



# ALCOHOL USE IN OLDER ADULTS

Analysis of UK survey and alcohol treatment data

## ABSTRACT

This report provides an analysis of data from 15,753 people aged 50 and over who took part in an alcohol survey or attended alcohol services to get help with their drinking during 2015-2020.

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## ACKNOWLEDGEMENTS

This report was produced by Sarah Wadd from the Substance Misuse and Ageing Research Team (SMART) at the University of Bedfordshire as part of the Drink Wise, Age Well Programme.

Particular thanks must go to the all those who completed the survey and people who attended the Drink Wise, Age Well alcohol services for agreeing to let us use the information about them in this research. Thanks also go to Lawrie Elliott at Glasgow Caledonian University, Iolo Madoc-Jones from Wrexham Glyndwr University and Michael Donnelly from Queen's University Belfast for contributing to the design of the survey. I grateful to Julie Breslin, Zivile Sarakauskiene and Gail McDougall from Drink Wise, Age Well and Jenny Seddon From SMART for their feedback and contributions towards the report and of course to the National Lottery Community Fund for supporting the Drink Wise, Age Well Programme.

**December 2020**

## SUMMARY

This report is about 12,341 people aged 50 and over who took part in an alcohol survey and 3,412 people who attended Drink Wise, Age Well alcohol services to get help with their drinking during the period 2015-2020. The study is the first of its kind and makes a significant contribution to understanding how to reduce alcohol harm in older adults. Supporting Excel tables containing the data described in this report can be found in the separate data report.

Among the people who took part in the alcohol survey, 80% drank at low risk levels. A further 17% drank at hazardous levels. Hazardous drinking is a pattern of consumption that increases someone's risk of harm. Generally speaking, it means above low risk but not at a level where harm is likely. The remaining 3% drank at harmful levels. Harmful drinking means drinking in a way which is likely to cause harm – either physical or mental.

The low risk and hazardous drinkers mostly drank alcohol to be sociable. People who drank at harmful levels (harmful drinkers) on the other hand, mostly drank alcohol to relax. Harmful drinkers were more likely than low risk or hazardous drinkers to use alcohol to cope, for example, with loneliness, boredom or pain. Most harmful drinkers said their alcohol use had negative consequences including to their health, memory, energy levels and sleep. Half of the harmful drinkers said they were drinking more now than in the past because of loss of sense of purpose in life.

We examined reasons for drinking more now than in the past among men and women. Women were most likely to say they drink more now than in the past. Men were more likely than women to drink more than in the past because of retirement, unemployment, loss of independence and loss of sense of purpose in life. Women on the other hand were more likely than men to drink more than in the past because of bereavement or caring for a partner or family member.

Harmful drinkers were more likely than low risk or hazardous drinkers to be male, aged 50-59, unmarried and living alone, lesbian, gay, bisexual or transgender and have a longstanding illness, disability or infirmity. Just under half were currently in work. They were most likely to work in technical craft occupations (e.g. motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver) or routine manual and service occupations (e.g. HGV driver, van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter/waitress, bar staff). Harmful drinkers were more likely than low risk or hazardous drinkers to say they had money worries, weren't coping with stresses in life, weren't happy in life or that they felt downhearted or depressed. They were less likely to engage in fulfilling activities, to feel part of their community or to get emotional help or support from their families.

Most harmful drinkers said they were in good health but they were more likely to have been to A&E or hospitalised than low risk or hazardous drinkers. The majority of harmful drinkers were worried about their drinking and said friends, family or professionals had suggested they cut down. Just over half were not confident or were only 'somewhat confident' in their ability to reduce their alcohol use. Nevertheless, most didn't feel they needed help or advice with their drinking and very few had received alcohol treatment, but knew where to get help if they needed it. The majority said they would tell someone if they had an alcohol problem.

Just over half the people who attended the alcohol services were men. People who attended the service were mostly heterosexual, white, living alone and unable to work. Almost half were drinking the equivalent of 10 medium glasses of wine or 10 pints of beer on a typical day when they were

drinking. They mostly drank alone. The most common triggers for increased drinking were bereavement and relationship problems. This group had poor physical and mental health. In the past year, a quarter had been hospitalised, a quarter had been taken to hospital in an emergency ambulance and a quarter had been to A&E as a result of alcohol. The majority were experiencing clinical levels of depression and anxiety. Most felt that life was not worth living, had wished they were dead or thought of taking their own life and 4 in 10 had attempted suicide. Almost half had cognitive impairment. Cognitive impairment is when a person has trouble remembering, learning new things, concentrating or making decisions that affect their everyday life.

## BACKGROUND

The amount of alcohol that people aged over 50 drink is increasing in many countries including England<sup>1</sup>, Scotland<sup>2</sup>, Wales<sup>3</sup> and Northern Ireland<sup>4</sup>, other European Countries<sup>5</sup> and the United States<sup>6</sup>. The World Health Organisation has identified alcohol-related harm among older adults as an increasing concern<sup>7</sup>.

Despite this, we know very little about how and why people over 50 drink alcohol, their knowledge and attitudes towards alcohol or who is most at risk of harmful drinking. This is vital to ensuring we can develop solutions which work in reducing alcohol-related harm in this age group.

The purpose of this study was to improve understanding of alcohol use in older adults by analysing data from 15,753 people aged 50 and over who took part in an alcohol survey or attended alcohol services to get help with their drinking. The data was collected in England, Scotland, Wales and Northern Ireland during the period 2015-2020.

## PARTICIPANTS AND PROCEDURE

### **Survey**

In 2015, an anonymous postal survey was sent to 76,342 people aged over 50 registered with 30 National Health Service (NHS) general practices in Sheffield, Derby, Devon, and Lincolnshire (England), Glasgow and Dundee (Scotland), Cwm Taf and Betsi Cadwaladr (Wales) and the Western and Southern Health and Social Care Trusts (Northern Ireland). Everyone aged over 50 registered with the practices was eligible to take part unless a doctor or nurse determined they were nearing the end of life or lacked mental capacity to take part. The questionnaire was developed by researchers based on our qualitative research with older adults experiencing alcohol problems and alcohol practitioners with expertise in working with older adults. Of the 76,342 questionnaires sent out, 16,678 (22%) completed questionnaires were returned.

