Refereed Proceedings of Doing Psychology:
Manawatū Doctoral Research Symposium Volume 2
51-58

URL: http://mro.massey.ac.nz/handle/10179/2645

Alcohol Use and Older Māori People: Reason for Further Investigation?

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Abstract

When considering alcohol use in New Zealand, the focus is often on 'binge drinking cultures' of younger generations. However, this paper, based on a literature review, will illustrate the need to better understand alcohol use among older Māori people in New Zealand. There are a number of reasons for this. First, with the phenomenon of an ageing population older people will make up a significant proportion of the total population in the future and Statistics New Zealand (2006) predicts there will be a significant increase in the number of older Māori people in particular. Second, there is a wide range of health outcomes associated with alcohol use, both positive and negative which emphasize the need to better understand how alcohol may influence older people's health and wellbeing. Third, research suggests that among older people in general, there are high rates of problematic alcohol use and it has been argued that these rates may be higher because, in many cases, problem drinking is not identified among older people. Specifically, research conducted in New Zealand indicates that a) alcohol use among older people is becoming an increasing area of concern and b) Māori people in particular are more likely to be engaging in hazardous alcohol use. However, very little research has been done to better understand alcohol use among older people and, in particular, alcohol use among older Māori. These factors emphasize the need for better understanding of older Māori people's alcohol use in order to ensure their health and wellbeing in the future.

Keywords: Māori, Health, Alcohol use, Older people

The Ageing Population

Around the world, the population is ageing with both a rise in the average age of the population as well as a growing older population (World Health Organization, 2012). According to the World Health Organisation (2012) "between 2000 and 2050, the proportion of the world's population over 60 years will double from about 11% to 22%" (p. 1).

This global ageing phenomenon applies to New Zealand as well, with a significant increase in people reaching 60 years and older. At the time of the 2006 census there were 495,600 people aged 65 years and over, an increase of 45,200 people from the 2001 census (Statistics New Zealand, 2006). Statistics New Zealand (2006) predicts that the number of people aged 65 years and over will more than double by 2051 at which time they will make up approximately 1.33 million of all New Zealand residents. This is largely due to the population bulge known as the 'baby boomers, of whom the first turned 65 years of age in 2010.

Ethnic diversity among older people is also on the rise with the proportion of older people across all ethnicities expected to increase significantly (Ministry of Health, 2011a). In particular, it is expected that the older Māori population (aged over 65 years) will more than double from 4% in 2006 to 9% in 2026 (Ministry of Health, 2011a). Moreover, in the next fifteen years the growth in the older Māori population (7.1%) is expected to more than double the growth in the older non-Māori population (3.3%) aged 50 years and over (Ministry of Health, 2012). In addition, Māori people will continue to make up a substantial proportion of the older population after the 'baby boomer' bulge given the relatively younger age structure of the current Māori population (Cormack, 2007).

These statistics highlight not only an ageing population in New Zealand, but also that our older Māori population is increasing at rates that exceed older non-Māori. As a result, a number of public health issues will need to be addressed in order to better meet the needs of older people. In particular, alcohol use is an area that requires more attention.

Health Effects of Alcohol

Alcohol has a myriad of effects on individuals, their families, communities and society. On the one hand, alcohol is identified as being the third largest risk factor for disease around the world and

it has been established that there are more than 60 types of disease and injury that occur as a result of alcohol consumption (Rehm & Ulrich, 2009; World Health Organization, 2002, 2012). On the other hand, there are numerous and emerging examples provided in the literature of the positive effects of light to moderate alcohol consumption among older people.

