

The North of Market Older Women's Alcohol Program is an innovative outreach program designed to assist isolated and impoverished alcohol-dependent older women. The program utilized service components focused on "building up" the clientele and developing support networks rather than the traditional approach of first "breaking down" an alcoholic's defense barriers. Sobriety (complete abstinence) was attained by 60% of the women for a minimum of 3 months (not necessarily consecutive).

Key words: Isolation, Alcoholism, Recovery, Gender

North of Market: Older Women's Alcohol Outreach Program

Karen I. Fredriksen, MSW¹

Current research indicates that the overall prevalence of alcohol-related problems among the elderly is lower than for other age groups (U.S. Department of Health and Human Services, 1990), but alcohol-related problems nonetheless do impact the older adult population. For example, the Epidemiologic Catchment Area (ECA) study found that for persons 60 and older, the rate of alcohol abuse was in the 1.9–4.6% range for men and in the 0.1–0.7% range for women (Maddox, 1988).

While older adults have higher rates of abstaining from alcohol (U.S. Bureau of the Census, 1986), it has been estimated that approximately 2–10% of older social drinkers experience alcohol-related problems (Gomberg, 1982; Zimering & Domeischel, 1982). In relation to alcohol abuse, the elderly present several unique risk factors: a decreased tolerance to alcohol (Zimering & Domeischel, 1982); increased adverse health effects from alcohol abuse (Schuckit, 1980); increased chance of drug and alcohol interaction due to a higher use of prescribed medications (Lami, 1988); and decreased likelihood of receiving alcohol treatment due to stigma, embarrassment, resistance among service providers, and limited availability of appropriate services (Gomberg, 1982). However, once elderly persons seek treatment, their prognosis is favorable and they are more likely than other age groups to complete a course of treatment (Pascarelli, 1974).

The majority of these research findings are based upon older adult men; there is a corresponding dearth of research addressing the needs of older women with alcohol and/or other drug dependencies. The literature on alcohol abuse and women in general, although also limited, indicates that when compared to men, women more often cite a reason

for the onset of problem drinking and are less likely to be represented in alcohol treatment facilities (Ferrencia, Rush, & Murdock, 1980). It has been found that alcoholic women are more socially isolated and report less social support than other women (Schilit & Gomberg, 1987).

Schuckit, Morrissey, and O'Leary (1978), in a preliminary study that compared women and men over the age of 55, found that the women were slightly older at the onset of alcohol problems, received treatment at an earlier age, and had a greater tendency to use other drugs in combination with alcohol. Although this study is limited by methodological considerations such as the selection of samples from different treatment settings, the research suggests that some alcohol-related problems may be exacerbated for older women. For example, since older women are more likely than men to be taking multiple prescribed drugs, they have a higher risk of potential drug and alcohol interaction.

Yet, to date, few services have been developed to meet the specific needs of older women. This article begins filling this gap by examining the North of Market Older Women's Alcohol Outreach Program, an innovative alcohol outreach program specifically designed to assist isolated and impoverished alcohol- and/or drug-dependent older women.

Program Setting and Description

The North of Market Older Women's Alcohol Outreach Program is located in San Francisco's Tenderloin district, a densely populated, impoverished, and high-crime area with the heaviest concentration of retail liquor outlets in the city (San Francisco County, 1985). The area is racially and ethnically diverse: 64.7% Caucasian, 20% Asian, 7.6% black, 6.7% Hispanic, and 0.8% American Indian (U.S. Bureau of the Census, 1980). Twenty-nine percent of the area's population is below the official poverty line, compared with the rate of 13.7% for San Francisco overall (U.S. Bureau of the Census, 1980). According to the 1980

¹Doctoral Student Research Assistant, Department of Drug and Alcohol Programs, State of California; Doctoral Candidate, School of Social Welfare, University of California, Berkeley, CA 94720.

The author acknowledges Christopher Tennyson and Dr. Lorraine Midanik for their assistance with this project.

census, approximately 33% of the area's population is 60 or older, 55% of the seniors are male and 45% female, and 70% of the district's elderly live alone.

Prior to the development of the specialized older women's alcohol program, the North of Market, a nonprofit, multipurpose senior center, had an ongoing older adult alcohol program. The program, however, primarily served male clients (71.4%) and was unable to effectively reach many of the older women in the area. Thus, in 1986, the senior center developed the North of Market Older Women's Alcohol Outreach Program, a service specifically designed to assist older women with alcohol problems. The program, funded through the State of California's Department of Drug and Alcohol Programs, receives federal funds set aside for the creation of "new and expanded" alcohol services for women.

