



## Alcohol and Ageing

### The views of older women and carers

Promoting positive choices about alcohol to enable older women to live healthily and independently as long as possible.



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## Contents

|   |    |
|---|----|
| <b>Chapter 1: Introduction</b>                                    |    |
| Executive Summary   | 4  |
| <b>Chapter 2: Background</b>                                      |    |
| Alcohol and Ageing – General Trends                               | 9  |
| Alcohol and Older Women   | 12 |
| <b>Chapter 3: Development work and research with older people</b> |    |
| Ethos   | 14 |
| Aims  | 14 |
| Methodology and Approach  | 15 |
| Key Findings  | 16 |
| Focus Groups  | 20 |
| <b>Chapter 4: Carers Training</b>                                 |    |
| Development of Training Package                                   | 24 |
| Training Tester Session   | 25 |
| <b>Chapter 5: Conclusions and Recommendations</b>                 |    |
| Conclusions   | 26 |
| Recommendations   | 26 |
| <b>Chapter 6: Acknowledgements</b>                                |    |
| Acknowledgements  | 28 |
| <b>CHAPTER 7: References</b>                                      | 29 |
| <b>CHAPTER 8: Appendices</b>                                      | 31 |

# Chapter 1: Introduction

## Executive Summary

### 1.1 The Gender Issues Network on Alcohol (GINA) Scotland

GINA came into existence through a growing recognition of the increase in alcohol consumption among women and the associated health and social impacts. It has now grown into a network of individuals and organisations committed to acknowledging and raising awareness of the gender-sensitive issues which people and support services experience when dealing with alcohol. GINA provides information, support and assistance through a range of programmes and activities, to any individual or organisation within the voluntary or public sectors that have an interest in or are involved with people whose lives are affected by alcohol.

#### **GINA is:**

- **A Network for sharing knowledge and information on all aspects of gender and alcohol;**
- **A Network for enabling partnership working;**
- **A Network for promoting, sharing and developing good practice;**
- **A Network for action;**
- **A Network for development, research and capacity building.**

### 1.2 Context of the Report

The over 65 population of Scotland will increase considerably in the next 25-30 years - by 2027 the over 50s will make up roughly 55% of the adult population and by 2031 the number of people aged 75+ is projected to increase by 75%. Additionally, drinking surveys have shown that the levels of alcohol consumption within the older population have been rising steadily over the past 20 years. These factors, combined with the lack of alcohol information and guidance for older people, led Alcohol Focus Scotland's Gender Issues Network on Alcohol (GINA) to undertake research into older people and alcohol during 2008/09. The ethos underpinning this research is "Live as healthily and independently for as long as possible - be aware of the impact of alcohol on your health". It was further agreed that the work would give a particular emphasis to older women's relationship with alcohol; however some data was collected from older men during the research. For the purpose of this report older people were defined as those 55 years of age and older in line with current research being conducted and with Scottish Government thinking in this area.

## 1.3 Aims

There were several aims to this research:

- **To examine the alcohol related experiences of older people;**
- **To gather qualitative information from women aged 55+ to gain a better understanding about their relationship with alcohol, including knowledge around unit awareness as well as general attitudes and beliefs;**
- **To gather quantitative information from people (men and women) aged 55+ to gain a better understanding of their relationship with alcohol;**
- **To explore knowledge of the impact alcohol may have on medication effectiveness;**
- **To develop and pilot a training package for carer support workers of older people who may have issues with alcohol.**

## 1.4 Methodology

A mixed method approach was used for the research and was split into 3 main areas:

- **Questionnaires were used to gather quantitative information from both older women and older men;**
- **Focus groups were used to gather qualitative information from older women only;**
- **Training – a pilot training package was developed and tested with carer support workers.**

Alcohol Focus Scotland worked in partnership with organisations that work with older people. These organisations included the Scottish Pensioners Forum and Age Concern Scotland (now Age Concern and Help the Aged in Scotland). To develop training for carers links were made with the Princess Royal Trust for Carers and Independent Age.

## 1.5 Application of Approach

### Questionnaires

Information was gathered in a number of key areas these included brief biographical data; levels and patterns of alcohol consumption and reasons for drinking. Information was also obtained on awareness of service provision and appropriate places to provide information on alcohol targeted at people aged 55 years and above.

### Focus Groups

The focus groups provided the opportunity for small group discussion with older women to allow a qualitative picture to be built. Discussions centred on alcohol awareness, including unit awareness and the change in society's attitudes to alcohol in general in their lifetime particularly in relation to women. Other topics of discussion concerned the effectiveness of alcohol information resources; the testing of a sample of current resources available including leaflets and factsheets specifically produced for older people - and "hands on" unit measuring devices.

Finally, the focus groups explored the issues of age sensitive materials and the distribution, placement and provision of these for maximum impact on this population.

## Training

Acknowledging that some of our hardest to reach older people may have their main social contact via a carer (paid or unpaid) it was felt to be critical to involve carers in this research. Work was undertaken in partnership with key carer organisations to develop a pilot training course on alcohol awareness for carers of older people. This training was piloted with Carer Support Workers from the Princess Royal Trust for Carers. Useful feedback was obtained around the difficulties faced particularly by unpaid Carers such as family members and friends. The main concerns included the time and financial resources needed to access training of this type.

## 1.6 Key Findings

- **The vast majority of female respondents drink alcohol, with only 20% reporting that they never drink alcohol. The most popular cohort was ‘special occasions only’, with 22%, and the least common cohort was “every day” with only 6%;**
- **The majority of women who drink reported drinking at home at 69%, followed by in restaurants at 58%. The least common drinking locations were at social clubs and pubs where only 11% of the women usually drank;**
- **For those who drink, the most popular choice of drink was wine, with 66% of the women reporting that they drank it. Only 4% of the women reported beer as one of their favourite drinks;**
- **75% of the women who drink do so with family and friends. Just over a quarter, 26%, of women drink with their partner and 16% said they drink alone;**
- **The most popular reason for drinking, for those women who drink, was to be sociable (63%). Relaxation too was a popular reason (57%). A further 5% of respondents cited drinking as a means to help them sleep. Other reasons included loneliness (2%), to help forget their problems (1.5%), and a further 1.5% cited bereavement as a factor for their drinking;**
- **Fifty-five percent of female respondents reported having previously received information about drinking and health. The most common medium for this information was from written literature, such as newspapers, other publications and leaflets, with 82% of these women receiving information this way. The second most common source of information was from their doctor with 18% of the women receiving information from their GP;**
- **Only 30% of the women report having being asked by their doctor or nurse in the past about their drinking. Much of this was during a pre-operation screening discussion;**
- **Seventy-five percent of the women who responded to the questionnaire were on prescribed medication. Of those women, only 38% reported any discussion about whether their prescription could be affected by drinking alcohol;**
- **Forty-five percent of the female respondents said they would feel comfortable talking to a doctor about their drinking. The second most popular choice was with a family member or friend (40%) and the third most popular was a nurse (28%);**
- **Seventy percent of women said they felt they would know where to get help if they needed help in relation to alcohol misuse;**
- **Seventy-six percent of female respondents reported that they would use local supports for alcohol problems if they thought this was needed;**
- **Seventy-seven percent of the women who responded felt that the over 55 population need to be given more information about alcohol but raised issues as to how, where and when this should be done. Seventy-four percent of women felt that leaflets available at a range of locations would be a good way to give older people information about alcohol. Other popular methods included information to be given from GP’s and health professionals (64%) and for information to be included in specific magazines aimed at the 55+ population (50%);**

- The most popular type of information which women reported they would like was about how alcohol affects the health of those 55+, (56%), while the second most popular choice was information about alcohol and medications (48%), closely followed by information about the recommended number of drinks per day/per week (47%);
- Participants within the focus groups reported massive shift in attitudes to alcohol in their lifetime, with alcohol consumption being increasingly acceptable, particularly for women. They highlighted that there was a particular shift from a culture of drinking alcohol on special occasions to much more regular drinking. Furthermore there was complete agreement from all women that pubs and alcoholic drinks have become much more 'woman friendly' over the past number of years;
- Overall there was very poor and inaccurate unit awareness amongst participants in focus groups. Some women knew units existed but very few knew what this meant in real terms. Most had heard of units but almost all vastly underestimated what a unit of alcohol was, with many equating a unit as a 'drink' (i.e. a glass of wine, a gin or a sherry);
- Another important finding was the limited awareness amongst most participants about the impact of alcohol on medication/s.

## 1.7 Recommendations

It is clear from our work that further research and actions is needed in the area of older people and alcohol. A number of key recommendations came from our work as follows:

### 1. Development of age based sensible drinking guidelines

Age based sensible drinking guidelines are essential to ensuring a healthier and more independent population of older people. The current guidelines do not take into account the vulnerability to alcohol induced by the ageing process;

### 2. Development of alcohol information resources for older people

Older people have provided their thoughts and ideas on the style and types of resources which could have the most impact with the older population which ensure they are accessible and engaging without being condescending;

### 3. Placement of information in areas identified as being most relevant to older people

Consideration should be given to placement of information in the locations identified in this report;

### 4. Delivery of alcohol awareness sessions for older people

It is recommended that sessions are delivered at groups and clubs attended by older people based on the feedback received by older women on their experiences of having alcohol awareness information delivered within a discussion group setting. This type of input significantly heightened their understanding of the implications of alcohol consumption in older age;

### 5. Focus Groups with older men

It is recommended that to give further weight to this research focus groups are organised with older men. These groups should take the same approach and format as the women's groups;

### 6. Development of an Older People's Strategy by Alcohol Focus Scotland

This research by GINA has been significant in terms of developing understanding about older people and alcohol. It is recommended that Alcohol Focus Scotland in its role of lead national charity on alcohol develops a strategy for work with older people to ensure the key areas of work identified in this report are developed and moved forward;

### 7. Raise awareness among health professionals on the importance of discussing the possible effects of alcohol and medication.

