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Understanding older adults' attitudes and beliefs about drinking: perspectives of residents in congregate living

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ABSTRACT
Drinking motives may change as adults age, yet few studies in the United States of America have examined older adults' perspectives about their own drinking habits. The current study explored beliefs and attitudes of alcohol use of retired adults residing in a congregate care setting in the Baltimore/Washington DC metro area. Individual interviews were conducted with a sub-sample of 11 individuals who participated in a daily diary study on alcohol use among older adults. All participants in the study were identified as regular drinkers, meaning they had an alcoholic beverage on at least six of the eight days prior to screening. The participants' mean age was 81.5 years with a majority being women (54.5%). Older adults reported alcohol use as a long-term habit or routine. Participants also recognised that their alcohol use was influenced by peer drinking and by the availability of alcohol at the congregate care setting. Participants normalised their drinking as a form of routine socialisation carried from earlier life stages. Participants did not report reactive drinking, suggesting that older drinkers do not see their alcohol use as driven by specific reactions to life stresses or losses associated with ageing. The study also indicates that drinking may provide older adults in congregate care with a sense of continuity from before retirement and preserve their identity and autonomy.

KEY WORDS – alcohol consumption, qualitative analysis, continuing care retirement community, older adults, congregate living.

Introduction

Among older adults, drinking is a complex health behaviour. Alcohol consumption has been associated with a wide range of negative health outcomes (*e.g.* Blow, Brockmann and Barry 2004; Sorock *et al.* 2006), yet a consistent body of research has also shown that alcohol used in moderation is associated with decreased mortality (Holahan *et al.* 2010; McCaul *et al.* 2010)

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and decreased morbidity for certain conditions such as cardiovascular disease (Mukamal *et al.* 2006) and dementia (Mukamal *et al.* 2003). The research literature focused on older adult consumption has largely been dominated by the question of whether alcohol is healthy for older adults (*e.g.* Ferreira and Weems 2008; Lang *et al.* 2007), but comparatively little research has explored older adults' own perceptions of alcohol use in their lives. Much of the research has been conducted internationally (Immonen, Valvanne and Pitkälä 2011; Wilson *et al.* 2013) which may not translate well to current cohorts of older adults living in the United States of America. In the study reported in this paper, we endeavoured to build on the body of research on alcohol and health by including the perspectives regarding alcohol use in older adulthood among retired individuals in a congregate care setting.

This research contributes to current knowledge by broadening understanding beyond drinking behaviour and consequences to fill gaps in knowledge about how older adults see drinking within their lives. This inquiry is important on a theoretical level because later life may be a time when reasons for drinking are distinct compared with earlier life stages. Practically speaking, public health professionals and clinicians can use this information to tailor health messages that fit with older adults' understanding of alcohol use in their lives.

Normative alcohol use and older adulthood

Attention to drinking among older adults is important because 45 per cent of older adults aged 65 or over report drinking within the past 12 months (Moore *et al.* 2009). While the number of older adult past 12-month drinkers is lower than the national average (71 per cent), it is still a relatively common occurrence within the population but not at a problematic rate (National Institute of Alcohol Abuse and Alcoholism 2014). Current guidelines from the National Institute on Alcohol Abuse and Alcoholism advise older adults to drink less than seven drinks per week, and no more than three drinks on a given day (National Institute of Alcohol Abuse and Alcoholism 2010). Based on these guidelines, a vast majority of older adults over 60 are light or moderate drinkers (drinking one or fewer drinks per day) (Sacco, Bucholz and Spitznagel 2009), but may be at risk for alcohol-related consequences due to problematic health comorbidities (Barnes *et al.* 2010) and potentially harmful medication interactions (Moore, Whiteman and Ward 2007). Moreover, a number of studies suggest that the prevalence of alcohol disorder (Han *et al.* 2009) and treatment need (Gfroerer *et al.* 2003; Sacco *et al.* 2013) is increasing as recent cohorts of older adults reach old age.

