



ALCOHOL PROBLEMS IN LATER LIFE

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ALCOHOL PROBLEMS IN LATER LIFE

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Alcohol is part of our society. We use it to celebrate joyous occasions, from weddings to anniversaries, from baseball games to reunions, from new jobs to retirement. For many people, alcohol is part of religious observances. But there's a darker side. For some elderly people, the use of alcohol becomes a problem, affecting all aspects of life—physical health, emotional well-being, and family relationships.

This publication is designed to help you understand how problems with alcohol develop in later life and how you can help the older person cope with these problems. We will discuss factors leading to alcohol problems, signs that a problem may exist, suggestions for discussing your concerns with the older person, and guidelines for selecting a treatment program.

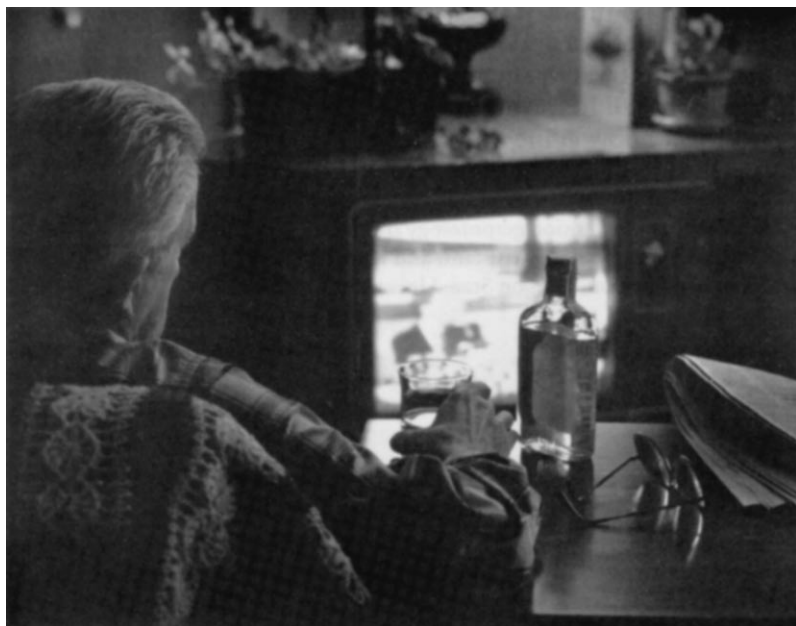
Although this publication is directed toward the family, some older adults do not have close family. Close friends, community service providers, and others who have contact with the older person may substitute for family.

Helping an older person deal with an alcohol problem requires that you be informed, involved, and supportive. You need to learn as much as you can about the disease and confront your own feelings and fears about alcohol and alcoholism. Older adults can be treated successfully. This publication will help you help the older person you know achieve sobriety.

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When Alcohol Use Becomes a Problem

Hal worries about his 72-year-old father, Harry. Harry seems withdrawn and doesn't keep up the house and yard as well as he used to. Last week when Hal went to pick up his Dad for their weekly trip to the farmer's market, he found him sitting in the darkened living room, in front of the TV, with a can of beer. Harry said he "forgot" about the outing.



Joe, 62, began drinking in high school to be "one of the guys." In the service and on his job as a salesman, drinking was just part of life. Now after early retirement because of a back injury and heart problems, Joe drinks to fill his days. His wife complains, but Joe says, "I can quit anytime—if I wanted to, but I'm not hurting anyone."

Marion began having a glass of wine with dinner when her husband retired and her last daughter left home. It reminded her of the gracious parties she used to give when the house was full of life and people. Lately, she's started to have a glass of wine before going to bed, too. She says it helps her sleep. She resents her daughter's suggestions that she's drinking too much.

Many people use alcohol. Most drink moderately throughout life without developing a problem. Others have a life-long history of alcohol abuse and frequently experience alienation from families and emotional, social, and physical problems because of their drinking. Finally, some people begin drinking or increase their use of alcohol in later life, usually in response to stress. At first, alcohol is used for temporary relief, but later becomes a problem.

Researchers estimate that as many as 10 percent of the population age 60 and older have a problem with alcohol. Approximately two-thirds of this group are “early onset” alcoholics, having developed problems before age 50; one third are “late-onset.” Thus, while most older people with alcohol problems have had these difficulties for many years, others develop problems in later life.

Alcohol abuse in later life is often hidden and, consequently, overlooked. Most older people are retired and don’t have work problems caused by alcohol use. They often live alone. They usually drink in the privacy of their homes so are less likely to be disruptive in public or arrested for driving while intoxicated.

Many times, even when family, friends, and professionals recognize an alcohol problem they are reluctant to confront an older person. This reluctance may be related to their fear of making the older person angry, their attitudes or lack of knowledge about alcohol problems in later life, their own drinking habits, or the older person’s denial of his or her drinking behavior.

When does the use of alcohol become a problem? There are no easy answers, and the answer may be different for each individual. Many professionals say that alcohol becomes a problem when it changes the older person from the way he or she used to be. Sometimes the family “feels” that something is wrong. Perhaps neighbors notice changes in the way the person behaves and bring them to the family’s attention.

Whenever drinking interferes with a person’s daily life and relationships or creates difficulties within a family, there is a problem. Whenever alcohol is more important to the older person than the problems it’s causing, there is an alcohol problem.

An alcohol problem is a family problem. Families can be the key—to successful treatment and sobriety or to continued dependence on alcohol. Recognizing and taking action is critical. Alcohol abuse is destructive to the older person in many ways:

- ◆ Alcohol increases the risk of suicide.
- ◆ Alcohol shortens life expectancy.
- ◆ Alcohol causes and aggravates many physical health problems.
- ◆ Alcohol destroys families and other relationships.
- ◆ Alcohol impairs memory.
- ◆ Alcohol reduces the quality of life.
- ◆ Alcohol kills.