Of the participants, 3,705 did not drink alcohol and 664 did not respond to the question about whether they drank alcohol. These participants were excluded from the analysis leaving a total of 12,341 participants. Of these, 49% were from England, 17% from Scotland, 23% from Wales and

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<sup>1</sup> National Statistics. Statistics on Alcohol, England, 2017. 2017; Available from: <http://www.content.digital.nhs.uk/catalogue/PUB22616>

<sup>2</sup> Scottish Government. Trend tables for Scottish Health Survey key results up to 2015. 2016; Available from: <http://www.gov.scot/Topics/Statistics/Browse/Health/scottish-health-survey/Publications/TrendTables15>

<sup>3</sup> National Statistics. Welsh Health Survey, 2015. 2016; Available from: <http://gov.wales/statistics-and-research/welsh-healthsurvey/?tab=previous&lang=en>

<sup>4</sup> Department of Health Social Services and Public Safety. Adult drinking patterns in Northern Ireland survey 2013. 2014; Available from: <https://www.health-ni.gov.uk/publications/adult-drinking-patterns-northernireland-survey-2013>

<sup>5</sup> Hallgren M, H.P., Andreasson S, Alcohol consumption and harm among elderly Europeans: falling between the cracks. *European Journal of Public Health*, 2010. 20: p.616–617

<sup>6</sup> Han, B.H.M., Alison A. ; Sherman, Scott ; Keyes, Katherine M. ; Palamar, Joseph J, Demographic trends of binge alcohol use and alcohol use disorders among older adults in the United States, 2005–2014. *Drug and Alcohol Dependence*, 2017. 170: p.198-207

<sup>7</sup> World Health Organisation. Global status report on alcohol and health 2014. 2014; Available from: [http://www.who.int/substance\\_abuse/publications/global\\_alcohol\\_report/msb\\_gsr\\_2014\\_1.pdf](http://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_1.pdf)

11% were from Northern Ireland (Table 1). 52% were female and the mean age was 64.7 years. Most were married, heterosexual, white and living with at least one other person. 39% were working, 55% had continued their education after the minimum school leaving age and 37% had a degree or equivalent professional qualification.

The Alcohol Use Disorders Identification Test or AUDIT was used to identify alcohol risk category. Participants were classified as low risk drinkers if they scored 1-7, hazardous drinkers if they scored 8-15 and harmful drinkers if they scored 16+ on AUDIT. 80% of the people who took part were low risk drinkers, 17% were hazardous drinkers and 3% were harmful drinkers.

### ***Alcohol service attendees***

Alcohol service attendees were recruited from 'Drink Wise, Age Well' alcohol services. Drink Wise, Age Well services were specifically for people aged 50 and over. They offered an assessment to anyone in this age group who was 'concerned about their alcohol use and would like to make healthier choices'. The services were located in Devon and Sheffield (England), Glasgow (Scotland), Cwm Taf (Wales) and the Western Health and Social Care Trust (Northern Ireland). 3,412 people were assessed during the period June 2015 to March 2020 and are included in this study.

The assessment form was developed by alcohol service practitioners with expertise in working with older adults. Some of the questions were worded identically to survey questions to allow direct comparison. Assessment included the use of a number of validated tools.

- The Patient Health Questionnaire (PHQ-9) – to help identify depression.
- General Anxiety Disorder scale (GAD-7) – to help identify anxiety.
- The Montreal Cognitive assessment (MoCA) to help identify symptoms of cognitive impairment.

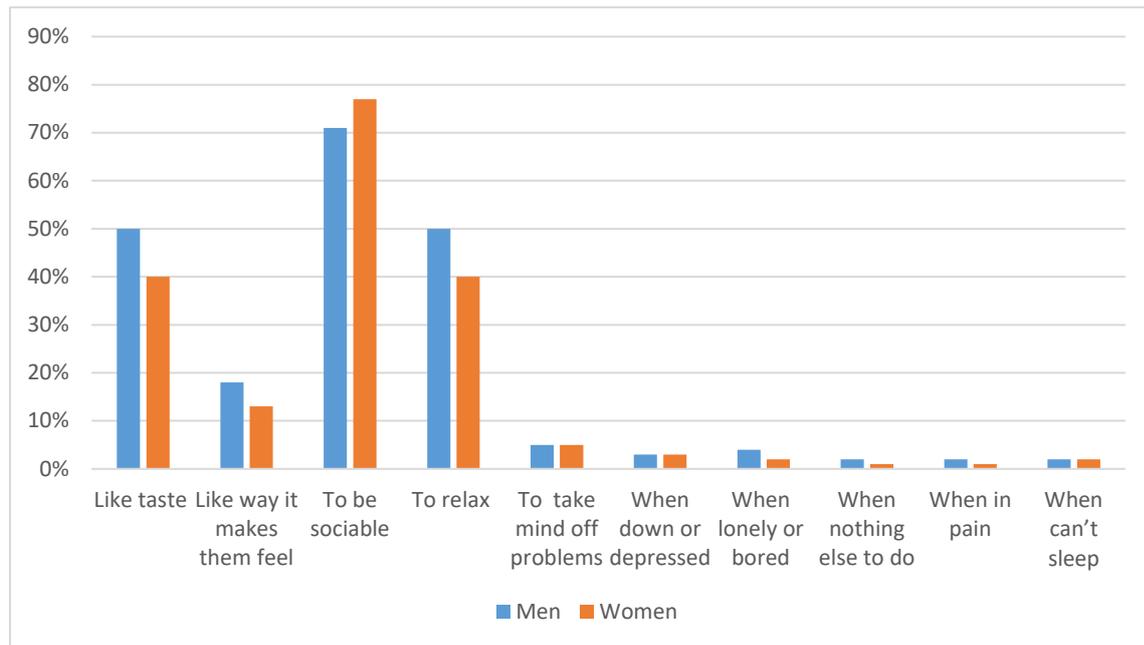
Of those attending the alcohol services, 39% were from England, 29% from Scotland, 21% from Wales and 10% were from Northern Ireland (Table 2). The mean age was 58.9 years. 2% were female. Half said they were unable to work. Most were heterosexual, white and living alone. 48% were consuming 20 or more units of alcohol (the equivalent of 10 medium glasses of wine or 10 pints of beer) on a typical drinking day. 61% had consumed alcohol on 20 or more of the last 28 days.

