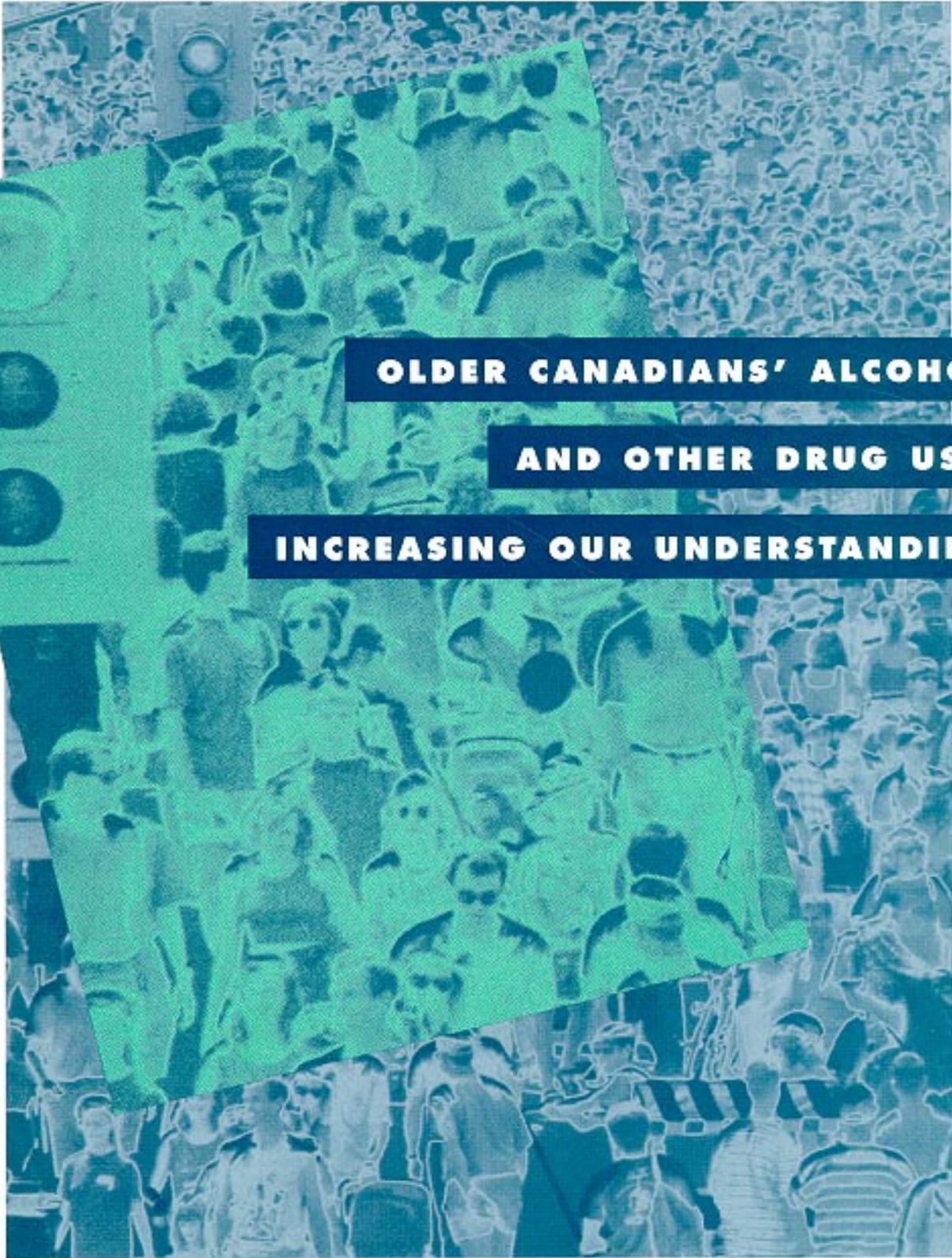




Health Canada Santé Canada

HORIZONS ONE



OLDER CANADIANS' ALCOHOL

AND OTHER DRUG USE:

INCREASING OUR UNDERSTANDING

Canada

 **canada's drug strategy**

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HORIZONS ONE

Edited by

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The opinions expressed in this report are those of the authors and do not necessarily reflect those of Health Canada.

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INTRODUCTION

This publication is based on a report titled *Aging and the Use of alcohol and Other Drugs: Survey Guidelines and Selected Findings* by William McKim, Memorial University of Newfoundland, Brian Mishara, University of Québec at Montréal, and Marc Eliany, Health Canada. McKim, Mishara and Eliany conducted a selective critical review of surveys on the use of alcohol and other drugs by older persons which included an examination of methodological issues, contemporary results from surveys and the most effective and widely used question formats.

Their report is designed primarily for those who are planning to conduct alcohol and other drug surveys with older populations. Readers who wish to have an in-depth understanding of the issues surrounding assessing alcohol and other drug use by older people are encouraged to consult the original report. Limited copies of the original report are available from the Canadian Centre on Substance Abuse.

This publication presents highlights of the original report and is intended as a quick reference and resource for addictions and public health staff involved in public education and community development, policy research staff involved in preparing briefs and other information documents and applied researchers who need to collect better information on older persons' alcohol and other drug use. It has been written in a non-technical style to encourage use by a wide variety of readers.

Canada's Drug Strategy, Phase II

Older Canadians' alcohol and other drug use is one of the key elements in the second phase of Canada's Drug Strategy (CDS). CDS is a coordinated effort to reduce the harm caused by alcohol and other drugs to individuals, families and communities. The strategy combines the efforts and the resources of several federal government departments with those of partners at all government levels and the public and private sectors.

Phase II of the strategy began in 1992 and focuses on populations at risk. In addition to older Canadians (that is, adults aged 55 and over), the strategy pays special attention to out-of-the-mainstream youth, women, Métis, Inuit and off-reserve aboriginal people, and persons who drive while impaired.

Dissemination of research knowledge about the at-risk populations is

an essential element in the strategy. *Older Canadians' Alcohol and Other Drug Use: Increasing Our Understanding* is one of a series of publications designed to increase our use of current research and improve future studies.

SURVEYING OLDER CANADIANS

This publication focuses exclusively on survey research. Information on alcohol and other drug use has and can be obtained in many other ways. However, surveys are the most common method used and are most likely to be used by those who need information for a wide range of purposes from setting national policy to evaluating a local community-based initiative. Therefore, knowing what is reliably and validly available from past surveys and learning how to collect better information in the future is essential.

Older Canadians pose unique challenges as survey respondents and the special characteristics of older persons must be considered in planning, interpreting and applying the results from surveys involving this population. For example, the current generation of older persons tends to have lower education levels which may influence ability to respond to certain types of questions. Older persons suffer far more from chronic diseases which are likely to limit their availability and ability to participate in survey studies. These factors can influence the validity and reliability of the survey results.

Generational differences

Survey studies which compare older and younger groups often attribute age-differences to some aspects of the processes of aging. For example, alcohol consumption among older persons is frequently discussed in terms of the physiological changes associated with aging and the differences between the health concerns of younger and older persons. Researchers often ignore the fact that persons who are older were born at a different time in history and may be different from younger persons because of being from a different generation with different values and beliefs. It is thus impossible to determine if the observed age differences are due to changes related to the process of aging or to generational changes.

Similarly, in studies where the same people are followed over time in order to observe changes in patterns of use, age effects may be influenced by the year of measurement. That is, as people grow older and are evaluated in subsequent years, the world in which they live, the social context, is also changing.

Given this, it is essential to recognize the importance of alternative

explanations of age differences based on the possible influence of the generation to which a person belongs and the time of measurement when interpreting survey findings. For example, amphetamines were commonly prescribed for the elderly in the 1960s as a stimulant, but have since become highly controlled and are now rarely prescribed to any age group.

Persons who supported the prohibition of alcohol in the early part of this century when the temperance movement was strong may have very different attitudes to alcohol later in life than those who grew up in a more "liberal" society. Finally, one might expect to see an increase in illegal drug use among older persons in the coming years as the younger generations who were exposed to drugs in greater numbers during their youth become part of this group.

Institutional residents excluded

Older persons residing in nursing homes and other institutions are generally excluded from large scale surveys on alcohol and other drug use. This is unfortunate since institutional residents are heavy consumers of medications and have access to alcohol and tobacco. Not only are institutional residents important consumers of medications but the elimination of this, group means missing the use patterns of a large number of older persons at an important point in their life. Including this group must become a consideration for the future since, as the Canadian population ages, it is probable that the proportion of older people living in institutions will increase.

The next part of this publication presents information from Canadian surveys on the use of alcohol, tobacco, medications, and illegal drugs by older people. Throughout the report, the terms 'older Canadians' and 'older people' are used simply as another way to describe seniors. As defined by Canada's Drug Strategy, seniors are considered individuals aged 55 and over. In most cases, information about seniors in this report is broken down into two age groups: those aged 55 to 64 years, and those 65 years of age and over.

Comparisons with younger populations

Where possible, this report makes comparisons with younger populations, examines factors which may affect use and provides observations on the implications and the specific cautions which must be exercised when interpreting these survey findings. The information has been selected from the Health Promotion Survey 1990, the National Alcohol and Other Drugs Survey 1989, the General Social Survey 1987, the Health Promotion Survey 1988 and the Canada Health Survey 1981. Tables present data taken largely from the Health Promotion Survey 1990 and the

National Alcohol and Other Drugs Survey 1989.

