

Cooperating with the Elderly Community (CEC)

An introduction to our new Ad Hoc committee, written by Michael M in October, 2004

We would like to take this opportunity to introduce the new Ad Hoc committee, Cooperating with the Elderly Community (CEC), to all members of Area 9.

This new committee in Area 9 is only the second worldwide committee to be formed, as far as we know. Although, senior recovering alcoholics from Nevada, Arizona and New Mexico are on our mailing list because they also want to develop their own CEC committees. It's becoming a hot topic.

At the 2004 PRAASA, I attended a roundtable hosted by Marion and Stan B. and Ron. This was my first introduction to CEC. These three recovering alcoholics, along with a number of other alcoholics, began CEC in Hawaii. Their committee began as an Ad Hoc committee and recently was approved as a standing committee. These recovering alcoholics blazed the trail for CEC and have generously shared the experience, strength and hope they encountered on the journey, allowing us to follow their footsteps. After a number of discussions with our Area 9 Chairperson, an Ad Hoc committee was appointed several months ago. Recently our Area 9 Chairperson recommended we begin the process of developing a proposal to have CEC become a standing committee.

We currently have five people on our committee, representing District's 5, 6, 9 and 20. Our goal will be to attract one individual from each district in Area 9 to participate on the committee. Jane, Janice, Jill, Jimmie and myself will welcome anyone who wishes to participate on this committee with open arms.

We have heard numerous people question the necessity of having a standing committee for Cooperating with the Elderly Community. We hope that the information we will offer in this article will answer some of those questions. And we encourage anyone with questions about this committee to attend our committee meetings or contact one of us.

The need for this committee is great and will become more so as the baby boomer generation continues to age. The senior population is the most rapidly growing population in the country.

The plight of the senior who is suffering from alcoholism is a well-kept secret unless you happen to work in the field, which I do. In Orange County alone, between 10-17% of all people over 60 years of age are untreated alcoholics. That equates to approximately 60,000+ seniors. The vast majority of these seniors are in their 70's, 80's and 90's and are very unaware of AA and the tools and resources we offer. In addition, these seniors were raised in an era where secrets were kept at all costs, an alcoholic was someone who lived on skid row and drank from a brown paper bag and admitting you had a problem with alcohol was a very shameful thing to do. And many of these seniors may be homebound.

Many, many emergency room admissions of seniors are alcohol-related. Medical staff is ignorant of the signs to look for and the questions to ask and misdiagnose over and over again. Broken hips, bruising and lacerations from falling, overdosing on prescription drugs, diabetes-related complications, kidney infections, liver disease, dementia, depression may all be alcohol-related, but are not diagnosed as such. So the senior is treated and sent home to drink again. It is estimated that as many as 70% of all senior emergency room

admissions are misdiagnosed. Research also indicates that as many as 40% of all nursing home residents may be untreated alcoholics.

Seniors have very specific age-related issues that are not common to younger alcoholics. Some of those issues are loss of loved ones, loss of mobility, loss of hearing and sight, loss of memory and loss of physical stamina. Many alcoholic seniors may be late-onset alcoholics, which means they didn't begin drinking alcoholically until their senior years, and only then to avoid feeling the pain of all of their losses.

CEC would like to develop a presentation to take to all the senior centers and nursing homes in Area 9. This presentation would be directed toward the seniors themselves, to let them know it is ok to admit they have a problem, it is ok to ask for help and yes, help is available in the form of AA. CEC would also like to work closely with the Public Information committee and the Cooperating with the Professional Community committee. Having joint presentations and workshops may be very beneficial in spreading the word to our untreated alcoholic seniors in Area 9. CEC would also like to help establish more senior specific AA meetings. There are several available in Area 9 now.

Anyone who is interested in joining our committee may contact us. You can email us by going to our web page at www.msca09aa.org/CEC.html and clicking on CEC Chair. And please know we welcome any and all with open arms. The more people we have as members of the CEC committee, the more still suffering senior alcoholics we can reach. Please feel free to contact me, the MSCA CEC Chair (Michael M), if anyone is interested in beginning a CEC committee in another area besides Area 9, and I will be happy to forward all available information

We are very excited and passionate about our new committee and very grateful for the opportunity to be of service. We know that all of you will offer your good wishes and support for our success in reaching the still suffering senior alcoholic.