



Northern Dimension  
Partnership in Public Health  
and Social Well-being



## Research review

### THREE PERSPECTIVES ON OLDER PEOPLE AND ALCOHOL CONSUMPTION

Christoffer Tigerstedt, Finnish Institute for Health and Welfare (THL)

Created within the context of the project

**Roadmap to improve the health and well-being of the  
ageing population in the Baltic Sea Region (AgeFlag)**

A seed money project funded by the Swedish Institute

Supported by  
**SI. Swedish  
Institute**

[www.ageflag.org](http://www.ageflag.org)

## Executive summary

This research review reports key results from three studies applying three different perspectives on alcohol (and substance) use in older age.

**The first study** is a comparison of trends in older people's drinking patterns in Denmark, Finland, Norway and Sweden (Tigerstedt et al. 2020). The findings show that drinking in old age has become a more widespread cultural habit in recent decades in all four countries. However, the increasing trends in drinking at the end of the 1900s became more mixed in the 2000s and 2010s. The study could point out important country-specific, age-specific as well as gender specific differences in drinking.

**Recommendation 1.** Studies on drinking patterns in old age benefits from a comparative design. It is recommended that in the studies (a) the research questions cover different aspects of drinking patterns, (b) the data consists of a broad age span of old people divided into five- or ten-year age groups, and (c) gender-specific analysis is given high priority.

**The second study** investigates social and other characteristics of people who, because of their substance use, seek help from different social and health services in Finland (Kuussaari et al., forthcoming). The most important result was that with increasing age clients were referred to social services, primarily home care, rather than specialized health services. This may indicate that services offered to older people only aims at preserving the current social and health status of the client, rather than supporting a rehabilitation process.

**Recommendation 2.** Regular monitoring of the profile of older clients and their use of substance use services is needed. People at the older end of old age should not be excluded from specialized services.

**The third study** analyzes older people's drinking from the point of view of Finnish home care nurses' daily work (Koivula et al. 2016). The results show that (a) clients' alcohol use is a recurrent problem in the nurses' routine job, (b) nurses' lacked or had insufficient professional knowledge about how to treat older people's alcohol problems, and (c) nurses expressed a need for more effective multi-professional collaboration in questions concerning clients' use of alcohol.

**Recommendation 3.** Harmful drinking occurring among home care clients should be discussed openly in the media and in professional contexts. Home care professionals' primary experience of clients' harmful drinking should be acknowledged by those in charge of substance use services. In addition, the nurses' need for training in how to handle drinking problems should be met.

The aim of this research review is to condense the experience of these three studies into lessons learned and thereby provide food for thought for people working especially within social welfare and health agencies.

## **Study 1: Drinking patterns in old age in four Nordic countries – a comparison (Tigerstedt et al. 2020)**

The general view is that during the last decades older people's alcohol consumption has increased in Europe and elsewhere (e.g., Hallgren, Högberg & Andréasson, 2009). Certainly, in many countries alcohol consumption has become an essential part of social life in old age. Several reasons have been suggested to explain the phenomenon: on average better health, growing life expectancy, higher income, increasing years in retirement, shifts in attitudes towards drinking, etc.

Most studies on older people's drinking patterns are made on a national basis. Comparing countries, if possible, would have the potential to specify variations in trends between countries.

Given the general picture that in recent decades alcohol consumption in old age has become more prevalent in numerous countries, the aim of this Nordic study was to clarify whether alcohol consumption actually has followed approximately similar trends in Denmark, Finland, Norway and Sweden.

