

Older people and alcohol Factsheet

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Older people and alcohol: Introduction

Research suggests that alcohol consumption generally declines with age and the proportion of non-drinkers increases. The reasons for this decline in consumption are presumably connected to changes in life circumstances and attitudes and, in the later middle aged and older, growing ill health.

However, there is evidence that today's population of older people may be relatively heavier drinkers than previous generations. This could be the result of an effect whereby a generation which has had its formative years at a time of increasing affordability, availability, and social acceptability of alcohol may be more likely to retain the habit of drinking.

In regard to the number and proportion of problem drinkers, another factor is simply that due to longer life expectancy and the ageing of the population there are more elderly people. In 1991 there were 10.6 million people of pensionable age, a rise of 16% since 1971. It is projected that there will be a further increase of 38%, with 14.6 million people of pensionable age by the year 2031 in the United Kingdom. The number of over 85s is also expected to double between 2010 and 2030.

Despite drinking comparatively little, older drinkers consume alcohol far more often than any other age group. The cumulative effect of regular drinking takes its toll on the body of an older person, which is less able to handle the same levels of alcohol as in previous years.

This factsheet presents data on the drinking habits of those about to enter into the pensionable stage of their lives (i.e. 60 years and over), exploring the reasons behind their unique relationship they have with alcohol.

Older people's drinking habits

Historically, older people have tended to drink less than any other age group. Trend data shows a decrease in the proportion of those aged 65 and over consuming alcohol, from 8.7 units per week in 2005 to 8.1 units in 2010. Drinkers aged of 65 and over consumed between 3.4 and 5.6 fewer units per week than the total weekly average (see Figure 1).

Figure 1: Average weekly alcohol consumption (units), by age: 2005–2010

<i>Persons aged 16 and over</i>		<i>Great Britain</i>				
Age	2005 ^{1,2}	2006 ^{2,3}	2008 ⁴	2009 ⁴	2010 ⁴	
All persons						
16-24	16.9	14.6	13.1	12.5	11.1	
25-44	15.1	14.6	12.9	12.3	12.2	
45-64	16.0	15.0	13.6	13.6	13.1	
65 and over	8.7	8.7	8.5	8.2	8.1	
Total	14.3	13.5	12.2	11.9	11.5	

1 2005 data includes last quarter of 2004/5 data due to survey change from financial year to calendar year

2 Figures produced using the updated methodology for converting volumes of alcohol to units assuming an average wine glass size

Source: Office for National Statistics [ONS] (March 2012), [Drinking Tables](#), in 'General Lifestyle Survey, 2010', Table 2.1

Proportion of older people drinking in the last week

The proportion of people aged 65 years and over claiming to have consumed alcohol in the last week has been below the overall average for adults of both sexes in recent years (see Figure 2). From 2005 to 2011, fewer women aged 65 years and over drank in the last week than all other age groups [between 42% and 45%]; on average, over half of all females across all age groups reported drinking at least once in the last week. Two-thirds of older males [between 63% and 66%] reported drinking at least once in the last week, consistently lower than the average for all age groups [between 66% and 72%].

Figure 2: Drinking in the last week (%), by age and sex: 2005–2011

Persons aged 16 and over

Great Britain

Drinking in the last week	2005 ¹	2006 ²	2007 ²	2008 ²	2009 ²	2010 ²	2011 ²
Percentages							
Men							
Drank last week							
16-24	64	60	64	63	55	49	52
25-44	74	73	74	72	70	69	67
45-64	77	76	76	74	72	73	72
65 and over	66	67	67	66	66	65	63
Total	72	71	72	70	68	67	66
Women							
Drank last week							
16-24	56	53	54	52	51	46	50
25-44	62	60	61	59	59	56	56
45-64	61	61	61	60	59	60	60
65 and over	43	44	45	43	43	43	42
Total	57	56	57	55	54	53	54

1 2005 data includes last quarter of 2004/5 data due to survey change from financial year to calendar year.

