



NEWSLETTER

MISSION: To promote statewide understanding of elder/adult abuse and the rights and protections available to elder and at-risk adults.

January / February / March 2005

Next Meeting/Seminar of the Coalition

Wednesday, January 19, 2005
8:30am – 11:00 am
Aurora City Hall
Council Chambers - 1st Floor
15151 E. Alameda Pkwy.
Aurora, CO

“Drug Abuse & the Elderly”

Program/Meeting is open to anyone who would like to attend. You do not need to be a member of CCERAP.

Guest Speakers:

“Meth Lab Awareness”
Scott Cooper, Narcotics Investigator,
Aurora Police Department
“Rx Drug Abuse”
Jody Gingery
Colorado Rx Drug Task Force

Meeting/Seminar Schedule:

8:30 - 9:00am - Continental Breakfast
9:00 - 9:30am - Rx Drug Abuse
9:30 - 10:00am - Meth Lab Awareness
10:00 - 10:30am - Q & A
11:00am - Adjournment

Directions to Meeting:

Take I-225 to Alameda Ave.
East on Alameda about 1/2 mile to Chambers Rd.
Left of Chambers Rd. 1 block
Left into City Hall parking lot
Parking garage is available or park on east side of City Hall.
Council Chambers - 1st floor

CCERAP Coordinator:

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Toll Free 1-800-773-1366

Breaking the Silence: Older Adults, Alcoholism and Substance Abuse

by Bob Campbell, article published in the Colorado Springs, CO *Independent*

Memory loss, disorientation, shaky hands, mood swings, depression and chronic boredom are often normal to the aging process. These behaviors can, though, signal something less benign. Grandma or Grandpa may have a substance abuse problem. Such was the message at a Colorado Springs symposium entitled “Breaking the Silence: Older Adults, Alcoholism and Substance Abuse.” “We like to think of Grandma and Grandpa in terms of Norman Rockwell, apple pie, turkey dinners and spoiling the grandchildren,” said author Carol Egan, director of older adult services at the Henley-Hazeldon Center in West Palm Beach, Florida. “The reality, though, is often darker. Drug and alcohol addiction is far more common in over-60 Americans than most people think.”

According to Egan:

- Three million of the approximately 35 million Americans aged 60 and over are alcoholics;
- 10-12 percent of people 65 and older have a drinking problem, as do 50 percent of nursing home residents;
- Widowers 75 and older have the highest alcoholism rate of any age group or population sector;
- 21 percent of hospitalized people aged 50 and over are alcoholics;
- 70 percent of elderly hospitalizations for illness or injury are alcohol-based (as compared to 25 percent for the population at large).

Use of illegal drugs is rare among the elderly, but they ingest staggering quantities of prescribed and over-the-counter medication. Eighty-three percent of people 60 and over take prescription drugs, 50 percent of them potentially addictive sedatives like Valium and Librium. Women 60 and over take an average of five prescription drugs at a time, and for longer periods than men. Addiction is typically the consequence of taking these drugs in too high and frequent doses.

“Aging and retirement lead to enormous emotional challenges,” said Egan, a nationally-recognized expert on alcohol and drug abuse among older people. “Many elders struggle to find a sense of purpose. Many are mourning the loss of spouses and friends. A little alcohol and maybe some over-the-counter medications, and you have a potentially dangerous situation.”

A hidden problem

The elderly are one of the fastest-growing sectors of American society. One in eight Americans is presently 60 and over, but one in three will be so by 2030. The first wave of baby boomers will turn 60 this decade, and this year will produce a demographic milestone: for the first time, there will be more people 65 and older than 14 and under.