For older persons, the concurrent use of alcohol and medications can be an important issue. Unfortunately almost no Canadian information is available on this subject and, therefore, it is not discussed in this report. This is an area which should receive attention in future survey research with older Canadians.

Survey questions

The last part outlines some of the most important factors which should be taken into account when surveying older people and provides survey questions which could be used in future research. The survey questions constitute the "best" of what has been used to date to survey older persons. It should be advantageous for researchers to use questions which have been developed and validated in previous studies so that results can be better compared with past research. In some areas, such as measures of consumption, much information has been gathered and there are some basic indications of the validity of the findings. In other areas such as attitudes toward the use of alcohol and other drugs, there are few studies and the validity of the survey questions is less well documented.

After looking at what is known to date, it is hoped that the development of better questions and better methodologies will be encouraged so that a greater understanding of the complex issues surrounding alcohol and other drug use in older populations will be achieved.

EXECUTIVE SUMMARY

While there is considerable interest in the subject, information on the use of alcohol and other drugs by Canadian seniors is not extensive. This report summarizes some of the more significant and interesting results which have been found to date from survey research. It also highlights gaps in our current knowledge, and suggests methods by which deficiencies in our understanding can be corrected.

KEY FINDINGS TO DATE

Alcohol

- ◆ There are proportionally fewer current drinkers among older people than there are in the younger age categories. Alcohol is the most common drug used by older persons.
- ◆ The main reason for consuming alcohol reported by older people is to be sociable. Older individuals are much more likely to drink at home or with friends than other age groups.
- ◆ Individuals in the older age categories are much less likely to report problems with alcohol than younger individuals.

Tobacco

- ◆ On average, 25 to 30% of older men and 15 to 20% of older women smoke.
- ◆ Older smokers are less likely to express the desire to quit and are less concerned with the health problems caused by smoking than younger smokers.

Medications

- ◆ Use of medications for both sexes, although not common, tends to increase with age. Generally, older women use more medications than older men.

Illegal Drugs

- ◆ Use of illegal drugs by seniors is extremely rare.

FUTURE RESEARCH NEEDS

Information on seniors' use of alcohol and other drugs has, in the past, been largely gathered through surveys of the general population. While providing some basis for understanding the situation, the picture this information provides is far from complete. Further research targeted specifically at seniors is needed.

The final section of this report discusses some of the special considerations which should be addressed when investigating seniors use of alcohol and other drugs. These considerations include sampling issues and survey administration concerns such as questionnaire design and interviewing techniques. The report concludes with recommendations concerning specific questions which could be included in future surveys.

ALCOHOL

1 PREVALENCE

Current drinkers

There are proportionally fewer current drinkers among older people than there are in the younger age categories. Nevertheless, over half (61%) of those aged 65 and over report having at least one drink in the previous year. Alcohol is the most common drug used by older persons. For almost all age groups, more men than women drink.

Table 1: Current drinkers¹

Age	Women	Men	Total
15-19	80%	80%	80%
20-24	85%	93%	89%
25-34	84%	90%	87%
35-44	82%	90%	86%
45-54	76%	85%	81%
55-64	70%	82%	76%
65+	58%	66%	61%
Total 15+	77%	85%	81%

¹ Individuals who consumed at least one alcoholic beverage in the previous 12 months.

Source: Health Promotion Survey, 1990

Abstinence

The proportion of abstainers (life-time abstainers and former drinkers) is larger in the older age categories. The largest proportion is among those 65 and over.

With the exception of life-time abstainers aged 15-19, there is a greater proportion of women abstainers and former drinkers than men in each age category.

Table 2: Abstainers¹

Age	Life-time abstainers		Former drinkers	
	Women	Men	Women	Men
15-19	13%	14%	7%	6%
20-24	7%	4%	8%	3%
25-34	5%	3%	11%	7%
35-44	7%	2%	11%	8%
45-54	12%	4%	12%	11%
55-64	12%	5%	18%	13%
65+	20%	8%	22%	26%

¹ Life-time abstainers have never drunk; former drinkers did not consume alcohol during the year prior to the survey.

* Data should be interpreted with caution due to high sampling variability.

Source: Health Promotion Survey, 1990

Frequency of drinking

Data on the frequency that seniors drink illustrate an interesting divergence in behaviour. On the one hand, a large percentage of older individuals tend to drink less often than other age groups. Over 30% of older people who are current drinkers report consuming alcohol less than once per month. This compares with 26% of the general population.

However, the data also indicate that in comparison to other age groups, a large percentage of seniors report frequent consumption of alcohol. Twenty-two per cent of current drinkers aged 65 and over report consuming four or more drinks each week. The average for the population is 11%.

Table 3: Frequency of drinking

Age	Current Drinkers ¹				
	<1 drink /month	1-3 drinks /month	1 drink /week	2-3 drinks /week	4+drinks /week
15-19	40%	30%	16%	12%	2%
20-24	20%	28%	25%	23%	5%
25-34	23%	27%	22%	21%	7%
35-44	25%	23%	18%	23%	11%
45-54	22%	22%	18%	22%	16%
55-64	28%	21%	14%	19%	16%
65+	31%	21%	12%	11%	22%
Total 15+	26%	25%	19%	20%	11%

¹ Individuals who consumed at least one alcoholic beverage in the previous 12 months.

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989.

Amount consumed per occasion

Older individuals consume on average less during each drinking occasion. Those aged 65 and over report consuming fewer than two drinks per occasion. In contrast, individuals aged 20-34 report consuming an average of three or more drinks per episode. Less than 20% of older people report consuming five or more drinks at least once during the previous year; 50% of the general population admit to this.

Table 4: Amount consumed per occasion

Age	Average Number of Drinks Consumed Per Occasion ¹	Percentage of current drinkers ² who consumed five or more drinks at least once
15-19	3.5	61%
20-24	3.9	71%
25-34	3.0	59%
35-44	2.5	49%
45-54	2.5	43%
55-64	2.3	29%
65+	1.7	19%
Total 15+	2.8	50%

¹ During the year preceding the survey.

² Individuals who consumed at least one alcoholic beverage in the previous 12 months.

Source: National Alcohol and Other Drugs Survey, 1989.

2 REASONS FOR DRINKING

The main reason given by older people for drinking is to be sociable. This is also the major reason given by other age groups. Older people are much less likely than the general population to drink as a means of changing their mood. When compared to those aged 15 and over, fewer older people report drinking in order to feel good, relax or feel less shy.

Table 5: Reasons for Drinking

Age	To be sociable	To enjoy meals	To relax	To feel good	To feel less shy	To forget worries
15-54	72%	45%	41%	31%	15%	11%
55-64	72%	53%	36%	20%	7%	6%
65+	73%	44%	33%	24%	5%	7%
Total 15+	72%	46%	40%	30%	13%	10%

Source: National Alcohol and Other Drugs Survey, 1989.

3 DRINKING DURING VARIOUS SOCIAL ACTIVITIES

Compared to the general population aged 15 and over, older people are much more likely to drink at home or with friends. Forty-seven per cent of the alcohol consumed by those aged 65+ is in these two situations. In contrast, 34% of the alcohol consumed by the general population is in these settings.

Compared to older people, there is a greater tendency for the general population to drink in bars/taverns, and during sports activities.

Table 6: Proportion of Total Alcohol Consumed by Current Drinkers While Participating in Various Social Activities

Activity When Alcohol Consumed	Age		
	15+	55-64	65+
Evening at home	18%	24%	25%
Friends visit	16%	18%	22%
Visit others	15%	14%	16%
Party or wedding	16%	18%	14%
Restaurant (dinner)	11%	12%	10%
Outdoor leisure	5%	5%	4%
Club/meeting	2%	3%	3%
Bar/tavern	12%	3%	2%
Restaurant (lunch)	1%	2%	2%
Sports activities	3%	1%	1%*
Concert/festival	1%	1%	1%*

* Data should be interpreted with caution due to high sampling variability.
Source: National Alcohol and Other Drugs Survey, 1989.

4 DRINKING COMPANIONS

Younger individuals are more likely to report drinking with friends or co-workers. Seventy per cent of those aged 20-24 drink with friends, with 24% stating they drink with co-workers. The respective percentages for those aged 65 and over are 29% and <1%.

Older individuals have a greater tendency to drink alone or when others are not drinking (15%) than younger individuals (9% for those aged 20-24.)

Table 7: Drinking With A Companion

Companion	Age						
	15-19	20-24	25-34	35-44	45-54	55-64	65+
Friends	60%	70%	55%	47%	45%	33%	29%
Spouse/partner	2%*	16%	36%	41%	41%	36%	26%
Relatives	19%	28%	29%	25%	25%	26%	21%
Co-workers	13%	24%	19%	14%	11%	3%*	<1%*
Alone/drink when others not drinking	6%*	9%	9%	11%	11%	12%	15%

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989.

5 OTHER FACTORS ASSOCIATED WITH ALCOHOL USE

Factors which are believed to affect alcohol consumption among older people include gender, education, regional location, income, marital status and ethnic background.

