



ALCOHOL AT MIDLIFE

Drinking practices and views on health, risks and reducing consumption

A research report based on a survey and interviews with adults at midlife in Aotearoa New Zealand about alcohol and their drinking practices

Funded by the Cancer Society of New Zealand



Introduction

This research explored drinking as a social practice for people in their midlife (aged 40-65 years). It examined their alcohol consumption, their views on the health risks (including cancer) related to drinking alcohol and their reasons for changing how much they drink. This provides insight into potential interventions to disrupt drinking practices. We conducted an online survey of a convenience sample of over 500 midlife drinkers during 2022, as well as 37 in-depth individual interviews, to examine their:

- Current drinking practices, drinking motivations, perceptions of alcohol and health outcomes, and considerations around changing alcohol consumption.
- Everyday practices around alcohol consumption, including when and where alcohol is consumed, decisions made to drink and not to drink, and potential points of disruption to everyday practices

Authors:

Antonia Lyons, Waipapa Taumata Rau - University of Auckland
Denise Blake, Te Herenga Waka – Victoria University of Wellington
Kate Kersey, Te Herenga Waka – Victoria University of Wellington
Christine Stephens, Te Kunenga ki Pūrehuroa - Massey University
Timea Partos, Te Herenga Waka – Victoria University of Wellington
Jessica Young, Te Herenga Waka – Victoria University of Wellington

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Section 1:

Who are our survey respondents and how are they drinking?

Our survey respondents

The survey was completed by 502 people at midlife. This included:

- 70.1% women; 28.1% men; 1.4% another gender identity
- a range of ages from 40-65 (M=50.3; SD = 6.9)
- 81.5% Pākehā; 9.2% Māori, 1.2% Pacific peoples; 11% another ethnicity
- 64.2% married/de facto; 12.6% in a relationship; 11.4% single; 6.5% separated/divorced; 0.5% widowed
- 18.9% with an annual household income before tax of \$75,000 or less; 27.5% between \$75,001 – 150,000; and 40% with an income over \$150,000

Most respondents identified as heterosexual (91%), had children (79.9%), and were well-educated (over 70% had a tertiary qualification). Most respondents were in part- or full-time employment (87.2%), with some identifying as stay at home caregivers (5.4%).

How our survey respondents are drinking

Frequency of drinking

Almost half of the sample (45%) reported drinking more than 4 times per week, while another 31% indicated drinking alcohol 2-3 times per week, as shown in Figure 1.

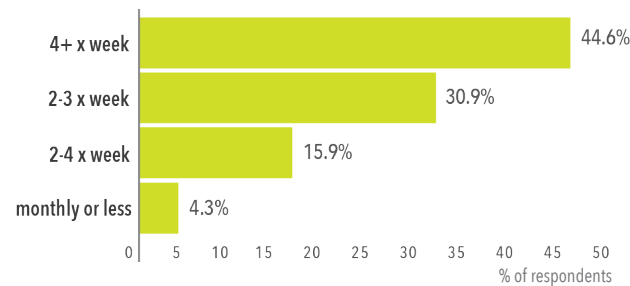


Figure 1: Frequency of drinking

Typical drinking occasions

On a typical drinking occasion, respondents reported consuming the following number of alcoholic drinks:

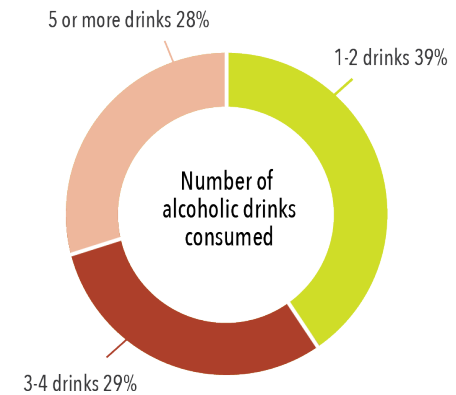


Figure 2: Number of alcoholic drinks consumed on a typical drinking occasion



Differences across the sample

There were very few differences in reported drinking frequency and typical amounts of consumption across respondents with different demographic backgrounds (age, sexuality, gender, income, education, ethnicity, work status, number of children - based on logistic regression analyses), with the exception of the following:

