

# Use of intoxicants by the elderly

Published 6 April 2006. Updated 16 October 2009.

Issues concerning the use of intoxicants among the elderly have emerged as a result of discussions about our ageing society. At the national level, the use of intoxicants among the elderly is rarer than among other age groups. As elderly people come to make up a greater share of the population, the absolute number of elderly people with substance abuse problems will continue to grow. However, many elderly people conceal their use of intoxicants, and the hazards caused by intoxicants are easily overshadowed by the physiological and mental signs of ageing. Thus most substance abuse problems among the elderly are not targeted for help.

The notions of ageing and excessive use of intoxicants are both relative terms and culturally bound. They are also medicalised and marginalised concepts in social discourse. The elderly, and elderly people with substance abuse problems, are heterogeneous groups, even though our stereotypes may often portray them as being largely similar. In recent years, people working in substance abuse care, health care, domestic assistance and home health care have reported growth in the number of their elderly clients. This is also true of elderly female clients. Health care and substance abuse care workers report that substance abuse problems among the elderly are becoming more linked to “dual diagnoses”, alcohol-related dementia, combined use of alcohol and medications, and other types of addiction (e.g. gambling addiction).

It is estimated that in Finland, 5 to 10 percent of people over age 64 have problematic or risky alcohol consumption, at least occasionally. Around 1% of this age group is estimated to suffer from long-term alcohol dependency. The majority of substance abuse is thought to be hidden, however. According to statistics on causes of death in 2007, 1796 people died as a result of alcohol use, of whom 371 were pensioners (over age 64). Problematic use of alcohol among the elderly tapers off sharply in the “fourth age”, i.e. after age 75, and the same is true for deaths due to alcohol.

An estimated two-thirds of elderly people with substance abuse problems began using intoxicants heavily in their youth. Later on, as a result of retirement and ageing, these problems accumulate and become more apparent to those around the person. Many of these elderly people have managed to “muddle along” through their careers to retirement, despite their problem. A much smaller proportion (1/3) of elderly people with substance abuse problems are those who began using alcohol heavily only later in life. Reasons for this may include loneliness, traumatic experiences, illness, inactivity, existential fears, etc.

Elderly people are a particularly vulnerable group where excessive use of intoxicants is concerned. Their alcohol tolerance, behaviour when intoxicated and hazards due to intoxicants are often different than those of younger people. Age-related illnesses, limitations and medications are an unquantifiable risk associated with the use of intoxicants. For example, the cognitive effects caused by excessive use of intoxicants and the early signs of dementia are difficult to tell apart, at least to laypeople. Loneliness, depression and feelings of being left out are also interlinked with excessive use of alcohol in later life.

The lack of suitable care models for the elderly and of information on ageing is also seen in deficiencies in care. A “mini-intervention” by a doctor works for some elderly people. Others may require longer-term psychotherapy to come to terms with a traumatic experience. After the initial stage of recognition, elderly people generally remain committed to treatment. Elderly women are often ashamed of their problem, as a result of which their commitment to coming for treatment is generally high.

In practical terms, dealing effectively with substance abuse among the elderly requires close cooperation among providers of home-based services, home health care, health care and substance abuse workers and efficient coordination of services. Care outcomes for elderly people are at least as high as those for people in younger age groups.

**Heikki Suhonen**

Lecturer

University of Turku, Department of Social Policy

## References ►

- Aalto, M. & Holopainen, A.: Ikääntyneiden alkoholin suurkulutuksen tunnistaminen ja hoito. *Duodecim* 124(2008)3: 1492–1498.
- Breslow, RA. & Faden, VB. & Smothers, B.: Alcohol consumption by elderly Americans. *Journal of Studies on Alcohol* 64(2003)6: 884–892.
- Holbert, KR. & Tueth, MJ.: Alcohol abuse and dependence. A clinical update on alcoholism in the older population. *Geriatrics* 59(2004)9: 38–40.
- Oslin, DW: Evidence-based treatment of geriatric substance abuse. *Psychiatric Clinics of North America* 28(2005)4: 897–911.
- Suhonen, H.: Elämä on pysähtynyt keinu. Tutkimus ikääntyneistä A-klinikan asiakkaita ja heidän asiakkuudestaan. A-klinikkasäätien monistesarja nro 48. A-klinikkasäätö 2005.
- Tilastokeskus: Kuolemansyytilasto 2007, Helsinki 2008.
- Vaillant, GE.: A 60-year follow-up of alcoholic men. *Addiction* 98(2003)8: 1043–1051.

link

Source URL: <https://paihdelinkki.fi/en/info-bank/articles/substance-use-and-special-groups/use-intoxicants-elderly>