- ◆ **Gender:** As noted in the previous sections, among older people there are more males who are current drinkers than females. Males also drink more frequently and consume greater quantities.
- ◆ **Education:** Among older people, the greatest proportion of abstainers and the fewest heavy drinkers are those who did not complete their secondary education. The lowest level of abstention and the highest level of drinking are exhibited by those who finished high school, but did not complete a post-secondary program.
- ◆ **Regional Variations:** Among men aged 65 and over the highest proportion of current drinkers are located in British Columbia, followed by Québec and Ontario. For women, the highest proportion are located in British Columbia, followed by Ontario and the Prairies.
- ◆ **Other Variables:** Evidence from other age groups suggests that additional factors, such as income, marital status and ethnic background, could influence alcohol consumption among older people. Unfortunately, no current Canadian data are available which examine these variables in detail.

6 CONSEQUENCES, ACTIONS, ATTITUDES AND BELIEFS

Prevalence of Problems Associated with Alcohol

Individuals in the older age categories are much less likely to report problems with alcohol than younger individuals. Only 4% of those 65 and over report experiencing an alcohol-related problem in the previous 12 months. This compares with 12% of the total population and over 20% of those aged 20-24.

Table 8: Current Drinkers¹ Who Experienced an Alcohol-Related Problem²

Age	Percent Experiencing a Problem
15-19	24%
20-24	23%
25-34	13%
35-44	11%
45-54	8%
55-64	5% *
65+	4% *
Total 15+	12%

¹ Individuals who had consumed at least one alcoholic beverage in the previous 12 months.

² Within the year preceding the survey.

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989.

Types of Problems Associated with Alcohol

For all age categories, the most common problems associated with alcohol are related to physical health, followed by problems with friendships or social life.

Individuals in the older age categories are less likely to report problems of any type.

Table 9: Current Drinkers¹ Reporting Various Alcohol-Related Problems²

Type of problem	15-34	35-54	55+	Total 15+
Friends/social life	7%	4%	1% *	5%
Physical health	10%	6%	3% *	7%
Outlook on life	5%	3%	<1% *	4%
Home life or marriage	4%	3%	1% *	3%
Work or studies	3%	1% *	<1% *	2%
Financial position	6%	2%	<1% *	4%

¹ Individuals who had consumed at least one alcoholic beverage in the previous 12 months.

² Within the year preceding the survey.

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989.

Drinking and Driving

The proportion of those who report drinking and driving declines in the older age groups. Only 5% of those 65 and over report drinking and driving in the year preceding the survey; this compares

with 19% among the general population aged 15 and over.

For all age categories, the incidence of drinking and driving is lower among women than among men.

Table 10: Current Drinkers¹ Who Report Drinking and Driving²

Age	Men	Women	Total
15-19	16%	7%*	12%
20-24	32%	16%	24%
25-34	39%	13%	27%
35-44	30%	11%	21%
45-54	28%	6%	18%
55-64	13%	4%*	9%
65+	10%	<1%*	5%
Total 15+	27%	9%	19%

¹ Individuals who had consumed at least one alcoholic beverage in the previous 12 months.

² Within the year preceding the survey.

* Data should be interpreted with caution due to high sampling variability.

Source: National Alcohol and Other Drugs Survey, 1989.

Attitudes Towards Existing Control Measures

In general, older individuals offer more support for measures aimed at regulating alcohol. Among those 55 and over, the most support is for enhancing education programs (74%), followed by enhancing treatment programs (68%). Raising the drinking age and increasing

anti-drinking ads (56% each) are the third most popular measures. Among the general population aged 15 and over, the order of preference is for education programs (80%), followed by treatment programs (73%) and anti-drinking ads (61%).

In comparison to the general population, older individuals are more supportive of measures aimed at increasing alcohol taxes, increasing the drinking age and reducing liquor store hours. They are less supportive of enhancing education programs, increasing anti-drinking ads and enhancing treatment programs.

Table 11: In Favour of Further Measures to Reduce Alcohol Consumption

Measure	General Population 15+	Those Aged 55+
Alcohol Taxes	27%	30%
Drinking Age	49%	56%
Liquor Store Hours	17%	20%
Treatment Programs	73%	68%
Education Programs	80%	74%
Anti-drinking Programs	61%	56%

Source: National Alcohol and Other Drugs Survey, 1989.

Attitudes Toward Further Measures

Older individuals are generally supportive of further measures which could be used to control alcohol availability and consumption.

For both the general population and older individuals, the two issues/measures for which there is the most support are restricting availability in corner stores and including warning labels on packaging.

Table 12: In Favour of Further Measures to Deter Alcohol Use

Issue/Measure	General Population 15+	Those Aged 55+
Alcohol sold in corner stores	73%	75%
Warning labels	74%	75%
Alcohol ads on TV	50%	57%
Alcohol sponsored events	33%	37%

Source: National Alcohol and Other Drugs Survey, 1989.

7 **OBSERVATIONS**

While there are more abstainers among older people than among the other age categories, the majority of individuals aged 65 and over drink alcohol.

The relatively large proportion of life-time abstainers suggests many older people made lifestyle decisions early in their lives which

precluded the use of alcohol. Thus, the differences between the age groups in the proportion of life-time abstainers may in part be due to differences in the attitudes each generation has towards alcohol consumption. This implies that as younger generations age, the proportion of life-time abstainers among older people will decline. The higher proportion of former drinkers in the older age groups indicates that there is a tendency for individuals to stop drinking as they age. Various factors may explain this, including increasing health concerns and economic constraints, and reduced drinking opportunities. The strong relationship between the proportion of former drinkers and age suggests the tendency for individuals to drop out of the drinking population as they age will continue.

In general, older people tend to consume less alcohol per drinking occasion than younger age groups. There is evidence to suggest, however, that the number of drinking occasions may stay the same or increase among a large proportion of older individuals.

Older people are far more likely to report drinking at home alone or with friends than other groups, and less likely to drink in public. The tendency to drink at home may in part be due to the fewer opportunities older individuals have to socialize in public settings. As well, since there are proportionally more older people who abstain, those who do drink are more likely not to have company.

Older people are, in general, supportive of measures which could be used to control alcohol. This may in part be due to concerns they feel about personal safety and the misuse of alcohol. It is also possibly a reflection of the values of their generation.

TOBACCO

1 PREVALENCE

Estimates of smoking by older people vary somewhat from survey to survey. On average, 25-30% of men and 15-20% of women aged 65 and older currently smoke. Despite this variation, there is considerable consistency in age and gender trends, as illustrated by Table 13a&b.

Older men are much more likely than older women to have smoked in the past and to smoke now (81% of men versus 49% of women 65 years and older).

The percentage of older men who have never smoked is dramatically lower than that of younger men (19% for 65 years and older versus 41% for 20-24 year olds).

For women, the situation is quite different. More older women than younger women have never smoked (51% for 65 years and older vs 42% for 20-24 year olds).

Table 13a: Smoking Among Men

Men				
Age	Never Smoked	Former Smoker	Daily Smoker	Occasional Smoker
15 - 19	58%	20%	20%	2%
20 - 24	41%	24%	32%	3%*
25 - 44	30%	34%	35%	1%*
45 - 64	19%	50%	29%	1%*
65+	19%	63%	18%	<1%*

Table 13b: Smoking Among Women

Women				
Age	Never Smoked	Former Smoker	Daily Smoker	Occasional Smoker
15 - 19	47%	32%	19%	3%*
20 - 24	42%	24%	31%	3%*
25 - 44	36%	30%	33%	1%*
45 - 64	42%	32%	26%	1%*
65+	51%	35%	13%	1%*

* Data should be interpreted with caution due to high sampling variability.

Source: Health Promotion Survey, 1990

2 OTHER FACTORS

Factors which are believed to affect tobacco consumption among all age groups include income, education, marital status, and regional location.

Income

For all age groups, smoking tends to be lowest among those with the highest and the lowest incomes. For those with the lowest incomes, smoking decreases with increasing age. For those with the highest incomes, there are no age differences.

Education

In general, people with more education are less likely to smoke. This effect decreases dramatically with age, but is still apparent among those 65 years and older.

Marital Status

Generally, separated and divorced people have the highest rate of regular smokers. Single and widowed people have a very high rate of life-time abstainers which probably reflects the fact that these groups are more likely to be older women, a group that has a high smoking abstention rate.

Region

In general, smoking is highest in Québec and Atlantic Canada, followed by Western Canada, Ontario and finally British Columbia.

3 CONSEQUENCES, ACTIONS, ATTITUDES AND BELIEFS

Older smokers, like older drinkers, do not try to reduce consumption as frequently as their younger counterparts. This is particularly true for heavier smokers.

Older smokers are less likely to express the desire to quit, are less concerned with the health problems caused by smoking and are less interested in having more information about the health effects than are younger smokers.

Slightly more women than men report that they are bothered by someone else smoking. This difference declines with age so that significantly fewer older people report being bothered by others smoking, and fewer older people indicate that they have asked others not to smoke.

There are no substantial differences in attitudes and beliefs about smoking by age group. A high proportion of all age groups believe

non-smokers do not like smoke and that smokers should ask permission before smoking in the presence of others. Smokers of all ages are less likely to agree with these ideas than are non-smokers.

4 OBSERVATIONS

Over 70% of men and 60% of women who have ever smoked are non-smokers by the time they reach the age of 65. The dynamics which underlie this dramatic change have not been the subject of systematic investigation.

The adverse health consequences of smoking now and in the past are likely to be much more evident in older men than in older women. This needs to be taken into account in planning future health care programs. This may change, however, as younger women are smoking earlier and fewer are quitting.

