



# Easing the transition:

**The relationship between alcohol and labour market activity in the over 50s population of the UK**

**Authors:** George Holley-Moore, Dr Brian Beach and Dr Cesira Urzi Brancati





## Acknowledgements

This report was produced by the International Longevity Centre – UK, as part of the Drink Wise, Age Well partnership. The authors extend their thanks to Sally-Marie Bamford and Dashiell Shaw at the ILC-UK for their support in producing this report. We are also grateful for the support of the Drink Wise, Age Well partners, in particular Julie Breslin and Steve Williams from Addaction and Dr Sarah Wadd at the Substance Misuse and Ageing Research Team, University of Bedfordshire. We are also grateful to The Big Lottery Fund for supporting the Programme. Any errors or omissions are the sole responsibility of the report's authors.

# Contents

Executive summary and recommendations .....	4
Background .....	7
Introduction.....	11
Chapter 1: Alcohol and over 50s seeking employment.....	12
Chapter 2: Alcohol and over 50s in employment .....	20
Chapter 3: Alcohol and over 50s transitioning into or currently in retirement.....	32
Chapter 4: Conclusion.....	40
Appendix .....	43
Endnotes .....	44



# Executive summary

This report sets out the specific barriers and challenges faced by over 50s with current or previous drinking problems at three stages of labour market activity: unemployment, employment and retirement. At each stage, this report shows that there is a pressing need for action, not just for the emotional and physical wellbeing of our over 50s population, but for the wider UK economy and the productivity of the UK labour force. This group of over 50s often suffer multiple levels of stigmatisation due to their age, history of alcohol problems and employment status. There is a need for central and local government, employers and the third sector to address these barriers now in order to prevent alcohol-related harm in the over 50s population of the UK.

Several important findings have emerged from this research:

## Alcohol and over 50s seeking employment

- The barriers faced by this group can be at an individual level, such as low self-esteem, or institutional, such as employers not willing to employ this group.
- Just 16% of employers would hire someone with previous alcohol problems.
- 40% of older men (aged 55-64) and older women (aged 55-59) on Jobseeker's Allowance are an increasing risk drinker, almost twice the proportion of the next highest age group, those aged 16-24.
- Compared to over 50s still in work in the Drink Wise, Age Well survey, those 'looking for work' were more than three times as likely to be a higher risk drinker. And for those 'unable to work' (possibly due to health reasons), this increased to more than five times as likely.
- Many over 50s who are seeking to re-enter the workforce after episodes of problem drinking will have been out of employment for long periods, and will need specific help in regaining skills and confidence. This can be particularly important in areas that have experienced deindustrialisation, which has been shown to be associated with problem drinking in local populations.



## Alcohol and over 50s in employment

- Alcohol problems can cost UK employers money in terms of workplace absence and lost productivity. On an individual level, all over 50s should be supported, if required, to enjoy a happy and healthy work life towards the later stages of their career.
- Nearly 30% of over 50s in the 'professional' occupational classes drink 5-7 days a week, the highest of any occupational class.
- The latest wave of Understanding Society shows that it is older ages (60-69) of the professional occupational class that are most likely to be high risk drinkers; whilst only 6% under the age of 30 drink heavily, nearly 25% of those aged 60-69 drink heavily. Significant numbers of this group could be nearing the significant life transition of retirement drinking potentially harmful amounts of alcohol.
- It is crucial for the UK's productivity, economic health and an individual's personal wellbeing for employers to do more to prevent alcohol problems in their older workforce, and to provide support if problem drinking does develop.



## Alcohol and over 50s transitioning into or currently in retirement

- Retirement is one of the most significant life transitions people go through. For many this will be a positive experience. However, some older adults will enter retirement with established alcohol problems, and others may develop alcohol problems due to the changes in their life due to retirement.
- Our analysis has shown that those who have recently entered retirement are statistically significantly more likely to drink almost every day than those who are still in work, or are longer-term retirees.
- There is also a statistically significant relationship between retiring before 60 and being a high risk drinker, with this group more likely to be a high risk drinker than those who retire in their 60s.
- There is currently limited support from employers, Government and the third sector in terms of guidance, support and advice in helping those entering retirement maintain a healthy relationship with alcohol.
- Many older adults maintain a healthy social relationship with alcohol in retirement, and researchers can learn more from this group as to why some older adults struggle with their drinking post-retirement.

## Recommendations

Our recommendations are targeted at central and local Government, employers, medical professionals and the third sector.

### Job Seeking:

- There should be closer collaboration between job centres and organisations that specialise in either alcohol problems or older job seekers to provide support structures and referral pathways.
- There is a need for an awareness campaign targeted at employers to encourage them to employ older adults with previous alcohol problems.
- Where viable, all employers should sign up to the DWP's 'See Potential' programme, and alcohol charities should work with the programme to deliver the best employment outcomes for those with a past alcohol problem.
- Employment services should be flexible and sensitive to key needs, such as concentration levels on form filling and having other appointments related to health and recovery that may clash with job seeking appointments.
- Employment services and employers should appreciate that going back to the workplace may present a lot more challenges than just starting a job, for example getting a bank account, transport and mobility, stress and routine. Employment services should offer preparatory workshops to prepare for this transition.

### In employment:

- All employers should have alcohol policies that address problem drinking in the same way as they would a health issue.
- There should be an accreditation scheme for employers that promote responsible drinking in the workplace.
- Employers should be aware that employees might be reluctant to admit to problem drinking due to concerns about losing their pension if they are dismissed.
- To avoid older employees hiding any alcohol problem, employers need to create an environment where it is seen to be safe to come forward if they are concerned about their drinking. This could be in the form of employee counselling services which provide alcohol interventions, posters in communal areas or peer educators within the workplace.
- Efforts to address particular issues such as alcohol use among older people must also take into consideration the impact of co-morbidities and how other physical and mental health concerns are related to alcohol use. This is true for both employers and medical professionals. Without such a comprehensive approach, attempts to support older adults with concerns around alcohol are likely to be less effective or helpful.

### In retirement

- All employers should offer a formal pre-retirement conversation. This would include not only financial advice, but a discussion on the health risks and challenges posed by retirement, including alcohol use as well as a focus on health and wellbeing, routine and maintaining a sense of purpose.
- There is a need for certain sectors, particularly male-dominated sectors, to set up and expand retirement opportunities and clubs for ex-employees.
- NHS Health Checks, which are offered to all aged 40-74 every five years, should factor in the significance of the transition into retirement when discussing alcohol use.
- Any charity or organisation that has older volunteers should look at how they can support their volunteers through any problems related to alcohol.



## Background

This is the second annual report from the Drink Wise, Age Well programme, set up with the purpose of helping the over 50s population of the UK make healthier choices about their drinking as they age. The first State of the Nation report, published in January 2016, presented an overview of the relationship the over 50s population of the UK have with alcohol, and included data from a survey of nearly 17,000 over 50s in the Drink Wise, Age Well demonstration sites and control areas. Some key findings from the first report were:

- 17% of the survey respondents were increasing risk drinkers (an AUDIT score of between eight and 15), whilst 3% were higher risk drinkers (an AUDIT score of 16+).
- Of those over 50s who drank more now than in the past, the five most common reasons were all age-related (retirement, bereavement, loss of sense of purpose in life, fewer opportunities to socialise and a change in financial circumstances).
- Four out of five respondents who were increasing risk drinkers have never been asked about their drinking.
- Nearly three out of four respondents in the UK could not correctly identify the recommended drink limits.
- Increasing risk and higher risk drinkers were less likely to say they were free from worries about money and less likely to say they feel part of their community.
- Higher risk drinkers also are more likely to report poorer physical and mental health, whilst both increasing risk and higher risk drinkers are more likely to say they are unable to cope with stresses in life, unable to receive emotional support from family, and not able to engage in activities they find fulfilling.

### An update on year two of Drink Wise, Age Well

The Drink Wise, Age Well programme, now in its second year, provides services in five demonstration sites across the UK. These sites are Glasgow, Sheffield, Devon County, Cwm Taf in Wales and the Western Health and Social Care Trust in Northern Ireland. Led by Addaction, there are 18 delivery partners adopting an integrated approach to provide prevention and awareness interventions, resilience activities, one-to-one outreach support, and training and workforce development to help people in the community recognise and respond to problem drinking in an older population. From the early stages of designing the Drink Wise, Age Well programme there was a strong emphasis on engaging the over 50s in the workplace or preparing for retirement. At this stage many people will have established their drinking habits and the workplace is an opportunistic location to engage them in discussions and raise awareness about their alcohol use as they approach retirement.

Embedded into our programme targets are key activities which involve engaging workplaces to deliver workshops, identify peer champions, provide pre-retirement sessions and offer training to employers and occupational health providers. In some cases, there is an over-reliance on procedural processes to react to problem drinking in the workforce, whereas it is more beneficial for all to adopt early intervention and preventative strategies with the ethos of improving workforce wellbeing. People over 50 we have spoken to have shared that there are often additional stresses and worries for them that can lead to increased alcohol use and create a barrier for them seeking help when their alcohol use becomes problematic. This includes additional stresses in senior roles, financial worries and anxiety about retirement. They may be reluctant to seek help for fear of being replaced by a younger, and cheaper workforce, worries about losing their pensions, and in some cases adults over 50 may have new caring roles for their parents, or spouses and losing their job could be detrimental. To gain a better understanding of the key issues Drink Wise, Age Well developed a partnership in Sheffield with the Shaw Trust. Led by their Specialist Adviser on the Ageing Workforce we designed a work plan to engage employers and unions, with the aim of

raising awareness and reducing stigma. The Shaw Trust advisor focused on engaging Trade Unions, in particular union officers, shop stewards and learning representatives to reach employees and employers. In a one-year pilot we delivered 44 alcohol information sessions to over 820 people.

*“Members of Unite have benefited from the Drink Wise, Age Well project. Unite reps especially have been given the information that may be shared with members and potential members linked to their personal wellbeing. Members that have taken part in the pilot course delivered at the Unite Sheffield District Office felt they came away with information and knowledge that may be also used in their social circle. I feel supporting such campaigns will educate Unite members to recognise the potential harm alcohol may cause in particular vulnerable groups such as the over 50s. Increasing awareness of alcohol related issues in the workplace can only help towards healthy ageing.”*

**Andy Cullen, Unite Learning Organiser, Sheffield**

In Northern Ireland, one of our Drink Wise, Age Well partners Business in the Community (NI) have employed a resilience development worker to support people aged over 50 in the workplace, those seeking work and employees approaching retirement. In all five sites the prevention and resilience teams actively seek opportunities to provide alcohol awareness information and well-being in the workplace. This includes a six-week structured group programme called Live Wise, Age Well which focuses on developing coping skills, particularly during key life transitions such as retirement. This programme has been delivered to over 400 people since the start of Drink Wise, Age Well. Using the Short Warwick-Edinburgh Well-Being Scale<sup>1</sup>, over 80% of those surveyed have reported an improvement in well-being and 87% state the group has helped them to make positive life-style changes.

We are aware that some workplaces can perpetuate an alcohol culture through work nights out and we aim to engage people who can promote more positive health messages within the workplace.





We don't however deliver an alcohol free or abstinence message across the programme. The original Drink Wise, Age Well survey findings show that 80% of adults aged over 50 drink at lower risk levels, and for many including those in retirement alcohol use can be a social and relaxing activity. It is important not to stigmatise and target adults as they age in relation to their alcohol use, but to deliver credible and age appropriate information. As a person ages they experience harm from even smaller amounts of alcohol and there can be negative effects such as falls or medication interference. Regularly drinking above the recommended 14 units per week also increases the risks of health problems including heart disease and cancers.

Since Drink Wise, Age Well started delivering the programme we have assessed and provided interventions to nearly 600 people aged over 50 who are experiencing alcohol problems. People are supported through home visits, one-to-one support sessions and mutual aid meetings. Nearly 50% of those have additional support needs to their alcohol use including mental and chronic health conditions. Key characteristics have stood out. For 77% their drinking location is most likely to be at home alone, 52% report being unable to work, 50% report feeling isolated and 73% feel lonely. The Campaign to End Loneliness estimates that 10% of adults aged over 65 feel loneliness at any time<sup>2</sup>, yet those receiving support from Drink Wise, Age Well report they are 7 times more likely to feel lonely. It appears at the point that people are seeking help from Drink Wise, Age Well they have become very isolated and over half are out of the work environment which is why we feel a targeted, preventative approach in the workplace is even more important.

### **An explanation of the theme of this report**

The first State of the Nation Report found that in the over 50s population there was often a complex relationship between alcohol, employment and retirement. The data from our large-scale survey found that:

- For those surveyed whose alcohol use had increased, 40% cited retirement and 20% cited loss of purpose as a reason.
- Respondents who did not engage in activities they found fulfilling were more than four times as likely to be a higher risk drinker (AUDIT score 16+) than those who did.
- Respondents who did not feel part of their community were more than twice as likely to be a higher risk drinker than those who did.
- Characteristics of higher risk drinkers included poorer physical and mental health, which can affect employment.
- Increasing risk drinkers were more likely to be still in employment.

Discussions were also held with key stakeholders, frontline Drink Wise, Age Well workers and partners to explore issues in relation to alcohol, ageing and the workplace, to see where there are gaps in the evidence base around alcohol and older adults.

In light of this, this has one underlying theme related to alcohol use and labour market activity, looking at three specific areas:

- Alcohol and over 50s seeking employment.
- Alcohol and over 50s currently in employment.
- Alcohol and over 50s currently in or transitioning into retirement.