Negative Effects of Alcohol

The negative effects of alcohol among older people include anxiety, depression (Johnson, 2000; Rehm, Gmel, Sempos, & Trevisan, 2003), insomnia, incontinence, liver and kidney problems (Culberson, 2006; Menninger, 2002; Rehm, Room, et al., 2003), cognitive impairment and decline (Culberson, 2006; Thomas & Rockwood, 2001) self-neglect, malnutrition, stroke and hypertension (Alcohol Advisory Council New Zealand, 2012; Blazer & Wu, 2009; Moore, Whiteman, & Ward, 2007; Room, Babor, & Rehm, 2005), alcoholic psychoses (Rehm, Gmel, et al., 2003; Thomas & Rockwood, 2001; Wells, Broad, & Jackson, 2004), pancreatitis, diabetes, osteoporosis (Barnes et al., 2010; Culberson, 2006; Rehm, Gmel, et al., 2003), breast cancer and a number of other forms of cancer (Connor, Broad, Rehm, Vander Hoorn, & Jackson, 2005; Rehm, Gmel, et al., 2003; Room et al., 2005).

More specifically, evidence provided in the literature shows that older people are "particularly vulnerable to the adverse effects of alcohol" (Johnson, 2000, P.575). This is due in part to the physiological changes in health status associated with the ageing process. For example, reduced tolerance to alcohol, higher blood alcohol concentration and poorer metabolism resulting in an increased effect of alcohol on 'the ageing body' (Alcohol Advisory Council New Zealand, 2011; Dufour & Fuller, 1995; Fink, Elliott, Tsai, & Beck, 2005; Gordon et al., 2003; Menninger, 2002; Merrick et al., 2008; Moos, Brennan, Schutte, & Moos, 2010; Thomas & Rockwood, 2001).

It is also due to the increased risk of medication interactions. Older people who consume alcohol and who take medications are at risk of a number of adverse effects due to medication interactions with alcohol (Barnes et al., 2010; Culberson, 2006; Gordon et al., 2003; Merrick et al., 2008; Moore et al., 2007; Moos et al., 2010). Dufour and Fuller (1995) state that there are "more than 100 prescription and over-the-counter medications that interact adversely with alcohol" (p. 127), and literature shows that there are high levels of medication use among older people (Dufour & Fuller, 1995; Moore et al., 2007; Stevenson, Stephens, Dulin, Kostick & Alpass, in prep).

Positive Effects of Alcohol

A growing body of literature also reports the beneficial effects of light to moderate alcohol consumption among older people (Culberson, 2006). In general, there is a J or U shaped relationship observed when considering alcohol and health. That is, abstainers and heavy, or binge, drinkers have worse health outcomes than light to moderate drinkers (Colsher & Wallace, 1989; Lucas, Windsor, Caldwell, & Rodgers, 2010; Wells et al., 2004). Researchers have consistently found that low to moderate alcohol consumption, is directly related to a reduction in the risk of many types of illness and disease including: cardiovascular disease, diabetes mellitus, Alzheimer's disease, dementia and cognitive decline (Connor et al., 2005; Corrao, Bagnardi, Zambon, & La Vecchia, 2004; Culberson, 2006; de Vegt et al., 2002; Di Castelnuovo et al., 2006; Koppes, Dekker, Hendriks, Bouter, & Heine, 2005; Mukamal et al., 2006). Also low to moderate alcohol consumption is thought to result in better self-reported health (Powers & Young, 2008), lower self-reported rates of hospitalisations (Ogborne & deWit, 2001) and lower mortality and morbidity (Chen & Hardy, 2009; Colsher & Wallace, 1989; Di Castelnuovo et al., 2006; Mukamal et al., 2006; Rehm, Gmel, et al., 2003).

In summary, alcohol consumption has a wide range of health effects with specific risk factors that must be considered among older people. Namely, physiological risks associated with ageing and medication use. These factors further emphasize the need to better understand how alcohol use may influence older people's health and wellbeing.

Alcohol Use among Older People

Internationally it has been recognised that there is a need for further investigation into alcohol use among the older population (Dufour & Fuller, 1995; Gfroerer, Penne, Pemberton, & Folsom, 2003; Johnson, 2000; Lakhani, 1997). There are three main arguments for this. First, as outlined above, with the ageing population, alcohol use among older people will become a major public health concern in the near future (Breslow, Faden, & Smothers, 2003; Culberson, 2006;

