

More than half of Vermont adults ages 65 and older report drinking alcohol in the past month (54%). Alcohol use among this population comes with added concern compared with younger adults, due to an increased sensitivity because of aging and the potential for poor interactions with medications. Additionally, older adults tend to have more health problems, which can worsen with heavy drinking.¹

At-risk drinking among adults 65 and older is defined as three or more drinks on an occasion for men and two or more for women. Chronic drinking is defined as an average of more than two drinks per day for men and more than one drink for women.²

Overall

About a quarter of Vermont adults 65 and older report at-risk drinking (25%), which is significantly higher than U.S. adults of the same age (20%). Six percent of Vermont adults 65 and older report chronic drinking, which is significantly higher than U.S. adults of the same age (4%).

At-risk drinking is statistically **lower** among older adults who:

- have a disability (20% vs. 29%)
- are low-income compared to highest income (17% vs. 36%)³
- have a high school education or less (18% vs. 29%)
- are BIPOC (Black, Indigenous and people of color) compared with white non-Hispanic individuals (10% vs. 26%)

There are no differences in at-risk drinking by sex or sexual orientation and gender identity.

There is no difference in chronic drinking by sex, disability, income, sexual orientation and gender identity, or education. Chronic drinking by race is not included because the number of respondents is too small.

Chronic drinking among Vermont adults aged 65 and older has not changed significantly since 2012. At-risk drinking in 2013, 2018, and 2022 was significantly higher than in 2015.

Lack of Emotional Support

There are no significant differences in at-risk drinking or chronic drinking between older adults who report lacking the emotional support they need and those who do not.

KEY POINTS

- Older adults in Vermont report using alcohol at significantly higher rates than the U.S.
- Chronic drinking rates have been consistent from 2012-2022. At-risk drinking rates have fluctuated slightly.
- Older adults who currently use cannabis are significantly more likely to report at-risk and chronic drinking.
- Older adults with diabetes are significantly less likely to report at-risk and chronic drinking.

54%

of Vermont adults age 65+ report drinking alcohol.

25%

of Vermont adults age 65+ report at-risk drinking.

6%

of Vermont adults age 65+ report chronic drinking.

Chronic Conditions and Medications

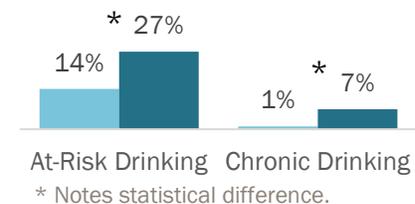
Alcohol use can exacerbate certain health conditions such as stroke, diabetes and mood disorders.⁴ Some people with chronic conditions may receive advice from their doctor or other sources that alcohol consumption should be limited due to their chronic condition(s).

Vermont adults 65 and older with diabetes are significantly less likely to participate in at-risk drinking (14% vs. 27%) and chronic drinking (1% vs. 7%) than those without diabetes.

There is no significant difference in at-risk or chronic drinking between older adults with obesity or cardiovascular disease compared to those without obesity or cardiovascular disease.⁵ This is a notable change from the previous year of data where older adults with obesity were significantly less likely to participate in at-risk drinking and those with cardiovascular disease were significantly less likely to participate in both at-risk and chronic drinking.

At-risk drinking or chronic drinking is not significantly different between older adults who take alcohol interactive medications (prescribed medications for pain, sleep or anxiety) and those who do not.

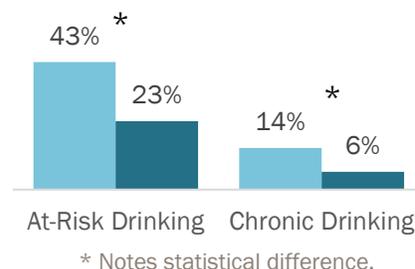
Older adults without diabetes have lower rates of alcohol use than those with diabetes.



Tobacco and Cannabis Use

Among older adults who currently use tobacco, at-risk and chronic drinking is similar compared to those who do not use tobacco. Older adults who currently use cannabis are significantly more likely to participate in at-risk (43% vs. 23%) and chronic drinking (14% vs. 6%), compared to those who do not use cannabis.

Older adults who currently use cannabis have higher rates of alcohol use than those who do not use cannabis.



Resources



[Vermont Helplink](#) provides free and confidential support and referral to substance use treatment, recovery and support services.

Information for health professionals and patients about substance use and older adults is available at HealthVermont.gov/OlderAdultSubstanceUse.

For questions about this data brief, contact: AHS.VDHDSU@vermont.gov
For more information about the VT BRFSS, visit HealthVermont.gov/BRFSS

¹ National Institute on Alcohol Abuse and Alcoholism, [Older Adults Factsheet](#).

² United Health Foundation, [America's Health Rankings Senior Report 2022](#).

³ Low-income status includes adults with a household income of less than \$35K annually, and the highest income status includes adults with a household income of \$75K or more annually.

⁴ National Institute on Aging, [Facts About Aging and Alcohol](#).

⁵ Heart attack, angina, coronary heart disease, and stroke were used to define cardiovascular disease.