



ALCOHOL AND HEALTH

ALCOHOL AND SENIORS



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INTRODUCTION

Éduc'alcool has published this brochure on drinking and seniors—people over the age of 65—because, as the population ages, accurate information on such a sensitive issue is particularly necessary.

It has been some years since the first baby boomers began reaching the age of well-deserved retirement. In many cases, they are financially better off than their parents, and they have developed their own drinking habits. They look forward to making the most of their leisure time and enjoying their retirement years to the fullest.

Having more money is certainly helpful, but it offers no protection against aging-related problems. And while our increased life expectancy is excellent news, it means we must also contend with the fact that there will be more and more seniors in the population.

The relationship between seniors and alcohol is thus a primary concern.

That said, it is not easy to develop specific recommendations about drinking for people over 65, since each individual has a different history and socioeconomic profile. Seniors themselves must be mindful and seek out whatever information and advice they need.

Determining what constitutes a dangerous amount of alcohol is a process that often involves someone other than the individual senior, such as a health professional, a family member or a caregiver. This publication is therefore intended for seniors and those who care for them. In fact, family, medical professionals and caregivers must be particularly attentive when dealing with seniors.

We trust that this publication will be helpful, and remind you that at any age, even—and especially—over 65, moderation is always in good taste.



ALCOHOL AND SENIORS

There has long been concern about young people and drinking. Now, as the population ages, more attention is being paid to the issue of drinking among seniors.

Until the 1950s, people over 65 accounted for only 5% of the population. In 2019, they constituted 19%.¹ The proportion is expected to rise to 25% in 2031, and reach 28% in 2066.

This is going to mean an increasing demand for health and social services, due, among other things, to the growing number of seniors who are drinking or having drinking-related problems.

¹ Statistics Canada (SC), Population estimates (September 2019). Adapted by the Institut de la statistique du Québec (ISQ). <https://www.stat.gouv.qc.ca/statistiques/population-demographie/structure/population-quebec-age-sexe.html>. Retrieved April 3, 2020.

SENIORS' DRINKING HABITS

Seniors are not a homogenous group. As with the general population, drinking among seniors varies according to age, sex, socioeconomic status and other demographic factors.