There is little, if any, information available on the positive effects of smoking. Such information could be valuable for designing programs to encourage long-term smokers to quit.

Research on alcohol is beginning to look more closely at the acceptability of drinking in various situations and locations. This is not yet the case for smoking. It is an area that should be investigated.

Tobacco dependence has generally been "measured" by smoking rate. A more focused measure of physical dependence may be useful in designing programs for all age groups, but particularly for older people. A scale, similar in concept to an instrument for measuring alcohol dependence, has been developed, and should be used in future research (see Recommended Survey Questions).

MEDICATIONS

1 PREVALENCE

There is little consistency among surveys in approaches taken to determine the extent of the use of medications. The following table is a composite of the results from a number of surveys and should be considered only as a broad indicator of medication use. The age and gender trends evident are, however, generally consistent across surveys.

Generally women use more medications than men. Use of medications for both sexes tends to increase with age. Exceptions to this trend are ASA, codeine, cold remedies, and antibiotics, which tend to remain relatively constant across age groups. Use of stimulants/diet pills tends to be low and constant across age groups.

Table 14: Use of Medications by Women and Men

Medicine	Age and Gender											
	15-24		25-34		35-44		45-54		55-64		65+	
	W	M	W	M	W	M	W	M	W	M	W	M
Codeine	12%	10%	16%	12%	12%	11%	13%	10%	11%	9%	7%	8%
Tranquilizers	2%	1%	4%	3%	6%	5%	7%	4%	8%	6%	11%	12%
Sleeping Pills	3%	2%	5%	3%	5%	3%	8%	7%	12%	9%	20%	17%
Heart/Blood Pressure	0%	0%	2%	1%	2%	1%	19%	14%	19%	14%	41%	29%
Stimulant/Diet	2%	1%	1%	0%	1%	0%	1%	1%	0%	0%	1%	2%
Antibiotics	4%	2%	3%	2%	3%	2%	3%	3%	3%	3%	2%	2%
A.S.A.	81%	72%	82%	75%	83%	77%	79%	67%	76%	68%	71%	66%
Stomach Medicines	3%	2%	4%	4%	4%	4%	6%	4%	6%	4%	7%	7%
Laxatives	1%	0%	3%	1%	3%	1%	7%	2%	7%	2%	12%	9%
Cold Remedies	6%	4%	6%	4%	6%	4%	5%	4%	5%	4%	6%	4%
Vitamins	26%	14%	25%	14%	25%	14%	24%	18%	24%	18%	24%	18%
Anti-Depressants	2%	1%	3%	1%	4%	2%	5%	3%	4%	2%	6%	3%

Sources: Health Promotion Survey, 1988; Health Promotion Survey, 1990 Canada Health Survey, 1981; National Alcohol and Other Drugs Survey, 1989

2 OTHER FACTORS

Factors which are believed to affect medication use among all age groups include income, education, marital status, and regional location.

Income

As income increases the use of most medications tends to decrease. However, due to the low reported use of most medications, it is not possible to be confident about this relationship. In addition, since older people tend to be over-represented in lower income groups, age may account for much of the relationship between use of medications and income.

Education

There is no clear relationship between level of education and medication use. More education seems to be associated with reduced use of sleeping pills and tranquilizers, but is associated with the increased use of opiate-based pain killers. This finding, however, is not consistent across surveys. Due to the small number of people involved, it is not possible to determine if there are differences with age.

Marital Status

Tranquilizers and sleeping pills are used, in increasing order, by single people, married people, separated and divorced people, and the widowed. As with income, age may account for some of this difference since older people are over represented among the widowed.

Region

There is considerable regional variation in the use of several types of

medications, although overall use remains low. For example, tranquilizer and sleeping pill use is highest in Québec and lowest in Saskatchewan and Alberta. On the other hand, use of opiate based pain killers is highest in Alberta and British Columbia and lowest in Québec.

3 CONSEQUENCES, ACTIONS, ATTITUDES AND BELIEFS

Consequences

There is no doubt that medications have the potential for providing great benefit to people of all ages, although surveys do not generally ask about this. One survey found that more than one-third of the older people in the survey said that they depend on medications for their normal functioning.

The negative consequences of medication use have been well documented. In general, they consist of unwanted effects or side effects (Adverse Drug Reaction) which result, in older people, from increased sensitivity to drugs, increased drug use and increased chance of drug interaction.

Survey research has generally confirmed that many older people suffer from medication side effects. Estimates range from 12% to 40%.

Age by itself is probably not responsible for the apparent increase in adverse reactions in older people. Severity of the illness, the number of illnesses and the number of medications used may be more important factors than age. The number and types of illnesses may differ between the sexes.

Non-compliance

There is some evidence that accidental non-compliance increases with the number of medications taken and, as a result, older people are more likely to make mistakes because they take more medications. Older persons' non-compliance has a number of other dimensions,

including:

- ◆ not taking the prescribed medication;
- ◆ obtaining and using an additional quantity of the prescribed medication (for example, through "double-doctoring");
- ◆ ignoring other directions with respect to taking the prescribed medication (for example, using alcohol when taking a medication); and
- ◆ indiscriminate use of over-the-counter drugs when taking prescribed medications.

There does not appear to be an increase in deliberate non-compliance with increasing age. Most studies show no change or an improvement with increasing age.

The main reasons given for deliberate non-compliance include the belief the medication would not be effective, concern with side effects, and improvement in the condition for which the medication was prescribed. Non-compliance because of concern with side effects increases with age.

Beliefs

In general, people are more likely to think that they take appropriate numbers of medications while everyone else uses too many.

Those over 55 also do not feel that medications are necessarily the best way to deal with the problems of aging.

A significant proportion say they ask their physicians about alternatives to medications for treating a health problem.

4 OBSERVATIONS

Information on the use of medications must be used with considerable caution. Three major problems exist with the way information is collected:

- ◆ There is no consistency in the way extent of use is determined. Some ask about current use and some ask about use during a previous period of time which may be anywhere from two days to 12 months.

- ◆ There is no consistency in the classification schemes used to present information on medication use. A common method is to classify according to therapeutic use. This, however, can result in the same drug being classified different ways by different people.
- ◆ Many studies are confined to prescription medications. This can result in under reporting the use of some important drugs. For example, opiate-based medications such as codeine are available in Canada without prescription.

From the information available, consumption of most medications appears relatively rare. In a sample of the general population, typically about 10% of older people are using medications known to be habit forming, such as sleeping pills and tranquilizers. If, however, institutionalized older people were included in the studies, it is quite possible the rates of use would be much higher. This is an important area that requires attention in future research.

On the surface, age appears to be related to increased use of medications. However, multi-variate analyses have shown that the best predictors of prescription drug use are the number and severity of illnesses the person has and how that person rates his/her own health.

Assessing the adverse consequences of medications is of considerable importance. It appears, however, that this is particularly difficult to do among older people because many of the adverse symptoms of medications (such as tiredness, memory loss and confusion) are similar to changes often expected as people age.

Assessing the ability of health care professionals to communicate concerns related to medication use is an area which requires further attention.

ILLEGAL DRUGS

1 PREVALENCE

The use of illegal drugs peaks among those in their early twenties and then declines to a very small percentage in those in their late fifties. This is true for both life-time use and recent use which suggests that almost all today's older people have probably never used illegal drugs.

Age differences are partially due to the fact that use of illegal drugs only became prevalent in the 1960s. Compared to older age groups, people under 40 have been presented with widely different opportunities to use illegal drugs.

Table 15: Lifetime Use of Illegal Drugs

Age	Marijuana Hash		Cocaine Crack		LSD, Speed or Herion	
	W	M	W	M	W	M
15 - 19	16%	17%	4%*	2%*	4%*	1%
20 - 24	26%	40%	4%*	7%*	2%*	7%*
25 - 34	30%	43%	6%*	8%*	5%*	6%*
35 - 44	16%	34%	2%*	4%*	3%*	8%*
45 - 54	6%*	11%	<1%*	<1%*	2%*	2%*
55 - 64	1%*	5%*	<1%*	<1%*	<1%*	<1%*
65+	<1%*	3%*	<1%*	<1%*	<1%*	<1%*

* Data should be interpreted with caution due to high sampling variability.

Source: Health Promotion Survey, 1990

2 OTHER FACTORS

Because of the extremely low prevalence of illegal drug use among older people, no conclusions can be drawn respecting the effect of income, education, marital status or region.

3 CONSEQUENCES, ACTIONS, ATTITUDES AND BELIEFS

Slightly more than 50% of the general population believe that possession of marijuana should be a criminal offence. Older persons are more likely than younger persons to hold this view. On questions concerning control of drugs, including alcohol, older persons are more likely to say they are not able to give an opinion or that they do not know the answer.

4 OBSERVATIONS

Use of illicit drugs among older Canadians is rare. There is information that suggests that individual users of illegal drugs "mature out" (i.e., they spontaneously stop using drugs as they age). If this happens to any significant extent, the age-related use patterns should not change in the future, but the percentage of life-time abstainers should get smaller and smaller.

Due to the extremely small number of older people who have or do use illegal drugs, conducting extensive questioning about the frequency and amount of use is not likely to be productive. Using a more open-ended approach may be more productive (see Recommended Survey Questions).

