

## AlcoholNZ article

### Title

**Older but wiser? What do we really know about alcohol drinking among older New Zealanders?**

### At a glance

- This article was published in print form in HPA's June 2014 *AlcoholNZ* magazine (available on [alcohol.org.nz/alcoholnz](http://alcohol.org.nz/alcoholnz)).
- It provides an overview of alcohol drinking among older New Zealanders and summarises findings from a HPA-commissioned literature review on alcohol and older adults undertaken by HealthSearch Limited. The full report is available on [hpa.org.nz](http://hpa.org.nz).
- Most older adults drink at least some alcohol. Older New Zealand Europeans/Pākehā are more likely to be drinkers than older Māori and Pacific adults.
- As adults age they tend to drink less alcohol or stop drinking. Reasons for these changes include reduced social activity, lower incomes and the onset of health problems.
- Many adults continue to drink into older age and some drink in ways that are potentially unsafe for themselves or others. Older men are more likely to drink hazardously than older women.

### Citation

Health Promotion Agency. (2014). Older but wiser? What do we really know about alcohol drinking among older New Zealanders? *AlcoholNZ* (4)2, p7–13.

# Older but wiser?

## What do we really know about alcohol drinking among older New Zealanders?

*In little more than 10 years from now, close to a million New Zealanders will be aged 65 and over (there are about 600,000 at the moment).*

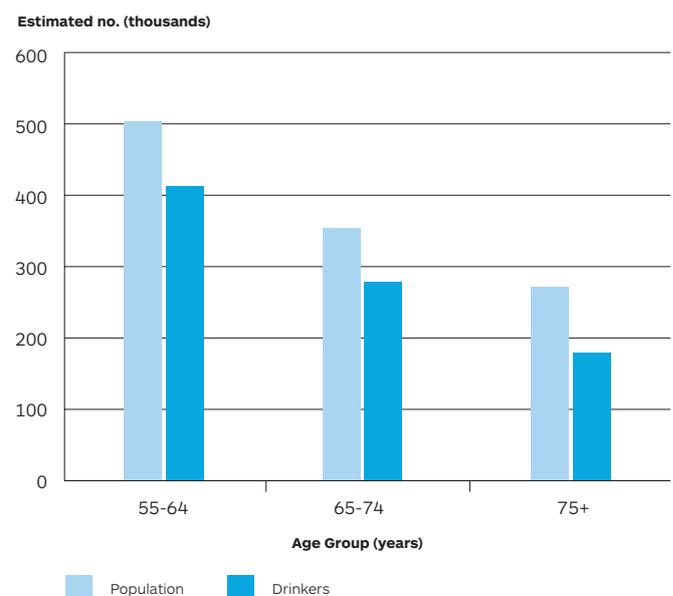
This is a big segment of the population, yet at present we know very little about where alcohol fits into the lives of older adults or the beliefs and practices underlying their drinking choices. Overseas studies suggest the links between drinking and health in older age are complex, with much still to be learned about what constitutes safe alcohol use for older people (Alcohol and Ageing Working Group, 2006; Anderson & Scafato, 2010; Hallgren, Höberg, & Andréasson, 2009; Royal College of Psychiatrists, 2011).

### How many older adults drink?

The 2012/13 New Zealand Health Survey shows most older adults drink at least some alcohol (Figure 1). This is around 82% of 55 to 64-year-olds, 79% of 65 to 74-year-olds and 66% of people aged 75+ (Ministry of Health, 2013).

Older New Zealand Europeans/Pākehā are more likely to be drinkers than older Māori and Pacific adults. A recent study of adults aged 64+ found 77% of New Zealand Europeans, 58% of Māori, 21% of Pacific peoples and 52% of 'Other' ethnic groups had consumed alcohol in the previous 12 months (McKenzie, Carter, & Filoche, 2014).

**Figure 1: Estimated number of older adults who were drinkers, 2012/13 New Zealand Health Survey, by age**



Source: Chart by authors from Ministry of Health (2013 – adult data tables).  
Note: 'Drinkers' had consumed an alcoholic drink in the previous 12 months.