How an Alcohol Problem Develops

Each person who develops a problem with alcohol has a unique set of circumstances. It's often difficult to point to a specific event or cause that led to the problem. However, excessive use of alcohol in later life is often triggered by major life changes and stresses—retirement, relationships, and physical changes—that occur as part of the aging process. To the older person, these changes typically represent a loss that causes emotional and/or physical pain. People of all ages experience losses, but for older people, losses are often irretrievable.

Factors contributing to alcohol problems

Retirement. Many people welcome retirement and view it as a chance to finally do what they've always wanted. But for some people, work has been their primary source of identity. Work has given their life purpose, structure, and meaning. For people who have not developed other interests and relationships, retirement can bring many losses: routine, co-workers, activity, income, and feelings of productivity. Changes in lifestyle and disruption of family roles may also occur.

Some older people drink in reaction to the loss of self-worth, responsibility, and income following retirement. Others can't adjust to the lack of structured activity and drink out of boredom. Still others may find themselves in new leisure situations where "social" drinking is expected: for example, golfing and finishing at the "19th hole" daily instead of once a week.

Loss of relationships. Children leave home, a spouse dies, friends move away or die—the circle of relationships grows smaller. Physical problems may limit mobility. Soon, the sense of isolation and loneliness may become unbearable. Unlike younger people, who often begin drinking to be with friends, the older person drinks because he or she feels alone. Alcohol may become "the only friend." Women sometimes increase drinking in their late 40's or 50's, when children leave the nest, particularly if they feel "no one needs me anymore."

People are often devastated by the loss of a spouse and sometimes turn to alcohol to block the pain of their bereavement. Widowers appear to be most vulnerable.

Poor health. Loss of physical health can be very stressful, limit mobility, and lead to a negative self-image for some older adults. Alcohol may be used to block the emotional pain caused by the loss of physical capabilities. Other older people experience serious and chronic pain and sometimes use alcohol as a sedative to lessen the physical pain.

Physiological changes. The older person's diminished physical capacity decreases tolerance for alcohol. As people age, changes occur in all body systems. The older person's body loses lean body mass; the amount of fat increases and the amount of body water decreases. Alcohol is metabolized and excreted at a slower rate. All these changes mean that a given amount of alcohol results in a higher blood alcohol level and quicker intoxication than in a younger person. The body cannot rid itself of alcohol as quickly as

it once could, and alcohol stays in the body longer so its effects are prolonged. While a 30-year-old may feel little effect from two drinks, a 70-year-old is more likely to become intoxicated.

Because the older person's body doesn't process alcohol as well as when the person was younger, some people who have used alcohol in moderation for years begin to experience alcohol-related problems in later life, even when their drinking has not increased. Women are at higher risk than men because they have a greater percentage of body fat, lower amount of body water, and are usually smaller in size. Older people with a variety of medical problems—for example, diabetes, heart disease, liver disease, and central nervous system degeneration—do not tolerate alcohol well.

While it may take a younger adult 10 to 15 years to develop the disease of alcoholism, an older person can be afflicted in a few months to a year or two.

Nutritional deficiencies. Loss of taste and smell, financial hardships, mobility problems, and loneliness contribute to poor eating habits for some older people. An aged body weakened by malnutrition will be further weakened by the effects of alcohol. Alcohol contains only empty calories that do not substitute for the nutrients necessary to maintain a healthy body.

Drug interaction. The elderly, who constitute approximately 12 percent of the population, take 30 percent of the prescription drugs. Many take over-the-counter drugs as well. Some medications interact with alcohol, increasing its effect and leading to more rapid intoxication. Many medications also contain alcohol. Since women tend to use more tranquilizers and mood-altering drugs, they are at greater risk of alcohol/drug interactions.

Combining drugs and alcohol can increase the effect of alcohol; it can also change the effect of drugs and lead to coma or death.

Psychological factors. For some older people, alcohol seems the only alternative to a life filled with loss and pain. Perhaps they used alcohol in the past to cope with stressful times, so they turn to it again.

For others, growing old lowers self-confidence and causes them to feel they are no longer useful. At first they may use alcohol to elevate mood and mask depression, but a problem soon develops if alcohol becomes necessary to cope with their lives.

Family and friends can help by recognizing the losses the person experiences and being alert to changes in behavior. Being realistic about the losses, assisting the person in working through the grief process, and helping him or her develop alternative activities may prevent alcohol problems.



Recognizing an Alcohol Problem

Alcohol problems may not be noticed, especially if the older person is isolated. In other cases, the signs are mistaken for “normal aging” or the worsening of a health problem. And often family, friends, and even professionals are reluctant to consider alcohol as the cause of changes. Recognizing an alcohol problem exists is the first step toward treatment and recovery.

Signs of an alcohol problem may show up as changes in drinking patterns, behavior, or physical condition. Because physical and behavioral changes can have many possible causes, a thorough health assessment is essential. However, such changes combined with changes in drinking patterns should alert you to the possibility of an alcohol problem.

One sign is not necessarily meaningful, but a cluster of changes without explanation is a “red flag.” The following checklists are designed to help you determine if you have a “red flag” situation.

Changes in drinking patterns

Answering “yes” to any of the following questions may suggest alcohol is a problem for the older person.

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is the person drinking a larger quantity than previously? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the person drinking more often than previously? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the person drinking at different times or places? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the person drinking in the morning? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the person increasingly drinking alone? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the person organize activities around drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the person seem preoccupied with drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the person make excuses about drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you smell alcohol on the person's breath or in the room? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the person secretive or protective of the alcohol supply? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the person sneak drinks or make his or her drinks stronger? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the person drink despite health problems? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the person become visibly intoxicated? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the person often regret or not remember things he or she said or did while drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the person switched what he or she drinks (for example, from liquor to beer or drinks vodka, which has less odor)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the person unwilling to talk about his or her drinking? |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the person make excuses to leave the house (to get liquor)? |

Changes in behavior

Changes in behavior and physical appearance related to alcohol are subtle and often overlooked by family and friends. If you sense there are changes in behavior, use the checklist below to verify the specific changes. Check the ones you have noticed.