DRINKING AS A FUNCTION OF AGE

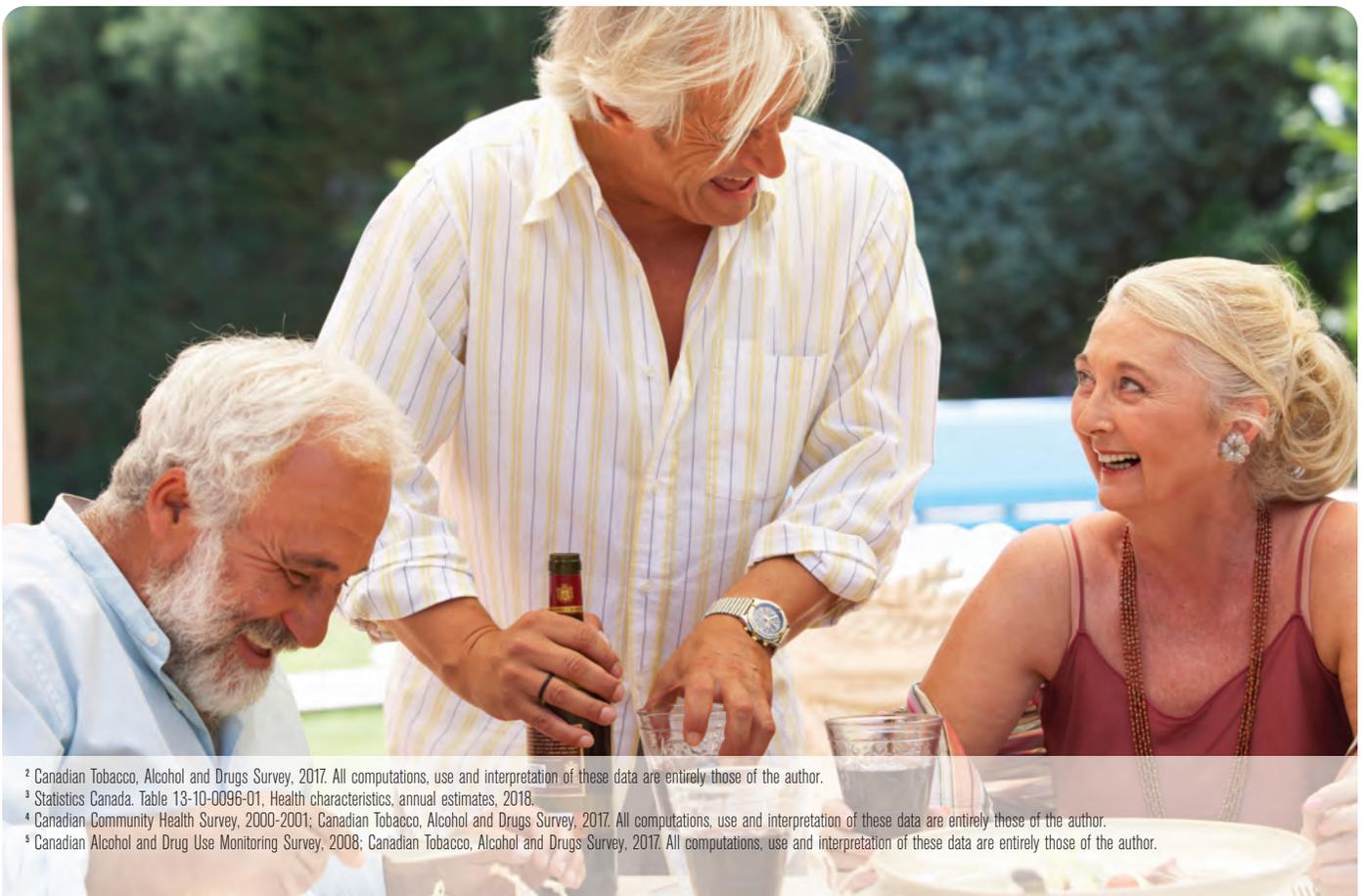
Drinking habits vary over time, in accordance with the social norms that determine what is, and is not, acceptable. Changes in drinking behaviour have, in fact, been noted between different generations and age groups.

Unlike previous generations, baby boomers grew up in a culture where drinking was widely acceptable, socially. As a result, the number of seniors who drink a lot, and perhaps too much, may continue to increase over the coming years.

As a general rule, the number of drinkers and abusive drinkers declines with age. One Canadian survey² found that, in 2017, while 25.3% of Quebec drinkers aged 45 to 64 reported having exceeded the low-risk drinking guidelines, only 9.4% of those over 65 said they had done so. Another report³ notes that 19.2% of Quebecers aged 50 to 64 report having had five drinks (four, for women) on a single occasion, at least once a month over the last year; that figure drops to 9% among seniors.

Nevertheless, over the last 20 years or so, drinking among seniors in Quebec has been rising steadily. For example, the percentage of non-drinkers among those over 65 dropped from 31% in 2001 to 20% in 2017.⁴

Other studies⁵ show that the average number of drinks consumed by seniors on a single occasion rose from 1.6 to 1.9 between 2008 and 2017.



² Canadian Tobacco, Alcohol and Drugs Survey, 2017. All computations, use and interpretation of these data are entirely those of the author.

³ Statistics Canada. Table 13-10-0096-01. Health characteristics, annual estimates, 2018.

⁴ Canadian Community Health Survey, 2000-2001; Canadian Tobacco, Alcohol and Drugs Survey, 2017. All computations, use and interpretation of these data are entirely those of the author.

⁵ Canadian Alcohol and Drug Use Monitoring Survey, 2008; Canadian Tobacco, Alcohol and Drugs Survey, 2017. All computations, use and interpretation of these data are entirely those of the author.

DRINKING AS A FUNCTION OF SEX

Twice as many men as women drink too much. When it comes to abusive drinking, for example, in 2018, 12.3% of senior men in Quebec said they had more than five drinks on a single occasion, while only 6.2% of senior women reported having had more than four drinks under the same circumstances.

And yet, in recent years, the greatest increase in drinking has occurred among women. The percentage of women aged 50 to 64 whose monthly drinking is excessive rose from 15.5% to 17.6% between 2015 and 2018. Among men in the same age group and for the same period, there was a slight decrease, from 23.2% to 22.1%.⁶

This means that we may see a change in drinking among senior women over the coming years.

