SUMMARY OF THE REPORT ALCOHOL AND SOCIETY 2019

Alcohol and older people

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Executive summary

In Sweden, as in most of the developed world, older people comprise an increasing proportion of the population. For this subgroup, the aging process in general increases risks to health, safety, and quality of life and, as a result, older persons account for a substantial burden of health care problems and health-related costs in Sweden, as in most countries.

While consuming alcohol can add to the health and safety risks of any age group, these risks are increased for the older population. Typically, older people drink less than younger age people which may lead to the improper conclusion that they have less risk associated with alcohol. However, in reality the interaction of greater susceptibility to alcohol's effects and the greater health risks associated with aging combine to actually increase the risks of alcohol-related harm among older people. For example, decreases in body mass associated with aging can result in higher blood alcohol concentration (BAC) for older persons from consuming a fixed quantity of alcohol. In addition, changes in liver metabolism, slower reaction time and taking multiple chronic medications may further increase both BACs and the risk of experiencing negative alcohol-related effects from a given BAC.

Risks from alcohol-related harms arise from both chronic exposure as the result of cumulative consumption over time (e.g., liver cirrhosis), and acute impairment from heavy drinking episodes (e.g., falls and motor vehicle crashes). Although many think of alcohol-related conditions as being caused only by very heavy drinking or drinking to the point of severe intoxication, there has been a growing recognition that lower levels of consumption, either in aggregate or on a per-occasion basis, can cause health, safety, and social problems, especially for older persons.

- Heavy drinking either on average or per-occasion (i.e. binge drinking) increases the risk of almost all alcohol-related diagnoses, e.g., cardiovascular disease, liver cirrhosis or alcohol use disorder, and certain cancers.

- Even drinking lower amounts of alcohol by older persons has some risk. For example, the risk of some cancers begins to increase with any consumption. Older persons have increased risk of car crashes at very low BAC levels, and are more likely to incur severe injury and death than younger persons.

- In Sweden, alcohol consumption has increased among older persons over the past 14 years in absolute terms and relative to other age groups, and deaths attributed to alcohol have increased among older Swedes.

- Heavy drinking is the strongest modifiable risk factor for dementia onset. Although most non-randomized studies suggest that low-volume drinking may reduce the risk of dementia, higher quality research using advanced medical MRI brain scans, genetic randomization studies, and experimental animal studies suggest that there is likely no protective effect of even low-volume consumption on cognition.

- There are a variety of public policy interventions that can reduce excessive alcohol use and reduce alcohol-related harms. These include maintaining government monopoly systems, increasing the price of alcohol (e.g., taxation, minimum pricing), decreasing the physical availability of alcohol (e.g., limiting the number of outlets), and restricting alcohol advertising.

- The level of alcohol consumption with the lowest health risk is zero. However, the health of most older persons who continue to drink would be improved by reducing their consumption, either overall or during days in which alcohol is consumed. Among those who drink, the lowest level of risk is one standard Swedish drink per day (12 grams of pure alcohol) or less on average and no more than 2 drinks on any one day.

- Those who don't drink or who drink infrequently should not begin to drink, reinitiate drinking, or drink more frequently in order to achieve claimed health benefits. In addition, no consumption is generally preferable among those with liver disease, peptic ulcer disease, who take psychoactive or sedating medications, are driving, have cognitive difficulties, a history of falls or poor balance or cardiac arrhythmias.

- On balance, alcohol is an unhealthy substance in which harms from heavy use is considerable and supported by a robust base of scientific evidence. Even 'moderate' use has some risks, particularly in older persons, and the evidence for health protection has eroded in recent years such that we conclude: *In many ways moderate drinking may be a sign but not a cause of good health.*

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