



Calling time for change

A charter to support all older adults in England to live free from the harm caused by alcohol



WE BELIEVE

Everyone has a human right to age well with dignity.

Older adults should be able to live the best life they can, free from the negative effects and harms caused by alcohol.

Everyone should have access to factual and credible information to make informed choices about their alcohol use as they age.

Alcohol treatment and support must be easily accessible for all ages and stages in life.

PREVENTION:

life events in later life can be a trigger

WE WANT

Targeted public health campaigns that will help older adults and their families to understand how life events can lead to increased alcohol use, and how alcohol use can affect healthy ageing.

A wider social prescribing model that ensures older adults are given opportunities to make social connections in their communities to enhance their health and wellbeing.

Recognition that carers for dependent family members can become very isolated, sometimes using alcohol to cope. Due to their caring commitments they are not always in the position to seek help and support.

The roll-out of a brief interventions skills programme to people working in communities and frontline services such as carers groups and housing support staff so they can offer screening and advice to the people they come into contact with.

WORKING TOGETHER:

communities are at the heart of reducing alcohol harm

WE WANT

Workplaces to promote alcohol-free social events and wellbeing initiatives to ensure an inclusive and healthier work environment.

Pubs and local clubs to offer alternative spaces and more choice i.e. non-alcoholic products, for people who are trying to stay alcohol-free or reduce their drinking.

Local businesses to contribute to a community levy that provides funding for alternative social spaces and activities that are alcohol-free.

Community projects such as older adults day centres or dementia cafes to host alcohol prevention and awareness events to normalise the conversation in wider settings.

Recognition that older adults living in rural communities may find it particularly difficult to access community support and will require a proactive approach from service providers.

PROVIDING TREATMENT:

it's never too late to change

WE WANT

Health and wellbeing boards to conduct joint strategic needs assessments and where there is a high prevalence of alcohol problems in the older population ensure that treatment services are resourced to respond to this need.

Commissioners and funders to monitor access to alcohol services by age via contract reporting. Where the number of older adults in treatment does not reflect the local population they should identify barriers and develop solutions.

Alcohol services to be designed in a way that makes them accessible to older adults such as age-sensitive assessments and interventions, home visits and flexible appointments.

Treatment that is person-centred, and not time bound. Alcohol problems are often very entrenched and trauma-based. People need time to build trust, change and recover.

Alcohol treatment services to offer peer support meetings for older age groups to increase confidence and mutual support.

Alcohol treatment services to embed a social prescribing model into their provision to tackle the issues that might lead to increased alcohol use as people age.

Alcohol services to embrace meaningful co-production and develop pathways for volunteering and employment opportunities.

The treatment workforce to access value based training. It is important that workers explore their feelings and attitudes around older adults.

Unjustified age cut-offs or ageist practice in alcohol projects, and treatment services to be challenged on the grounds of age discrimination.

NATIONAL STRATEGIES

and best practice

WE WANT

National prevention strategies and interventions that raise awareness around alcohol across the life course.

NICE to develop best practice guidelines for supporting older adults with substance misuse problems.

Department of Health and Social Care and the Home Office to ensure that the needs of our ageing population are specifically recognised with tailored solutions in the UK Government Alcohol Strategy.

We believe that people who misuse alcohol should be active participants in their own recovery.

At Drink Wise, Age Well, people are involved in the planning and delivery of programme activities and receive regular training and support.

Influencing policy is a key outcome for the programme and it is vital that we empower people who are experts by experience to campaign for change.

The co-creation of this Calling Time for Change Charter is only the beginning.

WHY IS THIS IMPORTANT?

Higher risk alcohol use is declining among younger age groups but is increasing among older adults in the UK. In England, 55-64 year olds drink more on average than any other age group and in England, Scotland and Wales, 55-64 year olds are the most likely to exceed the UK drinking guidelines.⁽¹⁾ For both alcohol-related deaths and hospital admissions, the majority of alcohol-attributable harm is incurred by the over 55s.⁽²⁾

Between 2006 and 2018 there was a 371% increase in the numbers of people aged 65+ in alcohol treatment. This compares to a 37% increase for 25-29 year olds in the same period.⁽³⁾ However, the increasing number in treatment may be because there are more people in older age groups with alcohol problems, and not necessarily because treatment services are becoming better at getting older adults into services.

It is estimated by the Royal College of Psychiatrists that only 6-7% of high-risk people with substance misuse problems over 60 years of age receive the treatment that they require,⁽⁴⁾ and Drink Wise, Age Well estimates from current treatment data that under 15% of older adults with an alcohol problem access treatment.⁽⁵⁾

Alongside this, government cuts to the public health grant have resulted in local authorities having to reduce funding for alcohol treatment services. A report from Alcohol Change UK found that these funding cuts are having a detrimental impact on treatment provision and older adults are particularly vulnerable to this.⁽⁶⁾

There are particular risks associated with alcohol use in later life. Older adults may be more susceptible to the adverse effects of alcohol use due to age-related physiological changes. Alcohol use among older adults has also been found to accelerate and exacerbate the onset of conditions associated with ageing such as falls and cognitive impairment, and older adults may be more at risk of mixing prescribed medication with alcohol.⁽⁷⁾

In addition, for some people age-related life events such as retirement, bereavement and loss of social connection can trigger an unhealthy relationship with alcohol.⁽⁸⁾

For all these reasons we believe a specific strategic and policy response is required for our ageing population.

- (1) Health Survey for England 2017, Scottish Health Survey 2017, National Survey for Wales 2016/17
- (2) Unpublished analysis from the Sheffield Alcohol Policy Model version 4 (SAPM4) for England
- (3) Public Health England (2017). Adult Substance Misuse Statistics from the National Drug Treatment Monitoring System (NDTMS). 1st April 2016 to 31st March 2017
- (4) Royal College of Psychiatrists Substance misuse in older people: an information guide Older Persons' Substance Misuse Working Group, 2015
- (5) ONS, 2017; PHE, 2017; NHS Digital, 2016
- (6) Alcohol Change UK; The Hardest Hit: Addressing the crisis in alcohol treatment services; May 2018
- (7) S Wadd, K Lapworth, M Sullivan, D Forrester, S Galvani, August 2011, Working with Older Drinkers, University of Bedfordshire
- (8) George Holley-Moore and Brian Beach, 2015, Drink Wise, Age Well: Alcohol Use and the Over 50s in the UK, ILC-UK, Addaction and University of Bedfordshire

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