### Data and research questions

Since there does not exist any joint questionnaire or study on drinking patterns in the four study countries, the first challenge was to find as compatible data as possible from each country. It turned out that the most suitable studies for comparative purposes were for Denmark the Danish Health and Morbidity Survey, and the Danish National Health Survey; for Finland the survey called Health Behaviour and Health among the Finnish Elderly, and its successor the National FinSote Survey; for Norway Statistics Norway's Health and Living Conditions Survey, and the Norwegian Institute of Public Health's (NIPH) annual surveys on alcohol, tobacco and drug use; and for Sweden a nationally representative, monthly cross-sectional telephone survey. The aim was to secure reasonable compatibility between the countries with respect to age span, age groups, time period and research questions used in the nation-specific questionnaires. This aim was fulfilled only with regard to age span, which was set to 60–79 years, and age groups, which were divided into four five-year age groups, i.e., 60–64, 65–69, 70–74 and 75–79 years. People older than 80 years were excluded, because data on that age group were available only in part of the countries. The original intention of the study was to cover trends in drinking patterns during the 21<sup>st</sup> century. However, only the Swedish data met this wish satisfactorily, while in other countries some questions had been surveyed only in the 2010s.

The items in the questionnaires to be compared were chosen so that they represented four different indicators of drinking patterns, i.e., prevalence of current drinking, prevalence of frequency drinking, typical amounts of drinking and prevalence of heavy episodic drinking. By using different dimensions, it is possible to create an informative and diverse picture of how drinking patterns have developed among men and women representing different age groups. In the following, the research questions are presented, also showing how to some extent the phrasing in the questionnaires varied in the countries.

(1) The proportion of current drinkers was measured by asking whether the respondent had drunk alcohol within the past 12 months. The responses were “yes” or “no”. This question was used in three countries, while in Sweden the question concerned the past 30 days.

(2) Frequency of drinking was measured by calculating the proportion of respondents who had drunk alcohol at least twice a week. This measure was used in all four countries.

(3) Typical amounts of drinking was measured in Finland and Norway using the question: “How many drinks containing alcohol do you have on a typical day when you are drinking?”. In Sweden, the question concerned the number of drinks consumed on a typical drinking occasion in the past 30 days. The Danish study measured typical amounts consumed for each day in a typical week.

(4) The prevalence of heavy episodic drinking was defined in Denmark as consuming five or more drinks on one occasion at least monthly the past year. In Sweden, heavy episodic drinking was also defined as having drunk five or more drinks on at least one occasion, but within the time frame of the past 30 days. In Finland and Norway, the measure was six or more drinks on one occasion at least once a month.

Despite some differences in the questions asked in the respective countries, it was possible to compare *trends* concerning all four indicators of drinking patterns.

## Results

Importantly, our comparative study design nuanced our picture of the development in older people’s alcohol consumption. Generally speaking, it is true that drinking in old age has become a more widespread cultural habit in recent decades in Denmark, Finland, Norway and Sweden. However, trends in the 2000s and 2010s were not necessarily similar to the increasing trends at the end of the 1900s. Neither were trends in the four respective indicators similar in the different countries. We also noticed differences between younger age groups (60–69 years) compared to older age groups (70–79 years). Finally, status and trends in men’s and women’s drinking also showed some quotable differences.

*Country-specific trends.* Older people’s alcohol consumption began to increase first in the 1970s in Denmark, and then in the 1980s in the other countries. In the 21<sup>st</sup> century, older people’s drinking trends have become more mixed. Among older people In Denmark, there have been clear signs of a decrease regarding drinking frequency, amount typically consumed and heavy episodic drinking. In Sweden, by contrast, upward trends grew more dominant regarding current drinkers, drinking frequency and heavy episodic drinking. Trends in Finland and Norway have tended to fall in-between trends in Denmark and Sweden.

*Trends in different age groups.* We also noticed some differences in trends regarding older people aged 60–69 years compared to those aged 70–79 years. For example, in Denmark trends regarding practically all four indicators pointed downwards among 60–69 year olds, while among 70–79 year olds trends went upwards with regard to the proportion of current drinkers and more frequent drinking.

