

About A.A.

A NEWSLETTER FOR PROFESSIONALS

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A.A. and the Older Alcoholic

Many see a looming epidemic of alcoholism among older adults in the United States. A September 2017 *New York Times* article reported on a study by epidemiologists at the National Institute on Alcohol Abuse and Alcoholism (NIAAA). Examining 40,000 adults of all ages in 2002 and 2003, then again a decade later, the study found that the proportion of older adults engaged in alcoholic drinking (“alcohol-use disorder”) nearly doubled, to over 3 percent of older people. Twenty-one percent of the U.S. population will be over 65 by 2030. That means, potentially, over two million older alcoholics joining the aging population in 12 years.

“The trajectory over time is remarkable,” said a psychiatrist of the NIAAA study in the *Times* interview. “You have to say there’s something going on.”

A DIFFICULT PROBLEM

The problem of alcoholism among seniors is especially vexing for those whose profession is eldercare — geriatricians and therapists, as well as executives, staff and medical personnel at assisted living residences, skilled nursing facilities, homeless shelters and rehabs. Alcoholism often presents very differently in older adults, according to Susy Elder Murphy, owner of a company of care professionals

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who act as consultants to senior citizens and their families, helping them set up in-home care or move to assisted living facilities.

“Many retirees who were social drinkers all their lives lose a spouse and start drinking more,” she says. “If they’re depressed, it makes them more depressed. They can have bad interactions with medications. They’re at greater risk of falling. Their metabolism changes and they can’t drink like they used to. But they’re not going to admit they have a problem. After all, they never did. They can generally look good for 15 minutes of facetime with their doctors, then they go back home and drink again.”

According to Murphy, other problems include older people who simply don’t remember that they’ve had a glass of wine, so they have another, and another. “I had one glass of wine,” they’ll say. “Why should I talk to someone about alcoholism?” Sometimes families are attuned to the problem of an elderly relative drinking too much; but, just as often, they simply can’t believe that their mother, father or grandparent can have developed a problem with alcohol at an advanced age. Alcohol is also generally available at assisted living residences (though usually not in skilled nursing facilities without permission from a doctor), so people will continue to drink in these settings.

SEEKING OUT OLDER ALCOHOLICS

A.A. has long worked to reach out to older alcoholics, including those who are lifelong problem drinkers, those who develop the disease later in life, and sober alcoholics who

may feel isolated as age or illness makes it difficult for them to attend meetings. This has meant everything from forming Cooperation with the Elder Community (C.E.C.) committees as well as Accessibilities Committees that support holding meetings in assisted living centers and nursing homes, providing transport to outside meetings, and the like.

Current efforts include a move to make A.A. literature more accessible to older people who may be visually impaired. The pamphlet “A.A. For the Older Alcoholic — Never Too Late” has been revised according to the latest industry standards for what was formerly called “large print,” but is now generally known as “low vision” reading material.

“In the last three to five years, ‘large print’ approaches have been updated,” says David R., publishing director of Alcoholics Anonymous World Services, Inc. “Eighteen-point type, ample white space, heavy paper stock, ragged-right alignment — it’s all about improved readability and easy access.”

The pamphlet features stories from eight different members who came to A.A. later in life, such as J.H. “I knew I did not want to go on living a life with alcohol in charge, taking me where I did not wish to go. Rarely was I truly happy — rarely truly anything.” Her life took an immediate turn for the better when she woke up one morning and told her husband that

she needed help. “I just celebrated 14 years of sobriety! Hard to believe; there was a time when I couldn’t go a day without alcohol. When I came into A.A. I was 61 years old, and I did not think about what I’d be

doing in 14 years. I was sure the better part of my life was over. I never could have believed how great my life would become!” D.O. joined A.A. when he was 66. “It’s never too late to enjoy sobriety. Gone are the cravings and the preoccupation with the ‘next drink.’ I feel and look a lot better. My step is lighter, my mind is clearer. The depression and the gloom are gone. I feel much more at peace with myself and — more importantly — with others.”

