



# The impact of retirement on the drinking patterns of older adults: A review

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## ABSTRACT

**Objective:** Due to the aging of the population, there is renewed focus on the public health issues of middle-aged and older adults. One area of such focus is unhealthy drinking, and researchers seek to understand the unique developmental risk and protective factors among those entering older adulthood. Retirement has been hypothesized as a contributing factor in the onset and maintenance of unhealthy drinking in late life. This review describes the relevant theories and critically reviews empirical evidence that explores the relationship between alcohol and retirement drawn from both the industrial and organizational psychology and substance misuse literatures.

**Method:** Using four research databases, thirteen studies published in the last 25 years that investigated the relationship of retirement and alcohol use and met specific selection criteria were reviewed.

**Results:** The literature suggests that retirement may not have a strong direct impact on drinking behaviors or problems, but attributes of the process (e.g. retirement voluntariness) of transition to retirement and individual attributes, such as having a history of problem drinking, may facilitate or inhibit drinking.

**Conclusions:** Future research should delve into the social context of drinking in retirement with a goal of understanding the aspects and conditions of retirement that increase risk of alcohol problems. Investigation should also examine heterogeneity in retirement drinking patterns with a goal of identifying subpopulations that are at greater risk.

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## 1. Introduction

The Baby Boom generation makes up just under 30% of the population in the United States (U.S. Census Bureau, 2010), and in 2011, the first of this group reached 65. Compared to previous generations, drug and alcohol use is a unique public health issue facing this gray-ing population. By 2020, prevalence rates of substance use disorders among individuals 50 and over are projected to increase dramatically (Han, Gfroerer, Collier, & Penne, 2009), and the number of older adults needing treatment will more than double (Gfroerer, Penne, Pemberton, & Folsom, 2003). Generational shifts in attitudes towards and exposure to alcohol and drugs (Ekerdt, De Labry, Glynn, & Davis, 1989; Moore et al., 2009), lower birth rates (Alley & Crimmins, 2007), and longer life expectancy (U.S. Census Bureau, 2010) contribute to this growing public health concern.

Alcohol is the most common substance used by older adults (Moore et al., 2009), and overall, alcohol use declines as individuals age (Moos, Schutte, Brennan, & Moos, 2009). The estimated prevalence of older adults with alcohol use disorders (AUDs) among individuals 65 and over is about 4% but ranges up to 22% among medical inpatients or those who present in hospital emergency departments (Blazer & Wu, 2009; Conigliaro, Kraemer, & McNeil, 2000). While low compared to younger cohorts, these rates may be impacted by underreporting of heavy drinking (Atkinson, 1990), difficulties with differential diagnoses of AUDs in older adults, and unidentified co-morbidity (Kennedy, Efremova, Frazier, & Saba, 1999).

Apart from those with formal AUDs, there are many older adults whose drinking patterns are considered heavy, at risk, or problematic. Due to the unique effect of alcohol on the aging body (Oslin, 2000), older adults are advised by the National Institute on Alcohol Abuse and Alcoholism (U.S. Department of Health & Human Services, 2005) to consume no more than seven standard drinks per week and/or two drinks per day. Some studies report that up to 17% of older adults are problem drinkers (Blow, 1998; Moos et al., 2009) or drinking beyond safe drinking guidelines. One study found that among adults aged 75 to 85 (Moos et al., 2009), 27.1% of women and 48.6% of men drank beyond these recommended guidelines.

One potential risk factor for unhealthy drinking unique to late life is retirement (Ekerdt et al., 1989). Once thought of as a single event—a clearly marked ceasing of work altogether—retirement is now widely accepted in the industrial and organizational psychology (IOP) literature as a transition process in which older individuals move in and out of the labor force, work full or part time, volunteer, or care for grandchildren or ill family members (Giandrea, Cahill, & Quinn, 2009; Wang & Schultz, 2010). In a review of the retirement literature, Wang and Schultz (2010) presented retirement as an adjustment process. According to this perspective, retirement is a longitudinal transition period during which individuals adjust to changes they experience by leaving (however slowly) the workforce and “[achieve] psychological comfort” within the retired life (Wang & Schultz, 2010, p. 177). Because 20% of the workforce will likely transition into retirement over the next decade, understanding the effects of retirement on health, including its potential to increase alcohol use, is crucial.

Much remains unknown about the impact of retirement on alcohol use. This may be due in part to differing perspectives of retirement in

the IOP and substance misuse literatures. In the IOP literature, retirement is described as: a decision making process; an adjustment process; or a career development stage (Wang & Schultz, 2010, p. 175). In the AUD literature, retirement is most often defined as an event (e.g., Ekerdt et al., 1989), a stable trait over time (e.g., Brennan, Schutte, & Moos, 2010), or, rarely, a dynamic state in which “retirees” move in and out of the workforce (e.g., Bacharach, Bamberger, Sonnenstuhl, & Vashdi, 2004). These differences may have inhibited the formation of clear conclusions from the research related to alcohol use. Basic questions remain: Does retiring or being retired affect alcohol consumption? What aspects of the retirement process influence drinking behavior? For whom is retirement a risk or protective factor?

This review aimed to synthesize disparate literatures in the fields of IOP, aging, and substance misuse to clarify relevant theoretical frameworks and empirical evidence regarding alcohol use and retirement. This review specifically discusses three relevant theories that inform the relationship between drinking and retirement and critically reviews the published, peer-reviewed research that specifically explores the impact of retirement on alcohol use.

## 2. Retirement and its theoretical relationship to alcohol use

Three theories that are most relevant to alcohol use and retirement originate from two distinct fields of study: substance misuse (specifically, social network theory and stress and coping theory) and IOP (role theory).

### 2.1. Social network theory

Social networks exert considerable influence over drinking and recovery (McCrae, 2004), and in older age, peers continue to set the norms for drinking behavior (Akers, la Greca, Cochran, & Sellers, 1989). Within the context of retirement, drinking may decrease as one is cut off from social networks that encourage consumption (i.e., co-workers who drink), which may be compounded by loss of friends or family or caring for an ill family member (Wood, 2006). Drinking may also increase due to greater leisure time and/or a lessened demand for workplace functioning (Kosberg & Garcia, 1985). As a result, there are presumably fewer potential negative consequences, at least socially, to unhealthy drinking in retirement (Adlaf & Smart, 1995; Akers et al., 1989). Employment based networks may be replaced by social networks more permissive of drinking, such as in retirement communities (Adams, 1996). Empirical findings supporting this perspective have been mixed (e.g., Adlaf & Smart, 1995; la Greca, Akers, & Dwyer, 1988), with little research in the context of retirement.

### 2.2. Stress and coping theory

Within the stress and coping perspective (Finney & Moos, 1984; Huffine, Folkman, & Lazarus, 1989), retirement is seen as stressful due to reduced income, loss of roles or work identity, and a smaller social network. Vulnerable individuals may use alcohol to cope with the stress of retirement. Outside the context of retirement, there is empirical evidence to support this perspective (e.g., Welte & Mirand, 1995). For example, one cohort of older unhealthy drinkers

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