

OLDER AMERICANS BEHAVIORAL HEALTH

Issue Brief 2: Alcohol Misuse and Abuse Prevention

Introduction

The Substance Abuse and Mental Health Services Administration (SAMHSA) and Administration on Aging (AoA) recognize the value of strong partnerships for addressing behavioral health issues among older adults. This Issue Brief is part of a larger collaboration between SAMHSA and AoA to support the planning and coordination of aging and behavioral health services for older adults in states and communities. Through this collaboration, SAMHSA is providing technical expertise and tools, particularly in the areas of suicide, anxiety, depression, alcohol and prescription drug use and misuse among older adults, and partnering with AoA to get these resources into the hands of Aging Network professionals.

Importance of the Problem

The misuse and abuse of alcohol in older adults present unique challenges for recognizing the problem and determining the most appropriate treatment interventions. Alcohol use problems in this age group often go unrecognized and, if they are recognized, are generally undertreated. Standard diagnostic criteria for abuse or dependence are difficult to apply to older adults, leading to under-identification of the problem. Older adults who are experiencing substance misuse and abuse are a growing and vulnerable population.

Over a number of years, community surveys have estimated the prevalence of problem drinking among older adults from 1 percent to 16 percent.^{1,2,3,4} The rates of problems found in community surveys vary widely depending on the definitions of *older adults*, *at-risk* and *problem drinking*, and *alcohol abuse/dependence*. Estimates of alcohol problems are the highest among people seeking health care because individuals with drinking problems are more likely to seek medical care.⁵ Fourteen percent of men and 3 percent of women older than age 65 engage in binge drinking.⁶

Guidelines for Alcohol Use

The National Institute on Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) *Treatment Improvement Protocol (TIP) 26* on older adults⁸ have recommended levels of alcohol consumption to minimize risky or problem drinking and to prevent alcohol-related problems.

For adults ages 60 and older the recommended limits are:

Overall consumption:

- Men: No more than 7 drinks/week, or 1 standard drink/day;
- Women: No more than 7 drinks/week, or 1 standard drink/day;

Binge drinking:

- Men: No more than 3 standard drinks on a drinking occasion;
- Women: No more than 2 standard drinks on a drinking occasion.

Older individuals should not drink any alcohol if they:

- Are taking certain prescription medications, especially psychoactive prescription medications (e.g., opioid analgesics and benzodiazepines),
- Have medical conditions that can be made worse by alcohol (e.g., diabetes, heart disease),
- Are planning to drive a car or engage in other activities requiring alertness and skill,
- Are recovering from alcohol dependence, should not drink alcohol.

What's a standard drink?

1 standard drink=

1 can of ordinary
beer or ale
(12oz)



A single shot of
spirits—whiskey,
gin, vodka, etc.
(1.5oz)



A glass
of wine
(5oz)



A small glass
of sherry
(4oz)



A small glass
of liqueur or
aperitif
(4oz)



A standard drink equals 12 grams of alcohol
(e.g., 12 ounces of beer, 5 ounces of wine, 1.5 ounces of 80-proof distilled spirits).

Defining Levels of Alcohol Use for Older Adults

It is useful to think about alcohol use in terms of level of risk.

- **Low-Risk Use** is alcohol use that does not lead to problems.^{9,10} People in this category can set reasonable limits on alcohol use and do not drink when driving a car or boat, operating machinery, or using contraindicated medications. They also do not engage in binge drinking.
- **At-Risk Use** is use that increases the chances that a person will develop problems and complications. These individuals consume more than 7–10 drinks/week, or drink in risky situations. They generally do not currently have health problems caused by alcohol, but if their drinking pattern continues, problems can result.
- **Problem Use** refers to a level of use that has already resulted in adverse medical, psychological, or social consequences. Although most problem drinkers consume more than the low-risk limits, some older adults who drink smaller amounts may experience alcohol-related problems. Assessment to determine severity of the problem is needed.