MAKING CONTACT WITH ELDERCARE PROFESSIONALS

Beyond making A.A. materials more easily accessible — audio recordings of A.A. literature like *Alcoholics Anonymous* (“The Big Book”) and *Twelve Steps and Twelve Traditions* are available to listen to, free, at aa.org — A.A.’s Cooperation with the Professional Community (C.P.C.) committees strive to make contact with professionals in assisted living or nursing home settings.

Teddy W., sober 12 years, is the San Francisco area C.P.C. chair. He considers outreach to older alcoholics “an expanding area” of his service work. In his capacity as C.P.C. chair, he recently attended the Aging in America Conference in San Francisco,

“I’m 70 years old. I’d know by now if I was an alcoholic.”

where he found that there was “a lot of interest from professionals in various aspects of senior care. Caseworkers, managers, directors. They wanted us to come and speak to their staffs about A.A.”

Teddy’s main goal in talking to staffers in professional settings is to encourage them to look for signs of alcoholism. “By the time some alcoholics reach a certain age, they are very adept at hiding their drinking and apparently managing. If a professional sees signs of alcoholism, he can call A.A.” To this end, Teddy always leaves behind cards with the number of the local intergroup/central office, which can help arrange a meeting in a facility.

Dorrine M. is an alcoholic with 28 years of sobriety who lives in New York City. She decided to get involved with outreach to older alcoholics when a member of her home group — “a quiet, reclusive, senior citizen who lived on her own” — was found dead of natural causes in her apartment. “I was sure there were many alcoholics like her — elderly, with limited mobility, in facilities without meetings or support. I feel as if as we all believe we have something to offer until we reach this invisible line of old age. Then people slowly start to recede from their home group, from family life, because they aren’t clearly understood or can’t hear properly. They may feel they can’t relate to younger people. Whatever happens, it seems like A.A. sort of disappears after a certain age. It is not regularly found in nursing homes and retirement communities.”

After reaching out to the Intergroup Association of A.A. of New York and offering her services, Dorrine was contacted by a physical rehabilitation facility in Brooklyn, where she

met with the head administrator, a nurse and a psychiatrist. It turned out that they had several patients who they felt had alcohol/substance abuse problems, but these professionals didn’t know where to turn. Their biggest concern was privacy: How could they hold A.A. meetings in the residence without compromising the anonymity of their patients?

Dorrine informed them (and another rehab that made contact with her) that there were numerous avenues for approaching A.A. and learning more about the Fellowship — contacting Intergroup/Central Office or C.P.C. being only a few. “We ended up sending them literature electronically,” Dorrine says. “They were open to distributing it electronically, open to online meetings, open to giving residents who requested it a chance to listen to A.A.’s audio public service announcements at aa.org.”

OTHER APPROACHES

In fact, the Internet is, increasingly, a way that eldercare professionals can steer people with suspected drinking problems to A.A. At any given time, Online Intergroup of Alcoholics Anonymous (OIAA) may have more than 100 groups listed, in many different languages. They represent all types of meetings — email, chat, telephone, audio, video — and may be perfect for older alcoholics who are savvy enough, tech-wise, to access them. Homer M., with over 22 years of sobriety, is on OIAA’s Twelfth Step Help Committee (known informally as “the Steppers”). This means he responds directly by email to anyone who clicks on the “Get Help” button on the OIAA site or the meeting sites it links

with. “We may get 12 emails a day from older adults, out of about 4,000 emails a year,” Homer says. “I make suggestions. If they have hearing problems, for instance, I can suggest a text-based chat, discussion group or email meeting. If they have vision problems, there are audio or phone meetings.”