### **Methodology**

This report has been informed by an evidence review using existing academic and grey literature. Additional analysis has been undertaken on the survey of the drinking habits of the over 50s in the Drink Wise, Age Well demonstration areas and control sites<sup>1</sup>. To complement this, we have also

---

<sup>1</sup>The Drink Wise, Age Well survey was a postal and online questionnaire distributed in the five demonstration areas and five control areas. With 16,710 respondents, it was the first survey worldwide specifically looking at drinking behaviour in later life, and provides valuable information on the drinking habits of the UK's older population. The survey will be conducted again at the end of the Drink Wise, Age Well programme.



undertaken analysis using data from Understanding Society<sup>2</sup>. We have also included case studies which provide real-life experiences of over 50s who have had alcohol problems; the case studies demonstrate some of the challenges which are associated with unemployment, employment and retirement.

Before undertaking this research, it was identified that there is currently a small evidence base on ageing, alcohol and the labour market. Therefore, we invited expert witnesses to share their expertise and experiences of these three themes, and an invited audience were able to ask questions to any of the speakers. Our speakers included people who have used treatment services or employment services, large companies, academics, parliamentarians and service providers.

The three Inquiry sessions were a starting point for the research into this report, and helped guide and define the thematic content. The oral evidence and the discussions they provoked provided invaluable insight, and influenced the direction and some of the content of this report.

### Definitions

**Increasing risk drinker:** Those in the Drink Wise, Age Well survey who score 8-15 on the AUDIT test.

**Higher risk drinker:** Those in the Drink Wise, Age Well survey who score 16+ on the AUDIT test.

**High risk drinker:** Those who drink more than five times a week and who drink more than eight units in a typical day.

**Alcohol-related harm:** The use of alcohol in a way that can cause psychological, physical or social harm.

**AUDIT:** The Alcohol Use Disorder Identification Toolkit. A World Health Organisation developed alcohol screening tool.

**Older adults:** Those aged 50 and above.

<sup>2</sup> Understanding Society is a longitudinal sample of individuals representing the whole UK population, and interviewed within a household context. Most of the data are collected using face-to-face interviews with adults (aged 16+); however, adults are also asked to complete a self-completion questionnaire. For this report we used mainly data from wave 5, conducted mostly in 2013 and 2014 [NB: Interviews took place until June 2015, but this was less than 3% of the sample]. However, we also used information contained in the previous wave to estimate employment transitions. All estimates are carried out using cross-sectional weights.

# Introduction

Each year the Drink Wise, Age Well partnership will produce a report focussing on a key theme in relation to alcohol use and ageing. The theme of this report is labour market activity, looking at employment, unemployment and retirement. The first report from Drink Wise, Age Well demonstrated that there was a concerning lack of awareness or action from Government, service providers, health professionals and communities surrounding problem drinking and alcohol-related harm in the over 50s population of the UK. This report delves deeper into this, and demonstrates that problem drinking can adversely affect over 50s in terms of finding employment, maintaining productive employment, and entering retirement.

The first section of the report looks at over 50s who are unemployed, and the relationship between alcohol and job-seeking. Our Inquiry heard moving accounts of how people have slipped into a position where, due to problem drinking, they found themselves unemployed. The unemployed are often stigmatised in society, and those who are unemployed partly because of alcohol problems, or who develop alcohol problems as a result of becoming unemployed, can be stigmatised even more. The barriers created by this can be daunting for someone of any age when trying to re-enter the workforce. But for a person over 50, to overcome these barriers and challenges can feel almost impossible. The evidence in this report shows the barriers faced by over 50s re-entering the workforce; stigma from employers around hiring someone with past alcohol problems; the processes of deindustrialisation leading to older adults having to find employment with outdated skills and the low self-esteem that follows alcohol problems and unemployment. But there are ways to change this, such as employment services having more of an appreciation of these specific challenges, and employers being made more aware of the benefits of hiring this group. This is important not just because everyone who wants to work and is able to work should be supported in finding a job, but also because of the benefits to the wider economy and to employers, who often find these older employees are loyal and productive.

The second section of the report looks at over 50s who are in employment. For these over 50s in employment, problem drinking can adversely affect employees' wellbeing, health and productivity. As part of our research for this report, we found that amongst the professional occupational class, nearly 25% of employees aged 60-69 drink heavily, the highest out of any age group. Older employees may have started their career in a time where some workplace cultures centred on alcohol, which could lead to problem drinking as they reach retirement. Older adults may be in more senior positions and drink due to workplace stress, and our Inquiry heard that too many companies, particularly smaller and medium sized ones, have insufficient workplace alcohol strategies. Employers need to take more responsibility for their employees' health; this group of older employees can enter retirement drinking problematically, and health conditions will manifest later in life, with costs to health services. Older workers are also becoming increasingly important to the workforce and wider UK economy due to our ageing population. It is vital to maintain a healthy and productive older workforce; preventing alcohol-related harm in this group will continue to grow in importance.

The final section of this report looks at the relationship between alcohol and over 50s who are transitioning into, or currently in, retirement. For many, the transition into retirement can open up new and exciting opportunities. However, such life transitions can impact on an individual's relationship with alcohol, often adversely. Our analysis shows a relationship between drinking more regularly and being recently retired; likewise, there is a relationship between being a high risk drinker and retiring before 60. It is therefore of vital importance that older adults are supported during this transition. Currently the limited advice offered to those entering retirement is centred on financial wellbeing; employers and Government should address how to support those entering retirement to have a healthy relationship with alcohol, and to make positive decisions in terms of their health. It is not only beneficial to individuals and their families, but also to health services, which treat the effects of alcohol-related harm post-retirement.



# Chapter 1



**Alcohol and over 50s seeking employment**

## Alcohol and over 50s seeking employment

- Over 50s who have previously experienced alcohol problems and are seeking to re-enter the workforce face significant barriers.
- These barriers can be at the individual level, such as low self-esteem, or institutional, such as employers not willing to employ this group.
- A major survey of employers found that only 16% would hire someone with previous alcohol problems.
- 40% of older men (aged 55-64) and older women (aged 55-59) on Jobseeker's Allowance are an increasing risk drinker, almost twice the proportion of the next highest age group, those aged 16-24.
- Compared to over 50s still in work in the Drink Wise, Age Well survey, those 'looking for work' were more than three times as likely to be a higher risk drinker. And for those 'unable to work' (possibly due to health reasons), this increased to more than five times as likely.
- Many older 50s who are seeking to re-enter the workforce after periods of problem drinking will have been out of employment for long periods, and will need specific help in regaining skills and confidence. This can be particularly important in areas that have experienced deindustrialisation, which has been shown to be associated with problem drinking in local populations.

## Overview of over 50s who are seeking employment

Currently, 3.1% of people aged 50 and over are unemployed<sup>3</sup>. Whilst lower than the overall unemployment rate of 4.8%, over 50s can often experience barriers to re-entering the workplace, which makes finding employment more difficult than for younger age groups<sup>4</sup>. As well as those that are officially termed 'unemployed', it has been conservatively estimated that there are almost one million people aged 50-64 who have been made 'involuntarily jobless'<sup>5</sup>. These people have left previous employment due to ill health, redundancy or early retirement.

### Common barriers for over 50s seeking employment

There are a number of factors that may create a barrier for the over 50s seeking employment. These can include mental health problems, pride or stigma, health issues or a lack of IT skills<sup>6</sup>. There can also often be issues with low self-esteem or low confidence; this has been found to be a barrier which grows in significance the longer a person is unemployed, and can be particularly true for men as employment can play a large role in their identity<sup>7</sup>. For older adults, especially those who have not gone through the recruitment process for many years, modern day recruitment practices and the labour market itself can be very different from what they have previously experienced<sup>8</sup>. A significant barrier is problem alcohol use; there is, however, a dearth of research to explore the causal factor related to alcohol and being out of work (i.e. does alcohol use increase due to unemployment or does it lead to unemployment) within the over 50s population. The next section looks at how problem alcohol use may impact on those seeking employment; the focus is largely on enabling those with previous alcohol problems to return to the workforce, rather than those currently with severe alcohol problems. For those with severe and current alcohol problems, the focus would be on creating a healthier relationship with alcohol first before looking to re-enter the workforce.

# How does alcohol play a role?

## The relationship between unemployment and alcohol consumption

**Figure 1:**

**Estimates of the proportion of DWP benefit claimants of working age in GB who are increasing risk drinkers, by age**

Age group	DLA (%)	IB(%)	IS(%)	JSA(%)	MB(%)
18-24 <sup>1</sup>	8.69			22.69	31.27
25-34	15.71	8.51	15.42	10.47	15.49
35-44	18.67	18.53	16.82	14.92	16.77
45-54	14.27	13.33	10.96	18.01	14.14
55-59/64	15.21	18.71	10.91	40.47	19.74
Total	15.37	15.39	12.95	19.89	16.09

<sup>1</sup>insufficient sample size at estimate prevalence for this cell.

**Estimates of the number of DWP benefit claimants of working age in GB who are increasing risk drinkers, by age group**

Age group	DLA (%)	IB(%)	IS(%)	JSA(%)	MB(%)
18-24 <sup>1</sup>	11,200			70,200	91,100
25-34	30,100	24,100	76,600	26,500	138,100
35-44	66,500	92,000	99,800	31,700	179,600
45-54	70,600	89,800	52,800	31,500	152,300
55-59/64	76,000	135,200	24,100	32,600	200,600
Total	256,700	358,000	267,900	204,900	763,200

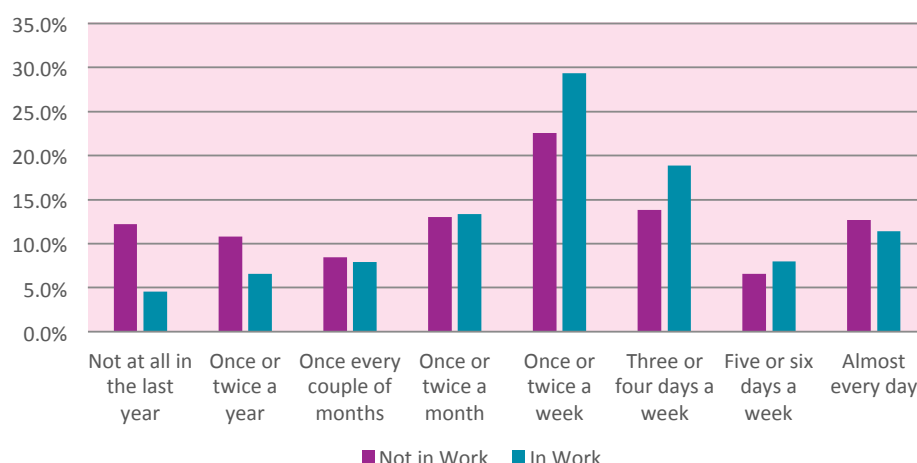
<sup>1</sup>insufficient sample size at estimate prevalence for this cell.

Source: DWP (2010). *Population estimate of alcohol misusers who access DWP benefits.*

The tables above show the numbers of DWP benefit claimants who are increasing risk drinkers, by age group. Whilst this data is from 2010, it is the most recent analysis of the relationship between unemployment and alcohol consumption by the DWP. It should be noted that because of this, the age range is from 18-59 for females and 18-64 for males. The DWP's definition of 'increasing risk drinker' is slightly different than the one used by Drink Wise, Age Well, which uses the AUDIT score; they instead define it as drinking "over 21 units per week for men and over 14 units per week for women"<sup>9</sup>. This group, they state, is likely to include AUDIT 16+ and AUDIT 20+ drinkers, and of course pre-dates the revision in alcohol guidelines by the Chief Medical Officer<sup>10</sup>. We can see from this data that 40% of people aged 55+ who are claiming Job Seekers Allowance are classified as an increasing risk drinker, almost double the proportion of the next highest age group, 18-24. This is concerning, and indicates there may be certain age-specific challenges when tackling the relationship between alcohol problems and unemployment.



**Figure 2: Frequency of Drinking - By employment status**



Source: Understanding Society Wave 5 (2013/14)

Figure 2 shows us that when looking at frequency of alcohol consumption, there are slight differences between over 50s in work and those out of work. Slightly more of those not in work drink ‘almost every day’, whilst a higher percentage of over 50s who were in work drink ‘once or twice a week’, and ‘three or four days a week’.

Whilst a useful snapshot, this does not account for amount consumed, as well as degrees of harm related to this alcohol consumption. Using the Drink Wise, Age Well data, we looked at the effect being ‘not in employment’ has on the likelihood of respondents being a higher risk drinker (AUDIT 16+). Crucially, the AUDIT score not only measures frequency and consumption patterns, but also wider questions around the impact alcohol can have on an individual’s life. Our analysis showed that compared to over 50s still in work in the survey, those ‘looking for work’ were more than three times as likely to be a higher risk drinker. And for those ‘unable to work’ (possibly due to health reasons), this increased to more than five times as likely. This indicates that there is an association with being out of work, whether due to being unable to work or due to unemployment, and being a higher risk drinker.

### Common barriers that prevent older adults who have experienced alcohol problems from returning to work

A history of alcohol misuse can be a significant barrier to an older person’s chances of finding employment once they are able to return to work. General attitudes of employers regarding the recruitment of individuals with previous alcohol problems is concerning. A large scale survey of HR professionals showed that just 16% reported that their organisation would hire someone with previous alcohol problems (although just 6% reported they definitely would not and 60% said they would consider it in some circumstances, which indicates it is very dependent on the individual)<sup>11</sup>. By sector, the public sector and non-profit organisations are the most likely to hire someone with prior alcohol problems, whilst the private sector is least likely to<sup>12</sup>.

