"The Last Pleasure: Older Women and Alcohol"

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Summary: This paper describes why some women turn to alcohol as a coping strategy in later life, placing it within the context of a serious health and social problem for older women. It considers 1) whether existing approaches need to be revised to better meet older women's needs on late life issues and 2) whether alternate frameworks, such as women-centred care, are better able to acknowledge the diversity among women and the diversity of necessary responses. This research is funded under the SIRP Community Research Awards.

"The Last Pleasure: Older Women and Alcohol"[1]

Many older women in Canada enjoy drinking the occasional glass of wine, beer, sherry or hard spirits. According to the 1990 Canadian Health Promotion Survey, 58% of women aged 65 and older are current drinkers. This is an increase over 1985 figures, reflecting a gradual change in social drinking patterns which began decades ago.

Most older women are not heavy drinkers: over 30% of older current drinkers report consuming alcohol less than once per month, compared to 26% for the general population. At the same time though, 22% of seniors report drinking 4 or more drinks each week, compared to 11 % for the general population. The vast majority of older women drink at home.

The greatest proportion of women drinkers are in British Columbia, followed by Ontario and the Prairies.

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[1] References cited in this draft document can be obtained from the author.

Sometimes Alcohol Becomes A Problem

It is estimated that 6 -10% of older women have significant alcohol problems. In British Columbia, that translates to about **16,500 to 27,600** older women; across Canada, between **122, 500 and 204,200** older women. More older women may abuse other drugs such as prescribed medications or over the counter drugs.

Each year less than 5% of older women with alcohol or other substance abuse problems receive any help for it. Typically, it has been assumed that the older women themselves were largely responsible for the gap between those in need and those accessing treatment. It has been suggested by service providers that older women or their families are in denial (refuse to acknowledge that the problem exists). However, in this series of research studies looking at the obstacles to treatment experienced by seniors indicates that the issue is far more complex.

Older Women Who Have Alcohol Problems

Older women with alcohol problems are the least likely group of adults to be recognized as the problem. In part, this is the result of stereotypes that professionals, paraprofessionals, service providers, and family members have about what an older person with an alcohol problem might look like.

For example, in one study of women who attended Alcoholics Anonymous support group, over 50% of them had approached their physician about their drinking, only to be told "you couldn't possibly have an alcohol problem".

In a focus group looking at generational attitudes towards alcohol, a participant explained:

> " I went to my doctor because I was worried that I was beginning to have a problem. He asked me if I drank a bottle (26 oz.) of alcohol a day. Of course, I didn't. If I did, I would not be able to function. I'd likely be dead... He informed me...'Then you don't have an alcohol problem."

Many older women who have alcohol problems are able to portray an image of calm and well-being to the world, hiding feelings of low self esteem, doubt and pain.

At the same time, health care providers often make decisions based on inappropriate bases:

a) guidelines developed with younger adults as the reference group; or
b) their personal alcohol usage,

as opposed to the effect alcohol is having on this specific older woman.

Research also indicates that physicians are quick to prescribe mood altering drugs to women with symptoms of depression or anxiety rather than confront an obvious drinking problems they see in their patients. Elderly women appear to be at greater risk for physician-perpetrated drug abuse involving prescription psychoactives than any other age or gender group. The unfortunate result is that older women may end up with two chemical dependencies, not one.

> "I would visit my doctor stinking of booze and when he asked me if I drank alcohol, I would simply reply 'no'. Nothing further would be said."

The physical and mental health consequences of alcohol problems, as well as the social effects, are often much worse for older women than younger adults of either sex. As one ages, the body's ability to handle the alcohol decreases significantly. Psychologically, alcohol can leave older women depressed or can impair their mental abilities.

Who Has the Problem

Often, we do not think of older women as having alcohol problems. It is typically assumed that older women don't drink, that they drink only on special occasions, or that they drink in moderation. In the focus groups with older women, we learned that wasn't necessarily the case:

"Women are good at hiding alcohol problems... It's amazing where you can hide alcohol"

Q: Like where?

