

Connecting Cultures

Project Management
Health and Social Development Training

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Elders - Substance Use and Prescription Drug Use*

If your parents or neighbors were ill or needed help, you'd do everything you could to help, wouldn't you? But when that same elder shows signs of having a problem with alcohol or prescription drugs, it's hard for most people to know what to do or say.

Yet alcohol abuse and the misuse of prescription drugs are becoming life-threatening problems with older people. It is estimated that 70% of all hospitalized elders and up to 50% of elders in care have alcohol-related problems. Among older people there is reason for concern about mixing alcohol and drugs. Most elders take some prescriptions. Over half of all prescriptions for older persons have some sedative. Combining prescriptions with alcohol can be deadly at any age, and especially so among the older age groups.

Yet the symptoms may be difficult to recognize. For example, shaky hands and forgetfulness could be normal symptoms of aging — or a sign of alcohol or prescription abuse.

What is "light to moderate drinking" for elders?

- No more than one standard drink per day or seven drinks per week (a standard drink is 12 oz. of beer, 5 oz. of wine, 1.5 oz. of spirits, or 4 oz. of liqueur).
- A maximum of two drinks on any drinking occasion. Somewhat lower levels for older women.

Aging-related changes make older adults more vulnerable to adverse alcohol effects. They have higher blood alcohol concentration from one drink and more impairment. Elders use more medications and tend to have chronic illness and therefore are at risk for greater negative effects with alcohol. Older women are at greater risk than men for rapid intoxication.

For Older Adult Drinkers - These Conditions Have the Following Implications:

- Moderate levels of alcohol use can be more risky.
- More consequences can result from maintaining a lifelong drinking pattern.
- Increased consumption can quickly lead to a negative effect, such as a fall, which may have serious consequences for an older person's health status and health future.

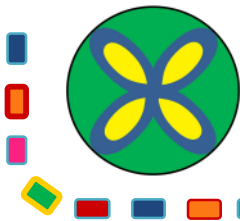
Some Safe Drinking Guidelines for Elders

- Avoid consuming alcohol immediately prior to bedtime to avoid sleep disturbances.
- Do not ingest alcohol prior to driving.
- Abstain from alcohol if you're taking central nervous system depressants, all psychiatric medications, analgesics, anticoagulants, anti-diabetic drugs, and some cardiovascular drugs.
- Consider one drink per day as the best level of alcohol consumption if you want to drink an alcoholic beverage, have no medical contraindications, and take no medications that interact with alcohol.
- Consult a doctor or pharmacist about alcohol/drug interactions.
- Report any side effects or loss of energy to a physician immediately.



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It May be Difficult to Know How to Talk to an Elder. You may think:

“My father has been drinking all his life. He’s too old to change.”

This is not necessarily so. Older people have the highest recovery rate of all age groups. In fact, research has shown that a key factor in the recovery of older adults is the concern and involvement of family and friends. As people get older their tolerance to alcohol and other drugs decreases dramatically. What elder thought they could “handle” at an earlier age may affect them in confusing and alarming ways now — making them more receptive to help than ever before.

“Drinking is the only pleasure mom has left. Why deprive her of the one thing that makes her happy?”

Alcohol is a depressant. Chances are that drinking is not making your mother happy at all, but instead causing her misery, depression, remorse and shame.

Since elders are now living longer helping to reduce alcohol abuse and unnecessary drugs could improve both their physical and emotional health. The misuse of alcohol and prescription drugs can worsen diseases normally associated with aging, including heart and liver disease, arthritis, diabetes, glaucoma, cataracts, hearing loss, pancreatitis, colitis, ulcers, gastritis and Alzheimer’s disease. When elders recover physically and emotionally from alcohol and drug dependency they share hope and joy when they talk of their newly sober lives. Invariably they say, “These are the best years of my life,” whether they stopped drinking at 55, 65 or even 75.

“The doctor says a glass of wine in the evening is good for Aunt Mary’s heart.”

Many doctors suggest small amounts of alcohol to help older patients sleep better, improve their appetites, or calm their nerves. However, a physician may not realize that an older person abusing alcohol can’t stop at one drink. And because of changes in metabolism, drinking two or three beers at age 65 can have the same effect as seven or eight beers at age 20. In addition, an elder may be taking medications prescribed by a specialist that a general internist may not know about. Keep in mind that 83 percent of people over 65 take at least one prescription drug, and over half of all drugs prescribed to older persons have some form of sedative. Many older adults have two or more doctors, each prescribing certain medications. Drinking on top of taking prescription drugs can be extremely dangerous, since the alcohol can quadruple the effect of a drug.

“My Uncle Harry says he drinks to relieve the pain.”

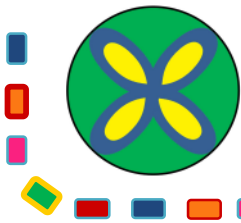
What your Uncle Harry is really saying is that when he drinks, he is unaware of the pain. The pain is still there, but he can’t feel it — which means he probably won’t get appropriate treatment for it either. For example, a drink may lessen the pain of a stomach ulcer, but alcohol actually increases the acids that cause an ulcer to get worse.

“I live too far away to be of any help.”

Even if you live on the other side of the country from an elderly relative or friend, you can still help. By reading this information, you can learn about the special symptoms of alcohol and drug misuse that older people experience, treatment options that are available, and how to start a conversation on the subject either by telephone, in person, or in writing.



