

Hancock County Needs, Resources, and Readiness Assessment on Older Adult Alcohol Abuse

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Key Findings: Risk and Protective Factors

Risk Factors

- ❖ Isolation: Older adults who are isolated from family members, friends, or communities were identified as most at risk for abusing alcohol.
- ❖ Loss: Older adults experiencing declining health and shrinking social networks are at greater risk.
- ❖ Memory loss: Older adults who experience impaired memory may fail to keep track of number of alcoholic beverages they have consumed or they are at risk for dangerously mixing prescription drugs and alcohol.

Protective factors

- ❖ Community Involvement
- ❖ Social connections
- ❖ Finding a purpose and remaining productive in later life

Key Findings: Addressing the Issue

Treatment

- ❖ Though older adults and caregivers felt that their first stop for information would be to consult with someone from the medical community (primary care physicians, nurses, etc.) focus group participants from the medical community report little knowledge and training on older adult alcohol abuse and uncertainty as to where to refer individuals for treatment.
- ❖ Alcoholics Anonymous and other support group interventions are identified by both focus group members and the research literature review as effective and attractive methods of treatment for older adults.
- ❖ Informal assistance from caregivers, neighbors, clergy, and other community residents was reported to be more helpful than formal social services by community members in local focus groups and interviews. Professionals who were interviewed and surveyed most often cited more formal services (inpatient and outpatient substance abuse treatment, individual counseling, family therapy) as effective means of treatment.
- ❖ Formal treatment services for elders, when identified by local focus group participants, were at least a one hour drive away.

Barriers

- ❖ Denial by the community that there is a problem
- ❖ Psychological barriers that keep older adults from seeking help (stigma, shame, denial)



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- ❖ Myths that allow substance abuse to continue/prevent treatment of substance abuse issues among older adults (i.e. a sense of hopelessness and inability on the part of older adults to change)
- ❖ Lack of transportation available in rural areas and long distances to formal services in rural Hancock County
- ❖ Financial barriers including lack of reimbursement for providers, scarce funding for substance abuse programs, and high cost of treatment for older adults
- ❖ Lack of treatment programs and geriatric mental health specialists within the State generally and Hancock County in particular
- ❖ Lack of awareness among providers about where to refer, among community members that a problem exists, and among older adults/caregivers of where to go for help

Readiness

- ❖ Based on interviews and focus groups, Maine and Hancock County in particular is currently in a stage of “vague awareness” of the issue-stage 3 of the Community Readiness Model
- ❖ Currently, there is some awareness among community members that a problem exists
- ❖ There are many ideas generated on how to best move forward. However, there has been little community or state attention to this issue and leadership is not engaged
- ❖ While professionals, caregivers, and older adults underscore the importance of medical community involvement in this issue, little action has been taken to engage this group
- ❖ Many resources and local efforts are geared toward teens
- ❖ Those surveyed statewide, on average, felt that concern about alcohol abuse among this population is lacking at this point among community and state leaders

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Technical questions related to statistical methods should be directed to:

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