A: Oh, like in the water bottle for your spray iron. "

For some older women, the alcohol problem has been an ongoing problem for years. They have simply been fortunate to manage to live into old age with it. For other older women (about one in three), the problem has been a more recent development. Sometimes, it has arisen in response to a crisis or significant change in their life, such as retirement, loss of spouse or deterioration in health.

Gender bias, particularly as demonstrated by social and professional attitudes and their assumptions about who typically has an alcohol problem and what constitutes an alcohol problem, results in under-recognition of the problem in older women. Historically alcohol misuse or abuse among seniors has tended to be treated as a "male problem". However, the number of older women needing and coming to treatment for alcohol or alcohol-prescription drug problems has significantly increased over the last few years.

The problem is more common among certain groups of older women. For example, research indicates that 18% of seniors who are general medical inpatients and 44% of geriatric psychiatric inpatients have significant alcohol problems. An American report issued in 1992 contained estimates suggesting that 70% of older adult hospitalizations in 1991 were for alcohol related problems, compared to 25% among hospitalized persons of all ages.

A Canadian Historical Perspective

Contrary to popular belief, few of today's older women grew up during Prohibition. Prohibition was in place in Canada from 1901 to 1920s. Only those older women who are now in their 80s and 90s would have experienced it first hand as adults.

However, the parents of today's older women would have. Family attitudes and beliefs carried a lot of weight in people's lives as they grew up. Seniors described their upbringing and how it reflected and differed from that of their parents:

> *I remember at 45 years old, bringing a case of beer into the house. My mother (who at the time was in her late 60s) was appalled. She never referred to it as alcohol or beer, only as "That stuff". I had to promise that I would only bring 'that stuff' into the house in a brown paper bag, "otherwise, what would the neighbours think'."*
> *(Gentleman in his mid 70s)*

Women who are now in the 70s were raised in a period in which alcohol consumption in Canada was heavily regulated . The law permitted drinking in hotel rooms and private homes, but not public places. Liquor store windows

were either painted or heaviiy curtained to shield the liquor from the eyes of children.

Many older women remember the segregated bars that existed across Canada after WWII, where there was an entrance for "Men Only" and a separate one for 'Ladies and Escorts". Few "nice ladies" went to bars; fewer still drank beer. But women did drink at home, often alone, and in secrecy.

Alcohol and Medicine

Over the decades, alcohol was frequently prescribed by physicians for heart conditions, anxiety, sleeplessness and a variety of the other conditions. It was viewed as a legitimate medicine at the time by both physicians and patients.

For example, antibiotics were not tested on humans until 1941 and were not generally available in many regions of Canada until much later. When available, antibiotics were frequently expensive. So alcohol was used instead.

Older women recall physicians prescribing brandy for teething babies, and a shot of liquor to handle pain. Home medicine included gin and garlic for arthritis. Stout was prescribed for nursing women until well into the 1970s. Around the same time, some older women remember physicians who would suggest that pregnant women have a drink or smoke in order to relax.

Older women also recall doctors who told women that alcohol would "help build their blood" and "everyone needs a little alcohol in their blood". In Vancouver, some physicians were known to prescribe alcohol for women in hospital as an alternative to sleeping pills.

The Social Stigma Facing Older Women

Some seniors remember in their youth accidentally encountering women with alcohol problems. Women drank secretively and primarily at home:

> *"When I was an errand boy... I remember dropping off her groceries. There was the bottle on the table ... Her curtains were always drawn shut, no matter what time of day."*
>
> *... "For me, it was a my girlfriend's mother. She was always 'ill', and we had to walk around the house very quietly so as to not disturb her.'*

The situation has not changed much over the decades:

> *"I have a friend who ran the first "Dial a Bottle" service in the Interior. He always commented that women were his best customers"*

Older women explain why some women of their generation drank:

> *"You have to understand what it was like back then. Everything was rules- 'You can't, you shouldn't-you can't work, you can't drive'. 'Nice ladies do this" ,'Only bad ladies do that' ' Everything had to be done just so. It was like being a squirrel in a cage."*

Some women worked outside of the home. Some drank as a result of the increased opportunity to drink, others because of the added stress of living a 'double life':

> *"You had to hide the truth all the time. If it did slip out that you worked, you could only tell people it was part-time; even if you were working 40 hours a week... (And you still had to be the 'good wife' and 'good housekeeper). Otherwise it reflected badly on your husband. He wasn't seen as a good bread winner. It was crazy."*

In the 1950s, if it was particularly difficult to be a woman with an alcohol problem, it was far more difficult to have the problem found out. Your family might send you to a psychiatric hospital. The choice was to be labelled "a drunk" or "crazy".

