL D: Evaluate the effectiveness of the Suicide and Substance Abuse Prevention Plan.

Objective D.1: To monitor progress in achieving the goals of the Elderly Suicide and Substance Abuse Prevention Plan.

Strategy D.1.1: The Virginia Department for the Aging will convene the Suicide and Substance Abuse Advisory Council annually to review progress on the plan.

Status: Annual.

Strategy D.1.2: The Virginia Department for the Aging will coordinate activities conducted under this plan with the activities conducted under the Interagency Comprehensive Substance Abuse Plan and the Comprehensive Prevention Plan for Virginia.

Status: Ongoing.

Strategy D.1.3: The Virginia Department for the Aging and the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services will review the plan quarterly and will annually submit a review of the progress of the plan to the Governor and the General Assembly.

Status: Ongoing.

Objective D.2: To review the rate of elderly suicides and of substance abuse by the elderly in Virginia.

Strategy D.2.1: Virginia Department of Health will review available data annually to determine changes in the rate of suicide of older Virginians.

Status: To be completed by June, 1990.

Strategy D.2.2: The Department of Mental Health, Mental Retardation and Substance Abuse Services and the medical institutions of Virginia universities will review available data annually to determine changes in the incidence of substance abuse by older Virginians.

Status: To be completed by December, 1990.

## COSTS OF IMPLEMENTING STRATEGIES

Funding will be required to complete all the strategies outlined in this Plan. However, many of the strategies can be addressed using current resources. The agencies and organizations who participated in the development of the plan are aware of the need for funding for certain strategies. Special resources have been obtained to complete specific strategies. Of particular note is the award of a grant from the Administration on Aging to Virginia Commonwealth University. This grant will implement a statewide model detection and prevention program for geriatric alcoholism. Federal funds for \$137,773 have been matched with existing state resources for a total project commitment of \$256,759. This project will address Objective C.2 — To train professionals in the fields of aging, mental health, and substance abuse services in the early detection, screening and treatment of substance abuse by the elderly.

Funding is still being sought for other strategies. The following strategies would need additional resources:

Strategy A.1.2: Virginia Commonwealth University will investigate the experience of family members who have experienced the death of a loved one through suicide. Funding needed: \$31,000.

Strategy A.1.3: The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services will investigate the experience of older persons who are survivors of suicide attempts. Funding needed: \$40,000 .

Strategy A.1.4: The Medical College of Virginia will investigate the prevalence, incidence and distribution of depression among older Virginians in the different areas of the Commonwealth. Funding needed: \$70,000.

Strategy B.2.5: The Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services will conduct a pilot program of community transition support for elderly persons with primary and secondary diagnosis of alcoholism. The pilot program will ensure that necessary community supports are available to such persons to avoid unnecessary institutionalization. Funding needed: \$50,000 for a one-year pilot program.

Strategy B.3.5: The Virginia Department of Medical Assistance Services will conduct drug utilization reviews of all older recipients who receive more than the normal number of medications and refer such cases to physicians for review of medication as appropriate. Funding needed: \$125,000 annually.

Strategy C.2.2: The Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services will provide funds for one halftime staff member in each Community Services Board who will be a source of technical assistance to local health and human resources professionals. Technical assistance will include strategies for prevention and for treatment of elderly persons with suicidal tendencies or of elderly persons who are abusing alcohol, medications, or other drugs.  
Funding needed: \$800,000 annually.

## CONCLUSION

Further research into the issues of suicide among the elderly and alcoholism and medication misuse by the elderly essential. Now, we can not accurately determine the reasons for the higher incidence rate in Virginia for suicide among its older population. Nor can we know the reasons why elderly Virginians who commit suicide do so with the use of a firearm at a rate which also exceeds national norms.

Various hypothesis have been put forward to explain the high suicide rate. A changing societal structure and loss of traditional bonds is affecting many areas of Virginia. Firearms are easy to obtain in the Commonwealth of Virginia. Virginia has many military retirees with knowledge of and access to firearms. There may be data-related factors which impact the rate. It is possible that the high rate of use of firearms would more often result in a clear finding of suicide than other lethal methods. Conservative attitudes of older persons themselves may make it difficult for them to admit to the need for counseling assistance. Finally, there is an apparent lack of counseling and supportive services for older Virginians. However, none of these seemed to provide valid answers to the basic questions. Therefore, further review of the situation is warranted.