*Trends among men and women.* In some but not in all respects, the difference in older men’s and women’s drinking has narrowed in the 21<sup>st</sup> century: women in all four countries have reduced the

gender gap particularly regarding the proportion of current drinkers. Also men's and women's more frequent drinking (i.e., twice a week or more often) clearly has been converging. On the other hand, regarding amounts of alcohol consumed on a typical drinking occasion convergent trends are marginal or non-existent in the countries studied. Also heavy episodic drinking remains typically a male behavior.

In conclusion, Denmark had the highest proportion of current drinkers as well as the highest proportion drinking at a higher frequency. Next in our ranking was Finland, followed by Sweden and Norway. This ordering basically holds for both men and women. Interestingly, at the same time Denmark is the country where trends in drinking patterns are on the decline, particularly when measured by amounts consumed per drinking occasion and by heavy episodic drinking.

### Recommendations

The aim of the Nordic study on drinking patterns in old age was to provide a more nuanced but still basic picture of status and trends in alcohol consumption in retirement age in four Nordic countries. Our results show that this goal was achieved fairly well. Our recommendations, then, deal with vital requirements concerning the research design.

- Most likely, there do not exist any longitudinal data sets on older people's drinking designed for comparative purposes. Also cross-sectional comparative data sets are rare (see Muñoz et al. 2018). Therefore, "secondary comparison" of cross-sectional survey data may be the best offer when studying status and trends in older peoples drinking patterns.
- Indicators to be compared should be chosen carefully. It is important that they represent different aspects of drinking patterns (e.g., prevalence of use, frequency of use, volumes used). If the study is not planned from the beginning as a joint project, it might be wise to use only a limited number of indicators. This is because phrasing the questions that measure the indicators tends to vary from country to country, thus complicating comparisons.
- Older people constitute a broad and diverse population group, among others, regarding age. Therefore, it is important, first, to cover a broad age span of old people, for example from the age of 60 years upwards. Alcoholic beverages are nowadays increasingly used also by people aged 80 years and more. Secondly, the age span should be divided into five- or ten-year age groups.
- Gender should be a key issue in the analyses. This is because drinking becoming more widespread among older people is a profoundly gender-specific cultural phenomenon. For a long time, drinking belonged first and foremost to the world of men. Also older men's drinking has, by and large, increased in many countries, but the most notable changes have taken place in women's drinking.

A comparative design is always a challenge for the research group. This is true not least if the study, like ours, is not planned from the beginning as a joint effort with a common questionnaire. Choosing indicators, survey questions, age groups and study years call for careful planning and perseverative realization of the study. Comparison, in itself, complicates the study, so it might be a virtue to keep the design quite simple. On the other hand, a comparative design tends to put the object of study into a broader context and, thereby, generate a more detailed view of the research topic.

## **Study 2: Older substance users in social welfare and health care (Kuussaari et al., forthcoming)**

In this study we focused on mapping older people who, because of their actual or potential alcohol problems, seek or get help from different parts of the social welfare and health care system in Finland.

### Data and research questions

The data consisted of those clients who, during one single day due to their substance use, had sought or received any form of social and health care or services. This study has been conducted in Finland every fourth year since 1987. In our study we used primarily the data collected in 2015.

As expected, the average age of the clients has been quite high varying between 44 and 47 years. Before the current study older age groups covered by the data have not been reported. The lower age limit was set to 55 years, because from previous studies we knew that substance users who receive regular home help service are younger than service recipients in general.

In the study we wanted to answer five fundamental questions:

- (1) What is the proportion of 55 year old people of all clients who, because of their substance use, seek or receive help from the social welfare and health care system?
- (2) How does the proportion of 55–64-, 65–74- and over 75-year old substance using clients vary according to gender and other background characteristics?
- (3) What kind of substances do substance users aged 55 years and over use?
- (4) What kind of social and health care do the above mentioned age groups use and are their differences between men and women in this respect?
- (5) To what extent and in what kind of services were clients intoxicated while seeking or receiving help?