A woman's spouse, in-laws, or family might go to court to have children taken from the woman on a charge that she was an 'unfit parent"."" The pressures for maintaining secrecy were strong.

Social roles played a part as well:

> *"When a women finds her husband drinking, she searches for help... When a husband finds his wife drinking, he tries to fix the situation himself."*

Research and clinical practice indicate women are particularly adept at hiding alcohol problems because they do not meet the usual signs or stereotypes. Usually they meet, and surpass, social expectations of their family responsibilities..

Women also have more 'enablers' (that is someone who is "helping" a person with an alcohol problem, usually 'by covering up, protecting, shielding, or in some easing the immediate problems created by drinking or drug use).

Today, older women with alcohol problems are often "protected" by family or friends who turn a blind eye or make excuses to others on the woman's behalf. Grown offspring often want to protect their mothers and their images of their mothers. In this view she cannot possibly have a problem "because she is good" (and she often is). The stereotypes about who has an alcohol problem, and why, are often as strong today as a generation ago.

Poor Women: In one of the focus groups, one senior noted that in her younger days, poorer women with alcohol problems were particularly vulnerable to harm. They suffered not only the effects of the alcoholism, but violence from others.

However, the resources to help the women over the last 40 years were few and far between. Most of the available services were directed primarily towards men. The Good Hope Rehabilitation Centre was the first B.C. centre specifically for women. Established in 1957, the centre was originally a rundown motel that was turned into furnished rooms.

Alcohol and Older Women's Health

Earlier this year, as part of the SIRP program of research, we looked at the health profiles of 177 older women who had been referred to an alcohol outreach program over the past 5 years. We compared these profiles to the Health and Activity Limitations Survey (which examines "normal aging" among older women) and to a sample of people aged 75+ in the 1994-95 National Population Health Survey.

Our Community Partner: Seniors Well Aware Program ("SWAP") is an outreach program serving people aged 55 and over who have alcohol or other substance abuse problems such as tranquilizers, sleeping pills, or over the counter drugs. SWAP serves the communities of Vancouver, Burnaby and New Westminster, B.C.

One third of SWAP clients are women and that percentage has increased significantly over the last five years. Just under one half (46.1%) of their female clients is aged 65-74; and one third (33.1%) is between 75 and 84.They represent all economic and social classes of seniors.

One third of the clients referred to the program developed the alcohol or other problem later in life. A significant proportion of the referrals to SWAP come from

the hospital, chemical dependency resource team, or long term care. In some instances, the health conditions are the consequence of

drinking; in others, the woman may be drinking in response to the deteriorating health.

The findings are pretty striking:

- Only 3% of the clients were considered "healthy"
- 14% have fractures
- 11% have cancer (2½ times the rate in the general senior population)
- 1 in 7 has a heart condition; 1 in 12 has a severe heart condition.
- 1 in 8 has a liver condition.
- Over one quarter (28%) have short term memory problems.

It's tough being a woman....

Think it's tough health-wise being a senior with an alcohol problem? It's even tougher for older women. In the study, 33% of the seniors had mobility impairments making it far harder for them to get around. Among older women, this rate soared to 59%.

As well,

- 31% of older women were experiencing chronic pain often from arthritis or osteoporosis; compared to 12% for the clients generally;
- 22% of the women experienced numerous falls, compared to 15% generally among the clients.
- One in six clients had five or more health problems.

If a specific problem was common among older women generally at age 75 and over; *it was common at an even earlier age among women who had alcohol problems.*

A number of these health problems make it very difficult for older women to seek help; and to benefit from existing treatment approaches.