Homer only sees perhaps three or four emails a month from professionals (not just eldercare professionals, but any type of professional who deals with alcoholics). He feels that if A.A. is able to reach out to eldercare professionals and make them aware of OIAA, they in turn can pass on the ease of use and immediacy of Internet meetings to older patients who they suspect may have a problem with alcohol.

Another avenue for older sober alcoholics who cannot leave their facility for health reasons is participation in the *Loners-Internationalists Meeting*, or *LIM*. This is a confidential, bimonthly bulletin containing excerpts of letters from sober alcoholics around the world sharing their experience, strength, and hope. It is sent to “Loners” (A.A. members for whom there are no nearby meetings) and “Homers” (A.A. members who are unable to attend meetings because they are physically incapacitated). A.A. members who fit a *LIM* category may contact the Loners Assignment, c/o General Service Office, P.O. Box 459, Grand Central Station, New York, NY 10163; or email: lim@aa.org.

“With my spouse gone, I deserve a drink now and then.”

A REAL NEED

Like the rehabs that contacted Dorraine M., many assisted living centers and nursing homes believe they are kept from contacting A.A. or having A.A. members bring a meeting into their facilities because of privacy concerns. Greg M., who is active in San Francisco Intergroup, is also an eldercare professional — up until recently, he was executive director at a low-income and homeless senior day program, and he still has a professional role in that community.

“A.A. members have a lot of challenges gaining access to eldercare facilities of all types. This is in part due to everyone’s fear of HIPAA violations or confidentiality issues. If I’m managing an eldercare facility, I want to be very careful to make sure I am being responsible when it comes to my patients/clients.”

But Greg also feels strongly that there is a lack of concerted, concentrated effort on the part of A.A.’s C.P.C. and C.E.C. groups. “To deal with a specialized demographic like seniors, you have to plan it out strategically,” he says. “It’s a campaign. And that takes research and time and effort. You need to build relationships with managers at the facilities you want to approach. Often, nonresidential senior centers are the best places to start. And you need to bring goodies, like coffee and cookies. Seniors appreciate that.”

The answer to helping older alcoholics appears to be a combination

of A.A.s reaching out to eldercare professionals and eldercare professionals being willing to hear the message of A.A. for their patients. There is hope. The September *New York Times* article describes a nursing home that included treatment for alcohol as part of post hospital rehab. “Sixty-nine percent of those addicted to alcohol reported no relapse a month after their discharge, the home reported last year; about half say they’ve continued with therapy or attend Alcoholics Anonymous meetings.”

Susy Elder Murphy, the eldercare professional, believes that Alcoholics

Anonymous can help professionals help these older

drinkers. She dismisses HIPAA concerns — “an A.A. meeting to which people come voluntarily is not a HIPAA violation” — and speaks of two sober women she

knows who are currently in an assisted living setting. They refused to

move from their homes until they were assured that A.A. meetings were nearby. Not only did such meetings help keep them sober, but they provided a social setting they enjoyed. Far from feeling that their lives are over, the men and women who have to come to A.A. in their later years often express the opposite sentiment — that it is time to start living.

“Anything Alcoholics Anonymous can do to help problem drinkers and their caregivers and families in these settings would be great,” Murphy says. “There’s a real need, and it’s growing.”

“My step is lighter, my mind is clearer.”

HIGHLIGHT

A.A. Materials on YouTube



A YouTube channel has just been launched for A.A. World Services, Inc. (A.A.W.S.) and the A.A. General Service Office (G.S.O.). The new channel can be found at: <https://www.youtube.com/c/AlcoholicsAnonymousWorldServicesInc>.

It provides an additional platform from which A.A.W.S.-produced videos can be easily shared with a broad audience in order to enhance carrying the message to alcoholics, the general public and the professional community. The channel was started with three engaging public service announcements (PSAs): “Doors,” “My World” and “I Have Hope” (all available in English, French and Spanish). More content will be added as it becomes available. For any questions or feedback related to the A.A.W.S./G.S.O. YouTube Channel contact: commservices@aa.org.