Why, then, is the problem of elderly addiction so hidden? Egan offers several reasons. “For one thing,” she said in an interview, “retired elderly aren’t subject to detection mechanisms like poor job performance or absenteeism, and they’re not driving around

amassing DUIs. "For another, the children of addicted elders often grew up in normal, functional families. Mom and Dad never drank immoderately, and they don't do so now. The bodies of elders, though, metabolize alcohol less efficiently. Two-to-three drinks at age 65 can be the same as six-to-seven drinks at age 45. It doesn't take an increase in drinking to acquire a drinking problem. "Elders, meanwhile, belong to a generation that typically views chemical dependency as a shameful character flaw. They are far more inclined to hide their problem than to seek help. Even the children don't know." Compounding the problem, substance abuse among the elderly is grossly under-diagnosed. "Relatives and medical professionals are too ready to attribute memory loss, disorientation and shaky hands to the onset of Alzheimer's or Parkinson's disease," Egan said.



She cited a recent study by the National Center on Addiction and Substance Abuse at Columbia University wherein 400 primary care doctors were provided with symptoms of early alcohol addiction in older women. "Seventy-eight percent of those doctors gave a diagnosis of depression. Only four even considered alcoholism," Egan said. "Doctors aren't catching it."

Organizations like the National Council on Aging and the American Association of Retired Persons are trying to bring the problem into the open. Treatment centers and programs designed specifically for older adults are proliferating, said Egan, but even seniors willing to seek help run into the problem of paying for it. "Medicare," she observed, "does not reimburse non-hospital facilities for substance abuse problem — even though it covers treatment for injuries and illnesses caused by substance abuse. "Given that the cost of alcohol-related hospital care for the elderly exceeds \$60 billion annually, this is backward thinking."

Slightly revised version printed with permission from John Wiess, Publisher of the Independent, February 2002.

Drug Abuse and Misuse Among the Elderly

Source: *Elder Options of Texas*, www.elderoptionsoftexas.com

Like alcohol abuse, drug abuse and misuse among the elderly is a largely hidden problem. Adults over the age of 65 consume more prescribed and over-the-counter drugs than any other age group. An estimated 83% of adults over the age of 60 take at least one prescription drug, and 30% take eight or more prescription drugs daily. Prescription medication misuse is the most common form of drug abuse among the elderly. Drug misuse is the under use, overuse, or erratic use of medications. Studies of older adults have generally found that most older people do not intend to abuse prescription medications. In fact, most prescription drugs obtained by the elderly are properly prescribed from a primary doctor for a health-related problem or to treat the symptoms of emotional stress. A large share of prescriptions for older people is for mood-altering drugs which are most commonly used for problems with anxiety and sleeping. Additionally, older people often use and misuse over-the-counter drugs to treat a variety of health problems. A major concern is that mixing drugs with alcohol or other drugs can cause serious health problems, or in some cases, be fatal. A recent study found that the combination of alcohol and over-the-counter pain medications was the most common source of drug reactions among older persons.

Intentional Drug Abuse

Some older people abuse prescribed medications such as codeine, morphine, Demerol, and mood-altering drugs intentionally. Older persons also use illicit drugs such as marijuana, LSD, heroin, cocaine, or a combination of several illicit drugs. Illicit drugs are commonly used in combination with alcohol. The stigma attached to drug abuse often causes denial. Identifying drug abuse in the elderly can be difficult because they are often retired, live away from their families, do less driving, and can be socially isolated. Unfortunately, few studies have been done to study the use of illicit drugs among the elderly.

Causes for medication misuse include:

- The need to take two or more medications to handle one or more medical problems increases the risk for harmful drug reactions.
- Getting prescriptions from several different doctors who are unaware of other drugs being used.
- Older people may not understand how to take their medication.
- Not being instructed properly on how to take medications by their doctor or pharmacist.
- Attempts to medicate themselves with over-the-counter drugs.

Signs of possible drug misuse or abuse include: changes in sleeping and eating patterns, confusion or disorientation, malnutrition, poor hygiene, neglecting ones appearance, slurred speech, incontinence, difficulty urinating, complaints of blurred vision or dry mouth, tremors, shakiness, and frequent falls and bruising. These symptoms can also be caused by many different medical problems. If you or your loved one has any of these symptoms you should see your doctor right away.

Printed with Permission, Cheryl Culbertson, Owner, Elder Options of Texas, Driftwood, Texas- "Your source for Housing and Elder Care Information." – Since 1999.