SURVEYING OLDER PERSONS

INTRODUCTION

This section is primarily intended to assist those who wish to conduct survey research of their own. It provides a brief overview of some of the special considerations which should be attended to when surveying older people and presents questions which have been used in major surveys. Many of these questions were used in gathering the information presented in the previous section. Also included are questions which could be used in the future to help fill some of the gaps earlier identified.

Those who are primarily users of survey information may also find this section useful. Understanding some of the problems encountered when surveying older people and knowing specifically how a question is asked can be valuable in interpreting and explaining the information presented in this and other publications.

SPECIAL CONSIDERATIONS

Despite common beliefs that survey data on alcohol and drug use by older persons are probably less accurate than with other age groups, research does not support this conclusion. There are, however, a number of special factors which need to be considered when conducting survey research with older persons in order to maximize validity and reliability. These are outlined in this section.

1. Sampling

Most large-scale Canadian surveys are done by telephone with Random Digit Dialling (RDD) being the most common technique. RDD is a method whereby telephone numbers are generated randomly by computer. All residences with telephones have the same chance of being selected in the survey. Using RDD to specifically survey older people is, however, time consuming. Screening to find people of the right age takes approximately twice as long for those over 55 than for

younger age groups. Additional problems include a larger proportion of older persons have no telephone, are away due to illness, or have difficulty understanding due to hearing loss. These problems increase with age.

A common method used to avoid the inefficiency of random selection followed by screening for age is to identify older subjects on the basis of an existing list, such as voter registration records, which include age or birth date. However, persons with lower education levels are less likely to register to vote and since older persons have lower education levels than younger persons a bias may be introduced.

Methods which should be considered for local community surveys include sampling within geographic clusters (e.g., nursing homes or seniors apartment blocks) and network sampling using community seniors organizations as a starting point.

2. Administration

Surveys may be administered by face-to-face interview, telephone interview or self-administered questionnaire. All three methods yield valid results. Age complicates the choice of method because of changes associated with old age and differences between the current generations of older and younger persons. Education level is one of the most important variables in selection of a method since current older people have higher rates of illiteracy than younger persons and more of their native languages are different from the official languages of the country.

Self-administered questionnaires are perceived as difficult or impossible by some older people and thus contribute to a lower response rate. Auditory and language difficulties contribute more to problems in telephone interviews than in face-to-face interviews. Face-to-face interviews offer the advantage of allowing for the use of visual aids, such as charts and lists and may also help motivate people to respond to the interviewer and are thus the choice for surveying older persons.

Questionnaires

The issue of the relative merits of open versus closed questions is the subject of considerable debate. Most research on the subject has been done with younger people. It is not known if there are specific advantages of one form of questions with older people.

A method of "triangulation" has been suggested for surveys involving older people, in which three types of questioning are

included in the same survey and the results combined. Closed questions are used in a structured interview, open questions are embedded in the interview and a follow-up conversational interview is used employing open questions.

Regardless of the method used, caution is necessary when using instruments developed for younger populations. A "valid" instrument with other age groups is not necessarily valid for older people without specific research on reliability and validity. In all cases, it is important to ascertain whether or not older persons understand the questions in a survey. It is suggested that all survey instruments include a series of brief questions at the beginning to evaluate the person's ability to respond to the questionnaire. This could save many hours of obtaining invalid data due to lack of comprehension of items.

If an older person is asked to complete a questionnaire on his or her own, **then there is considerable merit in using larger type on both the questionnaire and the instructions.**

Home interviews

When interviews are conducted in the home, an important factor can be the presence of another person during the interview, usually a spouse. Others in the household may wish to act as proxy respondents; however, they may overestimate the level of disability of the selected person and thus important data from that individual may be lost. A proxy respondent may, however, provide important information. This may be particularly important in determining adverse reactions to drugs where the individual may not recognize that a problem exists.

It is suggested that proxy data be included in surveys with older persons but that it be analyzed separately in order to determine if this information differs significantly from that of those originally selected.

The interviewer

The characteristics of the interviewer can have a great effect on the responses given by people. Research shows that interviewers under age 25 tend to produce larger effects (e.g., less complete, less accurate or honest responses) than older interviewers. This effect may be greatest when the age difference between the interviewer and respondent is large. On the basis of current knowledge, it is recommended that interviewers be as close in age as possible to those being interviewed and that they have specific training in interviewing older persons, including role plays.

3. Response rates

In many studies, older persons prefer to be interviewed early in the day, are too tired to be interviewed in the evening and are involved with family or other activities on Sunday.

Special strategies for smaller community-based surveys with older persons might include:

- ◆ increasing community awareness by using television coverage;
- ◆ speaking to groups of older persons;
- ◆ involving community general practitioners in supporting the study;
- ◆ using older "respected" nurses as interviewers and having them dress in uniform.

4. Other considerations

Information from surveys should be validated with data from other sources where possible. Some examples are collateral reports, official records, breath alcohol tests, physiological tests (e.g., blood and urine analysis, liver function) and staff interviews.

Studies of compliance have used pill counts as an indication of the extent to which a person follows a prescribed medication regime. Counting the tablets remaining is an inexpensive and objective measure which adds valuable data to survey responses concerning drug use.

Drinking data usually consist of quantity and frequency of average or typical levels of daily consumption. Such methods rely very heavily on memory and may pose special problems for older persons. It is suggested that having people complete a daily diary in which their use is recorded is preferable for older people.

RECOMMENDED SURVEY QUESTIONS

Alcohol

1. Identifying drinkers

It is usual at the beginning of most alcohol consumption surveys to establish whether a person is a drinker or not.

DURING THE PAST 12 MONTHS HOW OFTEN ON AVERAGE DID YOU DRINK ALCOHOLIC BEVERAGES? WAS IT...

- everyday?
- 4-6 times a week?
- 2-3 times a week?
- once a week?
- 1-3 times a month?
- less than once a month?
- never?

Those who drink less than once a month or never could be classed as non-drinkers and other consumption questions could be skipped.

2. Life-time abstainers and former drinkers

Surveys should distinguish between lifetime abstainers and former drinkers because their reasons for abstaining and their attitudes toward alcohol may be quite different.

- ▶ DID YOU EVER DRINK ALCOHOLIC BEVERAGES REGULARLY?

3. Frequency and quantity of drinking

All those who are not classed as abstainers are grouped together as current drinkers and then categorized in terms of the extent of drinking.

DURING THE PAST 12 MONTHS HOW OFTEN ON AVERAGE DID YOU DRINK ALCOHOLIC BEVERAGES? WAS IT...

- everyday?
- 4-6 times a week?
- 2-3 times a week?
- once a week?
- 1-3 times a month?
- less than once a month?

ON THE DAYS WHEN YOU DRANK HOW MANY DRINKS DID YOU USUALLY HAVE?

An alternative is the time-line method or the diary approach where the question asks for exact consumption limited to a short period of time. The question is usually retrospective.

- ▶ THINKING BACK OVER THE LAST SEVEN DAYS, STARTING WITH YESTERDAY, HOW MANY DRINKS DID YOU HAVE ON EACH DAY?

SURVEYING OLDER PERSONS

Because drinking appears to follow a weekly cycle, the time period should not be shorter than seven days. Also, care must be taken if the survey is administered at a time of year when drinking increases for many people. In an attempt to collect information on drinking in different settings a third type of question has been used.

	How often during the past 12 months did you participate in the following activities?							How often did you drink when you were there? Always, ½ the time or more, less than ½ the time, or never?				How many drinks did you have the last time you were there
	Less than once/mo	1-3 times/mo	Once/wk	2-3 times/wk	4-6 times/wk	Every day	Never	Always	½ or more	Less than ½	Never	Number of drinks
Leisure activities such as being at a cottage, camping or boating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sports activities such as skiing, softball or golf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attend a party, social gathering or wedding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Go to a concert sports event, or festival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spend a quiet evening at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spend time at someone else's home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have friends or relatives visit your home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Go to a restaurant in the evening (excluding fast food).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Go to a restaurant for lunch (excluding fast food).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Go to a bar/tavern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Go to a club or a meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4. Frequency of intoxication

This subject is often covered by asking how often do you "get intoxicated", "high", "drunk", or "really feel it". Asking about a specific number of drinks, however, may increase the reliability of reports by avoiding the stigma of admitting drunkenness.

- ▶ **HOW MANY TIMES IN THE PAST 12 MONTHS HAVE YOU HAD FIVE DRINKS ON ONE OCCASION?**

Alternative for older people might be.

- ▶ **HOW MANY TIMES IN THE PAST 30 DAYS HAVE YOU HAD FOUR OR MORE DRINKS ON ONE OCCASION?**
- ▶ **HOW MANY TIMES IN THE PAST 30 DAYS HAVE YOU HAD ENOUGH ALCOHOL TO FEEL THE EFFECT?**

5. Drinking with whom

This question establishes the social network within which drinking occurs.

DURING THE PAST 12 MONTHS, HOW OFTEN DID YOU DRINK...

