## Drinking alcohol as a social practice at midlife: Views on health, risks and reducing consumption

Antonia Lyons<sup>1</sup>, Kate Kersey<sup>1</sup>, Denise Blake<sup>2</sup>, Jessica Young<sup>2</sup>, & Timea Partos<sup>2</sup>

Presenter's email: Antonia.lyons@auckland.ac.nz

**Introduction:** Adults at midlife (40-65 years) have relatively high levels of hazardous drinking in Aotearoa New Zealand, but are rarely the focus of research or intervention. This project examined drinking practices among midlife adults and their views on alcohol and health-related harms.

**Method:** 502 adults (aged 40-65, M=50.3; 70% female) completed an online survey on their drinking practices, motivations for alcohol use, perceptions of health outcomes related to drinking, and what makes it easier/harder to drink. Follow-up individual interviews were conducted with a subset of 37 adults.

**Key Findings:** 45% of respondents reported drinking more than 4 times per week, while 31% reported drinking alcohol 2-3 times per week. 97% knew of the health risks associated with alcohol consumption. For 39% of respondents, knowledge of cancer risks did not motivate them to drink less, although for 28% it did. Drinking alcohol was seen as one of many risks that participants navigated in their everyday lives. Alcohol helped with managing stress, coping with busy lives, and was a key part of socialising and having fun. Drinking was seen as easy and alcohol as widely affordable and available. 82% of respondents had thought about reducing their consumption, primarily due to 'crappy' feelings, weight gain, sleep disruption and health concerns, but many found limiting consumption difficult.

**Discussion:** Alcohol was pervasive, normalised and expected within the everyday lives of these midlife adults. It was linked with routines and everyday habits and practices that were difficult to disrupt.

**Implications for Policy:** Policy changes could support adults at midlife reduce their alcohol consumption through changing the alcohol environment (e.g. by reducing accessibility) and changing norms and expectations (e.g. by reducing availability and marketing).

**Disclosure of Interest Statement:** This project was supported by the Cancer Society of New Zealand (20.02).

<sup>&</sup>lt;sup>1</sup> Waipapa Taumata Rau - University of Auckland, Aotearoa New Zealand, <sup>2</sup> Te Herenga Waka - Victoria University of Wellington, Aotearoa New Zealand