

Living Longer Growing Stronger

from the Alaska Commission on Aging

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The mission of the Alaska Commission on Aging is to ensure dignity and independence for Alaska's seniors and to assist them, through programs and services funded by the Commission, to lead useful and meaningful lives.



Alaskan Seniors: Living Longer, Growing Stronger is a monthly publication of the Alaska Commission on Aging (ACoA)

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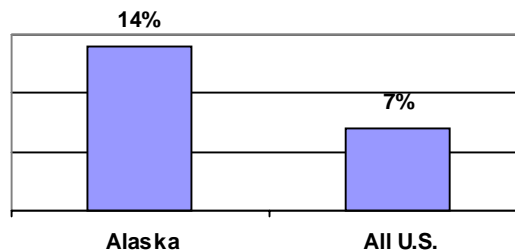
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Percentage of Population Abusing or Dependent on Alcohol



According to a Gallup Corporation telephone survey conducted for the Alaska Division of Alcoholism and Drug Abuse, Alaska's alcohol abuse and dependence is roughly twice the national average.

Acohol and Drug Abuse Among the Elderly

Alaska has the highest alcohol-related death rate in the nation. Mortality among older Alaskans adds significantly to this awful statistic. Older adults often develop alcohol and drug problems in response to loneliness, depression, poor social support networks, and chronic pain. Nationwide, up to 17% of senior citizens abuse alcohol or prescription and non-prescription drugs.

Abusing alcohol and other drugs takes a greater toll on us as we age than it did when we were younger. The biomedical changes of the aging process often increase the effects of alcohol and drugs on the body. Studies indicate that alcohol abuse may accelerate the normal decline in physiological functions that is a natural part of aging. It may also elevate the risk of injury and illness.

A Hidden Problem

It is often difficult to identify alcohol or drug abuse among the elderly. The warning signs can be easily confused with or masked by illnesses and chronic conditions that become more common as we age. In fact, many of the warning signs of substance abuse are identical to aging: confusion, falling, anxiety, or inability to sleep. Even those who are trained to screen for substance abuse symptoms may misdiagnose older people by using amount and frequency levels that apply to younger people. As we age, our bodies respond to alcohol very differently from when we were younger. Many adults over age 65 have at least one chronic illness, which may make them more vulnerable to the negative effects of too much alcohol. According to one study (Bucholz et al., 1995) about 77 per 10,000 hospitalizations among older patients in Alaska are alcohol-related.

How Much is Too Much?

According to David Oslin, M.D., an older person who averages 1-2 drinks a day is
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Alcohol and Drug Abuse Among the Elderly (continued)

considered a moderate drinker. Typically, moderate drinkers will have 2-3 drinks on the weekend or when dining out, or they may have a glass of wine or a nightcap each evening. More than two drinks a day is considered heavy drinking.

A person may be considered alcohol dependent when three or more of the following are true:

- Heightened tolerance for alcohol
- Withdrawal symptoms
- Drinking more than intended
- Persistent desire or attempts to cut down
- Spending a lot of time acquiring or recovering from alcohol
- Ignoring important social occupational, or recreational activities
- Continued use despite adverse problems related to alcohol

(From the diagnosis manual, DSM-IV)

Early Onset Versus Late Onset Problem Drinking

Alcohol use declines with increasing age for most adults. However, some begin to have problems with alcohol when or after they reach age 50. Abuse habits have been divided into *early onset* and *late onset* problem drinking.

Early onset drinkers tend to have long-standing alcohol-related problems that generally begin before age 40, most often in the 20s and 30s. Late onset drinkers generally experience their first alcohol-related problems after age 40 or 50 (Atkinson, 1984,1994; Liberto and Oslin, 1995; Atkinson et al., 1990).

Most older people receiving treatment for alcohol abuse are early onset drinkers. Late onset drinkers (about a third of all seniors with substance abuse problems) generally start to drink or increase their drinking in response to major life changes, including the loss of a loved one through death or divorce, failing health, or retirement. Late onset drinkers are more often white males with higher levels of income and education than most. Many late onset drinkers go unnoticed by health care providers or others who could help them because their health is generally better than early onset drinkers. They literally appear too “normal” to raise anyone’s suspicions. Luckily, late onset alcoholism is generally not as severe, and is treated more easily than early onset drinking. In fact, it sometimes solves itself without outside help. This is not to lessen the potential danger of alcohol or drug abuse, because as we age, even a small amount of alcohol or drugs can be dangerous, especially if mixed with common medications. Even aspirin can be dangerous if mixed with alcohol.

Men and Women

Older men are about five times more likely to abuse drugs or alcohol than older women. When older women do drink they are less likely to drink heavily. Women are more likely than men to be widowed or divorced, to have had a problem-drinking spouse, and to have experienced depression. Women also report more negative effects of alcohol than men.