Merrick et al., 2008; Moore, Morton, et al., 1999; Woodruff et al., 2009). Second, literature provides evidence of high rates of problematic drinking occurring in the older population (Adams, Zhong, Barboriak, & Rimm, 1993; Blazer & Wu, 2009; Johnson, 2000; Khan, Davis, Wilkinson, Sellman, & Graham, 2002; Moore, Hays, Greendale, Damesyn, & Reuben, 1999; Stevenson et al., in prep). Third, hazardous alcohol use among older people is largely under-identified, misdiagnosed and undertreated (Barrick & Connors, 2002; Benshoff, Harrawood, & Koch, 2003; Farkas & Drabble, 2008; O'Connell, Chin, Cunningham, & Lawlor, 2003; Rice & Duncan, 1995). As a result, problematic rates of alcohol use may be higher among older people because they only encompass identified alcohol use problems (Benshoff et al., 2003; O'Connell et al., 2003; Ticehurst, 1990).

The reasons for under-identification of hazardous alcohol use include: health professionals not identifying symptoms attributable to alcohol related problems due to their similarity with health problems associated with ageing (Barrick & Connors, 2002; Benshoff et al., 2003; Culberson, 2006; Farkas & Drabble, 2008; Khan et al., 2002; Menninger, 2002; O'Connell et al., 2003). Also, many older people drink at home on their own and, in general, do not discuss their drinking habits or issues with health professionals (Alcohol Advisory Council New Zealand, 2011; O'Connell et al., 2003). Finally, as a result of ageism, many health professionals assume that older people will not be drinking in a hazardous or harmful manner (Benshoff et al., 2003; Culberson, 2006).

It is well documented that alcohol use among older people is an area requiring further investigation. International literature suggests high rates of problematic alcohol use among older people. However, due to the under-identification of problematic alcohol use, these rates may be higher than estimated. These factors illustrate both the gaps in knowledge and the significance of hazardous alcohol use among older people thus demonstrating the need for more research to be conducted in this area.

Alcohol Use in New Zealand

The New Zealand Alcohol and Drug Survey (NZADS) provides important information around alcohol use and behaviours among those aged 16-64 years (Ministry of Health, 2009). Results show that the majority of adults consumed a drink in the past year (85.2%) and 6.8% reported drinking daily. Daily alcohol consumption rates increased with age, and alcohol use among men is significantly higher than alcohol use among women. Results also suggest that rates of hazardous drinking, namely binge drinking, within the New Zealand population is high (Ministry of Health, 2009).

The NZADS also identified several clear patterns of difference for alcohol use when considering socioeconomic status (SES) and gender. For example, those with a lower SES were significantly "less likely to have consumed alcohol in the past year" (Ministry of Health, 2009, p. 18). However, in the past year, they were more likely to: have consumed a large amount of alcohol at least weekly, received or wanted help to reduce their alcohol use, experience harm from their own alcohol use as well as others alcohol use (Ministry of Health, 2009). Regarding gender, in the past year, men were more likely to: consume an alcoholic drink, drink more frequently, and consume a large amount of alcohol on one occasion, when compared to women (Ministry of Health, 2009).

However, while the NZADS provides general in-formation around alcohol use in New Zealand, there are limitations when considering alcohol use among older people in particular. For example, these findings suggest a complex relationship exists between alcohol behaviours and factors such as SES and gender that require further investigation in order to understand more fully. More specifically, the NZADS does not include people over the age of 64 years and there is no specific discussion of alcohol use among those in the older age brackets e.g. 50-64 years of age. The National Drug Policy (as cited in Ministry of Health, 2009) consider youth, Māori people (discussed in further detail in following sections), Pacific people and pregnant women to be at greater risk of experiencing harm from alcohol use and therefore provide specific discussion on their alcohol use. However, given the international literature suggesting that hazardous drinking among older people is increasing and with the negative health outcomes associated with alcohol use, there must be further investigation around alcohol use in this age group as they too may be at increased risk of experiencing harm from alcohol use. The following section helps illustrate this point.

Alcohol Use among Older People in New Zealand

In New Zealand, it has been recognised that alcohol use among older people is increasingly becoming a public health concern of major importance as a result of the ageing population (Khan et al., 2002; Stevenson et al., in prep). The Ministry of Health (2011) predicts that "alcohol and other drug disorders will become more prevalent among older people as 'baby boomers' enter old age" (p. 10).