## NATURE AND CONSEQUENCES OF ALCOHOL USE

### ***Reasons for drinking alcohol***

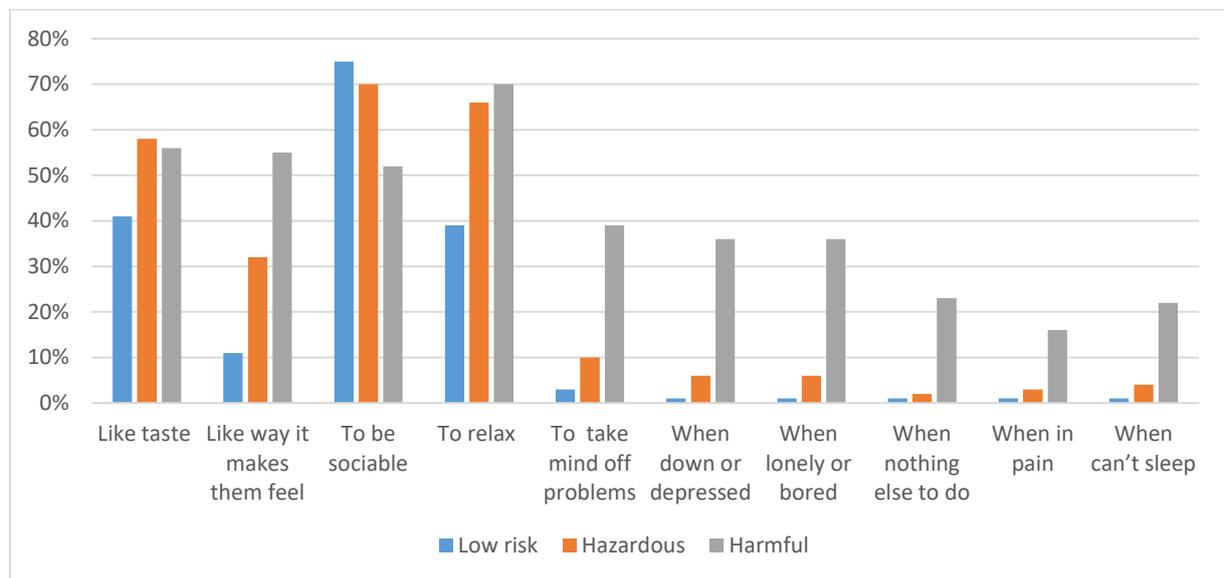
By far the most frequently reported reason for drinking alcohol among survey participants was to be sociable. Men were more likely than women to say they drank alcohol because they like the taste of it, like the way it makes them feel, to relax, when they were lonely, bored or had nothing else to do and when they were in pain (Table 3, Figure 1). Women were more likely than men to say they drink to be sociable.

**Figure 1** Reasons for drinking alcohol by gender, survey



Harmful drinkers in the survey were more likely than low risk or hazardous drinkers to say they drink to relax, to take their mind off problems, when they feel down or depressed, when they are lonely or bored, when they have nothing else to do, when they are in pain or when they can't sleep (Figure 2, Table 4).

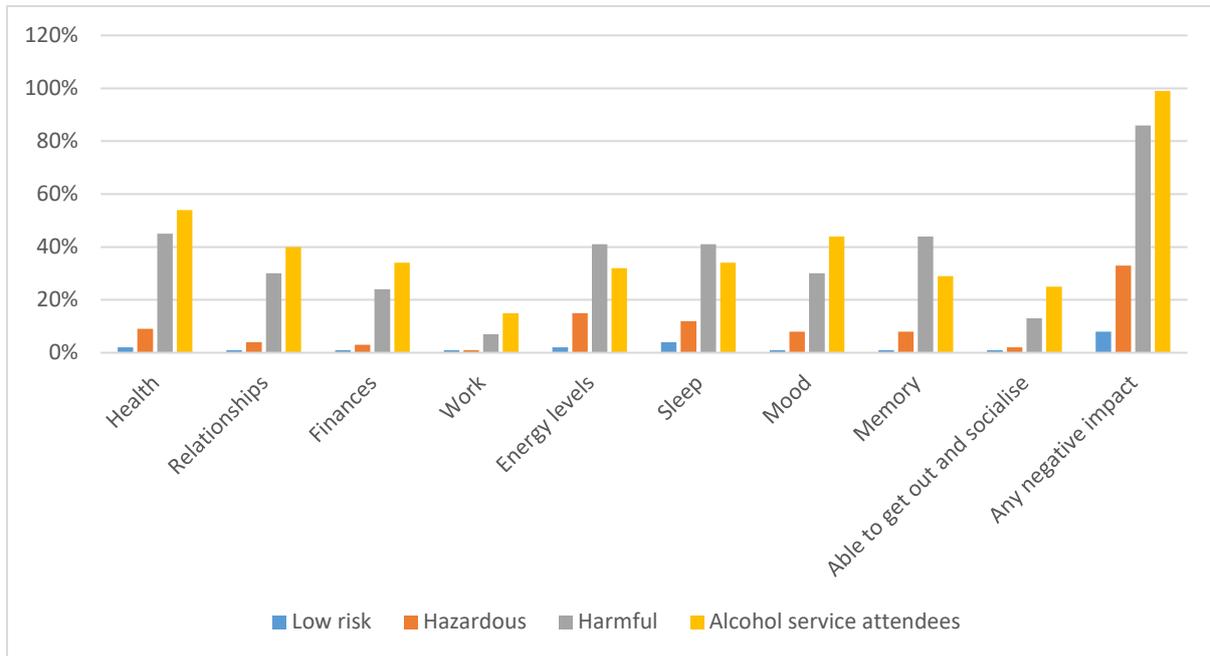
**Figure 2** Reasons for drinking alcohol by alcohol risk category, survey



**Negative impact alcohol use**

8% low risk drinkers, 33% hazardous drinkers, 86% harmful drinkers and 99% of those attending the alcohol services said their alcohol use had a negative impact (Figure 3, Table 5). The most frequently reported negative impacts were 'health' in both harmful drinkers and people attending alcohol services, 'energy levels' in the hazardous drinkers and 'sleep' in the low risk group.

