



Alcohol risk and harm in later life: A research study in collaboration with Age Concern South of Tyne and Wear

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Study Team

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- Ethical approval: Newcastle University



Aim

- To carry out a needs assessment into older people and alcohol misuse across South of Tyne and Wear (South Tyneside, Gateshead and Sunderland) and to make recommendations for future service provision.



Methods

- Phase 1: Literature review
- Phase 2: Service mapping
- Phase 3: Qualitative interviews



Phase 1: Literature Review

- There is a scarcity of published literature in relation to alcohol risk and harm in later life.
- Men and women aged 65 and over drink more frequently than those in younger age groups.
- The amount of alcohol consumed by the middle and older age groups is increasing.
- More older male hazardous drinkers than females.
- Excessive consumption associated with social, psychological, physical and economic costs.
- Highest rates of deaths, directly attributable to alcohol, occur in the 55 to 74 age group.
- Older people form a unique target group:
 - Physiological changes.
 - Combined alcohol and medication use.
 - Atypical presentation.
 - Masked by comorbidity
 - Benefits of low to moderate consumption.



Phase 1: Literature Review

- AUDIT, MAST and CAGE and their variations generally perform well in older populations.
- Older people are at least as likely to benefit from treatment as younger people.
- Older adults follow treatment regimens more diligently than younger patients.
- Brief interventions can reduce alcohol misuse and hazardous drinking among older adults.
- Cognitive behavioural approaches have been shown to be successful.
- Inpatient detoxification is recommended for older people who are alcohol dependent.
- Clinical trials of medications to treat substance abuse in the elderly are lacking.
- Alcohol treatment for older people may be more appropriate among their peers.
- Family and twelve-step approaches may be effective in reducing the risk of relapse.



Phase 2: Service Mapping

- 50 service providers identified.
- Only one organisation provides a specific service for older people with alcohol needs.
- Those services offering support to people with alcohol problems find it difficult to identify if and how many older people access their services.
- There are no targets for recording problematic drinking in this age group.
- For many the needs of older people have not been considered in the planning of services and are often not seen as any different from those of younger people.
- Some see so few older people they have never considered it to be much of a problem in South of Tyne and Wear.



Services Contacted

- South Tyneside Drug & Alcohol Action Team (DAAT)
- North East Council on Addictions (NECA) South Tyneside
- North East Council on Addictions (NECA) Sunderland
- Barnados Street Level
- Turning Point Gateshead
- Turning Point South Tyneside (Cornwallis St Project)
- Hunter Coombe
- Oaktrees: The Cyrenians Gateshead
- Age Concern Gateshead
- CASA
- Sunderland Carers
- Gateshead Older People's Assembly
- Twenty Four: 7
- MIND Sunderland
- MIND Gateshead
- MIND Washington
- BLISS=Ability
- Your Voice Counts: Advocacy South Tyneside
- Mental Health Matters
- Alcoholics Anonymous
- South Tyneside Council for Voluntary Services (CVS)
- Help the Aged & Age Concern SeniorLine
- Phoenix Futures
- Stonham South Tyneside



Services to interview

- Leam Lane Community Centre
- Counted 4
- Gateshead Voluntary Organisations Council
- Age Concern Sunderland
- Age Concern South Tyneside
- North East Regional Alcohol Forum (NERAF)
- North East Council on Addictions (NECA) Tenancy Support Gateshead
- Bridge Washington
- Developing Initiatives Supporting Communities (DISC)
- Mental Health Concern
- Plummer Court
- Alzheimers Society
- National Probation Service
- Byker Bridge Housing
- Tyneside Cyrenians
- Phoenix House
- The Tunstall Centre
- Norcare
- Alamo Housing
- South Tyneside Homes
- Anchor Housing
- Mental Health in South Tyneside
- Rowlands Gill Live at Home
- Chopwell & Blackhall Mill Befreinding Scheme



Phase 3: Qualitative Interviews

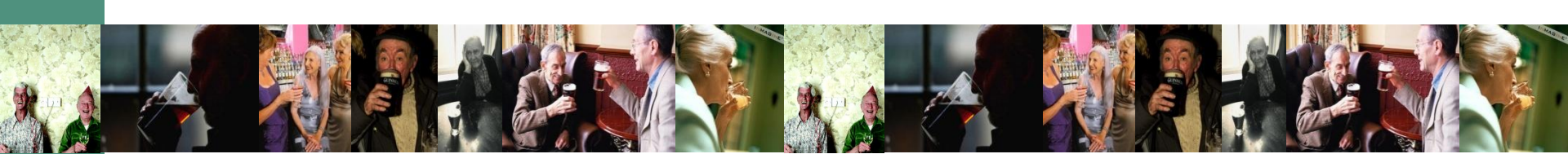
- 12 interviews
- Age range 51-74 years
- 4 female, 8 male
- Mainly dependent drinkers
- All had comorbidity
- All had mental health problems
- Most reported regular use of medication

“I’ll come down on a morning after I’ve taken a bath upstairs. I hardly ever touch the drink upstairs, I’ll bring it down. I take my tablets with the whisky ... and then I might have some breakfast.” (8)



Where and with whom?

“I only go out once a week on a Sunday. I drink in the house all of the time. I don’t drink in my friends’ houses or anything like that” (3)



What for?

- **Relaxation/to forget**

“As soon as I get the first pint down me that’s it – I just sit and relax and do whatever I want”(4)

- **Pain relief/to self medicate**

“When I’m in pain I drink more – and that’s why I’m drinking more” (3)

- **To relieve loneliness/boredom**

“My daughter has got involved with other people and I was left on my own and I just got involved with...I thought ‘Oh, I’ll get a bottle of pop” (8)

- **To Socialise**

“I’ll be on the hoy – all my friends and that will be there” (4)

- **To lift mood**

“I’d say roughly 4 cans lifts my mood” (2)



Why?

- Bereavement
- Retirement
- Mental health problems
- History of abuse
- Pattern set in youth

“The day she was buried I spent the day at a guest house...absolutely pissed out of my mind” (1)



Impact

■ Relationships

“It seems to be every time I come home with a drink in me we’re arguing like hell and everything. Everyday I’m arguing...” (4)

■ Family

“The year before last when the bairn was 9 months I was saying I was looking forward to seeing her – she’s nearly 2 and all that – take her in the pool and stuff like that. But the drink’s stopped it all” (4)

■ Physical

“To me, it’s too late for me – my liver and that’s damaged now. I’m on tablets for the rest of my life. I’ve turned into a diabetic. I’ve had breast cancer. This is all due to drinking” (3)

■ Finance

“...when I do have my 4 cans I feel guilty – I could have got a takeaway or something. I know it’s only £4, but I could have bought a packet of fags for that instead of drinking” (2)



Barriers and Facilitators

- Loss of pleasure
- Shame
- Too old
- No services available
- Life threatening illness
- Pressure from others
- A life goal
- Medication



Services used and services wanted

- GP
- Detox
- Counselling/therapy
- Ex-alcoholics
- Advice
- Not alcohol service
- Not drug service
- No waiting list
- Provided by older people



Conclusions

- Alcohol risk and harm in later life is an important but under researched issue.
- There is a lack of services specifically for older people with alcohol needs.
- Older people comprise a unique target population for alcohol intervention.



Thank you

- For further details contact: c.a.lock@newcastle.ac.uk
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