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Social engagement, setting and alcohol use among a sample of older Australians

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Abstract

The harms associated with risky alcohol consumption have long been researched and recognised in the health field. However, little available research has focused on older people, or extended analysis of alcohol use by this segment of the population beyond a bio-medical perspective. With the rapid ageing of the global population, research that investigates alcohol use amongst older people from a social perspective is important. This article reports on research with a group of older women and men, to identify and explain factors that influence alcohol consumption. In-depth interviews were conducted in Perth, Western Australia with 20 men and 22 women aged 65 to 74 years who were living in either private residences or retirement villages. Study findings indicated that alcohol use was linked with social engagement in activities across both settings, and that moderate alcohol use appeared to serve an important function as a 'social lubricant'. The major facilitating factors for alcohol use included the frequency of opportunities for social engagement and access to a ready-made social group in retirement villages. The major constraining factor across both settings was driving. Interestingly, health was not viewed as a major facilitating or constraining factor for alcohol consumption. Conclusions from the research were that alcohol serves an important role in enhancing social engagement, and there appear to be strong associations between residential setting and alcohol use.

Key words

Ageing; Alcohol; Residence Characteristics; Retirement Villages; Social Engagement

What is known about this topic

- Contemporary cohorts of older people are consuming greater amounts of alcohol than previous generations.
- Population ageing is a global phenomenon.
- With changing demographics, older people are living in a more diverse range of residential settings.

What this paper adds

- Alcohol use is strongly associated with social engagement amongst older people.
- Residential setting has a differential effect on the consumption of alcohol amongst older people.
- Driving a motor vehicle is a major constraining factor for drinking amongst older people.

Introduction

In many cultures, alcohol plays an integral role in almost every aspect of life from birth to death (Australian Institute of Health and Welfare 2012). Many people report drinking to be social, for fun and to celebrate (Immonen *et al.* 2011). However, at a global level alcohol use also results in significant costs (World Health Organization 2011). While variations exist globally in adult per capita consumption of alcohol, highest levels of consumption are noted in developed countries in the Northern Hemisphere, Argentina, New Zealand and Australia (World Health Organization 2011).

In contrast to the often very public displays of alcohol use amongst young people, older people's (65 years+) alcohol use occurs most often in private, attracts little media attention, and often goes 'under the radar'. Nevertheless, in the United Kingdom over the past 30 years there has been a perceptible increase in the quantity of alcohol consumed by older people (Smith & Foxcroft 2009, Royal College of Psychiatrists 2011), and an increase in alcohol-related harm (Royal College of Psychiatrists 2011). Older people have been acknowledged as a population group at increased risk of alcohol-related harm (National Health and Medical Research Council 2009), due to physiological changes related to the ageing process, resulting in an increased risk of alcohol-related harm at relatively low levels of consumption (Sorocco & Ferrell 2006). Alcohol use amongst older people increases the risk of motor vehicle crashes (Sorock *et al.* 2006) and pedestrian fatalities (Holubowycz 1995), and in the United Kingdom the highest death rates linked to alcohol are amongst men and women aged 55 to 74 years (Royal College of Psychiatrists 2011). Moreover, many medications prescribed to older people for common conditions such as diabetes and cardiovascular disease may have adverse reactions when used in conjunction with alcohol (Hunter & Lubman 2010).

Conversely, alcohol use amongst older people plays an important role in facilitating social engagement. However, while much research has focused on the negative consequences of alcohol, or examined alcohol use as a 'crutch' (Preston & Goodfellow 2006, Brennan & Moos 1996, Smith & Foxcroft 2009), few studies have investigated potential social benefits of low to moderate alcohol use, or links between the social context and older people's use of alcohol (Smith & Foxcroft 2009, Heath 2007). This gap is significant, given evidence that settings which provide regular opportunities for

social interaction may be linked to higher rates of alcohol consumption amongst older people (Sorocco & Ferrell 2006). For example, Alexander and Duff's research with residents of three retirement communities in the United States found that "widespread social drinking … [was] part of the social fabric of these retirement communities" (1988p. 635). Moreover, they noted that alcohol use was closely linked to the process of social integration into retirement communities (1988).