- Respondents who reported drinking alcohol 4 or more times per week were more likely to be older and in full-time employment compared to those who reported drinking less frequently.
- Respondents who reported drinking 5 drinks or more on a typical drinking occasion were more likely to have lower levels of education (none or secondary school only) and identify as Māori, Pacific or an ethnicity other than Pākehā compared to those who reported drinking fewer drinks on a typical occasion.

Drinking habits and practices

Respondents reported drinking with the following people:

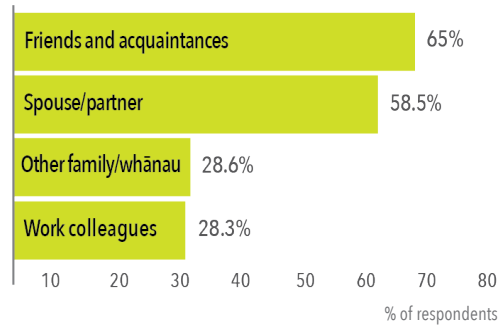


Figure 3: People respondents typically drink with

43% of respondents reported drinking on their own.

Respondents reported drinking in the following places:

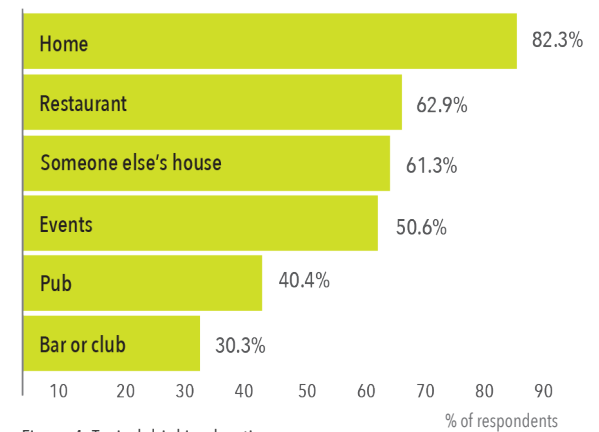


Figure 4: Typical drinking locations

Respondents reported drinking the a range of alcohol products regularly:

Respondents reported drinking the following alcohol products regularly:



Respondents most enjoyed drinking wine (65%) followed by spirits (49%), beer (29%) and craft beer (24%).

Section 2:

What do participants say about their drinking?

In the open-ended survey responses and in the interviews, participants described what they liked about drinking alcohol, the things that make them feel like consuming alcohol, and the things that make it easy to drink. Participants also provided information on who influences the amount of alcohol they drink, and whether they have any concerns about their drinking. Example quotes are from individual interviews and open-ended survey responses.

What participants like about drinking alcohol

Lots of participants gave similar responses and identified similar factors as to what they liked about drinking alcohol.

This included the following (in no particular order):

- Feelings of relaxation
- Socialising
- Positive sensations and emotions
- Fun and laughter
- The tastes and flavours of alcoholic beverages

It's a way to relax. Usually, after a hard day's work on the weekends. Also a way to socialise, and a way to enjoy food...you kind of reach for it if you're in a stressful situation as well.

(45 year old female, Pākehā)

Enjoyment of it is the initial buzz I get sometimes, and also some flavours of alcohol, because they've got memories and emotions associated with them. You relive those, so I might have a drink where it's night-time and winter-time. You're nice and cosy ... you feel good, you're round close friends, it just reinforces that feeling.

