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IN SIGHT for Oregon Lawyers

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

ALCOHOL AND OLD LACE

As the population of adults continues to age, many of us are confronted with the issue of substance use among our older relatives. However, alcohol use among seniors is frequently overlooked or minimized by family and friends, who may say things like, “They’re too old to change,” or “What could be the harm?”

Actually, there may be considerable harm. According to the U.S. Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Treatment (CSAT), as many as 17% of older adults are affected by alcohol and prescription drug misuse, with only about 2% receiving treatment. Older adults metabolize alcohol less efficiently and may become significantly affected by as little as one drink. Impaired seniors are more likely to fall, have vehicular accidents, or experience severe interaction with their prescribed medications.

So why aren’t a greater number of seniors being treated for substance abuse? It’s not because “they are too old to change.” Studies show that older adults who get treatment for substance abuse actually have high recovery rates. More likely it is due to the difficulty in identifying these issues in older adults, both societal and self-imposed.

One societal obstacle is ageism. Our society tends to assign negative stereotypes to older adult behavior, ignoring specific medical, social, or psychological causes. “They only have a little time; let them enjoy drinking.” Comparatively, underage drinking isn’t endorsed by people saying, “They’re young. Let them have

fun.” Another societal obstacle is that symptoms of substance abuse are easily mistaken for those of depression, dementia, or other problems common to people in their senior years.

Individual and generational beliefs about substance abuse may also make it more difficult to identify and treat. Older adults may tend to perceive a greater stereotype in being “a drunk” or “a dope fiend,” making them more likely to hide their alcohol abuse or medication misuse and less willing to seek help. Seniors may begin substance use because of social, psychological, or medical issues like loneliness, grief, or chronic pain. They may not realize that their chosen coping technique has created another, separate problem. They also may not realize that it requires treatment or that treatment is available.

When raising a concern about a family member’s substance use, try to recognize the specific point of view of older adults. Instead of a barrage of questions, you will have more success by addressing the topic indirectly. (“Dad, I noticed that this is your third beer this afternoon. I’m worried about how that will affect your health. Can we talk to Dr. Brown about it?”) This approach avoids angry disclaimers (“None of your business!” or “What’s it to you?”) and frames the issue in the context of a medical concern. In addition to avoiding a one-sided interrogation, seniors are more willing to accept a medical diagnosis as an explanation for their problems.

Specialized treatment services exist for older adults, including outreach

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service and support groups held in assisted-living facilities. Be persistent, remain sensitive to cultural and generational differences, and utilize comprehensive assessments done by a professional. In many cases, sober seniors enjoy renewed health and vitality, extending their lives and their enjoyment of the time they've been given.

If you are concerned about the substance use of an older adult in your life, call the OAAP at 503-226-1057 or 1-800-321-6227 and ask to talk to an attorney counselor. We can help.

Meloney Crawford Chadwick

OAAP Attorney Counselor