CCERAP Meeting/Seminar
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Drug Abuse & the Elderly

New Location

Aurora City Hall - Council Chambers - 1st Floor
15151 E. Alameda Parkway
Aurora, CO

See cover page for directions.

Self-Destruction Through Drugs or Alcohol

By: Wendy Lustbader, M.S.W., Seattle, WA - Aging Magazine, #367, 1996

When approaching an older person's use of drugs or alcohol, it is important to distinguish between lifelong addiction and recent dependence on drugs or alcohol in response to later life losses. Lifelong addicts are deeply accustomed to blocking out painful feelings. They may never have learned how to tolerate anxiety, boredom, hurt, or frustration. In addition, the extent of their physical addiction may make it dangerous for them to try to stop alcohol or drugs without medical supervision. Hospital-based treatment for chemical dependency, covered by Medicare, is often the best option in these instances.

In contrast, those who have not previously depended upon alcohol or drugs as a means of survival tend to reach old age with a repertoire of coping skills. Having been able to endure life's hardships over the years, they become chemically dependent only after health problems interfere with their strengths when too many losses occur at once. For instance, studies have shown that caregiving, retirement, death of a spouse, and disfiguring surgeries are the four major causes of alcohol dependence later in life. Receiving help that specifically addresses these issues may prevent the need for in-patient treatment and may set someone on a healthier course for bearing their difficulties.

When a relative refuses to accept help and continues on a self-destructive course, family members may find themselves stuck in the role of rescuer. For example, a daughter may be furious each time she has to give her alcoholic father money for food, yet insist "I can't let him starve to death." One alternative is for the family member to offer to hold a portion of the person's income solely for groceries and to parcel it out week by week. Another is to bring over the groceries, rather than give cash that might be used for alcohol. But such measures do not solve the dilemma of the rescuer role and consequent feelings of futility and anger.

Many people will not accept treatment until family members stop protecting them from the consequences of their addiction. Letting a loved one reach bottom is often essential to breaking through the addicted person's denial of their dependence on drugs or alcohol. Professional guidance in this effort is frequently a family's best recourse, as are support groups which aid the family in practicing "tough love" and setting healthy limits. A caseworker from the state's adult protective services division may also be able to assist with gaining the older person's willingness to enter a chemical dependency treatment program.

Wendy Lustbader is a medical social worker who has practiced in a community clinic, home health care, a hospital geriatric unit, and nursing homes. Ms. Lustbader is currently an affiliate assistant professor at the University of Washington School of Social Work. Ms. Lustbader lectures nationally and will be the guest speaker at the May 19, 2005 CCERAP Meeting.

Mixing Drugs

by C.E. Barber, Colorado State University Cooperative Extension gerontologist, human development and family studies, "Aging and Alcohol Abuse, #10.250 - 11/96.



Mixing drugs — such as alcohol, tranquilizers, sleeping pills, pain killers and antihistamines — can be very dangerous. For example, aspirin in some people causes bleeding in the stomach and intestines. Alcohol also irritates the stomach and, when combined with aspirin, may increase the risk of bleeding. With advancing age, major changes occur in the body's ability to absorb and dispose of drugs and alcohol. Anyone who drinks, even moderately, should check with a doctor or pharmacist about possible drug interactions.

Drug/alcohol interactions can be prevented if you:

- always make sure you understand directions,
- ask the doctor to clarify anything confusing,
- 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 of a medication without checking with your doctor, and
- always read the label.

Prescription Drug Assistance Program – Other Options for Low-Income

Source: www.dora.state.co.us

Forty-eight pharmaceutical companies offer programs that provide low or no cost drugs to low-income consumers who have no drug insurance coverage. Information about these programs are available at the website www.helpingpatients.org. The website provides information on the drugs that are available, eligibility guidelines, and how to apply. These programs are very different from the discount programs offered by pharmaceutical companies. They provide the drugs at little or no cost. However, the eligibility standards and application processes are more difficult than those of the discount programs. Each pharmaceutical company establishes its own list of covered drugs, eligibility guidelines, and application procedures. Generally, these programs want applications to be submitted by doctors and don't deal directly with patients. The website also has a section for doctors and healthcare professionals to learn about the programs. Caregivers may also obtain information on behalf of a potential applicant.