DRINKING AS A FUNCTION OF SOCIOECONOMIC STATUS

According to some recent studies,⁷ wealthier people drink the most. In Quebec, the percentage of people who drink abusively increases with income: 13.2% among drinkers with the lowest income, and 24.8% among those with the highest income.⁸

There definitely appears to be a link between income and drinking. We may therefore expect to see an increase in drinking among seniors, given that the baby boomers, who are now between the ages of 55 and 75, are wealthier than previous generations at that age.



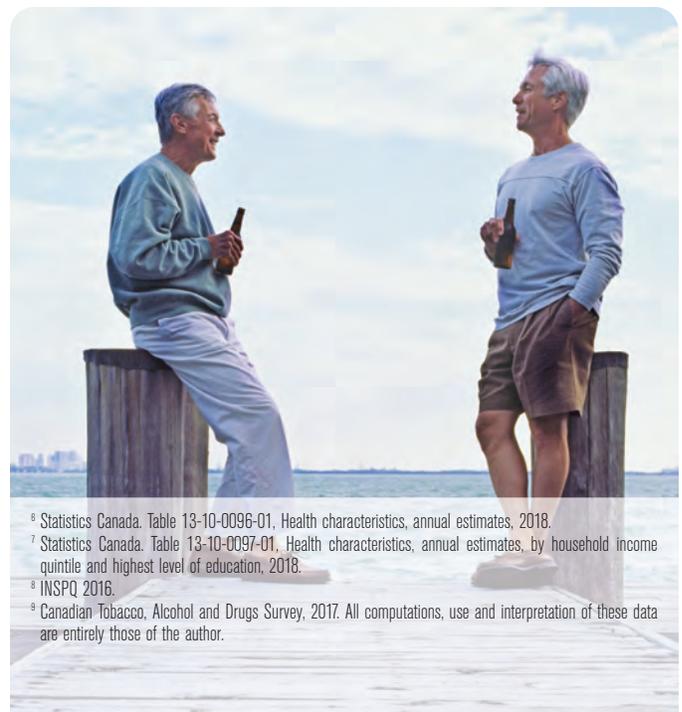
STATUS AND LIVING ARRANGEMENTS

A number of studies contain data on drinking habits according to marital status and living arrangements. Unfortunately, that data is rarely analyzed by age group. However, data from a 2017 Statistics Canada⁹ survey reveal certain trends.

The percentage of people over the age of 65 who drank alcohol in the past year (prevalence) appears to vary according to marital status. Prevalence among those who are married or living in common-law relationships is 92%, whereas it is significantly lower for people who are widowed/divorced/separated (72.6%) or single/never married (63.7%).

And yet, when it comes to Quebecers whose weekly drinking is higher than recommended in the low-risk drinking guidelines, widowed/divorced/separated people top the list, at more than 14%. They are followed by married/common-law drinkers (8.2%) and single people who were never married (5.7%). This leads us to conclude that people in a relationship drink more often and more moderately, while singles generally seem to be less inclined to drink. Those who are no longer living with a life partner are most at risk for developing drinking-related complications.

With regard to city versus country living, 86.2% of city dwellers aged 65 or older drank alcohol in 2017, compared to 74.6% of people in rural areas. The trends are reversed when it comes to following the low-risk weekly drinking guidelines. Only 8.4% of seniors living in big cities disregarded the guidelines in 2017, compared to 13.8% of rural dwellers.



⁶ Statistics Canada. Table 13-10-0096-01, Health characteristics, annual estimates, 2018.

⁷ Statistics Canada. Table 13-10-0097-01, Health characteristics, annual estimates, by household income quintile and highest level of education, 2018.

⁸ INSPQ 2016.

⁹ Canadian Tobacco, Alcohol and Drugs Survey, 2017. All computations, use and interpretation of these data are entirely those of the author.

IDENTIFYING DRINKING PROBLEMS AMONG SENIORS



The latest data for Quebec show that 9.4% of people 65 and older have exceeded at least one of the limits in the low-risk drinking guidelines. In other words, one in ten seniors has drunk more than the daily or weekly limit, or has not followed the recommendation to abstain from drinking two days a week.