Any GP health check ups for this group should include a drinking history and awareness of the need to discuss the interaction between alcohol and medication;

### 8. Work with carers

The report describes the importance of carers in terms of engaging those older people who are most vulnerable in our society. Work on awareness raising training should continue to be developed in this area to ensure we reach those older people;

### 9. Explore options for further development work and awareness raising training

It is recommended that further work and awareness raising training should be undertaken to increase awareness of issues around older people's consumption of alcohol and in particular identifying older women as a vulnerable. One area for consideration could include through the brief intervention support mechanisms for Primary Care Trust staff.

## Chapter 2: Background

Over the past six years, Alcohol Focus Scotland's Gender Issues Network on Alcohol Project (GINA) has worked on a variety of the issues surrounding women and alcohol. GINA came into existence through a growing recognition of the increase in alcohol consumption among women and the associated health and social impacts. The network is designed to provide information, support and assistance to all its members via a variety of activities and has evolved to acknowledge the many gender sensitive issues surrounding alcohol consumption. GINA membership is open to any individual or organisation that has an interest in or is involved with women whose lives are affected by alcohol. GINA has a stakeholder group which oversees the work undertaken by the Project which is chaired by Professor Moira Plant of the Alcohol and Health Research Unit, University of the West of England.

In 2008 Alcohol Focus Scotland and the GINA Stakeholder Group agreed that the GINA Project would carry out some development work looking at the issue of alcohol and ageing. It was further agreed that the work would give a particular emphasis to older women's relationship with alcohol. In line with the "Hidden Harm" agenda, GINA wished to explore the impact and experiences for older women in terms of alcohol. The experience of "Hidden Harm" has so far been defined only in terms of the impact of alcohol misuse on children and young people. Older people have been largely ignored. The issue of "Hidden Harm" therefore became integral to the work.

The impetus for this work came in the main from the findings of two key documents:

- **'Alcohol and Ageing – Is Alcohol a Major Threat to Healthy Ageing for Baby Boomers?' - Alcohol and Ageing Working Group (2006);**
- **'Age Gracefully; Drink Safely – A Report on the Drinking Patterns of Older People in South Ayrshire' - NHS Ayrshire and Arran, South Ayrshire Council, Ayrshire and Arran ADAT (2008).**

'Alcohol and Ageing - Is Alcohol a Major Threat to Healthy Ageing for Baby Boomers?', examines the drinking patterns of the "baby boomers", the large post war population cohort born between 1945 and 1965. It explores the future health implications for baby boomers, society and social services if alcohol consumption exceeds recommended levels in old age.

'Age Gracefully, Drink Safely - A Report on the Drinking Patterns of Older People in South Ayrshire', is an exploration of the issue of alcohol and older people in one area in Scotland. This was carried out by hosting presentations with various elderly groups in South Ayrshire. The participants then completed a short questionnaire on the themes discussed in the presentation. The findings are then presented in the report.

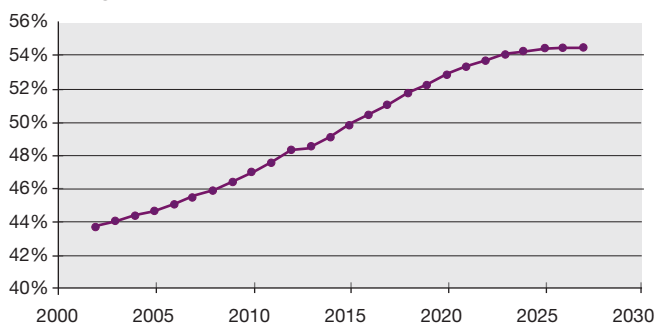
## 2.1 Alcohol and Ageing – General Trends

An increasing number of older people are continuing to drink beyond their middle years. Even so, the majority of older people who drink alcohol do so in moderation and indeed may benefit from doing so.

Within the lifetime of women now aged 55 years and older, women drinking in public has become acceptable. Therefore one aspect of this trend is a cohort effect occurring in this age group. One positive reason for this trend is that in general older people are physically fitter and more likely to continue having an active social life. However adversely, alcohol has become more affordable now than ever before with off-sales in particular becoming cheaper, (British Medical Association 2008, Booth et al. 2008, Meier 2008, 2009).

It has been estimated that the 'over 65' population of Scotland will increase considerably over the next 25-30 years, and by 2027 the over 50s will make up roughly 55% of the Scottish adult (18+) population (Scottish Household Survey 2003). By 2031 the number of people aged 75+ is projected to increase by 75% (General Register Office of Scotland 2007).

**Figure 1. Population Projection 2002 - 2007**



Source: General register for Scotland 2007

Furthermore, drinking surveys have shown that the levels of alcohol consumption, plus the proportion of both men and women aged 45 – 65+ drinking over the 'sensible limits' has been rising steadily over the past 20 years (Scottish Government 2003, 2008). Younger people are more likely than older people to exceed both the weekly and daily recommended alcohol limits. They are also more visible in their alcohol-related behaviour. However, older men and women are more likely to report drinking alcohol every day than younger people. The percentage reporting drinking almost every day increased with age; 3% of 16-24 year olds compared to 29% of those aged 75 and over (Information Services Division Scotland 2009). The different drinking patterns, binge drinking in younger age groups and more regular drinking in the older age groups bring different problems. To a large extent the pattern predicts the problem. Whereas the younger generation of drinkers are more likely to experience acute problems related to drunkenness, people who are older tend to develop problems related to ill health. The exception to this is of course accidents involving falls.

The 'Alcohol and Ageing Report (2006)' predicts that if the 20% of the baby boomers who currently exceed the recommended drinking limits continue to exceed the recommended limits in old age, alcohol related hospital admissions will rise significantly each year in Scotland. In summary, if the current trend in older people's drinking continues, this, combined with the substantial increase in the older population will have serious consequences for our health and social care services.

Further UK work in this area includes Wesson 1992, Herring 1995, Alcohol Concern 2002, Ward 2003, Mehta et al. 2006). There has also been work carried out in other countries (Hartford and Samorajski 1982, Atkinson 1984, National Institute on Alcohol Abuse and Alcoholism 1988, Dufor et al. 1992, Scherr et al. 1992, Beresford and Gomberg 1995, Welte and Mirand 1995, Gomberg et al. 1998, Johnson 2000, Lynskey et al. 2003, United States Department of Health and Human Services 2005a and b).

## 2.2 Alcohol and Ageing

It is important to be aware that older people fall into two different groups; the first group are those who live in the community with or without family or other support: the second group are those who live in some kind of residential accommodation.

In terms of the latter group as noted by Plant (2008) "...the rights of older people in relation to alcohol consumption within the Health and Safety protocols of residential care is an important issue not only for the person themselves but also for their carers and the managers of residential care settings" (p8).

### Positive Effects

In the UK most people consume alcohol in moderation, the majority of acute harm is found in the younger rather than the older age groups. Although the protective effects of alcohol are still open for debate (Fillmore et al 2007, Corrao et al 2002) evidence suggests that there is a protective effect apparent at light or moderate drinking levels. These effects are present for high blood pressure, coronary heart disease, ischemic stroke (O'Connell et al 2003) and some types of dementia (Ruitenbergh et al 2002, Pindler and Sadler 2004). In relation to coronary heart disease women in particular do show evidence of this protective effect but only post menopaually (Single et al 1998). Alcohol may also aid sleep (Byles et al 2003).

At a population level a recent report for England and Wales noted that "...current alcohol consumption marginally reduces mortality but the favourable mortality balance is only found among older men and women" (Britton 2001).

In relation to memory, an issue that causes anxiety in many older people, moderate drinking may improve cognitive function (Myers 2008). In order to clarify the role alcohol plays in disease the ideal research is large scale prospective studies. In 2004, Anttila et al. carried out a prospective population based study into mild cognitive impairment and dementia. The conclusion noted "Alcohol drinking in middle age showed a U shaped relation with risk of mild cognitive impairment in old age".

### Negative effects

However as is commonly found with alcohol consumption, heavy or problem drinking can lead to problems in the same areas (Thomas and Rockwood 2001).

Alcohol acts as a diuretic increasing the likelihood of older people having to get up in the middle of the night to go to the toilet. This increases the risk of falls (Graafmans et al. 1996) resulting in fractures which puts an increased burden on the health service. Heavy drinking increases the risk of fractures (Mukamal et al 2007) and a delay in the healing of these fractures (Chakkalakal 2005). A study of Accident and Emergency cases in a London hospital reported 16% of people aged over 60 and 9% of people aged over 70 years reported drinking at a "hazardous level". Most of these cases involved falls (Patten 2001). Added to this alcohol reduces body temperature and in cold Scottish winters this may be a real problem. US research reported alcohol consumption by older people as often being associated with death from hypothermia (Finlayson and Hurt 1998).

As people age they may become biologically more vulnerable to alcohol, and even modest use can affect their health and well being, what is deemed as 'low risk limits' for adults may still cause harm to an older person whose body is more susceptible to the effects of alcohol. Some of the physical changes which occur as we age include:

- **A fall in ratio of body water to fat – older people have less water for the alcohol to be diluted in;**
- **Decreased hepatic blood flow/inefficiency of liver enzymes – alcohol will not be broken down as effectively;**
- **Altered responsiveness of the brain showing in a slowing down of reaction time.**

The 'Age Gracefully Report (2008)' noted that modest use of alcohol, 1-3 units daily, in old age can contribute to a variety of problems such as falls, poor memory, incontinence, mismanagement of medication and inadequate diet. (A standard unit of alcohol is generally regarded in the UK as containing 7.9 grams of alcohol; it is equivalent to half a pint of beer, to a small glass of weak wine (125ml at 8 per cent) or a 25ml pub measure of spirits.) With an already heightened vulnerable disposition, problematic drinking poses significant physical and mental health risks for older people. At heavy drinking levels a wide range of physical and mental problems may occur (Skovenborg 2007) including; heart and circulatory system problems, certain cancers such as mouth and throat as well as cancers of the lower gastro intestinal tract such as gastritis and ulcers. There is an increased risk of liver damage ranging from fatty liver to the extreme and life threatening liver cirrhosis.