	Never	A few times a year	A few times a month	Once a week	More than once a week
with friends?	<input type="checkbox"/>				
with your spouse/partner?	<input type="checkbox"/>				
with family members or relatives?	<input type="checkbox"/>				
with co-workers?	<input type="checkbox"/>				
by yourself or when others were not drinking?	<input type="checkbox"/>				

In addition to the above, if it is important to understand the interaction of setting and heavy drinking, it is advisable to ask for each setting:

- ▶ **THE NUMBER OF TIMES FIVE (OR FOUR) OR MORE DRINKS WERE CONSUMED.**
- ▶ **THE HIGHEST NUMBER OF DRINKS CONSUMED.**

6. Positive consequences

Most surveys have been designed to uncover the extent of the harmful effects of drinking. Empirical studies have demonstrated that alcohol, when consumed in moderation by older people, can have beneficial psychological, social and physiological effects.

I'M GOING TO READ SEVERAL STATEMENTS ABOUT THE REASONS WHY PEOPLE DRINK. DO YOU DRINK...

- to feel the effects, feel good?
- to relieve stress, forget worries, reduce tension?
- to be sociable?
- to enjoy meals?
- to lessen inhibitions?

Through factor analysis a "Motivation for Drinking Scale" has been developed with university students which could prove useful. It has not, however, been used with older persons so the findings should be interpreted with caution.

- ▶ 1. I drink when things get me down.
- ▶ 2. I drink when I am in a party mood.
- ▶ 3. Drinking helps me overcome my shyness.
- ▶ 4. Drinking helps me get along better with others.
- ▶ 5. I drink to be "in", accepted by friends and part of the crowd.
- ▶ 6. I drink because it quenches my thirst.
- ▶ 7. I drink when there is nothing better to do.
- ▶ 8. I drink, to be polite in not refusing.

7. Negative consequences

WAS THERE EVER A TIME WHEN YOUR ALCOHOL USE HAD A HARMFUL EFFECT ON... (IF YES, WAS THIS DURING THE PAST 12 MONTHS?)

- your friendships or social life?
- your physical health?
- your outlook on life (happiness)?
- your home life or marriage?
- your work, studies or employment opportunities?
- your financial position?

8. Alcoholism, dependence and problem drinking

One of the more commonly used standard instruments is the CAGE.

The CAGE Scale consists of four items:

1. HAVE YOU EVER FELT YOU OUGHT TO **C**UT DOWN ON YOUR DRINKING?
2. HAVE PEOPLE **A**NNOYED YOU BY CRITICIZING YOUR DRINKING?
3. HAVE YOU EVER FELT BAD OR **G**UILTY ABOUT YOUR DRINKING?
4. HAVE YOU EVER HAD A DRINK FIRST THING IN THE MORNING (**E**YE **O**PENER) TO STEADY YOUR NERVES AND GET RID OF A HANGOVER?

People who respond positively to two or more of these questions are considered to be at high risk for alcohol abuse.

In addition to the CAGE, the following questions have been used to assess dependence in various surveys:

- ▶ DO YOU FIND IT DIFFICULT TO CONFINE YOURSELF TO ONE DRINK ONCE YOU HAVE BEGUN TO DRINK?
- ▶ HAVE YOU EVER HAD TEMPORARY FINANCIAL DIFFICULTIES BECAUSE OF YOUR USE OF ALCOHOL?
- ▶ HAVE YOU EVER HAD TO STAY AWAY FROM WORK BECAUSE OF YOUR USE OF ALCOHOL?
- ▶ HAVE YOU EVER SKIPPED A NUMBER OF REGULAR MEALS WHILE DRINKING
- ▶ HAVE YOU EVER AWAKENED THE NEXT DAY NOT BEING ABLE TO REMEMBER SOME OF THE THINGS YOU HAD DONE WHILE DRINKING
- ▶ HAVE YOUR HANDS EVER SHAKEN A LOT THE MORNING AFTER DRINKING?
- ▶ HAVE YOU EVER STAYED INTOXICATED FOR SEVERAL DAYS AT A TIME?

9. Negative consequences of others' drinking

Problem drinking is likely to have adverse effects on all those in a drinker's social network. Unfortunately questions concerning this issue are relatively uncommon (except regarding drinking and driving) and are often not reported as separate items.

THE NEXT FEW QUESTIONS ARE ABOUT YOUR EXPERIENCE WITH OTHER PEOPLE'S DRINKING PROBLEMS. HAVE YOUR EVER...

- been insulted or humiliated by someone who had been drinking?
- had serious arguments or quarrels as a result of someone else's drinking?
- had friendships break up as a result of someone else's drinking?
- had family or marital problems due to someone else's drinking?
- been a passenger with a driver who had too much to drink?
- been in a motor vehicle accident because of someone else's drinking?

- had your property vandalized by someone who had been drinking?
- been pushed, hit or assaulted by someone who had been drinking?
- been disturbed by loud parties or the behaviour of people drinking?
- had financial trouble because of someone else's drinking?

10. Limitations on drinking

HAVE YOU EVER STOPPED DRINKING ALTOGETHER FOR A PERIOD OF TIME?

WHEN WAS THE LAST TIME? WAS IT...

- within the past 12 months?
- 1-5 years ago?
- over 5 years ago?

HOW LONG DID IT LAST?

- still continuing? 7-11 months?
- less than a month? 1-2 years?
- 1-3 months? 3-5 years?
- 4-6 months? more than 5 years?

HAVE YOU EVER REDUCED OR CUT DOWN THE AMOUNT YOU DRINK WITHOUT QUITTING COMPLETELY?

WHEN WAS THE LAST TIME? WAS IT...

- 1-5 years ago?
- over 5 years ago?

HOW LONG DID IT LAST?

- still continuing? 7-11 months?
- less than a month? 1-2 years?
- 1-3 months? 3-5 years?
- 4-6 months? more than 5 years?

11. Reasons for limiting drinking

WHY DID YOU REDUCE DRINKING OR QUIT DRINKING ALTOGETHER?

- for reasons such as pregnancy, dieting, athletic training, etc.
- because you were getting older
- you thought you were drinking too much/or had a drinking problem
- it was affecting your work, studies or employment opportunities
- it was interfering with your family or home life
- it was affecting your physical health
- it was affecting your friendships or social life
- it was affecting your financial position
- it was affecting your outlook on life, happiness
- because of influence from your family or friends

12. Methods of reducing/limiting

WHICH OF THE FOLLOWING THINGS DID YOU DO TO REDUCE THE AMOUNT YOU DRINK, OR TO QUIT ALTOGETHER? DID YOU...		
	Yes	No
Skip parties or other social events?	<input type="checkbox"/>	<input type="checkbox"/>
Avoid being with friends who drink a lot?	<input type="checkbox"/>	<input type="checkbox"/>
Go to bars and taverns less often?	<input type="checkbox"/>	<input type="checkbox"/>
Limit the number of drinks you have?	<input type="checkbox"/>	<input type="checkbox"/>
Change what you drink (e.g. change to soft drinks or light beer)?	<input type="checkbox"/>	<input type="checkbox"/>
Get involved in activities that do not include drinking?	<input type="checkbox"/>	<input type="checkbox"/>

13. Drinking and driving

Drinking and driving has become a topic of much concern and research interest. The following series of questions measures the factors pertaining to the consequences of drinking and driving. It could serve as a model for examining in more detail other negative consequences of alcohol use.

DURING THE PAST 12 MONTHS WERE THERE ANY SITUATIONS IN WHICH YOU HAD TO DRIVE AFTER HAVING TOO MUCH TO DRINK? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WHAT WERE THEY? (Mark all that apply.)	
<input type="checkbox"/>	alternatives available but not desirable
<input type="checkbox"/>	didn't want to leave car/needed car
<input type="checkbox"/>	responsible for driving others home
<input type="checkbox"/>	unexpected emergency
<input type="checkbox"/>	no public transportation
<input type="checkbox"/>	other _____

PART 1	
THE FOLLOWING ARE SOME WAYS TO PREVENT PEOPLE FROM DRIVING AFTER THEY HAVE HAD TOO MUCH TO DRINK. DURING THE PAST 12 MONTHS, HAVE YOU DONE ANY OF THE FOLLOWING?	
<input type="checkbox"/>	asked someone not to drive?
<input type="checkbox"/>	offered to drive someone else home yourself?
<input type="checkbox"/>	asked someone to take a taxi, bus or subway?
<input type="checkbox"/>	tried to take someone's car keys?
<input type="checkbox"/>	asked someone to stay at your home?
For each positive response in Part 1 ask Part 2 and 3.	

PART 2

THE LAST TIME YOU DID THIS, WAS THE PERSON A FRIEND, A FAMILY MEMBER OR SOMEONE ELSE?

PART 3

WERE YOU SUCCESSFUL? DURING THE PAST 12 MONTHS, WERE YOU ACTUALLY A PASSENGER IN A MOTOR VEHICLE IN WHICH YOU THOUGHT THE DRIVER HAD TOO MUCH TO DRINK?

14. Attitudes towards the use of alcohol

HERE ARE SOME SITUATIONS THAT PEOPLE SOMETIMES FIND THEMSELVES IN. FOR EACH ONE, PLEASE TELL ME HOW MUCH A PERSON IN THAT SITUATION SHOULD FEEL FREE TO DRINK. SHOULD THERE BE: NO DRINKING, 1-2 DRINKS, ENOUGH TO FEEL THE EFFECTS, OR IS GETTING DRUNK SOMETIMES OKAY?