Even in the absence of unhealthy drinking or alcohol use disorder, alcohol use plays a role in the life and health of many older adults. Given the large literature focused on older adults, relatively scant research has focused on older adults' own perceptions of why they drink. Most commonly, research studies have taken a hypothesis-driven approach, identifying and testing potentially problematic correlates of drinking such as physical pain (Brennan, Schutte and Moos 2005) or stressful life events (Bryant and Kim 2013). These approaches are valid in understanding the constructs of interest, but qualitative approaches can inform theory on alcohol use in late-life by examining older adults' perceptions of drinking in their own lives.

Older adult's perceptions of alcohol

In light of overall research on alcohol use among older adults, research focused specifically on older adults' perceptions of drinking can be divided into two broad categories: research that has looked specifically at drinking motives that have been studied in younger populations (*i.e.* adolescents) and research that has taken a more qualitative approach.

Research by Gilson *et al.* (2013) surveyed older adults using the Drinking Motives Questionnaire, an instrument designed to assess four reasons for drinking: socialisation, coping, conformity and enhancement. They found that social motives were associated with drinking, but that coping motives were associated with problem use. A study conducted in Finland asked a single item, 'What are the reasons for you to drink alcohol?' (Immonen, Valvanne and Pitkälä 2011: 1171) using a set of theoretically informed options. The most commonly endorsed reason was 'for having fun and celebration' and for 'social reasons' although at-risk users endorsed various coping reasons for drinking (2011: 1175). Another Finnish study looked specifically at alcohol use for self-medication in a large sample of individuals over age 75 (Aira, Hartikainen and Sulkava 2008). Researchers found that among those who drank alcohol, 40 per cent endorsed using alcohol for medicinal purposes. Stated medical conditions included cardiovascular diseases (38%), sleep disturbances (26%) and mental problems (23%).

These studies offer a great deal of insight into older adults' stated reasons for drinking, but they are limited by a finite set of response options. In addition, previous studies do not delve into how older adults see their use within the context of their daily lives, in their social milieu and within their own drinking histories. Nonetheless, a number of studies (primarily in Europe) have taken this approach. Wilson *et al.* (2013) explored alcohol use and health among older adults using a social identities framework. They found that older adults tended to see alcohol through a moralistic rather

than health-orientated perspective. In doing so, older adults tended to see heavy use as acceptable if one was in good health and did not see health guidelines for drinking as particularly helpful or meaningful to them. Respondents were also sensitive to being perceived as someone who fits into the profile of a problem drinker, having a binary understanding of alcohol use and health.

A Finnish study (Tolvanen and Jylhä 2005) focused on attitudes among the oldest-old (age 90+) and found that beliefs regarding alcohol use were highly moralistic in tone. Interestingly, older adults in this study also avoided presenting themselves as fitting into the category of problematic drinkers. In this study, findings also focused on the use of alcohol for social reasons. Notably, the authors identified that notions of morality are gendered in this country and this generation; simply put, alcohol use was seen as more normative among men and immoral among women.

In this study, we sought to extend research on older adults' perceptions of their alcohol use. We were interested in exploring alcohol use among a subpopulation of older adults in congregate living, specifically a continuing care retirement community (CCRC). These settings may be unique as they often include multiple opportunities for drinking among residents in the form of on-site pubs and retail shops offering alcohol. Additionally, recent research suggests that alcohol use may be problematic at these settings (Castle *et al.* 2011). As part of a mixed-methods study on drinking patterns and motives for drinking, we interviewed older adults in congregate care about their beliefs and perspectives of alcohol use in their lives.