The above article was taken from the Colorado Division of Insurance Website, Senior Assistance section. This is an excellent Website for seniors on Medicare. Go to www.dora.state.co.us, scroll down the left side to Division of Insurance. Click it. Scroll down left side again to Senior Health/Medicare. Click it and then click any of the topics on the left of interest. It's Colorado's place to keep up with the latest on Medicare. Another Medicare website is the U.S. Official Government Medicare Website, www.medicare.gov.

Quiz' Is Alcohol a Problem?

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

- | Yes | No | |
|-----|-----|---|
| ___ | ___ | <i>Is the person drinking a larger quantity than previously?</i> |
| ___ | ___ | <i>Is the person drinking more often than previously?</i> |
| ___ | ___ | <i>Is the person drinking at different times or places?</i> |
| ___ | ___ | <i>Is the person drinking in the morning?</i> |
| ___ | ___ | <i>Is the person increasingly drinking alone?</i> |
| ___ | ___ | <i>Does the person organize activities around drinking?</i> |
| ___ | ___ | <i>Does the person seem preoccupied with drinking?</i> |
| ___ | ___ | <i>Does the person make excuses about drinking?</i> |
| ___ | ___ | <i>Do you smell alcohol on the person's breath or in the room?</i> |
| ___ | ___ | <i>Is the person secretive or protective of the alcohol supply?</i> |
| ___ | ___ | <i>Does the person sneak drinks or make drinks stronger?</i> |
| ___ | ___ | <i>Does the person drink despite health problems?</i> |
| ___ | ___ | <i>Does the person become visibly intoxicated?</i> |
| ___ | ___ | <i>Does the person often regret or not remember things he or she said or did while drinking?</i> |
| ___ | ___ | <i>Has the person switched what he or she drinks (for example, from liquor to beer or drinks vodka, which has less odor)?</i> |
| ___ | ___ | <i>Is the person unwilling to talk about his or her drinking?</i> |
| ___ | ___ | <i>Does the person make excuses to leave the house (to get liquor)?</i> |
| ___ | ___ | <i>Neglects personal appearance.</i> |
| ___ | ___ | <i>Neglects home, bills, pets.</i> |
| ___ | ___ | <i>Cigarette burns on clothing, furniture or self.</i> |
| ___ | ___ | <i>Excessive use of perfume, mouthwash, breath spray or breath mints.</i> |
| ___ | ___ | <i>Erratic sleep patterns.</i> |
| ___ | ___ | <i>Increased irritability, anxiety.</i> |
| ___ | ___ | <i>Unreasonable resentments.</i> |
| ___ | ___ | <i>Appears depressed.</i> |

Learning to Encourage Recovery

by C.E. Barber, Colorado State University Cooperative Extension gerontologist, human development and family studies, *“Aging and Alcohol Abuse”*, #10.250 - 11/96

Signs of an alcohol problem may show up as changes in drinking patterns, behavior or physical condition. Because physical and behavioral changes can have multiple causes, a thorough health assessment is essential.

Recognize Alcoholism as a “Family Illness”

Alcoholism often is called a “family disease” because it affects the entire family. It can be as damaging to the family as it is to the alcoholic. 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.

Seek Professional Help

This is critical to ensure 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.
- Attend support groups. Al-Anon (for relatives and friends of alcoholics) or Adult Children of Alcoholics 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 that 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.

Acknowledge and Confront 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 him or her. How you feel will determine how you interact with the older person and how helpful you can be. 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.

Take Action

The right time to do something is when you suspect 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 improve. It's not easy to approach a loved one about an alcohol problem. You likely will feel uncomfortable. You may fear the person will become angry and hostile and will reject you. It may help to know the person who gets help usually does not turn against the person who led him or her into treatment.

Explore Treatment Options

Treatment programs vary in their environment, methods and level of services. Treatment/recovery programs include long-term residential centers, short-term in-patient 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.