One 2012 study¹⁰ says that 0.6% of Canadians over the age of 65 showed signs of alcohol abuse or dependence during the 12 months preceding the survey.

Many experts believe that the number of seniors with alcohol-related problems is probably much higher than the research shows. Since we appear to underestimate the number of alcohol-related problems in all age groups, the same is likely to be true for seniors.

DRINKING PROBLEMS ARE DIFFICULT TO IDENTIFY

Family members, friends and health care professionals all have difficulty identifying drinking problems among seniors, since they tend to want to protect people because of their age.

Problems related to abusive drinking—a general decline in health, becoming withdrawn, memory loss or other neurocognitive problems, depression, insomnia, falls, digestive problems, loss of appetite and anxiety—are sometimes diagnosed as being related to another illness, or simply due to the normal aging process.

INADEQUATE DIAGNOSTIC TOOLS

Common diagnostic tools appear to place too much emphasis on the social, occupational and legal consequences that usually affect younger drinkers, and they fail to adequately address the health and social issues experienced by seniors.

Furthermore, the tools¹¹ generally used to diagnose alcohol-related problems in seniors are not always reliable because they tend to focus on current drinking, whereas, with seniors, we need a clear picture of their drinking habits over the course of their lives.

¹⁰ Canadian Community Health Survey - Mental Health, 2012.

¹¹ AUDIT and CAGE, for example.

ABUSIVE AND DANGEROUS DRINKING AMONG SENIORS

Certain social activities specific to seniors can result in alcohol abuse, while life changes can lead to dangerous drinking. The difference between abusive and dangerous drinking is one of intent: abusive drinking is intentional, whereas dangerous drinking is not.

An abusive drinker is someone who persists in drinking badly or too much, even knowing that this can have negative physical, physiological or social consequences.

A dangerous drinker is generally someone who is inattentive and uninformed. This is often the case with seniors, who are unaware of how vulnerable they may be to alcohol-related problems. Finding a solution to a dangerous drinking problem often requires the involvement of a doctor, nurse, family member or caregiver.

RISK FACTORS FOR ABUSIVE DRINKING

While the research mentioned above identifies the factors associated with abusive drinking, it does not indicate why some seniors drink abusively. Moreover, no distinction is made between seniors who have had a drinking problem for years and those who develop problems after the age of 60.

About one-third of seniors who drink abusively developed their drinking problem after the age of 60, often because of difficulty adapting to major changes in their social circumstances.

Retirement, changes in family relationships, and health issues can all lead to drinking problems in seniors. Such changes are often experienced as losses and cause emotional and/or physical pain.

People of all ages go through difficult life changes, but with seniors, such losses are often irreversible and can be cumulative. Seniors can drink to compensate for what they experience as grief or stress, with an associated feeling of powerlessness.

For the vast majority of seniors, these events do not lead to drinking problems. In fact, they often result in decreased drinking. But for others, they are significant risk factors for abusive drinking.

Retirement

Most seniors welcome retirement with open arms. However, people who have never developed hobbies or interests or a network of friends outside of work can experience retirement as a host of losses: there's the loss of routine, co-workers, something to do, a salary, the sense of being useful, etc. Work is what has given their lives meaning, goals and structure.

Some people begin drinking excessively in response to this overwhelming sense of loss. Some are simply unable to adjust to the loss of structure and drink to relieve the boredom. Others find themselves faced with an increasing number of social activities where alcohol is often very present.



Social and family ties

Children leave home, friends and spouses die, social circles become smaller. And seniors often have health problems that can limit their mobility.

All this can accentuate the sense of isolation and solitude, which may already be intolerable. Unlike younger people, who tend to drink because they are among friends, seniors tend to drink because they feel lonely.

The loss of a spouse can be particularly devastating, and lead some people to drink excessively in an attempt to dull the pain of grief.

Health

Health problems can create stress, limit mobility and lead to a diminished sense of self. Seniors may therefore drink more to forget the emotional pain associated with the loss of their physical capacity.

Seniors who live with severe chronic pain may also use alcohol to relieve their discomfort.

