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Drugs, Alcohol, and Aging

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1. DEMOGRAPHICS OF THE ELDERLY

Although developmental psychology used to stop abruptly after infancy, childhood, and adolescence had been described, there has been, for some decades now, increasing awareness and increasing research activity in the biological, psychological, and social aspects of adult life: young adults, middle-aged adults, elderly adults. The last group, defined here as 65 and older, is one stage (obviously the last stage) in the lifespan, and demographic data have pointed up the fact that this group represents an increasing proportion of the population of developed nations. In the early 1980s, this age group constituted 9.3% of the Canadian population (*Fact Book on Aging in Canada,* 1983) and 11–12% of the U.S. population (*A Profile of Older Americans,* 1986). Demographers predict an increasing proportion of elderly in the population, projecting their speculations into the early decades of the 21st century.

We speak of "the elderly" or "the pensioners" or "retirees" as though these are homogeneous groupings. Most research attention has, in the past, concentrated on the differentiation between sick and well, on morbidity and mortality, although the relatively healthy segment of the older population represents a wide range of behaviors, habits, cognitions, personalities, attitudes, values, and even health status (Rowe and Kahn, 1987). Some hold the view that heterogeneity is even wider in this age group than in others. Whether this concept is valid or not, it is clear that everyone ages biologically, psychologically, and socially at different intraindividual and interindividual rates. Developmental unevenness exists for children, adolescents, and young adults, and it exists for older adults as well.

Part of the challenge of gerontology is to study and differentiate between "normal" aging and "abnormal" aging, and the assumption that *all* aging processes involve loss and impairment is being questioned. Rowe and Kahn (1987) distinguish between *usual*

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aging and *successful* aging. *Usual* aging is normative in affluent societies and involves the heightening of the effects of aging by "extrinsic" factors. In *successful* aging, loss and impairment may be minimized by factors such as nutrition, exercise, continued activity, and social involvement. Successful aging, seen in the late work of major creative artists, was described recently as ". . . art born in the fullness of age" (Russell, 1987).

It hardly seems necessary to examine cross-cultural data and compare traditional agricultural societies with industrialized societies, as suggested by Rowe and Kahn (1987), to make this distinction. Within Canada and the United States, women are longer-lived than men, and the greater longevity of women may well be explained not only in terms of biological and physiological sex differences, but in terms of different role behaviors which encourage women to pay more attention to their health, to maintain activity in domestic roles, and to remain socially involved—thus increasing the likelihood of *successful* aging. It has been hypothesized that the greater longevity of women is linked to sex role and to greater adaptability to change (Gomberg, 1979).

The older population is indeed heterogeneous, and we may start with *age differences*. Persons defined as elderly may be of any age between 65 and 95, a 30-year, three-decade span. We speak now of "the frail elderly," meaning the oldest in that age group who have more or less difficulty in maintaining themselves. There has already been a classification into "young old" and "old old," and there is likely to be further subdivision.

There are *racial* and *cultural variations* in the aging process and the development of a research area called ethnogerontology (Jackson, 1985). Ethnic study includes not only those groups called "minorities," but variations in behaviors and customs among people whose families originate in different European, Asian, and African countries, and elderly people who practice different religions (Gelfand and Barresi, 1987). Membership and participation in different ethnic subgroups play a major role in social networking, community participation, and the use of health services (Gelfand, 1982). There are also regional differences in the percentage of elderly in the population, in life styles, and in services available in the different provinces and states of Canada and the United States.

Examining the *marital status* and the *economic status* of the elderly shows interesting *gender differences*. In 1985, older men were twice as likely to be married as older women. For the United States, the percentages were 77% of the men and 40% of the women. For Canada, the same is true: In Toronto, for example, the 1981 census showed 76% of men, 65 and older, to be married, and 36.1% of the same age women (*A Socio-Demographic Profile of the Elderly,* 1984). In the United States, 51% of all older women are widows and there are five times as many widows as widowers. The *Fact Book on Aging in Canada* (1983) sums it up: ". . . Most older men are married while most older women are widowed." Marital status is, of course, associated with living arrangements: 41% of older women and 15% of older men in the United States live alone. The same holds true for the Canadian elderly (Stone and Fletcher, 1981). The *economic status* of the elderly is a complex subject embracing earned income, social security, pensions, housing arrangements, and the definition of poverty level. But one aspect of economic status that stands out clearly is *gender difference*. Older women have higher rates of poverty than older men in the United States: 16% and 8%, respectively.