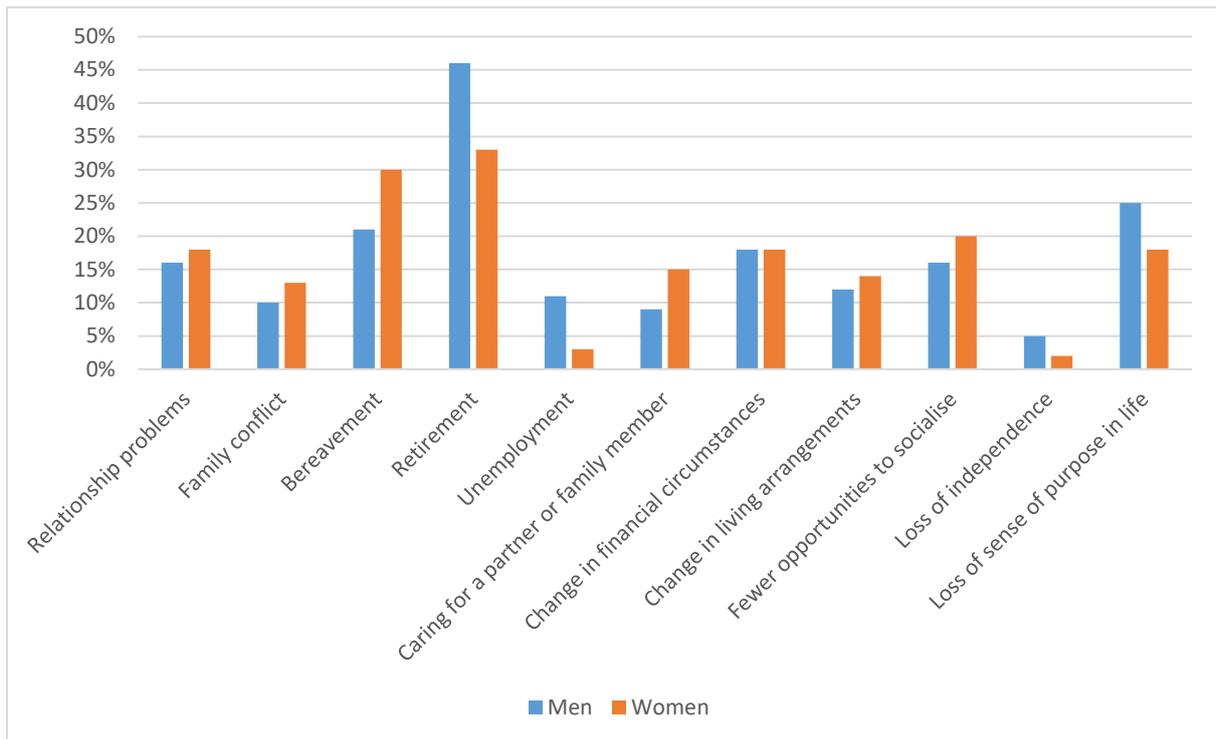
**Figure 3** Negative impact of alcohol use by alcohol risk category, survey and alcohol service attendees



***Reasons for drinking more now than in the past***

Women who took part in the survey were more likely than men to say that they drink more now than in the past (Figure 4, Table 6). Men were more likely than women to say that they drink more now than in the past because of retirement, unemployment, loss of independence and loss of sense of purpose in life. Women were more likely than men to say that they drink more now than in the past as a result of bereavement or caring for a partner or family member.

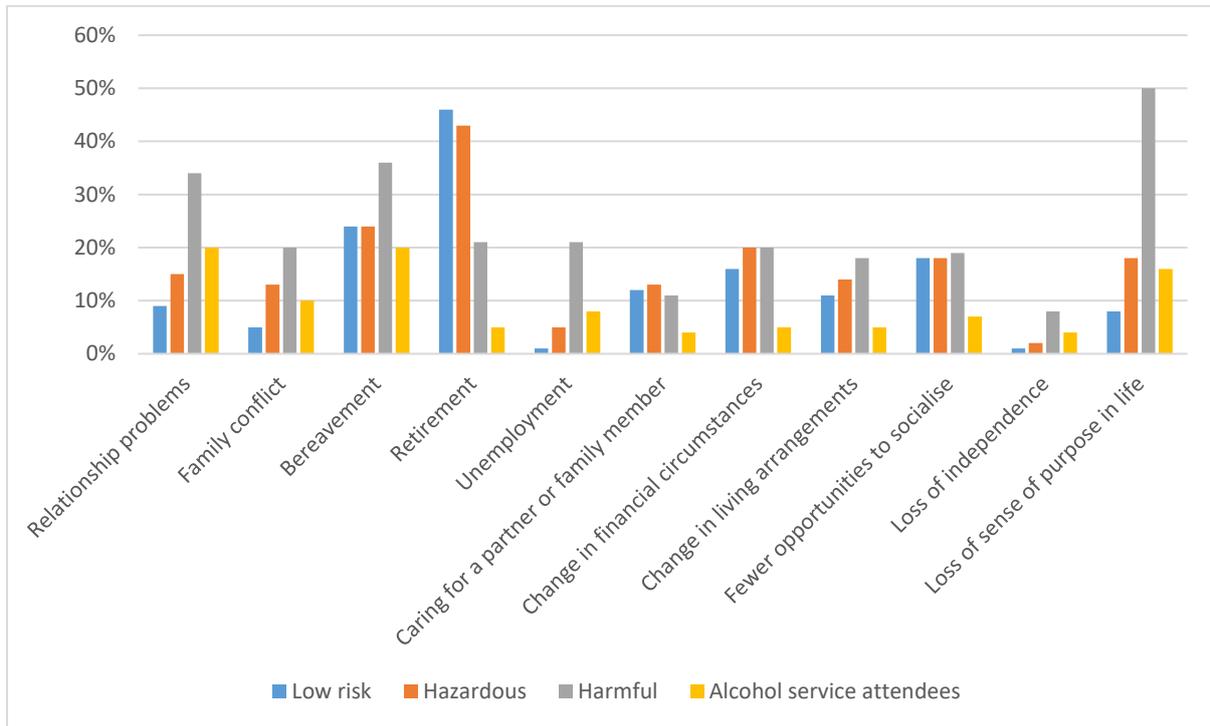
**Figure 4** Reasons for drinking more now than in the past by gender, survey



Half of harmful drinkers who took part in the survey said they had increased their drinking because of loss of sense of purpose in life (Figure 5, Table 7). Harmful drinkers were more likely than low risk or hazardous drinkers to say they drink more than in the past because of relationship problems, family conflict, bereavement, unemployment, loss of independence and loss of sense of purpose.

Bereavement and relationship problems were the most common trigger for problem drinking in people attending the alcohol services.