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 he or she is cured or can now handle alcohol. Don't give up. More than ever the person will need support and encouragement. Condemning the person or feeling responsible for a relapse will not help. Although it's discouraging to see a person return to drinking, such relapses are not necessarily repeated. They often serve as a valuable lesson and frequently help a person to accept that abstinence is necessary because of their powerlessness over alcohol.

Continued Support

Continued support is essential and may be easy to provide if the older person is willing to enter a treatment program. You can attend group and family meetings and enjoy your new life as you all work together. But if the person strongly denies a problem exists and resists seeking help or returns to previous drinking patterns, do not give up and do not ignore the problem. Support still is important. Continue to present facts in a caring, concerned way. Tell the person how you think the situation is affecting them and how it affects you. Let the person weigh the evidence.

Ten Additional Things To Do

1. Don't regard this as a family disgrace. Recovery from an addiction can come about just as with other illnesses.
2. Don't nag, preach or lecture to the alcoholic. Chances are they already have told themselves everything you can tell them.
3. Guard against the "holier-than-thou" attitude.
4. Don't use the "if-you-love-me" appeal. Since the addict/alcoholic is compulsive and cannot be controlled by willpower, this approach only increases guilt. It is like saying, "If you love me, you will not have cancer."
5. Avoid any threats, unless you think them through carefully and intend to carry them out.
6. Don't hide the alcohol or dispose of it. Usually, this only pushes the alcoholic into a state of desperation. In the end, they simply will find new ways of getting more liquor.
7. Don't let the alcoholic persuade you to drink with him or her on the grounds that it will encourage him or her use less. It rarely does.
8. Don't expect an immediate 100 percent recovery. In any illness, there is a period of convalescence. There may be relapses.
9. Don't try to protect the recovering person from drinking situations. It's one of the quickest ways to push one into relapse. He or she must learn to say no.
10. Don't do for the addict/alcoholic that which they can do for themselves. You can not take the medicine for them. Don't remove the problem before the addict/alcoholic can face it, solve it or suffer the consequences.

- ___ ___ *Loses interest in activities and people.*
- ___ ___ *Neglects eating.*
- ___ ___ *Withdraws, stays home.*
- ___ ___ *Calls at odd hours.*
- ___ ___ *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/newspaper.*
- ___ ___ *Frequent car accidents or erratic driving.*
- ___ ___ *Personality changes.*
- ___ ___ *Nesting in front of TV with a bottle nearby.*

Check the physical changes you have observed:

- ___ *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)*
- ___ *Blackouts (can't recall what happened while drinking)*
- ___ *Chronic gastric problems (e.g. heartburn, indigestion, ulcers or diarrhea)*
- ___ *Hypertension (especially if no previous history)*
- ___ *Heart arrhythmia (irregular heart-beat)*
- ___ *Sexual impotence*
- ___ *Urinary incontinence*

¹ taken from : "Aging and Alcohol Abuse," by C.E. Barber, Colorado State University Cooperative Extension gerontologist, human development and family studies, SA Sheet No. 10.250 - 11/96.

Intervening and Treating the Older Adult for Alcohol and Prescription Drug Dependence

Source: www.whentheywontquit.com

Bruce Cotter of Bruce Cotter and Associates, a National Intervention and Recovery Management firm, approaches each intervention on an older adult as though he were intervening on his own mother (who, unfortunately, never had the benefit of an intervention for alcohol problems,) or father. Believing the person's road to recovery begins the instant he meets them, he immediately creates a climate of dignity and respect.

The Cotter Model is based on four principles:

1. The illness of addiction is treatable despite the resistance of those afflicted;
2. No one gets sober without some form of intervention;
3. Addicts are unable to self-diagnose their illness and are dependent upon those close by to help; and
4. Addicts are worth saving.

Cotter blends the intervention into the entire treatment and recovery process. It is not treated as an isolated event. As a recovering alcoholic, Cotter is able to conduct his private, one-on-one intervention meeting with the impaired person with an open dialogue between two people discussing a problem and how to solve it together, as a team. This is in stark contrast to the group, surprise party intervention. Which is usually a threat and demand filled confrontational sermon, by a group of people determined to bully the impaired person into surrendering to their perception of "help."