Yes No

- ☐ ☐ neglects personal appearance and hygiene
- ☐ ☐ neglects home, bills, pets
- ☐ ☐ cigarette burns on clothing, furniture, or self
- ☐ ☐ excessive use of perfume, mouthwash, breath spray, or breath mints
- ☐ ☐ erratic sleep patterns
- ☐ ☐ increased irritability, agitation,
- ☐ ☐ anxiety
- ☐ ☐ unreasonable resentments
- ☐ ☐ appears depressed
- ☐ ☐ loses interest in activities and people
- ☐ ☐ neglects eating—empty cupboards
- ☐ ☐ withdraws, stays home
- ☐ ☐ calls at odd hours
- ☐ ☐ recurring episodes of memory loss and confusion
- ☐ ☐ frequent, unusual, or neglected injuries
- ☐ ☐ bruises, especially on arms and legs and at furniture height
- ☐ ☐ financial difficulties
- ☐ ☐ slowed thought processes
- ☐ ☐ withdraws from social relationships
- ☐ ☐ suicidal thoughts or attempts
- ☐ ☐ falls asleep during conversation
- ☐ ☐ frequent falls
- ☐ ☐ does not answer telephone or door, neglects mail or newspaper
- ☐ ☐ frequent car accidents or erratic driving
- ☐ ☐ personality changes
- ☐ ☐ “nesting” in front of television with a bottle nearby

Changes in physical condition

Physical changes resulting from excess alcohol use are frequently mistaken as “normal” aging, but these changes are not normal. Check the changes you have observed.

Yes No

- ☐ ☐ general physical deterioration
- ☐ ☐ slurred speech
- ☐ ☐ weight gains or losses
- ☐ ☐ tremors
- ☐ ☐ skin changes (becomes sallow or flushed)
- ☐ ☐ yellow or bloodshot eyes
- ☐ ☐ fatigue
- ☐ ☐ leg cramps
- ☐ ☐ malnutrition
- ☐ ☐ blurred vision
- ☐ ☐ edema (swelling of the hands, ankles, or feet; a bloated look)
- ☐ ☐ blackouts (person can’t remember what happened while drinking)
- ☐ ☐ chronic gastric problems (e.g. heartburn, indigestion, ulcers, or diarrhea)
- ☐ ☐ hypertension (especially if no previous history)
- ☐ ☐ heart arrhythmias
- ☐ ☐ sexual impotence
- ☐ ☐ urinary incontinence

Guidelines for Family and Friends

You may find it difficult to accept that your family member or friend has a problem with alcohol.

Although our society condones and even promotes alcoholic beverages, for many people there is still a strong emotional aversion to its use and abuse.

Recovery begins with the family. Helping the person requires that you, the family or caregiver, help yourself—to understand and accept the nature of the alcohol problem and your feelings about it. You also need to look closely at your interaction with the person. Many times the family must make changes before a change will occur in the person abusing alcohol.

Coping with the behavioral, emotional, and physical changes caused by alcohol abuse places great stress on the family. And if the older person has had a long history of alcohol abuse, you may be emotionally exhausted from years of coping.

Professionals agree, however, that the family is often the key to successful treatment and sobriety. The guidelines listed below will help you cope with the problem and assist in the person's recovery. They are discussed in depth over the next pages.

1. Recognize that alcoholism is a “family illness.”
2. Get professional help.
3. Acknowledge and confront your own feelings and fears.
4. Take action.
5. Explore treatment options.
6. Recognize the possibility of relapse.
7. Provide continued support.

1 Recognize that alcoholism is a “family illness”

Alcoholism is often called a “family disease” because it affects the entire family. It can be as damaging to the family as it is to the alcoholic. For the alcoholic to get well, the family also needs to get well.

Members of a family depend upon one another for mutual love, care, support, and respect. An older person with an alcohol problem who exhibits forgetfulness, irritability, or increased physical problems—any of the behavioral or physical changes resulting from abuse of alcohol—will disturb the normal, healthy emotional relationships within a family. A person who neglects home or self will usually neglect relationships.

Family members confronted with these changes in relationships may react in a variety of ways—some helpful, others harmful. Common reactions are uncertainty, denial, shame, fear, guilt, anger, resentment, and hurt. These emotions often lead to increased denial, “covering up” problems, or protecting the older person.

Neither denial nor protecting the older person solves the problem. Recognizing that a problem exists, learning about alcohol abuse, and following through with help are actions necessary for successful recovery.

2 Get professional help

Reach out for help. This is critical to insure your behavior will encourage recovery and not contribute to the problem. Talk with medical practitioners, alcoholism counselors, and treatment center staff, especially those familiar with older alcoholics.

Check your local library, community alcohol center, mental health clinic, or senior services agency for literature on alcoholism. Read and learn as much as you can about the disease and treatment so you will understand how important you are to your loved one's recovery.

Support groups—Al-Anon (for relatives and friends of alcoholics) or Adult Children of Alcoholics (ACOA)—can be a valuable source of educational information and emotional support. They can help you understand and better deal with problems related to a person's drinking.

Alcoholics Anonymous has open meetings which can be attended by the general public. (Closed meetings are limited to AA members.) Many communities also have programs designed specifically for women, "Women for Sobriety." Check your local telephone book for addresses and telephone numbers. Also check the "community calendar" sections of local newspapers for notices of meetings.

Learn about the disease. Helping someone come to terms with a drinking problem requires a knowledge of the disease, combined with patience and understanding. One of the difficult concepts for many people to accept is that alcoholism and alcohol problems are a disease. However, viewing alcoholism as a disease is essential in assisting the person to get help.

Until the 1950s, alcoholism was considered to be a "moral weakness." Many people still believe that a person has ultimate control over drinking—and that anyone who wants to can "just stop drinking."