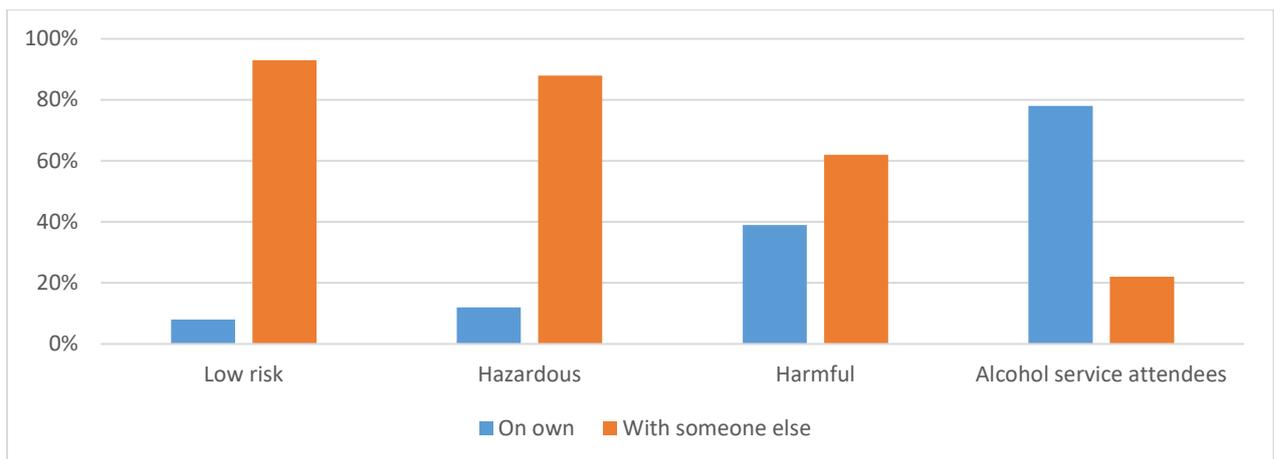
**Figure 5** Reasons for drinking more now than in the past by alcohol risk category, survey and alcohol service attendees



### **Drinking alone**

Only people attending the alcohol services were most likely to drink alone (Table 8, Figure 6). Low risk, hazardous and harmful drinkers who took part in the survey were most likely to drink with someone else. However, the riskier the drinking, the more likely it was that people would drink alone.

**Figure 6** Drinking alone by alcohol risk group



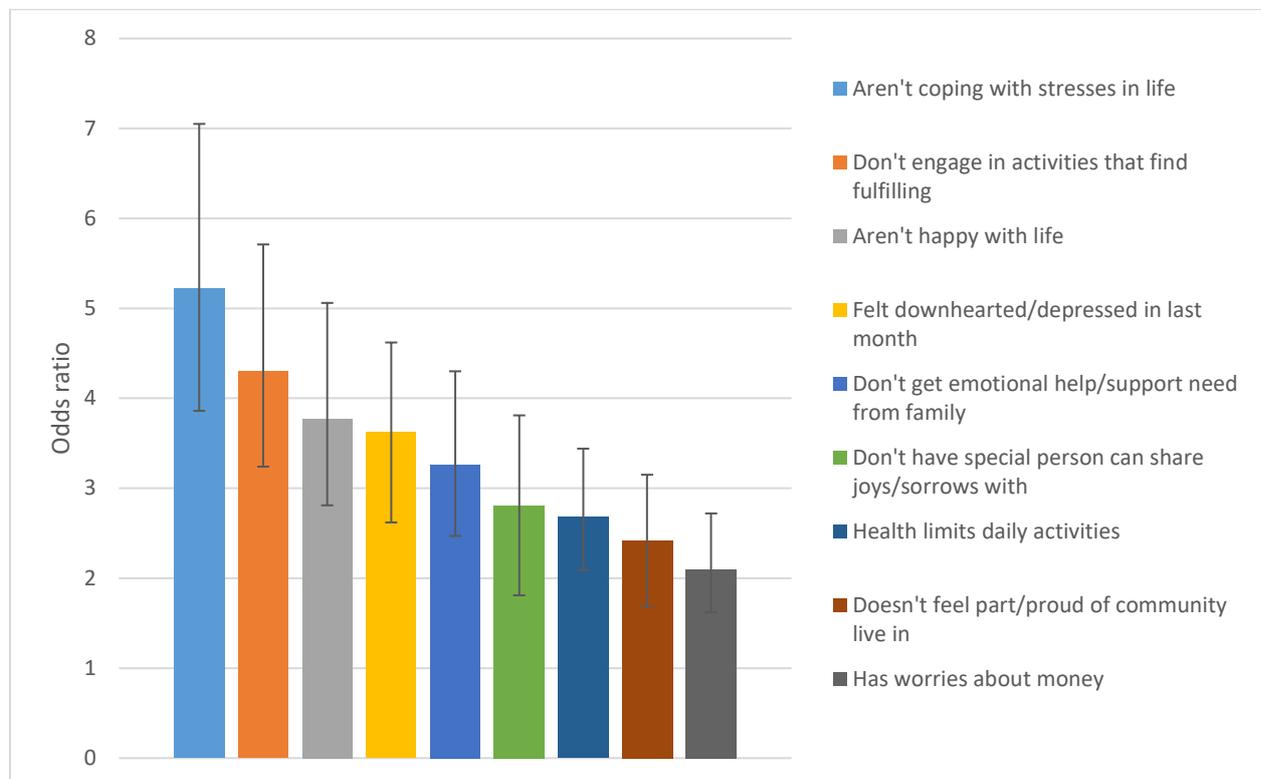
## **FACTORS ASSOCIATED WITH HARMFUL DRINKING**

Table 9 shows factors associated with harmful drinking in those who took part in the survey. Compared to low risk or hazardous drinkers, harmful drinkers were more likely to be male, younger, living in Scotland, never married, divorced, separated or widowed, living alone and have a longstanding illness, be lesbian, gay, bisexual or transgender, have a disability or infirmity and work

in technical craft occupations (e.g. motor mechanic, fitter, inspector, plumber, printer, tool maker, electrician, gardener, train driver) or routine manual and service occupations (e.g. HGV driver, van driver, cleaner, porter, packer, sewing machinist, messenger, labourer, waiter/waitress, bar staff). Neither employment status nor continuing education after minimum school leaving age were associated with harmful drinking.

Nine multivariate analyses were carried out using data from the survey to identify life circumstances for harmful drinking, adjusting for differences in gender and age (Table 10, Figure7). The factor most strongly associated with harmful drinking was not coping with stresses in life. People who were not coping with life’s stresses had a 5.22 greater odds of harmful drinking. Other factors significantly associated with harmful drinking were not engaging in fulfilling activities, not being happy in life, feeling downhearted/depressed, not getting emotional help/support from family, not having a special person to share joys/sorrows with, health limits daily activities, not feeling part of community and having worries about money.