When a person has reached the point where an intervention is necessary, they are often a buffet of negative emotions. They are already embarrassed, guilt-ridden, paranoid, confused, and angry. In addition, they are usually suffering from low self-esteem, if not self-loathing. To have a group of their best friends and close relatives, often accompanied by their cleric, surprise them and verbally detail their dreadful behavior, is less than conducive to a positive response. They may very well accept this onslaught and go passively into a treatment facility, but their road to recovery begins with negative motivations. This positions treatment and recovery as penance when it should be a positive, emancipating journey.

The Cotter Model is designed to offer an older adult, with alcohol or prescription medication issues, a comfortable and secure environment in which to discuss their problem. They are encouraged to talk openly and honestly about their feelings. In this setting, they reveal their fears and concerns as well as their hopes and dreams. This presents the opportunity to explain the values and benefits to addressing their problem. Once the process of treatment and recovery is explained and any reluctance is dealt with, they will begin to see the expediency of living their life free of alcohol or prescription drug dependence. This positive, compassionate method greatly enhances the prognosis for long-term recovery. In a sense, the idea of getting help for their problem becomes their idea and one to embrace.

When combined with The Cotter Model's year-long program of Continuing Care, the stage is set for older adults to learn to appreciate a life free from the clutches of alcohol abuse or prescription drug addiction.

CASE NOTES

"A Grateful Daughter"

"She was diagnosed with lung cancer and died in October, 2001. She was an amazing woman and stepped up to the plate when challenged. When she was diagnosed with Cancer, she was able to deal with the physical and emotional aspects of cancer because of her experience being treated for alcoholism. God works in mysterious ways. He led us to you to help prepare for the road ahead of us. I learned to love and respect my mother for the many beautiful traits that she had. I was given a bonus year with her that I would not trade for the world. The last year of her life was completely different than it would have been if she had still been drinking."

"Never Too Late"

I intervened with a lovely socialite of about 80 years of age. At first, her sons were reluctant to change her life, thinking they should let her live out her days as she wished, even if it meant as an alcoholic. But her youngest son was deeply concerned. He felt that his Mom's quality of life was so poor - she was no longer invited to the luncheons and fundraisers; she no longer used her box at the ballet; her fantastic trips abroad were no more. He felt his Mom was just a shell of the dynamo she once was, that she was lonely and that a change should be made. Just a few months after we intervened, she was back in the mainstream of the New York social scene and has been joyously sober for more than five years.



Bruce Cotter is the senior partner of Bruce Cotter and Associates, a national Intervention and Recovery Management firm. He excelled at many things in life - education, competitive sports, and a career in broadcasting - until alcoholism cost him all but his life. Today, Cotter has earned the reputation as America's leading interventionist. He is the interventionist who most frequently works with CEOs of major corporations, and athletes and entertainers, and whom senior staff members of treatment centers call upon when they have a personal interest in an individual with a chemical dependency problem. Trained at the Johnson Institute, under Reverend Vernon Johnson, in St. Paul, the Employee Assistance Program at Loyola College in Baltimore, and mainly, at the "school of hard knocks," Cotter sees every case as "the seventh game of the World Series," and he brings a fierce and competitive resolve to his work.

Case Notes were taken from Bruce Cotter's book, *"When They Won't Quit."* - a book filled with stories from Cotter's practice to illustrate critical points. Because all chemically dependent persons, to some extent, have lost touch with reality, they are almost always unable to help themselves. Someone must step up and mount a rescue mission. *"When They Won't Quit."* is a step-by-step plan designed to provide immediate help for the families, friends and employers of alcohol and drug-addicted people. Permission granted by Bruce W. Cotter and Associates, Inc. per Bruce Cotter".