2 Results from 2006 onwards include longitudinal data (see Appendix B - Sample design and Response).

ONS (March 2013), [Drinking \[Chapter 2\]](#), in 'General Lifestyle Survey, 2011', Table 2.1

Frequency of drinking among older people

Between 2005 and 2011 (see Figure 3), the proportion of older people who consumed alcohol on 5 or more days in the last week has remained consistently above the overall average for adults, suggesting that although they drink fewer units in a single session, they drink more often than all other generations over the entire course of a week. The proportion of 65+ year-old males who drank on 5 or more days in the last week was 24% in 2011, 8 percentage points above the average for all age groups [16%]; the proportion of 65+ year-old females who drank on 5 or more days in the last week is 13%, 4 percentage points below the average for all female age groups [9%].

Figure 3: Drinking 5 or more days in the last week (%), by age and sex: 2005–2011

Persons aged 16 and over

Great Britain

Drinking in the last week	2005 ¹	2006 ²	2007 ²	2008 ²	2009 ²	2010 ²	2011 ²
Percentages							
Men							
Drank on 5 or more days last week							
16-24	10	8	9	6	7	5	5
25-44	18	17	18	14	13	12	11
45-64	28	26	27	24	23	20	22
65 and over	26	27	29	27	27	26	24
Total	22	21	22	19	18	17	16
Women							
Drank on 5 or more days last week							
16-24	5	3	4	2	2	2	3
25-44	11	9	11	9	7	7	6
45-64	17	15	15	15	14	13	12
65 and over	14	15	15	15	14	14	13
Total	13	11	12	11	10	10	9

1 2005 data includes last quarter of 2004/5 data due to survey change from financial year to calendar year.

2 Results from 2006 onwards include longitudinal data (see Appendix B - Sample design and Response).

Source: ONS, Drinking [Chapter 2], in 'GLS, 2011', Table 2.3

Drinking above the recommended guidelines

Between 2005 and 2011, the proportion of older people drinking above recommended guidelines has remained significantly below the average for both sexes across all age groups. Over the 6 year period, roughly a fifth of men aged 65 and over [between 20% and 23%] drank above 4 units on at least 1 day in the last week. Between 10% and 14% of women aged 65 and over drank above 3 units on at least 1 day in the last week.

Figure 4: Maximum daily amount above the recommended daily guidelines, 2005–2011

	Great Britain						
Persons aged 16 and over	2005 ¹	2006 ³	2007	2008 ⁴	2009 ⁴	2010 ⁴	2011 ⁴
Maximum daily amount	Percentages						
Men							
Drank more than 4 units on at least one day (<i>above guidelines limit</i>)							
16-24	46	42	44	42	36	34	32
25-44	48	48	48	42	44	41	39
45-64	43	42	44	41	41	40	38
65 and over	21	21	23	21	20	22	20
Total	41	40	41	37	37	36	34
Drank more than 8 units on at least one day (<i>heavy episodic drinking</i>)							
16-24	32	30	32	30	24	24	22
25-44	30	31	31	27	27	25	24
45-64	22	21	24	21	21	20	19
65 and over	6	7	8	7	5	7	6
Total	23	23	24	21	20	19	18
Women							
Drank more than 3 units on at least one day (<i>above guidelines limit</i>)							
16-24	41	39	40	36	37	31	31
25-44	42	40	43	37	36	35	34
45-64	37	35	36	32	32	32	33
65 and over	12	14	14	10	11	11	12
Total	34	33	34	29	29	28	28
Drank more than 6 units on at least one day (<i>heavy episodic drinking</i>)							
16-24	27	25	24	24	24	17	18
25-44	20	21	22	20	19	19	16
45-64	12	12	13	13	11	11	12
65 and over	2	2	3	2	2	2	2
Total	15	15	15	14	13	13	13

1 2005 data includes last quarter of 2004/5 data due to survey change from financial year to calendar year.

2 Figures produced using the updated methodology for converting volumes of alcohol to units assuming an average wine glass size

3 Results from 2006 onwards include longitudinal data (see Appendix B - Sample design and Response).

4 Figures produced using the updated methodology including data on wine glass size
Bases for earlier years can be found in GLF/GHS reports for each year.

Source: ONS, Drinking [Chapter 2], in 'GLS, 2011', Table 2.2

What do older people drink?

ONS figures for Great Britain show that in 2009, Older men were most likely to drink normal strength beers/lagers/ciders and wine, consuming 12.5 and 4.0 units respectively. Older women were most likely to drink wine, with 63% of females aged over 65 years of age consuming an average of 3.7 units per week.