Heavy drinking can also reduce perception, thinking, reasoning, and memory loss (Risberg 1987, Mukamal 2004). The loss of cognitive function is a serious health problem, and the likelihood of developing impaired brain function increases with age and with alcohol consumption. Alcohol related brain damage (ARBD) can occur in people with severe chronic alcohol problems, and long term alcohol misuse is associated with alcohol related dementia Wernicke-Korsakoff Syndrome.

The impact this has on Scottish health and social care services is significant. Figures taken from Alcohol Statistics Scotland (2007) highlight that:

- **Alcohol related general hospital discharges were most common in the older age groups;**
- **The 60+ age group top the alcohol related emergency admissions during the week and at the weekend;**
- **The highest number of alcohol related deaths, where alcohol was an underlying or contributory factor, was in the 60+ age group;**
- **Out of all general acute inpatient discharges with alcohol related diagnosis the 60+ group had the highest rates of liver cirrhosis, alcohol hepatic failure, fatty liver, alcoholic cardiomyopathy, harmful use, acute intoxication, alcohol dependence and alcohol psychoses.**

In addition to this there are several age related factors that may cause an older person to drink problematically or act as a barrier to treatment:

### **Under-reporting**

Research in the mid 1990s suggested that older people tend to under-report their drinking, often omitting any drinks which they consider to be medicinal, therefore a true picture is not seen in terms of consumption (Dunne 1994 Aira et al 2008). Moreover, any problems can go unnoticed for a significant period of time due to the reduced social contact which may come when a person retires (Alcohol Concern 2005).

### **Lifestyle Disruption**

Lifestyle changes cannot be underestimated in this population. Loss of routine and structure brought by retirement, bereavement and widowhood, declining health, family leaving the nest and social isolation which can all lead to boredom, depression and a lack of coping mechanisms. Added to this deteriorating vision and hearing may cause real feelings of isolation. One third of older people who misuse alcohol develop the habit later in life, often in response to a traumatic life changing event such as the death of a loved one or retirement (Institute of Alcohol Studies 2007).

### **Misdiagnosis**

Some consequences of alcohol misuse, such as incontinence, falls, cognitive impairment and self neglect and dementia are often regarded as merely signs of ageing. Often the health problems brought on by alcohol misuse are treated, but the primary cause of such ailments is overlooked.

## **2.3 Alcohol and Older Women**

GPs identify more men than women with alcohol dependence up to the age of 65 years; thereafter there is little gender difference (Wilkins et al 2008). At every age and stage of life, women are biologically vulnerable to alcohol, and therefore more susceptible to the effects and risks from alcohol than men, but this is particularly true as we age. Compared to men, women do not have as high a proportion of water to fat in their bodies. This is combined with a smaller blood volume which means the effects of alcohol are felt at lower doses in women compared to men (International Centre for Alcohol, Policy 2001). Therefore the same amount of alcohol can generally have a stronger and faster affect on a woman and can potentially cause her more harm as a result.

A Radio 4's Women's Hour in April 2008 reported that not only has there been a significant jump in the increase of women over 60 drinking alcohol but, more shockingly, a 20% increase in the number of older women admitted to rehabilitation for alcohol misuse in the past few years. The programme highlighted that many older women are drinking to excess without realising the damage they are doing to their health. The lack of unit awareness is serving to exacerbate the negative effects of alcohol on both physical and mental health in older women. The programme suggests that alcohol has become a 'way of life' for many older women - a glass of wine has become the new cup of tea and this is having significant health impacts.

If an older woman regularly exceeds the recommended sensible drinking guidelines some significant gender specific risks include:

## Cancers

Women have an increased risk of a number of cancers. However the results from research are mixed for example one study shows that consuming just one drink a day (1 and a 1½ UK units) causes an extra 7,000 cancer cases a year, mainly breast cancer. (Journal Watch Women's Health 2009). This finding of a link between alcohol and breast cancer is emerging as consistent over a number of studies (Baan et al 2007, Vano and Schneider 2009). A recent US study concluded that postmenopausal women consuming two or more alcoholic drinks a day (4 UK Units) may double their risk of endometrial cancer. (Setiawan et al. 2008). However, a thorough prospective cohort study carried out in Sweden did not confirm this finding (Friberg and Wolk 2009).

Women are more susceptible to alcohol-related liver damage than men. An Italian study (Corroa et.al. 1997) suggested the risk is almost 50% higher. There is no doubt that deaths from chronic liver disease have risen in Scotland and in the UK in general over the past 30 years (Donaldson 2001). The role alcohol plays is confounded by other factors such as poor nutrition, obesity and viral infections (Plant 2008).

## Osteoporosis

Regular alcohol consumption increases the chance of developing osteoporosis as it interferes with the absorption and use of calcium and vitamin D and other bone nutrients (Plant 2008).

## Heightened response to medication

An increase in the use of medication to alleviate physical and psychological illness is common in the older age groups. Many common over the counter or prescribed medications can have a negative reaction with alcohol which can result in a variety of physical and psychological problems. It is documented that older women have a heightened response to over-the-counter and prescription medications and therefore are more likely to be at risk of the problems when mixing medications with alcohol. (Blow and Barry 2003) Moreover, older women are more likely to be prescribed benzodiazepines than older men and therefore again will be more likely to experience problems of the interaction of these medications with alcohol.

## Social Isolation

A significant issue for all older people is the increased risk of social isolation and the possibility of reduced independence. Due to the fact that women outlive men and are therefore more likely to find themselves living alone, it is of particular concern when looking at older women. As can be seen in Table 1 a large proportion of older people live alone, particularly in the oldest age groups. Almost 80% of women over the age of 75 live on their own compared to just over 50% of men (Raab and MacDonald 2004).

**Table 1. People aged 50+ by living group, age group and sex**

|              | Male  |       |      |       | Female |       |       |       |
|--------------|-------|-------|------|-------|--------|-------|-------|-------|
| Living Group | 50-64 | 56-74 | 75+  | base  | 50-64  | 65-74 | 75+   | base  |
| Alone        | 29.0  | 32.9  | 52.6 | 2,120 | 32.2   | 53.1  | 78.99 | 4,342 |
| With Partner | 45.6  | 58.6  | 40.7 | 2,892 | 46.4   | 38.1  | 13.9  | 2,955 |

**Source: Raab and MacDonald 2004**

This report also noted the oldest age groups are least likely to have had recent contact with friends, with 21% of older people aged 75+ reporting no contact in the previous 2 weeks, compared with 15% of the 65-74 age group. Face to face contact, rather than telephone only, was also a little less likely for the oldest group. If a women is drinking at home to help her cope with feelings of loneliness and isolation, drinking patterns can go unnoticed for a considerable time, often until a real health problem arises.

## Chapter 3: Development work and research with older women

Since May 2008 the GINA Project has carried out development work and research around older women and alcohol. The work has now concluded, and the following section of this report will outline the processes used to gather information as well as outlining the key findings.

### 3.1 Ethos

The ethos underpinning this research was to encourage healthy and independent living for older women for as long as possible. Moreover it was recognised that to ‘get it right’ in terms of developing information and training to assist older women to make informed choices about alcohol, it was absolutely critical to ask them and their carers what would work best for them.

### 3.2 Aims

The overall aims of the work were

- **To examine the alcohol related experiences of older people;**
- **To gather qualitative information from women aged 55+ to gain a better understanding about their relationship with alcohol, including knowledge around unit awareness as well as general attitudes and beliefs;**
- **To gather quantitative information from people (men and women) aged 55+ to gain a better understanding of their relationship with alcohol;**
- **To explore knowledge of the impact alcohol may have on medication effectiveness;**
- **To develop and pilot a training package for carer support workers of older people who may have issues with alcohol.**

### 3.3 Methodology and Approach

To achieve the aims on the previous page a mixed-method approach combining elements of both quantitative and qualitative methodologies was employed:

#### **Questionnaires**

An alcohol questionnaire was developed to gather the quantitative information around older people's relationship with alcohol. This has been used with both older women and older men to give an overall population view of the key issues. The full results of the response from older women are contained within this report, however detail of the information gathered from men can be found in Appendix 2.

#### **Focus Groups**

In recognition of the women focused remit which the GINA Project has focus groups were carried out with older women only for the purposes of this work. These groups allowed for the gathering of more detailed qualitative information.

#### **Training**

A focus group was formed to discuss training needs and included inputs from key partners from Princes Royal Trust for Carers, Independent Age, the Scottish Pensioners Forum, the GINA Project and Alcohol Focus Scotland (AFS) Training Section. From discussions at meetings of this group the AFS Training Section developed a draft training package for carers.

### 3.4 Questionnaires

A questionnaire was developed (See Appendix 1) to gather quantitative information from men and women in Scotland aged 55+ about their relationship with, and attitudes towards, alcohol and alcohol information. The questionnaire asked questions about general drinking behaviour, knowledge of alcohol information, alcohol and medication, affects of alcohol, services and support, and how to best reach older people with information about alcohol.

#### **Socio-demographic considerations**

As noted earlier the results were analysed by gender. In addition, respondents were asked for the first three characters of their postcodes thus allowing for a geographical breakdown of data whilst still retaining anonymity.

#### **Dissemination**

Altogether 1160 questionnaires were sent out, along with a covering letter to explain the project, and a freepost self-addressed envelope to encourage the return of questionnaires. 210 were sent to the Scottish Pensioner Forum's membership, 150 were distributed at Age Concern Scotland's Annual General Meeting and a further 800 were sent to their membership through their Advantage newsletter mailing. It was thought that disseminating the questionnaire via two national networks would ensure a more representative geographical and gender make up of Scotland. The return rate was 22%.