The intent of the women's alcohol program is to provide outreach services to isolated older women alcoholics and to increase their participation in treatment and recovery services. The long-term goal is for program participants to live more enriched lives without the use of alcohol and/or other drugs. Specific program objectives include:

- 1) Provide outreach to women with alcohol problems who are over 55 years of age and involve them in organized activities that increase their knowledge of alcoholism and related recovery issues and improve their self-esteem and socialization skills.
- 2) Involve women in support/education activities that include information on alcoholism, aging, recovery, and other women's issues; provide one-on-one counseling and a discussion group that facilitates the establishment of a peer support network.
- 3) Increase socialization and expand leisure-time activities by providing organized recreation.

The program employs two full-time staff persons (a community outreach worker and a group worker, both women) and has incorporated a number of service components, many of which differ from more traditional treatment approaches designed for men. In order to facilitate outreach, several techniques have been utilized including networking with social and health service providers, obtaining referrals from gatekeepers such as shop owners, and organizing women's groups in residential hotels to socialize and discuss women's issues. Subsequent to referral, the community outreach worker generally contacts women directly and invites them to participate in any of the program activities.

A number of recreational activities have been sponsored by the program to increase socialization among the women and to support their sobriety. With input from program participants, activities have included outings to community interest points, the theater, monthly trips to beauty parlors, food preparation courses, shopping at secondhand stores for household items, and planning holiday festivities. The program has also provided alcohol education forums at various community sites and has instituted a weekly women's support group to discuss alcohol-related problems and personal recovery issues.

After women have become involved in the outreach project activities and are comfortable with beginning to address alcohol-related issues, they are, if appropriate, referred to additional services such as detoxification, outpatient counseling services, or residential programs for more formal assessment, evaluation, and treatment. The program continues to provide services to women during and after their participation in other recovery services to insure a woman-sensitive recovery component. A woman is transitioned out of the program once she determines that she has developed a sufficiently strong personal support network to maintain sobriety.

Participant Characteristics and Program Outcomes

The program serves a difficult, hard-to-reach population of women who are 55 and older, have low income, and tend to live alone in residential hotels without familial support. During the 1989/1990 fiscal year, the program participants ranged in age from 55 to 84 years. Specifically, 16.6% of the program participants were 55–59 years of age, 44.6% were 60–64, 27.1% were 65–74, and 11.7% 75 and older. The majority of program participants were white (75.3%); 18.4% were black, 4.2% Hispanic, 1.8% Asian/Pacific Islander, and 0.3% American Indian.

During the 1989/1990 fiscal year, the program provided 3,979.8 hours of service of which 72.6% involved direct outreach, 12.1% recreation, 10.8% support and/or alcohol education, and 4.5% indirect services such as case management and service referral. During the 1-year period, 118 women were contacted through outreach activities and 113 participated in program activities such as a support group or an educational event. Seventy-five percent of the women who participated in the activities also became involved in other formal alcohol and/or drug recovery services. The majority (64%) began receiving individual alcohol counseling through the North of Market Senior Alcohol Program.

When the older women's program was first initiated in 1986, women accounted for only 28.6% of the alcohol counseling provided through the North of Market Senior Center. However, since the implementation of the women's program, there has been a substantial increase and women now account for 43% of clients receiving alcohol counseling at the center. In terms of treatment success, sobriety, defined as complete abstinence, was attained by 60% of the women for a minimum of 3 separate, although not necessarily consecutive, months during the year following entry into the program. Program staff also reported that among clients who did not completely abstain, many decreased their alcohol use with demonstrated improvement in their health and functioning abilities.

Discussion

Older adults, and older women in particular, have been underrepresented in alcohol treatment facilities (Gomberg, 1982). The North of Market Women's

Alcohol Outreach Program was designed to provide outreach services to a difficult-to-reach group of older women. Initially, the senior center developed alcohol and drug treatment services to provide a nonthreatening environment for the older adult population. However, the placement of a treatment program within a senior center was not sufficient to reach many older women with alcohol and/or drug problems. The experience of the North of Market Senior Center indicates that to reach older women effectively, specialized outreach and service components are critical.

