

ALCOHOL USE / MISUSE ISSUES

Q & A for BH Webpage

Is the use of alcohol among Villagers as high as some people claim that it is?

In 2016, the *‘International Journal of Geriatric Psychiatry’*, published a multi-disciplinary study of The Villages conducted by researchers from the University of South Florida, titled –

“Drinking Behavior Among Older Adults in a Planned Retirement Community: Results from The Villages Survey”.

Among 11,100 surveyed Villages residents who were administered the 3-Item Alcohol Use Disorders Identification Test (AUDIT-C), the researchers found that - **“Hazardous drinking was reported in 15.4% of respondents - somewhat higher than the general population of older adults (which is around 10%)...”**

Therefore, academic research is supporting the general observation that excessive alcohol use in The Villages is in fact relatively high.

<https://pubmed.ncbi.nlm.nih.gov/26436200/>

What is considered ‘drinking too much’ for a senior citizen?

“Low risk” drinking does not mean *“no risk”* drinking.

Even within recommended limits, seniors who drink alcohol can experience health consequences if they drink too quickly or have pre-existing health problems.

According to the *National Institute of Health*,

both men and women over age 65 are generally advised to have no more than 3 drinks on any day **AND** no more than 7 drinks per week.

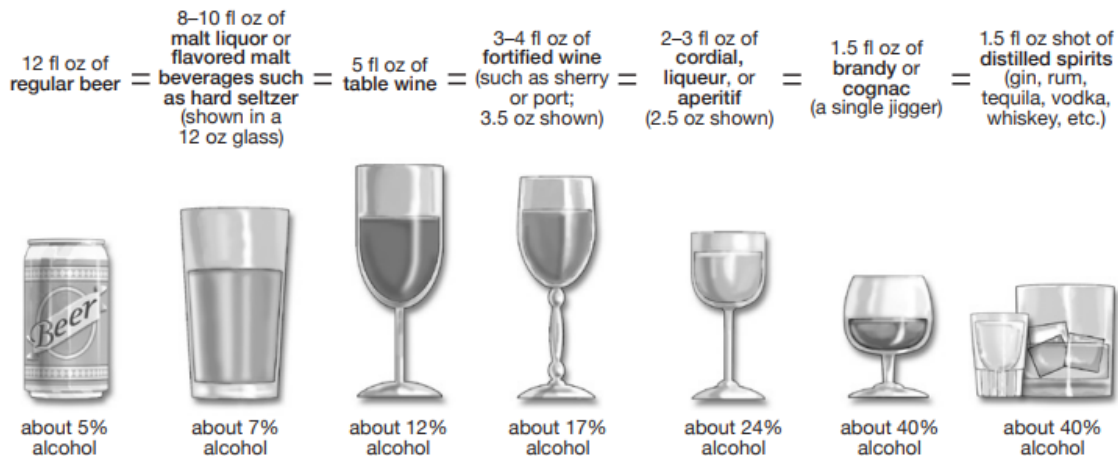
Based on your overall health status and how alcohol affects you - you may need to drink less, or not drink alcohol at all.

https://www.una.edu/manesafety/Alcohol%20Brochures/Rethinking_Drinking.pdf

What is considered “a drink”?

In the United States, a “**standard drink**” (also known as an alcoholic drink equivalent) is defined as any beverage containing 0.6 fluid ounces or 14 grams of pure alcohol.

Although the 4 drink types (beer, malt liquor, wine, & hard liquor) pictured here are different sizes, each contains approximately the same amount of alcohol and **counts as one U.S. standard drink **OR** one alcoholic drink equivalent.**



Each drink shown above represents one U.S. standard drink and has an equivalent amount (0.6 fluid ounces) of “pure” ethanol. Each beverage portrayed above represents one standard drink (or one alcoholic drink equivalent), defined in the United States as any beverage containing 0.6 fl oz or 14 grams of pure alcohol. The percentage of pure alcohol, expressed here as alcohol by volume (alc/vol), varies within and across beverage types. Although the standard drink amounts are helpful for following health guidelines, they may not reflect customary serving sizes.

https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_RethinkingDrinking.pdf

What is considered ‘alcohol misuse’?

Alcohol misuse, which includes ***binge drinking*** and ***heavy drinking***, increases your risk of harmful consequences, including a medical condition called ***Alcohol Use Disorder (AUD)***.

Alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences. It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism. Considered a brain disorder, AUD can be mild, moderate, or severe.

<https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder>

The *National Institute on Alcohol Abuse and Alcoholism (NIAAA)* defines ***binge drinking*** as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 percent—or 0.08 grams of alcohol per deciliter—***or higher***.

For a typical adult, ***‘binge’*** drinking corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), ***within a 2-hour period***.

NIAAA defines ***‘heavy drinking’*** as follows:

- For men, consuming more than 4 drinks on any day or more than 14 drinks ***per week***
- For women, consuming more than 3 drinks on any day or more than 7 drinks ***per week***

<https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>

What are some of the negative health consequences of excessive alcohol use?