### Results

During the day of data collection 13 October 2015 almost 10 700 clients seeking or receiving help because of their substance use were registered within the Finnish social welfare and health care system. According to a conservative estimate, this corresponds to 2.5–3 million cases per year in a population of a good 5 million Finnish inhabitants.

*The proportion of older clients.* Of altogether ca. 10 700 cases, 34% (n=3 635) were at least 55 years old. In the 2000s their proportion has increased, particularly among women. Women between 65 and 74 years showed the biggest increase, i.e., from 5% in 2003 (year of birth of the age group: 1929–1938) to 11% in 2015 (year of birth of the age group: 1941–1950). We may conclude that this increase reflects the aging population in general, but also cohort effects and a rise in harmful drinking among women.

*The profile of the clients.* When looking at characteristics of the 55+ clients, we noticed that women more often than men lived in a couple relationship or in a family context. A most striking feature is that 60% of both men and women aged 55–64 years were retired (although they in terms of age were not entitled to old-age pension, as the general retirement age in Finland is 65 years), probably due to health problems. Simultaneous substance use problems and mental health problems were most widespread among those below 55 years, more so among women (60%) than among men (50%). With increasing age this difference between women and men increased, and among clients aged 75 years or more the proportions were 40% for women and 20% for men.

*Substances used.* Alcohol was by far the most used substance in older age as almost 90% used it. Next in place were medicaments (7–10% depending on age group). Cannabis use was marginal (4% in age group 55–64) or non-existent. Simultaneous use of different drugs was common among clients below 55 years (45%), but quite rare among those over 55 years (around 10%). It should be emphasized that simultaneous use might have been either intentional or non-intentional.

*The type of service used.* Next we looked at what kind of services older clients used compared to younger ones. In this analysis we applied a four-part classification: (a) health care services, (b) social services, (c) specialized services for substance users and (d) housing services.

The most important result was that with increasing age clients were referred to social services. This was most accentuated among the 75+ clientele: more than half of them were directed to social services. This is partly due to the fact that while this age group is less mobile, services are provided in their private homes which, in practice, means social rather than health – and particularly specialized health – services. Correspondingly, the proportion of specialized substance use services declined markedly with increasing age. Among people below 55 years of age more than 2/5 were referred to specialized services, but among 75+ clients the proportion was only 1/10.

There were also huge differences within the older age groups in the use of services. 55–64-year-old clients used most of the available service forms quite evenly, whereas services for those over 75 years of age were very strongly concentrated to home care services. The question is whether such an arrangement is likely only to preserve the current social and health status of the client rather than support a rehabilitation process.

*The state of intoxication when seeking or receiving help.* Almost 80% of the clients aged 55 years or more were sober when seeking or receiving help. The corresponding figure for those below 55 years was somewhat higher, 85%. What was more surprising, however, was that the proportion of those being intoxicated grew with increasing age. Among men below 55 years 17% were either slightly (13%) or heavily (4%) intoxicated, while for women the proportions were 14% (11% and 3%, respectively). Among those aged 75 years or more the figure was 28% for both women (22% slightly and 6% heavily intoxicated) and men (18% and 10%, respectively).

This astonishing result is most probably related to the fact that the oldest age group was provided with home care services in their own private homes. That is, the motivation of being sober is likely to be weaker when the client is on his/her private, informal ground and, conversely, stronger if formal appointments are made and the client has to use means of transport to get service. This explanation seems reasonable, because almost 80% of all cases where clients aged 75 years or more were intoxicated pertained precisely to situations where they received home care services.

## Recommendations

- Because of the proliferation of alcohol consumption in older age, attention should be paid to older people's use of substance use services. Different forms of regular monitoring of older clients are needed.
- Special attention should be paid to the supply and demand of different kinds of substance use services offered to specific old age groups. People at the older end of old age should not be excluded from specialized services.