Understanding the social context to older people's alcohol use is an under-researched area (Immonen *et al.* 2011), and no published research has been identified that investigated the factors which facilitate and/or constrain alcohol consumption by older people living in different residential settings. To address this gap, this study investigated alcohol use amongst older people living in private residences and retirement villages in Perth, Western Australia. The research addressed the following questions:

i. What role does alcohol play in older people's lives?
ii. What factors facilitate or constrain alcohol use in different residential settings?
iii. How does setting influence older people's alcohol use?

Methods

This qualitative study used in-depth interviews to collect demographic information, the quantity and frequency (Cahalan *et al.* 1967) of alcohol consumption and to explore alcohol use amongst older people living in secular resident-funded retirement villages, and in private residences. As older people are not an homogenous group and old age covers many decades, participants were limited to the 'young-old' (Broe 2004) aged 65 – 74 years. This age group was selected as they are likely to drink more often than other older people aged 75 years+ (Australian Institute of Health and Welfare 2011). Interviews were deemed most appropriate for this research to best understand the role of context and setting (Liamputtong 2009) in the social shaping of older people's alcohol use.

The interview questions investigated the following areas:

1. Changes in levels of social activity over the last 5-10 years.
2. Types and frequency of social activity.
3. Availability and consumption of alcohol at social activities.
4. Connections between social activities and use of alcohol.
5. Social pressure and alcohol use.
6. Comparisons of drinking at home with drinking at social activities.
7. Perceptions about alcohol use at private residences compared to retirement villages.
8. Rituals related to personal use of alcohol.

Ethics approval was granted from the Edith Cowan University Human Research Ethics Committee, and each participant was provided with information about the study and gave informed written consent.

Sample and Data Collection

Purposive sampling was chosen to ensure that participants were able to offer deep insights into the social processes associated with their alcohol use (Liamputtong 2009). Participants were required to be aged 65 to 74 years inclusive, have consumed alcohol in the previous 12 months, speak English, and live in a private residence or a secular resident-funded retirement village in Perth (Western Australia). Participants were recruited through notices in community radio and local newspapers, which informed participants their input would provide knowledge about alcohol use amongst older Australians, and included contact details for the first two authors and information about the remuneration available ($25 Voucher as a thankyou).

Face-to-face interviews lasting approximately 40 minutes were conducted between June and September 2011 in participant's homes. Interviews were digitally recorded and began with an initial 'tell me about yourself' prompt that allowed participants to feel more relaxed and 'heard'. All interviews were conducted by a 51 year old female research assistant (RA), who had over ten years experience interviewing older people.

Data Analysis

The interviews were transcribed verbatim as soon as possible after the interviews were conducted, and the data analysed using a process of thematic analysis (Miles & Huberman 1994). This began with two interviews being randomly selected for preliminary open coding (Strauss & Corbin 1990) by the first author and the RA into broad descriptive categories (Miles & Huberman 1994) which related to the research questions as well as recurring themes. These categories included: the frequency and nature of the social activities engaged in by participants; the availability and acceptance of alcohol during social activities; characteristics and determinants of participants' alcohol use; and participants' perception of others' alcohol use. Remaining transcripts were then coded using these categories, and the results subsequently classified into overarching themes.

To enhance confidence (Guba & Lincoln 2008) of the findings, triangulation of data collection occurred with the RA digitally recording interviews, taking notes, and recording relevant information and observations after individual interviews. The data was initially independently analysed by the RA and first author, who then worked together to determine categories and themes. These were reviewed by a participant before remaining transcripts were analysed. All phases of the process, including communication between research team members relating to the development of research instruments, recruitment, data analysis and write-up, were documented.

Throughout this paper, pseudonyms are used to protect participants' anonymity. Pseudonyms include a numerical identifier, to indicate gender (M=male, F=female) and participant's residence (V=retirement village, P= private residence).

Findings

This next section draws on analysis of the data to explore participants' alcohol use, and is arranged by research question, and key themes emerging through the analysis. This section begins with an overview of the sample.