These days wine is the most popular alcoholic drink among older adults, followed a distant second by beer and then spirits. Port or sherry drinking is now comparatively rare (Research New Zealand, 2013). When asked, older adults say they drink to be social, to enhance social situations or special occasions, or to relax or unwind (Busby, Campbell, Borrie, & Spears, 1988; Khan, Davis, Wilkinson, Sellman, & Graham, 2002; Khan, Wilkinson & Keeling, 2006; Routledge, 1988). Most also link alcohol with food, with many drinking around meal times. Older adults mainly drink at home or when visiting friends or family (Research New Zealand, 2013).

### Changing drinking habits

As they mature into their sixties and seventies, older adults tend to drink less alcohol than before. For some, especially older men, their drinking evolves into a pattern of daily, or near daily alcohol use, but at relatively low levels of consumption per drinking occasion – as the saying goes, ‘a little but often’ (Ministry of Health, 2008). Some even stop drinking altogether.

There is little local research on the reasons for these changes but a combination of factors seems to be important, including reduced social activity (often following retirement), lower incomes and the onset of health problems (Busby et al., 1988; Khan et al., 2006; Research New Zealand, 2013).

This last factor related to the onset of health problems has been highlighted in a number of studies (Moos, Brennan, Schutte, & Moos, 2010). Alcohol aggravates various health conditions such as liver problems, high blood pressure, diabetes and depression (Finlayson, 1995; Health Promotion Agency, 2014). People with these conditions may be advised by their doctor to curb their drinking. They may also be prescribed medicines that are incompatible with alcohol and as a result stop drinking alcohol (Heuberger, 2009; Moore, Whiteman, & Ward, 2007; Pringle, Ahern, Heller, Gold, & Brown, 2005). Others may review their priorities in the face of serious illness and cut down their drinking.

**Table 1: Selected health indicators for older adults, 2012/13 New Zealand Health Survey, by age group and gender**

Health indicator	65-74		75+	
	Male	Female	Male	Female
Chronic pain	21%	33%	29%	38%
Arthritis*	36%	43%	43%	57%
Depression, anxiety, bipolar disease*	14%	20%	12%	13%
Psychological distress (high level)	4%	5%	5%	4%
Daily smoking	8%	8%	4%	4%
Obese	39%	38%	26%	27%
Medicated for high blood pressure	44%	44%	45%	59%
Medicated for high blood cholesterol	39%	29%	36%	31%
Ischaemic heart disease*	20%	10%	25%	20%
Stroke*	6%	4%	11%	9%
Diabetes*	17%	12%	18%	13%
Physically active (follow guidelines)	50%	45%	41%	35%
Self-rated health status 'excellent' or 'very good'	55%	62%	47%	50%
Self-rated health status 'good'	33%	27%	34%	38%
Self-rated health status 'fair' or 'poor'	11%	11%	19%	12%
Disabled**	34%	31%	51%	53%

Source: Table by authors from Ministry of Health (2013 – adult data tables), Office for Disability Issues and Statistics New Zealand (2010, 2013).

Notes: \* ever diagnosed, \*\* adults living in households.

Health problems can disrupt people's usual patterns of socialising, making it harder to go out or limiting energy for keeping up with friends. Many older New Zealanders have been diagnosed with health conditions such as diabetes or heart disease, have chronic pain, take particular medications or are disabled. Table 1 below shows just how many.

Some older adults also tone down their drinking in response to physiological changes that increase their sensitivity to alcohol's effects. The changes are a natural part of ageing and include reduced blood flow to the liver and other organs, and lower levels of the enzymes which help break down alcohol in the digestive system. Because of these and other changes, older adults can reach higher blood alcohol concentrations than younger adults with any given amount of alcohol (Anderson & Scafato, 2010). Alcohol's effects can therefore come on more suddenly and strongly, and take longer to wear off. Some older adults freely admit that this greater sensitivity to alcohol is one reason they drink less now than when they were younger (Busby et al., 1988; Haarni & Hautamäki, 2010).

Of course some older adults maintain or even increase their alcohol consumption as they age. A multitude of factors may have a hand in this, including more opportunities to socialise, fewer family and work responsibilities, more disposable income and more relaxed attitudes to alcohol (Busby et al., 1988; Khan et al., 2006; Moos, Schutte, Brennan, & Moos, 2010; Wadd, Lapworth, Sullivan, Forrester, & Galvani, 2011; Ward, Barnes, & Gahagan, 2011).