Abuse of Prescription Drugs

People aged 65 and older are the main consumers of prescribed and over-the-counter medications in the United States. Prescription drugs are commonly misused and abused by older adults because, as with alcohol, aging makes the body more vulnerable to drugs’ effects.

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Sharing Innovative Program Ideas

The Salvation Army Older Alaskans Program, Anchorage receives letters from program clients. The following are excerpts from sample letters:

“ . . . [the drivers] have been delivering my meals since I started three years ago. They both have been very courteous and dependable. I really enjoy seeing them as I feel they care about me and if I should have any problems when they arrive I know either one of them would get me help. It’s a comfort to know I can rely on them. Their substitute drivers deliver the meals in a timely manner and are friendly The menus have improved a lot in the past two months and are tasty.”

—S.L.T

“We are 55 year residents of Alaska. “ my husband has peripheral neuropathy and I have lower back trouble; both of us are elderly. . . . We have enjoyed receiving the meal delivery service very much . . . Larry our driver, has been an excellent delivery person. He puts the meals in plastic sacks. The food is always in perfect shape”

—H.J.S

“I have receiving home delivered meals for over two years. They are blessing for me. They are my main source of nutrition, as I only eat a very light dinner in the evenings. Many times . . . [the driver] is the only person I see or talk to for the day. . . . [he] keeps me in touch with the outside world.”

—D.D.

“ . . . a few months ago I realized I could no longer do things . . . [such as] cooking meals and cleaning After calling for assistance, I received the help I needed. In just a few days . . . I received meals delivered to my home by a cheerful Nancy . . . Maria and Shirley . . . two pleasant ladies . . . come to my home each week They clean my apartment and also provided enjoyable company Thank you.

—M.T.

The following poem was sent to our office recently by a recipient of our home delivered meals program:

Meals From The Heart

As we enter into October, there is a chill in the air. Many leaves have fallen from the trees. And the snow has dusted the mountains.

T has given much thought into enhancing the menu. So that everyone can enjoy a hot and hearty nutritious meal. This meal is always delivered with a smile, a joke, and a friendly face.

The cold, icy, weather may delay the drivers. But each meal is delivered from the heart. And everyone’s patience will carry us safely throughout the upcoming months.

—Lori L Rude

Sharing Innovative Program Ideas is an on-going feature of this publication as space and content allow. If your organization is an ACoA grantee, submit your innovative program ideas to your Program Coordinator. If your organization is not an ACoA grantee, submit to the Editor using the information at the bottom of page 4.

Alcohol and Drug Abuse Among the Elderly (continued)

Treatment for Older Alcohol and Substance Abusers

Research has shown that up to 30 percent of nondependent problem drinkers reduce their drinking to moderate levels after a potential problem is discussed with a doctor or other healthcare provider. Trained clinicians, home health care workers, psychologists, social workers, and professional counselors can use a standard set of brief intervention techniques to address abuse problems. This kind of intervention with older adults presents unique challenges to those applying them because many older at-risk and problem drinkers are ashamed of their drinking. For this reason, a person addressing a problem with an older person needs to be especially nonconfrontational and supportive.

Dr. John Ewing developed a short questionnaire to ask those who may have a substance abuse problem. To help remember these questions, note that the first letter of a key word in each questions spells “CAGE”:

Have you ever felt you could **C**ut down on your drinking?

Have people **A**nnoyed you by criticizing your drinking?

Have you ever felt bad or **G**uilty about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (**E**ye opener)?

Intervention may not work for some older adults, who will need more intensive treatment. The U.S. Department of Health and Human Services Consensus Panel on Substance Abuse and Mental Health Services Administration recommends that treatment programs adhere to the following principles:

- Treat older adults in age-specific settings if possible
- Create a culture of respect for older clients
- Approach treatment with an emphasis on age-specific psychological, social, and health problems
- Keep the treatment program flexible
- Adapt treatment as needed in response to clients’ gender.

If you feel that you or someone you care about may have a problem with alcohol or drugs, please seek help. An honest talk with your healthcare provider is a good place to start. The Alaska Advisory Board on Alcoholism and Drug Abuse has a free on line alcohol self-assessment on the Internet at www.abada.com. You can also find a substance abuse treatment facility near you by using the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration locator page on line at findtreatment.samhsa.gov/facilitylocator.doc.htm.

Senior Advocacy Coalition Monthly Teleconferences

The Senior Advocacy Coalition meets by teleconference from 9:30 to 11:30 AM on the second Friday of every month to address issues affecting Alaska’s seniors. The teleconference originates at the Anchorage Senior Center.

For more information on joining a meeting, contact Sue Samet, 261-4140, Lila Berry, 261-4848, or Brenda Brown, 338-6492 in Anchorage; Fred Lau, 235-7655 in Homer; or Lisa Morley, 465-4798 in Juneau.

You can read *Alaskan Seniors: Living Longer, Growing Stronger* on line at www.AlaskaAging.org. **To receive email notification when a new issue is on line, contact:**

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