The final sample consisted of 20 men and 22 women with an average age of 70 years, with 22 living in private residences and 20 in retirement villages. All participants were drawn from suburbs classified

by the Australian Bureau of Statistics (2006) as having higher levels of socio-economic advantage. Most of the participants residing in private residences were married (n=20), while 60% of men (n=6) and 50% of women (n=5) in retirement villages were married. More than 50% (n=24) of the entire sample had a post school qualification (n=13). The majority of participants were born in Australia (12 men and 15 women), eight participants (3 men and 5 women) in the United Kingdom, two females in India, and one male each from the Netherlands, United States and Canada.

Irrespective of residence, over three quarters of the sample (n= 32) were drinking alcohol more than 3 to 4 days per week. Using the quantity frequency assessment of consumption (Cahalan *et al.* 1967), men in retirement villages were drinking over three standard drinks per day (1 standard drink equals 10 gm of ethyl alcohol in Australia (National Health and Medical Research Council 2009)), and men in private homes almost two standard drinks per day. Women across both settings were drinking between one and two standard drinks per day. However, there was no statistically significant difference in alcohol consumption across settings, and both men and women were drinking at low risk levels based upon a classification of at-risk drinking in the long term, developed by the World Health Organization (Department of Mental Health and Substance Dependence Noncommunicable Diseases and Mental Health Cluster 2000)**.** For more detail see Table 1.

Table 1: Demographic and alcohol consumption information

Research Question 1: What role does alcohol play in older people's lives?

The data analysis revealed three themes that helped to explain the role of alcohol in the older people's lives: *Alcohol and social engagement; Alcohol and relaxation; and Alcohol, work and leisure.*

Alcohol and social engagement

A strong theme was the connection between participants' alcohol use and social engagement. Alcohol was an important part of the social fabric of almost all participants' lives, and appeared to serve as a 'social lubricant' to facilitate interaction and the process of socialisation:

> I think it (alcohol) is a great means of socialising and loosening any social inhibitions….It's a great social leveller. (25_M_P).

> It probably gets people conversing with each other. If they have a drink it seems to free up the vocal chords, or give a bit of Dutch courage to intermingle. (13_M_P)

Many participants emphasised the social nature of their alcohol use, as something to be enjoyed with others:

> We don't drink at home every night when we have a meal, but when we go out we do, or when we have friends over for a meal I would have a drink. It is about being with a group of friends and not drinking at home on your own. (9_F_P)

Most participants also noted that alcohol was a common feature at social events, and that most attending these events consumed alcohol. This was particularly apparent in this sample as most were very socially active. For example, participants were typically involved in social activities at least three times each week, and many also had a fully booked 'social calendar', with activities such as participation in car and caravan clubs, 'happy hours' in retirement villages, and unstructured activities with friends and family, scheduled daily.

Alcohol and relaxation

Another theme was the association between alcohol and relaxation, with the majority of participants implying they drank alcohol to relax. This perspective was manifested in comments such as:

> I think it does older people a world of good to relax and have a drink. I don't think it hurts anybody to have a glass of red…I think it relaxes them. (21_F_P)

Typically, references to alcohol and relaxation highlighted reduced responsibilities as a result of retirement, leaving more time to socialise. In some cases, retirement seemed to contribute to an increase in alcohol use, as the following indicates:

> We are drinking more now. Not a lot more, but more frequently because we are more relaxed….When you are sitting there and drinking, it is such a pleasant way to pass an evening. (3_F_V)

Alcohol, work and leisure

Some participants also described patterns of behaviour which suggested that alcohol was used as a 'marker' to define 'work time' from 'leisure time':

> Since we retired we stop work at 4.30 and sit down to have a drink. The kids laugh about it because when we had the little grandchild, we'd come and get the wine glasses and get the juice for him and we'd have his juice in a wine glass. You don't feel like you are alcoholics but I said to (my husband), if you don't sit down and stop, you keep working until tea is ready – you sit down and have your tea and haven't relaxed… so we've sort of fallen into that habit. We enjoy it so that's what we have come to do. (1_F_P)

This comment also drew attention to the habitual nature of some people's alcohol use, and additional comments further emphasised this dynamic:

> At home I might have a glass when I'm preparing the meal and then have a drink with dinner. (3_F_V), and

> I suppose it's a habit. When I start cooking tea I might have a wine. That just seems to be the right time that I feel like it. (12_F_P)

One respondent also commented they enjoyed to purchase good quality wine, and viewed consuming it as a treat:

> Because you are drinking a nice wine you are giving yourself a little bonus. (3_F_V)

In summary, alcohol played a multifaceted role in the lives of the older people interviewed. Far from being used as a coping mechanism to deal with difficult situations and emotions, or an aid to deal with grief or loneliness, alcohol **appeared** to serve an important role **for the majority of participants** in enhancing positive situations and facilitating enjoyment and socialising with friends and acquaintances.