Table 1

Older Women's Health Study

	HALS (a) of the National Population Health Survey (b)	The National Population Health Survey for people aged 75+	SWAP Clients (age 55+) N = 442	SWAP Women Clients N=177
Cancer	4.2% (b)		11%	
Visual Impairments	5.9%(b)	12.3%	10%	
Mobility Impairments	8.1% (b)	19,9%	33%	59%
Chronic bronchitis, emphysema	5.7%(b)		12%	
Stomach, intestinal ulcers	5.1%	4.4% (b)	14%	
Heart disease	12.4%	21.8%		
Severe Arthritis			12%	
Fractures/ Recurrent Falls			15%	22.1%
Chronic Pain			12%	31.6%
Depression			20%	24.8%
Cognitive impairments			28% (usually short term memory problems)	25%

Educating Older Women about Alcohol and Health

Older women who have alcohol problems may have difficulty understanding the connection between their alcohol consumption and the specific health problems they are currently facing, such as lack of feeling in their hands or feet.

In part, this reflects a serious omission in the public education currently provided. It tends to focus on the short term effects of alcohol, or the legal consequences that younger adults are more likely to face than older adults.

Older women usually recognize that drinking can lead to hangovers or falls. However, they may not be aware that it also negatively affects two critical aspects of their independence – mobility and memory.

Older women also express considerable confusion over media accounts of the potential health benefits of alcohol in preventing coronary heart disease. Public education needs to clearly identify the health trade-offs that women face when deciding to drink in later life.

Alcohol as a Coping Strategy

Why do some older women drink? Often it is a brief escape from pain. Chronic physical pain is very common among older women. But there can be emotional pain as well. A significant number of the women in this study were currently experiencing abuse. Or, they had suffered abuse in the past and were still dealing with the emotional consequences of that earlier abuse.

a) Chronic Pain

To state the obvious, pain hurts. In a 1991 survey of people experiencing chronic pain, one half had felt so hopeless about their pain they had considered suicide.

To state the obvious, pain hurts....

Pain is far more prevalent in older women than any other age group. Older women are often under-treated for pain and some turn to alcohol as a way of

handling chronic pain of back injuries, rheumatoid or osteo-arthritis, and osteoporosis.

The rate of chronic pain among seniors is about 250/1,000, twice that for younger adults. Over 70 percent of seniors in care facilities (the vast majority of whom are women) experience chronic pain. Yet, research and literature on pain rarely focuses on pain experienced by older women. Older women are often excluded from rehabilitation programs and aggressive treatment of pain.

There are a number of myths and misconceptions around older women and pain, such as the belief that:

- acute and chronic pain are a part of normal aging
- older women are less sensitive to pain;
- older women have a higher pain tolerance or they can handle it better as they get older;
- some older women just complain about pain to get attention;
- people over 65 often become addicted to narcotics if they take these for pain.

Older women sometimes have misconceptions about chronic pain, too, such as

- you should be stoic; or good women don't complain about pain;
- unless you put up with some pain now ("rationing"), you aren't going to have anything effective to help you further on down the line.

Even though a large percentage of older women experience chronic pain, they are also the least likely group to use aspirin or pain killers like codeine, Demerol or morphine.

Chronic pain can be very isolating.

It affects a woman's ability to "get up and go"; to go where she wants; when she wants; to visit children, friends, and family; to take vacations and travel; to be able to do for herself and others.

What used to be simple activities, like shopping become challenging because it's hard to put clothes on; a woman has to plan and rest. Pain and loss of function are often closely tied - she may not be able to reach the shelves; or get down on hands and knees to clean the cupboards; or do gardening without great pain afterwards. Social activities become very difficult.

Alcohol and pain

Some older woman use alcohol as a form of self medication or as a sleep remedy. Sleep may be interrupted because of pain. Alcohol may initially help her go to sleep, but then she wakes up a couple of hours later. Alcohol disrupts the dream stage of sleep (REM sleep). The paradoxical result for an older woman is even poorer sleep—with increasing anxiety, chronic tiredness, and impaired concentration. And alcohol becomes a problem.

It is important to realize that even if the woman is helped with the alcohol problem, the pain problem is going to remain. Unless the woman gets help with that too, he or she is likely to fall back on the old ways of coping—such as drinking to numb the pain.

> Alcohol can actually make some forms of pain feel worse...