This erroneous belief has serious implications for successful treatment. People who hold this belief have difficulty saying, "I'm an alcoholic," because to them it means, "I'm weak; I'm no good." This creates a tremendous amount of shame and further decreases self-esteem. However, even those who refuse to say they are alcoholics can still be treated successfully. All they have to admit is that alcohol is causing them problems.

Medical researchers now know that alcohol interacts with the body's systems in predictable ways to lead to physiological addiction. They also have found that some people are more susceptible than others to developing alcohol problems.

Alcoholism is a disease—a chronic, progressive, fatal disease if not treated.

Like many other diseases—for example, diabetes—alcoholism follows a predictable course. And like diabetes, it cannot be cured, but it can be treated and controlled. Without treatment, the alcoholism will get worse.

The characteristics of a physiological dependence are an increased tolerance for alcohol and the experience of withdrawal symptoms when alcohol is stopped. When the person stops drinking, he or she experiences definite symptoms such as headaches, excessive thirst, night sweats, and tremors. The person soon learns that more alcohol will "treat" these undesirable symptoms—creating a dangerous, potentially fatal cycle.

Because of the nature of the disease, an afflicted person cannot "just stop" drinking. Because alcoholism is a disease, you are not responsible for the older person's problem—and you cannot control his or her drinking. You must accept that the person with a drinking problem is ill, so you can help the person seek help.

Learn about the medical and physical consequences. Recognizing that alcoholism is a disease is just the first step. Learning about the medical and physical consequences may strengthen your resolve to seek help. Older people are particularly susceptible to the adverse effects of alcohol because their body systems are already losing function through age-related changes. Alcohol adds to the rate of loss of function.

Alcohol affects every body system. And alcoholism, if not treated, can lead to premature death. For many older people, understanding the potentially life-threatening consequences of alcohol is a prime motivation to stop drinking.

THE EFFECTS OF HEAVY DRINKING

Central nervous system

The central nervous system is especially sensitive to the effects of alcohol. Alcohol accelerates the loss of brain cells, impairing mental alertness, judgment, memory, physical coordination, and reaction time. It increases the incidence of falls and accidents in the home as well as on the highway.

The effects of alcohol on the nervous system are often subtle and can be mistaken for senile dementia in an older person. The person who already has impaired brain function (as a result of Alzheimer's Disease, for example) and abuses alcohol faces devastating consequences. Over time, continued use can permanently damage the central nervous system. But if diagnosed and treated early, the deterioration can be arrested and an older person can regain mental alertness.

Because alcohol is a central nervous system depressant, it can cause depression or intensify an existing depression. The combination of alcohol and depression places a person at higher risk for suicide.

Gastro-intestinal system

Alcohol increases gastric secretions and decreases the secretions of digestive enzymes in the pancreas. Excess stomach acidity can cause heartburn, ulcers, gastritis, and intestinal bleeding. In chronic, excess drinking, alcohol decreases gastric motility, thus slowing down the digestive process.

Alcohol also increases the risk of cancer of the mouth, throat, esophagus, and stomach.

Sleep

As a person ages, sleep patterns change. Alcohol, often used to "help sleep," actually increases sleep disturbances—insomnia, frequent awakenings, restlessness, and night terrors.

Heart

Chronic heavy drinking increases the risk of heart disease. The anesthetic effect of alcohol can also mask pain, which could serve as a warning signal of heart problems. Alcohol can make both high blood pressure and diabetes worse—two very common risk factors for heart disease. High blood pressure that doesn't respond to medication is often a signal of alcoholism.

Liver and kidneys

Alcohol adversely affects liver and kidney function and interferes with the absorption, metabolism, and distribution of nutrients. Only a few weeks of four or five drinks daily can lead to fat accumulating in liver cells, a situation that returns to normal when drinking stops. Excessive and continued use can cause alcoholic hepatitis (inflammation and destruction of liver cells) and cirrhosis (scarring and shrinking) of the liver.





Lungs

People with chronic pulmonary disease such as emphysema or bronchitis are placed at higher risk by alcohol abuse. Excess alcohol can interfere with the part of the brain that controls breathing, causing respiratory failure and death.

Nutrition

Heavy drinking suppresses appetite. Together with its effect on metabolism and absorption of nutrients, it increases the likelihood of malnutrition. Alcohol and malnutrition can cause confusion and impaired memory in an older adult, producing symptoms that mimic senile dementia.

Sexual functioning

Although some alcohol may remove inhibitions, larger amounts decrease sexual interest and performance. Sexual impotence—the inability to achieve or maintain an erection—is a common effect of alcohol in males. Even a moderate intake of alcohol can lead to lower levels of the male hormone testosterone and “feminization” of the male body, including breast development.

Drug and alcohol interactions

Prescribed medications and over-the-counter drugs can intensify the effects of alcohol, leading to rapid intoxication. Alcohol, taken with drugs, can lessen, intensify, or neutralize the effect of medication.

About 50 percent of all drugs older people take can interact with alcohol. Some drugs, such as tranquilizers or pain killers, taken with alcohol, can lead to slowed mental and physical processes. Alcohol combined with sleeping pills can severely depress the central nervous system, and even lead to coma or death. Alcohol and insulin can cause a rapid lowering of blood sugar. Even aspirin and alcohol can interact, causing bleeding in the stomach and intestines.

Joints

The abuse of alcohol can greatly increase the inflammation of joints caused by arthritis, thereby increasing the pain.

