

Knowledge and Attitudes of Social Work Students Regarding Substance Abuse among Older Females

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Alabama social work students' substance abuse knowledge and attitudes toward elderly female substance abusers are the focus of the current research. Undergraduate students enrolled in fourteen accredited schools of social work throughout Alabama were asked to complete an on-line survey assessing their substance abuse knowledge, the source of their knowledge, and their attitudes toward the rapidly growing elderly female population—some of whom may abuse substances. Results indicate that while students have gained a considerable amount of knowledge about substance abuse through personal experiences, they tend to hold negative attitudes toward elderly female addicts.

It is hard to imagine elderly women as part of the substance abuse problem in this country. Substance abuse is often portrayed in headlines such as “Authorities Break-Up Marijuana Smuggling Ring” or “Meth Lab Discovered in Suburbs,” headlines that conjure up images of young criminals, not older women. The media bombard us with sensationalized stories about illegal drugs, rarely informing readers of abuse issues involving legal substances such as alcohol or prescription medications—certainly not as an issue concerning the older female. However, over the next few years, elderly addiction is predicted to become a significant problem with the aging of the “baby boom” generation (Blow, 1998).

Social workers are likely to encounter the issue of elderly substance abuse in their profession. Even if they do not directly practice in the field of substance abuse, social workers inevitably deal with chemical dependency, as addiction underlies many social problems such as child welfare cases of abuse and neglect, unemployment, need for housing, and health concerns, just to name a few. For this reason, it is important for practitioners to become informed and be prepared to intervene.

Literature Review

Overview of Addiction

The National Institute on Drug Abuse (NIDA, Prescription Pain, 2005) defines addiction as “compulsive, often uncontrollable drug use in spite of negative consequences” (p. 2). Developing an addiction involves passage through three progressively maladaptive stages of substance use. First, most people begin using substances on an experimental basis. Some may try drugs in order to be part of the “in crowd.” Still others begin their misuse through legitimate prescriptions to control pain or treat other conditions. It is assumed that no one starts out with the intention of becoming addicted. However, when use results in continual problems, a person may pass into the second stage of addiction—substance abuse.

The criteria for diagnosis of substance use disorders is found in the American Psychiatric Association’s (APA’s) *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000)*. Neither the length of time using a substance nor the amount of substance used indicates a substance abuse diagnosis; instead, the presence of recurrent negative consequences within a twelve-month period suggests a problem. Behavior such as continued use despite the inability to maintain employment, familial, or educational responsibilities; repeated involvement in dangerous behavior while using; chronic substance-related legal problems; or prolonged use in spite of negative social effects could each suggest substance abuse (APA, 2000). Eventually, substance abuse can change brain functioning, resulting in the third stage of addiction—substance dependence (NIDA, *Understanding Drug Abuse, 2005*).

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), substance dependence is considered the most severe level of addiction (Office of Applied Studies, 2006, p. A-8). Criteria include a remarkably increasing tolerance for and symptoms of withdrawal from the substance; longing to regulate its use; spending a significant amount of time associated with using; giving up normal life activities;

and continuing use in the face of physical or mental problems. Should three or more criteria occur within a twelve-month period, a diagnosis of substance dependence could be made (APA, 2000).

Elderly, Female, and Addicted

Although using any number of substances can lead to abuse or dependence, the current study specifically examined social work students' knowledge concerning and attitudes toward elderly females, age 55 and up, who abuse alcohol and prescription medication. Despite the fact that these substances are legal, if an elderly female abuses them, the results could be increased social isolation, impaired relationships with family and friends, serious chronic health problems, or even death (Colleran & Jay, 2002). Attempting to use the above-mentioned *DSM-IV-TR* criteria to diagnose an elderly female with substance use disorders may be difficult as the criteria were developed with younger adults in mind.

At this point, very little research exists on the older adult's adherence to alcohol and drug use guidelines. Available studies agree that, historically, elderly women do not abuse substances (Blow, 1998; Blow & Barry, 2003; Braunschweig, 2004; Eliason, 1998; Hanson & Gutheil, 2004; Hinkin, Castellon, Dickson-Fuhrman, Daum, Jaffe, & Jarvik, 2001). However, substance abuse expert Frederick Blow (1998) predicts that the current trend of declining alcohol and drug use with increasing age will reverse as the number of elderly female baby boomers increases. Calling this possible health crisis "an invisible epidemic," Blow (1998) suggests that a deficit in clinician knowledge of substance abuse among older females, the existence of comorbid diseases or symptoms resulting from substance abuse, or perhaps denial of a problem on the part of the older patient may all contribute to the under-diagnosis of substance abuse in this population.