(45 year old male, Pākehā)

What makes participants feel like drinking

drinkingMany of the things that made people feel like drinking were linked into routines and everyday habits and practices. Alcohol was also viewed as a way to change negative emotional states, to enjoy while relaxing, and was used for celebrations and socialising. Participants highlighted the following key factors that made them feel like drinking:

- Feeling stressed or pressured
- Habitual behaviour, linked to time of day
- Cooking and eating at home
- Wanting or needing to relax
- Socialising
- Marking the end of a day or week
- Sunny days, good weather
- Celebrations

You could feel during the day at work tension building up, and you'd be looking forward to a relaxing glass of wine or two. And by the time you hit five, or come home, put your bag in the corner, put the slippers on, and then sit on the couch, and you know, quick look in the cupboard to find out what wine to have.

(64 year old male, Pākehā)

After work on a Friday is usually the time where I feel like I deserve a drink. I want to drink, especially if the sun is out and I'm feeling what I call the "Friday Feels". It's time to put some good music on, and have a chat with my husband, and relax.

(45 year old female, Pākehā)



What makes it easy to drink alcohol?

Participants reported that the wide availability of alcohol, and how easy it is to access, were major factors that made it easy for them to drink alcohol. This included buying alcohol at the supermarket and always having it in the home. The key themes about what makes it easy to drink alcohol were:

- Price – cheap, affordable
- Having alcohol at home
- Purchasing easily – supermarket, liquor store, online
- Having nice-tasting drinks
- Not driving

All the breweries started advertising and will just drop it off at your door... free delivery. I was like okay sweet. I would have my favourite beer and heaps of it, well for me heaps of it. I was drinking like one or two beers every day, that's probably like three or four standard drinks a day.

(41 year old male, Pākehā)

You can buy at the supermarket very easy, and you don't have to make a special trip to any one shop. I think nice wines are affordable, or maybe my income means I can now afford it.

(50-something female, Māori)

Who influences participants' drinking?

Participants reported a range of people who influence how much alcohol they drink, including drinking more alcohol and drinking less alcohol. Some also reported that people have no influence on how much they drink, as shown below. Friends had the biggest influence on drinking more alcohol, while partners and family had the biggest influence on drinking less alcohol.

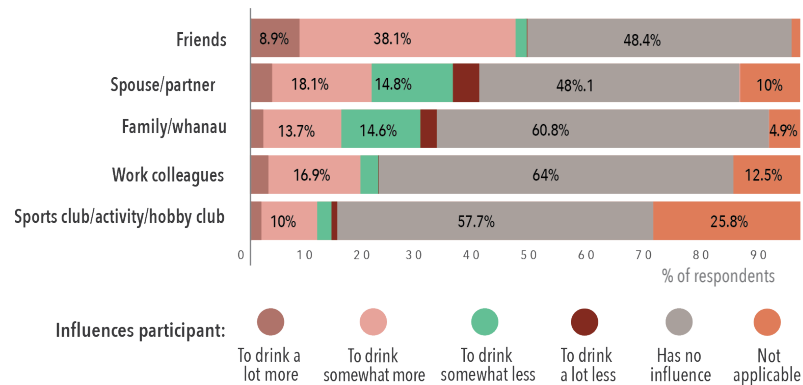


Figure 5: Influences on how much participants drink - % of respondents (Ns ranged from 420-438)

How many participants are concerned about the amount they drink?

Half of the participants said that they were 'a little' or 'moderately' concerned about their consumption, while 42% said they weren't concerned at all.

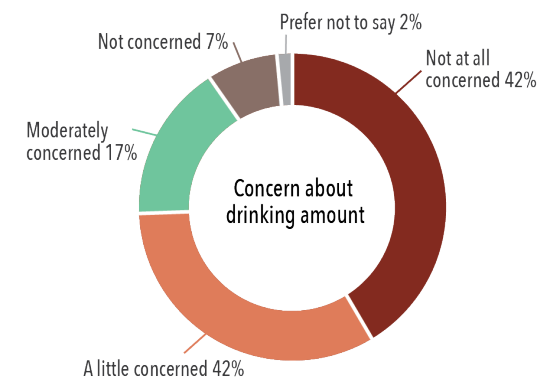


Figure 6: Concern about own drinking

Section 3:

What do participants know about the health harms associated with alcohol?