Taking medications

You can help prevent drug/alcohol interactions by encouraging the older person to follow these simple precautions:

- ✓ Always make sure you understand directions. Ask the doctor to clarify anything confusing.
- ✓ If you drink, ask your doctor or pharmacist if the prescribed drug will interact with alcohol.
- ✓ Inform the doctor about all medications, including over-the-counter drugs, you are taking.
- ✓ Find out if you should avoid certain foods while taking the drug.
- ✓ Use a single pharmacist.
- ✓ Always store drugs in the original container.
- ✓ Never change the dosage without checking with your doctor.
- ✓ Always read the label:
 - when picking up the bottle.
 - when opening the bottle and taking out the pill.
 - when replacing the cap.
- ✓ Never share drugs with friends.
- ✓ Know how to store medications.
- ✓ Always tell your doctor about any adverse drug reactions.

3

Acknowledge and confront your feelings and fears

Alcoholism triggers strong feelings in people. Helping an older person who has a drinking problem means being honest with yourself and with them. How you feel will determine how you interact with the older person and how helpful you can be.

Your emotions are yours—they are real, they are okay. Although you may not be able to change them, what you can do is acknowledge those feelings—and change the way you act on them. You do control your behavior.

Confront myths about alcohol. Confronting myths about alcohol problems may help you clarify your feelings and fears. Misconceptions about alcohol can be destructive and prevent getting help for the person who has the problem with drinking—and help for yourself.

Myths are barriers to identifying, intervening with, and treating a person who needs help. Examine honestly and critically the beliefs you hold. Confronting these beliefs, testing to see if they are fact or myth, is crucial. Myths don't solve the problem; they just make it worse. Remember, too, the person with the alcohol problem may believe these myths to be fact.

Stop ignoring, denying, or feeling responsible. Because of strong negative emotional reactions to alcoholism, family members may ignore the problem. Families may assume behavioral or physical changes in the older person are the result of senile dementia or just a normal part of aging.

Sometimes, attitudes about the elderly in our society lead to ignoring the problem. These may be expressed as “Who is she hurting?” or “It’s the only pleasure he has left.” At other times, the family may be afraid to confront the older person, believing the person is too fragile or may become angry.

Myths about Alcohol

Myth: The alcoholic is a street bum, down and out.

Fact: Only three percent of alcoholics fit this stereotype. Anyone—rich, poor, young, old, men, women— can develop problems with alcohol.

Myth: Alcoholism is a sign of moral weakness. A person who drinks is a moral degenerate.

Fact: Alcoholism is a disease. It's not a matter of willpower. A person becomes physically dependent, ill, and cannot stop drinking without help. Like diabetes or high blood pressure, the disease can be treated.

Myth: You can't teach an old dog new tricks—older adults cannot be treated successfully; they are too old to be helped.

Fact: Older adults, especially those who begin drinking later in life, can be successfully treated. In fact, they may have a better chance of recovery than younger persons because they tend to “stick with” treatment programs.

Myth: Drinking is an older person's last remaining pleasure. It's wrong to intervene.

Fact: Excess alcohol seriously impacts physical health and quality of life, and it causes more psychological pain than pleasure. It promotes, rather than reduces, loneliness, isolation, or depression. People are much happier when they stop abusing alcohol. Life can be better without alcohol.

Myth: Little old ladies can't be alcoholics.

Fact: Although the stigma of drinking is much harsher for women, they can and do have problems with alcohol. Women may hide their drinking more and feel greater shame and guilt. Physical differences may also lead to quicker development of problems and serious health consequences.

Myth: Only people who drink large quantities of alcohol on a frequent basis are alcoholic.

Fact: A person need not drink “large quantities frequently” before developing significant problems—even physical dependence. It's not the quantity of alcohol consumed that is crucial in determining an alcohol abuse problem—it's what alcohol does to the person.

Myth: Alcohol is good for lifting a person's mood.

Fact: Alcohol is not an effective “mood lifter.” As alcohol depresses the brain, a person may lose their inhibitions for a short time. But this is soon followed by irritability. Regular use of alcohol increases depression.

Myth: Alcohol helps digestion: it's good for the appetite.

Fact: A very small amount of alcohol does stimulate the appetite. However, in greater amounts it does the opposite—it decreases appetite. A common result is malnutrition. Alcohol contains many empty calories, which cannot substitute for the nutrients needed to maintain health. Alcohol also interferes with the digestive process.

Myth: Alcohol helps a person sleep.

Fact: Alcohol is a sedative; however, the effects are short-lived and are followed by periods of irritability and agitation. Alcohol leads to increased sleep disturbances.

Myth: A person has to want to stop drinking or must “hit bottom” before he or she can be helped.

Fact: One of the symptoms of the disease is the inability of the addicted to recognize its severity. Many people with an alcohol problem can be persuaded to seek treatment through a process called “intervention” and the support of others. Recovery is more likely with early intervention. Early intervention can also prevent severe physical and psychological complications.

Myth: Treatment is just stopping drinking.

Fact: As is true with all chronic illnesses, the person who suffers from alcoholism has to work “all the time” at being well. Treatment and stopping drinking are just very important first steps. Although sober, the person still has the same illness. Recovery also involves learning alternate ways of behaving in relation to feelings and situations.

Unfortunately, ignoring the problem doesn't make it go away. The problem will continue and probably become worse.

It's particularly easy to deny an alcohol problem if there are times when the person seems to have control over his or her drinking. Denial also stems from embarrassment or shame because of the associated social stigma. This approach is especially prevalent when the person with a suspected problem is an older woman.

Denial is often strongest on the part of the older person. Many older people are very proud. They expect to be able to handle personal problems without seeking help. It's painful to admit they have lost control. Drinking is a much stronger moral issue for older adults, with a profound stigma attached to it. Denial is a defense mechanism used to protect self-esteem and self-confidence.

Denying the problem has the same effect on the problem as ignoring it.



Sometimes family members feel responsible for a relative's alcohol problem. Perhaps you have felt, "If I had loved him more...If I had been a better child...If I had visited more, he wouldn't have turned to the bottle." The resulting guilt frequently prevents seeking help. Or sometimes, elaborate steps are taken to control the person's drinking—dumping out bottles or filling them partially with water to dilute the alcohol content. It's important to realize you are no more responsible for a person's alcohol problem than you would be if he or she suffered from diabetes or cancer.