Baby Boom Generation

By the year 2020, the "baby boom" generation will all be over 55 years of age. These age cohorts, born between 1946 and 1964, grew up in the 1960's and 1970's—an era characterized by "sex, drugs, and rock-n-roll." Millions experimented with drugs during this period and, as a result, their beliefs about drug and alcohol use may be more tolerant than previous generations' (Blow, 1998). However, even if not at an increased risk, the sheer size of the baby boomer generation will significantly increase the magnitude of substance abuse among the elderly female population. The

U. S. Census Bureau (2000) predicts that the elderly population will swell from 59 million in the year 2000 to 74 million by 2020. Proportionally, the number of elderly needing substance abuse treatment is expected to rise from 1.7 million in 2000 to 4.4 million in 2020 and may be especially significant for women as females tend to outlive their male counterparts (U. S. Census Bureau, 2001).

Knowledge and Attitudes

For a good portion of Americans, when we hear the term “drug addict,” we get a mental image of a dirty, homeless, and possibly dangerous young male. On the other hand, maybe we think of a thin, gaunt older male living on Skid Row. While both are certainly examples of people in the throes of addiction, neither gives an accurate picture of most persons who are dependent on drugs or alcohol. Women over 55 who are dependent on prescription medications, or who mix narcotics with a couple of glasses of wine every night, do not fit the drug addict stereotype. However, experts estimate that up to 17% of adults over 50 misuse alcohol and prescription drugs (Blow, 1998). Ageism, embarrassment, and denial all contribute to society’s tendency to ignore elderly substance abuse. Consequently, social service providers may need to change previously held beliefs about the issue of elderly addiction (Gfroerer, Penne, Pemberton, & Folsom, 2002).

One way to inform those on the front lines of social service is to educate undergraduate social work students of the impending explosion of substance abuse among older females. Recent studies by Schwarz (1997), Gassman, Demone, and Albilal (2001), and Giannetti, Sieppert, and Holosko (2002) surveyed both undergraduate and graduate students about their knowledge and attitudes toward substance abusers in general. Results indicated that a significant number of the undergraduate social work students they surveyed held negative attitudes toward substance abusers. In contrast, graduate level students were found to be more knowledgeable and to have more positive attitudes than undergraduates about substance abuse, due to their educational and professional experiences. The authors surmised that these graduate students held a more positive attitude toward those with substance abuse issues due to their increased knowledge. According to Gassman et al. (2001), education, research, and clinical contact with substance abuse clients, rather than subjective personal experience, provide students with facts about substance abuse, which subsequently improve their attitudes toward chemically addicted clients.

Sources of Knowledge

The undergraduate social work curriculum is designed to prepare the student for generalist practice—not specialization in areas such as substance abuse. Broad topics such as working with individuals, groups, and communities offer little opportunity to focus on any one field of practice. Some schools may offer an elective course on addiction to undergraduates; however, electives may not offer the student information on this topic. Similarly, optional classes on aging may only touch on substance abuse or medication problems associated with old age. Schwarz (1997) surveyed a small number of undergraduate and graduate social work students to determine their sources of substance abuse information as well as both knowledge levels and attitudes toward substance abuse in general. Results indicated that graduate students were no more experienced with substance abusers in their personal lives than were undergraduate students. However, graduate students demonstrated more knowledge of substance abuse with the majority of their learning resulting from education and practicum courses.

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) offers resources for improving social work students' knowledge of and attitudes toward older females who abuse substances. One such resource is found in NIAAA's Professional Education Materials. Modules included in *Social Work Education for the Prevention and Treatment of Alcohol Use Disorders* (2004) present information on the history of alcohol use in this country, current problems associated with its use, strategies to treat its misuse, and details about working with special populations. This free, comprehensive set of educational materials could provide social work educators with the necessary tools to increase their students' knowledge of substance abuse in the elderly female population.

Current Research Questions

As our population ages, the preparedness of the social work profession to meet the needs of our elderly is a concern. For example, do we, as a profession, know the signs and symptoms of drug abuse? Do we know and use elder-specific screening and assessment tools; or do we incorrectly assume that older individuals, especially females, cannot become addicts? In addition, what attitudes do we possess about addiction in general? Do these attitudes vary when considering the older female versus the younger male?

