determined due to study design issues. Overall findings suggest that BAI are effective in reducing alcohol consumption in the older-adult population. Additional evidence is needed to further knowledge consistent with recent initiatives (e.g., Age-Friendly Health Systems, 4Ms) that promote healthy aging.

CARE FACILITIES FOR OLDER PEOPLE WITH LONG-TERM SUBSTANCE USE: PROMISING PRACTICES FROM SWEDEN

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The stigma of alcohol and long-term substance use is well-known and may be even greater for older people. This is a presentation on “wet” eldercare facilities, i.e. care settings designed for older people with long-term substance use problems, where abstinence is abandoned for well-being. Wet eldercare facilities exist in several European countries and the Swedish ones have a hybrid formal organization: They target people over 50 years, but are regarded as nursing homes and residents lease their own flats inside the setting, which makes it correct to describe residents as tenants. Guided by symbolic interactionism, the aim is to analyze how residents in wet eldercare facilities manage to view these places in a positive light. Forty-two residents of four facilities were interviewed, revealing how the hybrid status of these places enabled residents to frame their situation as being “in the right place”, but for different reasons. Some framed the place as a nursing home, others as an ordinary flat. Although wet eldercare facilities are undisputedly linked to stigma and the inability to become sober, the formal hybrid organization enabled residents to construct less stigmatized characterizations of the place and of themselves. The study suggests that it is an (often-neglected) gerontological responsibility to counter stigma and improve the sense of dignity for older people living in stigmatized settings. Based on promising practices in the Swedish system, the study therefore presents strategies that enable older people to ascribe positive characteristics to themselves and to the place where they live.

EXPLORING KNOWLEDGE, BELIEFS, AND ATTITUDES OF OLDER ADULTS ABOUT PRESCRIPTION OPIOIDS

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Over the past two decades, opioids have been considered important and acceptable in the treatment of pain for older adults, especially for chronic health conditions. Despite the fact that older adults are prescribed opioid medications at high rates, there is little research examining older adults’ knowledge, beliefs, and attitudes toward opioid medications. The purpose of this study was to explore the knowledge, beliefs, and attitudes surrounding prescription opioid medications of community living older adults in a southeast area of the United States. A cross-sectional, descriptive, anonymous survey design of participants aged 55 or over was used. Study participants (N=119) reported bias in their attitudes and beliefs about the use and misuse of prescription opioid medications. Multiple regression analyses revealed that gender, age, work, marital status, and education level all had significant results in explaining variance in the statistical models. Even though study participants demonstrated high levels of education and understanding of the potential of addiction to opiates, there were a number of misconceptions revealed about prescription pain medications. This urges the necessity of increased awareness via further research, presentations, and creative discourse to assist in the understanding of precursors of addiction and ways to deal with pain that do not automatically rely on prescription opioid medicines. Implications include outreach to a larger and more diverse sample to address knowledge, beliefs, and attitudes surrounding prescription opioid medications of community living older adults.

THE MEANING OF AGE: IN A CONTEXT OF ELDERCARE AND SUBSTANCE USE

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Some people age with substance abuse and social problems and several countries provide members of this population with a type of arrangement referred to as “wet” eldercare facilities. These facilities provide care for people who are judged as unable to become sober, in some cases with a lower age-limit at 50 years. The aim of this study was to investigate the meaning of age for judging the fit between the person and the arrangement. The study was based on interviews with 42 residents, 10 case workers and 21 staff members at five facilities in Sweden. Respondents were asked about the relevance of age and if the facility should include younger people as well. Some staff argued that younger people should be excluded since they could not have the history of multiple failures in treatment that was a prerequisite for admission. Regarding the low age-limit, substance abuse was said to accelerate the process of ageing so that a person aged 50 could be considered 20 years older and in need of eldercare. Residents had a tendency to equate age with activity and argued that people below the age of 50 were active and energetic and the inclusion of younger people would lead to disturbance of the calm pace of the facilities. Given that facilities have been described as “end-stations”, it was puzzling that few respondents linked the question of admitting younger person to the matter of giving up ambitions to make the person sober.

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ALZHEIMER’S DISEASE AND OTHER DEMENTIAS

FACILITY CHARACTERISTICS ASSOCIATED WITH INTENSITY OF CARE OF NURSING HOME RESIDENTS WITH ADVANCED DEMENTIA

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