Method

Participants

This paper presents qualitative data from a sequential mixed-method study examining alcohol use among older adults living in one congregate care setting in the metropolitan Washington DC/Baltimore area. Inclusion criteria encompassed the following: residing in independent living, being English proficient, having the ability to communicate over a telephone and being a current drinker (at least one drink in the last two weeks). Exclusion criteria included cognitive impairment, as assessed using the Mini-Cog Screen (Borson *et al.* 2003). Individuals were excluded from the study if they received a score below three and had an abnormal clock-drawing test. In the quantitative study (N=72), participants took part in a diary study which assessed correlates of daily alcohol use including motivation for drinking, health and socialisation. After the daily diary portion of the study, we contacted 13 participants for in-depth interviews with the purpose of

TABLE 1. *Sample description*

	N or mean	% or SD
Male	5	45·5
Female	6	54·5
Age (years):		
60–69	1	9.1
70–85	5	45·5
85+	5	45·5
Marital status:		
Married or living as if married	6	54·5
Widowed	4	36·3
Divorced/single	1	9.1
Mean number (and total %) of days individuals drank during the last eight days	7.36	92.0
Mean number (and SD) of drinks consumed on days people drank	1.88	1.5
Mean length (and SD) of residency at congregate care facility (years)	5.27	3·35

Note: SD: standard deviation.

understanding the older adults' experience of alcohol use in retirement. Two individuals declined to participate, leaving 11 people who participated in the qualitative component of the study (*see* Table 1). This sub-sample consisted of regular drinkers (drank on at least six of eight days from the daily diary portion of the study), ranged in age from 68 to 90 with a mean age of 81.5 years (SD = 7.5), and included five (45.5%) men and six (54.5%) women. All participants in the qualitative portion of the study identified as Caucasian. Additional demographic information is provided in Table 1.

Data collection

Selected participants were sent pre-notification letters describing the second part of the study, which included a single audio-recorded interview. Participants were contacted by phone approximately one week after the pre-notification letters were mailed to answer any additional questions and arrange interviews. Individual interviews with participants were held at the congregate care setting either at the participants' home or in a private location on-site. In an effort to maintain consistency, one researcher (female) conducted all 11 interviews for the current study. After written consent for the interview was obtained, the digital audio recorder was turned on so that the verbal consent, answering of any additional questions and the interview were part of the recording. Participants received a US $25 gift card at the conclusion of the interview. This study was reviewed and approved by the Institutional Review Board at the University of Maryland-Baltimore where this research was conducted.

Participants were asked a series of questions related to their perceptions of their own current use of alcohol as well as in relation to their own drinking history. They were also asked about their understanding of alcohol use in retirement. To start the interview, participants were asked the question 'What are your thoughts about drinking among older adults?' Participants were then asked a series of questions about their own personal use of alcohol such as 'Do you find you drink more or less under certain circumstances?' and 'Can you paint me a picture of the circumstances around when you last had alcohol?' Next, participants were asked about their experience of retirement with the question 'What does the word retirement mean to you?' Additional questions about how drinking fits into retired life and drinking before retirement were also asked. Lastly, participants were asked several questions about their health including 'Are you concerned about your health?' and 'Are you concerned about any adverse effects from drinking?' To conclude, the interview participants were asked if there was any additional information they wanted to share which may or may not have related to the interview questions.

Data analysis

The interviews were digitally recorded and transcribed verbatim. The transcripts were then coded and analysed by two research team members who established a mutually agreed upon codebook using the template organisational style defined by Crabtree and Miller (1999). This codebook was created by deriving codes from the first four interviews and using that preliminary scanning of the text to create a template that was applied to the remaining interviews. The codebook was then reviewed by a third research team member who served as a content expert to verify that the codes identified were plausible. These codes were then assigned first cycle code types based upon definitions from Miles, Huberman and Saldaña (2013). Second cycle coding then took place where pattern codes (themes) were pulled from logical clusters found in the first cycle. The two research team members coded each transcript independently and also created memos that consisted of thoughts or ideas. Codes were discussed at bi-weekly meetings and memos were used to improve coding reliability and to reconcile discrepancies.

Results

Statements about drinking were categorised into three pattern codes: drinking as part of a habit/routine; the way participants' drinking was influenced by the drinking of others; and the experience of drinking in a

congregate living setting. These codes can be understood as organisational bins that distill the content of interviews into broadly defined areas. Overall, older adults identified alcohol use as a habit that occurs within their own social milieu and setting. Moreover, during the interviews older adults shared their own beliefs about alcohol as older adults in retirement. All participant names have been changed to maintain anonymity.