However, according to the New Zealand Alcohol Advisory Council (ALAC), the area of alcohol use among older people in New Zealand is yet to be fully investigated, despite the ageing population (Alcohol Advisory Council New Zealand, 2011). In fact, ALAC (2011) argue that the hazardous consumption of alcohol among older people is a 'hidden epidemic'. This 'hidden epidemic' relates not only to people's lack of awareness of hazardous alcohol use among older people but also to the lack of research investigating this issue. For example Harvey (2012) reports that "elderly people drinking to excess is an increasing problem in New Zealand, despite most people perceiving heavy drinking as a youth issue" (p. 1). Furthermore, there are only two studies that provide information around alcohol use among older people in New Zealand.

Khan et al. (2002) and Stevenson et al. (in prep) conducted research investigating older people's alcohol use in New Zealand. Results from both of these studies show that a significant number of older people are engaging in hazardous alcohol use. Similar to the NZADS, these two studies identified a number of socio demographic variables that were found to play a role in hazardous alcohol use. For example, Khan et al. (2005) observed significant gender differences between men and women, with men having higher prevalence rates for hazardous alcohol use (20.9% vs. 1.3%) and past alcohol dependency (38.7 vs. 13.9%) when compared to women. Hazardous pat-terns of alcohol use in the past 12 months also differed when employment status, marital status and living arrangements were taken into consideration. For example, hazardous rates differed between people who were retired compared with people who were self-employed/ part time workers (8.5% vs. 27.3% respectively). Those who were married had a prevalence rate of 12.6%, compared with 5.6% of those who were 'never married, separated, divorced, widow, widower'. People living with a spouse also had a higher prevalence rate (12.8%) than those 'living alone, living with children, living with relatives, and those living in rest homes' (5.5%).

Similarly, Stevenson et al. (in prep), report "very high levels of hazardous drinking were reported by men (71.5%); New Zealand Europeans (63.2%); those on annual incomes over $35,000 (71.8%); and those with a good standard of living (68%)" (p. 9). Furthermore, those who: lived with others, were aged 65-70 years, and those who were married or partnered were more likely to report hazardous levels of alcohol use. Regarding heavy episodic drinking, men reported the highest level (29.5%), as did those with a good standard of living (21.3%). Unlike hazardous drinking, those who were separated, divorced or widowed were more likely to binge drink than those who were married or partnered.

An area of growing concern within New Zealand is that of alcohol use among older people. Apart from two community studies, which have both found high levels of hazardous drinking among older people, there is no other research that investigates how our older population is drinking. In addition, these studies provide evidence of the complex relationships occurring between alcohol use and a number of socio-demographic variables. Further investigation is needed around older people's alcohol use and factors that may influence their drinking behaviours.

Alcohol Use among Māori in New Zealand

While it is important to understand alcohol use among older people in New Zealand it is also necessary to gain perspective on drinking patterns among Māori because evidence suggests significant differences between Māori and non-Māori in relation to their alcohol use (Connor et al., 2005; Ministry of Health, 2009; Stevenson et al., in prep) and Māori suffer disproportionate harm as a result of alcohol consumption (Ministry of Health, 2009). The following section will provide information around what is known about Māori people's alcohol use and associated harm.

Te Ao Waipiro 2000: The Māori National Alcohol Survey, assessed drinking patterns and alcohol-related problems among 1,992 people aged 13-65 years who identified as Māori (Moewaka Barnes, McPherson, & Bhatta, 2003). Similar to the NZADS, a high proportion (80%) said they

were drinkers[1] and, on average, drinking occurred roughly every three days among all drinkers. Additionally, most alcohol consumption (76%) occurred during heavier drinking occasions. For example, in a typical drinking occasion women reported drinking 5-6 drinks and men, 7-8 drinks[2], which exceeds safe or recommended levels of alcohol consumption in New Zealand (Alcohol Advisory Council New Zealand, 2012; Moewaka Barnes et al., 2003).