Did participants know about the health risks associated with drinking alcohol?

Yes, almost all participants (96.8%) reported that there were health risks associated with drinking alcohol (although 2.3% said there weren't any health risks linked to drinking alcohol, while 0.9% said they did not know). There were no significant differences by demographics in these responses, except that participants who indicated they were a carer for someone were less likely to state there were health risks with drinking alcohol compared to those who were not carers (82.4% compared to 97.9%).

Participants listed the health risks they believed to be associated with drinking alcohol. Almost a quarter of the sample mentioned five or more health risks, including risks of cancer, cardiovascular and other diseases, risks related to violence, mental health risks, concerns related to appearance (particularly weight gain) and sleep disturbance.

What do participants know about the cancer risks related to alcohol consumption?

All participants were asked if they were "aware that alcohol causes cancer?" Responses showed that most were aware:

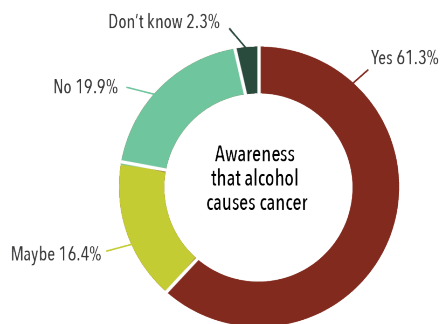


Figure 7: Awareness that alcohol causes cancer

There were no significant differences by demographics, except that participants with an annual household income before tax above \$150,000 were significantly more likely to report that alcohol was associated with cancer risks (69.7% said 'yes' compared to 48.3% of those with an annual household income of \$75,000 or less).

Participant knowledge about types of cancer linked to alcohol consumption

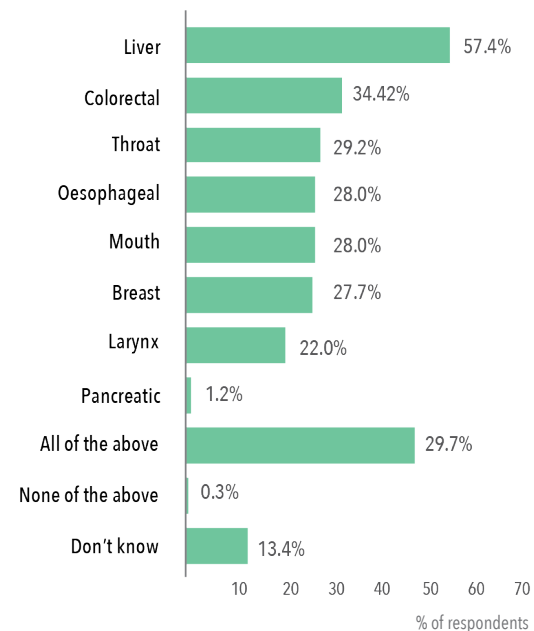


Figure 8: Knowledge about types of cancer linked to alcohol consumption



Does knowledge about cancer risks related to alcohol consumption affect participants' motivation to drink less?

Participants who said they knew about the cancer risks of alcohol consumption were asked if this motivated them to drink less. Over a third of the sample said this knowledge didn't motivate them to reduce their drinking, while over a quarter said it did motivate them to drink less:

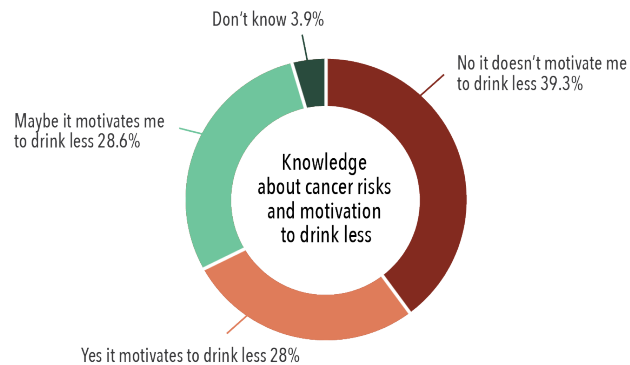


Figure 9: Relationship between knowledge of cancer risk related to alcohol consumption and motivation to drink less

*I remember hearing a breast surgeon speak about the dangers of drinking and how that was linked directly linked to breast cancer, and I remember that really scared me but probably not enough to change significantly my habits. So yeah association with different types of cancers and liver damage those that would probably be yeah so I know it's not good for you right.
(53 year old female, Pākehā)*

How aware are participants of the Ministry of Health guidelines to reduce alcohol-related harms?