#### **Analysis**

An electronic database was created to assist with the collation and analysis of data from the questionnaires. The data gives a general picture of the relationship between alcohol and those over 55, as well as revealing some problematic drinking behaviour. For the purposes of this report the women's data has been given priority focus.

### Gender

Almost twice as many women responded to the questionnaire, with 65% female respondents and 32% male (3% chose not to include their sex). This seems fairly representative of Scotland as a whole as there are roughly 650,000 older women and 345,000 older men in Scotland (older defined as retirement age or above).

### Geography

The majority of the respondents live in postal zones G (25%) and EH (20%). Most other postal areas are represented, with the exceptions of ZE and HS. There was also low representation from postal zones ML, PA and TD. However it is important to note that a high number of respondents, roughly 17% chose not to submit the first 3 characters of their postcodes.

### Age Range

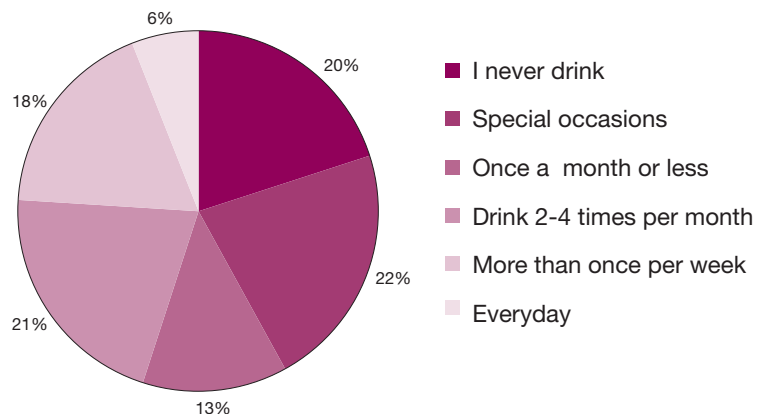
Of the 251 respondents there was a fairly even age split with 53% of the respondents from the 55 – 75 years range and 44% from the 75+ years range. 3% of respondents did not include their age.

## Key Findings - Women

### Drinking patterns

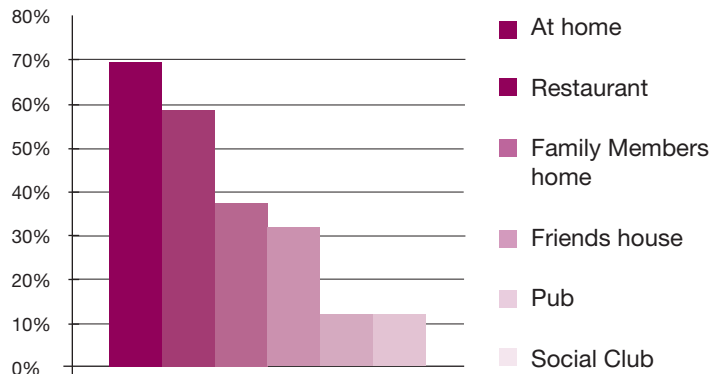
#### How often do you drink alcohol?

The vast majority of female respondents drink alcohol, with only 20% reporting that they never drink alcohol. The most popular cohort was 'special occasions only', with 22%, and the least common cohort was 'every day' with only 6%.



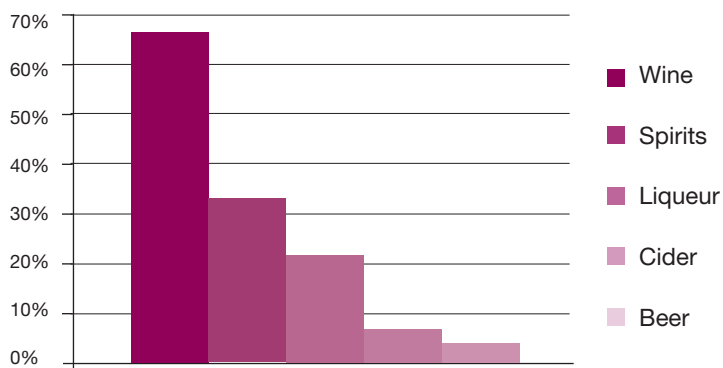
#### Where do you usually drink?

The majority of women who drink reported drinking at home (69%), followed by in restaurants at 58%. The least common drinking locations were at social clubs and pubs where only 11% of the women usually drank.



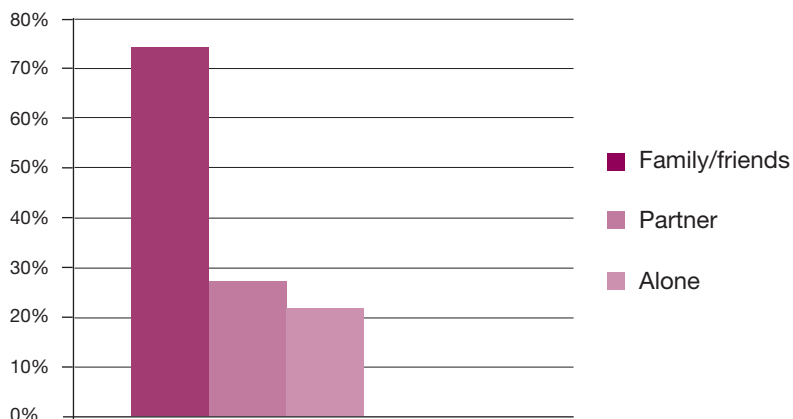
### What are your favourite drinks?

For those who drink, the most popular choice of drink was wine, with 66% of the women reporting that they drank it. Only 4% of the women reported beer as one of their favourite drinks.



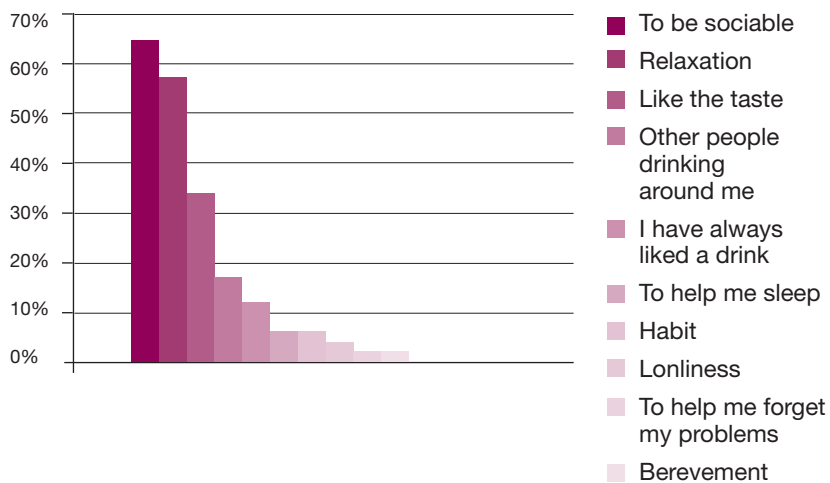
### Who do you drink with?

75% of the women who drink do so with family and friends. Just over a quarter, 26%, of women drink with their partner and 16% said they drink alone.



### Why do you drink?

The most popular reason for drinking, for those women who drink, was to be sociable (63%). Relaxation too was a popular reason (57%). A further 5% of respondents cited drinking as a means to help them sleep. Other reasons included loneliness (2%) to help forget their problems (1.5%), and a further 1.5% cited bereavement as a factor for their drinking.

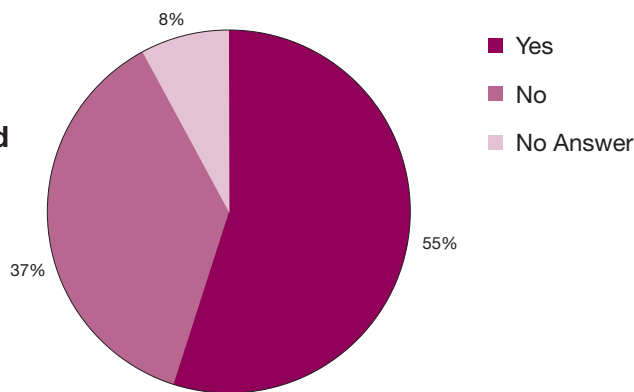


## Knowledge and support

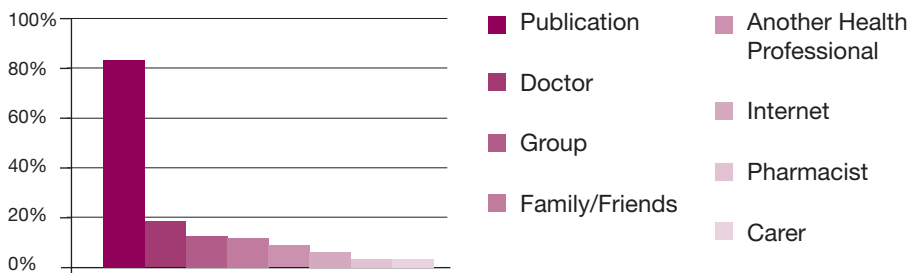
### Have you ever had any information about drinking and your health?

#### Where from?

Fifty-five percent of female respondents reported having previously received information about drinking and health. The most common medium for this information was from written literature, such as newspapers, other publications and leaflets, with 82% of these women receiving information this way. The second most common source of information was from their doctor with 18% of the women receiving information from their GP.

