

Alcohol consumption by the elderly is a subject which has until recently fallen between the gaps of ageing research on the one hand, and alcohol and drug research and policy on the other. Acknowledging this fact is a step towards generating the information needed to better understand patterns of alcohol use among the elderly and their consequences.

Acknowledgements

The authors wish to sincerely thank the following individuals who contributed valuable and timely information about alcohol consumption trends and related harms from ten European Union Member States: Hana Sovinova (Czech Republic), Emanuele Scafato and Silvia Ghirini (Italy), Matej Kosir (Slovenia), Salme Ahlström (Finland), Jean Nicol and Matthew Carden (UK), Marcis

Trapencieris (Latvia), Gabriele Bartsch and Peter Raiser (Germany), Karin Nilsson-Kelly, Nina Rehn-Mendoza and Mats Ramstedt (Sweden), Jacek Moskalewicz (Poland) and Vicenta Lizarbe (Spain).

References

- 1 National Institute on Alcohol Abuse and Alcoholism. Alcohol Alert No. 40: Alcohol and Aging; 1998. Available at <http://pubs.niaaa.nih.gov/publications/aa40.htm> (7 April 2009, date last accessed).
- 2 O'Connell H, Chin AV, Cunningham C, Lawlor B. Alcohol use disorders in elderly people – redefining an age old problem in old age. *Br Med J* 2003;327:664–7.
- 3 Anderson P, Baumberg B. Alcohol in Europe - A public health perspective. Report to the European Commission. London: Institute of Alcohol Studies, 2006.

- 4 Hallgren M, Högberg P, Andréasson S. Alcohol consumption among elderly European Union citizens: health effects, consumption trends and related issues. Östersund: Swedish National Institute of Public Health, 2009.

Mats Å Hallgren¹, Pi Högberg²,
Sven Andréasson²

¹STAD, Centre for Psychiatric Research, Karolinska Institute, Teknologatan, Stockholm, Sweden, ²Swedish National Institute for Public Health, Östersund, Sweden

Correspondence: Mats Å Hallgren, STAD, Centre for Psychiatric Research, Karolinska Institute, Teknologatan 8E, 102 31, Stockholm, Sweden. Tel +46 8 12345 501, e-mail: mats.hallgren@ki.se

doi:10.1093/eurpub/ckq111

Advance Access published on 13 August 2010

Alcohol and the elderly: the time to act is now!

The report summarized by Hallgren *et al.* in their Viewpoint reinforces the view that alcohol consumption by the elderly is a neglected target for health policy in Europe. The absence of comprehensive and harmonized data for individuals aged ≥ 65 years prevents an evaluation of the real impact of drinking on the elderly. It also seriously limits our capacity to develop specific strategies targeting the early identification of harmful alcohol use and brief intervention for the elderly. This area was also seen as a priority by the Council Conclusion in December 2009, which requested the development and implementation of effective measures in primary and elderly health care in order to reduce the negative impact of drinking in terms of alcohol-related mortality, morbidity and disability.

Obviously, to reach this ambitious goal a substantial reinforcement of funding for both research and active prevention is required. This is currently under consideration by the majority of EU member states which have not, until now, taken the opportunity to strengthen national monitoring and knowledge information systems. A comprehensive data system, with contributions from all EU member states, would enable the evaluation of scientific data on alcohol consumption and harm caused in the age group of ≥ 65 years.

The findings described in this comprehensive EU report, and those outlined in a preliminary evaluation of the

VINTAGE project highlight the need to engage in the following activities¹:

- To provide policy makers with cost-effectiveness and cost-efficiency studies in order to develop appropriate age-oriented alcohol policies, hopefully linking interventions with outcomes, while also enabling the scientific and economic evaluation of the benefits of alcohol prevention for the elderly.
- To generate financial support for comparative research across countries aimed at demonstrating how the economy can benefit from an evidence based alcohol policy oriented to different age groups. A major effort should be made by researchers to provide policy makers with enough sound information to understand the respective benefits and weaknesses of different prevention approaches.
- To renew and support a policy making culture based on research using impact assessment methods, including studies of the effects of variables such as employment/retirement, social environment, social inclusion, social participation, inequalities, balance between costs and savings.
- To commence a formal alcohol policy evaluation to determine the effectiveness and the sustainability of different policy options, which includes strategies for alcohol policy enforcement, not only the existence of an action plan.

- To develop projects incorporating not only capacity building, but also with a focus on generating the considerable public support necessary to facilitate and guide the policy making process.