	No drinking	1-2 drinks	Enough to feel effects	Getting drunk sometimes okay
for a man at a party at someone else's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for a woman at a party at someone else's home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for a man out at a bar with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for a woman out at a bar with friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for a couple having dinner at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for male co-workers out to lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
for female co-workers out to lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
with friends at your home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
when getting together with friends after work before going home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
when getting together with people for sports events or recreation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tobacco

1. Identifying and classifying smokers

It is relatively easy to obtain information regarding smoking habits and history. The following series of questions can provide a solid core of data.

HAVE YOU EVER BEEN A CIGARETTE SMOKER?

HOW OLD WERE YOU WHEN YOU STARTED SMOKING?

AT THE PRESENT TIME DO YOU SMOKE CIGARETTES?

IN WHICH YEAR DID YOU STOP SMOKING?

HOW MANY CIGARETTES DO/DID YOU USUALLY SMOKE PER DAY?

If additional detail is desired, a diary format may be used or a modification of the questions on alcohol consumption in different settings. For people who are both smokers and drinkers the questions could be modified to enquire about both at the same time. The following is a modification for smoking only.

	How often during the past 12 months did you participate in the following activities?							How often did you smoke when you were there? Always, ½ the time or more, less than ½ the time, or never?				How many cigarettes did you have the last time you were there
	Less than once/mo	1-3 times/mo	Once/wk	2-3 times/wk	4-6 times/wk	Every day	Never	Always	½ or more	Less than ½	Never	Number of drinks
Leisure activities such as being at a cottage, camping or boating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Sports activities such as skiing, softball or golf.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Attend a party, social gathering or wedding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Go to a concert sports event, or festival.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Spend a quiet evening at home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Spend time at someone else's home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Have friends or relatives visit your home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Go to a restaurant in the evening (excluding fast food).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Go to a restaurant for lunch (excluding fast food).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Go to a bar/tavern.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□
Go to a club or a meeting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	□□□

2. Tobacco dependence

Like the CAGE scale for alcohol, a scale has been developed to measure the extent of tobacco dependence. Most smokers score between 3 and 7 on this scale. Extent of tobacco dependence is indicated as follows: 0-2 very low, 3-4 low, 4-5 medium, 5-7 high, and 8-10 very high.

Fagerstrom Tobacco Tolerance Questionnaire

- A) HOW SOON AFTER YOU WAKE UP DO YOU SMOKE YOUR FIRST CIGARETTE?
 - within 5 minutes (score 3)
 - 6-30 minutes (score 2)
- B) DO YOU FIND IT DIFFICULT TO REFRAIN FROM SMOKING IN PLACES WHERE IT IS FORBIDDEN, E.G. CHURCH, THE LIBRARY, THEATRE (CINEMA)?
 - no (score 0)
 - yes (score 1)
- C) WHICH CIGARETTE WOULD YOU MOST HATE TO GIVE UP?
 - 1st in the a.m (score 1)
 - other (score 0)
- D) HOW MANY CIGARETTES A DAY DO YOU SMOKE?
 - 10 or less (score 0)
 - 11-20 (score 1)
 - 21-39 (score 2)
 - 31 or more (score 3)
- E) DO YOU SMOKE MORE DURING THE FIRST HOURS AFTER WAKING THAN DURING THE REST OF THE DAY?
 - yes (score 1)
 - no (score 0)
- F) DO YOU SMOKE IF YOU ARE SO ILL THAT YOU ARE IN BED MOST OF THE DAY?
 - yes (score 1)
 - no (score 0)
- G) WHAT BRAND DO YOU SMOKE?
 - .09 mg nicotine or less (score 0)
 - 1.0-1.2 mg nicotine (score 1)
 - 1.3 mg nicotine or greater (score 2)
- H) HOW OFTEN DO YOU INHALE?
 - never (score 0)
 - sometimes (score 1)
 - always (score 2)

3. Asking people to stop smoking

One means of avoiding the adverse consequences of people smoking is to ask them not to smoke. A direct question can be used.

- ▶ HAVE YOU EVER ASKED SOMEONE NOT TO SMOKE?

4. Attitudes toward smoking

I'D LIKE YOUR OPINION ON SOME STATEMENTS ABOUT SMOKING. TELL ME WHETHER YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING:	Agree	Disagree
Children are more likely to start smoking if their parents smoke.	<input type="checkbox"/>	<input type="checkbox"/>
People are too concerned about the effect on their health of other people smoking.	<input type="checkbox"/>	<input type="checkbox"/>
Most non-smokers don't mind when people smoke in their presence.	<input type="checkbox"/>	<input type="checkbox"/>
Women should not smoke during pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>
Non-smokers should be provided with a smoke-free area where they work.	<input type="checkbox"/>	<input type="checkbox"/>
Smokers should ask permission before smoking in the presence of others.	<input type="checkbox"/>	<input type="checkbox"/>
Smoking helps you stay slim.	<input type="checkbox"/>	<input type="checkbox"/>

While we know something about the acceptability of drinking in various situations, relatively little is known about attitudes towards smoking by various types of people and in different situations. The following question is based on the similar question about alcohol consumption.

HERE ARE SOME SITUATIONS THAT PEOPLE SOMETIMES FIND THEMSELVES IN. FOR EACH ONE, PLEASE TELL ME HOW MUCH A PERSON IN THAT SITUATION SHOULD FEEL FREE TO SMOKE. SHOULD THE PERSON REFRAIN FROM SMOKING AT ALL TIMES, SMOKE ONLY ONE OR TWO CIGARETTES IF THE NEED IS OVERPOWERING, SMOKE AS MUCH AS HE OR SHE WANTS?

	Refrain	One or two	Unlimited
At a party at the home of someone who does not smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out at a bar with friends who do not smoke.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting a home where there is a baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting a home where there are school age children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a smoke free building if there is no chance of being caught.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medications

1. Prevalence

When conducting a survey of the use of medications a number of factors must be kept in mind.

- ◆ In face-to-face interviews a trained interviewer can record exactly what medications are taken by examining the bottle and recording the names of the drug. This procedure permits the researcher to categorize the specific drugs at a later date according to the purpose of the study.
- ◆ In telephone interviews the ability to identify medications is severely restricted and some classification scheme must be used that will be both meaningful to the respondent and to the researcher.
- ◆ The scheme chosen must be simple and use fairly broad classifications with widely accepted terminology. The categories should be mutually exclusive and coincide with some established scheme for classifying pharmaceuticals.
- ◆ Comparability with other surveys must be considered. If it is important or necessary, then the same language and classification schemes should be used.
- ◆ The time period respondents are queried about should be kept relatively short to reduce recall errors. An additional consideration should also be the extent of consumption. If heavy users are being screened, or special populations such as older people in special care facilities are being surveyed, then a short period such as seven days may be appropriate.
- ◆ It is recommended that surveys distinguish between pain relievers that contain acetylsalicylic acid (ASA, e.g. aspirin) and

acetaminophen (Tylenol). These substances are consumed in large quantities by older Canadians and were responsible for 57% of drug poisonings in Canada in 1987. More needs to be known about their use.

- ◆ Other issues related to medication use that are particularly relevant to older people should also be investigated. These include compliance with doctors' orders, going to more than one doctor and interactions between psychoactive and non-psychoactive drugs. The following is an example of a basic question regarding use of medications.

THE NEXT FEW QUESTIONS REFER TO THE USE OF MEDICATIONS AND PILLS IN THE LAST 30 DAYS.

	In the past 30 days did you take any of the following medications?		Was this with a doctor's order or prescription?		Did you consume any alcoholic beverages while using this medications	
	yes	no	yes	no	yes	no
Aspirin or ASA pain reliever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acetaminophen type pain reliever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilizers such as valium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diet pills or stimulants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anti-depressants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Codeine, demerol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergy medicine such as sinutab	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cough or cold remedies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penicillin or similar antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicine for the heart or blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insulin or similar diabetic medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stomach remedies, laxatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Positive consequences

The following question can be used to assess how older people perceive benefits of medications.

WHICH OF THE FOLLOWING STATEMENTS APPLIES TO YOU?

Without medications, I would not be able to live as comfortably as I do.

Without medications, I would not be able to function normally.

Without medications, I would be living in more pain.

Without medications, I would be in a nursing home or hospital

3. Negative consequences

Determining the negative consequences of medication use is difficult because many people are unaware that they are experiencing side effects. Asking questions such as the following may be useful.

- ▶ DID YOU HAVE ANY HEALTH PROBLEMS LIKE FITS, AN ACCIDENTAL OVERDOSE, A PERSISTENT COUGH OR AN INFECTION AS A RESULT OF USING ANY OF THESE DRUGS?

- ▶ DID YOU HAVE ANY EMOTIONAL OR PSYCHOLOGICAL PROBLEMS FROM USING DRUGS — SUCH AS FEELING CRAZY OR PARANOID OR DEPRESSED OR UNINTERESTED IN THINGS?

4. Non-compliance

If people are experiencing negative consequences, the first reaction may be to stop taking the medication. The following series of questions explores this issue.

1. HAVE YOU EVER EXPERIENCED AN UNDESIRABLE SIDE EFFECT FROM A MEDICATION?

- Yes No ▶ If yes, continue.

2. WHAT KIND OF MEDICATION WAS IT?

3. DID YOU TALK TO YOUR DOCTOR ABOUT IT?

- Yes No ▶ If yes, continue.

4. DID THE DOCTOR...

- stop the drug?
- reduce the dosage?
- switch to a different medication?
- do nothing?