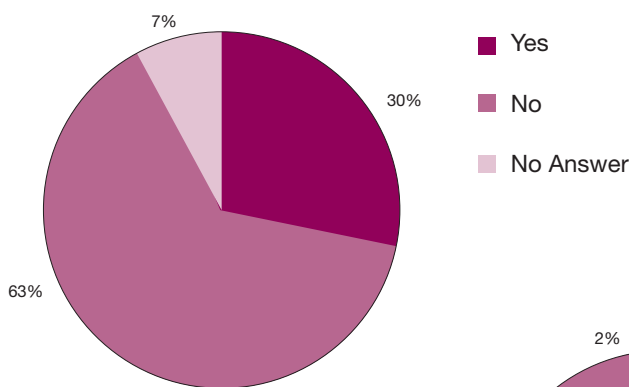


#### If so where did you get the information?



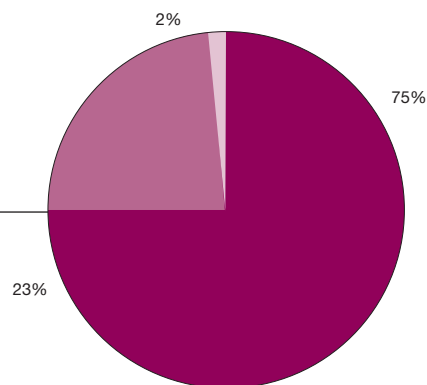
### Have you ever been asked by your doctor or nurse about your drinking?

Only 30% of the women report having being asked by their doctor or nurse in the past about their drinking. The additional comments section shows that much of this was during a pre-operation screening discussion.



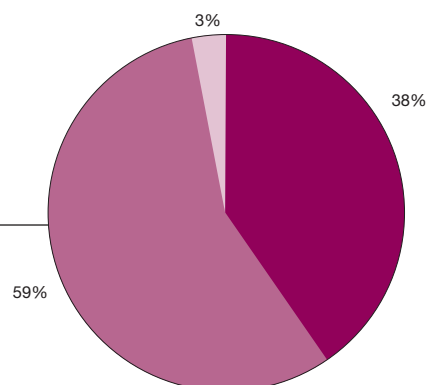
### Are you on prescribed tablets from your Doctor?

- Yes
- No
- No Answer



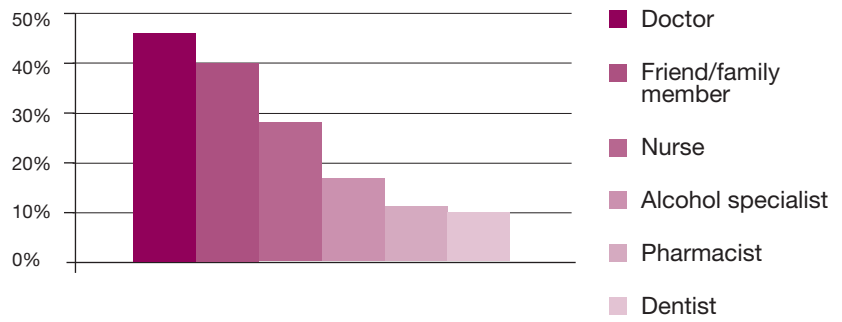
### If yes, did anyone talk to you about whether these tablets could be affected by drinking alcohol?

- Yes
- No
- No Answer



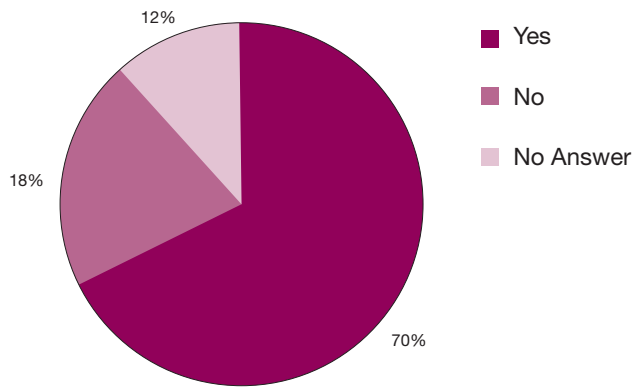
**Who would you feel comfortable talking to about drinking?**

Forty-five percent of the female respondents said they would feel comfortable talking to a doctor about their drinking. The second most popular choice was with a family member or friend (40%) and the third most popular was a nurse (28%).



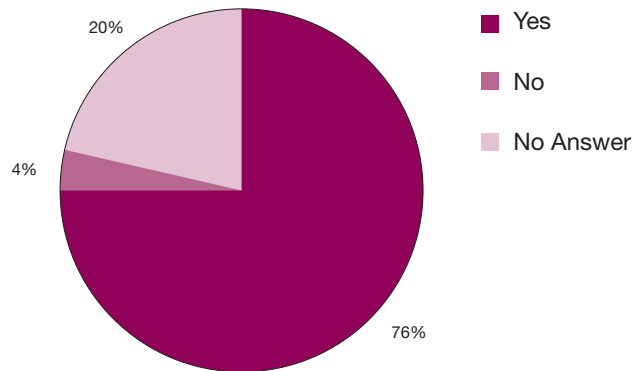
**Would you know where to get help if you or a friend/family member needed help for harmful drinking?**

Seventy percent of women said they felt they would know where to get help if they needed help in relation to alcohol misuse.



**Would you use local supports for you or your family if they needed help?**

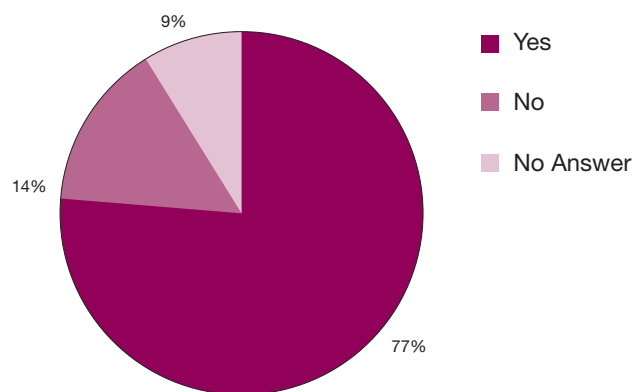
Seventy-six percent of female respondents reported that they would use local supports for alcohol problems if they thought this was needed.



**Information**

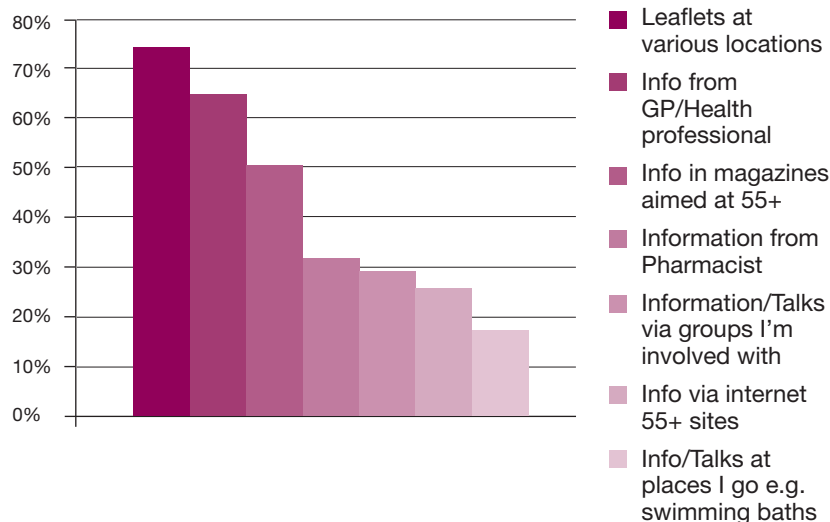
**Do you think those aged over 55 need to be given more information about alcohol?**

Seventy-seven percent of the women who responded felt that the over 55 population need to be given more information about alcohol.



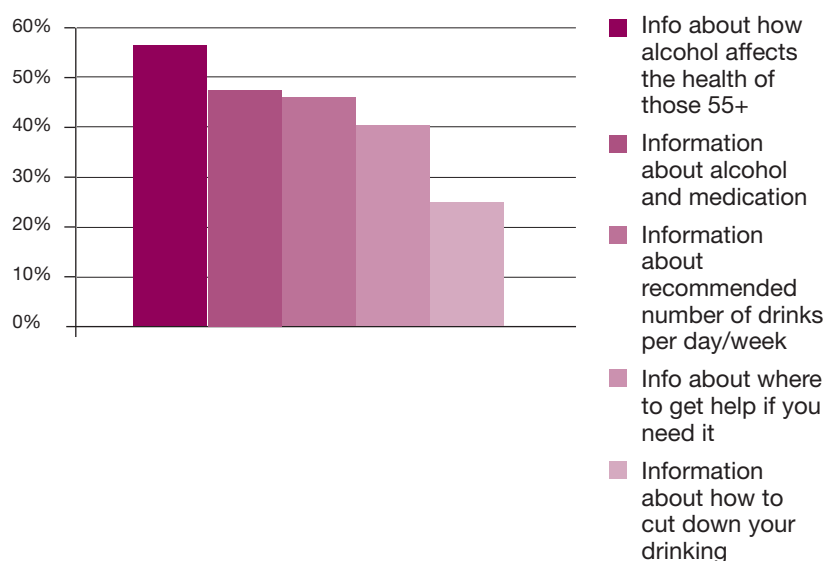
### What are the best ways to give people over 55 information about alcohol?

Seventy four percent of women felt that leaflets available at a range of locations would be a good way to give people over 55 information about alcohol. Other popular methods were information to be given from GPs and health professionals (64%) and for information to be included in specific magazines aimed at the 55+ population (50%).



### What kind of information would you find most helpful?

The most popular type of information which women reported they would like was about how alcohol affects the health of those 55+, with 56% of women selecting this option. The second most popular choice was information about alcohol and medications with 48%, closely followed by information about the recommended number of drinks per day/per week with 47%.



For more detailed information of the results please see Appendix 2. This Appendix also includes the data gathered from men.