The economic recession has played a major role in increasing current alcohol-related risk trends among the elderly. A recent paper by Stuckler *et al.*² demonstrated that a cut of 85 euros in the per-capita social welfare spending has been associated with an increase of 2.8% in alcohol-related morbidity. It could be argued that most negative effects will be suffered by vulnerable individuals, including the elderly, and thereby increase the current level of poverty and deprivation experienced by many, especially elderly women living in contexts related to alcohol-related harms, morbidity and disability.

The time to act is now! Investing in older people's health and well-being will help meet the challenges of the Lisbon process, improving the sustainability of public finances, which are under pressure from rising health care and social security costs, in addition to reducing health inequalities among the elderly across Europe.

References

- 1 VINTAGE Project. Good health in older age, 2010. Available at: <http://www.epicentro.iss.it/vintage/> (10 July 2009, date last accessed).

- 2 Stuckler D, Basu S, McKee M. Budget crises, health, and social welfare programmes. *Br Med J* 2010;340:c3311.

Emanuele Scafato
Istituto Superiore di Sanità (National Institute

of Health) Rome, Italy

Correspondence: Emanuele Scafato, WHO CC for Health Promotion and Research on Alcohol and Alcohol-related Health Problems, Osservatorio Nazionale Alcol CNESPS, Via Giano della Bella, 34 00161

Rome, Italy.
e-mail: emanuele.scafato@iss.it

doi:10.1093/eurpub/ckq112
Advance Access published on 13 August 2010

A case of double exclusion

Modern European societies are characterized by their permanent concern in reducing social exclusion to the lowest possible level. This can be regarded as a long and slow process where relevant progress has already been made in a few areas (e.g. women rights, child protection, etc.), while there is still room for marked improvement in other areas.

Alcohol-related problems are certainly a cause of social inequalities and one of the topics not well addressed in Europe, especially if we take into account the burden of disease attributable to alcohol and the limited efforts made to reduce it.^{1,2} In addition to this, the elderly are faced with the challenge of a life expectancy longer than ever before, under living conditions where social isolation and loss of family role are the norm.

At this point, no one can be surprised to discover that alcohol consumption by the elderly is a rather neglected topic. In other words, if your drinking may harm your health and you are old, no one will care... Some people may even think that it is wise (and compassionate) not to try to change drinking behaviour in elderly people. In fact, as a clinician, I have often heard this kind of rationale from some of my colleagues.

Hence, it is no surprise that an important message in the report by Hallgren *et al.*³ is that 'little is currently known about the health, social and economic impacts of alcohol consumption in this cohort'. Drinking by the elderly can be taken as a case of 'double

exclusion', which makes this topic almost impossible to survive in the scientific and policy arenas. There are researchers interested in alcohol but they are not likely to focus on the elderly, while researchers focusing on the elderly will probably not be very much interested in alcohol-related topics.

However, this lack of interest does not mean that the problem is not important. In fact, the few existing data show reasons for concern, as a marked increase in alcohol-related deaths in the elderly has been observed in some of the countries studied, while there are no specific guidelines to identify and address drinking problems in this age group.

In the near future, the elderly population is expected to increase, along with an increased life expectancy. The economic recession will not improve social conditions for the elderly and, on top of that, we expect drinking rates to increase in elderly females as a logical consequence of the changes currently observed in adults and youngsters.

In summary, there are reasons for not ignoring drinking problems in the elderly; therefore, initiatives like this report on alcohol and ageing and the VINTAGE project should be most welcomed. At this stage, we must admit that the dimensions of the problem are not fully known. Since the few available data show relevant reasons for concern and the current economic recession is likely to worsen the social

condition of the elderly, action must be taken in order to identify the scope of the problem and to prevent the double exclusion phenomenon. The development of European guidelines to identify alcohol problems in the elderly both in primary health care and other health care settings can be seen as a major step forward.

References

- 1 World Health Organization. Global health risks. Mortality and burden of disease attributable to selected major risks. Geneva: WHO, 2009.
- 2 World Health Organization. Working document for developing a draft global strategy to reduce harmful use of alcohol. Geneva: WHO, 2009
- 3 Hallgren M, Högberg P, Andréasson S. Alcohol consumption among elderly European Union citizens: health effects, consumption trends and related issues. Östersund: Swedish National Institute of Public Health, 2009.

Antoni Gual
Alcohol Unit, Neurosciences Institute, Hospital Clinic Barcelona, Spain

Correspondence: Antoni Gual, Alcohol Unit, Neurosciences Institute, Hospital Clinic, Villarroel 170, 08036, Barcelona, Spain.
e-mail: tgual@clinic.ub.es

doi:10.1093/eurpub/ckq113
Advance Access published on 13 August 2010