### **Study 3: Home care nurses confronted with clients' harmful drinking (Koivula et al. 2016)**

The aim of this exploratory study was to clarify how the alcohol use of elderly home care clients affects the daily work of home care professionals and how the professionals act to support the drinking client. Thus, the primary focus was on the personnel and its work rather than clients' alcohol problems as such. As was shown in Study 2, home care services are in a key position in the provision of social and health care to older people.

Finnish home care covers both home services and supporting services. Home services comprise individual care, while supporting services include meals, cleaning and transport services. Health services, in turn, consist of treatment and rehabilitation prescribed by a medical doctor.

Local authorities are liable to carry out an assessment of a person's need for home care services. This assessment is done together with the client and, if needed, the client's family or other close people, and it serves as a basis for an individual care and service plan. According to the service plan, elderly persons can be offered regular or short-term home care. Regular care typically continues without interruption, whereas short-term home care comprises care episodes of various scope and length. Ca. one third of the new clients end up in regular, uninterrupted home care lasting more than two months (Noro et al., 2016).

In most cases clients who receive home care and have alcohol-related problems do not deviate from home care clients in general by their demanding spectrum of diseases. However, compared to other home care clients, their need for assistance emerges at an earlier age and covers a wider variety of support to help them manage their daily routines (Vilkko et al., 2013).

#### Data and research questions

Ten home care professionals from the Helsinki region were extensively interviewed face to face in 2014 and 2015 about their experiences of clients using alcohol in a harmful way. "Old age" was not specified in the study, but the cases covered people from slightly below 60 to 101 years of age. Neither was "use/abuse of alcohol" defined, because the essential thing was to observe whether the clients' drinking had become an issue in the professionals' work.

Typically, the clients were aware of their excessive drinking. Some of them were at the younger end of old age. There were also stories about clients who denied or underrated their alcohol use, while the professionals had found that the clients' drinking caused problems during home visits. It should also be mentioned that any form of alcohol use was by no means perceived as problematic by the home care workers.

Our original research questions were:

- (1) What kind of substance-related situations do the workers run into?
- (2) How do the workers act in these situations?
- (3) How do they feel they manage these situations?

In the following section we concentrate on three key findings of the study.

## Results

*Supporting a client's life management.* Importantly, the basic task of the professionals is to assist the clients' functional ability and help them manage their everyday activities according to each person's individual care and service plan. Essentially, this excludes any intention to change the clients' probably harmful behaviors. This principle derives from the fact that home care services take place in the client's private apartments, where the clients' self-determination has to be accepted and respected. In addition, it turned out, home care nurses themselves often did not want to set the goal of supporting abstinence in the service plan, because they thought it might contribute to creating a stigma in connection with, for example, a visit to a doctor. Not surprisingly, then, harmful use of alcohol easily became a disguised issue.

It was clearly evident that clients' alcohol use complicated the implementation of the service plan and the daily care in general. According to the home care nurses, clients using alcohol in a harmful way resulted in what the nurses termed "extra work": prolonged visits, unexpected tasks, accidental falls, etc. Also, providing an intoxicated elderly client with medication became a challenge and an obstacle to the adequate treatment and follow-up of diseases. The care workers concluded critically that their job description – including their responsibilities, rights and restrictions – was inadequate.

*Professional qualifications.* Another major theme raised by the home care nurses was that older people's alcohol use put their professional competence in alcohol issues to the test. They were bothered because they lacked or had insufficient professional knowledge and skills concerning this elderly client group. A special challenge were situations where the nurses needed to combine general nursing and caring of older adults with knowledge about how to treat alcohol problems in general. Such situations were complex, because clients using alcohol often suffered from several illnesses and other problems.

*Multi-professional collaboration.* Because of insufficient knowledge and training in alcohol issues the workers felt they needed support from other professionals in the social welfare and health system. Unfortunately, the home care professionals had quite negative experience from collaboration with other professionals in the field. They particularly criticized professionals at higher levels in the social and mental health care system for being short-sighted, which hampered the creation of a trustful relationship between client and nurse. For example, in a case of an accidental fall (related by an interviewee), the emergency department personnel did not intervene in the patient's alcohol use, although the accident was clearly related to it.