The Inquiry heard from a number of experts, including older adults who have personally experienced employment challenges due to previous problem drinking as well as from organisations which are involved with helping people return to work after periods of unemployment. The Inquiry heard that often there were long, unexplained gaps in a person’s CV; criminal convictions, directly or indirectly due to alcohol; poor credit history; health problems due to alcohol; and a reliance on benefits as a ‘safety net’. We explore in more detail below two other significant barriers as highlighted by the Inquiry.

### Job centres and employment services are often not suited to over 50s

If an older adult who has experienced alcohol problems is ready to attempt to re-enter the workforce, they can face barriers at employment services or job centres. One expert at the Inquiry

stated that job centre employees or career advisers are often much younger than the over 50s age group, and therefore have different life experiences; it can also lead to embarrassment or shame that an individual much younger than themselves is giving employment advice. Others point to a lack of appreciation from job centres of the skills many over 50s need, especially those that might be long-term unemployed. These skills include IT skills and a knowledge about modern recruitment processes<sup>13</sup>. Some focus group participants who experienced job support services reported that for older job seekers with a lot of skills, the experience was “demeaning”, and ill-suited for their situation<sup>14</sup>. The challenges in helping an older adult back in to the workforce, especially those with past alcohol-related problems and the various problems that arise from that, are often significant. Almost half of all who are long-term unemployed are aged 50+<sup>15</sup>. But the benefits to both individuals who are experiencing unemployment and the employers who hire them can be significant.

### **Social isolation, depression and low self-esteem are three challenges for over 50s suffering from alcohol problems re-entering the workforce**

Further challenges which can prevent older adults who have experienced alcohol problems from returning to work include depression, social isolation and low self-esteem<sup>16 17 18</sup>. The relationship between each of these with alcohol can often work in both directions, as people often drink harmful amounts of alcohol because they are depressed, but also the effects of addiction can lead to depression<sup>19</sup>. Moreover, people with lower self-confidence are more prone to substance misuse<sup>20</sup>.

The relationship between age and wellbeing and depression is interesting. Relatively new research has demonstrated that psychological wellbeing is U-shaped throughout the life course; the probability of depression in the UK peaks at age 44<sup>21</sup>. Many adults enter their 50s with relatively low levels of wellbeing, which can influence harmful drinking behaviours. There have been studies which have found some associations between periods of unemployment and poorer mental health<sup>22</sup>.

A combination of unemployment and social isolation can mean that service providers and health professionals often struggle to identify over 50s who are at risk from alcohol-related harm. This group may drink alone, outside of social situations and workplaces, and therefore do not often come into contact with people who could offer advice or help<sup>23</sup>. Unemployed men have been



found to be twice as likely to be isolated, and unemployed women are four times as likely to be isolated<sup>24</sup>.

Low self-esteem has been found to be a significant barrier for this group re-entering the workforce. Interviews given as part of a DWP review into problem drinkers' experiences of employment and the benefit system has shown that some have resigned themselves to the fact that they will never work again. One respondent said "I think in some people's heads they think that, they just resigned themselves that they're not going back to work, and it's really their own kind of feeling about that stopping them", and that they "might as well not even try [to find employment]"<sup>25</sup>.

**Structural economic changes are often a cause of older adults' unemployment, and can be associated with increased levels of alcohol-related harm**

Evidence from the Drink Wise, Age Well Inquiry argued that many employment charities and providers often support older adults who have become unemployed due to deindustrialisation, and linked to this are also experiencing a harmful relationship with alcohol. Between the mid-1960s and 2013, UK manufacturing jobs declined by six million<sup>26</sup>. This has and continues to affect entire regions of the UK, but more specifically, certain sections of the population have been identified as particularly vulnerable to the process of deindustrialisation and the changing nature of employment. Those who find re-entering the workforce difficult often do due to "poor qualifications or skills, low-grade work experience, ill health, disability or age"<sup>27</sup>. Some older adults who are trying to re-enter the workforce after previous alcohol problems fear that the world of work has changed quicker than they have. This is illustrated by this 52-year-old interviewee, in a study from DWP on alcohol misusers' experiences of the benefit system: "My trade has changed so much that will be frightening... the materials have changed, different things, everything's coming out new... I'd still be the old fashioned way"<sup>28</sup>.

A number of studies have suggested that the process of deindustrialisation is associated with an increase in alcohol problems<sup>29 30 31</sup>. Possible reasons for this include inadequate re-employment options or social protections, fewer social support structures or a loss of community<sup>32</sup>. Susceptibility to alcohol-related harm can also increase due to an increased prevalence of co-morbidities<sup>33</sup>. Therefore, over 50s who have experienced alcohol problems in these areas that have seen job losses in manufacturing sectors could be facing particularly difficult challenges when re-entering the workforce.





## Case study one

“I ran my own successful business for years when the recession impacted hard and led to the breakdown of my business, and subsequently my marriage. I found myself in a vulnerable position where I was unemployed, over 50 and lacked the basic skills required for any job. I was referred to PeoplePlus NI to help with training and to develop my CV and job hunting skills.

I knew I had to address the issue of personal development if I wanted to move on. This terrified me a lot!

I was advised by my employment consultant to attend a local Social and Skills Activity week run in partnership with Drink Wise, Age Well. It took all the courage I had to attend on the first day. My literacy skills are not great and I was afraid that I would be exposed in front of people and I would shy away and not come back. But with the support of my daughter ringing me in the mornings from Australia encouraging me to go! Knowing that this was the first leap of faith I had to take to make a start into getting employment, I faced the week head on.

The group provided me with every day tools to turn a negative thought around. We explored lots of options including volunteering to enhance skills. It was a giant leap for me to return to the learning environment and hopefully back into the workplace”.

Kathleen.

## What are the possible solutions?

All over 50s with an alcohol problem and who want to return to work should be supported in this aim. It can be beneficial to their long-term recovery, end reliance on welfare payments and improve self-esteem<sup>34</sup>. Whilst some people can re-enter the workforce at the same time as undergoing treatment for problem drinking, others will not be able to. It was acknowledged by the Shaw Trust in the Drink Wise, Age Well Inquiry that the additional stress and emotional setbacks of seeking employment can be detrimental to those with an alcohol problem. Therefore, this section focusses on how to enable those with previous alcohol problems to re-enter the workforce.

While some may argue individual autonomy invariably has a role, it is evident from the Inquiry sessions that there remain a range of barriers, stigma and specific inequalities that need to be addressed to help this group of over 50s gain employment. This is undoubtedly important; those who are able to work should work and should be enabled to work, and employers can benefit from employing these individuals.

## When helping people with previous alcohol problems re-enter the workforce, employment services should have an appreciation of age

Employment services, looking to help over 50s return to work, can often fail those who have previously experienced alcohol problems. Either they can be let down by services that are not tailored to older adults, or not tailored to people who have specific challenges to re-entering the workplace, due to their previous alcohol use.

The Drink Wise, Age Well Inquiry heard from Turning Point, who stated that bespoke over 50s employment services have been successful. Turning Point’s services such as resolution clinics for professionals who are concerned about their alcohol consumption and want to speak to someone in confidence have been positive. Furthermore, having peer mentorship programmes for people with similar life experiences can also be beneficial. The Inquiry also heard positive stories from RE:SOURCE, a social enterprise which hosts mixed-age employment support sessions, with many service users experiencing problem drinking. Skill swaps, with older adults teaching younger

adults skills, and vice versa, have seen successful outcomes. Therefore, when providing support in returning to work to over 50s who have experienced problem drinking, there needs to be an appreciation of the specific challenges that arise due to age. In some situations, age-specific services would be appropriate. However, the benefits mixed age-group services bring should not be disregarded.

### **Employers need to be aware that employing people over 50 with past problems with alcohol can be beneficial**

More needs to be done to persuade employers that over 50s with previous problems with alcohol can make productive employees. As described previously, it is concerning that only a minority of organisations surveyed would employ an individual with past alcohol problems. However, our Inquiry heard from employment services who stated that from their experiences, employers who do not have these prejudices mostly find that this group are skilled and reliable. The Inquiry also heard that whilst in the short term this group can have a higher than average number who leave employment or have their employment terminated, after being in employment for a few weeks the numbers are no different from other groups. A recent report from Sheffield Hallam University on people recovering from alcohol problems found that 74% of those in recovery were steadily employed (although they did not supply any age-specific data)<sup>35</sup>. A possible solution could be for more companies to offer work placements for over 50s who are re-entering the workforce after experiencing problems with alcohol. The CIPD research stated that half of the HR professionals who responded said that they “would consider offering work placements to individuals with prior drink – or drug – related problems in some circumstances”<sup>36</sup>. Recruiting someone over 50 with past alcohol problems can have obvious benefits for the individual, but also the organisation that employs them. The British Medical Association occupational medicine committee’s spokesperson recently stated people who have a past history of alcohol problems “will often be extremely loyal and productive members of your organisational team because they value the opportunity; the fact they’ve been given a second chance”<sup>37</sup>. Previous problem drinking should be viewed as a health problem by employers, and decisions to recruit should be based on that standpoint.

## Chapter 2



## Alcohol and over 50s in employment



## Alcohol and over 50s in employment

- With an ageing population and a growing imbalance between the numbers of working age people and non-working age people, it is essential for the labour force and the wider economy that the UK retains as many over 50s in the workforce as possible.
- Alcohol problems can cost UK employers money in absence and lost productivity. On an individual level, all over 50s should be supported, if required, to enjoy a happy and healthy work life towards the later stages of their career.
- Nearly 30% of over 50s in the 'professional' occupational class drink 5-7 days a week, the highest of any occupational class.
- The 2013/14 wave of Understanding Society shows that it is older ages of the professional classes that are most likely to be high risk drinkers; whilst only 6% under 30 drink heavily, nearly 25% of those aged 60-69 drink heavily. Significant numbers of this group could be nearing the significant life transition of retirement drinking potentially harmful amounts of alcohol.
- It is crucial for the UK's productivity, economic health and an individual's personal wellbeing for employers to do more to prevent alcohol problems in their older workforce, and to provide support if problem drinking does develop.

## Overview of over 50s currently in employment

Over the past 30 years, the employment rate for people aged 50-64 has grown from 55.4% to 70.7%, an increase of 15.3 percentage points<sup>38</sup>. The employment rate for over 65s has also doubled in the last 30 years, from 4.9% to 10.7%<sup>39</sup>. Therefore, over 50s are playing an increasingly important role in the labour force and the economy. Moreover, with ongoing increases to the state pension age, older people will be expected to have longer working lives at the same time that increasing life expectancy and population ageing mean they will form a more sizeable portion of the UK workforce. It is therefore vital for our economy to improve employment in later life due to the changing ratio of the working age vs non-working age population<sup>40</sup>. Analysis shows that crucial sectors such as health and social care and education rely heavily on older workers<sup>41</sup>. Furthermore, older adults should have the tools at their disposal to enjoy a healthy and happy work life towards the end of their career.

Common stereotypes surrounding problem drinking often highlight unemployed people or younger binge drinkers. However, according to research conducted by academics at Keele University and UCL, the profile of someone who drinks alcohol the most frequently is someone who is: working, in the highest wealth group, university educated and aged 50-60<sup>42</sup>. It is therefore important to understand the role that alcohol plays in the lives of older workers.

## How does alcohol play a role?

This section of the report will illuminate the relationships between alcohol and the world of work. On the one hand, studies have shown that alcohol can be used by employees to cope with the stresses of work, and on the other hand alcohol can negatively affect people's performance at and enjoyment of work.

From the perspective of an employer, the literature shows that alcohol problems can cost businesses large amounts of money by making their workforce less productive. Alcohol problems can have an adverse effect on employees' health which will amount to lost working days, and in the long term problems may even shorten working lives. Furthermore, if employees are hungover at work this can lower both their performance and productivity.



Finally, this chapter will ask the question as to how employers can best support staff who are experiencing problems with their drinking. This chapter will examine the role alcohol-related policies and advice from medical professionals can play in this regard.

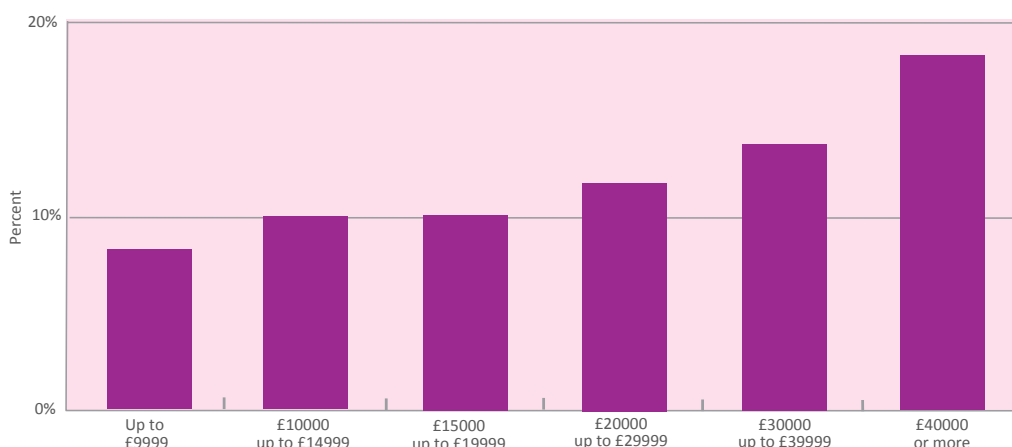
### Which occupations have the highest levels of alcohol consumption?