Based on previous research by Schwarz (1997), Gassman et al. (2001), and Giannetti et al. (2002), we hypothesized that the current research would demonstrate a positive relationship between students' scores on a test of substance abuse knowledge and their scores on a measure of attitudes toward abuse and addiction. Further, based on the same research by Schwarz (1997), Gassman et al. (2001), and Giannetti et al. (2002), we hypothesized that, regardless of the level of knowledge, student attitudes would tend to be negative in response to an elderly female vignette compared to a younger male vignette. In an attempt to test these hypotheses, the following research questions were posed:

- What level of substance abuse knowledge do current baccalaureate social work (BSW) students in Alabama hold?
- How have BSW students acquired their knowledge of alcohol and drug abuse?
- What are BSW students' attitudes toward older females (55 years and up) who become addicted to substances?
- How are the levels of knowledge, the source of this knowledge, and the subsequent attitudes of these BSW students interrelated?

Methodology

There are few survey instruments available to gauge knowledge and attitudes toward elderly female substance abusers, just as there is little research involving women and substance abuse. Therefore, an instrument specific to social work students' knowledge and attitudes toward elderly female substance abusers was created, based on work by Colleran and Jay (2002) and Chappell, Veach, and Krug (1985). By combining information specific to elderly female substance abusers (Colleran & Jay, 2002) with a questionnaire given to medical students to determine their knowledge and attitudes toward substance abuse (Chappell, Veach, & Krug, 1985), an applicable instrument was created (see Appendix A).

Fourteen schools of social work across Alabama were contacted as prospective sources of survey participants (see Appendix B). A total of seven schools obtained Institutional Review Board approval for administration of the survey to their students during the summer 2006 term and thus were able to offer their students an opportunity to complete the questionnaire. At the end of the summer 2006 term, responses had been received from 27 students. In the fall 2006 term, the seven participating schools were again asked to encourage their students to participate in this study, which yielded an additional eight participants for a total of 35.

SurveyMonkey.com was used for data collection. Each participating school forwarded an Informed Consent document to their junior and senior social work students, who were randomly assigned one of two links that enabled participants to access the survey. Respondents first read a vignette portraying either a 55-year-old female client or a 35-year-old male client. The only difference in the two was client demographic information. The 55-year-old female vignette reads as follows:

You have just been hired at a local social service agency. Your job as a case manager is to assess the needs of clients who come to the agency and, if possible, broker agency resources to these clients. Today, a 55-year-old female client shows up needing assistance with paying for medication and buying food until her food stamps are allotted in two weeks. You pull the case file and realize it is quite thick. While looking through the case notes, you see where three co-workers noted “suspicion of alcohol and pain medication abuse.” Further in the record, notes indicate that the client has refused to talk about this issue, much less address it through some form of treatment. This day is no different.

You sit down with the client to finish the intake forms where you learn that she receives income of \$700 per month; \$120 in food stamps; and Section 8 covers all but \$105 of the client’s apartment rent. The client leans over your desk and immediately, the smell of alcohol overwhelms you. When you ask the client if she has been drinking, the client becomes extremely defensive, refusing to talk about the issue. The client eventually calms down and asks that you hurry up as she has an appointment to see her probation officer for a Driving While Intoxicated (DUI) charge received last month.

After reading the passage, participants were asked to rate 12 knowledge and 16 attitude statements using a Likert-type rating scale. After that, dichotomous “true” or “false” responses were captured for eight items to determine the source of substance abuse knowledge; six items addressing demographic characteristics concluded the questionnaire. Students rated their level of agreement or disagreement with each item by choosing from five responses: strongly agree, agree, unsure/neutral, disagree, and strongly disagree.

Coding of answers varied according to the factor being measured. For students' substance abuse knowledge level, correct answers scored a one while incorrect and unsure/neutral answers rated a zero. These data were then totaled to achieve each respondent's knowledge level score. Higher numbers represented higher knowledge levels. To identify the source of this knowledge, "yes" responses were coded as one and "no" answers as zero. An average of responses to each source variable produced a collective percentage for each source. In assessing each student's attitude toward elderly female or young male substance abusers, responses to the attitudinal statements were coded into three predetermined categories. For instance, a more positive response counted as a one, a moderate response rated a two, and a more negative response scored a three. Once all the responses were coded, each student's scores on attitudinal statements were summed. A higher number equates to a more negative attitude level. Finally, open-ended statements collected most demographic information; no coding was necessary.