Drinking as habit/routine

Each participant was asked about their last drinking occasion as well as circumstances where they may drink more or less. In response to these questions, participants discussed their general drinking in terms of current drinking pattern/routine which included drinking alone and with a partner, food and drinking, and reasons or opportunities to drink which included socialisation and relaxation. Current drinking pattern/routine, at times, revolved around mealtimes. One woman in her late seventies reported, 'I do my drinking at home. My drink is one drink before dinner, and I've had it for I don't know how long' (Janice). For those participants with a current spouse or partner, daily drinking habits involved their partners. Rather than being a marker of special occasions, drinking was seen by participants as a daily normal routine in the household, although the ritual of drinking in couples varied. Another woman in her late sixties related the following typical occurrence with her spouse/partner:

> Bonnie and I still enjoy a scotch in the evening . . . and the way we start off, we have a little bit of scotch. And actually that goes way back. That was when we were both working, we'd come home and have scotch. So it's a pattern that we're used to. And we usually then just sit and chat and talk about what's happening the next day. (Mary)

For another couple, the daily sameness of use was still important, but occurred later in the day as a nightcap rather than cocktail hour. Still, the defining process is one of routine where alcohol is used daily around meals, as shown by this man in his late eighties:

> Well, I think it was, what, night before last, our wine and party about 11:30 at night, just before we went to bed. And I had about a half a glass of wine and that was it, some crackers and cheese. But that's sort of a, that's sort of a, a nightly occurrence . . . just my wife and I. That's a going to bed routine most nights. (Fred)

Often older adults related that their drinking was paired with food, such as having an alcoholic drink before dinner. The routine of having food with drinks was seen by older adults as a sign of normal drinking, as shared by this man in his late eighties:

> Except I have a habit, and that is each evening I turn on the six o'clock news on the telly and I have a little dish of peanuts and a 4 oz serving of white wine. (Larry)

Another female respondent, in her early nineties, shared a similar pre-dinner pairing of alcohol with food:

> So, and I usually have a cocktail before dinner with an appetizer so that I'm not drinking on an empty stomach, so I don't overdo that type of thing. And I usually have water or tea with dinner. Sometimes I might have a glass of wine. It depends upon the circumstances. (Shirley)

Perceptions of alcohol were closely tied with routines and rituals associated with food in that individuals thought about drinking alcohol and eating together. This form of use was seen as social in nature. Simply put, having a drink and something to eat with loved ones was perceived as part of daily use in this sample. Consistent with the idea of the connection between alcohol use and meals, mealtime drinking was often social in nature. All 11 participants talked about having alcoholic drinks with dinner, around mealtimes, as well as during a night out with friends. Alcohol was seen as part of the time spent with friends, and part of the enjoyment of these activities. When asked about how does alcohol fits into the life at the congregate care setting, one man responded:

> Occasionally at night and if we go out to dinner. If we go to a Mexican restaurant we get sangria with the Mexican food. If we go to Italian, we'll get Chianti. And if we go to like [local restaurant] we'll get whatever kind of wine they got. We . . . special meals like that we go out; we might have wine. (Fred)

Still, for some repondents alcohol use was seen as a solitary activity. Individual participants reflected on their use of alcohol to relax or as part of a bedtime routine. These individuals perceived alcohol use as an activity to calm down or bring the day to a close. For instance, Janice commented on her use as a component of her own relaxation process:

> I don't know what alcohol does for me. Now I think it's almost habitual. It's like my vision of myself as a relaxed person where you sit down and have a drink. And often I would do it, you know, waiting to go to dinner, we go to dinner after five, and I'd have the news on or something there. And I'd put my feet up, and this is 'quote' relaxation.

