

# Age Concern's response to the National Alcohol Harm Reduction Strategy

## 1. Introduction

- 1.1 Age Concern England (the National Council on Ageing) brings together Age Concern organisations working at a local level and 100 national bodies, including charities, professional bodies and representational groups with an interest in older people and ageing issues. Through our national information line, which receives 225,000 telephone and postal enquiries a year, and the information services offered by local Age Concern organisations, we are in day to day contact with older people and their concerns.
- 1.2 Age Concern welcomes the opportunity to comment on this strategy and to highlight the importance of this issue for older people. Age Concern Wandsworth has developed detailed work on the needs of older people who have alcohol problems and this response draws on the experience of that project and on the experience of other Age Concern organisations.

## 2. General comments

- 2.1 There is a dearth of evidence into older people's alcohol use and issues associated with this. Whilst this can be partly explained by the fact that alcohol consumption generally decreases with age, a recent report by Alcohol Concern demonstrated that there has been a sharp increase in the number of people over 65 who are drinking at unsafe levels<sup>i</sup>.

There are many possible reasons why research and services do not adequately tackle the issue of alcohol and older people. These include the fact that the problem is not a highly visible one (many older people may drink in their homes) and professionals may feel there are taboos around broaching the issue. These reasons may be compounded by ageist assumptions about older people and their lifestyle, such as it does not harm older people to indulge (the assumption being that they have few other pleasures) or that older people cannot be treated.

- 2.2 Nevertheless, the sharp increase in the prevalence of unsafe levels of drinking amongst older people means that the under-prioritisation of their needs in local and national strategic planning and service development should be urgently tackled. The National Service Framework for Older People highlights the issue of alcohol use and older people but there are no specific milestones relating to this topic and therefore it is unlikely that local implementation teams will prioritise this issue. Age Concern believes that the explicit inclusion of issues for older people in this strategy would reinforce the need to examine local support for older people and put the topic on the agenda of local planning groups.
- 2.2 The Department of Health report on the age-related policy audits carried out to achieve standard one of the National Service Framework for Older People (rooting out age discrimination) highlights services for people with drug and alcohol problems as being one of the services identified across local health and social structures which operate explicit age-related policies. This strategy should outline examples of good practice in services which do not operate age limits and where older people have fair access to drug and alcohol services and the support they need.
- 2.3 There is a tendency to focus on the health implications of older people's alcohol use and there are key social care and housing implications of older people's alcohol misuse which a national strategy should consider. For example, where an older person with alcohol problems demonstrates anti-social behaviour whilst living in sheltered accommodation with communal areas, they may be evicted and subsequently find it difficult to find alternative supported accommodation. There may also be important adult protection issues for older people. For example, older people may be financially, physically or emotionally abused by their adult children who may have alcohol problems. It is vital that the development of a national strategy cross references to strategies such as *No Secrets* (guidance for Social Services on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse) and also that adequate emphasis is placed on the development and delivery of workforce training to ensure that staff can deal with these issues.

### 3. Response to specific questions

#### **Principles that should underpin the strategy**

- 3.1 (Question 4) What are the respective roles and responsibilities of consumers, voluntary groups, commercial interests and others?

It is important that a range of local stakeholders are involved in service development and evaluation, especially older people and carers and the local agencies working with the population group targeted. Service users and carers should also have opportunity to feedback about the services which are provided as well as being involved in decisions about their own care.

- 3.2 (Question 5) What principles should underpin a national alcohol reduction strategy?

It is vital that the principles set out in existing national strategies are reflected in the national alcohol reduction strategy. This includes the concept of fair access to services and rooting out age discrimination included in the National Service Framework for Older People.

#### **The cultural and behavioural issues around alcohol use and misuse**

- 3.4 (Question 9) One group we need to focus on specifically is young people, where the evidence suggests a rise in consumption, particularly by young women. Are there other groups we should be focusing on?

Recent research (Alcohol Concern 2002) indicates that alcohol consumption amongst older people is increasing and therefore the strategy should focus on older people.

- 3.5 (Question 11) Is there such a thing as a recognisably English drinking culture and if so what does it look like? What are the factors which influence it – for example are there sharp regional differences? Does it look different for different age groups?

There may be differences in the places where people drink according to their age. For example, older people may be more likely to drink at home and this means that where problems develop, they are less likely to be detected and also that they might be at more danger of accidents in the home, such as falls and fire.