Figure 5: Average weekly consumption of different types of drink, by gender and age, 2009

Great Britain	Numbers / Percentages			
	Men		Women	
	All ages ¹	65 and over	All ages ¹	65 and over
Total units²	15.6	12.5	9.5	5.8
Strong beer, lager, cider	2.0	1.0	0.4	0.2
Normal strength beer, lager, cider	7.3	4.4	1.5	0.5
Spirits	1.8	2.3	1.6	0.9
Fortified Wine	0.1	0.1	0.2	0.5
Wine	4.0	4.0	5.4	3.7
Alcopops	0.3	0.2	0.4	0.0
Percentages				
Strong beer, lager, cider	13	8	4	3
Normal strength beer, lager, cider	47	35	15	9
Spirits	12	18	16	15
Fortified Wine	1	1	2	9
Wine	25	35	57	63
Alcopops	2	2	4	0

1. Aged 16 and over.

2. Includes 'other' drinks such as cocktails.

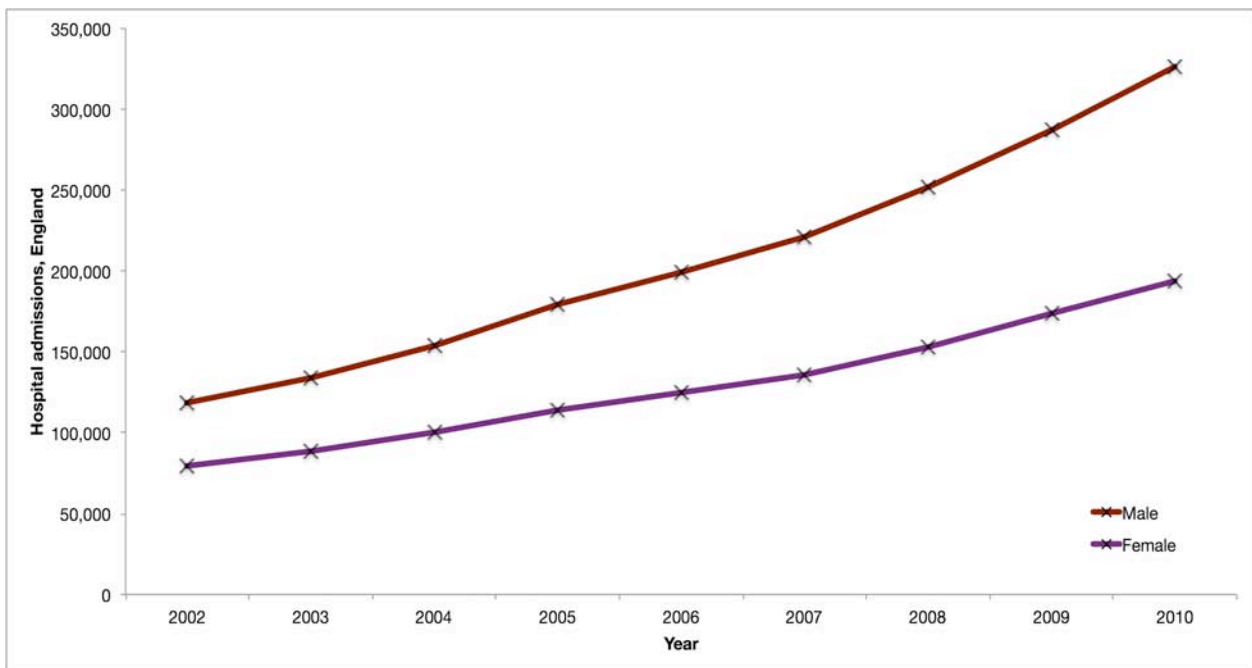
ONS, Drinking: Adults' behaviour and knowledge in 2009, Table 2.9, in [Statistics on Alcohol 2012](#) (May 2012)

Health impacts

Hospital admissions

Despite lower levels of alcohol consumption, more older people are admitted to hospital with an alcohol-related condition than younger age groups. Figure 6 shows a continual upward trend in alcohol-related admissions to hospitals in England among older people in the last decade. There were over half a million alcohol-related admissions of those 65 and over in 2010 [520,950], more than double the number of admissions in 2002 [197,729].