Research Question 2: What factors facilitate or constrain alcohol use in these different settings?

The data analysis identified four factors which facilitated and/or constrained participants' alcohol use: *Social engagement; Social norms; Self-imposed regulations; and Driving.* Whether a factor facilitated or constrained alcohol use was largely dependent on the social context.

Social engagement

Social engagement was a significant factor which both facilitated and constrained participants' alcohol use. For example, some participants noted that reduced opportunities to socialise following retirement had served to reduce their alcohol use:

> When we had our own business, until five years ago, we socialised more and would have a drink more often. (36_F_V)

Conversely, participants who indicated their alcohol use had increased since retirement most often attributed this to a more active social life:

> I probably drink a bit more now than I did 10 years ago because of the social thing. Not a bigger glass but maybe on more occasions. When you are in a married situation you come home and have a meal and (it) didn't used to enter my head – but now if I am out socialising, (I drink alcohol) a bit more. (20_F_P)
>
> I guess when we moved to the village we increased our alcohol intake because we started getting involved in more socialising than we were doing outside. (4_M_V)

In addition, several participants suggested that during social activities they were less aware of how much they were drinking, and sometimes consumed more alcohol than originally planned:

> There are times when you are out and you have your glass on the table and somebody keeps topping it up and you don't really realise what you are drinking… and not being much of a drinker, you just keep sipping and you are talking. (1_F_P)

Social norms

Social norms relating to appropriate alcohol use also appeared to both facilitate and constrain alcohol use, depending on the situation and social context. The majority of participants indicated their drinking not only depended on the type of social activity, but also who else was present:

> It (alcohol) is available at the bridge clubs, but we don't have alcohol when we play at home. It just doesn't come up. We have a cup of tea and a piece of cake… alcohol just doesn't come into it. If we go to a friend's place for a meal we will have a drink – it just has always been part of it. The friends that we play bridge with are the same ones we would have dinner with, so the use of alcohol is more about the occasion than the people we are with. (9_F_P)
>
> Depends on the people…. It is the ambience of where you are. If I go to my sister's place, she doesn't drink and I wouldn't have a drink – just a cup of tea. If I go with the friends we would have a drink at lunch or sometimes I go away at the weekends with

> other friends and we'd always have a glass of wine with the meal, but definitely depends who I am with. (20_F_P)

Finally, several participants referred to subtle pressure to conform to appropriate drinking behaviour, with one retirement village resident noting that:

> Social pressures come into it – if you are staggering around legless, when you live with 70 or 80 people in a quite close relationship … people talk. (33_M_V)

Amongst the sample of 42 people, one male and one female indicated they felt they "drank too much alcohol when alone". However, when drinking in a social situation they reduced their consumption to fit in with what was deemed as socially acceptable limits, in an attempt to avoid potential ostracism from the social group:

> I'm a lonely drunk, I drink on my own. It is not a social thing….At home I have 2-3 glasses of wine, sometimes half a bottle or a bottle. When I'm out I normally have 1-2 glasses and that's it. (14_F_P)
>
> It [alcohol use] is more out of control at home. When I am in company it is more disciplined and controlled. (23_M_V)

Self-imposed regulations

The majority of participants also described a number of self-imposed regulations to curtail drinking. Typically this involved postponing the first drink of the day until the afternoon or evening:

> At home we would never drink wine at lunch. We don't even have a drink before 6pm if we are home. If I went to lunch I would have a glass of wine. (3_F_V)

Several participants also described applying time constraints which were explicitly designed to limit their overall alcohol consumption, such as the following comment:

> I don't like drinking during the day, and would only have the odd drink during the day. Once I have a drink I would tend to keep drinking. I don't normally drink before 6pm. Those are my internal rules, it limits the alcohol intake. I don't feel right after drinking during the day which is why I tend not to. (41_ F_P)

Other self-regulating strategies which constrained participants' alcohol consumption included limiting alcohol before meals and when driving, only drinking alcohol with meals, not mixing alcoholic drinks, not drinking alone, and allocating alcohol free days.