### Glass half full or half empty?

While many New Zealanders continue to drink into old age, some drink in ways that are potentially unsafe for themselves or others. Apart from the more obvious effects such as intoxication, alcohol dependence or alcohol abuse, a wide range of health conditions have been linked to drinking among older adults, including liver disease, pancreatitis, cancer, stroke and high blood pressure. Some of these conditions may be due to the lifetime cumulative effects of alcohol use, or particular patterns of drinking such as having large amounts of alcohol occasionally (Anderson & Scafato, 2010; Connor, Kydd, Shield, & Rehm, 2013; WHO Expert Committee on Problems Related to Alcohol, 2007).

For some older adults with existing health conditions such as diabetes and mental health conditions, drinking alcohol even at low levels may worsen their conditions (Health Promotion Agency, 2014). As well, many older adults take prescription and over-the-counter medicines or drugs that are incompatible with alcohol, such as antihistamines, sedatives and antidepressants (Pringle et al., 2005). Drinking in these circumstances may exaggerate the physical effects of prescription drugs or alcohol, increasing, for example, the risk of injury from falls or other mishaps.

On the other hand, a number of studies identify statistical associations between low alcohol use by older adults and reduced risks for a few specific health conditions, such as coronary artery disease. But there is debate about the reasons for these associations and the negative effects of alcohol may outweigh the positive effects (Health Promotion Agency, 2014).

### How many older adults drink hazardously or harmfully?

Older New Zealanders' levels of hazardous and harmful drinking are examined in several recent surveys.<sup>1</sup> The majority of older men and women report drinking at levels typically defined as safe for adults. Only a minority of older adults report drinking at hazardous or harmful levels.

The 2012/13 New Zealand Health Survey defined hazardous drinking as a score of 8 or more on the 10-item AUDIT (Alcohol Use Disorders Identification Test) alcohol screening tool (Ministry of Health, 2013). On this basis it found the following rates and estimated national numbers of older adults drinking hazardously or harmfully:

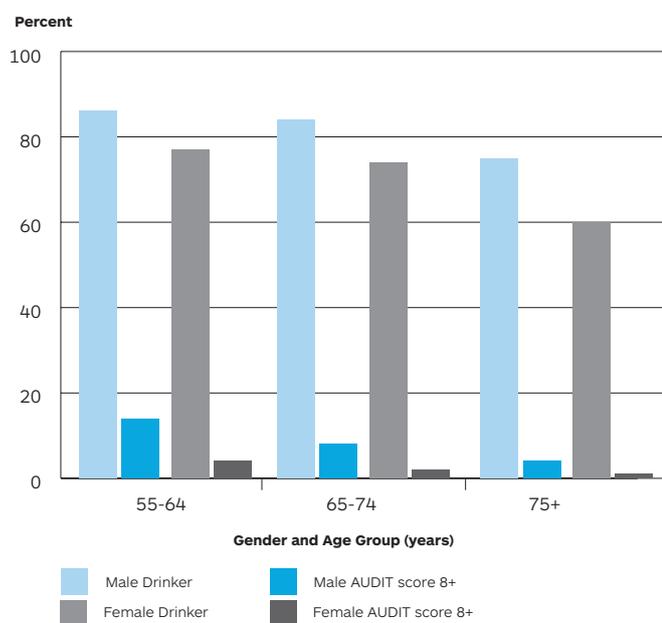
- 9% of all 55 to 64-year-olds (11% of drinkers) – estimated number 45,000
- 5% of all 65 to 74-year-olds (7% of drinkers) – 18,300
- 2% of all 75+ year-olds (3% of drinkers) – 5,200.

1 Hazardous (or 'risky') drinking is drinking that puts people at risk of either short- or long-term harm. Harmful drinking is drinking that has already led to some kind of harm such as the drinker becoming intoxicated, or physically dependent on alcohol, or experiencing physical, psychological, social or other problems as a result of their drinking.

Older men were more likely to drink hazardously or harmfully than older women (Figure 2).

AUDIT score 8+ means possible hazardous or harmful drinking using the full (10-item) version of AUDIT. However, this threshold may underestimate hazardous/harmful drinking for older adults.

## Figure 2: Percentage of older adults who were drinkers, and who had AUDIT scores of 8 or more, 2012/13 New Zealand Health Survey, by age and gender



Source: Chart by authors from Ministry of Health (2013 – adult data tables).  
Notes: 'Drinkers' had consumed an alcoholic drink in the previous 12 months.