Results

Data from the 35 participants were collected and analyzed using SPSS software. Because the respondents were not asked which school they attended (to avoid identifying any particular schools with the outcomes of the study), there was no way to determine if participation by students was proportional to the number and size of programs participating.

Participants

Five of the 35 participants did not complete the demographic items, so the following information describes only 30 of the participants.

Gender. As seen in Table 1, female respondents (71.4%) outnumbered males (14.3%) five to one.

Race. The racial makeup of the respondents, as seen in Table 2, resembles the racial makeup of NASW members. Most respondents were European American (51.4%) followed by African American (22.9%) and Indigenous Americans (5.7%). One respondent replied "other."

Table 1. *Frequency and Percentage of Participants' Gender*

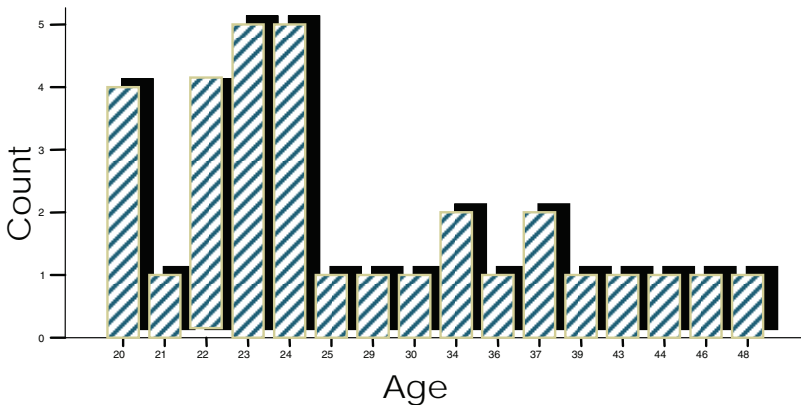
Gender	Frequency	Percent
No Answer	5	14.3
Males	5	14.3
Females	25	71.4
Total	35	100.0

Table 2. *Frequency and Percentage of Participants' Race*

Race	Frequency	Percent
African American	8	22.9
Euro American	18	51.4
Indigenous American	2	5.7
Other	1	2.9
Rather Not Say	2	5.7
No answer	4	11.4
Total	35	100.0

Age. The ages of respondents (see Figure 1) ranged from early twenties to late forties. As seen in Figure 1, the occurrences of each age ranged from a minimum of one to a maximum of five. The mean age for these students was 28, with the median at 24.

Figure 1. *Ages of Junior and Senior Social Work Students*



Year of school. As Table 3 indicates, eight juniors and twenty-two seniors participated in this study. The other five respondents gave no answer for this question.

Table 3. *Descriptives of Knowledge Scores for Junior and Senior Social Work Students*

Knowledge Level	N	Range	Minimum	Maximum	Mean	Std. Deviation
Junior	8	42	50	92	77.08	14.605
Senior	22	25	67	92	84.09	7.232

Knowledge of Substance Abuse

Knowledge levels were compared for junior and senior undergraduate students. Referring back to Table 3, findings indicate that junior students averaged 77.08% of the knowledge items correct while seniors scored higher, with 84.09% accurate.

Another noteworthy finding was the minimum and maximum scores for both classes (see Table 3). For juniors, the lowest score was 50, while the minimum for seniors was 67. Both classes scored a maximum of 92. Thus, the range of knowledge level scores for juniors equaled 42, for seniors 25.

Sources of Knowledge about Substance Abuse

As seen in Table 4, a significant number of students (80%) indicated that the school of social work they attend offers classes on addiction while less than half (40%) had actually taken a class. Because we intentionally disregarded the identity of the schools attended, there was no way to distinguish which schools in Alabama offer a class on addiction or which schools may have more students attending substance abuse classes.