The British Medical Association (BMA) has gathered evidence about which occupations are most at risk of alcohol-related harm. They do this by using mortality data (i.e. deaths from alcohol-related harm for England and Wales during various periods). The profession which is most at risk from alcohol-related deaths for both men and women is people who work in the drinks industry, for example as bar staff. Furthermore, for men, people who worked as caterers, kitchen porters, and seafarers also had a higher risk of alcohol-related death<sup>43</sup>.

Various studies have also noted the prevalence of service men and women suffering from alcohol-related harm. It has been claimed that alcohol consumption is an ingrained part of the culture of the armed forces<sup>44</sup>. In 2012 the Royal Air Force Families Federation claimed that alcohol is a crucial “social medium” in the armed forces and that “stigma is attached to non-participants”<sup>45</sup>. A 2007 study by Kings College London confirmed this hypothesis through research which demonstrated that there were much higher rates of ‘hazardous drinking’ for men and women in the army than the civilian population<sup>46</sup>.

Other than looking at specific professions we can also observe patterns in alcohol consumption by comparing income levels, or more general categories such as managerial vs manual work.

**Figure 3: Percentage of those who had drank at least 5 days in the last week, by income, 2014 Great Britain**



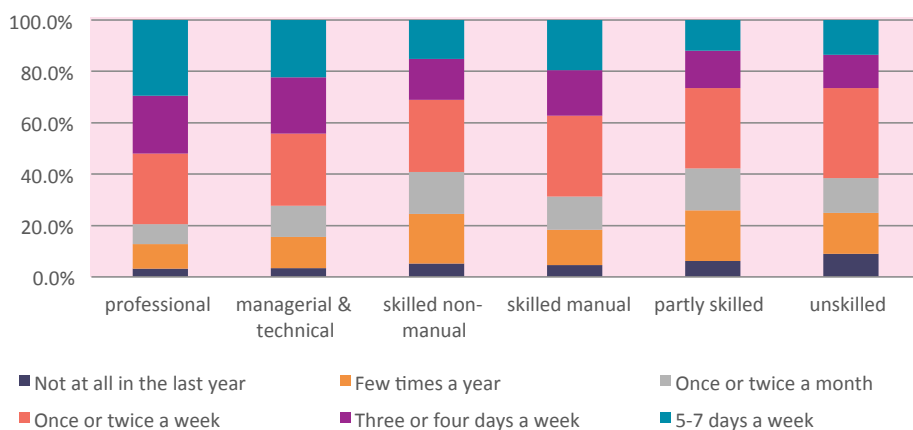
Source: The British Medical Association, (2016), *Alcohol, drugs and the workplace, the role of medical professionals*

Figure 3 shows that, on average, people who are in higher income brackets tend to drink more frequently. It should be noted that the chart measures the frequency of drinking per day, not a unit measurement on how much was consumed.

### The relationship between occupation and alcohol in the over 50s population

By using data from Understanding Society we can examine the over 50s population and show which occupational classes consume alcohol the most frequently.

**Figure 4: How often did you drink in the last year? (By occupational class - only those over 50 and in work)**

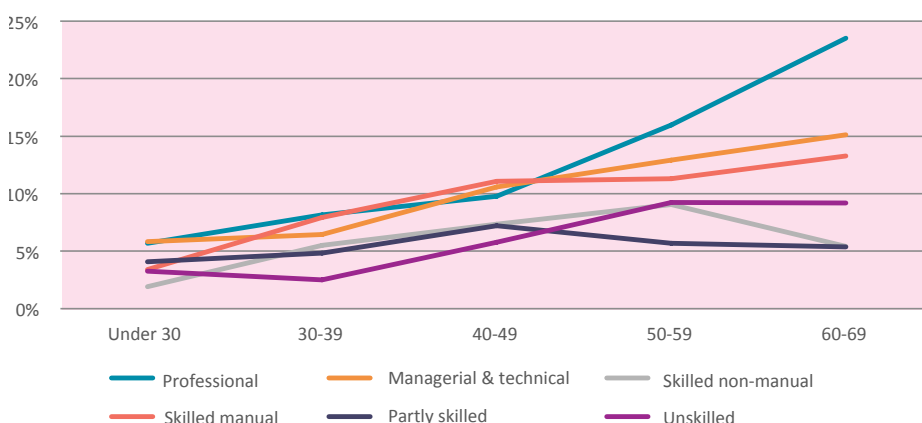


Source: Author's elaboration from Understanding Society Wave 5 (2013/14).

Figure 4 divides occupational class into the following categories: professional, managerial and technical, skilled non-manual, skilled manual, partly skilled and unskilled. Here we can see that the professional occupational class drink the most frequently, with nearly 30% of professionals over 50 drinking 5-7 days a week.

Because Understanding Society does not include a question specifically on units consumed over the week, we have used frequency and maximum number of units consumed in a single day to look at what we are calling 'high risk' drinkers by age and occupational class. Figure 5 looks at those who drink five or more days a week, and may consume up to eight or more units each time they drink alcohol.

**Figure 5: Prevalence of 'high risk' drinkers by occupational class**



Source: Author's elaboration from Understanding Society Wave 5 (2013/14).

Figure 5 shows that the percentage of high risk drinkers increases dramatically with age in the professional occupational class. Under the age of 30 only 6% are high risk drinkers but this increases to 8% at ages 30-39, 16% at ages 50-59 and finally 24% at ages 60-69. This is a snapshot, so we cannot disentangle age from cohort effects (meaning the patterns observed may not be related to age per se, but may be unique to this group of people who happen to be in a certain age group).



However, this still shows that for the professional occupational class, the percentage of those in their 60s who are high risk drinkers is significantly higher than professionals in their 30s. This may suggest that professional people drink more heavily at later stages of their career. In this respect, employers should have strategies which focus on managing heavier drinking for their older workers. This will be important for the happiness and health of their employees and also the productivity of their workforce.

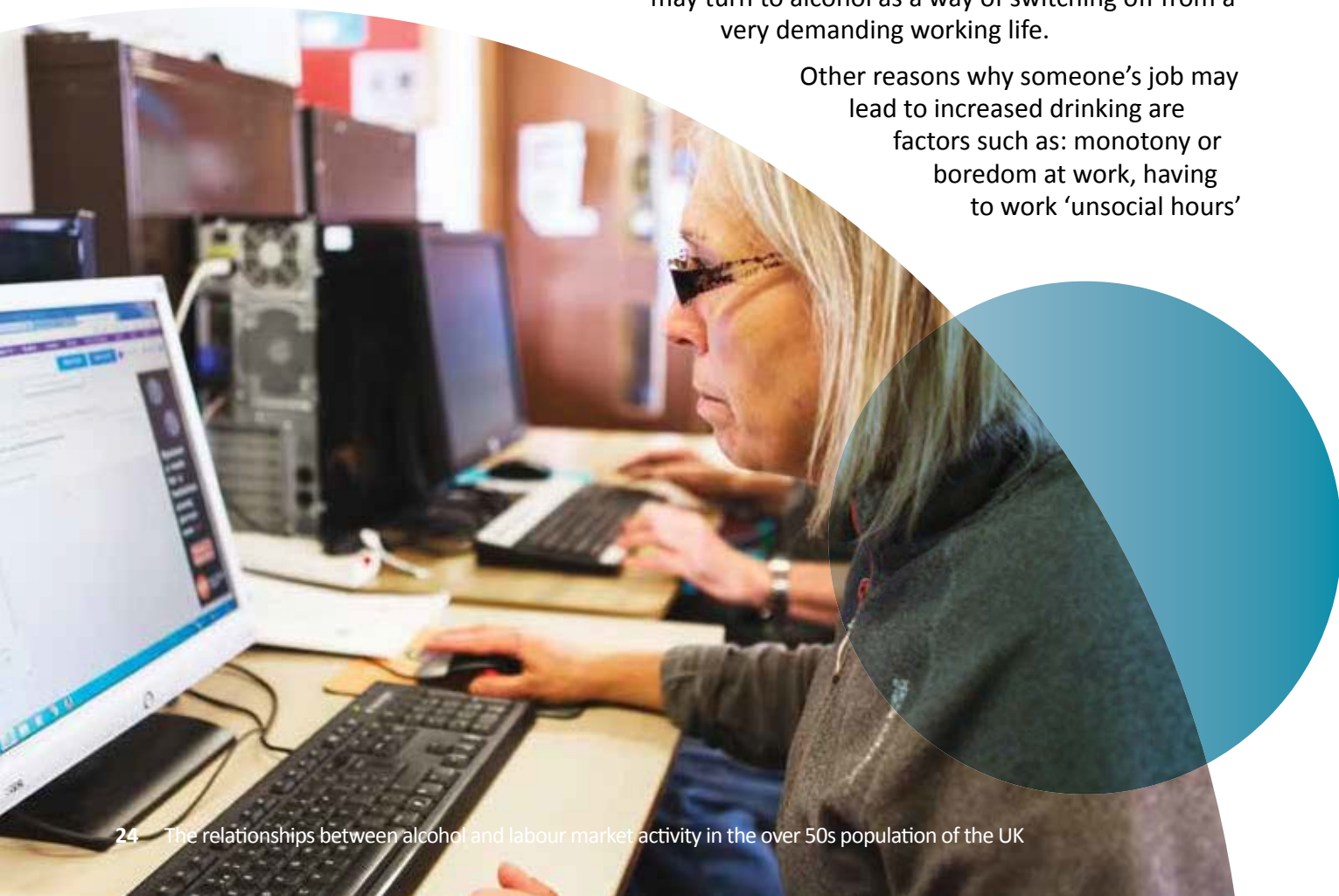
Whilst we have so far focused on the professional class we can observe similar patterns when looking at the rest of the occupational classes, with people drinking more heavily in older age groups. For example, with the managerial and technical class, 6% of people aged 30 or under can be classified as high risk compared to 15% aged 60-69. Similarly, among unskilled workers, approximately 3% of the under 30s are high risk drinkers, as opposed to 9% of those aged 60-69. It must be stressed that, because we are looking at a snapshot of older people today, our estimates do not provide an indication of future risks, but show potential targets for interventions today.

### How might the workplace increase problem drinking?

Firstly, stress or excessive pressure at work could be a cause of increased alcohol use, which could then lead to alcohol-related harm. A study carried out by the British Medical Journal found a link between longer working hours and an increased likelihood of drinking at excessive levels (which they defined as more than 14 drinks a week among women and more than 21 drinks a week among men)<sup>47</sup>. This study has been supported by international studies such as a 2011 longitudinal study of a New Zealand birth cohort which found a correlation between longer working hours and alcohol-related harm (although this is in younger adults)<sup>48</sup>. If employees are having to work very long hours, it is possible that alcohol is being used as a coping mechanism or a way to unwind after the working day.

In addition, the British Heart Foundation carried out a survey which found that over two fifths of workers say their job has a negative impact on their health. Nearly a quarter (22%) say their job has led to them to drink more alcohol and almost one in ten (9%) say it's been a trigger for smoking more<sup>49</sup>. Therefore, employees may turn to alcohol as a way of switching off from a very demanding working life.

Other reasons why someone's job may lead to increased drinking are factors such as: monotony or boredom at work, having to work 'unsocial hours'





or working in a business where entertaining and drinking is part of usual business<sup>50</sup>. For example, private sector professions often require taking clients out for dinner in which case alcohol is often involved.

It is particularly important to consider the link between work and problem alcohol use when discussing older adults. Over 50s are often in senior positions, which could lead to increased levels of pressure and stress. Moreover, there are certain age-specific causes of excessive pressure both inside of work and outside which could cause problem drinking, such as worries about upcoming retirement or health conditions.

One study of a cohort of Whitehall Civil servants found interesting results in terms of a relationship between a stressful work environment and alcohol-related harm<sup>51</sup>. This study found that 'effort reward imbalance' was associated with alcohol dependence in men, whilst for women 'low decision latitude' was associated with high alcohol dependence<sup>52</sup>. This means that for women, alcohol dependence is associated with being able to exercise less control over their work, whilst for men alcohol dependence is associated with an imbalance between the work put in and the reward gained.

### **The change of British workplace culture over the past few decades in relation to alcohol**

One trend which is worth observing is how workplace culture in Britain with regards to alcohol has developed over the past few decades. One indication that British workplaces have become stricter in relation to alcohol consumption is the decline of the 'lunchtime pint'. A 2006 survey by the law firm Browne Jacobson found that 57% of businesses now ban drinking during the working day<sup>53</sup>. Browne Jacobson argue that if the survey was carried out 10 years ago the figure would be much lower.

It is likely that over 50s would have begun their careers when drinking was more acceptable and normalised as part of workplace culture. Therefore, some over 50s may struggle to adapt, and may even have developed alcohol dependencies, with regard to alcohol consumption and the world of work.

