Older people and alcohol

A summary and recommendations arising from research in Ayrshire & Arran

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This research was commissioned by South Ayrshire Council on behalf of South, East and North Ayrshire Councils, NHS Ayrshire & Arran and Ayrshire and Arran Alcohol and Drug Action Team.

The research was undertaken by the research collaboration Third Sector First, with Eskrigge Social Research and OPRSI (Older People Researching Social Issues).

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This study looked at the impact of alcohol on the health and wellbeing of older people living in South West Scotland. Based on a review of the recent research literature, focus groups and individual interviews with service providers, older people and their carers, the researchers found that alcohol use can be both a cause and compensation for many of the difficulties associated with ageing. Even at low levels alcohol use in old age is more harmful than is generally understood; the study was commissioned to provide some clear, essentially practical, statements about how diagnosis, treatment, information and care services can be improved. The study is described in a full research report and accompanying literature review.

Older people and alcohol: what are the issues and what is the evidence?

In old age even modest use of alcohol can have a significant impact on health and wellbeing. This is a largely hidden and unacknowledged problem. It remains so in part because of public perception and public policy associating harm - for example disease, disorder or addiction - with excessive drinking. But most older people do not drink at levels associated with a 'drink problem'; it is just that the physiological and lifestyle changes that come with ageing can reduce tolerance and amplify risk factors.

There is no clear guidance about safe levels of alcohol use for older people. The biomedical and social research literature demonstrates that this is an immensely complex subject that is clouded by imprecise definitions.

From this study the researchers concluded that the relationship between alcohol use by older people and its effect is certain but unquantified, and that alcohol use is more widespread and harmful than is commonly realised outside some specialisms in the health and social care professions.

Anecdotal and interview data from Ayrshire and Arran suggests that the frequencies, pattern and effects of local alcohol use in old age will be at least comparable with larger UK survey populations and, as a reflection of regional history, culture and socio-economic factors, probably greater.

In Ayrshire and Arran there has been no overall system for examining the potential effect of alcohol on older people's lifestyles and health and social care needs. The evidence from this study suggests that in health and social care assessments, questions about alcohol use should become as fixed and uncontroversial as questions about smoking habits.

The planning and delivery of local services requires a better measure of alcohol use and its consequences; it is essential to gather information on light and moderate drinkers so that the impact of such drinking on their daily lives can be understood better.

From reviewing the wider research evidence, from examining local health and social care assessment practices, and at the suggestion of some interviewees who are closely involved in service provision, the researchers recommend some procedural and recording developments. These would all be steps intended to provide a better foundation for the provision of health and social care. At present there is a belief or suspicion about the effects of alcohol on the local population of older people, but insufficient hard evidence. Data should be collected from different sources on the extent to which alcohol consumption affects local older people's daily living arrangements or their health:

§ a new question should be introduced to the standard single assessment form asking about alcohol consumption

- screening of older people in primary care should include a question on alcohol consumption
- a system of recording should be introduced which allows a study of the occasions when alcohol is thought to be a contributory factor in the call out of out-of-hours staff
- each response to requests and referrals for older people's social care services should include a question about alcohol use
- other sources of data should be considered for development, including the contributory effect on emergency hospital admissions of alcohol consumption by older people.

Alcohol use and its impact - why it should be a health and social care priority

Even modest alcohol use in old age is potentially harmful, as a contributor to falls, compromised memory, mismanagement of medication, inadequate diet and limitations on independent living. The harm is partly hidden: alcohol is not like tobacco, a substance that has been demonstrated to be harmful and for which there is a clear health message: do not smoke.

But the accumulated research on alcohol use in old age suggests that there is a general public health obligation to inform and advise older people about the possible consequences of any alcohol use, and not just heavy drinking. Whether the risks are great or slight, the degree to which older people are informed about the potential impact of alcohol on their health is one measure of the extent to which they are afforded respect, dignity and choice.

Professionals can sometimes approach the subject of alcohol use hesitantly, neither wanting to impugn the reputation of an older person by enquiring into their drinking habits nor to 'take away one of their few remaining pleasures'. The researchers believe that alcohol use *per se* has to be approached with far greater candour than has been customary or expected, and that this will have training implications for health and social care staff of all grades and professions. How this subject is approached is one measure of whether older people are regarded as citizens and consumers with rights, obligations and choices.

Though the research literature reviewed provides little evidence for or against the use of brief interventions with older people, this is largely a reflection of the fact that they are a group of service users that are less often studied. The researchers believe that there is potential for non-alcohol specialist staff, such as home care workers and community nurses, to provide brief interventions in the form of advice and counselling; there is also a largely unrealised capacity in the voluntary sector (see below). Many older people may be happier talking to workers they know than being referred to new contacts. Alcohol use is an issue for *all* older people's services, and not solely an addictions issue.

- older people who come to the attention of health and social care services should be asked about their alcohol consumption, so that its possible impact on their lives can be assessed and they can be properly advised
- health and social care services should consider how to ensure that older people are treated as responsible citizens who should be informed of factors that may create problems in their lives
- new training guidance should be produced, preferably as a joint document for health and social care settings, with additional, separate sections for each service, stating how staff should approach older people's drinking habits so that they respect the rights of individuals and fulfil their obligations to understand people's circumstances
- two types of training should be developed for health and social care staff: the first to provide general information for all staff; the second to help to develop skills in brief interventions for those staff qualified to undertake such work.

