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MEDIA RELEASE

BABY BOOMERS INCREASING THEIR “RISKY” DRINKING HABITS

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MORE older Australians are drinking at “risky levels” as the Baby Boomer generation ages and the health care system struggles to meet the specific needs of older people, according to the authors of research published online today by the *Medical Journal of Australia*.

Professor Ann Roche, Director of the National Centre for Education and Training on Addiction at Flinders University, and research officer Victoria Kostadinov analysed data from the tri-annual National Drug Strategy Household Surveys (2004, 2007, 2010, 2013, 2016). Four drinking level categories were defined: abstainers; low risk drinkers (no more than four standard drinks on a single occasion); risky drinkers (5–10 standard drinks on a single occasion at least once a month); and high risk drinkers (11 or more standard drinks on a single occasion at least once a month).

Between 2004 and 2016, the proportion of risky drinkers increased from 13.4% to 13.5%, and the proportion of high-risk drinkers increased from 2.1% to 3.1%.

“The rising prevalence of risky drinking therefore cannot be attributed solely to increasing numbers of older people,” Roche and Kostadinov wrote.

“Although the increases in the proportions of risky and high-risk drinkers are small, they nevertheless correspond to an additional 400 000 people drinking at potentially problematic levels.

“Specific characteristics of “baby boomers” (people born 1946–1964) may be important contributors to the changing pattern of consumption, which is in stark contrast to the significant decrease in risky drinking among people aged 12–24 years during the same period,” they wrote.

The authors suggested that primary care was the ideal setting for both detecting and intervening in risk drinking in older patients, calling on GPs to use “short, opportunistic counselling and information sessions that motivate behavioural change”.

They also suggested that improved education for doctors about “patterns and drivers of alcohol consumption by older people” be a priority, particularly in regard to the unique needs and characteristics of older patients.

“Older people are vulnerable to a range of alcohol-related adverse effects, including falls and other injuries, diabetes, cardiovascular disease, cancer, mental health problems, obesity, liver disease, and early onset dementia and other brain injury,” Roche and Kostadinov wrote.

“Age-appropriate resources and techniques for clinical practice are also required for encouraging low-risk drinking in more vulnerable groups of older people, and for minimising the risks of alcohol-related harm,” they concluded.

Please remember to credit *The MJA*.

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