Stop enabling or protecting. Enabling has a special meaning in relation to alcohol problems. It means actions by people in the alcoholic's life that enable or allow the person to continue drinking. It's the things we do that inadvertently reinforce the person in his or her drinking. Actions that enable and perpetuate the problem include providing alcohol, assuming responsibility, covering up and making excuses, playing the role of victim, and waiting until the older person is "ready."

Is anyone in the family providing alcohol to the older person? Sometimes this is done out of the misguided belief that "drinking is the only pleasure left," or "Grandma needs a glass a day to keep her heart healthy."

More alcohol is never the way to help an older person with a drinking problem. All family members must agree to stop providing alcohol or money for alcohol to the person with a suspected problem.

Children of an older person with an alcohol problem may assume responsibility for household chores or financial management—any number of tasks the person is neglecting. Such protection does two things, both harmful. First, it allows the person to escape responsibility for the consequences of his or her drinking. Second, it can further reduce the person's self-esteem. And, because of the psychological nature of the disease, this may lead to more drinking to cover the emotional pain.

More subtle, yet still enabling behaviors include covering up, making excuses, or shielding the person from the consequences of his or her drinking. Calling to say, “Mother was ill,” when she missed an appointment because she had been drinking is an example of such behavior. Anytime you step in and protect the person from the consequences of his or her drinking, you are really allowing the drinking to continue.

Often, overwhelmed by the disease and by the changes in the older person’s behavior and personality, family members react with resignation, disgust, hopelessness, anger, or blame. They may yell and scream, “How could you do this to us?” “If you loved us, you’d stop drinking.” Faced with such powerful emotions, the older person often feels alienated, lost, and alone, and drinks more. A person with a long-standing alcohol problem may have so alienated the family that he or she has little support left.

It’s hard to see the changes in a person; it’s also hard to accept that these changes mean a loved one has a problem with alcohol. Keep reminding yourself that your loved one is ill and can’t control his or her drinking without help, just like he or she couldn’t control an illness like diabetes without the help of insulin.

For a long time, it was believed a person with an alcohol problem had to “hit bottom” before being ready for help. Professionals now know that early intervention can be successful and, especially for the elderly, can arrest the adverse physical consequences of alcohol abuse.

Again, learning about the disease and talking to people who have successfully coped will give you strength and hope for the future.

4 Take action

The right time to do something is when you suspect that alcohol is a problem. It may take time to confirm this, to convince other family members, and to convince the older person that a problem exists and to accept treatment. But the sooner treatment starts, the sooner life can begin to get better.

It’s not easy to approach a person about an alcohol problem. You will likely feel uncomfortable. You may fear the person will become angry and hostile and will reject you. It may help to know that the person who gets help usually does not turn against the person who led him or her into treatment.

Try an intervention. One effective method for helping someone see his or her drinking is a serious problem is a process called *intervention*. In an intervention, the person is confronted with the objective evidence of his or her drinking and its effects in a caring, non-judgmental, yet firm manner. Support and a treatment plan are presented.

The goal is not to convince the person he or she is an alcoholic. Rather, it is to convince the person that he or she has a disease—one that is highly treatable. For many older adults, the motivation to accept help comes from knowing that others recognize something is wrong, and are willing to help. They help rather than blame or excuse their behavior.

There are both informal and formal interventions.

Informal interventions may simply be an objective statement, presented in a kind and caring manner, after drinking behavior has been noticed and when the person is sober.

“Mom, I’m really concerned. The last several months, every time I’ve come over after dinner, you’ve been sitting in the front room with a glass of wine. Last night, you staggered and fell when you got up. I’d like to talk about this with you. I’ve talked with a treatment specialist and I would like you to talk to him, too, about alcohol use and its effects.”

The nature of the disease, however, makes it likely that the person will minimize the amount of drinking and will deny a problem exists. In such instances, a formal intervention may be necessary.

A *formal intervention* is a carefully planned and staged meeting in which the person who has an alcohol problem is confronted with the effects of his or her drinking. Prior to the intervention, meetings are held with the family to prepare them for the process, deal with any negative personal feelings, and discuss how to handle potential roadblocks to treatment.

It's best if an alcohol intervention specialist leads the intervention process. A professional can ensure the intervention is positive and that family members remain factually honest in presenting information and don't become overly emotional, attack the person, or back down. The professional can also validate the feelings of everyone, for example, "your daughter must love you a lot to risk offending you."

An intervention can be either a *full-scale* or a *mini-intervention*. In a *full-scale intervention*, many people significant in the person's life (family, close friends, neighbors, clergy, and/or employer) gather together and meet with an alcohol intervention specialist. Each person is coached and rehearses what he or she will say to the drinker. The group also agrees on what action they will ask the person to take. At the appropriate time, the group meets with the drinker. The person is asked to listen until everyone has spoken. Each family member, in a caring way, expresses concern about the person's well-being and describes specific situations he or she has observed while the person was drinking. Then they ask the person to seek treatment.

Some alcohol intervention specialists recommend first trying a *mini-intervention* with older people. It is similar to the full-scale intervention except it involves only one, or at most two, close family members, plus the counselor. The family member expresses his or her concerns and some facts about the drinking situation to the older person. The

counselor then suggests the older person enter a program to gain additional information about alcohol use in order to make a more informed decision about whether there is a problem and the best course of action to take. An intervention can also be conducted by the counselor without the family.

The mini-intervention tends to be less threatening to an older person's sense of self-worth and avoids potential damage to family relations which the full-scale intervention risks. Although all family members can benefit from learning that alcoholism is no one's fault and that it is truly a disease, one or two family members are often enough to carry out a successful intervention. This method prevents embarrassing the older drinker in front of everyone.

Intervention usually works. However, no one should attempt an intervention without a thorough knowledge of the process. Many treatment centers and alcohol counselors will teach families about the process and will help them plan and rehearse an intervention.