## Case study 2

Willie started his career in the Glasgow ship yards and went on to become an engineer for one of the large ship building companies travelling the world. Willie recalls alcohol use was much embedded in the culture and remembers a fair few accidents happening on the ship yard factory floor that were probably due to a heavy session in the pub at lunchtime. Willie's wife became ill in his early fifties and he had to change his career to care for her and their family as he needed to be close to home. He studied a social care course and began working in care homes. However, as his wife's health deteriorated he began to drink more heavily and when she sadly passed away he found himself drinking at a level that meant he could no longer maintain his work. The next few years were a haze of trying AA meetings and dipping in and out of alcohol treatment, until in his late fifties he started attending a structured day programme for people in recovery. Willie felt he was finally in a place where he could talk about his feelings and address the underlying issues that led him to drink. Over the next two years he concentrated on putting things in place that helped with his recovery including improving relationships with his family and volunteering. But it was always Willie's goal to get back to work.

When he turned 60, with everything else feeling stable in his life and a strong relationship with his new partner Willie started to explore how he could get back to work. He decided at that point he needed to be honest with any potential employers and tell them about the journey of his recovery. He initially approached a recruitment agency. He disclosed his history and explained to them all the different support services and people that had helped him to get to this point. The agency was extremely supportive and matched him to placements that suited his skills and ability. Willie very quickly started getting shifts in a care home. He embraced the work and was able to utilise his particular skills with communicating and supporting people with dementia. He continues to do regular shifts in the care home and is enjoying picking up his career again as he turns 61. "The difference for me with work.... it gives me a purpose in life and a motivation to get up in the morning. I can also give something back after receiving all the help I have had over the years. I now have my family back in my life and feel at peace with myself. My advice is don't ever be too proud to ask for help."

## The negative consequences of alcohol-related harm for employers and employees

Not only can alcohol use have a negative impact on employee's enjoyment of and performance at work, but alcohol use can also have an impact on employers. An Impact Assessment paper on minimum pricing calculated lost productivity due to alcohol use in the UK workplace at £7.3bn per year<sup>54</sup>. With this figure in mind, it is unsurprising that alcohol can have a severely negative effect for employers in the UK.

The UK is struggling with productivity, producing less GDP per hour than the USA, France, Germany, Italy and Canada<sup>55</sup>. As this chapter has already discussed, older workers will increasingly form a larger proportion of the workforce. As the first Drink Wise, Age Well report shows, people aged 45+ drink more frequently than their younger counterparts<sup>56</sup>. Furthermore, older adults can be more at risk from alcohol-related harm<sup>57</sup>. Therefore, it is in the interest of UK employers to both understand and effectively deal with the challenges that alcohol can have for their older workforce.

A 2007 study goes a long way to illuminating the problems which alcohol use can cause employers<sup>58</sup>. The survey of UK employees found the following results:

- A third of employees admitted to having been to work with a hangover.
- 15% reported having been drunk at work.
- One in 10 reported hangovers at work once a month; one in 20 once a week.





- Work problems resulting from hangovers or being drunk at work included difficulty concentrating, reduced productivity, tiredness and mistakes.
- The majority of employers interviewed (77%) identified alcohol as a major threat to employee wellbeing and a factor encouraging sickness absence.

Here we can see that alcohol use has a distinct impact on employees. On the one hand feeling the effects of alcohol can make employees less productive at doing their job and on the other hand sickness absence can be caused by alcohol problems. There are also safeguarding issues at stake, as employers identify alcohol as a 'major threat to employee wellbeing'. Therefore, employers are realising that alcohol both effects staff performance and also staff safety.

Another way in which alcohol can have a negative impact on the safety of employees at work is through being a cause of workplace accidents. This can be particularly relevant to the manufacturing sector and those operating vehicles. Whilst no exact figures exist on the number of workplace accidents which are caused by alcohol, alcohol is known to affect judgement and physical coordination and therefore can be a cause of workplace accidents<sup>59</sup>. Moreover, the army have reported that up to 75% of violent incidents among soldiers are related to alcohol consumption<sup>60</sup>.

### Case study 3

I am a retired Police Inspector, having completed over 26 years of service, I would have liked to have completed 30 years, however circumstances, some beyond my control prevented that.

My intention from a very early age was to be a police officer. I believed very strongly in protecting people and, at the age of 23, embarked on what I saw as a career. In my initial interview it was commented on that as a candidate I displayed enormous potential.

So the pressure was already on and when I began my initial training I passed all the weekly exams with flying colours, came top in the final exam and runner up in the ladies' cross country. I worked hard, because this was the 1980s, the time of the Sweeny television programme, where "Cops" were tough, hard drinking, and mostly male. I had to fit in, or as a female be ignored for any future promotion or development. It was that simple.

The police culture was male dominated, with the vast majority of senior officers being male. However, there were some senior female officers, who were ridiculed behind their back. Regular comments included "should be at home with the kids", "hopeless" and "don't know what they are doing". The list of demoralising and dismissive comments on their capability was endless.

I wanted to be promoted and was quickly recognised by a very supportive senior officer as supervisory material, so I entered the arena of exams and promotion boards. I was treated with disdain. Yet as a young female who could drink alongside her male counterparts I was acceptable; I was one of the boys. So it began.

I did not realise until much later the amount of alcohol I was consuming. I was in the Criminal Investigation Department, over a number of years, as a Sergeant and an Inspector where during working hours, and after working hours, going to the pub or police bar was part of your working day. It was considered part of your role; it was also now part of my way of dealing with the regular barrage of comments and attitudes towards me as a female, and as a supervisor (there are numerous examples). I became what is referred to as a functioning alcoholic.

It became a vicious circle, because I drank to be accepted, to overcome hostility and to fit in. But now the alcohol was impacting on my ability to do the job. So I was constantly trying to hide my "secret". Remember, I was locking people up for being drunk or drink driving. I was ashamed and afraid that if the service found out I could lose my job, my security, my pension my credibility.

I then started to arrive at work a lot earlier, to avoid heavy traffic. I may have been over the limit so I thought if I could get there before others I would avoid a traffic collision (because there was less traffic) and be sober by the time I left work. I avoided social occasions as I knew I would drink more than anyone else.

I did not pursue further promotion as I felt I could not concentrate long enough to prepare for it, or have the confidence to take part in a promotion interview. I was still managing day to day business, but I felt isolated and could /would not approach anyone and ask for help. The service I joined didn't allow for weakness, vulnerability or failure.

Eventually however my addiction could not be hidden any longer and I was breathalysed having arrived at work smelling of alcohol. Whilst not over the limit, I was questioned about my drinking (when and where), and my locker and car searched where small bottles of wine were found. I was taken home. I was left with my husband and told I would be contacted the next day.

The next day feeling even more ashamed than before I was visited by the HR officer, during which I admitted I had a problem. I refused to take sick leave (due to the shame), so was told



to use all my leave and time off owing, whilst things were resolved. I had a visit from the welfare officer, and a further visit from my supervisor who informed me I was being dealt with by way of caution. This he recorded in his pocket note book. It was very official and business like.

The next few months I remained at home and undertook a home detox (my choice). After a period of time off I was returned to work in another department. Away from members of the public/and any responsibility. I felt demoralised, and felt I had no voice.

I was sober and felt that as long as I remained sober the service was happy. I felt to protect myself and my pension that I had no option left but to take early retirement. It was a choice I made after a lot of thought - I did not want to retire but felt that my career was effectively over. I retired subsequently on a much lower pension.

### What are the possible solutions?

For over 50s, problem drinking can be detrimental to their performance at work and their overall wellbeing, and can often be caused by work place stress or culture. It should be highlighted that employers who have effective strategies in place to both prevent problem drinking developing in their workforce, and to successfully deal with problem drinking if it does occur, can gain a lot. Less money and time will be lost to absence or sickness, and gains can be made in productivity. The section below looks at some possible solutions to reducing alcohol-related harm for over 50s in employment.

### Workplace alcohol policies

The British Medical Association argue that “the burden that alcohol and substance related harm puts on employers makes it advisable for employers to have at least an alcohol and substance abuse policy”.<sup>61</sup> A workplace alcohol policy should set out the rules regarding alcohol use and the workplace and set out what support is available to employees who are abusing alcohol<sup>62</sup>. Our Inquiry heard that generally, larger companies are more likely than smaller organisations to have policies regarding prevention and treatment of alcohol problems among employees; this is supported by a CIPD survey of 505 HR professionals representing 1.1 million employees<sup>63</sup>. Support therefore should be offered to smaller organisations to develop effective alcohol policies, which highlight the specific challenges that might arise from older employees.



As our analysis has shown, the likelihood of employees in professional, skilled manual and managerial and technical professions being high risk drinkers (drinking more than five times a week and drinking more than eight units in a typical day) increases after 50; therefore, alcohol policies and strategies at work could pay particular attention to these age groups, especially if an employee is about to enter retirement. Employers also need to be given information to better understand concerns that over 50s might have about revealing problem drinking to their supervisors or peers in the workplace. For many, losing their job can mean losing pension benefits, a significant concern if they are nearing retirement. For others, they fear that if they lose their job at such a late stage of their career, they will struggle to find employment due to their age.

### **Principles which are commonly included in workplace alcohol policies include<sup>64 65</sup>:**

- Suffering from alcohol problems should be considered the same as a health condition.
- Confidentiality is key when dealing with alcohol-related harm.
- Employees should not attend work under the influence of alcohol.
- The employee is expected to be reasonable with regards to the management of their condition.
- Employees can expect to be offered services such as counselling services, employee assistance programmes or flexible working arrangements.

A policy on alcohol use in the workplace will serve some key functions. Firstly, managers and supervisors will know what procedure to follow if they are approached by an employee who declares that they are experiencing problems with alcohol use. This will make the organisation much more confident in dealing with instances of staff experiencing alcohol problems. A clearly defined policy will also let employees who may be experiencing problems with alcohol know exactly where they stand and how to go about seeking help whilst maintaining a successful professional life.

Finally, it is important that policies relating to problem drinking should be part of a health and welfare strategy and not primarily disciplinary<sup>66</sup>. Acas (Advisory, Conciliation and Arbitration Service) offers some effective sample policies for an alcohol policy which is part of a wider health and welfare strategy<sup>67</sup>. These include:

- Acknowledging that alcohol problems will be treated in the same way as any other health problem.
- Guaranteeing confidentiality.
- Providing paid sick leave if treatment is needed.
- Placing emphasis on early identification and treatment of problem drinking.
- Assuring that if treatment is successful, the employee is able to return to the same job.
- If treatment is unsuccessful, termination of employment should be classed as due to ill health.

### **Medical professionals educating employees**

The British Medical Association (BMA) advises that there is a role for medical professionals in providing support to employees in the workplace. The BMA argues that workplaces provide 'captive audiences' for medical professionals to educate employees about health issues surrounding alcohol-related harm<sup>68</sup>. Medical professionals can also train managers and supervisors in identifying people who are experiencing problems with their alcohol use and how they should deal with the issue.

Medical professionals will benefit if an employer has a clearly established policy on alcohol use. This is because they will understand in what capacity they are giving advice. The role of a medical

professional can be to support both employers and employees, and occupational health services can play an important role in preventing employees developing problems with their drinking. Medical professionals can help employers understand the risks they face when managing someone experiencing problems with alcohol use, and can also challenge negative stigma and stereotypes surrounding problem drinking. For example, medical professionals could make sure that managers treat alcohol problems in the same way they would treat health conditions. However, the role of advising employers and employees about health issues and risks associated with alcohol use does not need to lie with just the medical profession. There are a number of alcohol advice and support services that can provide information and advice sessions to the workplace.

## Chapter 3



**Alcohol and over 50s transitioning  
into or currently in retirement**



## Alcohol and over 50s transitioning into or currently in retirement

- Retirement is one of the most significant life transitions people go through. For many this will be a very positive experience with new opportunities and experiences being enjoyed. However, some older adults will enter retirement with established alcohol problems, and others may develop alcohol problems due to the changes in their life due to retirement.
- Our analysis has shown that those who have recently entered retirement are statistically significantly more likely to drink almost every day than those who are still in work, or are longer-term retirees.
- There is also a statistically significant relationship between retiring before 60 and being a high risk drinker, with this group more likely to be a high risk drinker than those who retire in their 60s.
- There is currently limited support from employers, Government and the third sector in terms of guidance, support and advice in helping those entering retirement maintain a healthy relationship with alcohol.
- Many older adults maintain a healthy social relationship with alcohol in retirement, and more can be learned from this group as to why some older adults struggle with their drinking post retirement.

## Overview of over 50s transitioning into, or currently in, retirement

### Retirement is one of the most significant life transitions people go through

Almost everyone will go through a form of 'retirement'. The age of which people retire, as well as how gradual or sudden it is, depends on the individual. Whatever form retirement takes, it is undoubtedly a significant event associated with the end of a person's working life. However, the concept of retirement is changing. The state pension age is undergoing increases, whilst the default retirement age has been abolished, meaning that employees can no longer be forced to retire. Moreover, the introduction of 'pension freedoms' mean that older people potentially have more financial freedom during and in the lead up to retirement, which could influence decisions as to whether to retire either earlier or later in life. Such changes have consequently contributed to important shifts in how people experience the transition into retirement, with an increase in debate over opportunities to wind down and gradually phase into it, including part-time work and self-employment<sup>69</sup>.