## Recommendations

- Harmful drinking occurring among home care clients should be discussed openly in the media and in professional contexts. The intricate question of the client's self-determination, on the one hand, and the home care nurses' rights and obligations, on the other, should be part of that discussion.
- There is a need for studies and developmental experiments on services offered to elderly people receiving home care and drinking harmfully. Such work would provide a better

picture of how clients' drinking influences home care nurses' working conditions and what kind of skills nurses need in different alcohol-related situations.

- Clients' alcohol use may cause harm both to themselves and to the work carried out by home care nurses. The nurses are situated low in the professional hierarchy in the social welfare and health service system. However, they form the professional group who meets clients face to face and gather first-hand knowledge about their clients' harmful drinking. Therefore, representatives of other parts in charge of home care services, particularly in substance use services, should be in close contact with the nurses. This is a prerequisite for building appropriate divisions of labor and collaborative practices between the involved professions on the different levels of the health care and social service system.
- There is an apparent need to raise home care nurses' skills in handling problems due to harmful alcohol consumption.

## References

- Hallgren, M., Högberg, P., & Andréasson, S. (2009). Alcohol consumption among elderly European Union citizens. Expert conference on alcohol and health 21–22 September 2009, Stockholm. Swedish National Institute of Public Health.
- Koivula, R., Tigerstedt, C., Vilkkö, A., Kuussaari, K., & Pajala, S. (2016): How does older people's drinking appear in the daily work of home care professionals? *Nordic Studies on Alcohol and Drugs*, 33, 537–550.
- Kuussaari, K., Tigerstedt, C., & Vilkkö, A. Yli 55-vuotiaat päihteiden käyttäjät sosiaali- ja terveydenhuollon palvelujärjestelmässä [Alcohol and drug users aged 55 years and more in the social service and health care system]. Manuscript.
- Muñoz, M., Ausín, B., Santos-Olmo, A. B., Härter, M., Volkert, J., Schulz, H., Sehner, S., Dehous, M.C., Sulling, A., Wegscheider, K., Canuto, A., Crawford, M.J., Grassi, L., Da Ronch, C., HersHKovitz, Y., Quirk, A., Rotenstein, O., Shalev, A.Y., Strehle, J., Weber, K., Wittchen, H.U., & Andreas, S. (2018). Alcohol use, abuse and dependence in an older European population: Results from the MentDis\_ICF65+ study. *PLoS ONE*, 13(4).
- Noro, A., Mäkelä, M., Vilkkö, A., & Väyrynen, R. (2016). Ikäihmisten palvelut [Services for old people]. In Kuntatalouden ja hallinnon neuvottelukunta, Peruspalvelujen tila -raportti 2016, osa II. Valtiovarainministeriön julkaisu 9/2016, p. 105–117.
- Tigerstedt, C., Härkönen, J., Mäkelä, P., Parikka, S., & Vilkkö, A. (2020). Drinking patterns among Finns aged 60 years and over from the 1990s onwards. *Nordic Studies on Alcohol and Drugs*. Accepted for publication.
- Vilkkö, A., Finne-Soveri, H., Sohlman, B., Noro, A., & Jokinen, S. (2013). Kotona asuvan ikäihmisen kohtuutta runsaampi alkoholinkäyttö ja omaisen hoivavastuu [At-risk alcohol use among older persons living at home and family members' care responsibilities]. In Warpenius, K., Holmila, M., & Tigerstedt, C. (Eds.). *Alkoholi- ja päihdehaitat läheisille, muille ihmisille ja yhteiskunnalle [Alcohol- and drug-related harm to other people and society]* (pp. 63–77). Tampere: THL.