Table 4. *Frequency and Percentage of Social Work Students' Substance Abuse Knowledge Sources*

Source	Sum	Percent
School Offers Class	28	80%
Have Taken Class	14	40%
Knowledge From Family	19	54%
Knowledge From Friend	18	51%
I Am in Recovery	2	6%
Knowledge From Field Placement	2	6%
Knowledge From Volunteer Experience	4	11%
Knowledge From Media, Other Experience	29	83%

Family and friends made up a substantial number of respondents' source of knowledge, as 54% and 51% of the students, respectively, chose these options. Even more noteworthy is the fact that 83% attributed their knowledge to TV or radio news, research, etc. Sources such as field placement (6%) and volunteer work (11%) did not provide information for many students.

Attitudes about Addiction

In order to gauge students' attitudes, two types of attitudinal statements were employed. First, eight *direct* statements, such as "Cocaine, heroin, and methamphetamine addicts should be jailed," straightforwardly assessed the students' attitudes toward addiction. All but seven respondents rated the direct statements in a professionally expected manner, as indicated by 28 students' attitudes falling into the most positive column in Table 5.

Table 5. *Distribution of Answers to Direct Attitude Questions According to Vignette Read*

Vignette Read	Most Positive	Moderate	Most Negative	Total
Female	21	2	4	27
Male	7	1	0	8
Total	28	3	4	35

On the other hand, statements such as “I would not provide services to this client unless he/she agrees to enter substance abuse treatment,” were meant to subtly uncover the students’ attitudes toward substance abuse. Only nine students’ attitudes measured most positive when rating these eight *indirect* statements, as indicated in Table 6. The difference between direct and indirect responses was statistically significant ($p=.000$). Overall, students’ attitudes averaged out to 17 most positive, 14 moderately positive, and 4 most negative (see Table 7).

Table 6. *Distribution of Answers to Indirect Attitude Questions According to Vignette Read*

Vignette Read	Most Positive	Moderate	Most Negative	Total
Female	7	14	6	27
Male	2	5	1	8
Total	9	19	7	35

Table 7. *Distribution of Answers to All Attitudinal Questions According to Vignette Read*

Vignette Read	Most Positive	Moderate	Most Negative	Total
Female	13	10	4	27
Male	4	4	0	8
Total	17	14	4	35

Female versus Male Vignette

Tables 5, 6, and 7 support the hypothesis that attitudes toward older females will tend to be negative. Of those who read the 55-year-old female vignette, two students rated the direct statements in the moderate category and four fell into the most negative category. Only one student rated the direct statements in the moderate range and none rated most negative after reading the 35-year-old male vignette. Similarly, as indicated in Table 6, 14 indirect statement responses fell into the moderate and six rated in the most negative column for those reading the female vignette. Only five students rated moderate and one scored in the most negative category after reading the male vignette. Taken as a whole (see Table 7), attitudes of those who had read the 55-year-old female vignette were moderate in 10 cases and negative in four cases. In contrast, four of those who had read the 35-year-old male scenario scored moderately with none rating most negative.

Another noteworthy attitudinal result (see Table 8) is the considerable number (17) of those who read the 55-year-old female vignette whose ratings fell into the most negative column in response to the statement “I would let the client’s probation officer know that he/she is drinking.” Of those who read the 55-year-old female scenario, 63% fell into the most negative attitude category, in contrast to half of those who read the 35-year-old male scenario.

Table 8. *Frequency of Answers to Specific Attitudinal Question*

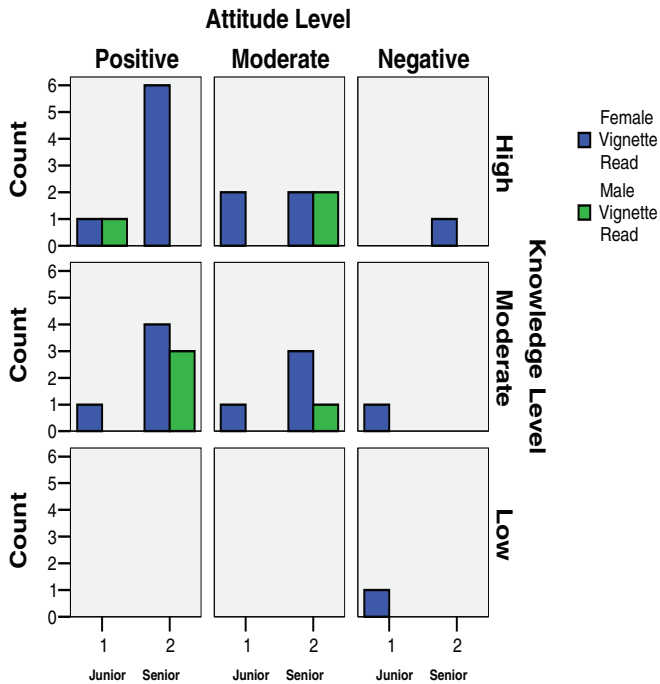
I would let the client's probation officer know that he/she is drinking.				
Vignette Read	Most Positive (Disagree)	Moderate (Unsure/ Neutral)	Most Negative (Agree)	Total
Female	4	6	17	27
Male	2	2	4	8
Total	6	8	21	35