### Retirement affects people in different ways

For many older adults, entering retirement can herald a time in their life in which they can enjoy hobbies, spend more time with friends and family or simply relax. For others however, retirement can be followed by a loss of sense of purpose, periods of ill health or financial difficulties. A number of studies have identified health, gender, economic status, education, marital status, caring responsibilities and quality of social networks as influences in both the age when a person retires and how they adjust to this new phase of their life<sup>70 71</sup>. The literature also points to a complex picture regarding the relationship between mental health and retirement; some studies indicate a positive association, others a negative association<sup>72</sup>. It can often depend on the type of retirement. Involuntary retirement, whether it is for physical health reasons or redundancy, has been associated with an increase in the possibility of mental health problems<sup>73</sup>. Moreover, the link between mental

health and retirement appears to be shaped by occupational category; some studies suggest that working past retirement age is good for the mental health of those who are in higher status occupations<sup>74</sup>. Understanding how these factors can have an impact on how susceptible an older individual is to problem drinking is crucial.

#### Case study 4

It was when Bill retired that the problems caused by alcohol began to get worse. Working as a train driver for many years had provided structure in his day-to-day life. Once retirement came, as Bill says, 'losing that structure – it's easy to fall'.

During his career Bill had been careful to separate alcohol and work. 'Being a train driver is a big responsibility, work and alcohol don't mix'. He describes his drinking then as "social", in a way many people can relate to – drinking after work, in the company of others.

Bill had served as a Union Shop Steward at his work. He spent time helping other people with their problems, sometimes speaking to colleagues who were worried about their drinking and encouraging them to seek support. 'It was a case of not wanting to heal thyself, but wanting to help everybody else instead'. When his drinking became more of a habit, Bill like many others, was worried that if he turned to his employers for help he would lose his job.

Bill experienced problems with his health related to his drinking on a day-to-day basis. Apart from feeling generally bad, he found alcohol exacerbated existing health problems, making his diabetes and lung problems worse. He also felt very down – his mood affected by alcohol and the overall impact it was having on his health.

It was the impact on his mood that prompted Bill to seek help. Bill had been to see his GP on many occasions and never hid his drinking from them. 'If you lie to your GP, you're lying to yourself,' he says. He found them helpful, empathising with his situation – his lack of family, or feeling isolated – and encouraged him to stay away from alcohol and gave him a steer to get involved with other activities that didn't involve drinking.

However, it was socialising that was most important to Bill. He describes how he would very rarely drink in the house. He didn't even drink every day. "I drank in the pub, it's the people thing" he adds.

"Working as a train driver the shift patterns were very constrictive. When you finish late, there's a lack of options. You eat badly, which effects your health, and you want to seek out people, workmates – and so you go to the pub."

With retirement he found himself suffering more the day after. Without the regular structure of work in his life anymore, he found the days blurring from week-to-week and found himself more isolated and seeking out people more – in the pub.

That stopped once Bill – increasingly worried by his low mood – started attending Mutual Aid Meetings. There he could speak to people who had similar experiences, get support from others and discover he wasn't alone. "It's all about filling your time. Meeting the others gives you something else to look forward to week-to-week. I think of the people there as new family or friends"

#### There is currently a blind spot in terms of support offered to people entering retirement

For such a significant life transition, and for one which such a large proportion of the population will go through, there is currently a lack of support from both employers and the state for people transitioning into retirement. Any discussions on support and advice, if there are any at all, for

people entering retirement often stop at financial<sup>75</sup>. But this doesn't adequately account for the emotional, health and social changes which can define post-retirement life.

## How does alcohol play a role?

Our analysis of the Drink Wise, Age Well survey data showed that retirement does not have a statistically significant impact on an individual's AUDIT score, when controlling for age. However, it is worth investigating the data in closer detail to see what policy makers, health professionals, employers and service providers can learn about the effect transitioning into retirement can have on levels of alcohol-related harm.

### What can influence people's drinking patterns in retirement?

The Drink Wise, Age Well survey data shows that of those respondents who increased their drinking in later life, 'retirement' was cited as a reason by 40%<sup>76</sup>. Of the other four reasons, three of those are closely related to retirement; loss of a sense of purpose in life (20%), fewer opportunities to socialise (18%) and a change in financial circumstances (18%). Moreover, if a respondent did not engage in activities they find fulfilling, they were more than four times more likely to be a higher risk drinker (AUDIT score of 16+), and if they did not feel a part of the community they live in, they were more than twice as likely. Clearly, whilst many older people transition into retirement without increasing their risk of experiencing alcohol problems, there is a significant minority who do.

**Figure 6: Frequency of drinking amongst over 50s in the UK**



Source: Authors elaboration using data from Understanding Society waves 4 (2012/3) and 5 (2013/14).

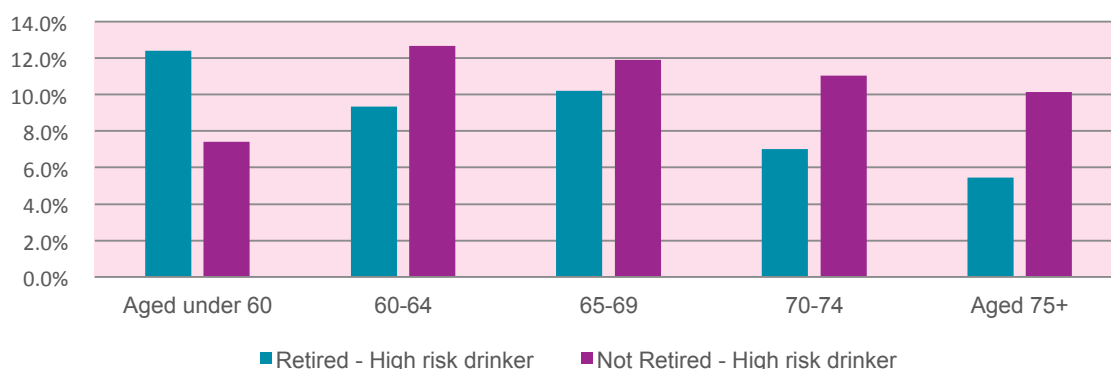
Figure 7, using data from the UK-wide Understanding Society survey, looks at the effect transitioning into retirement can have on frequency of alcohol consumption. Whilst the data does not indicate the amount of units consumed in any one day, an individual regularly consuming alcohol 5-7 days a week can be at an increasing risk of alcohol-related harm. The graph shows a higher proportion of those who entered retirement between the last two waves of the survey drank more frequently than those who remained in work and those who remained retired.

However, to understand whether this difference is due to other confounders, such as age or cohort effects, we carried out a more in-depth analysis accounting for age and other socio-demographic factors<sup>3</sup>. Our results, reported in appendix 1, confirm that people who just entered retirement are significantly more likely to drink 5-7 times a day than those who remained in work (remained not retired). It should be noted that the difference between those who remained retired and those who remained in work is not significant, which seems to suggest that it is the transitions that have more of an impact than remaining in a certain situation.

<sup>3</sup> More specifically we run an ordered probit regression with frequency of drinking as the dependent variable and retirement transition as the independent variable, controlling for a second order polynomial in age, gender (female=1), education (with a degree), marital status, self-reported health levels and natural logarithm of income.



**Figure 7: High risk drinkers by age and employment status (retired/not retired)**



Source: Author's elaboration using data from Understanding Society wave 5 (2013/14)

Whilst Understanding Society does not include the number of units an individual drinks each week, it does ask the frequency of drinking as well as the maximum number of units drunk on one night. We therefore looked at those over 50s who drank five times a week or more, and who drank more than eight units on a typical day when they are drinking. Figure 8 shows who is in this group of high-risk drinkers, by age and retirement status. When a person retires is significant to their likelihood of being in this category of high-risk drinkers. More than 12% of adults who had taken early retirement before 60 were in this category (compared with 7% of under 60s who were still in work). Analysis of the English Longitudinal Study of Ageing (ELSA) has also shown high alcohol consumption being associated with early exit from the workforce<sup>77</sup>. However, those who work past 65, therefore retiring later than the state pension age, are more likely to be a high risk drinker than those who take retirement at state pension age. This shows two distinct groups who are at increased risk of alcohol-related harm; those who take early retirement, and those who continue working into their 70s.

### Can alcohol sometimes have a positive role in retirement?

Socially, lower quantities of alcohol can have a positive role to play in retirement. In a qualitative study focused on the role alcohol had to play across retirement, when carrying out interviews with older adults about their drinking practices in relation to topics such as social networks, alcohol was largely talked about in positive terms and formed a key part of ordinary routines<sup>78</sup>. Indeed, if older people enjoy drinking alcohol in retirement then drinking alcohol should not be totally stigmatised. Furthermore, drinking can often play a role in social activities in later life.

Of course, we all want a good social life and to partake in activities which we enjoy and this is a part of healthy ageing. This is not to say that older people cannot have good social lives or any other benefit without alcohol. Rather, the reality is that alcohol is embedded in many older adults' social lives or leisure activities and therefore it is important not to dogmatically stigmatise alcohol use<sup>79</sup>. For older adults whose social lives include going to the pub, for example, older adults may feel that the social bonds built from having moderate amounts of alcohol can outweigh the negative health effects.

The majority of the Drink Wise, Age Well survey respondents who said that they drink alcohol did so at lower risk levels. Indeed, many older people have their own strategies for managing their drinking. The aim of prolonging life by becoming healthier, or receiving advice from family members on the health or social costs of problem drinking, are often good incentives to reduce drinking<sup>80</sup>. Understanding what strategies older people use to manage their own drinking and applying these to strategies to reduce alcohol-related harm for people drinking at higher risk levels could well be a good idea.

### What are the possible solutions?

Most older adults will enter retirement maintaining a healthy relationship with alcohol. However, there is still a need to support many older adults who develop alcohol problems in retirement,



or who enter retirement with an alcohol problem. This section explores some possible solutions; this needs to be a concerted effort from Government in terms of public health messaging, from employers in maintaining a responsibility for their employees when they enter retirement, and from the third sector in terms of providing opportunities for social participation or volunteering for retired people who might be at risk from alcohol-related harm.

### **Tailoring public health messages**

Public health messages around lower risk alcohol use, whether in print media, online or television, are rarely tailored for age. And when they are, it is usually tailored for younger adults. Whilst this is undoubtedly important, some older adults in retirement can be resistant to public health messages; studies have found that older adults sometimes “felt that they would know at their age what they could drink”<sup>81</sup>. Findings from focus groups have found that older retired adults can often feel that public health campaigns around alcohol are not relevant to their age groups<sup>82</sup>. This was also echoed at the Drink Wise, Age Well Inquiry, with experts identifying older retired men as particularly unresponsive to health messages. The Drink Wise, Age Well programme has an aim of countering the perception that older adults are ‘too old’ for health messages; everyone should have the information and option to live a life as happy and healthy as they want to be. Therefore, it is imperative in order to reduce alcohol-related harm in the retired population to firstly attempt to target this group in public health messages, and secondly to tailor messages about alcohol risks in ways which would be well received.

### **Guidance and support for people transitioning into retirement**

For the respondents in the Drink Wise, Age Well survey, being in employment (rather than retired) increases the probability of having a high AUDIT score (although it is important to note the Drink Wise, Age Well survey is not representative of the UK population)<sup>83</sup>. However, our analysis shows that adults in the UK who have just recently entered retirement are more likely to drink 5-7 days a week, as opposed to older adults still in work or those who are longer-term retired. Moreover, those who take early retirement (either voluntarily or involuntarily) before 60, are significantly more likely to be a high risk drinker than those under 60s who are still in employment. To reduce alcohol-related harm in older adults in retirement, it appears that the transition into retirement is often the most crucial part. Studies have found that involuntary early retirement is associated with an increase in the probability of mental health issues<sup>84</sup>. Therefore, whilst being retired decreases

the probability of being a higher risk drinker, further analysis of Understanding Society shows that a higher proportion of early retirees, compared with longer-term retirees and those still in work, are 'heavy drinkers'. This could indicate a potential at-risk group.

There is therefore a need for increased levels of support for older adults who are entering retirement. As discussed previously, for such a significant life event there is relatively little support offered; and when there is, it is generally financial advice. For example, the official Gov.uk website only has information on where to get financial advice when planning for retirement<sup>85</sup>. Whilst there is a need to offer advice and support to all of those entering retirement (as our analysis shows it is the recently retired who are more likely to drink 5-7 days a week), those who retire before the age of 60 could be a group who require specific attention. Of this group, more than 12% drink alcohol five days a week or more, and drink more than eight units in a typical day.

The data does not allow us to analyse this group in greater depth, but there is likely to be two distinct groups; those who retire early due to being financially comfortable, and those who retire early due to ill health or redundancy. These two groups clearly will have different needs in terms of support; those who are retiring early in good health and financially comfortable might not be receptive or take notice of health warnings concerning alcohol-related harm; a study found that health warnings about drinking were frequently ignored by middle class drinkers, even if they were drinking in excess<sup>86</sup>. Those who retire early due to ill health might already be suffering from the effects of alcohol-related harm, or might be socially isolated; there is an association with poor health and social isolation<sup>87</sup>.

It is therefore pressing that service providers, employers and Government address this group and provide them with support. GPs could ensure patients approaching retirement are asked about their relationship with alcohol, and how they think retirement will have an impact. They can then provide advice and advise on strategies to manage their potentially problematic drinking. Employers also have a role to play. These employees will often have given many years of service to their employer, and there should be more of an engaged approach taken by employers for the staff post-retirement. Post-retirement clubs could help, as could more social opportunities offered for ex-employees who may have displayed signs of problem drinking whilst still working.