5. DID YOU DO ANYTHING ABOUT IT ON YOUR OWN?
 Yes No ▶ If yes, continue.
6. WAS THIS TO...
 stop the drug?
 reduce the dosage?
 switch to a different medication?
 do nothing?
7. DID YOU TELL YOUR DOC-FOR ABOUT WHAT YOU DID?
 Yes No

5. Dependence on medication

A Drug Screening Test has been developed for use in general populations. It consists of five questions as follows (The more questions answered positively, the greater the drug problem.):

1. HAVE YOU USED DRUGS OTHER THAN THOSE REQUIRED FOR A MEDICAL REASON?
2. ARE YOU ALWAYS ABLE TO STOP USING DRUGS WHEN YOU WANT TO?
3. DO YOU EVER FEEL BAD ABOUT YOUR DRUG USE?
4. HAVE YOU EVER GONE TO ANYONE FOR HELP WITH A DRUG PROBLEM?
5. HAVE YOU EVER BEEN IN HOSPITAL FOR MEDICAL PROBLEMS RELATED TO YOUR DRUG USE?

Illegal drugs

1. Prevalence

Illegal drug use by older people is very rare. Extensive questioning about a wide range of specific drugs is unlikely to be productive. The following is suggested for use with older people:

Have you ever used any of the following?		Have you used it in the past 12 months?	
No	Yes	No	Yes
marijuana or hash	<input type="checkbox"/> <input type="checkbox"/> If yes ▶	<input type="checkbox"/>	<input type="checkbox"/>
cocaine or crack	<input type="checkbox"/> <input type="checkbox"/> If yes ▶	<input type="checkbox"/>	<input type="checkbox"/>
LSD, speed or heroin	<input type="checkbox"/> <input type="checkbox"/> If yes ▶	<input type="checkbox"/>	<input type="checkbox"/>

An alternate approach is to use open-ended questions as follows:

- ▶ WHAT ILLEGAL DRUG HAVE YOU USED MOST RECENTLY?
- ▶ WHEN WAS THE LAST TIME YOU USED?
- ▶ HOW OFTEN DO YOU USE IT?

2. Attitudes toward illegal drugs

Since marijuana is likely to be the illegal drug most often used or at least known about by older people, their opinion on its legal status can be of interest. The following set of questions examines this issue:

- ▶ THE POSSESSION OF MARIJUANA IS CURRENTLY ILLEGAL IN CANADA. DO YOU BELIEVE THAT THE POSSESSION OF SMALL AMOUNTS FOR PERSONAL USE SHOULD BE ILLEGAL?
- ▶ DO YOU BELIEVE THAT THE POSSESSION OF LARGE AMOUNTS FOR SALE TO OTHER PEOPLE SHOULD BE ILLEGAL?
- ▶ DO YOU BELIEVE THAT MARIJUANA SHOULD BE LEGAL AND THAT THE GOVERNMENT SHOULD CONTROL THE SALE AND USE OF MARIJUANA THE SAME WAY IT CONTROLS THE SALE AND USE OF ALCOHOL NOW?

Factors associated with alcohol and drug use

1. Income

While income is clearly a variable with considerable explanatory power, it is also one which many respondents are sensitive about. The standard format of income questions used by Statistics Canada is as follows:

WHAT WAS YOUR HOUSEHOLD'S TOTAL INCOME FROM ALL SOURCES BEFORE TAXES AND DEDUCTIONS FOR LAST YEAR? WAS IT...

<input type="checkbox"/> less than \$20,000	<input type="checkbox"/> less than \$10,000 <input type="checkbox"/> \$5,000 or more <input type="checkbox"/> \$10,000 or more	<input type="checkbox"/> less than \$5,000 <input type="checkbox"/> less than \$15,000 <input type="checkbox"/> \$15,000 or more
<input type="checkbox"/> \$20,000 or more	<input type="checkbox"/> less than \$40,000 <input type="checkbox"/> \$40,000 or more	<input type="checkbox"/> less than \$30,000 <input type="checkbox"/> \$30,000 or more <input type="checkbox"/> less than \$60,000 <input type="checkbox"/> \$60,000 or more
<input type="checkbox"/> no income <input type="checkbox"/> don't know		

This approach avoids a pointed question, but gives an adequate level of accuracy for many analyses. However, if it is essential that income data be captured in true interval form the respondent may be asked for a dollar figure, thus avoiding the limitations of categorical data, as in:

- ▶ **WHAT WAS APPROXIMATELY THE TOTAL INCOME OF YOUR HOUSEHOLD, FOR THE LAST YEAR, BEFORE INCOME TAX DEDUCTIONS? (INCLUDE THE EARNINGS OF ALL THE MEMBERS OF YOUR HOUSEHOLD WHO HAVE HAD AN INCOME DURING THE PAST YEAR.)**

It may also be useful to have a count of the number of household members who contribute to this income as well as a listing of household members by age to determine an earner/dependent ratio if more specific information on income is important to the aims of the survey.

2. Education

Like income, education is an important variable which helps the researcher understand consumption patterns. It is also relatively easy to measure and is not usually a sensitive question.

<p>WHAT IS THE HIGHEST GRADE OR LEVEL OF EDUCATION YOU HAVE EVER COMPLETED?</p>	
<input type="checkbox"/>	No schooling
<input type="checkbox"/>	Elementary
<input type="checkbox"/>	Some secondary
<input type="checkbox"/>	Completed
<input type="checkbox"/>	Some community college
<input type="checkbox"/>	Completed technical college
<input type="checkbox"/>	CEGEP, nurse's training
<input type="checkbox"/>	Some university
<input type="checkbox"/>	Completed or
<input type="checkbox"/>	teacher's college
<input type="checkbox"/>	Other education or training

3. Marital Status

Marital status is often confounded with age and gender making its relationship to alcohol and drug use difficult to interpret. For example, widowed people are more likely to be female and older. Nevertheless, marital status is a useful variable in many analyses and is usually asked as follows:

<p>WHAT IS YOUR CURRENT MARITAL STATUS? ARE YOU...</p>	
<input type="checkbox"/>	legally married
<input type="checkbox"/>	separated
<input type="checkbox"/>	divorced
<input type="checkbox"/>	widowed
<input type="checkbox"/>	never married (single)

"Are you currently living with a partner?" is also asked so that non-traditional pairings might be equated with conventional categories. Although most questionnaires ask only about current marital status, a respondent's previous marital history could be associated with drug use. Such relationships should be investigated.

4. Region

Depending on the scope of a research project, regional differences might be relevant. Ordinarily data concerning the location of the respondent would be recorded by the interviewer prior to actually speaking with the respondent if it is known. When more detailed information is required (e.g. neighbourhood data) respondents maybe asked for their postal code. However, this level of personal identification is frequently objected to by respondents.

A more cumbersome approach to gathering neighbourhood data is to use a city directory (where available) so that respondents' telephone numbers can be used to look up their addresses. To do this, however, the researcher must consider the ethical question of whether it is proper to obtain more information about the respondent than the respondent is willing to provide in response to a direct question.

If such information is important to the purpose of the survey, questions on the size of the community should be asked. A simple question about whether the respondent lives in a rural or an urban setting may also be useful.

5. Language and ethnic background

The study of ethnicity and cultural background is complicated by the possibility of using a variety of measurement techniques. Ethnicity may be measured objectively by such indicators as place of birth, subjectively by asking respondents for their self-perceived ethnicity, or behaviourally by asking about such behaviours as the language spoken at home.

While ethnic or language differences may be of interest, they are highly sensitive areas on which to make comparisons. If the researcher definitely needs such data it is essential that the researcher bear in mind the wording of questions and the ultimate use of survey data so that the appearance of prejudice is avoided.

The following questions have been used in Canadian surveys:

WHAT LANGUAGE DO YOU SPEAK AT HOME NOW (IF MORE THAN ONE LANGUAGE, WHICH IS SPOKEN MOST OFTEN)?

- | | | | |
|--------------------------|---------|--------------------------|---------|
| <input type="checkbox"/> | English | <input type="checkbox"/> | Italian |
| <input type="checkbox"/> | French | <input type="checkbox"/> | Chinese |
| <input type="checkbox"/> | German | <input type="checkbox"/> | Other |

WHICH ETHNIC OR CULTURAL GROUP DO YOU BELONG TO?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Aboriginal/Native | <input type="checkbox"/> Dutch |
| <input type="checkbox"/> French | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> English(British) | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> German | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Scottish | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Italian | |

DO YOU CONSIDER YOURSELF TO BE:

- mostly Canadian
- a combination of Canadian and other ethnic or cultural group
- mostly identifying with a specific ethnic or cultural group although a Canadian citizen

WHAT, IF ANY, IS YOUR RELIGION?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Ukrainian Catholic |
| <input type="checkbox"/> Roman Catholic | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> United Church | <input type="checkbox"/> Jehovah's Witness |
| <input type="checkbox"/> Presbyterian | <input type="checkbox"/> Mennonite |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Islam |
| <input type="checkbox"/> Pentecostal | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Lutheran | <input type="checkbox"/> Aboriginal/Native |
| <input type="checkbox"/> Greek Orthodox | <input type="checkbox"/> Other _____ |

DO YOU CONSIDER YOURSELF TO BE:

- very religious
- moderately religious
- not very religious

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Methodology

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