- **Alcohol Dependence** is the category of use characterized by loss of control, preoccupation with alcohol, continued use despite adverse consequences, and physiological symptoms such as tolerance and withdrawal.

Men and women aged 60 and older who drink more than 7 drinks per week have greater impairments in instrumental activities of daily living (IADLs) and to a lesser extent impairments with advance activities of daily living (AADLs). More than 3 drinks per occasion is associated with IADL impairments among older adults.

Although Diagnostic Statistical Manual (DSM) criteria are widely used and distinguish between abuse and dependence, the majority of older adults who are experiencing problems related to their drinking do not meet DSM-IV criteria for alcohol abuse or dependence.^{8,9} These criteria may not adequately categorize many older adults with substance use problems because people in this age group do not often experience the legal, social, or psychological consequences specified in the criteria that are more common in younger adults with alcohol-related problems.



Comorbid Depression and Anxiety

Research has shown a strong association between depression and alcohol use disorders that continues into later life. In addition, a number of older adults also suffer from increased anxiety. Depression and alcohol use are the most commonly cited co-occurring disorders in older adults. Among those aged 65 and older, over 13% of those with lifetime major depression also met criteria for a lifetime alcohol use disorder (Grant & Harford, 1998).

Twenty percent of older adults with depression have a co-occurring alcohol use disorder.¹⁵ At-risk and problem drinking among the elderly is likely to increase existing feeling of depression. Older adults with this comorbidity can be more difficult to diagnose and treat because each of these problems may complicate the other. It is important from a clinical standpoint to assess depressive symptoms in addition to assessing for alcohol and psychoactive medication misuse.

The PHQ-9 is an easy-to-use and well-validated screening instrument to measure depression (see <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>).

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT is a comprehensive model for addressing at-risk alcohol use, problem use, and dependence in a variety of health care settings. *Screening* quickly assesses the severity of substance use and identifies the appropriate level of intervention. *Brief interventions* focus on increasing insight into and awareness of substance use and motivation for behavioral change. *Referral to treatment* provides access to specialty substance abuse assessment and care, if needed.

SBIRT for substance use offers opportunities for early detection, focused motivational enhancement, and targeted encouragement to seek needed substance abuse treatment, when appropriate. The majority of older adults who are at risk for problem alcohol use, psychoactive prescription medication use, or both do not need formal specialized substance abuse treatment. However, many can benefit from prevention messages, screening, and brief interventions.

Strategies and materials for working with older adults with potential alcohol misuse/abuse should be culturally sensitive to the individuals' backgrounds and to the unique issues that older adults face (e.g., worries about the loss of independence, difficulties seeking assistance for problems related to alcohol, shame, stigma).

A future Issue Brief will cover the topic of SBIRT for both alcohol and psychoactive medications in more detail.

Screening

The first step in helping older adults who are at-risk for problems related to alcohol use is screening. The most useful alcohol screening instruments include questions on *quantity/frequency* and *binge drinking* to determine an estimate of the amounts consumed, and consequences to determine the extent and severity of the problems.

The Alcohol Use Disorders Identification Test (AUDIT), developed by the World Health Organization (WHO) is a good option because it includes consumption and consequence questions. The Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G) is an excellent elder-specific

screener covering consequences more likely to be faced with aging. (See **Resources:** SAMHSA's *A Guide to Preventing Alcohol and Psychoactive Medication Misuse/Abuse among Older Adults: Screening and Brief Interventions* for instruments)

CSAT's TIP #26⁸ recommended that all adults ages 60 and older be screened once a year and rescreened with any major changes or major life events (e.g. retirement, loss of partner/spouse).

It is suggested that health and social service providers embed screening questions related to alcohol use within questionnaires/assessments about other health behaviors. This approach helps diffuse the negative responses that some older adults might have if only drinking-related questions are asked. These screening questions can be embedded in a variety of other screening instruments, e.g., nutrition, exercise, smoking and depression questionnaires, among others. Embedding also assists organizations to offer SBIRT on a routine basis and potentially helps to sustain the practice.