While most respondents said they were aware of the Ministry of Health guidelines to reduce health risks from drinking alcohol, close to half said they were not familiar with their content.

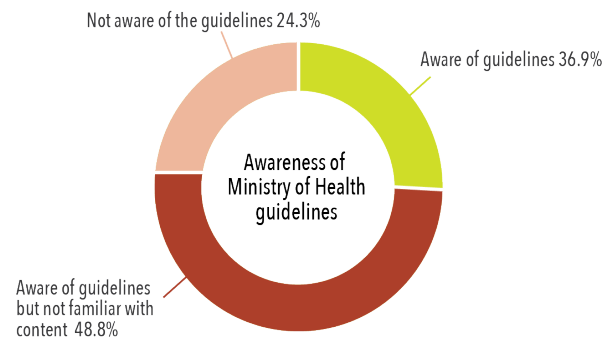


Figure 10: Awareness of Ministry of Health guidelines

*I mean, I think about it, but I also don't want to change my lovely habit of having a glass of wine, I try not to feel guilty about it. And I also know that there are people that have never touched any alcohol and also get cancer, so I sort of feel like well, it's worth taking the risk. For the enjoyment of a glass of wine.
(52 year old female, Pākehā)*

Section 4:

What helps participants to drink less?

How many participants want to drink less?

56% of participants reported that they would like to drink less alcohol than they currently do.

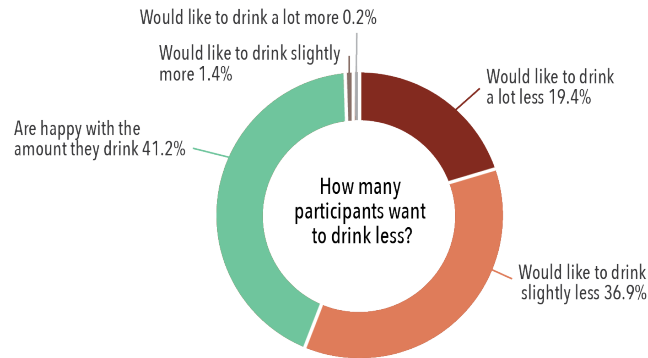


Figure 11: Number of participants that want to drink less

How many have reduced their drinking?

67% of participants reported having previously reduced their drinking; one-fifth of these people did so more than 5 years ago, and one-fifth did so during the previous 12 months.

How many have *thought about* reducing their drinking?

82.4% of participants said that they had thought about reducing their drinking. We asked respondents to tell us the reasons for thinking about reducing their alcohol consumption. Physical health was the most common reason for thoughts about reducing drinking, followed by concerns about addiction and weight:

I've reduced my drinking this year as am noticing that my anxiety is increasing more and I'm less able to physically cope with hangovers now that I'm getting older, entering menopause. Making an effort to rebalance my life and find healthier ways to socialise.
(50 year old female, Pākehā)

Mainly because of the loss of productivity the day after drinking - I recognize I waste a lot of time the day after being hungover.
(43 year old female, Pākehā)

I want to be healthier and it's getting to be an addiction.
(52 year old female, Pākehā)

To improve the way I sleep and feel each morning and to help improve energy levels for sport and competition.
(48 year old female, Pākehā)

