Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Alcohol and healthy ageing: a challenge for alcohol policy

D. Nicholson [a,*], F. McCormack [b], P. Seaman [c], K. Bell [d], T. Duffy [a], M. Gilhooly [e]

[a] University of the West of Scotland, UK
[b] Centre for Health and Development, Staffordshire University, UK
[c] Glasgow Centre for Population Health, UK
[d] NHS Ayrshire and Arran, UK
[e] Brunel University, UK

ARTICLE INFO

Article history:
Received 16 November 2016
Received in revised form
23 February 2017
Accepted 27 February 2017
Available online 3 April 2017

Keywords:
Alcohol
Ageing
Retirement
Policy

ABSTRACT

Objectives: This paper presents findings of a qualitative study of older people's use of alcohol during retirement and identifies ways that an improved understanding of older people's drinking can inform policy approaches to alcohol and active and healthy ageing.
Study design: Qualitative semi-structured interviews conducted with a self-selecting sample of retired people.
Methods: Participants were recruited from three geographical locations in the West of Scotland. A quota sampling design was used to ensure a broad spread of participants in terms of socio-economic position, age and gender. In total 40 participants were interviewed and the data analysed thematically using Braun and Clarke's (2006) approach.
Results: Amongst those who used alcohol, it was most often framed in terms of pleasure, relaxation, socialising and as a way to mark the passage of time. Alcohol was often associated with social occasions and interactions both in private and in public spaces. There were also many examples of the use of imposed routines to limit alcohol use and of a decreasing volume of alcohol being consumed as participants aged. This suggests that older people are often active in constructing what they regard as 'healthier' routines around alcohol use. However, processes and circumstances associated with ageing can lead to risk of social isolation and/or increased alcohol consumption. Such processes include retirement from paid work and other 'biographical disruptions' such as caring for a partner, bereavement and/or loss of social networks.
Conclusions: These findings highlight processes that can result in changes in drinking habits and routines. Whilst these processes can be associated with a reduction or cessation of alcohol use as people age, they can also be associated with increased risk of harmful alcohol consumption. Fractured or disrupted routines, particularly those associated with bereavement or the burden of caring responsibilities, through increasing the risk of loneliness and isolation, can construct increased risk of harmful alcohol consumption. These findings reframe the pathway of risk between ageing and alcohol-related harm by highlighting the vulnerability to harmful drinking practices brought by fracture or sudden

* *Corresponding author*. School of Media, Culture & Society, University of the West of Scotland, Paisley PA1 2BE, UK.
E-mail address: deborah.nicholson@uws.ac.uk (D. Nicholson).
http://dx.doi.org/10.1016/j.puhe.2017.02.021

change of routine. The findings point to a role for public health in supporting the reconstruction of routines that provide structure and meaning and can be used to actively manage the benefits and harms associated with drinking.

Introduction

Current public health policy related to older people's drinking emphasises increased and unique risks associated with alcohol consumption in later life.[1–3] However, there is also a growing emphasis on encouraging older people to lead active and connected lives in order to promote healthy ageing[4,5] and the drinking of alcohol is closely associated with socialising and leisure.[6,7]

Older people's drinking is generally characterised as exhibiting a 'spread' pattern (regular consumption of small amounts) as opposed to younger people's 'binge' or more concentrated style of drinking[8] and non-drinking is more common amongst older age groups.[9] Generally, therefore, older people's alcohol consumption has been regarded as less of a public health priority than younger people's drinking.

There are, however, clear signs that this perception is changing:[10] evidence suggests that the present generation of older people drink more than the previous generations.[2,11,12] Although alcohol consumption usually declines with age, it has been argued that wider social and cultural changes, such as an increasing amount of disposable income for many older people, improved morbidity, and increased leisure time, have facilitated an increase in drinking compared to previous generations.[11]

In terms of current thinking in public health, the biological, psychological and social changes associated with ageing has led to older people being described as 'uniquely' vulnerable to alcohol.[3] Potential risks for older people include, for example, exacerbating existing conditions, interactions with other medications, falls, confusion, memory loss, self-neglect, and accidents.[13–16] Although alcohol dependence is comparatively low amongst older people, alcohol issues in the older population have been described as neglected and 'hidden'.[13,14,17–22]

The Big Lottery funded 'Drink Wise, Age Well' programme was launched recently in the UK with the aim of reducing alcohol-related harm amongst older people—their initial report stresses a 'pressing need for action to reduce alcohol-related harm in older adults across the UK'.[1] This framing of older people's drinking as a 'silent epidemic'[21] characterises a shift in public health discourses around older people's drinking and clearly signals a risk-based approach to an emerging public health problem.

Healthy ageing

Tackling social isolation (the absence of contact with others) and loneliness (the subjective experience of isolation regardless of choice) have recently emerged as central tenets of new policy approaches to improving health outcomes for older people. Research has linked social isolation and loneliness to depression and higher rates of mortality[23] and reduction in rates of social isolation have been framed as policy targets for improving the health and well-being of older people. This is especially evident in All Our Futures: planning for Scotland with an ageing population[24] in which the then Scottish Executive set out its policy response to the challenges of an ageing population. In so doing, extensive use was made of the World Health Organisation (WHO's) 2002 conceptualisation of 'active ageing'[25] defined as the process of maximising older people's opportunities for health, participation and security to enhance quality of life.

Within this context, the cultural positioning of alcohol as uniquely facilitative of socialising, friendship and bonding[26,27] becomes relevant. Studies such as those by Wilson et al.[6] and Ward et al.[7] highlight the perceived benefits of sociability and relaxation associated with consuming alcohol. Wilson et al. for example, stressed the role that drinking can play in preventing older people from 'losing touch' with their social networks.[6] Research also suggests a range of health benefits of moderate alcohol consumption for older people, such as on mortality and a range of psychological benefits, which may be linked to reduced stress and greater sociability.[3] Compared with non-drinkers, older (moderate) drinkers have been found to score higher on cognition, verbal memory and physical health and score lower on depression,[28] have fewer falls and greater mobility.[18]

This lies in stark contrast to the more risk and harm approach which is beginning to dominate the study of older people's drinking and it is this tension which provides the background context to how older people use and view alcohol.

Methods

Data were collected via semi-structured qualitative interviewing of 40 retired men and women, carried out by one of the authors (FM) between August 2014 and June 2015. The meaning and uses of alcohol were explored in three age cohorts: 'younger' retirees aged 55–59 years ($n = 10$), 'middle' retirees aged 65–69 years ($n = 16$) and 'older' retirees aged 75–79 years ($n = 14$). A quota sampling framework was designed to gain a diverse sample in terms of gender (23 females and 17 males) and socio-economic status. For the latter, The Scottish Index of Multiple Deprivation (SIMD) was used as an area-based measure of deprivation where decile 1 refers to areas categorised as 'most deprived' and decile 10 refers to areas regarded as 'least deprived'.[29] The sample comprised 21 participants who lived in areas categorised as 'more deprived' (i.e. deciles 1–5) and 19 in 'less deprived' areas (i.e. deciles 6–10).