Similarly, the 2007/08 NZADS found that, among past year drinkers, Māori were less likely to be drinkers, however they were more likely than non-Māori to consume large amounts of alcohol in one drinking session (Ministry of Health, 2009). The New Zealand Mental Health Survey also found that Māori are more likely than other ethnic groups to drink alcohol or use drugs in a 'harmful' manner (Oakley- Browne, Wells, & Scott, 2006)

In fact, generally, most studies report that Māori people are less likely to drink alcohol: they drink less often than non-Māori but, when they do drink, they tend to drink more in a typical drinking session and are more likely to engage in hazardous drinking patterns (Bramley et al., 2003; Connor et al., 2005; Fryer, Jones, & Kalafatelis, 2011; Meiklejohn, 2010; Stefanogiannis, Mason, & Yeh, 2007).

In addition, results from Te Ao Waipiro show that, when considering the harmful effects of alcohol consumption, such as on friendships, social life, home life and/or financial position, Māori people, especially Māori women, suffer significantly more harm than non-Māori both as a result from their own drinking and from someone else's drinking (Moewaka Barnes et al., 2003). This suggestion is supported by Connor et al. (2005), who estimate that the alcohol related death rate for Māori is 4.2 times higher than non-Māori.

However, while the literature provides evidence that some Māori may drink in a hazardous manner and that they may experience more harm than non-Māori as a result of alcohol use, there are gaps in this knowledge. For example, there have been no studies conducted specifically among older Māori and their alcohol consumption patterns. Rather, the research that has been conducted only includes those aged up to 65 years and there is very little discussion on alcohol use within the older age categories (those up to the age of 65 years) included in these studies (Fryer et al., 2011; Ministry of Health, 2011b)

In addition, much of the alcohol use literature compares Māori to non-Māori, which mean that Māori people's alcohol use is defined only in terms of their differences to non-Māori. As Reid and Robson (2007) assert, this leads to a 'deficit' way of thinking whereby the 'problem' then lies with Māori people. In order to gain a more comprehensive understanding research must investigate alcohol use among Māori without seeking to make comparisons to non-Māori.

Finally, very little is known around the context of alcohol use among older Māori in New Zealand. While research suggests a complex relationship exists between alcohol use and socio demographic variables, this has not been explored among Māori and, in particular, older Māori, to ascertain how these factors may affect or influence their alcohol consumption patterns.

Conclusion

Alcohol use among older people is becoming an increasingly important public health issue as 'baby boomers reach older age. Not only are there numerous health effects associated with alcohol use but literature also suggests there are high rates of hazardous alcohol use among older people that are worthy of further investigation. Specifically, in New Zealand, very little is known about older people's alcohol use although literature suggests there are complex relationships between hazardous alcohol use and a number of socio demographic variables. In addition, research suggests Māori appear more likely to be engaging in hazardous drinking although, to date; there has been no research investigating older Māori people's alcohol use.

The current research will be an exploratory study that aims to investigate alcohol use among older Māori people. This study will not only assess alcohol consumption patterns but it will also consider the social context of older Māori people in order to see what factors, if any, may influence their alcohol use. It is hoped that this research will not only provide information on how older Māori people are drinking but also that it will inform health promotion interventions, public health policy and health professionals so as to better meet the health and wellbeing needs of older Māori in New Zealand.

[1] Drinkers are defined as those who have consumed alcohol in the previous 12 months.

[2] Average across all ages.

Acknowledgement

I would like to thank my supervisors Associate Professor Christine Stephens and Dr. Tim McCreanor for their feedback and support during this study. I would also like to thank Massey University for granting me a Doctoral Scholarship Award, which has enabled me to carry out this Doctoral research.

Sarah Herbert is a PhD candidate and Graduate Assistant at Massey University, Palmerston North. Her present research focuses on alcohol use among older Māori in Aotearoa, in particular, investigating how they are using alcohol and the social context around such alcohol use. She has recently completed her first year in the Doctoral programme. Sarah's background is in the field of health psychology with a particular interest in Māori centred research; aimed at improving and developing Māori health and well being in Aotearoa.

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