



**University of Brighton**

## **Cheers!? A project about older people and alcohol**

This research explores the circumstances in which older people drink, the meaning that drinking alcohol has for them and the impact it has, acknowledging that this can be a pleasurable and positive experience, as well as something that can have adverse health, financial, personal and interpersonal impacts. The project used a participative approach and involved older people in designing and carrying out the research as co-researchers and as members of an older people's reference group. Working as a team we were able to draw on our different knowledge, experience and expertise to create contexts in which older people could talk about their experiences of drinking in ways that made sense to them. The older people who participated in this study engaged in different drinking practices which were connected to their individual circumstances and biographies and to their social and economic circumstances. We identified four different 'drinking styles':

- **Social – Regular.** Typically within this style alcohol was seen as something enjoyable and pleasurable. It was connected to positive social interaction and drinking was characterised by an experience shared with spouses or friends.
- **Social – Occasional.** This style was similar to the first in that drinking was linked to social occasions and in particular to food or meals out but less frequently than every day.
- **Heavy lone drinking.** The defining features of this style were regular drinking in larger amounts, alone and outside of social interaction with others, usually at home.
- **Heavy drinking in a drinking network.** In contrast to being a solitary activity, this includes elements of social interaction and takes place in the company of other drinkers. The networks included those who were social contacts because they drink as well as friends who drink together.

**Research  
Findings**

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**AGE**  
*Concern*

  
Brighton & Hove

BRIGHTON & SUSSEX  
**COMMUNITY  
KNOWLEDGE  
EXCHANGE**

## Background

Alcohol use amongst older people is a neglected area in research, policy and practice. A large amount of government and media attention on alcohol recently has been dominated by the spotlight on younger people's drinking. The National Alcohol Harm Reduction Strategy (Cabinet Office 2004), and the subsequent Next Steps document (Department of Health 2007), focuses on younger binge drinkers, public order and criminal justice issues and contains no specific statements about older people. The very restricted research about older people's experience of alcohol means their reasons for drinking and the kinds of services and responses they would like to see to alcohol related health and social problems are not well documented.

Aware of a gap in local research evidence on alcohol use by older people, a group of agencies in Brighton and Hove led by Age Concern Brighton, Hove and Portslade and including Brighton and Hove City Council, Brighton and Hove Primary Care Trust and the Drug and Alcohol Action formed a steering group and commissioned the Health and Social Policy Research Centre (HSPRC) at the University of Brighton to undertake a scoping study (Smith et al 2007). This examined the experiences and perspectives of health, social care and voluntary sector professionals to build a picture of the incidence of alcohol use in a discrete geographical area of the city. It also sought to develop an understanding of current practitioner knowledge and approaches to the subject.

Further funding was obtained from Brighton and Sussex Community Knowledge Exchange (BSCKE) to build on the scoping study to generate a wider evidence base by asking older people themselves about the role of alcohol in their lives. The aim was to provide a perspective that previous research has tended to neglect, namely, understanding people's life journeys as they get older, the kinds of issues they face, their problems and concerns and how alcohol may relate to these factors.

## How the research was carried out

A major challenge of the research, given the sensitive nature of the topic, was how to approach older people and ask about their experiences of alcohol use, and this shaped the design and development of the project. We developed a participative approach by involving older people in the research and aimed to

break down the barriers between 'expert knowledge' and 'lay knowledge' and encourage mutual recognition, sharing and validating different types of expertise. We recruited co-researchers from Age Concern's volunteer base, whose main role was to conduct the individual interviews. We also wanted to develop the research design as a team and involved the co-researchers in the process of interview design and analysis. An older people's reference group was set up to guide and stimulate the research process and offer other older people's perspectives on the topic.

Twenty individual interviews and three focus groups were conducted with people from a range of backgrounds and circumstances. Our intention was to reflect differences across age, gender, sexuality and ethnicity without making any representational claims about these different groups but rather to ensure that we had a varied and inclusive range of experiences within the data.

## Older people's narratives

One objective of the study was to contribute to the development of a team of older researchers who might subsequently also work on other projects. But our approach also emphasised the importance of older people as narrators of their own stories and interpreters of their own lives. We wanted to enable older people to speak about their experiences of drinking in ways that made sense to them and to construct their own ideas about the place of alcohol in their lives, rather than responding to pre-defined assumptions about, for example, recommended weekly limits in terms of units of consumption.

## Key themes that emerged across different drinking styles

In addition to the different styles, we identified a number of themes that related to drinking practices and decisions around alcohol consumption. These themes cut across the four styles but appeared in different ways within each style:

**Social relationships.** There were connections between social relationships and drinking practices which were wide-ranging and varied according to individual circumstances and within different drinking styles. For some, drinking was a part of social life and had positive associations with enjoyment, relaxation and leisure. For some heavier drinkers, relationships

with other drinkers offered sociability and a degree of support and protection.

**'Loss'**. Changes in drinking practices were explored in relation to life transitions. These included changes in relationships, work, health, housing and moving to a different area. Some of these were described in terms of 'loss' - of partners, family and friends through bereavement as well as loss of physical health and mobility, daily routines and structures.