While the proportions of hazardous drinkers in the 65+ age groups seem comparatively small, there is much uncertainty in the literature about how to properly define and measure hazardous and harmful drinking in older adults. Some investigators contend older people's greater vulnerability to the physical effects of alcohol, combined with their greater risk of chronic medical conditions and use of medicines incompatible with alcohol, means that the thresholds for defining hazardous drinking in older adults should be lower (Alcohol and Ageing Working Group, 2006; Fink et al., 2002; Royal College of Psychiatrists, 2011; Towers et al., 2011).

In the United States, a recent analysis of national health survey data measured older adults' alcohol use in the context of their co-existing medical conditions, functional status, medication use and other health risks.<sup>2</sup>

On this basis it concluded that 53% of drinkers aged 65 and over were using alcohol hazardously or harmfully (Wilson, Knowles, Huang, & Fink, 2013).

Because of older adults' diverse health conditions and treatments, there is also debate about the feasibility of defining age-specific guidelines for 'safe' alcohol use by older adults. Authorities in some countries, including Italy and the United States, have issued such age-specific guidelines. Others suggest it may be inappropriate to specify a 'one size fits all' definition of safe drinking for all older adults (Hallgren et al., 2009; National Health and Medical Research Council, 2009).

The Health Promotion Agency's (HPA) low-risk alcohol drinking advice for adults is currently for adults of all ages. It does, however, acknowledge that, even when drinking within the low-risk limits, a range of factors can affect the level of risk, including drinking too quickly, body type or genetic makeup, gender, existing health problems, and age. HPA also advises people not to drink alcohol if they have a condition that could be made worse by drinking alcohol or are taking medication that interacts with alcohol (Health Promotion Agency, 2014).

## Troubled older drinkers

Despite the challenges of defining precisely how many older adults are drinking hazardously or harmfully, what is clear is that across New Zealand there are a number of older adults who use alcohol problematically. A proportion of these older adults will have been drinking harmfully for much of their adult lives, and continue to do so – so-called 'early-onset' problem drinkers.

Others have generally used alcohol at fairly mild or moderate levels when younger, but, as they get into their sixties, seventies or even their eighties, start to drink much more heavily than before. These people are sometimes referred to as 'late-onset' problem drinkers (Center for Substance Abuse Treatment, 1998; Health Canada, 2002).

<sup>2</sup> The Alcohol-Related Problems Survey (ARPS) is an example of an alcohol screening tool designed for older adults that takes into account people's co-existing health conditions, medication use and other health risks (Fink et al., 2002).

A number of studies from Britain and North America have looked closely at the life situations of these late-onset problem drinkers (Dar, 2006; Fox & Wilson, 2011; Wadd et al., 2011). They show that often the start of their heavy drinking is connected to major life changes or challenges such as bereavement, caring for a sick partner or parent, or living with chronic pain or other distressing conditions that take people to their limits physically or emotionally.

Little systematic research has been done in New Zealand addressing the needs of older adults with problematic alcohol use. However, impressions from local experts working in the health, addiction and aged-care sectors point to the existence of a significant hidden group of isolated older adult problem drinkers in the community, many of whom are women (Kina Trust, 2011; Wylie, 2010). It is believed a significant number of these people are not getting help for their problems or even ready to admit that something is seriously awry in their life.

## Future challenges

The number of older adult drinkers in the New Zealand population is set to rise rapidly in the years ahead. Yet there are significant gaps in our knowledge about how to define, identify, prevent and treat hazardous and harmful alcohol use in this important group.

Challenges include developing reliable estimates of how many older adults are likely to be drinking unsafely, taking into account people's existing health conditions, use of medicines, and other risk factors. Research is also needed on how many people are aware that sensitivity to alcohol increases in old age, that alcohol exacerbates certain health conditions, or that many types of medicines are incompatible with drinking. Bound up with this is the question of how practical it is from a health promotion perspective to stipulate age-specific safe drinking guidelines for older adults.

In terms of services, another challenge is how to appropriately identify and help older adults who may be drinking hazardously or harmfully. Currently there is little solid New Zealand data on what kinds of alcohol screening and brief interventions work best with older adults. This includes in general practice settings as well as other frontline health, social service and aged-care settings.