If such services aren't available in your community, read and learn all you can. Committed families can lead successful interventions by themselves; however, it's still important to consult a professional beforehand. An excellent resource is *Intervention: How to Help Someone Who Doesn't Want Help* by Vernon E. Johnson, the developer of the intervention process.

Involve other people. Involve others—family, friends, clergy, doctors—who care about the older person, have seen problems resulting from alcohol use, and are open to learning about alcohol problems. They should also be willing to maintain a caring, non-judgmental, objective approach. Anyone who believes alcohol problems are a moral weakness should not be included in an intervention. The older person must sense and believe that the people participating in the intervention really care.

Involving others is especially important if you live at a distance. Locate a resource in your community for your own education and understanding. Visit the older person at once and develop a local support system. Consider nearby friends and relatives, professionals, and social service providers. Remain in frequent contact with the older person and the network of helpers.

The combined care and concern shown in a group effort can have a powerful effect.

Gather information. To be most effective in an intervention, you must gather beforehand specific information about the older person's drinking behavior, negative changes in behavior, and treatment options available. Look for specific examples of times when drinking caused problems. You may want to focus on the extent and frequency of drinking as well as the consequences.

Talk to others who have observed the older person. Discuss the problem with the person's physician and arrange for an overall health assessment to determine physical and medical consequences and to confirm that alcohol is the problem. The physician can often get the person into treatment by sharing information about the medical consequences of drinking.

Have treatment options available to discuss with the older person. Check your telephone directory for local alcoholism treatment centers; call your local mental health clinic or senior center for referrals. Visit the treatment centers or programs and gather brochures to give to the older person. You may even want to make an appointment for him or her.

Remain caring, supportive, and objective. Focus on the behavior, not the person. In a caring way, express your concerns about the impact the person's drinking is having on his or her health, behavior, and relationships. However, avoid scare tactics.

It's important to keep comments current and not dredge up instances from the past. When talking about incidents, acknowledge how difficult it is to talk about them. Begin with positive statements. Use "I" statements and be as specific as possible. The following are some comments family members have used to express their love and concern.

"The grandkids love to come over to visit. But last week you had been drinking. When Billy asked why you smelled 'funny,' you yelled at him."

"Dad, I love you and I don't want to lose you. The doctor says that if you continue drinking..."

"The neighbors called. They're worried, and I'm worried, because you seem withdrawn and seldom go out anymore."

Instill a sense of hope. Remember the person's strengths and build on them. Identify positive reasons for the person to stop drinking. Let the person know that life can be better without alcohol, that help is available, and that you will provide support.

"Dad, the doctor says that your memory will get better once you stop drinking, and you'll be able to finish the family history. I love you and will help you."



Avoid moralizing or making judgmental, blaming, punitive statements. They don't help and will likely only create defensiveness or hostility.

No matter how well-prepared, supportive, or loving you are, the older person may resist and resent any suggestions that he or she is drinking too much. Expect anger. Anticipate denials and excuses; you've probably heard them before. Be prepared to respond to them courteously and firmly, without blaming, giving up, or backing off.

Respect the older person. Loss of self-esteem and self-confidence and feelings of self-hate, guilt, and remorse are common among older persons with alcohol problems. You can show your respect and enhance self-worth in subtle ways.

When approaching the person, emphasize the person's ultimate freedom of choice and responsibility for his or her decisions and actions. Generally, when the person feels respect rather than blame, resistance and denial will decrease. Because of the profound social stigma many older persons feel about alcoholism, use terms such as "alcohol problems" or "problem with drinking" rather than "alcoholism," "alcoholic," "drunk," or "lush." Rather than knocking down the person's defenses, emphasize the disease/health concept.

Urge the person to learn more about alcohol problems and to make his or her own decision about whether or not he or she has a drinking problem. Give him or her a choice about how he or she might get help to stop drinking. If the person chooses not to stop drinking, even after a formal intervention, you will need to accept this decision unless he or she is clearly a danger to self and others. Accepting this decision, however, doesn't mean you have to like it.

5

Explore treatment options

Alcohol treatment programs vary in their environment, methods, and level of services. Treatment/recovery programs include long-term residential centers, short-term inpatient programs, out-patient programs, and support groups. Programs are run by hospitals, including the Veterans' Administration, mental health clinics, private rehabilitation centers and self-help/support groups.

Long-term residential programs. The person is admitted to a specially designed program for 3 to 9 months or sometimes longer.

Short-term in-patient programs. The person is admitted to a hospital or clinic for 10 to 30 days.

Out-patient programs. The person lives at home but attends regularly scheduled activities, often daily.

Support groups. The person attends meetings with other people who have a similar problem for mutual education, information, and support. Alcoholics Anonymous is the prime example of this approach.

Unfortunately, few treatment programs deal specifically with older persons. More are being established, however, as professionals recognize how the physical, psychological, and social needs of the older person may differ from younger drinkers.

You will need to assess existing programs within the community to determine if they are appropriate. Answers to these four questions will help determine the most effective approach.

1. *What is the physical condition of the older person?* Severe medical complications may indicate a need for hospital-based detoxification prior to beginning a treatment program.

2. *How long has the person had a drinking problem?* If the person has a long history of drinking problems, talking about past educational/treatment experiences may help in making new treatment plans that will work. If the alcohol problem developed recently, medical problems may be less severe and social support systems still strong.

3. *What support system is available to the person?* The person who does not have support from family and friends will benefit most from a treatment program that provides support during and after treatment.

4. *What financial resources are available?* The person's financial resources will determine treatment options. Insurance may or may not cover treatment and if so, possibly for only a limited time. Medicare coverage is limited to hospital-based treatment.

Evaluate and select a treatment program. Visit and talk with staff about their program and about the older person's problems. Here are some suggested questions to help select a program.