**Relationship between current and previous lifestyle.** There were connections to drinking practices over the life course, and the desire to maintain activities that had always been a part of one's life, but from which people may become excluded as they grow older.

**Financial impacts.** Many participants described the cost and availability of alcohol as significant factors in their drinking practices. Many reported that special promotions and offers in supermarkets allowed drinking to become an everyday activity. For some the higher price of alcohol in pubs meant they were more likely to drink at home.

**Health, well-being and growing older.** Some participants had made changes to their drinking practices as a result of health issues, or following the advice of their GP. For some the use of medication limited the amount of alcohol they could drink.

**Responsibility, and maintaining control and independence.** Participants made decisions about controlling the amount of alcohol they consumed and many had their own self-imposed 'rules', such as having only one drink a day, not drinking every day, not drinking before a certain time in the day, or not drinking at home. Many described the importance of having activities and social contact in coping with aspects of getting older and for some this lessened their use of alcohol.

### **Seeking help**

Participants whose drinking practices fitted the social regular and social occasional styles had not sought help and did not think they needed any help with their drinking.. Generally most thought that their GP would be the first person they would go if they needed help.

Participants whose drinking patterns fitted the two heavier drinking styles were more ambivalent about seeking help. This ranged from not perceiving their

drinking as a problem, to an acknowledgement that they were aware they were drinking above the recommended safe levels but reluctant to make any changes.

### **Differences in experience**

Differences in experience that may connect to structural factors, such as gender, ethnicity, sexuality were not explored in great depth. However, cultural differences in attitudes towards alcohol were described in the BME focus group. The ways in which men and women described the role of alcohol in their lives and their attitudes towards drinking connected to wider issues of gender differences. The needs of older people which are overlooked within the general population are likely to be worse for people who are already marginalised and 'hidden' because of their sexuality.

### **Brighton and Hove as a drinking place**

Developments within the city in relation to the night-time economy have created particular issues for older people and those with problematic drinking patterns. There were perceptions that certain places were unsafe for older people because of the dominant drinking culture. Leisure and social spaces are aimed at younger people and this can add to a feeling of exclusion for older people and exacerbate their fears around not feeling safe.

### **Discussion**

Older people drink in different ways for different reasons. For some it is associated with pleasurable social interaction or time for themselves. In other cases drink fills an absence in their lives and may have become an activity they cannot live without. In addition there are differences in relation to experiences related to gender, sexuality and cultural background that need to be taken into account and better understood.

Older people's drinking is affected both by their personal circumstances and biographies and by social and economic circumstances. The greater availability of alcohol and its comparative cheapness plays an important role in this.

It may not be useful to define older people's over use of alcohol as primarily a health problem.

## Implications for policy and practice

- Maintaining social spaces where older people can meet others and enjoy a drink together is likely to be important for many older people. Pubs that serve good food at reasonable prices can offer a focus for social contact and 'safe' drinking. The changing nature of pubs was raised in this study and the extent to which pubs do not appear to be geared towards attracting the custom of older people. Publicans could play an important role in providing facilities for older people. This is an issue that is relevant in the context of urban planning and local regeneration.
- Having an active engagement in activities involving others seems to play an important mediating role for those who might be tempted to drink too much. The capacity to continue to take part in a range of social activities that engage older people's interests and skills, and make them feel life is still worth living is likely to limit the likelihood that alcohol will be used to mask loneliness.
- Older people may need to be actively encouraged to take part in activities as they may be unused to mixing, having been one of a couple in social situations for much of their lives. Low key facilitation and befriending schemes may be important here. The links between older people and social exclusion have already been recognised locally and existing community development work encouraging older people's engagement is useful in relation to alcohol issues.
- Sheltered housing and other residential facilities for older people are a potential source of social contact, but residents may still wish to maintain contact outside. Sheltered housing staff could play a key role in facilitating older people's engagement in activities that may act in a preventative way to reduce drinking.
- Professionals who have contact with older people who may be drinking heavily need to explore whether this is something the person is comfortable with and feels in control of, or whether there are changes they might like to make in their lives that would obviate their experienced need to drink heavily. Our experience of recruiting interviewees confirms that the topic has to be approached very sensitively but it is possible to create a context in which older people can talk about their drinking. This study has shown the value of enabling older people to tell their own stories about the place of alcohol in their lives.
- GPs are important as they were most likely to be identified as first source of help. An approach that is likely to be helpful cannot simply be framed in terms of 'safe units'. There is a need to understand the context in which drinking is occurring, the role it plays in older people's lives and what might be the consequences of stopping drinking.
- Older people's rights to make their own decisions about how they live their lives needs to be balanced by an ethic of care that recognises vulnerable people may need help to determine how their needs might best be met. An approach applying ethic of care principles: *attentiveness*, *responsibility*, *competence*, *responsiveness* and *trust*, to a process of dialogue with the older person concerned has the potential to enable the exploration of a difficult issue, and a shared decision-making approach to seeking solutions.

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## Further information

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