

Alcohol Use Among Older Adults – Data Brief

2016 Vermont Behavioral Risk Factor Survey (BRFSS)

Background

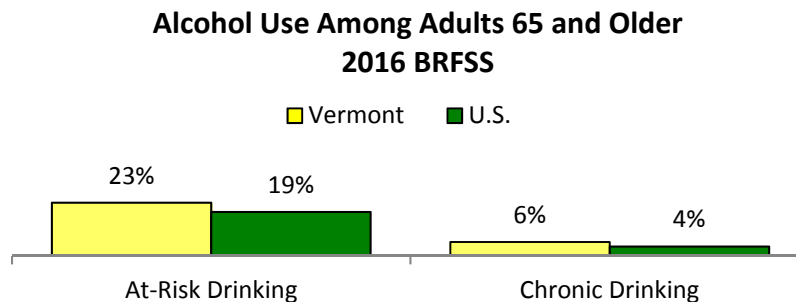
More than half (54%) of Vermont adults ages 65 and older reported drinking alcohol in 2016. Alcohol use among this population comes with added concern, as compared with younger adults, due to an increased sensitivity as a result of aging. Additionally, older adults tend to have more health problems, which can lead to poor interactions with medication when they drink alcohol¹. Behavioral Risk Factor Surveillance System survey data can be used to look at alcohol use behaviors among adults 65 and older, including at-risk and chronic drinking.

At-risk drinking among adults 65 and older is defined as drinking three or more drinks on an occasion for men and two or more for women. Chronic drinking is defined as more than 60 drinks per month for men and more than 30 for women².

Overall

In 2016, nearly a quarter (23%) of Vermont adults ages 65 and older reported at-risk drinking and six percent reported chronic drinking.

Vermont adults, ages 65 and older are significantly more likely than U.S. adults of the same age to participate in both at-risk and chronic drinking. Five percent of older Vermont adults reported chronic drinking in 2011, compared with six percent in 2016. Likewise, at-risk drinking has also changed from 22% to 23%, during that time frame. Neither at-risk nor chronic drinking among Vermont adults 65 and older has changed significantly since 2011.



Older men and women report at-risk and chronic drinking at statistically similar rates. Two in ten men 65 and older report at-risk drinking compared with 24% among women. Six percent of both older men and women report chronic drinking.

Emotional and Social Support

At-risk drinking among adults 65 and older is higher among adults who get the support they need at least some of the time compared with adults who rarely or never get emotional support, however the difference is not statistically significant (24% vs. 17%). Chronic drinking among adults 65 and older is the same among those that do and do not regularly get the emotional support they need (7%).

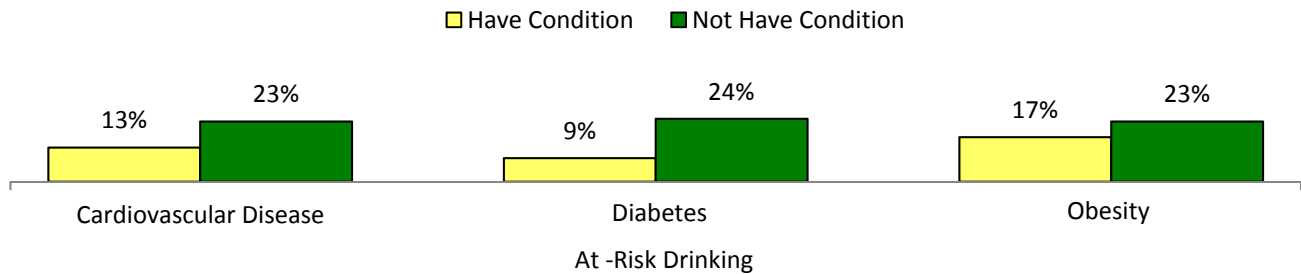
¹ National Institute on Alcohol Abuse and Alcoholism: <http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/older-adults>.

² United Health Foundation, America's Health Rankings Senior Report: http://cdnfiles.americashealthrankings.org/SiteFiles/SeniorDownloads/2015_Am_Health_Ranking.pdf

Chronic Conditions

Older adults with cardiovascular disease (CVD), diabetes, and obesity are significantly less likely than those without these conditions to report at-risk drinking. This may suggest that those with CVD, diabetes, and obesity are hearing from their doctor, or other sources, that alcohol consumption should be limited due to their chronic condition. In 2015-2016, at-risk drinking does not vary statistically for any other chronic condition. Chronic drinking does not vary for any chronic health conditions measured on the BRFSS.

At-Risk Drinking and Chronic Conditions Adults 65 and Older 2015-2016 BRFSS

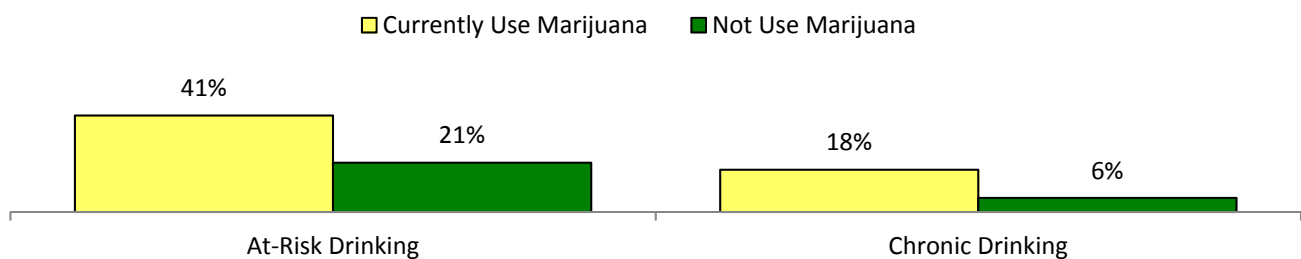


Tobacco and Marijuana Use

Adults 65 and older who used marijuana in the last month are twice as likely as those not using marijuana to participate in at-risk drinking and chronically drink. For both drinking behaviors, the difference among those using and not using marijuana is statistically significant.

At-risk and chronic drinking are similar among those who currently smoke cigarettes and those who do not. Nine percent of current smokers chronically drink and 24% participate in at-risk drinking, compared with six percent and 21%, respectively among those that do not smoke.

Alcohol Use and Marijuana Use Adults 65 and Older 2015-2016 BRFSS



Falls

Vermont adults ages 65 and older who fell at least once in the last 12 months, are as likely as those who did not fall to report chronic or at-risk drinking. Six percent of those that fell and did not fall reported chronic drinking, in 2014/2016. A quarter of those that fell participated in at-risk drinking. Slightly fewer, 23%, of those that did not fall reported at-risk drinking, however the difference is not statistically significant.

For more information on the BRFSS or to suggest ideas for future BRFSS Data Briefs, contact Jessie Hammond, M.P.H. (jessie.hammond@vermont.gov).

*Significantly different between those either with and without the chronic condition or with or without the behavior.