Interrelationship of Knowledge, Source, and Attitude

To determine the interrelationship of knowledge of substance abuse, source of that knowledge, and attitudes toward elderly women who abuse substances, a Crosstabulation table was constructed (see Figure 2). The bars represent two categories of vignette read: blue represents those having read the 55-year-old female vignette while the green bars correspond to those having read the 35-year-old male scenario. Responses are displayed in each pane according to the students' year in school. Specifically, the pair of bars on the left side of each window indicates the number of junior students who read each vignette and the bars on the right stand for the senior students who read each vignette. The nine windows are divided vertically by the three levels of attitudes measured and horizontally by the three levels of knowledge computed.

As Figure 2 indicates, students who read the 35-year-old male vignette have a moderate to high level of knowledge and a moderate to positive attitude. While scores of those who read the 55-year-old female vignette were spread throughout the table, with three respondents rating a negative attitude, none of the male vignette readers scored in the negative attitudinal range. The table also shows that more seniors (60%) answered the knowledge questions at least moderately correct, as compared to juniors (38%).

Figure 2. Crosstabulation of Social Work Students' Year in School, Vignette Read, Knowledge Level, and Attitude Level



To understand further the relationship between knowledge and attitude, a regression analysis was conducted (see Table 9). Results revealed an interesting trend. Although the relationship between knowledge and attitude was not statistically significant ($p=.093$), it seems likely that statistical significance could be obtained with a larger sample.

Table 9. Analysis of Attitude Level as Affected by Knowledge Level

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	50.417	1	50.417	2.989	.093(a)
Residual	556.555	33	16.865		
Total	606.971	34			

Note. Predictors: (Constant), KNOWLEDGE. Dependent Variable: COMPUTE ATTITUDE = Q1TxNotWk + Q2NoServices + Q3ProbationO + Q4IsAlcoholic + Q5CHMJailed + Q6Avoid + Q7AddictWork + Q8NoSAL.

Discussion

Results relevant to the four research questions support both hypotheses, which were that (1) students' substance abuse knowledge and attitudes toward substance abuse and addiction would be positively related and that (2) regardless of the students' knowledge level, attitudes would tend to be negative toward older females who abuse substances. Juniors and seniors demonstrated a strong base of knowledge, as findings show 77% and 84% correct response rates, respectively. Much of students' information was derived from taking a class on addiction (40%) while other sources of knowledge such as field placement (6%) and volunteer work (11%) contributed very little to students' understanding of substance abuse. Of interest is that 80% of the respondents attributed some knowledge of addiction to media sources. Regardless of the source, findings support the hypothesis that as knowledge increases, attitudes regarding substance abusers become more positive, as 95% of senior respondents who scored moderately or higher on the knowledge questions also rated most positively on the attitudinal measure compared to only 75% of junior students rating the same. Responses to questions regarding students' attitudes toward older females (55 years and up) who become addicted to substances were in the predicted direction. Students' responses reflect a more pessimistic view of the elderly female addict and their ability to be helped through intervention.

The study further revealed that males seem to be more tolerant or accepting of substance abusers. Also, a number of students believe that some individuals who abuse substances are "not worthy" of intervention; in fact, some students believe they may be taking advantage of social services. Furthermore, students would inform probation officers or other professionals if their clients were abusing substances. At least 60% of participants answered in this manner even though doing so would violate the social work profession's code of ethics (NASW, 1999).

It is gratifying to find that knowledge appears to have a positive and direct effect on student attitudes towards those suffering with chemical dependence. However, it is disturbing to find that only 40% of the students surveyed took advantage of a class on addiction that is offered by 80% of the participating schools. In contrast, the media play a significant part in the knowledge base and subsequent attitudes of a large majority of students. While specific forms of media were not assessed, further research would be helpful to explore the effects of knowledge attained through education and the influence of roles portrayed through television or print materials on social service delivery.

