

25%

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

5%

of Vermont adults age 65+ report chronic drinking.

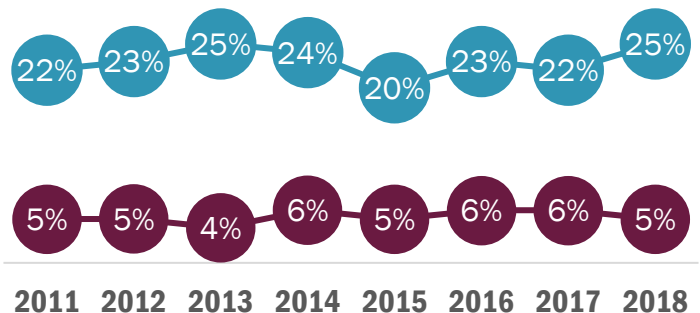
More than half of Vermont adults ages 65 and older report drinking alcohol (53%). Alcohol use among this population comes with added concern, compared with younger adults, due to an increased sensitivity as a result of aging and the potential for poor interactions with medications. Additionally, older 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

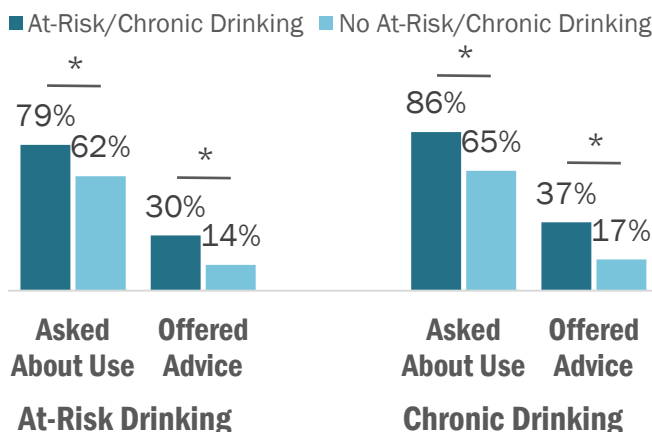
Overall

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 (19%). Five percent of Vermont adults 65 and older report chronic drinking, which is similar to U.S. adults of the same age (4%). There are no differences in at-risk drinking by sex, race or sexual orientation. At-risk drinking is statistically lower among older adults with a disability and those of low socioeconomic status³ (19% vs. 29% and 14% vs. 30%, respectively). There is no difference in chronic drinking by sex, disability or socioeconomic status. Chronic drinking by race and sexual orientation are not included due to suppression.

Neither at-risk nor chronic drinking among Vermont adults age 65 and older has changed significantly since 2011.



Alcohol Use Among Adults 65 and Older Screened for Alcohol Use, 2018



* Notes statistical difference.

Alcohol Screening

Older adults who visited the doctor in the last two years are significantly less likely than younger adults to be asked about their alcohol use and offered advice about what level of drinking is harmful (66% vs. 83% and 18% vs. 32%, respectively). Both older adults who report at-risk and chronic drinking are significantly more likely to be asked about their alcohol use and offered advice about what level of drinking is harmful, compared to those who do not report at-risk or chronic drinking.

Alcohol Use Among Older Adults

Chronic Conditions, Medications and Falls

Vermont adults 65 and older with hypertension, obesity, cardiovascular disease (CVD) and diabetes are significantly less likely than those without these conditions to participate in at-risk drinking. Older adults with obesity are significantly less likely to participate in chronic drinking. This may suggest that those with hypertension, obesity, CVD and diabetes are receiving advice from their doctor or other sources that alcohol consumption should be limited due to their chronic condition.