The full implementation of the strategies suggested in this plan would result in a clearer profile of the elderly person who is prone to suicide. Information would be available on the causes of suicide and alcohol abuse and drug misuse. Specific prevention efforts could then be more focused on a target population.

Secondly, it is critical to train health professionals who could facilitate the early identification of potential suicide tendencies or substance abuse problems. Community resources available to older persons should be a key part of the



information provided. Although physicians are the first group to be approached, all professionals who work with the elderly will need access to improved educational materials and training on warning signs of suicidal or self-abusive behaviors.

The plan offers several strategies to upgrade the skills of various professionals. The enhanced abilities to identify the problem and to refer persons for help will improve the response of the health and human service delivery system to older Virginians.

Finally, implementation of the Plan will make older persons themselves and their families and caregivers more aware of the problems and solutions to suicidal behaviors and substance abuse issues. Educational materials on suicide and substance abuse among the elderly will increase the knowledge of the general population with special emphasis on the elderly and their caregivers. Various consumer groups, local human services agencies, religious organizations, and the media will be able to provide better guidance to their members in how to prevent and cope with suicide and substance abuse by the elderly.

This Plan offers the chance to improve the quality of life for many older Virginians. The Plan responds to problems experienced by a significant number of Virginia's elderly. The process of developing the Plan forged a partnership of human service professionals committed to reducing the incidence of the problems of substance abuse and suicide among the elderly. The achievement of the goals and objectives in the Plan will help stop the tragedy of unwarranted premature death of older Virginians and will help older Virginians to avoid the misery of deteriorating health caused by medication misuse and alcohol abuse.

## APPENDIX A

VIRGINIA DEPARTMENT FOR THE AGING  
Suicide And Substance Abuse Invitation List

Ann Bender  
Executive Director  
Valley Program for Aging Services  
P.O. Box 817  
Waynesboro, VA 22980  
(703) 949-7141

C. M. G. BATTERY  
Commissioner  
Department of Health  
Madison Building, Room 400  
109 Governor Street  
Richmond, VA 23219  
(804) 786-3561

Beverly Sobel  
Asst. Executive Director  
Virginia Health Care Association  
2112 West Laburnum Avenue  
Richmond, VA 23227  
(804) 353-9101

Christopher C. Colenda, III  
Director of Geriatric  
Psychiatry  
MCV/VCU  
P.O. Box 710  
Richmond, VA 23298  
(804) 786-91577

Saundra Rollins  
Director Geriatric Services  
Department of Mental Health, Mental  
Retardation and Substance Abuse  
Services  
Madison Building, 13th Floor  
109 Governor Street  
Richmond, VA 23219  
(804) 786-8044

Larry D. Jackson  
Commissioner  
Department of Social Svcs  
8007 Discovery Drive  
Richmond, VA 23288  
(804) 662-9236

Pat Watt  
Deputy Director  
Department of Medical Assistance Services  
600 East Broad Street  
Richmond, VA 23219  
(804) 786-7933

Richard W. Lindsay, M.D.  
Governor's Advisory Board  
University of Virginia Hosp.  
Box 157  
Charlottesville, VA 22908  
(804) 925-5835

John Hasty  
Virginia Pharmaceutical Association  
3119 West Clay Street  
Richmond, VA 23230  
(Mailing Address)  
1 Enterprise Parkway  
Suite 250  
Hampton, VA 23666  
1-800-950-6688

James McDonald  
General Administer  
Virginia Council of Churches  
2321 Westwood Avenue  
Richmond, VA 23230  
(804) 353-5587

Dale McMahon  
 Henrico Mental Health Center  
 10299 Woodman Road  
 Glen Allen, VA 23060  
 (804) 266-4991

Nancy J. Osgood, Ph.D.  
 VA Commonwealth University  
 Department of Gerontology  
 1010 East Marshall Street  
 MCV Station, Box 228  
 Richmond, VA 23298  
 (804) 786-1568

