

**Alcohol Disorders and Older Adults:
A Growing Problem in MetroWest Massachusetts
Policy Brief**

The number of individuals over the age of 65 is growing dramatically as the “baby boomer” generation ages. In fact, approximately 35 million people in the United States are 65 or older, accounting for about 13% of the total population. The impact of the aging of the baby boomers will increase this to approximately 70 million in 2030. (1)

According to the Final Report of the MetroWest Commission on Healthy Aging, “The MetroWest area is on the verge of unprecedented growth in its older adult population. In the next 20 years the number of MetroWest residents 65 and older is projected to grow by 75%; and the 75 and older population is projected to grow by 44%” (2).

As a result there will be a dramatic increase in the number of older adults with alcohol-related problems. In fact, researchers project a threefold increase in substance abuse among adults aged 50 or older by 2020 in the United States, when an estimated 5 million older adults will need treatment for substance abuse problems (3). Currently there are limited services tailored to meet the needs of this age group.

Already more than one-third of people over the age of 65 in North America drinks alcohol and surveys reveal as many as 17% of the over-65 adults have an alcohol-abuse problem. In his work at the University of Kentucky College of Medicine, Lon R. Hays, MD found that 2.5 million older adults and 21% of older hospital patients had alcohol-related problems. (4) In a Commentary on Alcohol and Aging, former NIAAA Director Enoch Gordis, M.D., states, “Because alcohol problems among older persons often are mistaken for other conditions associated with aging, alcohol abuse and alcoholism in this population may go undiagnosed and untreated or be treated inappropriately.” Often the symptoms of alcohol and drug abuse are mistaken for symptoms of dementia, depression or other issues or problems. (5) Alcohol problems in older adults are often not identified due to the relative isolation of this population; many older adults do not drive and are not employed, which are two arenas where alcohol problems are often identified. Also, older adults and their families are more likely to hide their substance use and less likely to seek help than younger adults (6).

Using the National Household Survey on Drug Abuse (NHSDA), Gfroerer, Penne and Pemberton (2002) conducted an analysis to determine the number of adults age 50 and older who would need substance abuse treatment by the year 2020. Results indicate the number of aging adults in need of substance abuse treatment will double from 1.6 million in 2000 to approximately 3 million in 2020. In purely financial terms, the viability of the Medicare program depends on reducing substance abuse and addiction. In 2008, 35 percent of Medicare

spending—\$134 billion—and 29 percent of Medicaid spending—\$98 billion—were due to substance abuse and related diseases. (7)

Impact of Substance Abuse on the Older Adults

Alcohol abuse may also cause or exacerbate many medical problems in aging adults. Data from the National Longitudinal Alcohol Epidemiologic Survey demonstrate that among persons older than 65, those with alcoholism are approximately 3 times more likely to exhibit a major depressive disorder and moderate and heavy drinkers are 16 times more likely to die of suicide, commonly associated with depressive disorders. They can also exhibit defensiveness or irritation when asked routine questions about alcohol use, making it difficult to identify and help them. (8) Heavy drinking is also associated with increased incidence of hypertension, cardiac arrhythmia, myocardial infarction and stroke, panic attacks and hypoglycemia. Compounding these health problems, heavy alcohol intake in aging adults may impair the immune system, rendering it less effective in responding to infection and cancer. (9) The risk of vertebral and hip fractures in men increases greatly with heavy alcohol intake, particularly with long term intake. (10)

Researchers distinguish between older adults with early onset alcohol abuse and those with late onset abuse. Those with early onset abuse have longstanding alcohol problems that usually begin in their 20s or 30s and constitute approximately two-thirds of older adults with problem drinking. Early-onset drinkers tend to continue alcohol abuse patterns as they age. Psychiatric comorbidity tends to be the norm in this group, most commonly major affective disorders and thought disorders. This group also tends to have severe medical complications secondary to chronic heavy alcohol use.

Older adults with late onset alcohol abuse constitute approximately one-third of those with problem drinking. This group differs from the early onset group in several important ways. They tend to be physically and psychologically healthier than early onset drinkers. Also, they tend to have less alcoholism among family members, are of a higher socioeconomic status, have less psychopathology, and less alcohol-related chronic illness. Significantly, their drinking problems tend to begin in response to a recent loss, such as the death of a spouse. The primary risk factors for late onset alcohol abuse among older adults are increased social isolation and loss of purpose triggered by a number of significant life changes that many older adults will experience at some time in their lives. These changes include:

- Death of a spouse, friends, and other family members;
- Loss of job- and related income, social status and, sometimes, self-esteem-as a result of retirement;
- Loss of mobility (trouble using public transport, inability to drive and/or walk);
- Impaired vision and hearing, insomnia, and memory problems;
- Declining health because of chronic illnesses;
- Separation from children and loss of home as a result of relocation;
- Loss of social support and interesting activities.

Research shows that older adults with both early and late onset alcohol abuse can benefit from treatment. Even though late-onset drinkers have a more favorable psychological and physical profile and tend to resolve their drinking problems more often without formal treatment, there is little evidence to suggest that they are more responsive to alcohol treatment than those who are early-onset drinkers.

We propose an evidenced-based multi-faceted approach to address the growing needs for alcohol disorder prevention and treatment for older adults. In addition, we must educate policymakers about the need for expanded programs and services for this population. And, there must be widespread recognition of the benefits of providing older adults with social connectedness and meaningful activity in a variety of settings.

