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Exploring older adults' views about alcohol consumption: implications for brief interventions with older heavy drinkers

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Alcohol & health in later life

- Older people in the UK are drinking more frequently, though often less intensively, than younger people^{1,2}
- Of those over 65, 20% of men and 12% of women exceed daily guidelines (4/3 units); 20% and 10% respectively exceed weekly guidelines (21/14 units)³
- Regular & heavy drinking can have greater impact on health in older than younger adults, and at lower levels of consumption^{4,5}
- SBI is effective with older adults but limited implementation
- Older people's needs around alcohol may not be identified & addressed due to co-morbid symptoms or stigma⁶
- Stigma management occurs in context of **identity** norms⁷

1 Anderson P. *Addiction*. 2009;104.

2 ONS. *Drinking, 2008*.

3 NHS Information Centre, 2011.

4 O'Connell H et al. *BMJ*. 2003;327.

5 RCP. *Our Invisible Addicts*. 2011.

6 Dar K. *Adv in Psych Treatment*. 2006;12.

7 Goffman, *Stigma*, 1963

Methods

- Needs assessment with Age UK (Lock et al 2010) explored:

- How and why people aged 50+ drink
- How they understand this to be related to their health

24 in-depth interviews with individuals aged 50-90 (12m, 12f) recruited by services

3 focus groups (60-90 mins) with Age UK service users or workers

Discourse analysis of transcripts

Theories: identities and lay reasoning

Through life transitions , older people will have accumulated preferred versions of themselves which they will apply flexibly in response to social context.⁷⁻⁹

If risks to health from a consumable, desirable substance are perceived as deferred¹⁰ older people may favour contradictory explanations, question the motives of sources of advice¹¹ and prioritise perceived benefits rather than risks.¹²

Positive drinker in later life

- minor and enjoyable part of routines, meals or special occasions
- a controlled individual choice
- sociable & relaxing for older people
- associated with work, community or family
- part of narrative of a life 'on track'

My brother, even though he's a bit older than me, still has his lads' nights out where he has a damn good skinful, comes home after putting the world to rights and feels great, that can't be bad.

(Interviewee 22, female, 59 years)



Negative drinker in later life



- feature of routines or crises
- solitary or secretive
- took hold during lives that had 'gone wrong' or had no future
- beyond control, or compulsive
- used to incapacitate/'blot out'

...it got to the stage where I couldn't have a few beers once I had a beer I always had to have something else, I needed more and more and more. [yeah]... I could never have one, I always had to have more.

(Interviewee 16, male, 52 years)

Identities: positive heavy drinker, negative low-risk drinker

If I go out and play darts I drink vodka and tonic (.) But I limit myself. I do try to just have four (P17, female)

*I wasn't drinking a great deal, I was just drinking **at my own pace** – maybe having 4 or 5 pints and that was it (P4, male)*

*But sometimes I go home and I think 'God I could just have a glass of wine now'. You stop because **I'm used to drinking in the olden days** where they only drank on Friday and Saturday (P23, female)*

Negotiating positive/negative identity

M3: I was away last week, and one particular gadgy [man], he supped 10 pints and he was immune to it, you know. I mean//

F4: //Was he rational in everything, and **could he walk?**

M3: Well aye, you **wouldn't think he'd been out.**

F4: Had he **got his senses?** (.)

M3: He's **done it all his life.**

F4: Had he got his senses?

M3: He seemed to be alright to me like. Or not me [*laughs*], I had about 8, but you know this gadgy he'd done it all his life

Negotiating positive/negative identity

F3: Well that's what we do if any of the family come down to visit. We go for a lunch. We go for a lunch and have like half a lager

F8: You don't **need to drink** do you?

F3: You don't need to drink, but I might get one with my meal, you know. It's not a case of going out drinking. We're there **for the company and the meal**, so (.) that's what we do

F8: Well they **didn't used to eat** in pubs at all

F3: No they didn't, it's different – there are very few pubs that don't have meals now

F8: Pubs were **just for drinking** and that's it

Health reasons to reduce alcohol consumption

1. Major health event can be attributed to drinking

I split my head here and had to be stitched. It was only then I was thinking anything, you know I've got to do something about it, you know like I'm killing myself (P11, female)

Reasons for not reducing alcohol consumption

1. I'm healthy so alcohol is not an issue

I get a check for my stroke, which coincidentally, they check my bloods, they check my liver, check my pancreas, check my kidneys you know, everything's fine, so how is this half a dozen pints doing any irreparable damage? (P21, male)

2. Ill health is alleviated by alcohol

It's worse now because I can't even get from there to there without the wheelchair. So all that makes me feel that the alcohol takes a bit of the depression, the horrible feeling away (P17, female)

3. Too late to change/no point now/only pleasure left

it's too late for me. My liver and that's damaged now. (3)

Reasons for not reducing alcohol consumption

4. Guidelines/health advice are questionable:

- subject to change or provisional
- don't take account of individual characteristics
- have a hidden agenda
- excessive

*it's the first thing that the doctor asks, isn't it, do you drink?
(female, FG)*

I'm older, my body is bigger than yours so I could obviously take more drink than you. So people aren't stupid, they know that people take drink in different ways. So making it just a huge umbrella and saying 'you drink 4 units and you'll be alright', it doesn't make sense. (P23, female)

Implications for brief interventions

- BIs usually target risky, but not dependent, drinkers¹³
- Recipient is helped to identify themselves as someone who should and could reduce their drinking to avoid risk of health damage
- But 'risky drinker' is not a readily accessible identity for older people: admitting to a need to reduce drinking invites stigmatised identity as 'alcoholic'
- Brief advice on alcohol for older people should make accessible an alternative identity: as an older drinker responsibly choosing to avoid increased health risks.

Implications for brief interventions

- BIs deliver information feedback, health education, skill-building and practical advice¹³
- However, consistent with lay reasoning, older people were skeptical towards alcohol guidelines or advice
- Brief advice for older people should set out a strong rationale for change, e.g. explaining carefully how damage from heavy drinking is risked even if no immediately impact on health is experienced

Implications for brief interventions

- BIs motivate change on basis of long-term health benefits¹³
- But older drinkers may identify themselves as too old or too late to change,
- Brief advice for older adults should include material to help recipients identify themselves as having the potential to change drinking and live longer with better health
- Some older people's reasoning suggests that brief interventions for this population should also address co-morbid mental health problems

Conclusions

- There is a need for alcohol services and interventions tailored to elderly populations
- Brief advice and intervention design for populations in later life should take account of the identities for older drinkers and how these are negotiated
- Health messages for older people should engage with patterns of lay reasoning against alcohol reduction.

Thank you!

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