There are a variety of helpful non-drug alternatives for chronic pain. These include heat or cold packs; relaxation therapy; physiotherapy; sensation distraction; biofeedback; and mental imagery. Older women can learn statements to tell herself to help interpret the pain in a slightly different way; how to pace herself; or how to plan by resting up prior to and after an event or activity. ≪

b) Women, Alcohol, and Abuse

In the community, it is estimated that between 4 and 8 percent of older women experience abuse. By way of contrast, in the Womens Health Study, 15% of the women clients had or were currently experiencing some form of abuse. This took several different forms:

a) childhood abuse- older women often relive this experience, as personal health declines, and they perceive themselves as become vulnerable again
b) sexual abuse at some point in life—which often has longstanding effects on the woman, her self concept and her sexuality
c) current spousal abuse- Spousal abuse does not end at age 65. In some cases it escalates, particularly where the husband is frustrated because his health is deteriorating. Older women experiencing spousal abuse often become depressed. Alcohol acts as a central nervous system depressant, exacerbating the situation.

In each of these instances, the older woman may be drinking in response to the emotional pain.

d) spousal abuse when married— the husband has died, but his death does not come as a relief. The older woman drinks, perhaps to numb the tumultuous feelings she is experiencing
e) both the woman and the man drink, and he or she together are violent.
f) elder abuse: An older women may experience abuse by family members, neighbours or others, because she is old. If she drinks and has reduced capability, others may exploit her vulnerability. Or, she may already be being abused, and she drinks in response to the shame or other feelings of being abused by someone she trusts. In other instances, it is the perpetrator who has the alcohol or drug problem, which in turn adversely affects the lives of those around him or her.

Abuse, no matter what the form, undermines the older woman's sense of self; sense of competence and independence.

Alcohol and Caregiving

There is a strong social expectation that women will care for husbands who are ill; and women often fear failure in that role.

Sometimes the caregiving becomes almost overwhelming. Alcohol becomes the escape hatch. According to the Seniors and Health Study, two groups of caregivers seemed particularly affected—where the spouse has a) cancer or b) Alzheimers disease.

Support groups for people who are giving care can be very valuable resources in dealing with these stresses. However, sometimes even support groups are reluctant to broach the reality of alcohol abuse among caregivers, particularly women caregivers. The problem becomes hidden (or worse still), the woman stops coming to the support group. ≺

Alcohol and Falls

On a common sense level, you would think that there is an obvious relationship between alcohol and falls. In the Womens Health study, 22.1% of the women referred to the outreach program had experienced serious falls or fractures (broken hips).

Alcohol literature usually lists frequent falls as a sign that a senior may have an alcohol problem. Alcohol is well recognized as having an important role in falls among young people. Somewhat surprisingly, people who work in the area of falls prevention do not talk about alcohol as a risk factor for falls among older women, (but they do talk about medications as a risk factor).

Many people feel embarrassed asking an older woman who has fallen "Were you drinking?" Many older women feel embarrassed answering truthfully.

Researchers seem to be uncertain whether they should be focussing on short term effects (drinking too much on one occasion); or whether they should be focussing on the long term effects of alcohol consumption (poor health, poor balance, cognitive impairment).

Women and Depression

In the Womens Health study, 24.8% of the older women were experiencing depression. at this point is not easy for these women. The "reason" for the depression took many forms, including life stresses, deteriorating health of or spouse, inability to give "proper care", chronic pain, loss of close relationships with offspring, and the fact that she is drinking. Table 2.

Life

self

See

Table 2

Why Am I Depressed?

- Life stresses- building of 29 years being torn down
- Concern about not being able to look after husband who has angina and is diabetic (she's ill and on many medications herself)
- Mobility; arthritis
- Her health and husband's health
- Sees her own emotional and physical pain (which is considerable) as weakness
- Recurring multiple painful leg cramps at night
- Loss of spouse
- Husband has cancer, she is co-dependent
- Severe Arthritic Pain
- Depressed about inability to quit drinking
- Secondary to polypharmacy
- She's depressed because her husband has cancer and he's talking of suicide
- Severe degenerative disk disease - very painful
- Pain
- Pain; lack of sleep
- Multiple health problems- fragile emotional state
- Pain, multiple health problems
- Osteoporosis; also depressed because husband has to have surgery
- Depressed from dealing with husband who has terminal cancer
- Depressed because daughter moving
- Cancer
- Depressed, perhaps because not taking medication
- Pain; not sleeping well at night
- Potential loss of license
- Pain; eyesight and memory
- Pain: arthritis
- Lot of pain- often contemplates suicide
- Pain: leg cramps
- Stroke- has to relinquish household role to husband