Figure 6: Number of alcohol-related hospital admissions in England, aged 65 years and over, by sex, 2002–2010



Source: North West Public Health Observatory [NWPHO]

When broken down by sex, trend data show that the continual increase in alcohol-related admissions to hospitals in England among 65+ year-olds was even greater for males than for females. Between 2002 and 2010, there was a 175% increase in the number of admissions for men aged 65 and over [from 118,444 to 326,813], whereas the number of admissions for women aged 65 and over showed a marginally smaller, but no less significant increase of 145% over the same period [79,284 to 194,145].

A similar pattern occurs with the figures on the number of new cases of treatment for alcohol misuse. According to the National Treatment Agency, there were nearly 2,000 new alcohol misuse treatment cases among older people in England in 2011/12 [1,983], which represents a peak and continues the upward trend in cases registered since records began.¹

Scotland

Statistics for Scotland focus on the number of alcohol-related discharges rather than admissions (**for information on why this is the case, please read the How alcohol mortality and morbidity rates are calculated in the UK section of the Health impacts factsheet**). Scottish statistics also differ from English figures, as their oldest age bracket begins from age 60 years.

The number of alcohol-related hospital discharges of patients aged 60 and older in Scotland has remained constant between 2006/07 and 2010/11, from 10,446 [in 2006/07], rising slightly to a 5 year peak of 11,008 [2008/09], before returning to roughly the 2006/07 level in 2010/11 [10,437]. The proportion of alcohol-related discharges has remained fairly constant over the period; roughly 1 in 4 alcohol-related discharges to Scottish hospitals between 2006/07 and 2010/11 involved an elderly patient [26 – 27%].

Figure 7: Alcohol-related hospital discharges in Scotland, aged 60 years and over, 2006/07 – 2010/11

	2006/07	2007/08	2008/09	2009/10	2010/11
aged 60 and over	10 446	10 996	11 008	10 419	10 437
Total	40,180	43,054	41,980	39,344	38,825
As a share of the total number of discharges (%)	26	26	26	26	27

Source: Alcohol Statistics Scotland, 2007 to 2011

Mortality rates

Similarly, alcohol related death rates amongst older people are higher than other age groups. ONS figures show that the number of deaths from alcohol-related causes among people aged 75 and over in the UK increased by 58% in the last 20 years, from 528 in 1991 to 834 deaths in 2011. Alcohol-related mortality rates among 75 year-olds have also been persistently above the average for all age groups during the period (see Figure 8). In 2011, the rate of alcohol-related deaths among 75+ year-old men per 100,000 population was 24.8 compared to the overall male average of 17.2. For females, the rate of alcohol-related deaths among 75+ year-old women per 100,000 population was 12.4 in 2011, compared to 8.3 across all ages.²

Figures 8a and 8b: Age-standardised alcohol-related death rates (with 95% confidence limits) by sex and age group, United Kingdom, 1991–2011