Driving

As with social engagement and social norms, the issue of driving served to either facilitate or constrain alcohol use, depending on the circumstances in which alcohol was to be consumed. In particular, a major barrier to drinking was concern about drink driving, and many participants described purposely reducing their alcohol consumption if they were required to drive after a social event:

> So my rules – I don't have a drink if I have to drive. (4 (M_V)
>
> If I know I have to drive I will just have a light beer, or sometimes I will just go without altogether. I find that easier because you don't have to worry about whether you have gone over the limit. Driving has killed a lot of social drinking, particularly living down here (an outer metropolitan suburb). If I'm in Perth, I very seldom drink, if at all. It is a long drive and I'm not only worried about RBT (random breath testing), but don't want to feel sleepy. It's the driving mainly that would affect whether or not I will have a drink. (41_M_V)

In contrast, if participants did not need to drive, then they were more likely to consume alcohol. This dynamic was particularly evident amongst retirement village residents, who could easily walk home after attending social activities in the village. Indeed, many participants from retirement villages noted that having access to social events close at hand freed them from the responsibility of driving, and resulted in them being more inclined to drink:

> People who live in private homes are more mobile – they drive, but if you drive you can't drink. It is there all the time. If you are in a village you don't have to drive and you see more people on a daily basis than if you live in your own place. (33_M_V)

Participants were effusive that the idea of driving after drinking was anathema and would not be viewed favourably**, indicating they were more concerned with the immediate consequences of alcohol use, rather than any potential long-term harms.** However, it must be noted that the

majority of participants were drinking relatively **moderate** amounts of alcohol, and hence it was not surprising that aspects such as health did not feature prominently in their discussion. While health did not appear to have any influence in relation to participants' own drinking practices, several noted that health concerns had motivated friends to reduce their drinking.

Research Question 3: How does setting influence older people's alcohol use?

This section considers the degree to which living in a private residence or retirement village influenced participants' alcohol use. Two themes were identified in relation to this question: *Convenient and regular access to social activities*; and *Driving*. The connections between these and previously explored themes associated with Research Questions 1 and 2 highlight the complex and dynamic nature of older people's alcohol use.

Convenient and regular access to social activities

Insights into the influence of setting on alcohol use were developed initially by exploring participants' perceptions about alcohol use in private residences and retirement villages. While the majority of participants suggested alcohol use would be similar between the different settings, many others believed alcohol consumption was higher amongst individuals living in retirement villages, due to increased opportunities to socialise. For example, a participant living in a private residence explained that her friends' drinking had increased following their move to a retirement village because of the opportunity to expand their social networks:

> They are different; their social life is so huge. It has obviously expanded there, because what they did before was with friends and with family, and now they have friends, family, and all their newfound friends who are in the village, because there is so much in-house stuff. (10_F_P)

Many retirement village participants noted the social nature of their retirement village, and drew attention to the frequent opportunities available to socialise without having to leave the village:

> Moving to the village has given me more opportunity to socialise with people of similar age. (41_M_V)

> There are always people moving through the café to say hello to. I think the village environment makes it much easier, because if you are in your own house there aren't so many things available to you in your immediate environment. There are plenty of things to go to - plenty of clubs and groups for everything you can think of. (24_F_V)

Such comments seem to confirm general perceptions that socialising was made easier by immediate proximity to a 'ready-made' social group, the opportunity to expand social networks and the availability of more frequent social activities in retirement villages. In addition, many participants believed that alcohol was a routine feature of many village-based social activities. This perspective was reflected in a comment from a participant living in a private residence, who contended:

> [Retirement village residents] never seem to have get-togethers that don't involve alcohol, apart from morning tea. (20_F_P)