Other interviewees also commented about their use of alcohol as part of winding down, a habit that signified the end of the day and one that may be perceived as a means of getting to sleep. During one interview, a woman in her early seventies talked about her typical use of alcohol before going to sleep:

> And so then before I went to bed, so anyway, I had a vodka drink. And then just before I went to bed I poured, oh, one glass of wine, a small glass of wine. And I put it on my bedside table and, sat in bed and read my mystery novel and sipped the wine and then when it was gone I closed up my book and went to sleep. (Agnes)

Peers as catalysts for increased consumption

Alcohol use was seen as part of a routine that involved food and transitions within the day (*e.g.* bedtime or meals). Still, older adults recognised that their alcohol use was not only a function of routine. They noticed the ways in which peers might influence their use. Some participants reported drinking more in social settings than they normally would in other settings. One woman in her early eighties, Celine, conveyed that, 'I think it would be in a social setting where I'd have a second glass of wine myself, rather than just my usual one [drink]'. Another woman related a similar experience, stating that being among a group of people meant she would drink more than her usual amount:

> When I'm sitting around the house and have a drink I can, I find I can nurse it for an hour or some, something like that. But when I'm in a social setting, I tend to pace myself with the rest of the crowd, which means that I may have to go home early. (Agnes)

Drinking with peers in a social setting also consisted of planned outings or special occasions with friends and small group gatherings where alcohol played a role, as shown by one woman's comments:

> So when I'm up there, I take wine with me to share with them. So that's all, it's something we still enjoy. We may go wine tasting with some friends who are coming down at the end of the week. I'm to take them out to some Virginia wine, it's something fun to do that we enjoy. (Mary)

A statement in which the participant, in his late eighties, recalls the role of price and availability of alcohol in his and his friend's decision to drink demonstrated another example of social drinking outside a normal habit/routine:

> I do have, have a lady friend. She's almost my age, and we usually have dinner together ... and she drinks very little, and she has a cocktail on [happy hour day] because I said 'well I'm gonna get a cocktail, the price is only, special, $2 and a quarter and so would you, would you like one too?' And she said 'yes'. And that's the only time we ever have a cocktail together. (Jason)

Although alcohol was commonly available at the research site, participants perceived drinking among their peers as normal and did not have a sense of alcohol use as an issue at the congregate care setting. Among this sample of current drinkers, use among retired persons was considered normative. In essence, they saw alcohol use itself as non-problematic, as shown by a statement from this woman, Shirley:

> Well I think if they enjoy it, it gives them a little bit of relaxation, I think it's fine. And, from what I've seen, I haven't seen anything over-done here, where I am, that's, that's

about all I can say. It makes people feel a little mellow or helps them get through their dinner or whatever, I think it's okay.

Still, they understood their use as distinct from that of younger age groups. One female participant noted the limitations on drinking that come with age:

It doesn't bother me a bit. I don't think that older adults handle alcohol on the same way that young adults do. For example, they can't stay up and drink all night and then go to work the next day, they can't party hardy. But I have no problem with older adults enjoying alcohol, enjoying socialising with alcohol and designating drivers. (Agnes)

One male participant in his late eighties noted that his current peers did not engage in alcohol use as often he and his wife had anticipated:

So, we don't drink to excess, but, I guess I find that there are a lot of people here that don't drink and we're all older people here so, but, then again many, many people do. But it was surprising to us that not as many people as we thought would have a drink. (Dave)

Alcohol use and congregate living

In addition to the routine experiences of drinking, such as daily life and socialisation, the participants described how the actual structure of the congregate care facility influenced and normalised resident drinking. Specifically, the structure of congregate meals means that residents sit with others who can bring alcohol to the dining table, as demonstrated in this statement by a woman in her late seventies, Candice:

Things get busy or I'm with people . . . but I always have dinner with people, you know, it's the way this place is structured . . . some of the people bring their wine, they bring their own wine and they will drink it at the table. A couple of times they've offered me a glass but you know, you don't expect that.

In addition to the dining room, residents have the opportunity to purchase alcohol on-site at various drinking establishments across the facility. At these pubs, residents are offered a selection of cocktail drinks, wine and beer along with other social activities, as pointed out by Janice:

Every community building has a little bar area that's open at various hours. The pub has regular hours . . . they serve food, but I think they will serve alcohol until eight. But after dinner, most of the people use the pub to play bingo or play cards or shoot pool, they do not use it as a watering hole. The pub here on campus, I have never seen it used that way, yet every building has a place where you can get a drink, particularly on the holidays where we have buffets and a lot of residents invite their kids and their grandkids.