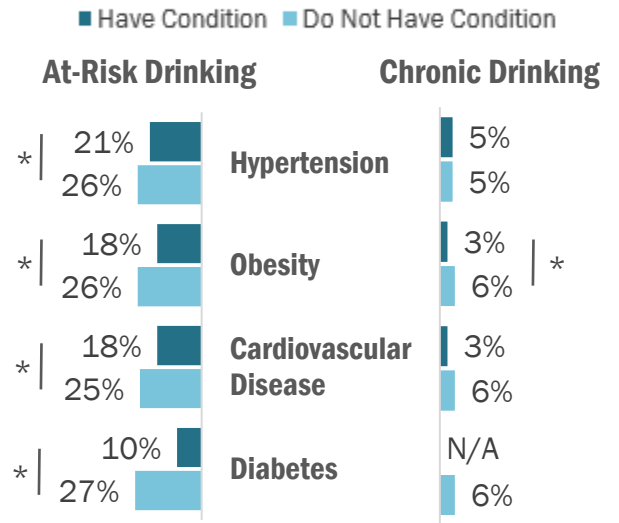
At-risk drinking is similar among older adults who take prescribed medications for pain, sleep or anxiety and those who do not (23% vs. 27%), as well as those who fell at least once in the last 12 months and those who did not fall (24% vs. 26%). Chronic drinking is the same (5%) in each of these populations.

Lack of Emotional Support and Tobacco and Marijuana Use

Older adults who rarely or never get the emotional support they need are significantly less likely to report at-risk drinking and as likely to report chronic drinking, compared to adults who get emotional support at least some of the time.

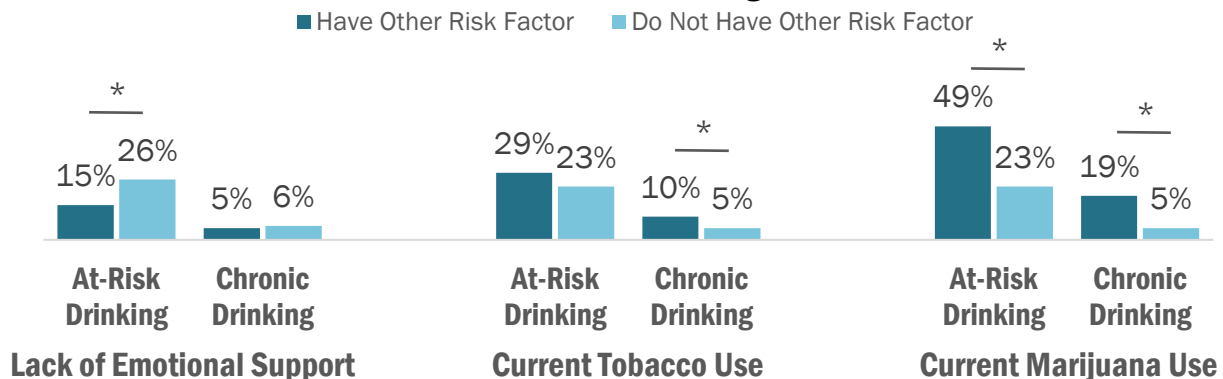
Among older adults who currently smoke cigarettes, at-risk drinking is similar and chronic drinking is significantly higher, compared to those who do not smoke cigarettes. Older adults who currently use marijuana are twice as likely to participate in at-risk drinking and significantly more likely to participate in chronic drinking, compared to those who do not use marijuana.

Chronic Conditions Among Adults 65 and Older Using Alcohol, 2017-2018



* Notes statistical difference.
N/A = Suppressed due to small numbers.

Other Risk Factors Among Adults 65 and Older Using Alcohol



* Notes statistical difference. Source: BRFSS 2017-2018; Emotional support data - BRFSS 2016/2018

For questions about this data brief, contact: Kate Emmons, kate.emmons@vermont.gov

For more information about the VT BRFSS, visit www.healthvermont.gov/brfss

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

² United Health Foundation, [America's Health Rankings Senior Report 2019](#).

³ Low socioeconomic status includes adults who live in households with incomes less than 250% of the federal poverty level and have a high school degree or less.