



ALCOHOL ABUSE AMONG TENANTS

As more and more baby boomers choose their retirement housing, some may bring with them detrimental lifestyle habits that become important risk issues providers must address. These can include alcohol misuse and abuse.

According to a recent study, “Alcohol Misuse and Abuse Reported by Nurse Aides in Assisted Living” published in *Research on Aging*, the University of Pittsburgh researchers found that 70 percent of seniors in assisted living facilities drink alcohol, 20 percent have consumed alcohol to the point it has affected their health, while 12 percent have abused alcohol in the same timeframe. Though alcohol abuse does not necessarily increase with age, there are definitely more serious consequences of tenants in their 70s and 80s. A person’s tolerance for alcohol changes as they age, and the amount they have drunk for years can be far more intoxicating. This is not only due to the aging process, but also because of increases in co-morbidities and medications and/or dosages.

Providers must be very careful not to overlook the signs of alcohol misuse while still respecting the autonomy of the tenants. Alcohol misuse/ abuse can lead to:

- loss of balance and/or falls; which can include skin tears, fractures, sub-dermal hematomas,
- high blood pressure,
- depression,
- speech problems,
- negative medication interactions, and
- isolation.

Besides physical harm, the consequences of alcohol abuse are a very serious risk management issue, as it can leave the assisted living facility open to survey troubles, litigation exposure, negative publicity and community scrutiny.

“Alcohol Abuse Among Tenants”

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*Originally published in the Hartford Institute for Geriatric Nursing, New York University reprinted with their permission.

So what can an assisted living facility do to minimize this risk exposure?

1. Have a policy in place for the use of alcohol within the community that includes steps to be taken in the event that alcohol misuse and/or abuse is discovered. Make sure that both current and potential tenants understand and agree to abide by this policy.

2. Educate and train staff to look for signs or symptoms of alcohol misuse, such as slurred speech, unusual unsteadiness, inappropriate or uncharacteristic behaviors, and the smell of alcohol on the resident's breath, or soiled clothes, and who they should report it to.
3. Routine assessments should also inquire about the use of alcohol consumption by the tenant. The Hartford Institute for Geriatric Nursing has an "[Alcohol Use Screening and Assessment for Older Adults](#)" tool that can be used.
4. If the tenant chooses to drink alcohol, obtain a physician's order that allows them to be served alcohol, with the type and the amount approved. If the tenant wishes to have alcohol in their apartment, obtain a physician's order which allows them to drink alcohol there. The National Institute of Alcohol Abuse and Alcoholism (NIAAA) recommends that adults age 65 and older be limited to one standard drink (12 ounces of beer, four to five ounces of wine; one and a half ounces of distilled spirits) per day or seven standard drinks per week, and no more than three drinks on one occasion.
5. A staff nurse should inform the tenant if his or her physician does not approve the use of alcohol or the pharmacist states it is contraindicated with their medications. The nurse should explain the rationale and offer alternatives, such as sparkling juices or other non-alcoholic beverages. The nurse should then update the tenant's service plan and inform the physician of any non-compliance. Substance abuse counseling may need to be sought if the tenant continues to drink alcohol despite health provider warnings.

In conclusion, as more and more baby boomers settle in assisted living communities, it is important for staff to begin now to develop policies and procedures around the use and misuse of alcohol.

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