## 3.5 Focus Groups

### Aim

It was decided to run a series of Focus Groups to gather more in-depth qualitative information in relation to older women and alcohol. The main outcomes sought were:

- **Baseline information on general alcohol awareness;**
- **Insight into general attitudes to drinking of women 55+;**
- **Understanding of what type, format and content of alcohol Information women over 55 would best relate;**
- **Understanding of where and how women over 55 would like to receive information about alcohol.**

## Location and Numbers Involved in Focus Groups

A total of 6 focus groups were carried out across Scotland. The Glasgow focus group was organised in partnership with the Scottish Pensioners Forum and the remaining 5 were organised in partnership with Age Concern Scotland. These groups allowed discussions to take place with a total of 50 women aged 55+.

There was a very positive response from women willing to participate in the focus groups and as such excellent coverage was achieved across Scotland in both urban and rural communities.

Focus groups took place in:

- **Edinburgh x 2**
- **Glasgow**
- **Fife**
- **Fort William**
- **Castle Douglas**

## Format of Focus Groups

Each Group ran for 2 hours with the following format:

- **Presentation and group discussion on general alcohol awareness, including facts and figures, demographic and attitudinal changes;**
- **Presentation and unit 'party game' to gain an insight into participants' awareness of the unit system;**
- **Resource scoring and feedback - women sampled a variety of alcohol information resources and gave us feedback on what they felt would and wouldn't work for older people;**
- **Group discussion on how and where could we best get alcohol information across to those aged 55+.**

## Key Findings from Focus Groups

The following key findings were evident across all the focus groups:

### Alcohol Awareness and Attitudes

All women who took part in the focus groups reported they have seen a massive shift in attitudes to alcohol in their lifetime, with alcohol consumption being increasingly acceptable, particularly for women. The women highlighted that there was a particular shift from a culture of drinking alcohol on special occasions to much more regular drinking. Furthermore there was complete agreement from all women that pubs and alcoholic drinks have become much more 'woman friendly' over the past number of years.

On the whole there was very poor and inaccurate unit awareness amongst participants in the groups. Some women knew units existed but very few knew what this meant in real terms. Overall there was generally much surprise from all the women about units of alcohol - most had heard of units but almost all vastly underestimated what a unit of alcohol was, with many equating a unit as a 'drink' (i.e. a glass of wine, a gin or a sherry). This came as quite a shock to some of the participants.

Another important finding was the limited general awareness amongst most participants about the impact of alcohol on medication/s.

## Alcohol Information

When discussing where and how it is best to get information across to older people the women felt that a variety of approaches were needed, rather than simply producing an information leaflet. The following key recommendations came from these discussions:

### Measuring / Unit Awareness Resources

In terms of resources the women particularly liked the straightforward approach of the unit measure cup and the unit calculator wheel as tools to become more unit aware. Women felt these resources were easy and fun to use.

### Written Information

The most popular overall resources viewed were Alcohol Focus Scotland's 'Alcohol and Older People' leaflet and 'Alcohol Information': The 'Facts' leaflet which was produced by NHS Greater Glasgow, Deaf Connections, Deafblind Scotland and West Scotland Deaf Children's Society. Both these resources were described as easy to understand with graphics and a good print size. The size of print was highlighted in every group as being critically important to older people.

### Information Sessions

All the women who participated felt that imparting information in the format used within the focus group was very useful in terms of allowing for discussion and debate on what are sometimes contentious issues. It was generally felt that the impact of any other information resource was greatly enhanced by the verbal delivery of alcohol information in a group setting. This approach was seen as beneficial as it gave participants the opportunity to discuss the issues raised in a non-threatening, non-intrusive way with the facilitator and peers. The discussion approach also assisted in clearing up any misunderstanding or misinterpretation of information, as well as allowing for the further cementing of the messages through the use of practical exercises.

## Where and how information is best provided

The women within the focus groups again highlighted that there was no one preferred location - it had to be delivered in a variety of ways in a variety of locations and settings. The main suggestions for the best places to impart information echoed the findings from the results of the questionnaire survey.

### Best places for written information:

- Doctors surgeries
- Pharmacies
- Places where older people's groups/clubs meet – swimming baths, sports centres etc
- Libraries
- Churches
- Opticians
- Dentists
- Citizen's Advice Bureaux
- Police stations
- Local supermarkets
- Bus stations
- Publications and websites targeted at older people

**Best places for verbal information i.e. discussion groups:**

- **Groups and clubs for older people**
- **Lunch clubs**
- **Day care groups**

**Women's Feedback on Involvement in Focus Group Activity**

A number of participants reported that they had felt slightly nervous and apprehensive about taking part in the focus group on alcohol with several having concerns that they would be lectured to about the dangers of drink. At the end of the session all participants reported that they had found the session very informative and that it had made them think about alcohol differently. Many women reported that they would be making a choice to cut down in terms of what they currently drink. All women reported that they had enjoyed having the chance to learn more about alcohol in this type of small group setting.

## Chapter 4: Carers Training

In recognition of the age related factors that may cause older people to drink problematically or act as a barrier to treatment (as discussed in Chapter 2), GINA considered how best to engage with those older people who were perhaps more isolated than their peers. Many older people in our communities can be more isolated than most due to illness and disability. They may have limited mobility and as such will be less able to leave the house independently. As a result they will be less 'visible' within our communities and less likely to participate in groups or clubs.

When considering how best to engage with this group of older people it was decided that the most effective way to reach them was by developing alcohol awareness training for carers. This recognised the reality that many older people who have become less socially active in general get some level of support from a carer. It was further recognised and agreed that these carers could be either vocational (working with the older person in a paid or unpaid capacity) or non-vocational (family members or friends of the older person). It was felt that by equipping carers with general alcohol awareness information, it would assist less visible older people to gain information and support if required, both in terms of consumption and possible problematic drinking.

### 4.1 Development of Training Package for Carers

To take forward the development of this, training meetings took place with Alcohol Focus Scotland Training Section and the GINA Project and from this it became apparent that the specific training would need to be developed with the two distinct groups in mind:

- **Training for vocational carers (i.e. people who work in the caring field – home helps, sheltered housing wardens, day care workers, volunteer carers etc);**
- **Training for non-vocational carers (i.e. family members and friends).**

It was agreed that the training package would be developed into 3 main sections:

- 1. General alcohol awareness information;**
- 2. Main body reflecting the particular issues of the caring role – this would involve small group work and discussion of key issues and moral dilemmas;**
- 3. Signposting.**

It was agreed that for both carer groups (vocational and non-vocational) sections 1 and 3 of the package would be the same, however section 2 would need to be tailored to the needs of each group to reflect the parameters and differences of each distinct caring role.

## 4.2 Training Tester Session

To date, the initial training package for non-vocational carers has been developed and a tester session took place with six Carers Support Workers from The Princess Royal Trust for Carers in February 2009.

Feedback from the tester session was positive but further work is required to develop this training to reflect the fact carers have very limited time to attend training/information sessions of this type. It is intended that in the longer term this training could be delivered to Carers Support Workers across Scotland who would then roll this out to carers they work with who they feel would benefit from this type of input.

Discussions have also taken place with key stakeholders around the potential development of training for vocational carers. These initial discussions have served to illustrate the potential for the development of this training as well as highlighting areas for potential partnership working at a local level to enable delivery. At this stage these discussions are ongoing and further work is required to research the scope for the potential development and roll-out of this package to vocational carers across Scotland.

# Chapter 5: Conclusions and Recommendations

## Conclusions

There are two facts which underpin the need to address issues about older people and alcohol. Our ageing population will increase considerably in the next 25 years, with the over 50s due to make up more than 55% of our adult population by 2027. This demographic forecast is combined with the steady rise in alcohol consumption right across the population with particular increases in women's drinking and drinking within the 'baby boomers' generation.

As highlighted in the 'Alcohol and Ageing' Report, if current drinking trends continue, by 2031 we could expect to see an almost three fold increase in the numbers of people with alcohol related problems in old age. The potential impact of an increase of this scale in terms of resources for health and social care services is of major concern.

The work undertaken by the GINA over the past year has gone some way into exploring the experiences of older people and in particular older women, in terms of their relationship, attitude and experience of alcohol. Especially interesting has been the opportunity to discuss the changing culture over the past 40 years in relation to alcohol, particularly for women.

The research has however drawn out a number of concerning issues in terms of general alcohol awareness amongst older people. The most overwhelming issue is that unit awareness is particularly poor, knowledge of what the recommended weekly units are in terms of drinks, as well as a lack of understanding about the potential impacts of alcohol on medications.

## Recommendations

From the key findings from the questionnaire survey and the Focus Group work the following recommendations are proposed.

### 1. Development of age based sensible drinking guidelines

In agreement with the 'Alcohol and Ageing Report' and the National Institute on Alcohol Abuse and Alcoholism, it is recommended that age based sensible drinking guidelines are essential to ensuring a healthier and thus more independent population of older people. The current guidelines do not take into account the vulnerability to alcohol induced by the ageing process. Some organisations in other countries have already made reduced guidelines for older drinkers. The National Institute on Alcohol and Alcoholism in the United States recommends a limit of one standard US drink (one and a half UK units) a day for both older men and older women.

### 2. Development of alcohol information resources for older people

Older people have provided their thoughts and ideas on the style and types of resources which could have the most impact with the older population. It has further been highlighted that print size and graphics are vital within these resources to ensure they are accessible and engaging without being condescending.

### **3. Placement of information in areas identified as being most relevant to older people**

Consideration should be given to placement of information in the locations identified in this report.

### **4. Delivery of alcohol awareness sessions for older people**

Taking into account the feedback from older women in terms of their experience of having alcohol awareness information delivered within a discussion group setting, it is recommended that sessions are delivered at groups and clubs attended by older people. The older women in the focus groups reported that they felt this type of input significantly heightened their understanding of the implications of alcohol consumption in older age.

### **5. Focus Groups with older men**

It is recommended that to give further weight to this research carried out by GINA, focus groups are organised with older men. These groups should take the same approach and format as the women's groups and involve the same key partners if possible.