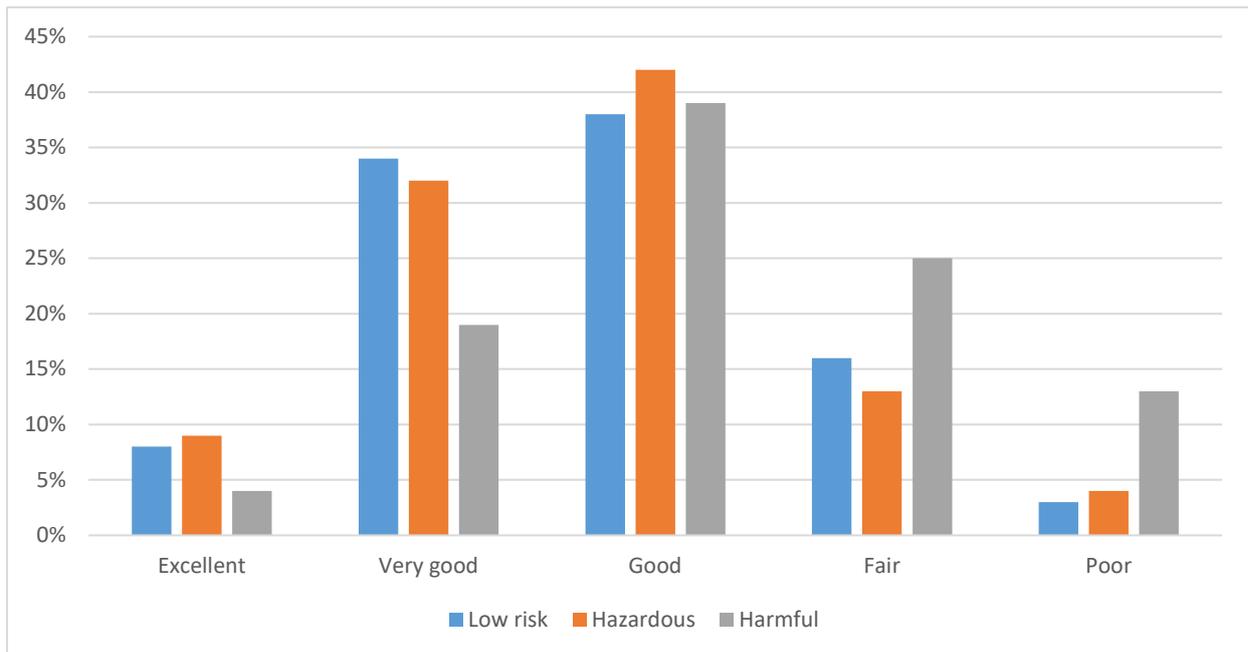
**Figure 7** Odds ratios of factors associated with harmful drinking, adjusted for age and gender, survey



## PHYSICAL AND MENTAL HEALTH

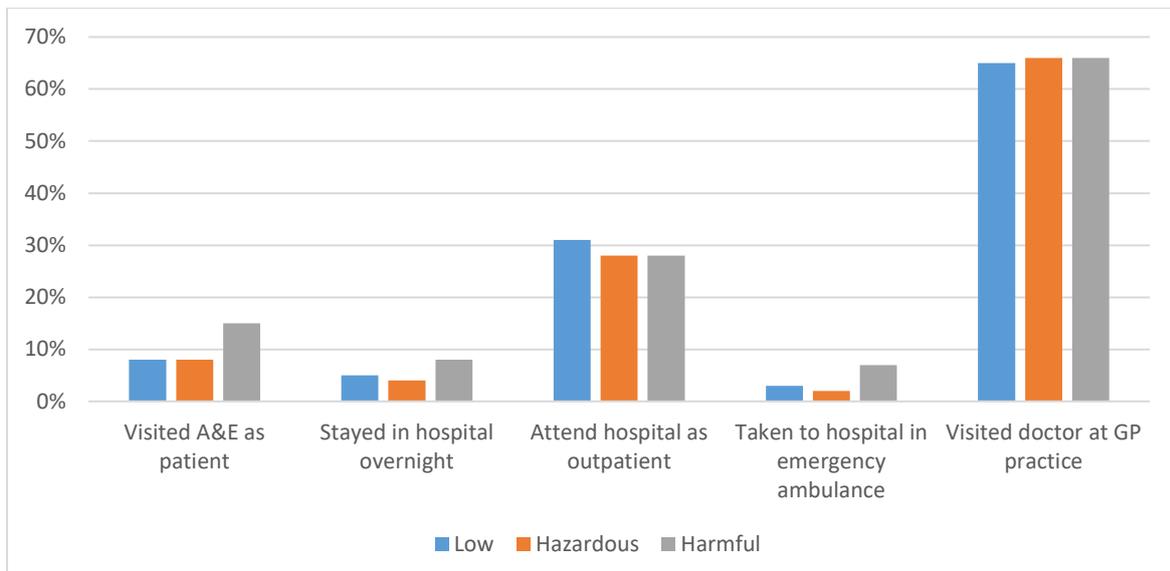
Harmful drinkers who took part in the survey were more likely to say that their health was poor than low risk or hazardous drinkers (Figure 8, Table 11). However 62% of harmful drinkers reported that their health was good, very good or excellent.

**Figure 8** Self perceived health of people by alcohol risk category, survey



Harmful drinkers who took part in the survey were more likely than low risk or hazardous drinkers to have visited Accident and Emergency Department, stayed overnight in hospital or been taken to hospital in an emergency ambulance in the last 6 months (Figure 9, Table 12). 15% of harmful drinkers and 1% of hazardous risk drinkers had been injured or said someone else had been injured as a result of drinking in the last 12 months