More local research is needed to clarify the most suitable kinds of specialist alcohol treatment services for older adult problem drinkers. Impressions from recent studies are that older adults may require more community outreach options such as home-based counselling or transport assistance. More attention may also need to be given to issues relating to bereavement, retirement, loss of independence, and physical and cognitive impairments (Kina Trust, 2011; Wylie, 2010). Counselling sessions may also need to be timed or paced differently compared with sessions with younger adults (Te Pou, 2010). However, there is a lack of in-depth research looking at the importance of these and other factors from the point of view of older adults and treatment staff.

Addressing these and other knowledge gaps will help to inform future primary care, addiction treatment and aged-care service needs as well as health promotion and workforce training initiatives focusing on alcohol and older New Zealanders.

This article has been prepared for HPA by **Ian Hodges** and **Caroline Maskill, HealthSearch Ltd**. It is based on the findings of a literature review on alcohol and older adults in New Zealand that has been prepared by the authors. HPA and the Accident Compensation Corporation of New Zealand (ACC) have commissioned the literature review to: gain a fuller understanding of the impact of alcohol on the growing number of older adults in New Zealand; identify knowledge gaps and future research needs; and inform future policy and practice interventions to reduce alcohol-related harm among older adults. The literature review will soon be published online as a resource for others also to use.

## References

- Alcohol and Ageing Working Group. (2006). *Alcohol and ageing: Is alcohol a major threat to healthy ageing for the baby boomers?* Edinburgh, Glasgow: Health Scotland.
- Anderson, P., & Scafato, E. (2010). *Alcohol and older people: A public health perspective. Report for the Vintage project.* Retrieved from [http://www.epicentro.iss.it/vintage/pdf/VINTAGE%20Report%20Alcohol%20and%20older%20people\\_final.pdf](http://www.epicentro.iss.it/vintage/pdf/VINTAGE%20Report%20Alcohol%20and%20older%20people_final.pdf)
- Busby, W., Campbell, A., Borrie, M., & Spears, G. (1988). Alcohol use in a community-based sample of subjects aged 70 years and older. *Journal of the American Geriatric Society*, 36, 301-305.
- Center for Substance Abuse Treatment. (1998). *Substance abuse among older adults.* Rockville, MD: Substance Abuse and Mental Health Services Administration. (Revised 2012).
- Connor, J., Kydd, R., Shield, K., & Rehm, J. (2013). *Alcohol-attributable burden of disease and injury in New Zealand: 2004 and 2007: Research report commissioned by the Health Promotion Agency.* Wellington: Health Promotion Agency.
- Dar, K. (2006). Alcohol use disorders in elderly people: Fact or fiction? *Advances in Psychiatric Treatment*, 12, 173-181.
- Fink, A., Morton, S., Beck, J., Hays, R., Spritzer, K., Oishi, S., & Moore, A. (2002). The Alcohol-Related Problems Survey: Identifying hazardous and harmful drinking in older primary care patients. *Journal of the American Geriatrics Society*, 50(10), 1717-1722.
- Finlayson, R. E. (1995). Comorbidity in elderly alcoholics. In T. P. Beresford & E. L. Gombert (Eds.), *Alcohol and aging* (pp. 56-69). New York, Oxford: Oxford University Press.
- Fox, M., & Wilson, L. (2011). *Counselling older people with alcohol problems.* London: Jessica Kingsley Publishers.
- Haarni, I., & Hautamäki, L. (2010). Life experience and alcohol: 60-75-year-olds' relationship to alcohol in theme interviews. *Nordic Studies on Alcohol and Drugs*, 27(3), 241-258.
- Hallgren, M., Höberg, P., & Andréasson, S. (2009). *Alcohol consumption among elderly European Union citizens: Health effects, consumption trends and related issues.* Stockholm: Swedish National Institute of Public Health.
- Health Canada. (2002). *Best practices: Treatment and rehabilitation for seniors with substance use problems.* Ottawa: Health Canada.
- Health Promotion Agency. (2014). *Alcohol – the body and health effects.* Wellington: Health Promotion Agency. Retrieved from <http://www.alcohol.org.nz/alcohol-you/alcohol-body-health-effects>
- Heuberger, R. (2009). Alcohol and the older adult: A comprehensive review. *Journal of Nutrition for the Elderly*, 28(3), 203-235.
- Khan, N., Davis, P., Wilkinson, T., Sellman, J. D., & Graham, P. (2002). Drinking patterns among older people in the community: Hidden from medical attention? *New Zealand Medical Journal*, 115(1148), 72-75.
- Khan, N., Wilkinson, T., & Keeling, S. (2006). Reasons for changing alcohol use among older people in New Zealand. *Australasian Journal of Ageing*, 25(2), 97-100.
- Kina Trust. (2011). *Alcohol and older New Zealanders: A social perspective.* Wellington: Kina Trust.
- McKenzie, S., Carter, K., & Filoche, S. (2014). *Alcohol and older people: A descriptive analysis of changes in alcohol use in older New Zealanders from the Statistics New Zealand Longitudinal Survey of Family Income and Employment (SoFIE) and the SoFIE-Health sub-study.* Wellington: Health Promotion Agency (prepared by University of Otago).
- Ministry of Health. (2008). *A portrait of health: Key results of the 2006/07 New Zealand Health Survey.* Wellington: Ministry of Health.
- Ministry of Health. (2013). *New Zealand Health Survey: Annual update of key findings 2012/13.* Wellington: Ministry of Health.