Interviews with many of the retirement village participants confirmed a link between the frequent availability of social activities in their retirement village, and residents' frequent alcohol use. Participants explained that living in a retirement village, where there were frequent social activities and an accessible social group, not only made socialising easy but also encouraged alcohol use through routine activities such as 'happy hour' - where the activity is drinking alcohol. As the following comment suggests, regular social activities in retirement villages appeared to go 'hand in hand' with the routine use of alcohol:

> So they (residents) are encouraged by the social activity of getting together at least once a week or sometimes twice, to come down with a bottle and some nibbles. It is the encouragement to socialise and with socialisation goes a drink. (4_M_V)

Driving and Setting

Finally, and as noted previously, the ready availability of village-based social activities meant that residents did not have to worry about driving home, and were therefore more likely to drink. The freedom of not having to drive home, and the degree to which this facilitated their alcohol use, was a recurrent theme in many retirement village participants' interviews, as demonstrated in these comments:

> There are more social occasions here (in the retirement village) where I don't have to drive afterwards. Previously going out I would have to keep in mind that I would have to drive home. The socialisation in the village means that I may drink more than if I go outside. (24_F_V)
>
> Since moving to the village we do a lot more (socialising) where we don't have to drive. (4_M_V)

In contrast, if a participant needed to drive after a social event, this was a significant constraining factor to alcohol use. This seemed to be particularly relevant to participants living in private residences, who were more likely to need to drive home after social events than their counterparts living in retirement villages. In this context, social events provided in retirement villages were conducive to more frequent alcohol use than might be the case for social events at public settings such as restaurants and hotels.

Discussion

In this study, qualitative interviews provided rich data which drew attention to the close links between social engagement and older people's use of alcohol. Almost all participants were very socially engaged and enjoyed a range of activities, many of which routinely involved alcohol. Alcohol was used as a conduit for social engagement, and importantly, social engagement facilitated alcohol use. This was particularly the case for participants living in retirement villages, where more frequent opportunities for social engagement, combined with convenient access to a 'ready-made' social group, facilitated opportunities to drink. In this context, setting did appear to be implicated in participants' alcohol use, with retirement village residents possibly drinking more frequently in comparison to their counterparts living in private residences, although not necessarily consuming more alcohol.

In this sample, most of the retirement villages appeared to offer a very social environment in which alcohol was accepted and freely available. However, just as older people are not homogenous, neither are retirement villages, and as such, caution should be exercised in drawing any conclusions about retirement villages in general and alcohol use.

Notwithstanding this, evidence from this research project highlighting links between increased opportunities for social engagement and alcohol use amongst retirement village residents is in line with earlier research conducted in retirement village settings in the United States, which found "a strong relationship … between greater social interaction and alcohol use" (Alexander & Duff 1988, p. 635).

Across both settings, social norms appeared to both facilitate and constrain alcohol use, with alcohol use appearing to be dependent on the type of activity, the time of day the activity was taking place, and the people who were present. Past research with other populations has reported similar findings, with evidence that patterns of alcohol use within social networks can influence individual drinking habits (Hanson 1994, Rosenquist *et al.* 2010, Khan *et al.* 2006). For example, a study investigating the influence of social context on alcohol use found that frequency of alcohol use by older people (65 years+) was positively correlated with the number of peers who drank alcohol and the social acceptance of alcohol use amongst peers (Preston & Goodfellow 2006). In this present study, evidence from two participants that they reduced their consumption in line with group norms, combined with other participants' observations of increased alcohol use since their move to a retirement village, echoes Rosenquist et al's finding that social networks may both increase and decrease "alcohol consumption … depending on circumstances" (2010, p. 431).

Although data analysis revealed little difference in responses to questions exploring links between social norms and alcohol use from participants across both settings, it is possible that settings which offer frequent social functions where alcohol is commonly available and socially acceptable – such as is the case in some retirement villages - are likely to foster the development of social norms which subtly endorse more frequent use of alcohol.