Increased Sensitivity to Alcohol -

Aging can lower the body's tolerance for alcohol. Older adults generally experience the effects of alcohol more quickly than when they were younger. This puts older adults at higher risks for falls, car crashes, and other unintentional injuries that may result from drinking.

Increased Health Problems -

Certain health problems are common in older adults. Heavy drinking can make these problems worse, including:

Diabetes

High blood pressure

Congestive heart failure

Liver problems

Osteoporosis

Brain Damage

Memory Problems

Depression and Anxiety Disorders

Bad Interactions with Medications -

Many prescription and over-the-counter medications, as well as herbal remedies can be dangerous or even deadly when mixed with alcohol. Medications that can interact badly with alcohol include:

Aspirin

Acetaminophen

Cold and allergy medicine

Cough syrup

Sleeping pills

Pain medication

Anxiety or depression medicine

<https://www.niaaa.nih.gov/alcohols-effects-health/alcohol-topics/older-adults>

To Cut Down or To Quit...

If you're considering changing your drinking patterns, you'll need to decide whether to cut down **or** to quit entirely. It is a good idea to discuss different options with a healthcare professional, a friend, or someone else you trust.

Guidance on cutting down, called a '**change plan**', is included in the free NIAAA publication, '**Rethinking Drinking**'

https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_RethinkingDrinking.pdf

However, Please Note –

When someone who has been drinking heavily for a prolonged period of time suddenly stops drinking, the body can go into a painful or even potentially life-threatening process of withdrawal. Symptoms can include nausea, rapid heart rate, seizures, or other problems.

Seek medical help to plan a safe alcohol recovery. Admission to an in-patient detoxification facility may be necessary. While receiving in-patient treatment, doctors can prescribe medications to address these symptoms and make the process safer and less distressing for you.

Quitting alcohol use entirely is strongly advised if you:

- Have tried cutting down but cannot stay within the limits you set.
- Have had been formerly diagnosed with Alcohol Use Disorder (AUD) or now have active symptoms.

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- Have a physical or mental health condition that is caused or being worsened by your alcohol use.
- Are taking a medication that interacts with alcohol.

If none of the conditions above apply to you, then talk with your doctor to determine whether you should cut down or quit based on factors such as:

- A family history of alcohol problems.
- Your age and general health status.
- Any history of drinking-related injuries.
- Symptoms such as a sleep, pain, depression / anxiety disorder, and / or sexual dysfunction.

<https://www.rethinkingdrinking.niaaa.nih.gov/Thinking-about-a-change/Its-up-to-you/To-Cut-Down-Or-To-Quit.aspx>

Consult with a Qualified Professional

If you are struggling with alcohol issues, consider meeting with a qualified mental health or substance abuse professional to discuss how you can get help and support. Referrals to structured treatment programs are also available, if recommended.

If you are a patient of The Villages Health (TVH), simply ask your primary healthcare provider for a referral to the Behavioral Health Department at TVH for you to attend a clinical evaluation of your alcohol issue. A clinical evaluation can provide you with professional feedback about the patterns of your alcohol use, as well as provide you with sober support and/or treatment recommendations.

If you are not a patient of TVH, alcohol abuse treatment providers are available in your local community. You may contact your health insurance provider for affiliated referrals, consult your local community mental health center, or contact TVH Behavioral Health Department support staff for assistance.

Treatment Resources and Sober Support Groups

The following are a listing of non-profit, peer-based sober support groups that assist people who are struggling with alcohol issues -

- *Alcoholics Anonymous (AA)* – www.aa.org
- *Secular Organizations for Sobriety* – www.sossobriety.org
- *SMART Recovery* – www.smartrecovery.org
- *Women for Sobriety* – www.womenforsobriety.org

The following are federally sponsored resources for both education regarding alcohol use/misuse, as well as on-line directories of available alcohol treatment facilities and programs -

- *National Institute on Alcohol Abuse and Alcoholism* – www.niaaa.nih.gov
- *NIAAA's Alcohol Treatment Navigator* – <https://alcoholtreatment.niaaa.nih.gov>
- *Substance Abuse & Mental Health Service Administration* - <https://www.samhsa.gov/find-help>
- *Substance Abuse Treatment Facility Locator* – www.samhsa.gov/find-treatment

For more information regarding alcohol and your health, download the free 22-page booklet **RETHINKING DRINKING** – published by the *National Institute on Alcohol Abuse and Alcoholism (NIAAA)*. Included are suggestions of how to create a 'change plan' to cut down on your drinking, as well as resources for formal treatment options and sober support groups to get help to stop drinking.

https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_RethinkingDrinking.pdf

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The image shows the cover of the book "Rethinking Drinking: Alcohol and Your Health". The cover features a collage of photos: a woman talking on a phone, a man and woman in conversation, and a woman sitting at a table. A yellow starburst graphic in the top right corner of the cover says "UPDATED". The title "RETHINKING DRINKING™" is in white on a dark red background, with the subtitle "ALCOHOL AND YOUR HEALTH" below it. At the bottom of the cover is the NIH logo and the text "National Institute on Alcohol Abuse and Alcoholism".

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