Other factors

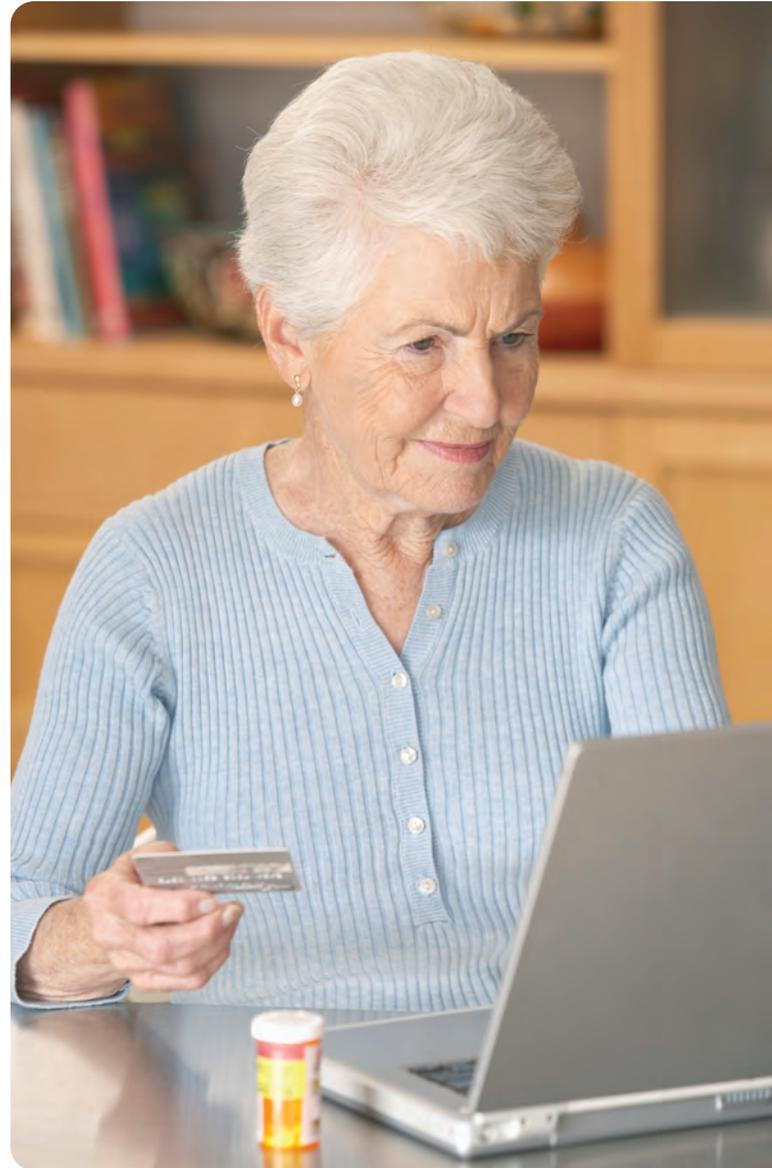
Other factors can help explain why some seniors react to certain situations by drinking more, while others handle the same situations without increasing their alcohol intake. These can include the following:

- Drinking more to help handle difficult situations or events
- The lack of coping mechanisms other than alcohol
- The lack of a good social network
- Living alone and being isolated
- Having had drinking problems in the past

RISK FACTORS FOR DANGEROUS DRINKING

One of the most significant risk factors for dangerous drinking among seniors is the combination of alcohol and medication.

The normal aging process entails certain physiological changes that make seniors more vulnerable to the effects of alcohol and make them more likely to drink dangerously.



• Alcohol and medication

In Quebec, 80% of seniors take at least one prescription drug. Multiple prescriptions are also very common. In 2011, seniors had an average of more than 5.5 prescription medications,¹² which they took regularly or permanently, and in 2013, 60% of seniors took at least three prescription drugs.

¹² http://www.csbe.gouv.qc.ca/fileadmin/www/2014/Medicaments/CSBE_Medicaments_EtatSituation_2e.pdf, Table 4.1. Retrieved April 3, 2020.



Alcohol is counter-indicated for many medications. It can heighten the sedative effect of medications like benzodiazepines and increase the risk of falls. When alcohol is taken with drugs prescribed for epilepsy, high blood pressure and even the common cold, it can cause drowsiness and confusion. Serious physical and psychological problems can occur when alcohol is combined with medication for rheumatism, arthritis, pain, infections and depression.