Brief Interventions

There is a large literature on the effectiveness of brief interventions. Over 100 trials of brief intervention techniques have been conducted over the past 25 years for adults under and over age 60^{11,12} for meta-analytic reviews of brief intervention clinical trials; and specific trials with older adults.^{2,4,13}

Screening and brief interventions in a variety of healthcare and social service settings have reduced alcohol consumption among older adults, with these reductions sustained over time.



- [Substance Abuse Treatment Facility Locator](#)
- [Buprenorphine Physician & Treatment Program Locator](#)
- [Opioid Treatment Program Directory](#)
- [SAMHSA's Treatment Referral Routing Service FAQs](#)

Conclusion

We are well into a new millennium that is bringing new challenges in caring for the growing population of older adults. Accompanying the demographic and substance use changes that are underway, we are beginning to see the documented increases in problems related to substance use that result in costly negative health outcomes.¹⁶

One of the challenges to the health care system will be addressing the needs of members of the aging population who are misusing alcohol and/or medications/drugs in the context of a managed care environment, where providers are expected to deliver quality medical care for a wide variety of health problems within greater time constraints.

The Good News

All of the clinical and research efforts testing screening and intervention methods over many years have led to effective evidence-based practices to provide prevention and early intervention services that will be crucial to meeting the needs of this growing population.

The development of short, effective techniques to address substance use issues in the growing population of older adults is one of the current and future foci for the substance use field. Innovative screening, prevention, intervention, and treatment methods for alcohol and drug misuse among older adults are available and can help to ensure that current and future generations have the opportunity for improved physical and emotional quality in their lives.

Resources



FOR CONSUMERS

- **Aging, Medicines and Alcohol (SAMHSA)**—This booklet increases older adults' awareness about possible problems related to the misuse of alcohol, prescription drugs, or over-the-counter drugs. It lists signs of misuse and suggests actions seniors can take to avoid or deal with problems: <http://store.samhsa.gov/product/Aging-Medicines-and-Alcohol/SMA08-3619>.
- **As You Age (SAMHSA)**—This booklet raises awareness among seniors about the dangers of prescription medication and over-the-counter drug interactions and misuse, as well as the mix of alcohol and medicines: <http://store.samhsa.gov/product/As-You-Age-Ask-Guard-Educate/AVD188>.
- **Older Adults and Alcohol (National Institute on Aging [NIA])**—Using checklists, questions and answers, and personal stories, this booklet offers help for older adults who are thinking about their drinking. It includes a special section for families, friends, and caregivers: <http://www.nia.nih.gov/health/publication/older-adults-and-alcohol>.
- **Age Page: Alcohol Use in Older People (NIA)**—This web page provides helpful tips for families and friends: <http://www.nia.nih.gov/health/publication/alcohol-use-older-people>.

FOR PROFESSIONALS

- **SAMHSA Get Connected! Linking Older Adults With Medication, Alcohol, and Mental Health Resources**—This toolkit provides health and social services providers in the aging services field with health promotion and health education activities to prevent substance use and mental health problems in older adults. The toolkit also provides strategies to link providers with substance abuse and mental health experts/organizations in their area. Contained in the toolkit are fact sheets, self-screening tools, a resource list, a video on how to talk to older adults about alcohol and medication problems, brochures, and the promising practices publication Promoting Older Adult Health: Aging Network Partnerships To Address Medication, Alcohol, and Mental Health Problems: <http://www.samhsa.gov/Aging/docs/GetConnectedToolkit.pdf>.
- **SAMHSA's A Guide to Preventing Alcohol and Psychoactive Medication Misuse/Abuse Among Older Adults: Screening and Brief Interventions (forthcoming)**—This manual provides background information on the issue, guides for screening instruments and brief interventions, instruments for measuring outcomes and fidelity to evidence-based practices, and implementation steps and strategies using the (P)RE-AIM implementation and evaluation model (see www.ncoa.org for (P)RE-AIM).

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