Recommendations to Improve Prevention and Treatment for Older Adults:

Unfortunately the current healthcare system is not equipped to effectively address the projected increase in older adult alcohol disorders. To address this problem, policy and systemic changes need to focus on four areas:

1) Education/Awareness Campaign

The first step is to increase awareness of the problem among older adults and their caregivers (both primary care providers and others). A universal approach using free, public access TV, newspaper, and other media is suggested. The goal is to raise awareness and direct older adults and caregivers to appropriate resources.

Specific elements of the campaign can address the needs of each target group:

- **Older Adults:** Disseminate information that educates older adults about the decrease in our body's ability to handle alcohol as we age, the potentially harmful interactions of alcohol with medications, and the impact of alcohol on overall health and pre-existing conditions. We recommend an educational brochure distributed to older adult patients (and their caregivers when appropriate) by their primary care physician and other health providers.
- **Physicians:** Allocate funds to help develop medical school curricula and continuing medical education courses that increase physician awareness of older adult alcohol use/misuse and its impact on health. The main goal will be to teach physicians to have an educational dialogue, or brief intervention, on this topic with all of their older adult patients.
- **Other health and social service providers:** Print and distribute education materials that suggest sensitive and compassionate ways to discuss this issue with older adults and their families and provide screening tools to identify those with alcohol problems (see screening tool options below, #2). The target audience includes visiting nurses, rehab

facility staff, home health aides, emergency responders, and elder services personnel. The gatekeepers will refer older adults with potential alcohol problems to an identified treatment organization. Service providers at the organization then reach out to the individual and do an assessment, and refer them to services if needed. It is important to note that success requires a network for referral.

2) Screening & Identification

Those most in need are least likely to self-identify, and the least likely to get help without outside intervention. Routine screening and assessment in health/social service settings is necessary to prevent and contain this growing problem. The Substance Abuse and Mental Health Services Administration (SAMHSA) provides two evidence-based screening tools for use with older adults: the AUDIT-C, and the Short Michigan Alcoholism Screening Test, Geriatric Version. One version is available for primary care providers and another for non-medical professionals including social service providers. Both are downloadable on the Internet. These tools can be used to:

- Identify signs of possible alcohol problems in older adults
- Intervene to help reduce alcohol consumption
- Determine if the older adult may need to be referred for a complete alcohol evaluation

3) Age-Specific Treatment Programs

Most alcohol disorder treatments were not developed to meet the specific cultural, psychological and physical needs of older adults. SAMSHA acknowledges there is “limited information concerning the most efficacious approaches to preventing and, treating and managing substance abuse among the elderly.” The development of age-appropriate treatment modalities should address the following issues:

- Consumer Friendly Location –Some older adults may not be comfortable in a traditional therapeutic or social service setting. Alternative options include a senior center, or a primary care physician’s office.
- Access – Many older adults no longer drive or have mobility problems and need to receive treatment at home. This reinforces the importance of training visiting nurses, home health aides and others to provide home-based screening and care.
- Self-help groups – Research shows that older adults may participate more fully in peer groups rather than groups that encompass people of all ages
- Geriatric specialists – There is a clear need for more providers who are specifically trained in both substance abuse treatment and geriatric care.

4) Medicare Policies

Lack of funding/affordability is often a barrier for individuals seeking alcohol treatment. It is imperative that policy makers ensure that Medicare funds the identification and treatment of alcohol problems. This is clearly a difficult task in today’s economic environment. The challenge is to show the actual savings through prevention and treatment as compared to the hospitalization costs resulting from non-treatment.

A Successful Model

Overall, the US health care system is not equipped to adequately address the expected increase in older adult alcohol problems over the next two decades. However, there are models of care that have proven effective in specific localities and could be replicated in MetroWest. One of these, the Elder Substance Abuse Outreach program, is described in SAMSHA's publication, "Promoting Older Adult Health". The program has three facets:

1. Identify older adults at risk using gatekeeper training and forming collaborative relationships with other community agencies.
2. Use a clinician experienced in working with older adults and with substance abuse training to initiate contact in the older adult's home.
3. Provide weekly substance abuse therapy and peer support meetings.

References

1. Federal Interagency Forum on Aging Related Statistics, 2000: http://www.agingstats.gov/agingstatsdotnet/main_site/default.aspx
2. Final Report, MetroWest Commission on Healthy Aging, January 2011
3. Gfroerer, Penne, Pemberton, & Folsom, 2003; Journal of Mental Health Counseling, 4/11
4. Hays, L. American Academy of Addiction Psychiatry 2002 Symposium: Substance Use Disorders in the Elderly: Prevalence, Special Considerations and Treatment
5. Alcohol and Aging – A Commentary by NIAAA Director Enoch Gordis, M.D.
6. Aging Texas Well Issue Brief, (Benshoff, Harrawood, and Koch, 2003)
7. The National Center on Addiction and Substance Abuse at Columbia University, The Chairman's Corner, A Tax on Alcohol and Tobacco Products – A Healthcare Reform Trifecta, 9/18/200: <http://chairmanscorner.casacolumbia.org>
8. National Longitudinal Alcohol Epidemiologic Survey
9. National Family Health Survey-2.
10. Patient and Public, About Osteoporosis