Alcohol use and its impact - public information and education

Consumers of all ages are poorly informed about the possible consequences of moderate alcohol use. Public information and public perception is most developed around immoderate alcohol use, including drunkenness, associated disorder and alcohol-related illnesses. Inasmuch as modest or 'normal' alcohol consumption and harm are ever considered it is frequently by reference to recommended weekly limits. The researchers concluded

that for older people these are too high: it is only that harm is largely unquantified that sustains the notion of young adult and older adult limits and daily benchmarks being approximately the same. Taking account of the possible impact of alcohol on aspects of daily living, the researchers believe that the daily benchmark for older people should be reduced to half the current level, i.e. approximately one unit for women and one and a half units for men.

Agencies may be cautious about recommending or introducing local guidance if there is either no national guidance or if what is suggested differs from it. The research suggests that current statements about what is safe should be revised, to which one response might be:

§ a review by an inter disciplinary group of the material currently available for older people and their relatives, leading to the issuing of new guidance. This could be local; it could equally be led or coordinated by a national statutory or voluntary body. Depending on the group's conclusions:

§ a new lower advisory level for drinking in later life could be set and publicised.

Developing health care and addictions services

Older people with a demonstrably injurious, confirmed, heavy or lifetime use of alcohol are usually identifiable and more likely to be correctly diagnosed, assessed, referred and treated. But both locally and generally, for confirmed heavy drinkers the prospects for behaviour modification and lasting harm reduction are poor. Conversely, older people with a harmful but 'late onset' infrequent or light to moderate pattern of alcohol use are more difficult to identify, frequently undiagnosed and often neither assessed, referred or advised. But the behaviour modification and harm reduction prospects for this group are quite good.

Alcohol has a multitude of favourable associations but the less obvious deficits do not receive much attention. This study found that older people cannot make informed choices about alcohol use, largely because such information as does exist is not generally accessible to them. One way of addressing this problem is to develop services that reflect the lifestyles and significant events known to be associated with harmful alcohol consumption in old age.

Attention should be given to the catalysts or triggers for drinking in old age and helping people to prepare for imminent life changes, for example by improving social support and providing pre-retirement health checks, counselling and advice. This could place the prevention of alcohol-related harm in old age on the agenda of every public, private and voluntary organisations, much in the way that health and safety, and more recently community safety and crime prevention, are now seen as everybody's business.

Alcohol consumption in old age should be encouraged only within healthy parameters, through educational work, development of enhanced screening processes and by fostering a more consistent focus on potential alcohol use and consequent harm by carers, primary care staff, housing support workers and voluntary sector representatives.

Help should be provided for individuals to discontinue or moderate their drinking in old age and work should be directed towards reducing the effects of alcohol consumption in old age. Effective harm reduction strategies should be based on a better understanding of where, when and what older people drink.

The research found that family members and carers can feel trapped by the 'shame of alcoholism' and by the limited curative power of healthcare. The research draws a comparison with mental health problems, through which people can be variously affected by discrimination, prejudice, lack or support and misunderstanding. But mental health services might also provide a model for improved support, based on the kind of co-operative endeavour that characterises many user and carer voluntary organisations.

Given that specialist services have the greatest local familiarity with the problems of alcohol use, but may provide for relatively few older people, there should be a review of the scope of current addiction services and of the relationship between specialist addiction services, elderly mental health services and general medicine. Service developments require local consultation and debate, but the research suggests that:

§ the highest priority should be given to developments that address the needs of light

and moderate drinkers

- services would benefit from better coordination across local authority boundaries
- information about alcohol consumption should be disseminated to groups of older people and those approaching retirement
- consideration should be given to training older people to provide information and advice to other older people
- information on alcohol consumption should be brought into all programmes or services for older people
- information and support services should be developed on the lines of those which help the families of people affected by neurodegenerative diseases and other mental health problems
- specialist local services might provide the 'intelligence' to support capacity building in non-specialist services.

Service developments for the benefit of all older people

One of the main conclusions from this study is that potential harm from low or moderate alcohol use is widely unacknowledged. The voluntary sector generally, and older people's organisations specifically, are in a good position to disseminate messages about safe alcohol use and to act as advisors. Given that potentially harmful alcohol use can fall within the range of 'normal' social behaviour, and that older people's organisations often exist to ameliorate the less happy characteristics of old age like loneliness and bereavement, the advisory and information giving capacity of voluntary organisations could be developed. Further, some older people could take the sort of training course outlined above and work as advisors. There is also evidence from the consultations that, although many older people either do not drink or do not recognise relatively low use of alcohol as potentially harmful, many older people know someone whose drinking habits are likely to be harmful.

Consistent with an emphasis on prevention, and on causes rather than symptoms, the capacity of the voluntary sector should be developed to provide information and advice on safe levels of alcohol use by older people.

Open-access voluntary groups can provide a non-stigmatising route to advice, information and into services:

- resources should be made available to inform, provide information materials to and, where appropriate, to train voluntary organisations to give advice on safe levels of alcohol use.

Some voluntary organisations already provide specialist advice and services. Peer education, counselling, support, respite and befriending services all offer significant possibilities for addressing the causes and consequences of late-onset alcohol use:

- these kinds of services should be developed and extended.

Alcohol and old age is one theme among many that reflect the consequences of ageing; to this extent the associated problems should be considered alongside other factors that affect a significant proportion of the elder population, like isolation, poverty and limited access to services:

- alcohol use should be added to the list of issues that determine investment in older people's services and facilities.

Alcohol significantly adds to the cost of health and social care in old age. This is potentially a subject area in which modest developments could result in overall savings, particularly in treatment costs. The Ayrshire consortium may wish to promote its pioneering work in this field and seek funding for pilot programmes through approaches to major funders of voluntary sector services and to the Scottish Executive, with a specific request for proposals for voluntary sector development.

This summary can be downloaded from the Third Sector First website:
www.3sf.co.uk/download/SummaryFeb04.pdf

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