Figure 8a: UK female mortality rates, 75+ years

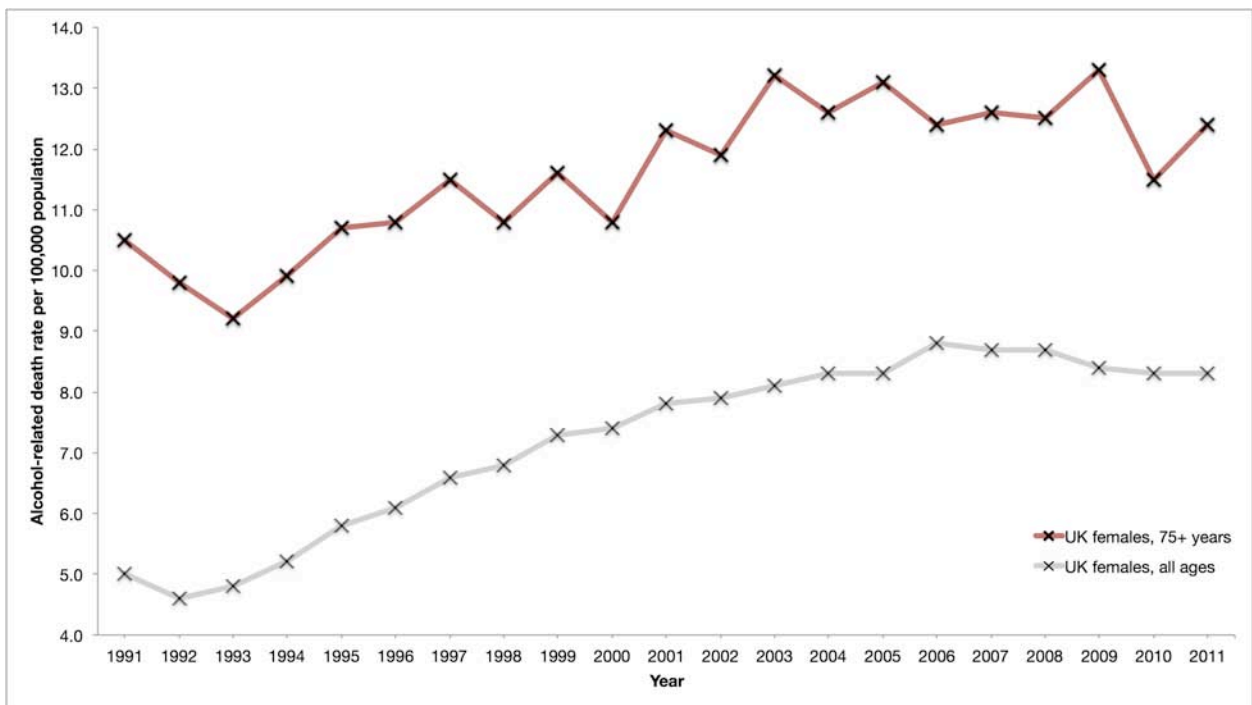
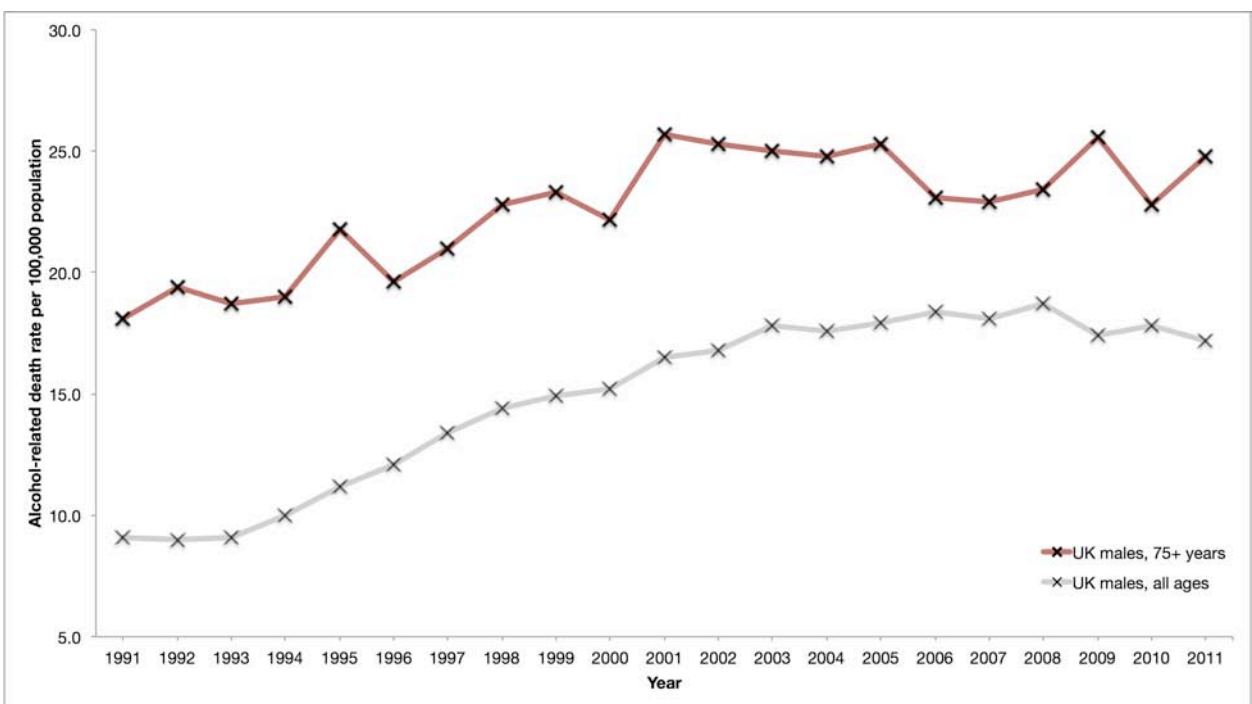