1. *Does the program recognize and respect the special needs of older people?* Many programs are not designed specifically for the older person with alcohol problems. The person with a life-long alcohol problem is likely to have no family support and significant medical problems. With people whose drinking problem started late in life, it's particularly critical that treatment focuses on age-related losses and stresses.

Programs geared to the older person often modify educational activities, considering the failing hearing and vision associated with aging.

2. *What are the staff's attitudes? Does the program use a supportive approach?* Look for positive and considerate staff. Unfortunately, ageism (negative attitudes toward the elderly) is prevalent in our society, even among treatment professionals. The staff must be optimistic and positive; they must believe that older people can be successfully treated, and they must be sensitive to the special needs of older adults. Avoid programs that use an intense, confrontative, belittling approach.

3. *Does the program take into consideration that older persons recover more slowly?* Detoxification can take longer for the older person. Withdrawal may need to be closely monitored. Less intensive, longer-term follow-up programs are recommended to help the person achieve and maintain recovery.

4. *Does the program emphasize social activities?* Loneliness and isolation mark the lives of many older persons. Rebuilding social networks is a key to recovery, so treatment should emphasize social therapy. Groups play a vital role in providing a new source of social support and an avenue for building self-esteem. Involving the family in treatment and therapy helps rebuild the social support system.

5. *Does the program use peer groups of older persons?* Sharing experiences with others who have similar values and experiences can lead to meaningful insights. The older person learns that he or she is not alone and gains strength and support from others. Group participation can be particularly important for the socially isolated person.

Older people are often reluctant to talk about their feelings, especially in a group of mixed ages. Many also have a distaste for profanity, which may be used by younger people in treatment.

In general, older people need to work through age-related issues such as loss and grief. These issues are often much easier dealt with in a peer group; however, same-age peer groups are not always necessary or available. A particularly critical time for group involvement appears to be in the out-patient after-care or follow-up component of treatment.

6. *Does the program involve the older person in treatment planning?* Listening to and respecting the older person's wishes and ideas can help maintain pride and self-esteem. It gives a measure of control and a sense of responsibility for the future.

7. *Is the program accessible to the older person?* Older people often prefer daytime hours for out-patient classes and follow-up programs. Ideally, a treatment program should be accessible via public transportation and to people with physical limitations.

8. *Does the program look at the whole person?* Effective treatment programs consider the older person's health, nutrition, social support, financial, legal, and spiritual situations. The staff should recognize that the older person may need homemaker, chore service, meal preparation, or other assistance during follow-up or out-patient treatment.

9. *Does the program provide long-term after-care?* What happens after treatment is as important as treatment itself. Programs that offer support and follow-up increase recovery success. The symptoms of the disease don't stop just because the person has stopped drinking. Relapse can occur with anyone who has an alcohol problem, but is more likely for those who do not participate in some type of structured follow-up program.

Recovery is on-going and truly "one day at a time." Recovery means learning to live again without alcohol.

After-care or follow-up may include referral to Alcoholics Anonymous for the older person and Al-Anon for the family. Some treatment programs include special family meetings to mend and build relationships and to improve communication.

6 Recognize the possibility of relapse

Sometimes relapses occur, even when a person is committed to recovery. A person may take a drink after being sober for several months thinking they have been "cured" or can now handle alcohol.

A relapse means only a temporary setback, not failure. It doesn't mean the treatment or the person has failed. Don't give up. More than ever, the person will need support and encouragement. Condemning the person or feeling responsible for his or her relapse will not help.

Although it's discouraging to see a person return to drinking, such relapses are not necessarily repeated. And they often serve as a valuable lesson for the person. A relapse frequently helps a person to accept that abstinence is necessary because of his or her powerlessness over alcohol. As one person said, "I learned the problem was the first drink...not the last drink."

7 Provide continued support

Continued support is essential. It may be easy to provide support if the older person recognizes the need for, and willingly enters, a treatment program. You can attend group and family meetings and enjoy your new life together as you all work together.

But if the person strongly denies that a problem exists and resists seeking help or returns to previous drinking patterns, do not give up and do not ignore the problem. Support is still important. Continue to present facts in a caring, concerned way. Tell the person how you think the situation is affecting him or her and how it affects you. Let the person weigh the evidence.

Wait a while, then reapproach the person or have someone else who has influence talk with him or her.

If the person continues to resist and persists in drinking, you may have to threaten to withdraw support. Support can be any benefits provided or controlled by the family. It can include spending money, transportation, shelter, time, or attention. You withdraw support to allow the person to experience the consequences of his or her drinking. Sometimes it takes a crisis before help is accepted. Become involved again at the moment of crisis.

If the drinking persists and causes danger to the person or to others, you may consider obtaining guardianship or civil commitment.

In these situations, it's important that the family get help and support. ***You must accept that no one can force anyone else to stop drinking. Sometimes when you've done all you can, you need to walk away and take care of yourself.***

CONCLUSION

The older person who has a drinking problem can recover and learn to live a life free of alcohol. However, it's unrealistic to expect the person to get help on his or her own, although a few do. Because the person usually cannot recognize his or her need for help, it's up to family and friends to intervene. The earlier treatment begins, the greater the chance for recovery.

RESOURCES

Local services

Look in the telephone book under "Alcoholism Information and Treatment Centers." In the section "Community Services Numbers," look under "alcoholism."

Alcoholics Anonymous, Al-Anon, Al-Ateen, and Adult Children of Alcoholics, self-help support groups for persons affected by alcohol, often list meeting times and places in the local newspaper.

OSU Extension Publications

Aging Parents: Helping When Health Fails, PNW 246.

Coping with Caregiving: How to Manage Stress When Caring for Elderly Relatives, PNW 315.

Sensory Changes in Later Life, PNW 196.

Helping Memory-Impaired Elders: A Guide for Caregivers, PNW 314.

Living Arrangements in Later Life, PNW 318.

Depression in Later Life: Recognition and Treatment, PNW 347.

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