### **6. Development of an Older People's Strategy by Alcohol Focus Scotland**

The work which GINA has carried out has been significant in terms of developing understanding about older people and alcohol. It is recommended that Alcohol Focus Scotland in its role of lead national charity on alcohol develops a strategy for work with older people to ensure the key areas identified from this research are developed and moved forward.

### **7. Raised awareness among health professionals on the importance of discussing the possible effects of alcohol and medication**

Any GP health check ups for this group should include a drinking history and awareness of the need to discuss the interaction between alcohol and medication.

### **8. Work with Carers**

The report has attempted to describe the importance of carers in terms of engaging those older people who are most vulnerable in our society. Work on awareness raising training should continue to be developed by the key partners already engaged, and others, to ensure we reach those older people.

### **9. Explore options for further development work and awareness raising training**

Explore options for further work possibly through brief intervention support mechanisms for Primary Care Trust staff, to raise awareness of issues around older people's consumption of alcohol and in particular identifying older women as a vulnerable group in this area. Work on other areas of awareness raising training should also continue to be developed by the key partners already engaged to ensure we reach older people.

The above recommendations and subsequent actions are a starting point to addressing the significant challenges facing Scotland as its population ages. We have at our disposal facts and figures which allow us to predict relatively accurately the considerable difficulties which face our health and social care services. The challenge is to reach 2031 having improved the health and wellbeing of our older population. Older people in Scotland have the right and should have the opportunity to live as healthily and independently for as long as possible. Making informed and considered decisions about their alcohol consumption is vital to ensuring that future.

## Chapter 6: Acknowledgements

As detailed earlier in the report, GINA has worked in partnership with a number of key organisations to enable this research to happen.

In particular the sharing of information and expertise with the following organisations has been extremely helpful:

- **Scottish Pensioners Forum**
- **Age Concern Scotland (now Age Concern and Help the Aged Scotland)**
- **Princess Royal Trust for Carers**
- **Independent Age**
- **Alcohol Focus Scotland**

Moreover we acknowledge the impact and importance of the two key reports which inspired this work:

- **‘Alcohol and Ageing – Is Alcohol a Major Threat to Healthy Ageing for Baby Boomers?’ - Alcohol and Ageing Working Group (2006).**
- **‘Age Gracefully; Drink Safely – A Report on the Drinking Patterns of Older People in South Ayrshire’ - NHS Ayrshire and Arran, South Ayrshire Council, Ayrshire and Arran ADAT (2008).**

Particular thanks are extended to all the older people who completed our questionnaire and to the women who participated in the Focus Groups. Their knowledge, experience, honesty and willingness to share made this work possible.

Further thanks are extended to the Carers Support Workers from the Princess Royal Trust for Carers and West Lothian Drug and Alcohol Service for their input and thoughts around the carers training.

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## Alcohol and Ageing

# Chapter 8: Appendices

## Appendix 1: ALCOHOL QUESTIONNAIRE

The majority of current information on how to drink alcohol in a healthier way is aimed at younger people. This questionnaire is to gather some information about what those who are aged 55+ years think about alcohol.

The information we gather will be used to inform our future work with people 55+ years and to make sure that any information we produce is useful to those over 55.

This questionnaire is completely anonymous. Please tick the appropriate boxes, at times you may need to tick more than one.

1. Are you:      Male     Female

2. Where do you live? (please give the first 3 characters of your postcode) \_\_\_\_\_

3. How old are you?

55-64     65-74     75-84     85-94     other

4. How often do you drink alcohol?

I never drink alcohol (if you never drink alcohol please go direct to q.11)

I only like to have a drink on special occasions i.e. Christmas

I like to drink once a month or less

I like to drink around 2 – 4 times per month

I like to drink more than once per week

I like to drink every day

5. If you do drink, how many drinks do you normally have?

1-2 drinks

3-4 drinks

5-6 drinks

7 or more

**6. How many drinks does it take for you to feel the effects of alcohol?**

- 1-2 drinks
- 3-4 drinks
- 5-6 drinks
- 7 or more

**7. Where do you usually drink? (If more than one applies please let us know your main 3 places)**

- |                    |                          |                           |                          |
|--------------------|--------------------------|---------------------------|--------------------------|
| At home            | <input type="checkbox"/> | Pub                       | <input type="checkbox"/> |
| Social club        | <input type="checkbox"/> | Restaurant                | <input type="checkbox"/> |
| At a friend's home | <input type="checkbox"/> | At a family member's home | <input type="checkbox"/> |
| Other              | <input type="checkbox"/> |                           |                          |

Please specify \_\_\_\_\_

**8. What is your favourite drink? (Please tick as many boxes as apply)**

- |                            |                          |       |                          |         |                          |
|----------------------------|--------------------------|-------|--------------------------|---------|--------------------------|
| Wine                       | <input type="checkbox"/> | Beer  | <input type="checkbox"/> | Spirits | <input type="checkbox"/> |
| Liqueur (including sherry) | <input type="checkbox"/> | Cider | <input type="checkbox"/> |         |                          |
| Other                      | <input type="checkbox"/> |       |                          |         |                          |

If other please specify \_\_\_\_\_

**9. Who do you drink with?**

- Partner  Alone  Family/Friends

**10. Why do you drink? (Please tick 3 main reasons)**

- To be sociable
- Habit
- To help me forget my problems
- I like the taste
- I have always liked a drink
- Relaxation
- Boredom
- To help me sleep
- Loneliness
- Other people drinking around you
- To keep warm
- Bereavement

Other reason (please give some details): \_\_\_\_\_

**11. Have you ever had any information about drinking and your health (i.e. information about recommended number of drinks per week, etc)?**

- Yes  No

**12. If you have received information, where did you get it?**

(Please tick as many boxes as apply)

- From the internet
  - In a magazine/newspaper/publication/leaflet
  - From a group I'm involved with
  - From my doctor
  - From a pharmacist
  - From another health professional (please specify below)
  - From family / friends
  - From a carer who helps me
  - Other (please specify)
- 
- 

**13. Have you been asked by your doctor/nurse about drinking?**

Yes  No

Please give details:

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**14. Alcohol and medicines**

Are you on any tablets from your doctor?

Yes  No

**If yes, did anyone talk to you about whether these tablets could be affected by drinking alcohol?**

Yes  No

Comments:

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**15. Who would you feel comfortable talking to about your drinking?**

(Please tick as many boxes as apply)

- Friend/family  Doctor  Nurse  Pharmacist
- Dentist  Alcohol specialist  Other

If other please specify:

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**16. How does alcohol affect you?**

**Do you see any benefits from your drinking?**

Yes  No

Please give details:

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**17. Do you think there are any problems caused by your drinking?**

Yes  No

Please give details:

---

---

**18. Do you think the benefits outweigh the negative effects?**

Yes  No

**19. Do you feel alcohol has caused any of the following issues for you?**

(Please tick as many boxes as apply)

|  |                          |                 |                          |                       |                          |
|--|--------------------------|-----------------|--------------------------|-----------------------|--------------------------|
| Depression                             | <input type="checkbox"/> | Memory problems | <input type="checkbox"/> | Relationship problems | <input type="checkbox"/> |
| Liver problems                         | <input type="checkbox"/> | Accidents/falls | <input type="checkbox"/> | Stomach pain          | <input type="checkbox"/> |
| Increased side effects from medication | <input type="checkbox"/> | Sleep problems  | <input type="checkbox"/> |                       |                          |
| Other                                  | <input type="checkbox"/> |                 |                          |                       |                          |

Please give details:

---

---

**20. Would you know where to get help if you or a friend/family needed support for harmful drinking?**

Yes  No

Please give details:

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**21. Would you use local supports for you or your family if they needed help?**

Yes  No

Please give details:

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**22. Most information on how to drink safely and healthily is targeted at young people.**

**Do you think those over 55 need to be given more information about alcohol?**

Yes  No

Comments:

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**23. Where are the best ways to give information about alcohol to people who are 55+ years?**

(Please tick as many boxes as apply)

Information leaflets at various locations i.e. doctors/chemist

Information via the internet on sites aimed at those 55+

Information given by your GP/other health professional

Information from your local pharmacist

Information through specific magazines for those 55+

Information/talks via clubs or groups I'm involved with

Information/talks in places I go i.e. the gym/swimming baths

Other (please give details)

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---

**24. What kinds of information would you find most helpful?**

(Please tick as many boxes as apply)

Information on the recommended number of drinks per day/week

Information on how to cut down your drinking

Information on how alcohol affects the health of those 55+

Information on where to get help if you need it

Information on alcohol and medications

Other (please give details)

---

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**25. And finally, on a scale of 1 – 4 how much has filling in this questionnaire made you think about your relationship with alcohol?**

1 (not at all)

2 (it has made me think about it a little)

3 (it has made me think about it a lot)

4 (it has made me completely reconsider my drinking)

Comments

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**Many thanks for taking the time to complete this questionnaire - the information you have given is of great help in making sure we get the right kind of information out to those age 55 and over about how to drink alcohol in a healthy way.**