Participants identified a range of self-imposed regulations to constrain their alcohol use. Most commonly, participants described time of day constraints they had placed on their alcohol use, such as not drinking until after a certain time in the afternoon. Participants' reflections highlighted the strong links between alcohol and leisure time in many cultures, and also emphasised the routine and ritual use of alcohol as a 'reward' for a hard day's work. Arguably, such routines not only provide some structure to the day once an individual retires and no longer needs to fit into rigid work schedules, but

also by default defines 'appropriate' drinking time, and therefore may act to reduce overall daily alcohol consumption.

In this research, driving was found to be an important predictor of alcohol use. A key factor facilitating alcohol use amongst retirement village participants was that village-based social activities removed the requirement to drive home. Conversely, any social activities which required driving, constrained alcohol use for participants in both settings. Participants' behaviour appeared to be motivated by fear of being fined for drink driving, and equally, concerns that drink driving was socially irresponsible. Therefore, the many 'in-house' social activities available in some retirement villages suggest these settings are potentially more conducive to frequent alcohol use.

Strengths and limitations

The sample was small and not representative of all older Australians, particularly in terms of participants' socio-economic status (SES). However, the sample selected enabled a detailed understanding to emerge of the role of alcohol across two residential settings, and was innovative in exploring setting and alcohol use from older people's perspectives.

Conclusion

This research provides important information on the role of alcohol in older people's lives across different residential settings, and has implications for Australia and other countries which are experiencing a rapidly ageing population and the emergence of diverse residential settings. The qualitative data suggest place of residence is associated with alcohol use, with frequent and regular opportunities for social engagement and access to a ready-made social group in retirement villages possibly facilitating more frequent alcohol use. It is recommended that future research explore setting and its possible influence on alcohol consumption amongst a larger sample, to determine whether specific prevention and harm reduction strategies may be necessary for older residents. In addition, the data confirms the important links between alcohol and socialisation patterns amongst older people, and draws attention to the role alcohol plays in social interaction and the process of integration within some retirement villages.

Against the backdrop of increased alcohol consumption amongst older people, this research highlights the reciprocal influence of behaviour, social network and setting on older people's alcohol use. These findings reinforce the need for public health professionals to include a diversity of approaches which target individual health behaviours as well as the broader social networks and environments within which individuals consume alcohol. Finally, the research highlights the dual nature of alcohol use, and importantly acknowledges the potential social benefits which accrue not from alcohol itself, but from the activities and social engagement which commonly occur in conjunction with 'social drinking'.

Key Points

- Amongst older people in this sample:
    - Alcohol use served an important social function.
    - Setting appeared to influence frequency of drinking, with an indication that the greater the opportunities for social engagement, the greater the likelihood that drinking would occur.
    - Driving was an important constraining factor for alcohol use.

Conflict of Interest

The authors report no conflicts of interest.

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Tables

Table 1: Demographic and alcohol consumption information

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	Private home				Retirement village			
	Men		Women		Men		Women	
	M	**S.D.**	**M**	**S.D.**	**M**	**S.D.**	**M**	**S.D.**
Age of participants (years)	69.7	3.3	69.6	2.4	69.7	3.93	69.6	2.4
Marital status	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Married	9	90	11	92	6	60	5	50
Widowed	0	0	1	8	2	20	2	20
Divorced	0	0	0	0	1	10	2	20
Separated but not divorced	1	10	0	0	0	0	1	10
Never Married	0	0	0	0	1	10	0	0
Highest year of primary or secondary education	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
Primary school	0	0	0	0	1	10	2	20
Secondary school to Year 10	5	50	6	50	5	50	6	60
Secondary school to Year 12	5	50	6	50	4	40	2	20
Highest qualification	**n**	**%**	**n**	**%**	**n**	**%**	**n**	**%**
No post schooling qualification	1	10	8	67	3	30	6	60
Trade certificate/ non-trade certificate	2	20	1	8	3	30	2	20
Associate diploma/ undergraduate diploma	2	20	3	25	2	20	1	10
Bachelor degree/ Masters degree / Doctorate or other postgraduate qualification	5	50	0	0	2	20	1	10
Alcohol Consumption								
Consumed alcohol daily	5	56	2	29	4	44	5	71
		SD		SD		SD		SD
Average daily consumption based on quantity/frequency	1.89	1.4	1.21	0.8	3.13	4.4	1.68	1.1
(Standard drinks)								