Older Women and Access to Alcohol- Related Services

Older women often have greater difficulty than older men in accessing alcohol-related services for several reasons, most notably their health and their financial situation.

a) Health

The high prevalence of mobility and cognitive impairments make it very difficult for older women to utilize the existing services. As result of their health, there are a significant number of environmental barriers for older women that have a disproportionate impact on their ability to seek or receive help for an alcohol problem.

Mobility and Transportation Can Be Barriers For Women

First, in sharp contrast to most service providers, many older women do not drive.

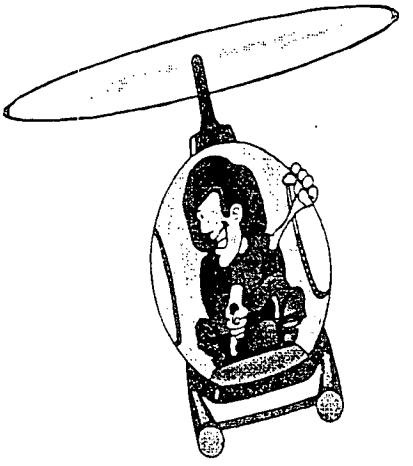
When we were conducting the studies, it became readily apparent that service providers were extremely unaware of how "getting there" might be difficult for seniors. It was assumed that a) seniors drove; or b) they had someone who could drive them.

According to the 1991 National Survey on Aging and Independence, 92.4% of men and 80.6% of women aged 45-54 had valid drivers licenses. However only 22.0% of women aged 75 and over did. Even fewer older women with alcohol or substance abuse problems drive, often because of poor health.

Some older women cannot afford a car (according to the Canadian Automobile Association, the annual cost of upkeep for a vehicle is over $7,000). Others no longer can drive because of health reasons, such as deteriorating eyesight. That social isolation may be one of the reasons they are drinking now.

...Remember even though you may drive, many older women don't.

Many older women who do drive may feel relatively at ease driving in their immediate neighbourhood, but being expected to go to an unfamiliar location or where there is heavier traffic may simply be overwhelming. Many have poor night vision, so they do not drive at night.



But Can't They Just Get Someone To Drive Them?

This must be one of the most prevalent misconceptions going. For many older women, there simply isn't anyone. In the Women's Health Study, the majority of the women were single, divorced or widowed ("unattached").

Among Canadian older women, one half have their "closest child" living more than 10 kilometres away (28). Thirty percent of older women have two or less friends, and those friends may not drive either.

Many women living on their own consider it extremely important to avoid asking family or friends for "favours" such as rides-- certainly not on a regular basis, and certainly not to some place where they are going to learn that you have "a drug problem".

While family or friends (if they exist) may be willing to drive the person a few times, they are not likely to want to do this (and older women are not likely to want to ask) for months on end.

It's not just treatment...

Mobility impairments can easily affect every part of an older woman's life. It affects being able to get adequate nutrition- she may make fewer trips and only carry small quantities of food if her ability to walk is impaired.

It affects being able to get medical care. It's harder to maintain relationships with family and friends. Attending social and cultural events becomes an increasing challenge.

Access to alcohol, in contrast, isn't that hard. In Calgary alone there are over 113 liquor stores. There are plenty of enterprising souls who (for a fee) will deliver it to your door. And they know where seniors live.

TABLE 3

	Older Men (notes 27-8)	Older Women
Not Married (age 75-84)	27.3%	69.9%
Not Married (age 85+)	50.9%	90.0%
All Seniors (65+)		
Closest "child" lives over 10 km away	43	41
Closest child lives over 100 km away	23	18
No friends	17%	14%
1-2	13%	16%

b) Finances

Any addiction-related service for which the consumer directly pays, has a disproportionate effect on older women. There are a number of special addiction services that tailor the program to the individual needs of clients, but most are operated on a "for- profit " basis, at a cost of approximately $3000 for a 4 week program. Even government funded residential services cost $36/day. For many older women who must still maintain their own residence while in treatment, this is a significant financial burden

In 1993, 25.1% of women age 65+ lived below the poverty line. [2] The majority of older women with alcohol problems are unattached. The poverty rate among unattached older women is much higher than that for married couples or unattached older men. In 1993, it was 47.3% (almost one in two), compared to 32.1% for older men.

