

24%

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

6%

of Vermont adults age 65+ report chronic drinking.

More than half of Vermont adults ages 65 and older report drinking alcohol (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

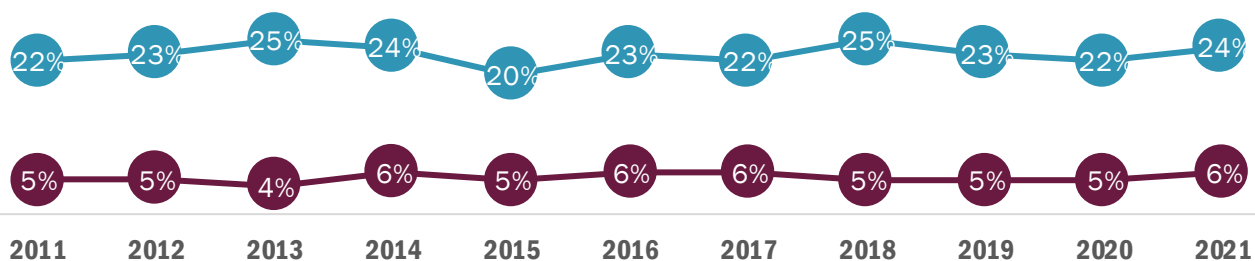
Overall

About a quarter of Vermont adults 65 and older report at-risk drinking (24%), which is significantly higher than U.S. adults of the same age (18%). Six percent of Vermont adults 65 and older report chronic drinking, which is significantly higher than 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 income relative to highest income (18% vs. 27% and 11% vs. 36%, respectively). There is no difference in chronic drinking by sex, disability, or income. Chronic drinking by race and sexual orientation are not included due to the small number of respondents.

KEY POINTS

- Vermont older adults report using alcohol at significantly higher rates than the U.S.
- Alcohol use rates among older adults have been consistent over time.
- Older adults who visited the doctor in the last two years are significantly less likely to be asked about their alcohol use and offered advice about harmful drinking levels than younger adults.
- Older adults who use cannabis are significantly more likely to report at-risk and chronic drinking.

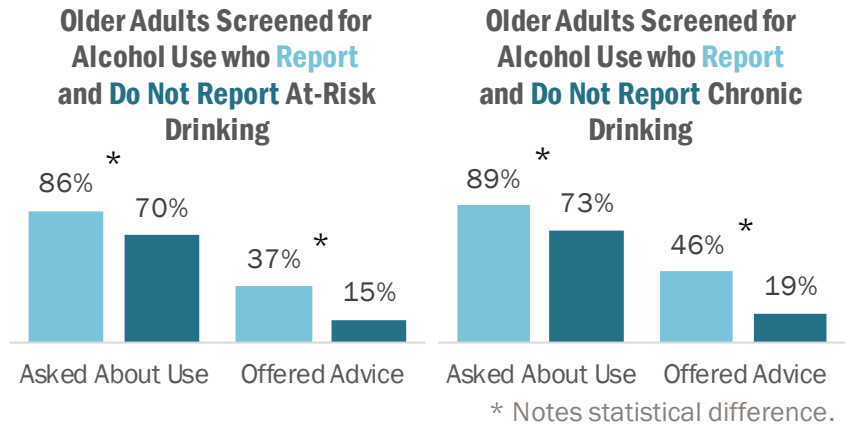
Neither **at-risk** nor **chronic drinking** among Vermont adults aged 65 and older has changed significantly since 2011.



Alcohol Use Among Older Adults

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 (72% vs. 90% and 19% vs. 34%, 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.



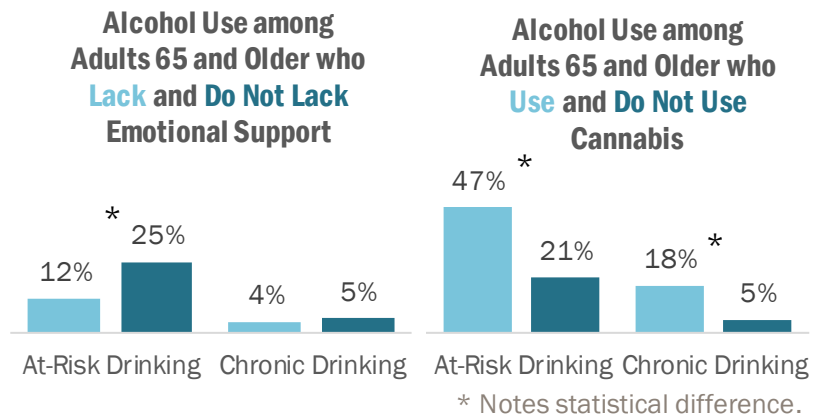
Chronic Conditions, Medications and Falls

Vermont adults 65 and older with obesity, cardiovascular disease (CVD), and diabetes are significantly less likely than those without these conditions to participate in at-risk drinking. Older adults with cardiovascular disease are significantly less likely to participate in chronic drinking. This may suggest that those with 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 significantly lower among older adults who take prescribed medications for pain, sleep, or anxiety than those who do not (21% vs. 25%) and is similar between those who fell at least once in the last 12 months and those who did not fall (24% vs. 23%). Chronic drinking is the same (5%) in each of these populations.

Lack of Emotional Support and Tobacco and Cannabis 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 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 and chronic drinking, compared to those who do not use cannabis.

For questions about this data brief, contact: AHS.VDHDSU@vermont.gov

For more information about the VT BRFS, 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 2022](#).

³ Low-income status includes adults with a household income of less than \$25K annually, and the highest income status includes adults with a household income of \$75K or more annually.