- Moore, A., Whiteman, E., & Ward, K. (2007). Risks of combined alcohol/medication use in older adults. *American Journal of Geriatric Pharmacotherapy*, 5(1), 64-74.
- Moos, R., Brennan, P., Schutte, K., & Moos, B. (2010). Older adults' health and late-life drinking patterns: A 20-year perspective. *Aging and Mental Health*, 14(1), 33-43.
- Moos, R., Schutte, K., Brennan, P., & Moos, B. (2010). Late-life and life history predictors of older adults' high-risk alcohol consumption and drinking problems. *Drug and Alcohol Dependence*, 108(1-2), 13-20.
- National Health and Medical Research Council. (2009). *Australian guidelines to reduce health risks from drinking alcohol*. Canberra: Commonwealth of Australia.
- Office for Disability Issues, & Statistics New Zealand. (2010). *Disability and Māori in New Zealand in 2006: Results from the New Zealand Disability Survey*. Wellington: Statistics New Zealand.
- Office for Disability Issues, & Statistics New Zealand. (2013). *Disability and formal supports in New Zealand: Results from the 2006 New Zealand Disability Survey*. Wellington: Statistics New Zealand.
- Pringle, K., Ahern, F., Heller, D., Gold, C., & Brown, T. (2005). Potential for alcohol and prescription drug interactions in older people. *Journal of the American Geriatrics Society*, 53(11), 1930-1936.
- Research New Zealand. (2013). *Attitudes and Behaviour towards Alcohol Survey 2009-2011: Report 1.1 – The alcohol drinking behaviour of adults, 18 years and over*. Wellington: Health Promotion Agency.
- Routledge, M. (1988). *Place of alcohol in the lives of some older New Zealand women*. Auckland: Department of Anthropology, University of Auckland.
- Royal College of Psychiatrists. (2011). *Our invisible addicts: First report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists*. (College Report CR165). London: Royal College of Psychiatrists.
- Te Pou. (2010). *Talking therapies for older adults: Best and promising practice guide for mental health and addiction services*. Auckland: Te Pou o Te Whakaaro Nui.
- Towers, A., Stephens, C., Dulin, P., Kostick, M., Noone, J., & Alpass, F. (2011). Estimating older hazardous and binge drinking prevalence using AUDIT-C and AUDIT-3 thresholds specific to older adults. *Drug and Alcohol Dependence*, 117(2-3), 211-218.
- Wadd, S., Lapworth, K., Sullivan, M., Forrester, D., & Galvani, S. (2011). *Working with older drinkers*. Tilda Goldberg Centre for Social Work and Social Care, University of Bedfordshire.
- Ward, L., Barnes, M., & Gahagan, B. (2011). Alcohol use in later life – older people's perspectives. *Quality in Ageing and Older Adults*, 12(4), 239-247.
- WHO Expert Committee on Problems Related to Alcohol Consumption. (2007). *WHO Expert Committee on Problems Related to Alcohol Consumption: Second report*. Geneva: World Health Organization.
- Wilson, S., Knowles, S., Huang, Q., & Fink, A. (2013). The prevalence of harmful and hazardous alcohol consumption in older U.S. adults: Data from the 2005-2008 National Health and Nutrition Examination Survey (NHANES). *Journal of General Internal Medicine*, 29(2), 312-319.
- Wylie, S. (2010). *Research into alcohol-related harm and the older population of Canterbury*. Christchurch: Age Concern Canterbury.