Male respondents raised questions in terms of their more positive view of addiction and the recovery process. Do females believe that women addicts are beyond help? Does our society view the female addict as somehow more diseased than men? If so, do these beliefs impede the social work profession from appropriately identifying and treating women? And, what about the older female? Is there a gender bias? Instructors might wish to ensure adequate dialogue regarding students' biases towards substance abuse and those who abuse substances in general, and highlight data that suggest a rising number of females over the age of 55 who meet formal criteria for substance dependence. To overcome apparent bias, suggesting that all adults over 55 undergo yearly screening for substance abuse could normalize the process of intervening in the elderly population's health problems related to such use. In addition, more research into the need for adjusting substance abuse and dependence criteria specific to the elderly population is needed.

Unexpected and shocking was the result that most student participants view expedient informing of probation officers or other professionals as helpful or necessary when treating someone with a substance abuse problem, an unethical action unless the necessary permission to do so has been obtained from a client. The National Association of Social Workers (1999) Code of Ethics calls for an individualized, timely, and explicit consent for release of information prior to contacting other individuals or agencies. This mandate is taught in all accredited schools of social work education, so questions arise regarding how students could violate this essential ethical boundary. How can students disclose confidential information to others without questioning the ethical implications? What does this disclosure say about undergraduates' internalization of the ethical standards they study and their views of the therapeutic alliance social workers have with clients?

Lastly, findings also suggest that some students believe that substance abusers may be exploiting social services. What does this say, then, about a belief that some clients may not be worthy of care? Do social work students believe that addicts are taking advantage of social services? Is this belief held exclusively for this population, or do these students generalize this belief to others in need of assistance?

It is gratifying to note that knowledge does play an important part in attitudes toward those in the throes of addiction. However, more needs to be done to assist our profession to recognize the needs of the elderly females who may be suffering, and our students who will undoubtedly be serving this population.

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Appendix A:

Survey Questions

Use the following scale when answering the questions unless otherwise noted:

A. Strongly Disagree B. Disagree C. Unsure/Neutral D. Agree E. Strongly Agree

1. I would not provide services to this client unless he/she agrees to enter substance abuse treatment.
2. Substance abuse treatment will not work for this client if he/she is made to attend.
3. I would let the client's probation officer know that he/she is drinking.
4. Alcohol is a drug.
5. This client is an alcoholic.
6. Alcoholism is a disease.
7. You cannot become addicted to prescription medications as long as they are prescribed by a doctor.
8. Cocaine, heroin, and methamphetamine addicts should be jailed.
9. The next time this client comes in, I will do everything I can to avoid seeing him/her.
10. I do not intend to work in the field of addiction.
11. I hope that the clients I see in my practice do not have substance abuse issues.
12. Only social workers trained in the field of addiction should screen clients for substance abuse.
13. Addiction is a disease.
14. The school of social work that I attend offers one or more classes on addiction to undergraduates. TRUE OR FALSE
15. I would be extremely irritated working with this client.
16. Substance abuse treatment is a waste of time for women over the age of 55.
17. If a person drinks excessively or abuses other drugs, they should not receive social services from any agency.
18. My knowledge of addiction resulted from classes I have taken. TRUE OR FALSE
19. My knowledge of addiction resulted from experience with a family member. TRUE OR FALSE
20. My knowledge of addiction resulted from experience with a friend. TRUE OR FALSE

21. I consider myself to be recovering from addiction.
TRUE OR FALSE
22. My knowledge of addiction resulted from my social work field placement. TRUE OR FALSE
23. My knowledge of addiction resulted from volunteer work. TRUE OR FALSE
24. My knowledge of addiction resulted from other personal experiences (watching TV news, listening to radio news, research for a class or project, etc). TRUE OR FALSE
25. Addiction affects at least one out of ten adults over 55 years of age.
26. The client in this scenario is attempting to take advantage of the agency.
27. It may be wrong of me, but in all honesty, I am more likely to feel annoyed by an alcoholic or drug addict than to be sympathetic.
28. I suspect that most alcoholic and drug dependent persons are unpleasant to work with as patients.
29. Becoming addicted to alcohol or other drugs is a personal weakness.
30. Denial is part of addiction.
31. After graduation, do you think you will be working with substance abusers? YES OR NO
32. Women over 55 do not become alcoholics or addicts.
33. I hope I do not have to work with people over 55 years old.
34. I have enough information at this point in my social work education to screen and assess clients for substance abuse issues.
35. Most drug addicts and alcoholics over the age of 55 began abusing substances when they were teens or young adults.