Reasons for thinking about reducing alcohol consumption

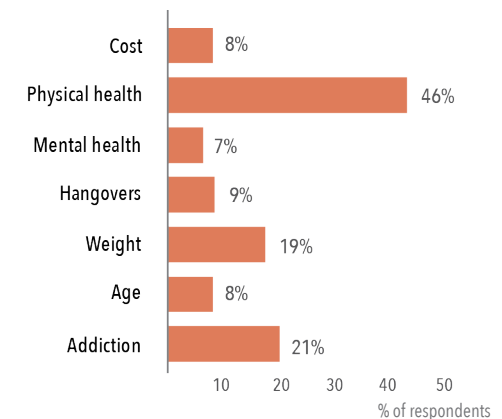


Figure 12: Reasons for thinking about reducing alcohol consumption



What don't participants like about drinking alcohol?

There were lots of things that participants didn't like about drinking alcohol, quite a few of which were linked to the amount of alcohol consumed. These included:

- Physical after-effects – hangovers and feeling “crappy” the next day
- Weight gain – calories and food choices
- Sleep disruption
- Cost of alcohol
- Drunk appearance and behaviour

What makes it easy NOT to drink alcohol?

The things that make it easier for participants NOT to drink alcohol included:

- The cost
- Needing to drive
- Parental and work responsibilities (at the time; the next day)
- Being busy
- Having good non-alcoholic options
- Being around people who aren't drinking or are drinking a lot
- Concerns about weight

Did Covid-19 lockdowns impact drinking habits?

Nearly two-thirds (60.2%) of the survey respondents said that the lockdowns had changed their drinking habits. Of these respondents, most (81.7%) said they had increased their alcohol consumption as a result of Covid-19 lockdowns, while fewer (10.5%) said they had decreased their consumption.

As you get older the hangovers are worse, I don't like drinking my weekend away and I want to lose weight, as you get older that is harder to do if you drink too much.

(54 year old female, Pākehā)

I can't do activities on the weekend days due to feeling bad from drinking the night before. It's made me fat.

(49 year old female, Pākehā)

No cold beers available, price of buying favourite spirits, no booze in the house, non-alcoholic alternative available (eg kombucha), watching my weight.

(45 year old male, Pākehā)

Commitments, work, children, we did not drink as often or as much while our daughter was younger.

(52 year old female, Māori/ Pākehā)

Volume increased substantially over lockdown and it became a habit to open a bottle every afternoon. Needed to change that once we got back to reality!

(45 year old female, Māori/ Pākehā)

Section 5:

How do we disrupt drinking practices to reduce consumption?

In this section we use our findings to consider how to create strategies that will help to reduce consumption and therefore alcohol-related harm. Our findings suggest there are changes we could make that would be effective across three different levels: the broader alcohol environment, people's social worlds, and people's drinking practices.

Changing our alcohol environment

The following factors were identified as playing a role in how much – and how often – adults at midlife drink. These factors can be changed through social and economic policy and regulation.

Availability and accessibility

Participants talked about how easy it was to get alcohol. It can be purchased in many places, including at supermarkets, liquor stores, licensed premises and online. It can also be purchased at most times of the day and night. This:

- makes it easier to drink more, and more frequently
- contributes to a normalisation of alcohol being present within people's homes
- contributes to the expectation that alcohol is available to drink whenever people choose

Limiting the availability and accessibility of alcohol would affect how much and how often people drink. This is consistent with international evidence. This would reduce the pervasiveness of alcohol in society.

Specific strategies include:

- Not selling alcohol in supermarkets or via online deliveries
- Reducing the density of outlets selling alcohol
- Having earlier closing times in on-licence premises
- Supporting community action on alcohol

Increasing price

Some participants mentioned the price of alcohol, and its cost influencing their decisions about drinking. The expense of alcohol, alongside other negative factors, led to people cutting down their drinking, or thinking about drinking less. International evidence supports increasing the cost of alcohol to reduce consumption levels. Specific strategies include:

- Increasing tax on alcohol
- Implementing minimum unit pricing

*Reduced availability. Get it out of supermarkets.
(44 year old female, Pākehā)*

*I believe alcohol is too readily available in NZ. I want to set an example to my boys that you don't need to drink alcohol to have fun.
(55 year old female, Pākehā)*