**Figure 9** Use of health services in last 6 months for any reason by alcohol risk category, survey

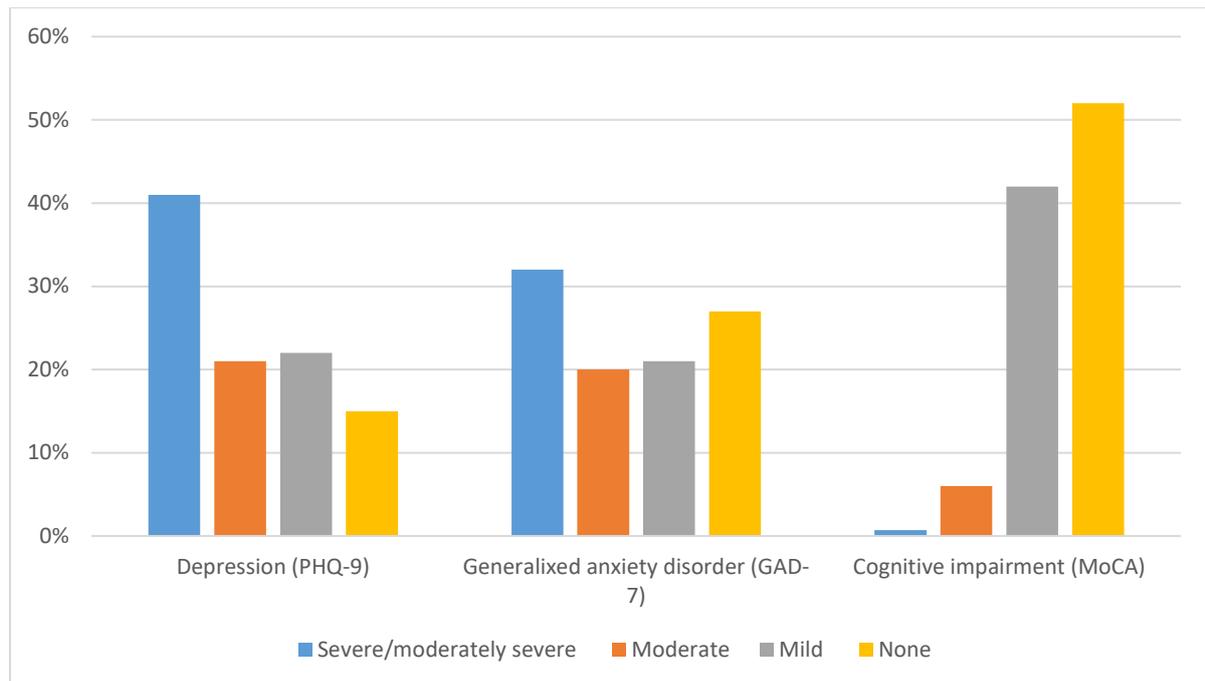


More than a quarter (29%) of people who attended the alcohol services had been hospitalised, visited an accident and emergency department as a patient (26%) or had been taken to a hospital in an emergency ambulance (28%) as a result of their alcohol use in the previous 12 months (Table 13). More than half (54%) had visited their GP as a result of alcohol in the previous 12 months. 39% had

one or more falls or accidents in the last 12 months (not necessarily as a result of their drinking) and 13% had four or more falls.

People attending the alcohol services had poor mental health (Figure 10, Table 14). 85% were experiencing depression, 73% were experiencing generalised anxiety disorder and 48% were found to have cognitive impairment. 72% had ever felt life was not worth living, 65% had wished they were dead, 63% thought of taking their own life and 41% had attempted to take their own life. 35% described their quality of life as poor. 22% were taking 'mental health medicines', many of which interact negatively with alcohol.

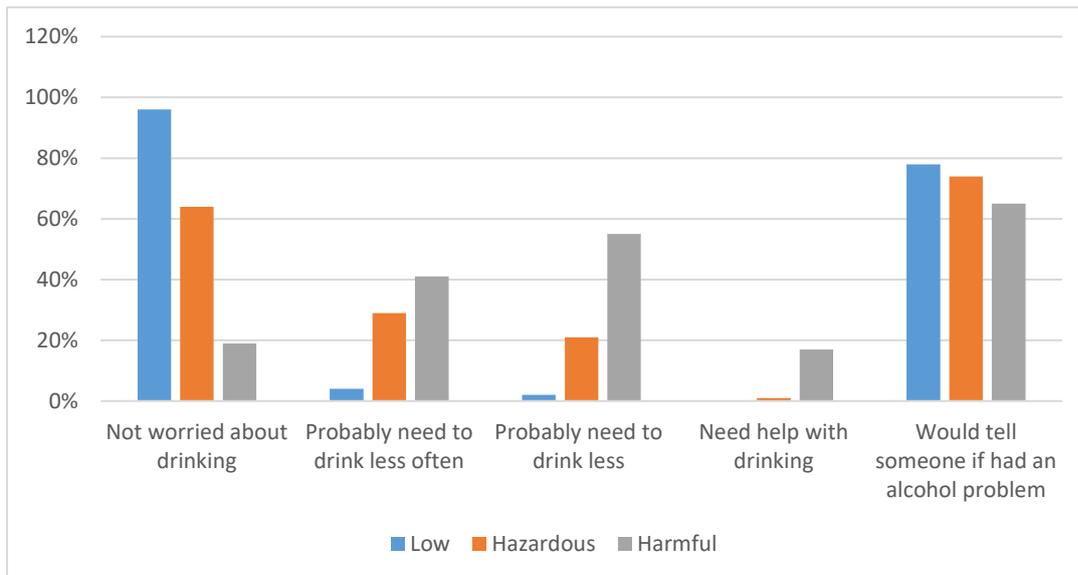
**Figure 10** Measures mental health of people attending alcohol services



## KNOWLEDGE AND ATTITUDES

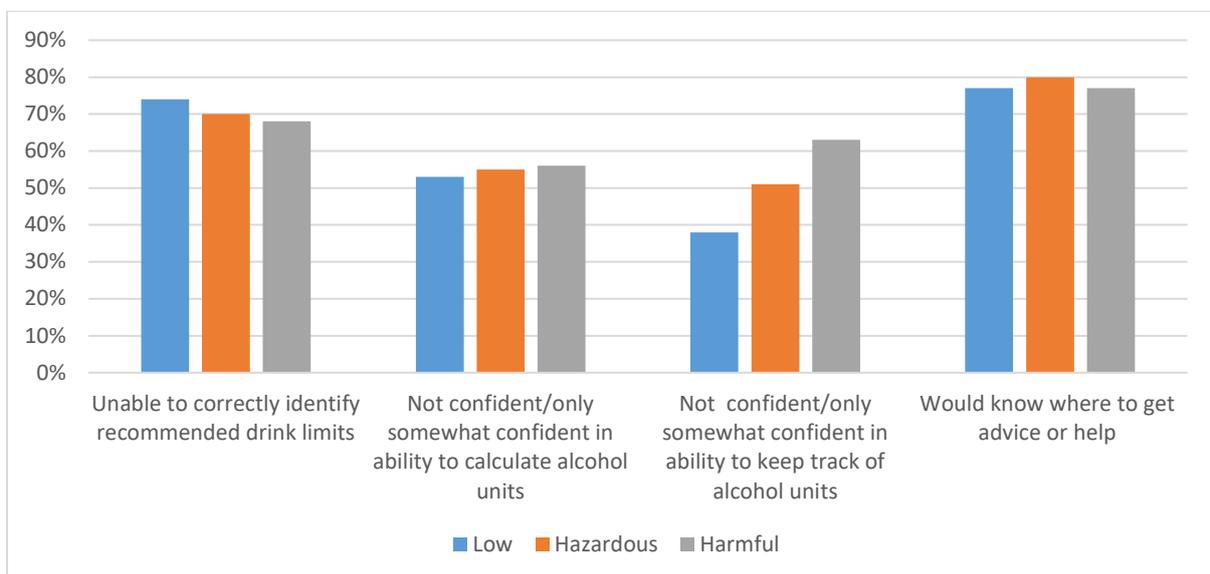
81% of harmful drinkers who took part in the survey were worried about their drinking, 41% felt they probably needed to drink less often and 55% thought they needed to drink less (Figure 11, Table 15). 55% of harmful drinkers weren't confident they could reduce their alcohol use if they had to. Harmful drinkers were less likely than low risk or hazardous drinkers to say they would tell someone if they had an alcohol problem.