At times, the dining room and the pub merge as residents stop for drinks in the pubs prior to their scheduled dining room times or they take drinks from the pubs to the table, as this man in his early eighties demonstrates:

> When we first came here I was drinking a glass of wine. It's real easy, we got a pub here and so we'd go down there and sittin' with another couple … And, so, but we'd usually end up havin' a glass of wine with our, not with our meal but before our meal, somethin', once in a while, take one with it. (Steve)

The facility also provides residents with the choice of whether to order alcohol at the table during meals or having alcohol during private parties, thus providing easy access and normalising alcohol use, as articulated in this statement by one man:

> And sometimes you can order wine at the table. I have had a little party, we have, in our dining rooms we always have an extra small room where you can have small parties. And they will serve you wine or cocktails, whatever you want. (Jason)

Discussion

In exploring alcohol use among older adults in congregate living, older adults discussed alcohol as a component of socialisation and relaxation routines. Rather than a response to specific events, alcohol was used as routine socialisation, part of regular social interactions, meals or transitions during the day. When drinking outside these routines, older adults recognised that their peers' drinking may influence their use. Although older adults reported many venues where alcohol is served and the regular availability of alcohol, older adults did not view alcohol use as problematic where they live. Older adults perceived their use of alcohol as a by-product of long-standing habits that continue in the congregate care setting. In the perspective of older adults, use was normalised through the offering of alcohol at meals, happy hours and special events. In this sense, these habits can be understood to represent continuity into retirement rather than changing habits in older adulthood, and may protect older adults' sense of health and wellness.

Respondents in the study reported use as a part of socialisation, very similar to studies with community-dwelling older adults conducted in other countries (Aira, Hartikainen and Sulkava 2008; Tolvanen and Jylhä 2005). Drinking may be a by-product of social engagement among individuals whose social networks drink. Even as social networks change with old age and retirement, having a drink may be one activity to connect with friends and family. Conversely, if fewer persons in one's social network drink, older adults (especially those with a history of drinking problems) may drink less (Bacharach *et al.* 2007).

The use of alcohol as a means of relaxation or as part of one's bedtime routine may be problematic, as alcohol may negatively impact sleep quality among older adults (Roepke and Ancoli-Israel 2010). In this respect, our findings were consistent with findings suggesting that alcohol use for medicinal reasons is common among individuals over age 75 (Aira, Hartikainen and Sulkava 2008). Alcohol consumption for relaxation and sleep may not be unique to older adults, but may be particularly problematic for older adults who commonly take medications, leading to harmful medication–alcohol interactions (Moore, Whiteman and Ward 2007). Although older adults reported drinking for relaxation or before bed, it was discussed as a routine process rather than a response to a particular difficult event or problem sleeping.

While socialisation and relaxation were described extensively by respondents, it should be noted that they were decribed as rituals of use rather than reactive use. Alcohol use among these regular drinkers was focused primarily around daily routine, such as a cocktail hour or nightcap, rather than reactivity to a specific social event or stressor that has led them to want to have a drink. In this sense, alcohol was more tonic than medicine. These findings are consistent with daily diary study findings in that individuals tended to drink a fairly regular amount from day to day (Sacco *et al.* in press-b; Sacco *et al.* in press-a).

Alcohol use as daily ritual or routine may protect one's sense of social identity as one gets older and provide a sense of continuity (Atchley 1989). An implicit motive for drinking among older adults is that people drink in old age as a result of residual habit from early life stages. Role loss is ubiquitous in old age, especially among older adults within the oldest-old, who are likely retired, may not be able to drive and who may face significant functional limitations. Continuing to have one's afternoon cocktail may buffer older adults from these losses in a small way. This has implications for providers, who may see alcohol use as a threat to health and wellness, but for older adults in these settings, having a drink may signify a sense that life is going forward.