## Volunteering

Maintaining levels of social participation can be beneficial to wellbeing when retired, and volunteering can be an aspect of that. The Drink Wise, Age Well Inquiry often heard of the importance volunteering can have in combatting problem alcohol use. Whilst many transition into retirement without problems, for others retirement can bring with it severe challenges. Some older adults may find that regular working hours provide a routine which restricts the amount of time they can drink, and once this is removed, alcohol intake can increase. For others who have engaged in higher risk drinking earlier in life and have either reduced their consumption or stopped drinking completely, retirement can prove a challenge in the sense that days are suddenly more empty of fulfilling activities, increasing the urge to consume alcohol. The fact that a survey of individuals in long-term recovery showed that nearly eight out of ten had recently volunteered (double the proportion that was found amongst the general public), suggests volunteering can play a vital part in reducing problem drinking<sup>88</sup>.

The Drink Wise, Age Well survey of over 50s and their drinking habits found that older adults who do not engage in activities they find fulfilling are more than four times more likely to be higher risk drinkers (AUDIT Score of 16+), whilst if they do not feel proud of their community or feel part of it, they are more than twice as likely to be a higher risk drinker. Voluntary work or hobbies can help with this. For many this can "replicate aspects of paid work lost upon retirement, such as organisational structure and time discipline"<sup>89</sup>. Numerous studies have also shown the positive benefits of volunteering to both physical and mental health; research has shown that volunteering in older age is associated with decreased levels of depression and social isolation, increased levels of quality of life, improved family relationships and improved self-esteem<sup>90</sup>. This can all build resilience against problem drinking, and could reduce or prevent higher risk alcohol consumption.



## Different groups of older adults can be reached in different ways

Of course, not every single older adult concerned about their alcohol use in retirement will instantly go and volunteer. There will be groups that are extremely hard to reach and engage with; often these groups can be the ones most at risk from alcohol-related harm. The Drink Wise, Age Well survey showed that higher risk drinkers, who had an AUDIT score of 16+, were more likely to be living alone, and nearly two in five respondents who were higher risk drinkers typically drink alone<sup>91</sup>. Moreover, 42% of higher risk drinkers were found to drink because they were lonely, bored or had nothing else to do<sup>92</sup>.

Any prevention or harm reduction strategy concerning alcohol needs to be nuanced, with an appreciation of different social groups and how they can be reached through messaging or interventions. Evidence suggests that older men are “notoriously hard to reach”<sup>93</sup>, which is concerning as the Drink Wise, Age Well data shows that they are significantly more likely to be increasing risk and higher risk drinkers. BME communities also often are poorly served with health messages and programmes, with a lack of an appreciation of different needs or desires in service provision<sup>94</sup>.

The Inquiry heard from some innovative schemes which look to engage with these hard to reach groups. “Pub Crawl Walks” is a programme set up by the Older Men’s Network, and aims to improve isolated older men’s mental and physical health<sup>95</sup>. The ethos is to “go where the older men are”, and after engaging with isolated older men who were drinking alone during the day in pubs, the pub crawl walk was set up. The group meet at the pub, go on a walk, and then return to the pub to have a drink together. The aim is to encourage moderate drinking, whilst also building social networks, reducing isolation and including an element of exercise. Schemes such as this, which identify a hard to reach group and tailor their messaging and delivery to such group, can help reach out and reduce problem drinking in retired older adults.

## Chapter 4



## Conclusion

## **Older job seekers with current or previous alcohol problems can suffer multiple layers of stigmatisation**

This report highlights that this group requires significant attention from employment services, and ultimately Government, that are trying to help them return to work. Firstly, it is this oldest age group of job seekers that are most likely to be an increasing risk drinker, and analysis of the Drink Wise, Age Well survey shows that those looking for work were more than three times as likely to be a higher risk drinker. Secondly, even if their drinking patterns are such that they are able to return to work, they face an often daunting set of barriers. We have shown that very few employers would definitely employ an individual with previous alcohol problems. Moreover, older job seekers with a history of problem drinking can suffer from individual barriers such as low self-esteem, outdated skills due to being out of the labour market for a long period, or social isolation. Employment services, however, can often be unprepared to deal with the specific challenges experienced by this group. The evidence gathered for this report often testified to the loyalty, skill set and productivity of this group of older adults when they have been given the opportunity to work.

## **Older adults in employment are often let down by employers in terms of preventing and dealing with problem drinking**

Over adults are an increasingly important part of the UK's labour force. The employment rate for the over 50s has steadily increased, and with an ageing population the importance of enabling older workers to be able to work for longer will continue to grow. Part of this agenda is maintaining a healthy and happy workforce, which includes preventing alcohol-related harm. Moreover, alcohol problems can cost UK employers in terms of increased absenteeism and lost productivity. This report has stated that older workers can be at an increased risk from problem drinking. Many older workers will be in senior positions with more workplace stress, may have started work in a culture which encouraged high alcohol consumption, or have other issues in their life which could encourage an unhealthy relationship with alcohol, such as bereavement or caring responsibilities. There will also be specific groups within older employees which might be more at risk. Our research has shown that is older adults in the professional occupational category that have the highest prevalence of high risk drinking in the UK, with nearly 25% of this group aged 60-69 drinking more than five days a week and drinking more than eight units on a typical day.

This indicates that there will be groups of older employees nearing retirement drinking potentially harmful amounts. Once in retirement, it is harder for outside agencies to detect problem drinking; therefore, it is important that employers are helped and encouraged to have effective workplace alcohol policies which deal with problem drinking as a health issue rather than a disciplinary issue, and deal with any problems in a confidential and supportive way. This will not only benefit the employer and employee, but also has the potential to reduce costs to the NHS, which would benefit from a healthier older population.

## **Transitioning into retirement can be a danger point for problem drinking, and there is a need to target hard to reach groups once in retirement**

For such a significant life event, this report has argued that there is not enough support offered to older adults when they enter retirement. Whilst the limited advice available often solely focusses on financial wellbeing, physical and emotional wellbeing is important too, and preventing or reducing problem drinking can play a large role in that. Our analysis demonstrates that over 50s who have recently entered retirement are more likely to drink almost every day than those who are longer-term retirees, or those who are still in work. We have also demonstrated an association with retiring before 60 and being a high risk drinker, and working later than 75 and being a high risk drinker. Whilst these groups will have different reasons for drinking at potentially harmful amounts, this is a good starting point for Government, the third sector and employers to provide this needed support for older adults transitioning into retirement.

This report argues that more public health messages on alcohol-related harm should target the retired population, especially as retired older adults have been found to be unreceptive to wider



public health campaigns concerning alcohol. We also argue that employers should be encouraged to be more responsible towards the wellbeing of their retired, or soon to be retired, employees. With particularly hard to reach groups such as older men, employers could promote post-work clubs to encourage healthy and active retirement. Seeing as higher risk drinkers typically drink alone, meaningful social activity post-retirement can be vital in preventing alcohol-related harm in later life. Drink Wise, Age Well hopes that all relevant parties take note of this report, and implement the appropriate recommendations.

# Appendix 1

## Ordered probit regression: estimates reported average marginal effects

	Never/Not at all in the last	Few times a year	Once or twice a month	Once or twice a week	Three or four days a week	5-7 days a week
	Pr(y=0) = 0.202	Pr(y=1) = 0.151	Pr(y=2) = 0.120	Pr(y=3) = 0.225	Pr(y=4) = 0.137	Pr(y=5) = 0.164
female	0.087*** (0.005)	0.029*** (0.002)	0.009*** (0.001)	-0.015*** (0.001)	-0.032*** (0.002)	-0.078*** (0.004)
age	0.002*** (0.000)	0.001*** (0.000)	0.000*** (0.000)	-0.000*** (0.000)	-0.001*** (0.000)	-0.001*** (0.000)
couple	-0.059*** (0.005)	-0.019*** (0.002)	-0.006*** (0.001)	0.010*** (0.001)	0.021*** (0.002)	0.052*** (0.004)
Log net income	-0.016*** (0.002)	-0.005*** (0.001)	-0.002*** (0.000)	0.003*** (0.000)	0.006*** (0.001)	0.014*** (0.002)
degree	-0.076*** (0.006)	-0.024*** (0.002)	-0.007*** (0.001)	0.013*** (0.001)	0.027*** (0.002)	0.067*** (0.005)
Health Status (poor=baseline)						
excellent	-0.214*** (0.012)	-0.050*** (0.003)	-0.006*** (0.002)	0.054*** (0.004)	0.073*** (0.004)	0.142*** (0.008)
very good	-0.203*** (0.011)	-0.045*** (0.002)	-0.004** (0.001)	0.054*** (0.004)	0.069*** (0.004)	0.130*** (0.006)
good	-0.169*** (0.011)	-0.032*** (0.002)	0.001 (0.001)	0.049*** (0.004)	0.056*** (0.004)	0.095*** (0.005)
fair	-0.116*** (0.012)	-0.016*** (0.002)	0.004*** (0.001)	0.037*** (0.004)	0.036*** (0.004)	0.055*** (0.005)
Remains not retired (baseline)						
Enters retirement	-0.040*** (0.011)	-0.014*** (0.004)	-0.004** (0.002)	0.006*** (0.001)	0.014*** (0.004)	0.038*** (0.011)
From retired into work	0.022 (0.020)	0.006 (0.005)	0.001 (0.001)	-0.005 (0.005)	-0.008 (0.007)	-0.017 (0.014)
Remains retired	-0.019** (0.007)	-0.006** (0.002)	-0.002** (0.001)	0.003** (0.001)	0.007** (0.002)	0.017** (0.006)
R-squared	0.032					
N	16,219					

The superscripts \*\*\*, \*\*, and \* indicate the 1%, 5%, and 10% levels of statistical significance, respectively. Clustered robust standard errors in parentheses.

# Endnotes

- 1 Health Scotland, (2011), Short Warwick-Edinburgh Mental Well-Being Scale
- 2 Campaign to End Loneliness, (2015), Promising approaches to reducing loneliness and isolation in later life, Age UK.
- 3 The office for national statistics (2016), LFS: ILO unemployment rate: UK: All: Aged 50-64, Accessed at: <http://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/unemploymentbyageanddurationseasonallyadjustedunem01sa>
- 4 The office for national statistics (2016), LFS: ILO unemployment rate: UK: All: Aged 50-64, Accessed at: <http://www.ons.gov.uk/employmentandlabourmarket/peoplenotinwork/unemployment/datasets/unemploymentbyageanddurationseasonallyadjustedunem01sa>
- 5 The International Longevity Centre, (2014), The Missing Millions
- 6 50+ Works, How to identify typical barriers. Accessed at: <http://www.50plusworks.com/how-to-identify-typical-barriers/>
- 7 50+ works, (2016), How to identify typical barriers, Accessed at: <http://www.50plusworks.com/how-to-identify-typical-barriers/>
- 8 50+ works, (2016), How to identify typical barriers, Accessed at: <http://www.50plusworks.com/how-to-identify-typical-barriers/>
- 9 Gordon Hay and Linda Bauld, (2010), Population estimates of alcohol misusers who access DWP benefits, Accessed at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214391/WP94.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214391/WP94.pdf)
- 10 Ibid.
- 11 CIPD, (2007), Managing drug and alcohol misuse at work, Accessed at: <http://www.cipd.co.uk/NR/rdonlyres/0731B5C2-3AAA-4A40-B80D-25521BDBA23A/0/mandrgalcmisusesr.PDF>
- 12 Ibid.
- 13 Andrea Kirkpatrick, How ready is Jobcentre Plus to help people in their 60s find work?, DWP in house research, 2012 Page 5, Accessed at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/201064/ihr11.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/201064/ihr11.pdf)
- 14 International Longevity Centre – UK, (2015), The mission million: Pathways back into employment. Accessed at: [http://www.ilcuk.org.uk/index.php/publications/publication\\_details/the\\_missing\\_million\\_pathways\\_back\\_into\\_employment](http://www.ilcuk.org.uk/index.php/publications/publication_details/the_missing_million_pathways_back_into_employment)
- 15 Saga, (2015), Almost half of the long term unemployed are aged over 50, Accessed at: <http://www.saga.co.uk/newsroom/press-releases/2015/feb/almost-half-of-the-long-term-unemployed-are-aged-over-50.aspx>
- 16 50+ Works, How to identify typical barriers. Accessed at: <http://www.50plusworks.com/how-to-identify-typical-barriers/>
- 17 Alcohol and depression, The Royal College of Psychiatrists, Accessed at: <http://www.nhs.uk/ipgmedia/national/royal%20college%20of%20psychiatrists/assets/alcoholanddepression.pdf>
- 18 Public Health England, (2015), Local action on health inequalities: Reducing social isolation across the lifecourse. Accessed at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/461120/3a\\_Social\\_isolation-Full-revised.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/461120/3a_Social_isolation-Full-revised.pdf)
- 19 Alcohol and depression, The Royal College of Psychiatrists, Accessed at: <http://www.nhs.uk/ipgmedia/national/royal%20college%20of%20psychiatrists/assets/alcoholanddepression.pdf>
- 20 Hamid Reza Alavi, (2011) The Role of Self-esteem in Tendency towards Drugs, Theft and Prostitution, Accessed at: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3905528/>
- 21 David Blanchflower, (2008), Is Well-being U-Shaped over the Life Cycle? Accessed at: <http://andrewoswald.com/docs/2008ushapeblanoswald.pdf>
- 22 Mike Haynes, (2009), Unemployment and its Health Effects: a Review, Accessed at: <http://pers-www.wlv.ac.uk/~le1958/PDF/Sandwell04.pdf>
- 23 Catherine Houghton, (2015), A Qualitative Study of Service Provision for Alcohol Related Health Issues in Mid to Later Life, Accessed at: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0148601>