- **Poor communication**

Insufficient information, poorly understood information and improperly used information are other important risk factors for dangerous drinking due to the combination of alcohol and medication.

Information problems generally result from poor communication between doctor and patient. Seniors sometimes keep important details from their doctors, believing that their symptoms are part of the normal aging process. They may assume there is no treatment or remedy for what ails them. They don't know what's causing their symptoms, and sometimes they simply don't want to "bother" their doctor.

It has been noted that, even though seniors go to the doctor with more problems than other patients and take more time giving and receiving information, physicians tend to spend less time with older patients. Physicians are also more likely to spontaneously prescribe more medications for seniors than for their younger patients.

- **Physiological vulnerability**

As people age, the body's fat-to-water ratio changes, with fat content increasing and water content decreasing. At the same time, alcohol dehydrogenase, a critical enzyme involved in the metabolism of alcohol by the liver, becomes less efficient.

Consequently, all other things being equal, an older person who drinks the same amount as a younger person will have a higher blood-alcohol content.

Aging also leads to inevitable changes in the kidneys, the liver, the cardiovascular system and the brain. Alcohol is eliminated less efficiently, which can result in increased sensitivity to its effects. These changes become more significant over time, so that the effects of drinking become more pronounced and last longer.

RESEARCH ON DRINKING AMONG SENIORS

A growing number of researchers are becoming more interested in drinking and seniors, particularly people who develop drinking problems after the age of 60.

Studies on social changes have identified the events likely to have an impact on drinking among seniors, but there is little data available in Canada on the effects of aging on drinking.

Social changes involving loss may well lead to drinking problems, but the relationship between the kinds of stress resulting from such loss and drinking behaviour is still not clearly understood.

It is important to distinguish between dangerous and abusive drinking among seniors. However, in both cases, the overall physiological vulnerability of seniors and alcohol's incompatibility with many of the medications taken by them increase the risk of harmful effects from excessive drinking.

LOWER LIMITS FOR SENIORS

As the population ages, we can expect an increase in the number of seniors with alcohol-related problems. The baby boomers are generally financially well off. They have also grown up in a society with a permissive approach to alcohol. Both factors contribute to the increased likelihood of problems related to excessive drinking among people over 65.

It is therefore extremely important to make seniors aware of the dangers of abusive and dangerous drinking. This applies especially to people whose drinking habits may unintentionally put them at physical or psychological risk.

In Canada, specific recommendations are being formulated for seniors. Although Canada's low-risk drinking guidelines clearly stipulate a special-occasion limit of three drinks for women and four for men, these no longer apply to people 65 and older. Seniors should limit their daily alcohol intake to two drinks for women and three for men, with weekly limits of 10 drinks for women and 15 for men. That includes at least one and preferably two days a week with no alcohol at all. In fact, since seniors will have a higher blood alcohol content than younger adults who drink the same amount, it would be better if they cut their weekly alcohol intake by a third, i.e. limiting their drinking to seven drinks a week for women and ten for men.

Excessive drinking causes suffering at any age. If we wish to ensure the dignity and well-being of seniors, we would do well to take a preventive approach and watch for potential problems rather than turn a blind eye.

ÉDUC'ALCOOL'S RECOMMENDATIONS

Pay attention

Changes in the body's fat-to-water ratio and a slower metabolism can produce a higher blood-alcohol content in seniors than among younger people of the same weight who drink the same amount. **Éduc'alcool therefore recommends that people over 65 strictly limit their daily alcohol intake to two drinks for women and three drinks for men, reduce their weekly intake by a third to seven drinks for women and ten for men, and abstain from drinking two days a week.**

Alcohol and medication

It is not uncommon for seniors to take multiple medications, and alcohol and drugs are often a very bad mix. **Éduc'alcool therefore recommends that people over 65 speak to their physician or pharmacist any time they receive a new prescription, to find out whether alcohol is contra-indicated.**

A vigilant community

Seniors are at high risk for unintentional dangerous drinking, and drinking problems can masquerade as symptoms often associated with normal aging. **Éduc'alcool therefore recommends that the caring community of people over 65—family, friends, physicians and health-care professionals—be informed, watchful and quick to take action.**





Moderation is always in good taste.

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