Please give us a little information about yourself:

36. What is your gender?
37. What is your age?
38. What is your race?
39. Are you a junior or senior?
40. In what field of social work do you intend to work?
 - Addictions
 - Adolescence
 - Aging
 - Child Welfare/Family
 - Community Development
 - Criminal Justice
 - Developmental/Rehabilitative Disabilities
 - Displaced Persons, Homeless, Refugees

Health
International
Mental Health
Occupational
School Social Work
Violence
Other Non-traditional

41. Would you like to make any comments about this issue or survey?

Appendix B:

Accredited Schools of Social Work

Alabama A&M University

Social Work Department

P.O. Box 302

Normal, AL 35762

Shelley Ann Wyckoff, Chair

Valerie Jean McDuffie, Program Coordinator

(256) 372-5475

Fax: (256) 372-5484

Program Type: Accredited BSW Program

Alabama State University

Social Work Department

915 S. Jackson St.

P.O. Box 271

Montgomery, AL 36101-0271

V.B. Gowdy, Interim Chair

(334) 229-6957

Fax: (334) 229-4962

Program Type: Accredited BSW Program

Auburn University

College of Liberal Arts

Social Work Program

7030 Haley Center

Auburn University, AL 36849-5256

Emily W. Myers, Director of Social Work

(334) 844-4646

Fax: (334) 844-2851

Program Type: Accredited BSW Program

Jacksonville State University

Social Work Program

Department of Sociology and Social Work

306 Brewer Hall

700 Pelham Road N.

Jacksonville, AL 36265-1602

Mark Fagan, Department Head

(256) 782-5333

Fax: (256) 782-5168

Program Type: Accredited BSW Program

Miles College

Department of Social Work
5500 Myron Massey Blvd.
Fairfield, AL 35064
Catherine Gayle-Miller, Social Work Program Director
(205) 929-1560
Fax: (205) 923-5403
Program Type: Accredited BSW Program

Oakwood College

Social Work Department
7000 Adventist Blvd.
Green Hall
Huntsville, AL 35896
George Ashley, Chairperson
(256) 726-7340
Fax: (256) 726-7427
Program Type: Accredited BSW Program

Talladega College

Social Work Program
627 W. Battle Street
Talladega, AL 35160
Lisa Eyvette Long, Director
(256) 761-6466
Fax: (256) 761-6342
Program Type: Accredited BSW Program

Troy University

Social Work Program
Department of Social Work
Troy, AL 36082
Benito M. Arellano, Program Director
(334) 670-3366
Fax: (334) 670-3473
Program Type: Accredited BSW Program

Tuskegee University

Department of Social Work
Moton Hall 106
Tuskegee, AL 36088
Francis A. Taylor, Department Head
(334) 727-8300
Fax: (334) 724-4196
Program Type: Accredited BSW Program

University of Alabama

School of Social Work

Box 870314

Tuscaloosa, AL 35487-0314

James P. Adams, Dean and Professor

Kathleen A. Bolland, Baccalaureate Program Chair

(205) 348-3949

Fax: (205) 348-9419

Program Type: Accredited BSW Program

University of Alabama at Birmingham

Department of Anthropology and Social Work

Baccalaureate of Social Work Program

1530 3rd Avenue S.

Birmingham, AL 35294-3350

Chris D. Walker, Interim Program Director

(205) 934-3508

Fax: (205) 934-9896

Program Type: Accredited BSW Program

University of Montevallo

Social Work Program

Station 6180

Montevallo, AL 35115

Susan Vaughn, Director, Baccalaureate Program

(205) 665-6180

Fax: (205) 665-6186

Program Type: Accredited BSW Program

University of North Alabama

Social Work and Criminal Justice Department

Box 5029

Florence, AL 35632-0001

Jack R. Sellers, Chair

(256) 765-4391

Fax: (256) 765-4818

Program Type: Accredited BSW Program

University of South Alabama

College of Arts and Sciences

Department of Sociology, Anthropology, and Social Work

HUMB 118

Mobile, AL 36688-0002

Lois A. Wims, Associate Dean

(251) 460-7391