Michael Osorio  
 Virginia Association of Homes for Adults  
 3113 West Marshall  
 Richmond, VA 23230  
 (804) 353-8988

Edna Paylor  
 Executive Director  
 Virginia Association of  
 Non-Profit Homes for the  
 Aging  
 4900 Augusta Avenue  
 Richmond, VA 23230  
 (804) 353-8141

Karen Selden  
 Virginia Association for Home Care  
 1501 Santa Rosa Road  
 Richmond, VA 23288  
 (804) 285-8636

Mary Spencer, Ph.D.  
 Executive Director  
 Shenandoah Area Agency on  
 Aging, Inc.  
 15 North Royal Avenue  
 Front Royal Avenue  
 Front Royal, VA 22630-2611  
 (703) 869-4100/635-7141

Karen Starosta  
 Northwestern Community Mental Health  
 Center  
 1850 Cameron Glen Drive  
 Reston, VA 22090  
 (703) 481-4100

Debbie Oswalt  
 Deputy Secretary of Health  
 and Human Resources  
 Ninth Street Office Building  
 302 North Ninth Street  
 Room 622  
 Richmond, VA 23219  
 (804) 786-0819

## APPENDIX B

# 1989 SESSION

LD6966559

## HOUSE JOINT RESOLUTION NO. 365

Offered January 24, 1989

*Requesting the Department for the Aging to develop a Statewide Suicide and Substance Abuse Plan for the Elderly.*

Patrons—Rollison, Orebaugh and Van Yahres

Referred to the Committee on Health, Welfare and Institutions

WHEREAS, the 1988 General Assembly, in House Joint Resolution 156, requested the Department for the Aging to study suicide among the elderly and substance abuse by the elderly; and

WHEREAS, the results of the study indicated that older Virginians commit suicide at a rate significantly higher than the national rate (21.7 per 100,000 elderly Virginians compared to 19.8 per 100,000 elderly nationally) and that the rate of suicide among elderly Virginians is sixty-eight percent higher than the state suicide rate, and seventy-six percent higher than the state's youth suicide rate; and

WHEREAS, Virginia loses an elder to suicide every 2.9 days, and elderly Virginians use firearms to commit suicide at a rate proportionally higher than do the elderly in the nation; and

WHEREAS, research indicates significant variations in suicide rates in different regions within the Commonwealth; and

WHEREAS, although the study of substance abuse by the elderly is hampered by a lack of accurate and reliable data, preliminary investigation indicates that the potential for substance abuse by the elderly of prescription drugs or a combination of prescription drugs, over-the-counter drugs and alcohol is significant; and

WHEREAS, many elderly use at least two to three prescription drugs daily, and it is reported that one-third of the elderly do not take their prescriptions correctly; and

WHEREAS, physiological changes which occur with aging increase the risk for drug interactions and toxicity and may contribute to misuse of medications; and

WHEREAS, nearly ten percent of the elderly population may abuse alcohol, and the psychological effects of alcohol are more deleterious in the elderly than in the young; and

WHEREAS, the potential for suicide by the use of alcohol, prescription drugs, over-the-counter drugs, or a combination of these substances is significant, and the risk of suicide among the elderly alcoholic is five times greater than among the nonalcoholic; and

WHEREAS, elderly Virginians do not appear to effectively utilize substance abuse treatment centers to help alleviate drug abuse problems, and numerous factors, such as physical and mental illness, gender, race, marital status, and religion, have a significant effect on the suicide rate of elderly Virginians and on the rate of substance abuse by the elderly; and

WHEREAS, findings of the study indicate that a suicide and substance abuse prevention plan is needed; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Department for the Aging is requested to develop a State Suicide and Substance Abuse Plan for the Elderly. The Department for the Aging shall collaborate with the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Area Agencies on Aging and the community services boards in the development of the Plan.

The Plan shall include the following:

1. Research to determine the reasons for the higher rates of elderly suicide in Virginia and the frequent use of firearms;

2. Education for (i) the elderly in the use of drugs and ways to deal with stress, depression, changes and loss to avoid suicidal tendencies; (ii) the family to enable them to recognize signs of potential substance abuse and misuse and suicide tendencies; (iii) professionals to assure awareness and coordination of services; (iv) the public to increase

