AVOIDANCE OF DRUG DEPENDENCE: A RECONTEXTUALIZATION OF A STUDY OF OLDER AFRICAN AMERICANS

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Introduction

During the mid 2000s a collaboration between two qualitative researchers produced interesting findings, on what was then a growing concern in African American communities. At the time there were rising numbers of HIV infected community-dwelling individuals associated with illicit drug use. The number of older Americans with Substance Use Disorders was expected to rise from 2.8 million in 2002 to 5.7 million by 2020. The original study utilized data from two qualitative studies (Locks, 2006; Pope, 2007). The two studies focused on older African Americans at opposite ends of a healthy aging continuum to explore the utility of Winick’s (three pronged) Theory of Drug Dependence in predicting drug reliance in a given cohort. The three prongs are role strain/deprivation, easy access, and low proscription.

Purpose

The purpose of the current study is to recontextualize the merit of Winick’s Theory as it relates to the national public health crisis of opioid dependence. The theory previously demonstrated its predictability of substance dependence during the Vietnam war and the heroin epidemic of the sixties. According to Winick, to the extent that all three prongs of the theory are met, there will be a greater likelihood of use merging into dependence. In the current national outcry, only two prongs are met. So there should be a lesser likelihood of a user becoming dependent. The threshold to dependence is more likely to be crossed when all three prongs are operative.

Research Question

Several questions arise in the current study evaluation. Upon first glance, in the presence of our national outcry, one could surmise that the Winick’s Theory of Drug Dependence lacks criterion validity and has failed test-retest reliability. Why is this three-prong theory no longer able to be a predictive measure of opioid and substance dependence among older African American adults? Are there new or different national factors that have yet to be identified that are impacting the results?

Methods

In an examination of the current opioid crisis, the present study, using the findings from, Pope, Locks and Walhagen (2008), the authors recontextualized Winick’s Theory of Drug Dependence. This critique examined the criterion validity and reliability of Winick’s Theory of Drug Dependence.

Results

The initial findings of this recontextualization of the qualitative study, Winick’s Drug Dependence Theory in Two Studies of Older African Americans, did not prove the validity of Winick’s (three prong) Theory of Drug Dependence. Only two of the theory prongs were actively engaged. The third prong, low proscription against use was inactive. In spite of the high outcry, the numbers of dependent users continued to rise.

Conclusion/Summary

Although the third prong of Winick’s theory appeared to be inactive, it was not. Upon closer examination, the older adults’ usage was initiated by a lack of physician stewardship in the distribution of prescription opioids. The users were following the advice of their physicians and maintained compliance. The pharmaceutical companies were not forthright about the addictive properties of opioids, and did not indicate that this category of drugs should be time constrained. Additionally, the complexity of this crisis revealed a collaboration between the medical machine, big Pharma and government in clandestine meetings about product labeling, which allowed the cycle of abuse to grow exponentially.

Implications

Clearly, there is a need for change in the regulations and distribution of opioids. The policies and procedures for federal regulation need to be aligned and a transparent process. More oversight and restriction of Medical and/or big Pharma lobbyists’ influence on law makers is essential. This crisis is a public health issue which needs community education and the provision of services for older adults.

Frameworks

Locks’ and Pope’s Models

Winick’s 3 Prong Theory

References

References supplied on demand. Please use contact information below to request complete copy of reference pages:

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Enhancing Legal Rights of Older Persons Through Law School Experiential Programs in Hawaii: Legal Issues for Older People – Policy and Practice Initiatives at the University of Hawaii

Introduction
Hawaii is the most diverse state in the United States and has a unique cultural ethos. Public policies and practices related to the legal rights of older persons may be positively influenced by law school experiential programs that integrate law, gerontology, healthcare, and ethics.

Abstract
Education, training, direct legal services, information and advocacy resources are all available at the University of Hawaii Elder Law Program. Clinical courses at the law school provide law students and other graduate students with experiential opportunities to learn more about the practical side of lawyering while assisting underserved older populations and advocating for legal reform in a diverse society. The two authors have experience in teaching at the law school, medical school, nursing school, and school of social work as well as providing continuing education sessions for professionals in the community. Integrating “elder law” into the curricula of professional schools and continuing education programs has progressed incrementally over the years and has positively influenced other professionals in their thinking about the legal rights of older persons. The authors also have years of experience at providing direct legal services to under-served older persons and their caregivers and in helping draft legislation regarding Elder Abuse, Health Care Decision-Making, Veterans Courts and Medical Aid in Dying.

Background/Relevance
Public policy and legal services to protect vulnerable populations such as socially and economically needy older persons and veterans have not kept up with the need in the community. Advocacy on behalf of such populations is constrained due to competing demands of other segments of the population and traditionally have been very limited. The University of Hawaii Elder Law Program was established as an experiment to determine the feasibility of utilizing resources primarily intended for academics and utilizing them to provide greater access to justice for older persons in Hawaii.

Research Question/Hypothesis
Can law school experiential programs that integrate law, gerontology, healthcare, and ethics expand quality legal services and advocacy for older persons at low cost while at the same time providing future law and healthcare practitioners adequate preparation for serving older persons and helping change laws affecting older persons in Hawaii?

Methods/Methodology
This is a non-scientific report based on statistical records maintained by the University of Hawaii Elder Law Program of clients served, students graduated, and statutes enacted in Hawaii and personal observations by the authors on the effect the University of Hawaii Elder Law Program has had on the delivery of legal services to older persons over the past 25 years.

Participants/Sample
The University of Hawaii Elder Law Program, students, socially and economically needy older persons and caregivers, legal and healthcare practitioners and agencies serving older persons.

Results
For over 25 years, the University of Hawaii has steadily enhanced the quantity and quality of legal services to older persons and veterans while increasing the number of lawyers serving such populations, often on a pro bono basis. At the same time, the program has successfully advocated for a number of bills in the Hawaii State Legislature that have become law including Adult Protective Services, Health Care Decision-Making, Veterans Courts and Medical Aid in Dying. The program only has two full-time staff funded in part by grants. They teach “elder law” and health law topics at the law school, school of medicine and school of nursing and operate an elder law clinic at the law school. Every semester, they are assisted by numerous law students and volunteer lawyers from private practice. The elder law clinic provides no-cost direct legal services to socially and economically needy older persons and caregivers. Since its inception, the program has served over 15,000 clients at no additional cost to the law school. Over 300 law student have graduated from our clinical program after having served real clients with real legal issues. Over 1,000 lawyers, doctors, nurses, social workers have studied together in classes taught in an interdisciplinary atmosphere stressing legal issues. Many have continued to serve older persons the community in their respective professions. The overall effect has been an increase in awareness of the legal rights of older persons and greater access to justice for this generally under-served population.

Conclusion/Summary
Law school experiential programs can enhance legal protections and services for vulnerable groups at a reasonable cost while providing law students and health care graduate students with experience in working with real clients on real legal issues in a multidisciplinary manner.

References
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