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What to do If You Are Concerned about an Elder's Drinking and Prescription Drug Use

- Gather as much of the following information as you can: A list of prescribed and over-the-counter drugs the person is taking.
- A list of doctors the person is seeing. For example, they may have a general practitioner and a specialist
- A brief life history of the elder including their religious and cultural background and important life events.
- An idea of the person's present condition. Is he/she able to live alone and take care of himself/herself? How is drinking or the misuse of medicines affecting the person's health, family, and social life, attitudes, etc.?
- A list of family members and friends who are concerned and would be willing to help, if necessary.

Gathering this information will be helpful for talking with a doctor, community nurse, or drug and alcohol worker for help in this matter.

Some General Guidelines to Keep in Mind

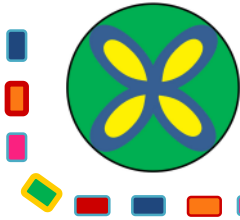
- Don't talk to the elder when he/she is drinking. If evening is the usual drinking time, talk earlier in the day.
- Be gentle and loving. Avoid a confrontational style. Bring up the person's good qualities and the happy memories you have together.
- Avoid the words "alcoholic" or "drug addict" since they carry a heavy stigma. If they feel that they are "bad," they may retreat into resignation and even more solitary drinking.
- Don't bother pouring alcohol down the sink or throwing away tranquilizers. If older persons are not ready to get help, they will simply replenish the supply.
- Do not dig up painful events from the past. Focus on the effects alcohol and prescriptions are having now.
- Keep in mind the person's age and ability to understand. Instead of talking things out in one session, you may have to bring up the subject a little bit at a time. He/she may try to use old age as an excuse not to address the problem. Keep talking consistently and patiently without undue pressure.
- Be direct. Sometimes we coddle an older person like a child. Treat the person as an adult.
- Be specific. Present the facts in a straightforward manner, such as, "I've noticed that you drink almost a full bottle of wine over the course of an evening" instead of, "You're always drunk." Use "I" phrases, such as, "I noticed," or "I'm worried," since the older person can't argue with your feelings.
- Talk about the effect of alcohol or drug use on whatever the older person cares about most: what other people are saying, health, or memory loss. For example, they may have given up on themselves, but still care very deeply about their grandchildren.
- Don't worry if you don't say things perfectly. The most important thing is that you express your concern with love, gentleness and respect.

If the Elder is Ready for Help

- The first thing to do is listen and be supportive. You may want to urge the elder to see a physician to get a professional assessment of the problem. Depending on the severity, the older person may need hospital care to treat the physical symptoms of alcohol and drug reactions.
- Many older persons can benefit from inpatient treatment for alcohol or drug dependency. There are some treatment centers that specialize in older adult chemical dependency. Some offer daytime outpatient care, residential treatment, or medical care along with continuing treatment for the older person. You may find that there is an outpatient or inpatient program nearby.



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- Contact your local Health Authority and ask to speak to an addictions counsellor for an assessment and referral for treatment. If you live on reserve and have a NADAP ask them worker about an assessment and referral for treatment. Treatment services require a physician's assessment, and 2 – 4 sessions with an addictions/NADAP worker is necessary before a referral is given to treatment facilities. There are private facilities that may not have the same process as this.
- Help make the elder comfortable about spending time away from home if that type of treatment is necessary. Promise to watch the house, look after pets, water the plants, make arrangements with looking after grandchildren, and handle the bills if he/she needs or desires treatment care. If there is access to an outpatient program, you'll be nearby for support.
- Alcoholics Anonymous (A.A.) can be a good alternative — supplemented by one-on-one counseling with a drug and alcohol professional. Founded in 1935, A.A. has helped millions of people achieve sobriety. Find a local meeting by calling the A.A. number in the phone book. When you talk to the A.A. volunteer, ask for a meeting where an older person would be comfortable. A wide number of A.A. meetings exist, including groups for older people in recovery.
- Offer to drive the older person to a meeting yourself. Or better yet, if you know another elder who is in one of these programs, find out if he/she would be willing to help and introduce them.

What to do if the Elder Isn't Ready for Help

- Denying that there's a problem is typical of substance abuse. When older persons have been drinking or using prescription drugs over the years, they may not notice how bad things have gotten or they may have some brain damage that prevents them from relating to what you're saying. On the other hand, they may be fully aware of the problem, but too scared to accept help.
- Unless the elder's physical or mental health is severely deteriorating, the best thing to do may be to drop the subject for now. However, you may wish to contact the person's doctor about the condition.
- Meanwhile, stay in touch and don't despair. You have planted a seed of recovery that may grow when you least expect it. You have taken a loving and courageous action that may save a life down the road, and there probably will be other opportunities to offer your assistance.

What to Expect as the Older Person Recovers

- Although the recovery rate for elders is the highest for any age group, the recovery process may be slower.
- Since aging slows down the ability to process information, they may be overwhelmed by everything they're learning. They may have a more difficult time sharing their feelings, and may feel uncomfortable talking in a group. Therefore, an age-specific program provides a setting more conducive to sharing and relating to others. When the elder returns home, stay in contact as much as possible and continue to try to help where needed. Realize that you have given back a life and made it worth living again.

If you live with someone who has a problem with alcohol or prescription drugs

- Living day in and day out with someone close who has a problem with alcohol or other drugs can be a difficult, heart-breaking experience. You shouldn't try to handle it yourself.
- Most important, please talk with a professional *first*. Don't bring up the drinking problem until you first get help for yourself. By becoming informed on alcohol and drug dependency, you'll be in a better position to help. You can also get the support and information you need at Al-Anon Family Groups. For information, call your local Al-Anon number in the phone book. In addition, many treatment centers and substance abuse professionals have special programs for friends and family member.

*This information was adapted from Hazelden and Patrick C. Cullinane



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