Although older adult drinkers may maintain their use, interviews suggest an awareness of their use in relation to ageing. Various respondents discussed how their consumption of alcohol use has changed in response to the ageing process. Older adults noted ways in which changes in age and health status with ageing can lead to decreased consumption and abstinence, which are congruent with studies suggesting downward pressure on drinking with ageing (Satre and Arean 2005; Shaw *et al.* 2011). Particularly striking was the recognition by older adults that the drinking of their peers could influence their use. These effects are well-known in the literature of adult drinking (Akers *et al.* 1989; Lemke *et al.* 2007). Still, it is

notable that non-treatment-seeking older adults recognised that their own alcohol use can be responsive to peer consumption in social settings.

Qualitative data suggest that older adults in the study saw alcohol use as common in this congregate living setting, and did not perceive alcohol use as problematic. In this sense, our finding may be distinct from recent research exploring use of alcohol in assisted living facilities. Researchers explored perceptions of nurses' aides regarding the use of alcohol by residents of assisted-living facilities. In this quantitative survey, aides reported that 28 per cent of residents had made 'poor choices' about alcohol use, and 19 per cent had their health affected as a result of alcohol use (Castle *et al.* 2011). While the methodologies and purposes of these studies are distinct, we did not find an undercurrent of concern about drinking among residents themselves in contrast to the survey of nurses' aides. It may be that care-givers, such as aides, perceive alcohol use as more problematic because of their role in protecting the wellbeing of those for whom they provide care, while residents see alcohol use through the lens of preserving independence and choice. Conversely, older adults may not recognise the signs and symptoms of problem use among older adults and have less knowledge about the health status and wellbeing of their peers.

The normalisation of alcohol use by respondents may also be a result of the availability of alcohol in the congregate living setting. Being offered the opportunity to have a glass of wine and bring it to dinner may communicate to residents that alcohol use is a part of healthy ageing. In this sense, the study setting did not reinforce so-called age grading (Neugarten, Moore and Lowe 1965) of the appropriateness of alcohol use among older adults. Previous studies have found that daily drinking is usual behaviour for the majority of residents in CCRCs (Resnick 2003). The participants' use of alcohol in the on-site dining facilities for this current study suggests that older adults may value a setting with venues and opportunities to drink.

Limitations

This study contributes to the literature on ageing by adding the perspectives of older adults to the understanding of the dynamics of alcohol use in congregate care. Nonetheless, this research should be interpreted in light of a number of limitations. We conducted in-depth interviews of individuals living at a CCRC in the Baltimore/Washington DC Metro area. As such, generalisability to socio-demographically diverse older adults living in other settings such as senior public housing and community-dwelling older adults residing in private homes and/or being cared for by family is limited. Residents of the CCRC self-selected to participate in the quantitative aspects of the study and they may not be typical of those who drink. Since we sought

to understand the motivations of current-drinking older adults who drink on a regular basis, the discussions above may not apply to those who drink sporadically. Additionally, this study was not targeted towards those with an alcohol use disorder or alcohol problems; findings may not translate to those groups. Motivation for drinking may be different among those who drink heavily or who have alcohol problems (Gilson *et al.* 2013).

Conclusion

Among those living in congregate living settings such as CCRCs, older adults report using alcohol as part of routines of socialisation and relaxation. Participants did not report reactive drinking, suggesting that older drinkers in this setting do not see their alcohol use as driven by specific reactions to life stresses or losses associated with ageing. Instead, older adult respondents perceived that their use increased as a result of socialisation with drinking peers. It may be helpful for providers to recognise that older adults may see their use as a part of a routine daily life, and a behaviour that may protect their sense of identity and autonomy in old age. In our recent research (Sacco *et al.* in press-b; Sacco *et al.* in press-a), we found that older adults drank regularly in the absence of strong motives for drinking. In conclusion, these interviews suggest that a strong motive for older adult drinking is routine socialisation that provides a sense of continuity from earlier life stages into old age.

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