#### **Health: prevention, treatment and the impact on the NHS**

- 3.8 (Question 15) How clear is the evidence both for the health costs and the health benefits of alcohol? Are there key pieces of research of which we should be aware? Where are the gaps in the evidence?

Age Concern strongly believes that this strategy should include a commitment to research into good practice in supporting older people who have alcohol problems, including evidence of effective healthcare interventions.

- 3.9 (Question 16) What are the costs for the NHS both directly and indirectly due to alcohol? We will be examining evidence on this but would welcome your views and any evidence you think we should be aware of.

There is a dearth of evidence about the extent of costs or benefits of alcohol use in older age on the NHS. It is clear that a consequence of older people drinking may be increased risk of falls and this therefore may have a significant impact on health services. An example of an area which it would be useful to investigate is the extent to which the benefits of prescription medication is compromised (and at what financial cost to the NHS) by older people's use of alcohol.

- 3.10 (Question 17) What in your experience are the most appropriate means of prevention of alcohol dependence and serious alcohol misuse? What forms of training are most appropriate for professionals in health and social care, as well as other fields, who play a role in prevention?

The detection of alcohol misuse arguably depends on the vigilance of those who are most likely to encounter the presenting problems that may indicate alcohol misuse. In the case of older people this therefore means that carers, people working in primary care (including A&E), housing support workers and the voluntary sector may all have a role to play in detection of alcohol problems. Tools for this detection may include information and training on the signs, training to challenge assumptions about older people, routine enquiry, developing relationships with people close to the older person and screening questionnaires. These screening and prevention techniques could be incorporated into existing assessments older people receive, such as the over 75 health check and the single assessment process (standard 2 of the NSF for Older People).

- 3.11 (Question 21) How can we minimise and prevent the injuries that are presented to A&E departments as a result of alcohol related assaults (often with glasses and bottles) or home and workplace alcohol-related accidents?

It is important that the falls prevention strategies developed as part of the integrated falls services (outlined in the National Service Framework for

Older People) include risk assessment in relation to older people's alcohol use.

- 3.12 (Question 22) What are the links between alcohol misuse and mental health problems, including depression and suicide? How are services – both those aimed at prevention and treatment – best co-ordinated?

Research has suggested that alcohol is significant in about one third of suicides in older people<sup>ii</sup> and may be associated with a pre-existing mental health problem<sup>iii</sup>. It has also been suggested that the causes of unsafe drinking amongst older people are often associated with loneliness and loss in old age (for example, bereavement but also retirement)<sup>iii</sup>.

It is vital that alcohol issues are included within local older people's mental health strategies, and that this includes how to promote mental wellbeing and prevent mental health problems as well as detecting and treating alcohol problems. It is important that mental health staff working with older people have access to training on older people and alcohol use and that joint working protocols are developed between alcohol services and older people's mental health services.

### **The implications for vulnerable groups**

- 3.14 (Question 37) What other groups would you identify as particularly at risk and vulnerable to the harmful effects of alcohol?

Older people are at risk of various health conditions which may result from alcohol misuse, but the combination of alcohol and the ageing process can make it particularly difficult to predict. These conditions could include; dizziness, impaired cognitive functioning and motor performance leading to increased risk of falls and accidental injury, ulcers and liver failure (especially where prescription medication interacts with alcohol) and dementias. Older people who misuse alcohol might also have less money to spend on healthy, well-balanced food and therefore be at risk of poor nutrition.

Older people who have recently experienced loss (such as bereavement or even retirement) or who are socially isolated might be at increased risk of misusing alcohol if they do not get appropriate support. Older people who have a physical health problem may use alcohol to help them cope with the symptoms of their condition.

The relative risks of alcohol consumption become greater as people get older and levels of tolerance tend to change gradually and hence problems can go unnoticed until crucial. This situation may be complicated by other

factors, such as increased intake of medication, changes in diet and mobility as people get older. This is an area where it is important to develop understanding and where the national strategy could encourage and generate further UK based research.

- 3.15 (Question 39) How can services provided by the state and others to vulnerable groups with complex problems be joined up most effectively? Are there examples of joined-up delivery it would be helpful for us to be aware of? What gets in the way of joining up services?

Age Concern Wandsworth has recently completed a 16-month Alcohol Misuse, Older People Project. The project was a joint venture between the health, social and voluntary sectors within the London Borough of Wandsworth. The project had 4 main aims, these were to: raise awareness of alcohol misuse and older people among professionals; support alcohol misuse agencies in developing services to meet the specific needs of older people and their carers; work with older peoples services to assist in the development of appropriate care packages for older people with alcohol-related problems; and develop protocols for joint working between alcohol and older peoples services.

