

Alcohol abuse among senior living residents



As more and more of the baby boomers choose their retirement housing, many of the social issues the baby boomers have dealt with are now risk issues providers must manage.

According to the National Institute on Alcohol Abuse and Alcoholism approximately 20 percent of adults aged 60-64 and around 11 percent over age 65 report binge drinking. According to America's Health Rankings, between 2015 and 2019 nearly 48,000 people aged 65 or older died from excessive alcohol use on average each year. Nearly 50% of seniors living in assisted living or nursing home facilities have alcohol-related health problems. And according to a study on the prevalence of 12-month alcohol use, alcohol is the most used drug among seniors ages 65+, reporting high-risk drinking usage (exceeding daily guidelines minimum weekly in the past year).

Though alcohol abuse does not necessarily increase with age, there are more serious consequences for residents in their 70's and 80's. A person's tolerance for alcohol changes as they age. The amount they have drunk for years can be far more intoxicating, not only due to the aging process, but also increase in co-morbidities and increase in medications and/or dosages.

Providers must be very careful not to overlook the signs of alcohol misuse while still respecting the autonomy of the residents. Alcohol misuse/abuse can lead to:

- Falls and/or loss of balance, which can result in skin tears, fractures, and sub-dermal hematomas
- High blood pressure
- Dehydration
- Memory loss or impairment
- Depression/mood disorders
- Speech problems
- Negative medication interactions
- Isolation

The consequences of alcohol abuse are a very serious risk management issue for senior living communities and leave the senior living facility open to survey issues, further litigation exposure, negative publicity, and community scrutiny.

To minimize their risk, a community should have a **policy** in place regarding the use of alcohol within the community, including the steps that would be taken in the event of alcohol misuse and/or abuse. Communities should also ensure that when potential residents tour the senior living community, they understand and would abide by the senior living community's alcohol policy.

Educate and train the staff to look for slurred speech, unusual unsteadiness, inappropriate or uncharacteristic behaviors, the smell of alcohol on the resident's breath, or soiled clothes. They should also know who they should report these signs to. Make sure the housekeeping staff are also trained to be on the lookout for alcohol in the residents' apartments, cupboards, and garbage. In addition, educate the resident and their family on the negative side effects of alcohol misuse and/or abuse for their individual disease processes and medication regimen.

Assessments need to include alcohol consumption by the resident. Involve the resident's physician to ensure the physician is aware of the resident's desire to have alcohol.

A commonly used set of questions according to the American Addiction Centers to determine if a senior may have an alcohol abuse problem is the “CAGE” test:

1. Have you ever felt that you should **C**ut down on your drinking?
2. Have you been **A**nnoyed by people criticizing your drinking or asking you to cut back?
3. Have you felt **G**uilty about your drinking?
4. Have you ever had a drink first thing in the morning (an “**E**ye opener”)?

Answering “yes” to two or more of these questions could indicate a possible drinking problem. For more information on how to use the questionnaire, see the Cage Questionnaire website listed below.

If the resident wishes to have alcohol in their apartment, obtain a physician’s order which allows them to drink alcohol in their apartment. Most residents respect their physician’s advice. If the physician does not feel it would be in the best interest for the resident, the resident may graciously accept it.

As more and more of the baby boomers settle in senior living communities, it is important to develop policies and procedures around the use and misuse of alcohol right away.

For more information, the following sites can be helpful for providers:

- National Council on Alcoholism and Drug Dependence, Inc: <https://ncadd.us/about-addiction/seniors/alcohol-drug-dependence-and-seniors>
- Senior Guidance: <https://www.seniorguidance.org/senior-living/assisted-living-and-alcohol/>
- The New Old Age: <https://newoldage.blogs.nytimes.com/2012/02/07/drinkers-in-assisted-living/>
- Cage Questionnaire: <https://americanaddictioncenters.org/alcoholism-treatment/cage-questionnaire-assessment>

¹ <https://www.niaaa.nih.gov/alcohols-effects-health/special-populations-co-occurring-disorders/older-adults>

² Public Health Impact: Excessive Drinking-Ages 65+. <https://www.americashealthrankings.org/explore/senior/measure/ExcessDrink-Seniors/state/ALL>

³ Alcohol Abuse Amongst the Elderly: A Complete Guide, Aging.com: <https://aging.com/alcohol-abuse-amongst-the-elderly-a-complete-guide/>

⁴ Grant BF, Chou SP, Saha TD, et al. Results from the National Epidemiologic Survey on Alcohol and Related Conditions. JAMA Psychiatry. 2017; 74(9): 911-923.

⁵ Cage Questionnaire (4 Questions to Screen for Alcoholism), Nov. 19, 2021, <https://americanaddictioncenters.org/alcoholism-treatment/cage-questionnaire-assessment>

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