## Chapter 8: Appendices

### Appendix 2 - Breakdown of Data from Questionnaires - Male and Female

#### Male Questionnaire Results

| How often do you drink alcohol             | How many | Percentage |
|--|----------|------------|
| I never drink                              | 12       | 15%        |
| I only drink at special occasions          | 11       | 14%        |
| I like to drink once a month or less       | 9        | 11%        |
| I like to drink around 2-4 times per month | 7        | 9%         |
| I like to drink more than once per week    | 26       | 32%        |
| I like to drink everyday                   | 15       | 19%        |

| If you do drink, how many drinks do you normally have? | How many | Percentage |
|--|----------|------------|
| 1-2  | 44       | 65%        |
| 3-4  | 13       | 19%        |
| 5-6  | 2        | 3%         |
| 7 or more  | 2        | 3%         |
| No Answer  | 7        | 10%        |

| If you do drink, how many drinks does it take before you feel the effects? | How many | Percentage |
|--|----------|------------|
| 1-2  | 15       | 22%        |
| 3-4  | 25       | 37%        |
| 5-6  | 13       | 19%        |
| 7 or more  | 3        | 4%         |
| No Answer  | 12       | 18%        |

| Where do you usually drink? | How many | Percentage |
|-----------------------------|----------|------------|
| At home                     | 52       | 76%        |
| Social club                 | 15       | 22%        |
| At a friend's house         | 15       | 22%        |
| Pub                         | 12       | 18%        |
| Restaurant                  | 20       | 29%        |
| At a family members home    | 21       | 31%        |

| <b>What is your favourite drink(s)?</b> |    |     |
|---|----|-----|
| Wine                                    | 41 | 60% |
| Beer                                    | 23 | 34% |
| Spirits                                 | 37 | 54% |
| Liqueur                                 | 8  | 12% |
| Cider                                   | 3  | 4%  |

| <b>Who do you drink with?</b> |    |     |
|-------------------------------|----|-----|
| Partner                       | 29 | 43% |
| Alone                         | 10 | 15% |
| Family/friends                | 40 | 59% |

| <b>Why do you drink?</b>        |    |     |
|---------------------------------|----|-----|
| To be sociable                  | 36 | 53% |
| Habit                           | 11 | 16% |
| Top help me forget my problems  | 4  | 6%  |
| I like the taste                | 13 | 19% |
| I have always liked a drink     | 22 | 32% |
| Relaxation                      | 39 | 57% |
| Boredom                         | 0  | 0   |
| To help me sleep                | 2  | 3%  |
| Lonliness                       | 4  | 6%  |
| Other people drinking around me | 4  | 6%  |
| To keep warm                    | 0  | 0   |
| Bereavement                     | 0  | 0   |

| <b>Have you ever had any information about drinking and your health?</b> |    |     |
|--|----|-----|
| Yes  | 51 | 64% |
| No   | 22 | 27% |
| No Answer  | 7  | 9%  |

| <b>If so, where did you get the information?</b> |    |     |
|--|----|-----|
| From the internet                                | 7  | 14% |
| magazine/newspaper/publication/leaflet           | 39 | 76% |
| From a group I'm involved with                   | 2  | 4%  |
| From my doctor                                   | 11 | 22% |
| From a pharmacist                                | 1  | 2%  |
| From another health professional                 | 3  | 6%  |
| Family/friends                                   | 4  | 8%  |
| Carer  | 1  | 2%  |

| <b>Have you been asked by your doctor or nurse about drinking?</b> |    |     |
|--|----|-----|
| Yes  | 31 | 39% |
| No   | 45 | 56% |
| No Answer  | 4  | 5%  |

| <b>Are you on prescribed tablets from your doctor?</b> |    |     |
|--|----|-----|
| Yes  | 68 | 85% |
| No   | 9  | 11% |
| No Answer  | 3  | 4%  |

| <b>If yes, did anyone talk to you about whether these tablets could be affected by drinking alcohol?</b> |    |     |
|--|----|-----|
| Yes  | 34 | 50% |
| No   | 33 | 59% |
| No Answer  | 1  | 1%  |

| <b>Who would you feel comfortable talking to about drinking?</b> |    |     |
|--|----|-----|
| Friend/family member   | 39 | 49% |
| Doctor   | 48 | 60% |
| Nurse  | 27 | 34% |
| Pharmacist   | 12 | 15% |
| Dentist  | 12 | 15% |
| Alcohol Specialist   | 16 | 20% |

| <b>Do you see any benefits from your drinking?</b> |    |       |
|--|----|-------|
| Yes  | 36 | 45%   |
| No   | 34 | 42.5% |
| No Answer  | 10 | 12.5% |

| <b>Do you think there are any problems caused by your drinking?</b> |    |     |
|---|----|-----|
| Yes   | 6  | 8%  |
| No  | 65 | 81% |
| No Answer   | 9  | 11% |

| <b>Do you feel alcohol has caused any of the following issues for you?</b> |   |      |
|--|---|------|
| Depression   | 1 | 1%   |
| Liver problems   | 1 | 1%   |
| Increased side effects from medication                                     | 1 | 1%   |
| Memory problems  | 4 | 5%   |
| Accidents/falls  | 2 | 2.5% |
| Relationship problems  | 1 | 1%   |
| Stomach pain   | 2 | 2.5% |
| Sleep problems   | 4 | 5%   |
| Other  | 1 | 1%   |

| <b>Would you know where to get help if you or a friend/ family member needed to get help for harmful drinking?</b> |    |     |
|--|----|-----|
| Yes  | 53 | 66% |
| No   | 18 | 23% |
| No Answer  | 9  | 11% |

| <b>Would you use local supports for you or your family if they needed help?</b> |    |     |
|---|----|-----|
| Yes   | 65 | 81% |
| No  | 6  | 8%  |
| No Answer   | 9  | 11% |

| <b>Do you think those aged over 55 need to be given more information about alcohol?</b> |    |     |
|---|----|-----|
| Yes   | 51 | 64% |
| No  | 23 | 29% |
| No Answer   | 6  | 7%  |

| <b>What are the best ways to give people over 55 information about alcohol?</b> |    |       |
|---|----|-------|
| Leaflets at various locations   | 57 | 71%   |
| Information via the internet on 55+ aimed sites                                 | 27 | 34%   |
| Information from GP/Health professional   | 58 | 73%   |
| Information from your local pharmacist  | 21 | 26%   |
| Information in specific magazines aimed at the 55+ age group                    | 35 | 44%   |
| Information/talks via clubs or groups I'm involved with                         | 24 | 30%   |
| Information/Talks in places I go eg. Gym/swimming baths                         | 14 | 17.5% |

| <b>What kind of information would you find most helpful?</b>    |    |       |
|---|----|-------|
| Information about the recommended number of drinks per day/week | 50 | 62.5% |
| Information about how to cut down your drinking                 | 24 | 30%   |
| Information about how alcohol affects the health of those 55+   | 48 | 60%   |
| Information about where to get help if you need it              | 35 | 44%   |
| Information about alcohol and medications                       | 39 | 49%   |

| <b>On a scale of 1-4 how much has filling in this questionnaire made you think about your relationship with alcohol?</b> |    |       |
|--|----|-------|
| 1 - not at all   | 42 | 52.5% |
| 2 - it has made me think a little  | 23 | 29%   |
| 3 - It has made me think a lot   | 5  | 6%    |
| 4 - It has made me completely reconsider my drinking?  | 0  | 0     |
| No Answer  | 10 | 12.5% |

## Appendix 2 - Breakdown of Data from Questionnaires - Male and Female

### Female Questionnaire Results

| Who would you feel comfortable talking to about drinking? |    |     |
|---|----|-----|
| Friend/family member                                      | 65 | 40% |
| Doctor  | 74 | 45% |
| Nurse   | 45 | 28% |
| Pharmacist  | 18 | 11% |
| Dentist   | 17 | 10% |
| Alcohol Specialist  | 28 | 17% |

| Do you see any benefits from your drinking? |    |     |
|---|----|-----|
| Yes   | 50 | 38% |
| No  | 69 | 53% |
| No Answer                                   | 12 | 9%  |

| Do you think there are any problems caused by your drinking? |     |     |
|--|-----|-----|
| Yes  | 8   | 6%  |
| No   | 116 | 89% |
| No Answer  | 7   | 5%  |

| Do you feel alcohol has caused any of the following issues for you? |    |    |
|---|----|----|
| Depression  | 3  | 2% |
| Liver problems  | 3  | 2% |
| Increased side effects from medication                              | 4  | 3% |
| Memory problems   | 7  | 5% |
| Accidents/falls   | 3  | 2% |
| Relationship problems   | 6  | 5% |
| Stomach pain  | 3  | 2% |
| Sleep problems  | 11 | 8% |
| Other   | 5  | 4% |

| <b>Would you know where to get help if you or a friend/ family member needed to get help for harmful drinking?</b> |     |     |
|--|-----|-----|
| Yes  | 114 | 70% |
| No   | 30  | 18% |
| No Answer  | 19  | 12% |

| <b>Would you use local supports for you or your family if they needed help?</b> |     |     |
|---|-----|-----|
| Yes   | 124 | 76% |
| No  | 7   | 4%  |
| No Answer   | 32  | 20% |

| <b>Do you think those aged over 55 need to be given more information about alcohol?</b> |     |     |
|---|-----|-----|
| Yes   | 125 | 77% |
| No  | 23  | 14% |
| No Answer   | 15  | 9%  |

**What are the best ways to give people over 55 information about alcohol?**

|  |     |     |
|--|-----|-----|
| Leaflets at various locations                                | 120 | 74% |
| Information via the internet on 55+ aimed sites              | 58  | 36% |
| Information from GP/Health professional                      | 105 | 64% |
| Information from your local pharmacist                       | 69  | 42% |
| Information in specific magazines aimed at the 55+ age group | 81  | 50% |
| Information/talks via clubs or groups I'm involved with      | 63  | 39% |
| Information/Talks in places I go eg. Gym/swimming baths      | 28  | 17% |

**What kind of information would you find most helpful?**

|   |    |     |
|---|----|-----|
| Information about the recommended number of drinks per day/week | 77 | 47% |
| Information about how to cut down your drinking                 | 40 | 25% |
| Information about how alcohol affects the health of those 55+   | 91 | 56% |
| Information about where to get help if you need it              | 66 | 40% |
| Information about alcohol and medications                       | 79 | 48% |

**On a scale of 1-4 how much has filling in this questionnaire made you think about your relationship with alcohol?**

|   |    |     |
|---|----|-----|
| 1 - not at all  | 85 | 52% |
| 2 - it has made me think a little                     | 44 | 27% |
| 3 - It has made me think a lot                        | 9  | 6%  |
| 4 - It has made me completely reconsider my drinking? | 0  |     |
| No Answer   | 25 | 15% |



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