Figure 8b: UK male mortality rates, 75+ years



Source: ONS (January 2013), ['Alcohol-related deaths in the United Kingdom, 2011'](#), Reference Table 1

Mental health

A 2012 briefing report examining trends in hospital admissions for older people with mental and behavioural disorders secondary to the use of alcohol exposed an upward trend in hospital admissions of people over 60 years of age with alcohol-related mental health problems in the last decade. According to Health Episodes Statistics data, there was a 150% rise in the number of admissions between 2002 and 2012, and a 140% increase in the number of over 60 year-olds being admitted to hospital with Wernicke Korsakoff syndrome* over the same period.³

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- 1 National Treatment Agency for Substance Misuse (October 2012), '[Alcohol Statistics from the National Drug Treatment Monitoring System \(NDTMS\), 1st April 2011 – 31st March 2012](#)', p. 20, Table 5.2.1
 - 2 Office for National Statistics [ONS] (January 2013), '[Alcohol-related deaths in the United Kingdom, 2011](#)', Reference Table 1
 - 3 Dr Rao, Tony, '[Alcohol and the mental health of older people](#)', Alcohol Concern

* [Wernicke Korsakoff syndrome](#) is a form of brain damage caused by alcohol use.

Older people's drinking habits: Very little, very often

Official statistics on the consumption habits of older people in UK over recent years indicate that they consume fewer units than younger generations (**see Young people and alcohol factsheet for more information**), but that they are more likely to drink on an almost daily basis over the course of a week. It could be argued that compared to their children (and grandchildren, in the case of women aged 65 and over) older people drink very little, but very often. But the rising number of alcohol-related admissions/discharges and deaths in the UK among those aged 65 years and over highlights the health problems underlying their consumption habits.

Reasons for drinking and types of older drinkers

The sudden disruption in lifestyle caused by retirement and bereavement – which can lead to decreased social activity – is thought to be a major contributory factor among older people who develop a drinking problem, as are isolation and loneliness. Some justify the regular consumption of particular beverages (i.e. brandy, rum) on the grounds that it acts as an anaesthetic with medicinal properties which help remedy illnesses and pains, but this may instead help to foster a dependence on alcohol.

Researchers have identified 3 types of elderly drinkers:

1. Early-onset drinkers (Survivors): those who have a continuing problem with alcohol which developed in earlier life. Because of the health risks connected to heavy drinking and dependence on alcohol, the lifespan of a problem drinker may be shortened by on average 10 to 15 years.
2. Late-onset drinkers (Reactors): they begin problematic drinking later in life, often in response to traumatic life events such as the death of a loved one, loneliness, pain, insomnia, retirement, etc.
3. Intermittent (Binge drinkers): they use alcohol occasionally and sometimes drink to excess which may cause them problems.

It is thought that both the late-onset drinkers and the intermittent or binge drinkers have a high chance of managing their alcohol problem if they have access to appropriate treatment such as counselling and general support.

Consequences of drinking for older people

Tolerance to alcohol is significantly lowered in the aged person, so it is possible that the same amount of alcohol can have a more detrimental effect than it would on a younger person. Older people are less tolerant to alcohol because of physical changes such as:

- A fall in ratio of body water to fat, meaning there is less water for the alcohol to be diluted in
- Decreased hepatic blood flow, leading to weakening of the liver
- Liver enzyme inefficiency, so alcohol will not be broken down as well as in younger people
- Poor kidney and liver function
- An altered responsiveness of the brain; alcohol affects older brains more quickly than younger ones

It is therefore possible that the same amount of alcohol may produce a higher Blood Alcohol Concentration [BAC] in older than in younger people. Alcohol depresses the brain function to a greater extent in older people, impairing coordination and memory, and raising the likelihood of incontinence, hypothermia, injury by accident, and self-neglect.