Much of the Age Concern Wandsworth Project Officer's focus has been on developing effective relationships with key local organisations, including those that represent a wide variety of cultural needs present in the Borough. A key strength has been the formation of a steering group comprising representatives from the local authority, Acute Trust, the Community Mental Health Team, Pensioners Forum, Community Alcohol Team, Drug Dependency High Support Team and Primary Care Trust.

It is important that local partnerships build relationships between specialist services (for example for mental health and alcohol use) and generic services (in the case for older people). It is also important that older people and their carers are involved as well as voluntary organisations which represent them.

The Age Concern Wandsworth Alcohol and Older People project found that there is a high level of anecdotal information from local workers but little is systematically recorded. Therefore it is important to develop systems for measuring and recording older people's needs. The project also found that despite an apparently high recognition of need amongst local staff, there are low levels of referrals either to social services departments or to specialist agencies and an uncertainty about where to refer for specialist help. It might therefore be useful to gather examples of good practice in referrals procedures between these services to support the development of services in different localities.

- 3.16 (Question 40) How realistically can these vulnerable groups be dealt with by mainstream services and how far do they need services which are tailored to individual groups and indeed to individuals on a case-by-case basis? What is your experience?

There has been very little research into the success of different types of interventions, particularly in the UK, where there has been little (published) research concerning older people and alcohol misuse generally. There needs to be increased investment in research examining the effectiveness of engaging people in the process of personal change; individual and group approaches; multidisciplinary interventions (psychiatric, counselling, occupational therapy, physiotherapy and others); the use of specialists and generalists; and the training and support generalists require (e.g. GPs, community nurses).

Although it is necessary to explore whether older people prefer and respond better in mainstream services, there are several ways in which mainstream services should ensure that they are accessible to a range of people with alcohol problems, including older people. This includes making sure that information on the help available is accessible to older people. Transport and physical access to buildings, where mainstream alcohol services are based, may also be a problem for older people and this may mean that they cannot access the support they need. Mainstream services should evaluate their user-friendliness in relation to older people and it may be necessary to explore different models of service provision, such as home visiting and taking services to community based centres such as Age Concern facilities.

### **Education and communication**

- 3.17 (Question 41) What should be the objectives in this area? Is the aim to raise levels of awareness? Is it to inform more specifically? Is it to change behaviour? Are there any particularly successful or unsuccessful examples we should be aware of?

Training on effective screening and detection as well as general awareness raising for community health workers, including GPs, social workers and other key workers (for example in housing and voluntary sectors) are important. It is important to challenge the assumptions that older people do not have alcohol problems or that it is not treatable as well as challenging the stigma of this issue and the stigma for older people in asking for help. This cultural change can only happen when we know more about older people's use of alcohol and patterns amongst different older people.

Age Concern Wandsworth found much confusion amongst older people and workers about how to calculate units of alcohol and the definitions and terminology used in this area. This is particularly an issue for older people who drink at home and who therefore cannot easily gauge how many units they are drinking.

- 3.18 (Question 45) Should particular groups be targeted for information and communication? Is there a need to provide more intensive alcohol education to groups other than young people (e.g. elderly drinkers)?

There is currently some national information from Age Concern and Alcohol Concern for older people on alcohol use in later life. However, there is a need for funding to provide this information in a range of formats (e.g. different languages and large print) and to make this information more widely available to different groups of workers as well as directly to older people.

Older people are likely to be on prescription medication and therefore there is a need to provide information to older people and those who prescribe medication on the impact of alcohol on medication. We recommend that this work is developed in collaboration with the local development of medication reviews for older people (one of the milestones in the National Service Framework for Older People).

Evidence from alcohol awareness campaign evaluations has found that people over 65 are less aware of the safe drinking limits than the general population<sup>iii</sup>. In view of the increase in the rate of unsafe drinking amongst this age group, we strongly believe that there is a need to target information to older people, not only through campaigns but through existing programmes such as the over 75 health check, medication reviews and pre-retirement health checks.

**mw/12.02**

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<sup>i</sup> 100% proof: research for action on alcohol (2001). Alcohol Concern.

<sup>ii</sup> Manual on alcoholism (1997) American Medical Association, Chicago.

<sup>iii</sup> Alcohol Concern factsheet 33: Alcohol and Older People.