- 24 Marcus, G. et al. (2011). *Power Lines*. Accessed at: [https://www.thersa.org/globalassets/pdfs/reports/rsa\\_power\\_lines\\_final-110511.pdf](https://www.thersa.org/globalassets/pdfs/reports/rsa_power_lines_final-110511.pdf)
- 25 Linda Bauld, Colin Carroll, Gordon Hay, Jennifer McKell, Claire Novak, Karin Silver and Lorna Templeton, (2010), Alcohol misusers' experiences of employment and the benefit system, DWP Accessed at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214493/rrep718.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214493/rrep718.pdf)
- 26 Professor Steve Fothergill & Dr Tony Gore Government office for science, (2013), The Implications for Employment of the Shift to High-Value Manufacturing, Accessed at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/283885/ep9-shift-to-high-value-manufacturing-implications.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283885/ep9-shift-to-high-value-manufacturing-implications.pdf)
- 27 Professor Steve Fothergill & Dr Tony Gore Government office for science, (2013), The Implications for Employment of the Shift to High-Value Manufacturing, Accessed at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/283885/ep9-shift-to-high-value-manufacturing-implications.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/283885/ep9-shift-to-high-value-manufacturing-implications.pdf)
- 28 Linda Bauld, Colin Carroll, Gordon Hay, Jennifer McKell, Claire Novak, Karin Silver and Lorna Templeton, (2010), Alcohol misusers' experiences of employment and the benefit system, DWP Accessed at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/214493/rrep718.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/214493/rrep718.pdf)
- 29 G. McCartney, (2016), Explaining trends in alcohol-related harms in Scotland, 1991–2011 (I): the role of incomes, effects of socio-economic and political adversity and demographic change, Accessed at: <http://www.sciencedirect.com/science/article/pii/S0033350615005314>
- 30 The centre for confidence, (2012), The whole population report, Accessed at: [http://www.centreforconfidence.co.uk/docs/The\\_Whole\\_Population\\_Report.pdf](http://www.centreforconfidence.co.uk/docs/The_Whole_Population_Report.pdf)
- 31 The aftershock of deindustrialization—trends in mortality in Scotland and other parts of post-industrial Europe Eur J Public Health, 20 (1) (2009), pp. 58–64
- 32 G. McCartney, (2016), Explaining trends in alcohol-related harms in Scotland, 1991–2011 (I): the role of incomes, effects of socio-economic and political adversity and demographic change, Accessed at: <http://www.sciencedirect.com/science/article/pii/S0033350615005314>
- 33 G. McCartney, (2016), Explaining trends in alcohol-related harms in Scotland, 1991–2011 (I): the role of incomes, effects of socio-economic and political adversity and demographic change, Accessed at: <http://www.sciencedirect.com/science/article/pii/S0033350615005314>
- 34 The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical professionals
- 35 Helena Kennedy, (2015), UK Life in Recovery, Accessed at: <http://shura.shu.ac.uk/12200/1/FINAL%20UK%20Life%20in%20Recovery%20Survey%202015%20report.pdf>
- 36 CIPD, (2007), Managing drug and alcohol misuse at work, Accessed at: <http://www.cipd.co.uk/NR/rdonlyres/0731B5C2-3AAA-4A40-B80D-25521BDBA23A/0/mandrgalcmisusesr.PDF>
- 37 Personnel Today, (2016), BMA updates guidance on recruiting people with alcohol or drug dependency issues. Accessed at: <http://www.personneltoday.com/hr/bma-updates-guidance-recruiting-people-alcohol-drug-dependency-issues/>
- 38 Employment statistics for workers aged 50 and over, by 5-year age bands and gender, Department for work and pensions: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/473821/employment-stats-workers-aged-50-and-over-1984-2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/473821/employment-stats-workers-aged-50-and-over-1984-2015.pdf)  
ONS, UK Labour Market: October 2016 bulletin. Accessed at: <http://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/october2016>
- 39 Ibid.
- 40 Andrew Weyman, David Wainwright, Rachel O'Hara, Philip Jones and Alan Buckingham, (2012), Extending working life Behaviour change interventions, DWP, Page 2
- 41 CIPD and ILC-UK, (2015). Avoiding the demographic crunch: Labour supply and the ageing workforce. Accessed at: <http://www.cipd.co.uk/binaries/avoiding-the-demographic-crunch-labour-supply-and-ageing-workforce.pdf>
- 42 Clare Holdsworth , Marina Mendonça , Martin Frisher1 Nicola Shelton , Hynek Pikhart and Cesar de Oliveira, Alcohol consumption, life course transitions and health in later life
- 43 The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical



professionals, Page 14

- 44 Alcohol Concern, On the front line alcohol and the armed forces, page 2
- 45 Alcohol Concern, On the front line alcohol and the armed forces, page 2
- 46 Fear, N. T. et al. (2007), Patterns of drinking in the UK armed forces, *Addiction*, 102, pp 1749-1759.
- 47 British Medical Journal, January 2015, Long working hours and alcohol use: systematic review and meta-analysis of published studies and unpublished individual participant data
- 48 Gibb SJ, Fergusson DM & Horwood LJ (2012) Working hours and alcohol problems in early adulthood. *Addiction* 107: 81-8.
- 49 The British Heart Foundation, (2015) Over two fifths of workers say their job has a negative impact on their health, Accessed at: <https://www.bhf.org.uk/news-from-the-bhf/news-archive/2015/february/over-two-fifths-of-workers-say-their-job-has-a-negative-impact-on-their-health>
- 50 HSE Executive, Don't mix it A guide for employers on alcohol at work, Page 4, Accessed at: <http://www.hse.gov.uk/pubns/indg240.pdf>
- 51 Head J, Stansfeld SA & Siegrist J (2004) The psychosocial work environment and alcohol dependence: a prospective study. *Journal of Occupational and Environmental Medicine* 61:219-24. Found in The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical professionals, Page 14
- 52 The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical professionals, Page 14
- 53 <http://news.bbc.co.uk/1/hi/magazine/4758941.stm>
- 54 John Woodhouse and Philip Ward (March 2013), 'A minimum price for alcohol?', House of Commons Library, p. 11, from Home Office (November 2012), 'Impact Assessment on a minimum unit price for alcohol', p. 5.
- 55 ONS, (2014), International Comparisons of Productivity - Final Estimates: 2014, <http://www.ons.gov.uk/economy/economicoutputandproductivity/productivitymeasures/bulletins/internationalcomparisonsofproductivityfinalestimates/2014>
- 56 Drink Wise Age Well Page 17
- 57 Drink Wise Age Well Pages 39-43
- 58 Aviva (May 2008), 'UK employees admit that regular drinking affects their jobs',
- 59 HSE Executive Page 1
- 60 Age Concern, Alcohol and the armed forces, page 2
- 61 The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical professionals, Page 2
- 62 The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical professionals, Page 18
- 63 <http://www.cipd.co.uk/NR/rdonlyres/0731B5C2-3AAA-4A40-B80D-25521BDBA23A/0/mandrgalcmisusesr.PDF>
- 64 The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical professionals, Page 18
- 65 <http://www.cipd.co.uk/NR/rdonlyres/0731B5C2-3AAA-4A40-B80D-25521BDBA23A/0/mandrgalcmisusesr.PDF>
- 66 The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical professionals, Page 19
- 67 Acas, (2012), Health, work and wellbeing. Accessed at: <http://www.acas.org.uk/media/pdf/3/t/Health-work-and-wellbeing-accessible-version.pdf>
- 68 The British Medical Association, (2016), Alcohol, drugs and the workplace – The role of medical professionals, Page 2
- 69 Marion Kloep and Leo Hendry, (2007), Retirement a new beginning, The British Psychological Society Accessed at: <https://thepsychologist.bps.org.uk/volume-20/edition-12/retirement-new-beginning>
- 70 Ibid.
- 71 Joseph Rowntree Foundation, (2002), Informal care and work after fifty. Accessed at: <https://www.jrf.org.uk>

[org.uk/file/36754/download?token=cOJpxTxa](http://org.uk/file/36754/download?token=cOJpxTxa)

- 72 Dr Farooq Khan MD, (2014), Retirement and mental health, Accessed at: <http://www.rcpsych.ac.uk/pdf/121213-RETIREMENT%20AND%20MENTAL%20HEALTH%20NEWS%20LETTER%20EDITED%2021.pdf>
- 73 Ibid.
- 74 Christ, S.L et al, (2007), Employment and occupation effects of depressive symptoms in older Americans: Does working past age 65 protect against depression? The Journals of Gerontology. 62 (6). Accessed at: <http://psychogerontology.oxfordjournals.org/content/62/6/S399.full>
- 75 Marion Kloep and Leo Hendry, (2007), Retirement a new beginning, The British Psychological Society Accessed at: <https://thepsychologist.bps.org.uk/volume-20/edition-12/retirement-new-beginning>
- 76 George Holley Moore and Brian Beach, (2016), Drink wise age well
- 77 Neil Rice, Ian Lang, William Henley, David Melzer, (2010), Common health predictors of early retirement: findings from the English Longitudinal Study of Ageing, Accessed at: <http://ageing.oxfordjournals.org/content/40/1/54.full>
- 78 University of the West of Scotland (2016), Alcohol use across retirement: a qualitative study into drinking in later life, Accessed at: [http://www.gcph.co.uk/assets/0000/5529/Alcohol\\_use\\_across\\_retirement\\_-\\_March\\_2016\\_-\\_Final.pdf](http://www.gcph.co.uk/assets/0000/5529/Alcohol_use_across_retirement_-_March_2016_-_Final.pdf)
- 79 University of the West of Scotland (2016), Alcohol use across retirement: a qualitative study into drinking in later life, Page 10 Accessed at: [http://www.gcph.co.uk/assets/0000/5529/Alcohol\\_use\\_across\\_retirement\\_-\\_March\\_2016\\_-\\_Final.pdf](http://www.gcph.co.uk/assets/0000/5529/Alcohol_use_across_retirement_-_March_2016_-_Final.pdf)
- 80 University of the West of Scotland (2016), Alcohol use across retirement: a qualitative study into drinking in later life, Page 10 [http://www.gcph.co.uk/assets/0000/5529/Alcohol\\_use\\_across\\_retirement\\_-\\_March\\_2016\\_-\\_Final.pdf](http://www.gcph.co.uk/assets/0000/5529/Alcohol_use_across_retirement_-_March_2016_-_Final.pdf)
- 81 Alcohol and Ageing Is alcohol a major threat to healthy ageing for the baby boomers? Accessed at: <http://lx.iriss.org.uk/sites/default/files/resources/Alcohol%20and%20ageing.pdf>
- 82 Anderson, S., Duddlestone, A., Lancaster, B., and Martin, C. Older selves and future health: exploring 'healthy ageing'. 2001. Edinburgh, Health Education Board for Scotland.
- 83 George Holley Moore and Brian Beach, (2016), Drink Wise, Age Well.
- 84 Dr Farooq Khan MD, (2014), Retirement and mental health, Accessed at: <http://www.rcpsych.ac.uk/pdf/121213-RETIREMENT%20AND%20MENTAL%20HEALTH%20NEWS%20LETTER%20EDITED%2021.pdf>
- 85 <https://www.gov.uk/plan-retirement-income/get-financial-advice>
- 86 Ling, J. et al, (2012). The 'other' in patterns of drinking: A qualitative study of attitudes towards alcohol use among professional, managerial and clerical workers. BMC Public Health. Accessed at: <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-892>
- 87 Wilson, D.M, et al, (2010). Upstream thinking and health promotion planning for older adults at risk of social isolation. International Journal of Older People Nursing. Vol 6 (4). Accessed at: <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-3743.2010.00259.x/full>
- 88 Sheffield Halam Univeristy, Volunteering and working are central to addiction recovery Accessed at: <http://www4.shu.ac.uk/mediacentre/volunteering-and-working-are-central-addiction-recovery>
- 89 Justin Davis Smith and Pat Gray, (2005) Volunteering in retirement, Accessed at: <https://www.jrf.org.uk/report/volunteering-retirement>
- 90 NHS Choices, Should I volunteer? Accessed at: <http://www.nhs.uk/Livewell/volunteering/Pages/Whyvolunteer.aspx>
- 91 Drink Wise Age Well State of the Nation
- 92 Drink Wise Age Well State of the Nation
- 93 Age UK, Loneliness and isolation evidence review Accessed at: [http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence\\_review\\_loneliness\\_and\\_isolation.pdf?dtrk=true](http://www.ageuk.org.uk/documents/en-gb/for-professionals/evidence_review_loneliness_and_isolation.pdf?dtrk=true)
- 94 The BME Leadership forum, Engaging with BME communities: insights for impact, Accessed at: <http://www.nhsconfed.org/~media/Confederation/Files/Publications/Documents/Engaging-BME-communities-insights-for-impact.pdf>
- 95 Campaign to end loneliness (2014), Understanding loneliness workshop no man is an island, Accessed at: <http://www.campaigntoendloneliness.org/wp-content/uploads/No-Man-is-an-Island-Workshop-Report.pdf>



**ILC-UK**

11 Tufton Street

London

SW1P 3QB

Tel : +44 (0) 20 7340 0440

**[www.ilcuk.org.uk](http://www.ilcuk.org.uk)**

Published in December 2016 © ILC-UK 2016

Registered Charity Number: 1080496.



**LOTTERY FUNDED**

**[www.drinkwiseagewell.org.uk](http://www.drinkwiseagewell.org.uk)**