



## THINGS THAT MAKE DRINKING AND DRUGGING MORE VOLATILE AMONG THE AGING OF AFRICAN ANCESTRY

1. It is almost unacceptable for older people of African ancestry to admit to their younger relatives, especially adult children, that they have become addicted. Everybody around them would believe they “got old and stupid” and should know better. Therefore, in many situations they fail to seek treatment, preferring to remain ill, unmanageable, and become candidates for setting themselves on fire, intentionally mixing licit and illicit drugs, thereby taxing their heart and other vital organs, leading to heart failure, stroke, and/or diabetes.
2. A parallel to older people hiding their drinking and drugging is the *entitlement syndrome*, particularly when they outlive most of their contemporaries, and their children, which leads some to believe they have “earned the right” to return to a previous drinking/drugging state that characterized their younger days.
3. Sometimes younger people – less frequently relatives – encourage older people to drink under the mistaken belief that it is their last remaining pleasure and their drinking is not hurting anybody – not even the older person, which of course, is untrue.
4. Among those who feel depressed, it is not part of their cultural orientation to seek mental health services, therefore they would rather suffer than present for TX and be labeled “crazy.” Thus, they medicate their pain with prescription medicine, over-the-counter drugs, sometimes crack-cocaine, alcohol, and several household products that are easily accessible and do not carry the risk of getting involved in criminality.
5. In many poor African ancestral communities, drug dealers pry on older people around social security check time, particularly those who live alone and the lonely. The drug dealer visits them bearing “addictive gifts” and friendship in exchange for their cash. Hence, the older person “exchange” the use of prescription drugs to the use of illicit drugs.
6. Over-the-counter drugs, which older people take at a significantly higher rate than younger people, due to more chronic illnesses and debilitating pain, hence, they resort to multi-drug use to manage their pain.
7. Almost no age-specific TX programs are available for older people even if they admit to their addiction. Most African ancestral aging cannot become sober nor maintain sobriety in youth oriented or pre-aging programs.
8. Many nursing homes “look the other way” to drinking in their facilities, thereby not acknowledging when a patient has become addicted.