**Figure 11** Feelings about alcohol use, by alcohol risk category, survey



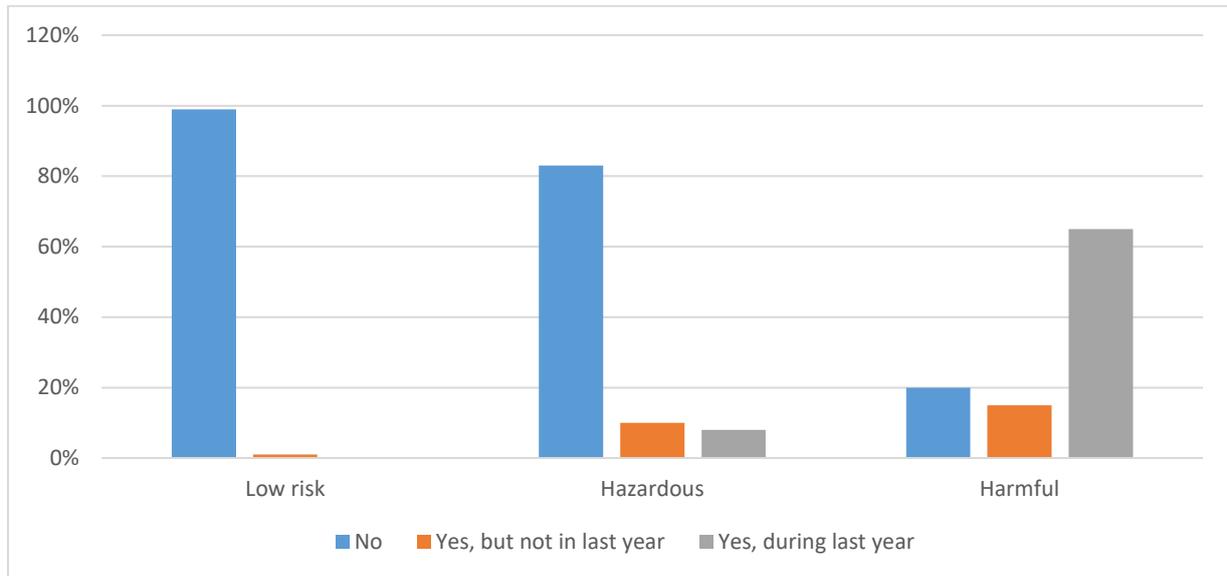
The majority of people who took part in the survey were unable to correctly identify the recommended drink limits but most said they would know where to get help if they were experiencing problems with their alcohol use (Figure 12, Table 16). Harmful drinkers were more likely than low risk or hazardous drinkers to say they were not confident or only somewhat confident in their ability to keep track of alcohol units.

**Figure 12** Knowledge and confidence in ability to calculate and keep track of alcohol units, survey



65% of harmful drinkers and 8% of hazardous drinkers who took part in the survey said that a relative, friend, doctor or health worker had been concerned about their drinking in the last year (Figure 13, Table 17).

**Figure 13** Relative, friend, doctor or other health worker been concerned about drinking or suggested cut down, survey



## CONCLUDING COMMENTS

The majority of people aged over 50 drink at a level which has few negative consequences and is unlikely to harm their health. But for a small group of people, their drinking changes their lives for the worse. It affects their physical and mental health, relationships and finances. They get trapped in a vicious cycle where they drink alcohol to relax or take their mind off problems but the more they drink, the worse their problems get. Many people in this group are worried about their drinking but don't think they need help or advice. This presents a challenge – how do you help people if they don't want help?

Some people do seek help from alcohol services. People in this group have often fallen, had accidents or been in hospital because of their drinking. They mostly drink alone, feel their life is not worth living and are at high risk of suicide. Their alcohol use may mean they have trouble remembering, learning new things, concentrating or making decisions. They are often anxious and depressed which can be both a cause and consequence of heavy alcohol use. The challenge here lies in getting people help before things get so bad.

This study provides information which may help to address these challenges. First, it tells us which people aged over 50 are at greatest risk of developing alcohol problems. This means that we can be extra-vigilant for alcohol problems developing in this group. Second, it tells us what led people to increase their drinking. This is important because it could be used to prevent alcohol problems developing in the first place.

It was a striking finding that half of the people with alcohol problems who took part in the survey said they were drinking more because of a loss of sense of purpose in life. A sense of purpose gives people a feeling of accomplishment, knowing they are achieving something and getting somewhere. It gives them something to look forward to every day and a reason to get out of bed in the morning. A sense of purpose will mean different things to different people. It may mean being successful or satisfied in a job, finding a new hobby, supporting family and friends, getting a pet, becoming active in the community, gardening, participating in group sports, volunteering or taking a course at night

school. Over 50's at high risk of developing alcohol problems should be encouraged and supported to put their talents and expertise to work to nurture their sense of purpose and of belonging to the community. People also often said bereavement, relationship problems and caring for a partner or family member led to an increase in drinking. Counselling and peer support services may help prevent alcohol problems in these people.

When we consider providing support, activities and alcohol services for people aged over 50, it is important to keep in mind what this study tells us about those at greatest risk. They are often in low paid work or unable to work, experiencing financial hardship and chronic stress, have poor mental and physical health or disability with little social support from friends and family. They may find it difficult to get time off work or afford transport to activities or services. It may be hard for them to find child care or get someone to sit with a partner or family member who cannot be left alone. Depression, anxiety or trouble remembering or making decisions may make it difficult for them to sign up to a peer support group or join the local five a side football team. Solutions needs to take account of this and enable people to gain support that meets their specific needs and circumstances.