*In NZ it's cheap to drink so it's more a regular thing. They should tax alcohol and make petrol cheaper for real.
(42 year old female, Māori/ Pākehā)*



Marketing and promotion

Participants highlighted that alcohol had many functions; for example, it helped them to manage busy lives, to de-stress, to relax, to celebrate, to socialise, to connect with partners, and to have fun. Alcohol products have been marketed in highly successful ways to ensure they are a key feature of many parts of everyday life for adults at midlife. Reducing the marketing and promotion of alcohol would reduce consumption levels, which is also consistent with international evidence.

Changing our social worlds

Participants often drink with other people, and alcohol was an important part of social life for many. Other people influenced how much participants drank. There was a general expectation that participants would drink alcohol in social situations, and there were many settings where alcohol was present or expected.

Social groups could change their drinking practices by changing expectations around alcohol within friendship and family groups. This could be achieved in many ways, including:

- Supporting and encouraging each other to drink less and reducing the social pressures on others to drink alcohol
- Creating shared meanings around non-drinking as positive for friendships and other relationships, as well as good for health and wellbeing
- Developing shared activities and practices that do not include alcohol (in this way not drinking becomes normalised rather than exceptional)
- Making it standard for schools, community groups and workplaces to run events that are alcohol-free
- Reducing alcohol availability at sports clubs and cultural events
- Being around people who aren't drinking or are drinking a lot
- Ensuring there are lots of tasty and affordable non-alcoholic drinks available at social events

*Remove it from my home and reduce my social outings.
(45 year old female, Pākehā)*

*Having the social expectation that one isn't participating if they are not drinking when in a group removed... Organising social events around other activities that are not drinking-related... Less social expectation that you have to drink to have a good time.
(46 year old female, Pākehā)*

*Agreement and support from husband and friend group. Eight years ago, I did stop for an entire year (just cos New Year resolution) and found I had to be the driver, and the friend group did not invite us to some events. I would rather not have to find new friends."
(52 year old female, Māori/ Pākehā)*

Changing our drinking practices

Participants' drinking practices were varied. Many enjoyed drinking alcohol at home to relax and as part of socialising. Overall the sample was well-aware of the health risks associated with drinking alcohol, including the association with cancer, although for many this knowledge did not alter their drinking practices.

Many respondents wanted to drink less but struggled to find ways of implementing changes to their drinking practices. They provided ideas about what would help them to reduce their consumption. These included managing emotional states, having less stressful lives, finding other ways to relax, understanding health risks, trying to lose weight, and feeling better the next day.

Strategies to support people to change their practices include the following:

- Undertake local and national campaigns that convey clear evidence-based information about the longer-term health risks that are associated with drinking alcohol (even at relatively low levels)
- Support health professionals to talk to adults at midlife about their everyday drinking practices
- Employ warning labels on all alcohol products about the longer-term risks of alcohol consumption
- Reduce stress by addressing inequalities and discrimination, undertaking meaningful workplace reforms, and increasing social and community support systems and organisations

Overall, to support adults at midlife to reduce their drinking, we need to consider action across many levels, including:

- Using social and economic policy changes to change the alcohol environment
- Changing the norms and expectations around alcohol within the social worlds of midlife adults
- Providing clear information about the long-term health risks associated with alcohol consumption
- Improving living and working conditions across all groups at midlife

What would help is less stress [...] less guilt of mums and less pressure on mums to have careers and be amazing stay-at-home caregivers, without any outside assistance.

(49 year old female, Pākehā)

Proof of detrimental health outcomes. Actual proof not maybes.

(62 year old female, Pākehā)

More information on how to reduce the risks - or how the risks are affected by the amount that is consumed. What is considered acceptable?

(47 year old female, Pākehā)

For more information please contact Professor Antonia Lyons, Centre for Addiction Research,
on antonia.lyons@auckland.ac.nz.
<https://cfar.blogs.auckland.ac.nz/>