The client population served by this program is unique in many respects. The majority of women clients are isolated, without regular contact with family and friends, impoverished, and unemployed. Thus, many of the more confrontive interventions used to initiate treatment entry may not be effective with this population. Given the particular set of life circumstances among these older women, the program staff utilized a philosophically different approach and sought to "build up" the clientele and encourage the development of support networks rather than utilizing the more traditional approach of first "breaking down" an alcoholic's defense barriers. Such an approach appeared to be effective with this target population and may prove to be particularly useful among stigmatized groups for whom drug and alcohol problems are considered more socially unacceptable such as women and the elderly. Also, rather than defining complete abstinence as the unequivocal treatment goal, program staff has found that in many cases participants did not completely abstain; but, through a decrease in their use of alcohol, clients improved their overall health and functioning level.

These findings suggest that the entry of older women into recovery was a relatively slow, incremental process that was best initially facilitated by nonthreatening activities. Through such a process, the women were able to gradually construct a social support network as well as integrate information and education that encouraged abstinence from alcohol and drugs. While the outreach activities encouraged help-seeking behaviors and treatment entry and decreased the isolation of the program participants by providing long-term support to sustain sobriety, the majority of program participants still preferred to examine personal recovery issues on a one-on-one basis with an individual counselor. Perhaps individual counseling was preferred because it insured additional provisions of privacy and confidentiality and did not require public acknowledgment of an addiction problem. Thus, the outreach program effectively served both as a conduit to other services and

as a woman-sensitive support component to supplement more individualized recovery services.

Although the women's outreach program has demonstrated numerous programmatic successes, it is also facing several serious issues. For example, the composition of the neighborhood has been shifting, resulting in higher crime and homelessness rates. Such trends have made it even more precarious for older women to feel safe when attending neighborhood recovery services. The program has also experienced a recent increase in the number of older women seeking services due to poly-drug abuse including the addiction to street drugs such as heroin. The program seeks to respond to such changes and to modify and/or expand services, but its fiscal resources are severely limited and do not provide for inflation adjustments or service expansion.

This examination of the North of Market Older Women's Alcohol Outreach Program, an innovative recovery service for older women, has raised several issues that warrant further investigation including: the effectiveness of these treatment modalities in serving older adults and/or women in general; the differing needs among subgroups of older women; the rates and service needs of poly-drug addicted women; and the development of criteria to evaluate the effectiveness of alcohol and drug services for older women. Such information is crucial if we are to insure the future development of effective alcohol and drug services for older women.

References

- Ferrence, R. G., Rush, B. R., & Murdock, W. L. (1980). *Services for alcoholics: A study of medical and social facilities in the Lake Erie region*. Toronto: Addiction Research Foundation.
- Gomberg, E. S. L. (1982). Alcohol use and alcohol problems among the elderly. In *Alcohol and health monograph no. 4: Special population issues* (DHHS Publication No. ADM 82-1193, pp. 263-290). Rockville, MD: National Institute on Alcohol Abuse and Alcoholism.
- Lami, P. P. (1988). Actions of alcohol and drugs in older people. *Generations*, 12, 9-13.
- Maddox, G. L. (1988). Aging, drinking, and alcohol abuse. *Generations*, 12, 14-16.
- Pascarella, E. F. (1974). Drug dependence: An age-old problem compounded by old age. *Geriatrics*, 29, 109-115.
- San Francisco County, Division of Alcohol and Drug Programs. (1985). *San Francisco County alcohol plan*. San Francisco, CA: Author.
- Schilit R., & Gomberg, E. L. (1987). Social support structures of women in treatment for alcoholism. *Health and Social Work*, 12, 187-195.
- Schuckit, M. A. (1980). Alcoholism and the elderly. *Advances in Alcoholism*, 1, 1-13.
- Schuckit, M. A., Morrissey, E. R., & O'Leary, M. R. (1978). Alcohol problems in elderly men and women. *Addictive Diseases: An International Journal*, 3, 405-416.
- U.S. Bureau of the Census. (1980). *Characteristics of the population (I)*. Washington, DC: U.S. Government Printing Office.
- U.S. Bureau of the Census. (1986). *Statistical abstract of the United States*. Washington, DC: U.S. Government Printing Office.
- U.S. Department of Health and Human Services. (1990). *Seventh special report to the U.S. Congress on alcohol and health*. Washington, DC: U.S. Government Printing Office.
- Zimering, S., & Domeischel, J. R. (1982). Is alcohol a problem of the elderly? *Journal of Drug Education*, 12, 103-111.