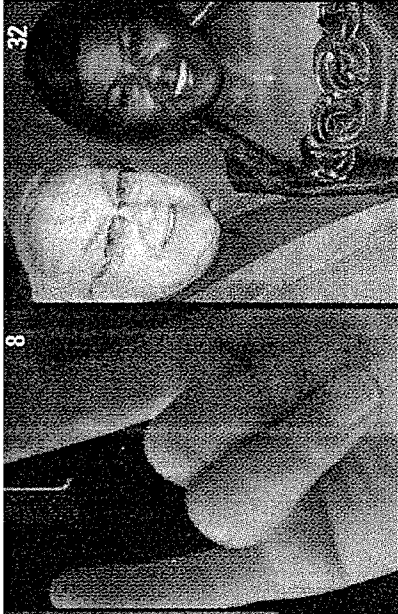


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## Letters

### Increased awareness is first step in stopping elderly addictions

As a certified professional in the field of addictions, I want to comment on the front-page story "Addictions don't have age preference" in the October issue.

In the article, Gay McAlister, a counselor educator at Southern Methodist University, states, "Both family members and practitioners tend to look the other way or won't press the issue with older people." That kind of mentality is precisely why I strongly recommend to family members that they be vigilant of elderly parents or loved ones who are living alone and going through life-altering changes (depression, loneliness, despair and so on). The onset of depression can very well be a sign of drug or alcohol abuse, a situation seldom identified during a routine medical visit. Consequently, elderly patients who do visit a doctor for "depression" are prescribed more medication, thus adding to the cycle of substance abuse.

Additionally, McAlister cites statistics that show by the year 2011, 22 million individuals will be 65 or older, which means that although people are living longer, they are also living lonelier lives. Family members may not realize (or be around) to be aware that mom or dad might be abusing alcohol or prescription drugs. Even when they become aware, they often ignore the situation or don't know what to do or who to turn to. This observation leads me to suggest that the medical community specializing in the elderly population should take steps to incorporate substance abuse evaluation during their medical examinations. And if a dependency problem is identified, a referral to a treatment facility or private addiction therapist is warranted.

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