The Royal College of Physicians once estimated that:

... perhaps up to 60% [of older people] who are admitted to hospital because of confusion, repeated falls at home, recurrent chest infections and heart failure, may have unrecognised alcohol problems. Some... are long-standing drinkers who have become old, others started drinking in old age... elderly widowers are the most vulnerable group.¹

Other commentators claim that the current economic downturn has also played a major role in increasing current alcohol-related risk trends among older people. A recent paper by Stuckler et al demonstrated that a cut of 85€ in per-capita social welfare spending was associated with an increase of 2.8% in alcohol-related morbidity in Europe.²

But scientific studies have so far found no conclusive evidence to indicate an association between moderate long-term alcohol intake and lower cognitive scores in ageing individuals. There is limited evidence which suggests that low to moderate alcohol consumption among older people has a neuroprotective, rather than neurotoxic, effect.

However, with much higher levels of drinking among middle aged people (in their 40s and 50s), some experts in the medical profession predict that future generations of older people may see a disproportionate increase in alcohol-related versions of conditions, resulting in cognitive dysfunction and dementia.³

Diagnosing alcohol misuse in old age

Many of the symptoms of alcohol misuse can occur in the same way as other conditions caused simply by the onset of old age, thereby making alcohol misuse much harder to detect in older people, as it is obscured by non-specific illnesses and conditions such as gastrointestinal problems and insomnia, or misdiagnosed as dementia or depression. As a result, health professionals may recognise and diagnose the secondary medical problem, but fail to combat the possible primary cause.

Interaction with other drugs

Prescribed medication taken in conjunction with alcohol can cause adverse side effects. Older people are usually advised against drinking when taking other drugs. In a regular drinker, the simultaneous ingestion of alcohol with other drugs may diminish the drugs' impact, or increase the body's sensitivity to the other substance, depending on its strength. This is because the combination of drugs on alcohol (and vice-versa) can depress the rate of metabolism for both substances, thus altering their effect on the body (i.e. benzodiazepines). For example, drugs which act on the central nervous system, like diazepam [Valium], can depress the rate of alcohol breakdown, thereby exaggerating the effect of alcohol on the body, even in moderate amounts. Alcohol taken in conjunction with antidepressants such as Tofranil or Prothiaden may actually worsen the depression.

Good practices for the prevention of alcohol harmful use amongst older people

As one recent European study into alcohol and elderly people concluded, there is currently a lack of information about initiatives aimed at preventing the harmful effects of alcohol for older people, and despite a growing interest, alcohol use among older people is not yet perceived as a major issue for prevention.⁴

In 2008, the Institute of Alcohol Studies and Age Concern held a seminar to consider alcohol issues relating to older people.⁵ The IAS believes that alcohol treatment and counselling of older people needs to be based on assessment and matching of each person's needs to the range of treatment and services available. Emphasis needs to be placed on non-drinking social activities such as day centres and clubs in the context of the person's life circumstance and social support network; it may be necessary to work on redefining a social or family support mechanism.

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- 1 The Royal College of Physicians [RCP] (April 1987), 'A Great and Growing Evil?: The Medical Effects of Alcohol', Routledge Press, p. 11
 - 2 Stuckler, D., Basu, S., McKee, M (July 2010)., 'Budget crises, health, and social welfare programmes', BMJ, Volume 341, in Scafato, E (August 2010)., '[Alcohol and the elderly: the time to act is now!](#)', European Journal of Public Health, 20: 6, pp. 617–618
 - 3 Dr Gupta, S (2008)., 'Alcohol-related dementia: a 21st-century silent epidemic?', British Journal of Psychiatry; Boston University School of Medicine Institute on Lifestyle & Health (May 2012), '[Critique 081: Alcohol intake in the elderly affects risk of cognitive decline and dementia](#)', Abstract
 - 4 Palacio-Vieira, J., Segura, L., Gual, A., et al (2012)., 'Good practices for the prevention of alcohol harmful use amongst the elderly in Europe, the VINTAGE project', 48: 3, pp. 248–55, Abstract
 - 5 Age Concern & Institute of Alcohol Studies (December 2008), 'Alcohol and Older People Seminar'