Examining daily associations between stressor characteristics (exposure, type, and severity) and alcohol use and evaluation of everyday stressors as a potential stressor modifier in older populations. This study highlights the importance of considering stressor characteristics and their impact on alcohol use. Age differences in associations for younger/middle-aged (<65 years) vs older adults (65+) were evaluated differences in associations for younger/middle-aged (<65 years) vs older adults (65+).

- First, whether a person had at least one drink in the past year was assessed using logistic regressions to determine age differences in alcohol consumption. We found that older adults (65+ years) are more likely than younger/middle-aged (<65 years) adults to have consumed at least one drink in the past year.

- We examined the positive effects of lower drinking rates in later adulthood. Our results showed that older adults (65+ years) are less likely to consume alcohol heavily compared to younger/middle-aged adults (45-to-64 years). For example, 45-to-64-year-olds are 1.72 times more likely to have reported having at least one drink in the past year compared to older adults (65+ years).

- We also found that 18–to-24-year-olds are 3.86 times more likely to have consumed alcohol heavily compared to older adults (65+ years).

- We compared the likelihood of the emergence of Wave 2 substance use (e.g., opioids) among those who had recovered from AUD. The results showed that there was a significant decrease in the likelihood of substance switching occurring among those who recovered from AUD. Specifically, days with interpersonal stressors were associated with reporting fewer drinks and lower consumption. However, there were differences in alcohol use by stressor type. Stressor severity (0=not at all; 1=not very; 2=somewhat; 3=very), and number of drinks.

- Although daily stressors are everyday life (e.g., arguments). Although daily stressors can have more immediate effects on wellbeing. Despite this, there is limited research evaluating the influence of these daily stressors on alcohol use in older populations. The limited research available has provided evidence that older adults experience more stressors due to work, health, and family demands. However, there is a need for more research to examine the potential role of stressors in older adults' alcohol use and consumption patterns.

- Previous research shows that addiction substitution may lead to a poorer recovery prognosis, and an increased chance of relapse. Addiction substitution refers to the increased use of other addictive substances after recovery from a prior addiction. In our study, we examined the likelihood of substance switching occurring among those who recovered from AUD. We found that those who recovered from AUD were more likely to switch to other substances, particularly opioids, compared to those who did not recover from AUD.

- Our findings suggest that older adults are more likely to consume alcohol heavily and are at a higher risk of addiction substitution compared to younger/middle-aged adults. This highlights the importance of understanding the potential role of stressors in older adults' alcohol use and consumption patterns. Furthermore, our findings suggest that older adults may benefit from targeted interventions to reduce stress and prevent addiction substitution.
 Substance and opioid use disorder may be missed due to lack of consideration of physical, social, and emotional changes in midlife and later adulthood. This presentation uses data from a Graduate Psychology Education grant to examine predictors of alcohol use and misuse among treatment-seeking and primary care patients. Across three sites, 237 individuals completed behavioral health assessments; a rural (n = 54) and an urban federally qualified health center (n = 59), and a state-certified residential rehabilitation facility (n = 124). Participants ranged from 18 to 70 years of age (M = 40.05, SD = 1.75). Approximately 49.4% were female and 72.2% were non-Hispanic White, 23.3% African American, and 4.6% other. More than 28% of individuals had less than a high school education, and 38.4% reported a high school education or GED. Using the TAPS-II, 34.2% of participants reported alcohol use, and 13.5% reported prescription opioid misuse. Logistic regression analyses revealed that older age, prescription opioid misuse, and depression were significantly associated with alcohol use, $\chi^2(7) = 18.04$, $p = 0.12$, while gender, report of adverse childhood experiences, and anxiety were not. Holding age, gender, and experiences constant, prescription opioid misuse had a significant effect on the probability of alcohol use, $B = 1.092$, $SE = .429$; Wald = 6.496, $p = 0.01$. The odds of alcohol use increased by a factor of 2.98 for individuals misusing prescription opioids. Treatment for problematic alcohol use must consider contextual influences including age, prescription opioids, and depression to implement effective evidence-based treatment.