Employment Assistance Programs often cover the costs of alcohol related counselling, even upon retirement. Unlike many older men who have alcohol problems, older women did not work outside of the home or did not work in the industries likely to have EAP in the first place. Similarly, far fewer older women than older men were in the Armed Forces, and thus are not eligible for having the costs covered by Veterans Affairs.

[2] National Council on Welfare (1995) Poverty Profile, 1993.

Implications of All This

Stating the obvious, older women who have alcohol problems **are not the same** as younger adults with alcohol problems. Certainly not health wise.

It is important to recognize how mental and physical health can be a barrier to a senior accessing and receiving treatment. In the alcohol and drug services field, service providers expect clients to show up at the door. In some quarters, that's considered the typical marker of a "motivated client". But for older women, the "getting there" is more than half the battle. Mobility affects not only whether she can get to an outpatient clinic or support group, but also many other things — like outside activities intended to reduce isolation, medical appointments, and contact with family or friends.

So What's the Alternative?

In planning services for older women who have alcohol or other substance abuse difficulties, we first need to recognize the obvious: older women are not simply younger adults. Their health needs are different. Their resources are different. Their social upbringing was different.

Second, we must deal with alcohol problems in a holistic way, one in which alcohol abuse is considered as the cause of some problems in the woman's life, and where it is considered as the coping response to problems. Those issues must be addressed effectively.

Third, we must recognize the economic and social reality of the women in anything we offer.

Fourth, treatment design must meet the physical and cognitive abilities of the women who have the problem. Alternatives to traditional outpatient treatment, such as outreach, are essential. However, outreach requires time—travel time to get to the person, counselling time to work together through complex, and changing problems.

Support groups need to be located in places where older women feel comfortable and that they can find easily. Older women need to feel physically safe and psychologically sure as they make their way around the city.

Outpatient treatment and support groups will need to work hand in hand with volunteer services for people to drive older women who have difficulty getting around to appointment or meetings.

Recommendations

Prevention/ Education

- Clearly identify the health consequences of drinking for older women in any educational materials, identifying the way that alcohol can undermine older women's independence (because of falls, fractures), mobility, and memory.

- Aim educational materials about alcohol issues in later life towards high risk populations of women that have heretofore been ignored, such as cancer support groups, caregiver organizations, Alzheimers support groups.

- Aim education materials on alcohol issues in later life at service providers or families, and help them become better aware of the seriousness of non- involvement.

Policy

- Establish alcohol consumption ("moderation") guidelines that reflect the physical and social reality of older women.

- Ensure that transportation is an integral component of any alcohol related program aimed at this group.

Treatment

- At a policy and funding level, recognize and accommodate the fact that most older women are not financially equipped to pay for alcohol treatment services

- Facilitate and encourage mental health and alcohol services to work together to help older women who are experiencing the dual issues of alcohol problems and depression.

- Help residential treatment and supportive recovery programs recognize that older women who have alcohol problems usually do not have the physical resources to make it through traditional programs successfully—to act otherwise, simply sets older women up for failure.

- Educate addiction treatment staff on aging issues, particularly aging issues as they relate to older women to increase sensitivity and awareness.

- Develop and expand outreach programs for older women with health/ alcohol programs.

- Facilitate multidisciplinary approaches to the collateral problems that older women are facing, e.g. integrate pain management strategies into alcohol programs for women; incorporate elder abuse strategies.

- Pilot and evaluate alternative approaches such as telephone support groups for mobility impaired older women.

- Develop treatment options for older women that
    - Give support and nurturance
    - Are in a safe environment
    - Offer sharing about older's women's issues
    - Have positive emphasis and focus on self esteem
    - Recognize the health, financial, and social situation facing many older women
    - Build on older women's strengths.