Alcohol and Aging

Source: *Elder Options of Texas*, www.elderoptionsoftexas.com

Alcohol abuse by older people is a largely hidden problem. It is estimated that 2.5 million older adults have problems related to alcohol. Currently, the rates for hospitalizations due to alcohol-related problems among the elderly are similar to those for heart attacks. Anyone at any age can have a drinking problem. Life changes that have been associated with alcohol abuse are feelings of sadness, depression, grief due to the loss of a spouse, family, friends, and health, chronic pain and loneliness. Someone who has been a teetotaler all his or her life may start drinking alcohol just "to help me to get some sleep". After the death of a spouse, some people may find the need to drink alcohol to "just get through the day". These are common stories. Unfortunately, drinking problems in older people are often neglected or not recognized by families, doctors, and the public. Alcohol abuse can be successfully treated, so it is especially important to recognize the signs of a drinking problem.

Not everyone who drinks regularly has a drinking problem. You might want to get help if you:

- Drink to calm your nerves, forget your worries, or reduce depression
- Lose interest in food
- Gulp your drinks down fast
- Lie or try to hide your drinking habits
- Drink alone more often
- Hurt yourself, or someone else, while drinking
- Were drunk more than three or four times last year
- Need more alcohol to get "high"
- Feel irritable, resentful, or unreasonable when you are not drinking
- Have medical, social, or financial problems caused by drinking

Signs of possible alcohol abuse include: changes in sleeping and eating patterns, confusion or disorientation, malnutrition, poor hygiene, neglecting one's appearance, slurred speech, incontinence, difficulty urinating, tremors, shakiness, and frequent falls and bruising. These symptoms can also be caused by other medical problems. If you or your loved one has any of these symptoms you should see your doctor right away.

Physical effects of alcohol

Because alcohol affects alertness, judgment, coordination, and reaction time, drinking increases the risk of falls and accidents. Some research has shown that it takes less alcohol to affect older people than younger ones. Over time, heavy drinking permanently damages the brain and central nervous system, as well as the liver, heart, kidneys, and stomach. Alcohol's effects can make some medical problems hard to diagnose. For example, alcohol causes changes in the heart and blood vessels that can dull pain that might be a warning sign of a heart attack. It also can cause forgetfulness and confusion, which can seem like

Alzheimer's disease. Older persons who abuse alcohol are also more likely to be malnourished.

Getting Help

Older problem drinkers have a very good chance for recovery because once they decide to seek help; they usually stay with treatment programs. You can begin getting help by calling your family doctor, clergy member, other health care professionals, or by talking with your family and friends.



For more information on alcohol abuse, contact:

- **Alcoholic's Anonymous (AA)**. A voluntary fellowship of alcoholics who help themselves and each other get and stay sober.
- **Al-Anon Family Groups**. They can help family members and friends of persons who have drinking problems or alcoholism.
- **National Clearinghouse for Alcohol and Drug Information**. Hotline at: 1-800-729-6686, 1-800-487-4889 TDD, and 1-877-767-8432 (Spanish line).
- **The National Council on Alcoholism and Drug Dependence, Inc** at 1-800-622-2255. They can refer you to alcohol treatment services in your area.

Adapted from information produced by the National Institute on Aging Information Center. P.O. Box 8057, Gaithersburg, MD 20898-8057. 1-800-222-2225 or (800-222-4225 TTY).

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Substance Abuse in the Elderly



Source: *CCERAP Video Loan Library*

This video may be borrowed by using the address correction form on the back page.

(29 minutes) Faced with complex regimens of medication and diminished tolerances for alcohol, many elderly Americans run the risk of falling into the trap of substance abuse. In this video seniors discuss how they deal with these challenges, while Dr. James Campbell, director of the geriatric center at MetroHealth Medical Center, and Carol Collier Egan, director of older adult services for Hanley-Hazelden Center, present some innovative programs created especially for elderly people. A Dartmouth-Hitchcock Medical Center production. There are examples of early and late onset of alcoholism and Rx drug addiction. Reasons the elderly don't go in for treatment are discussed along with ways to communicate. Excellent video for all professionals and senior groups. Informative and non-threatening.

Note: Carol Egan featured in this video, was the speaker at the Colorado Springs Conference, quoted in the lead article of this newsletter.