

Baby boomers and booze: we should be worried about how older Australians are drinking

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Alcohol research has traditionally focused on younger age groups; consumption patterns and predictors for older people have received only limited attention. However, the number of older Australians has increased substantially in recent years, accompanied by unprecedented changes in their alcohol consumption patterns. Older people are vulnerable to a range of alcohol-related adverse effects, including falls and other injuries, diabetes, cardiovascular disease, cancer, mental health problems, obesity, liver disease, and early onset dementia and other brain injury.¹⁻³ These vulnerabilities are a cause for clinical concern.

To ascertain the current prevalence of risky drinking among people over 50 years of age in Australia, we conducted secondary analyses of nationally representative data collected by the tri-annual National Drug Strategy Household Surveys for 2004, 2007, 2010, 2013 and 2016.⁴ Four drinking level categories were defined: abstainers; low risk drinkers (no more than four standard drinks on a single occasion); risky drinkers (5–10 standard drinks on a single occasion at least once a month); and high risk drinkers (11 or more standard drinks on a single occasion at least once a month). The first three categories correspond to National Health and Medical Research Council risk levels.⁵ Approval to access the data was granted by the Australian Institute of Health and Welfare, but formal ethics approval for the analyses was not required.

Although in all survey years most Australians aged 50 years or more drank alcohol at low risk levels (61.0–63.7%), between 2004 and 2016 the proportions of risky (from 13.4% to 13.5%) and high risk drinkers (from 2.1% to 3.1%) increased. The rising prevalence of risky drinking therefore cannot be attributed solely to increasing numbers of older people (Box). Although the increase in the proportions of risky and high risk drinkers are small, they nevertheless correspond to an additional 400 000 people drinking at potentially problematic levels.

This worrying increase in risky alcohol consumption by older people has not previously been recorded. Specific characteristics

of “baby boomers” (people born 1946–1964) may be important contributors to the changing pattern of consumption, which is in stark contrast to the significant decrease in risky drinking among people aged 12–24 years during the same period.⁴

Despite the worrying trend, the specific needs of older people are often overlooked or poorly met by the health care system, as they face substantial barriers obtaining advice or treatment for alcohol-related problems.⁶ The quality of care for people with alcohol-related problems can definitely be improved. Primary health care is an ideal setting in which to detect and intervene in risky drinking,⁷ and routine screening for problematic alcohol use by older patients is warranted. Brief interventions by clinicians (short, opportunistic counselling and information sessions that motivate behavioural change) can effectively reduce rates of risky drinking, and are viable treatment options for the majority of older drinkers who do not require formal substance use interventions.

To facilitate early identification of problem drinking and early intervention, educating health care professionals about patterns and drivers of alcohol consumption by older people should be a priority. In particular, awareness of the unique needs and characteristics of older patients with regard to alcohol consumption should be improved through professional development, and the clinician’s efficacy in identifying and responding to risky drinking enhanced. Age-appropriate resources and techniques for clinical practice (eg, safe drinking guidelines, alcohol screening tools that respect the physiological, psychological, and social characteristics of older people) are also required for encouraging low risk drinking in more vulnerable groups of older people, and for minimising the risks of alcohol-related harm.

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Patterns of alcohol consumption over time, estimated from data collected by National Drug Strategy Household Surveys, 2004–2016

| Alcohol consumption level | Survey year* | | | | | p [†] |
|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|
| | 2004 | 2007 | 2010 | 2013 | 2016 | |
| People aged 50 years or more | 6 041 449 | 6 532 217 | 6 817 006 | 7 335 023 | 8 015 139 | |
| Abstainers | 1 255 750 (20.8%) | 1 328 398 (20.3%) | 1 475 772 (21.6%) | 1 662 445 (22.7%) | 1 797 826 (22.4%) | < 0.001 |
| Low risk | 3 848 374 (63.7%) | 4 161 423 (63.7%) | 4 246 979 (62.3%) | 4 496 066 (61.3%) | 4 885 821 (61.0%) | < 0.001 |
| Risky | 809 200 (13.4%) | 888 106 (13.6%) | 900 327 (13.2%) | 993 400 (13.5%) | 1 082 412 (13.5%) | < 0.001 |
| High risk | 128 125 (2.1%) | 154 289 (2.4%) | 193 928 (2.8%) | 183 112 (2.5%) | 249 080 (3.1%) | < 0.001 |

* All numbers weighted to be representative of total Australian population. [†] For trend: χ^2 test, with weighted Ns. ◆

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