

# Alcohol and older people: learning for practice



## About this guide

This practice guide is for all health and social care practitioners who work with older people aged 50 years and above. It is a brief aid for practice development and draws on a range of sources, including existing research evidence and more recent work evaluating new alcohol projects specifically targeting older people and their families.

## Acknowledgements

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## Top tips for working with older drinkers



- 1** Reflect on the reasons why older people drink, and how families and friends may be affected.
- 2** Consider the difficulties many older people may have in accessing alcohol services, including shame, fear, accessibility, or ignorance.
- 3** Build up a full picture of the person's needs. Drinking may not be the first thing to address.
- 4** Be patient and flexible, listen carefully and patiently, and do not make assumptions.
- 5** Think about how volunteers or peer supporters could support older people.
- 6** Remember that many people, including older drinkers, may know little about drinking guidelines.
- 7** Learn about co-existing physical and mental health conditions which can occur as a result of drinking.
- 8** Offer support to family members of older drinkers in their own right (including those who might be bereaved as a result of a loved one's alcohol use).
- 9** Consider how to make your service as accessible as possible to older people.
- 10** Develop a library of resources as well as information on relevant local services.

## Older people and alcohol



Older people's increasing use of alcohol is of growing concern. High proportions of people in older age groups across the UK drink above the recommended daily guidelines. This increase in drinking can bring problems for older drinkers, and their families. Evidence suggests that the complex needs of older people with problem

alcohol use require a different approach; a more holistic model of care designed to meet complex social and health care needs.

### What is different about older people's drinking?

Older people drink alcohol for many of the same reasons that younger people drink alcohol. However, older people are also more likely to drink for reasons which, generally, are less likely to affect younger people, for example, physical changes associated with ageing and changing life circumstances.

Older people are more likely to drink every day, to drink alone, and to drink at home. Social isolation appears to be a key challenge facing older people which may be associated with higher levels of alcohol use.

## Impact of alcohol on older people

- There is evidence that physical harm relating to alcohol consumption is increasing among older people due to pre-existing mental or physical health conditions and medication interactions.
- Older people are the age group with the fastest rate of increase in alcohol-related hospital admissions. Alcohol-related death rates are highest among adults aged 55-64 years.
- An older body may be less able to process alcohol than a younger body and may be more vulnerable to harm at lower levels of drinking.

## Co-existing health and social needs

- The ageing process can bring with it increased health conditions, e.g. diabetes, cancers, dementia, and social care needs, e.g. housing problems and social isolation.
- Problematic alcohol use can contribute to the escalation of poor physical and mental health, including specific conditions like alcohol-related dementias, alcohol-related liver disease and Wernicke's encephalopathy.
- Older people are also more likely to be socially and physically isolated, with the risk that alcohol becomes a way of coping.



## What helps older drinkers

The following diagram illustrates what older people, in a specialist alcohol service, told us helped them to change their drinking behaviour.



Key is their relationship with their practitioner or volunteer/peer supporter, particularly when they listen, offer practical help, attend appointments, help fill out forms and don't patronise them.

## What helps older drinkers (cont.)

Older people appreciate a flexible and responsive service, including a person they can call if they want support even after they formally leave the service. This offers reassurance to them in case they develop problems in future.



**There has never been an incident where I've tried to get hold of somebody and I haven't been able to get hold of anybody... weekends can be so lonely, if you think you haven't got anybody there." (Older person)**



Supporting people to re-engage with skills or hobbies not only distracts them from drinking but also helps them to build social networks and develop confidence. Seeing themselves make the changes is motivating.



**I do my art on Wednesday and my gardening on Thursday and the allotment on Friday, and my canal work then starts next week. Without all those events that were going on through the week, I don't know what I'd do. I really don't." (Older person)**

## What helps older drinkers (cont.)

Practical help from staff helps to build trusting relationships. This could be contacting medical staff, a housing provider or helping sort our financial worries.



**It's about practical ways to stop drinking and he's also helped me a lot with debts as well....it was still about the alcohol as well, but for the first few times that he came he actually phoned people up and got payments sorted out and other stuff like that.”**  
**(Older person)**



Rebuilding relationships with family and friends, through the support they receive, is also important. Making new friends through activities and peer support is particularly important for people who feel lonely or estranged from family members.



**We always support each other. We've all got our issues.... and we discuss each other's problems ... It's a very friendly atmosphere, it really is. I've got most of their phone numbers, I can phone them up.”**  
**(Older person)**



## Perspectives on working with older drinkers

The key elements of service delivery which are important when working with older people with alcohol problems and their families are illustrated in the diagram below:



A vital element of the service is recognising and responding to the multiple needs people have, some of which are likely to be related to alcohol use.

## Understanding complexity

- A greater range of social and health care needs are felt among the older population.
- Establish what these needs are as this is the best first step towards building a positive relationship.
- Accept that your focus may not be their focus.
- Drinking can be linked to loss, isolation, ill health, fear, and establishing this bigger picture first is important in determining how best to support the person.
- Key skills are listening, patience and giving people time to talk.



**A lot of the people we work with are socially isolated, feeling very lonely, feeling quite depressed, have a lot of life changes, bereavement, so actually getting back into the swing of having social interaction outside of the home and not just working with professionals, ... is getting back into the swing of being part of everyday life again, which also adds to their confidence.”  
(Practitioner)**



## Assessing, talking about and helping with drinking



Talking to older people about their drinking includes assessing their wider health and social care needs. It is important to understand that they might find it hard to change, or even to

think about change, but this is more likely if they are supported to make the decision themselves.

Trying to persuade someone to change their alcohol use, or that abstinence is the only solution, is not the best starting point. It can result in people being defensive and resistant. Helping with housing, financial or other practical concerns before discussing alcohol can help build trust.

**Start by addressing what the person sees is their most pressing problem.**



**It's about them having the power and the confidence to know they're in charge, they're leading what they want to do. We're giving them advice and information and we're giving them strategies and also helping them to make good decisions, but they know that they're the ones who actually are leading the process, in the direction that they want it to be." (Practitioner)**

## Assessing drinking

Specific screening tools such as the MAST-G for older people (below) or an Outcomes Star can be helpful (see **Resources** page). The following questions comprise the short version of MAST-G:

- 1** When talking with others, do you ever underestimate how much you drink?
- 2** After a few drinks, have you sometimes not eaten or been able to skip a meal because you didn't feel hungry?
- 3** Does having a few drinks help decrease your shakiness or tremors?
- 4** Does alcohol sometimes make it hard for you to remember parts of the day or night?
- 5** Do you usually take a drink to calm your nerves?
- 6** Do you drink to take your mind off your problems?
- 7** Have you ever increased your drinking after experiencing a loss in your life?
- 8** Has a doctor or nurse ever said they were worried or concerned about your drinking?
- 9** Have you ever made rules to manage your drinking?
- 10** When you feel lonely, does having a drink help?

A 'yes' response to two or more questions suggests there may be alcohol problems requiring further exploration.

## Working with families of older drinkers

Consider whether the involvement of family members or close friends or carers is likely to help or hinder your work with the older person. Positive family support may be helpful but there could also be conflict and criticism.



Consider the impact of the older person's drinking on the family members – do they need support in their own right? Are families suffering as a result of their relative's alcohol problem?

Family members may also be using alcohol and other drugs problematically themselves and/or supplying the older person with it. They may feel threatened by the older person accepting help or making changes.

Engaging with family can take time due to conflict, estrangement or scepticism about their relative's ability to change.

Evidence shows that supporting family members in their own right improves their health and well-being and can encourage their relative to get help.

## Working with others: partnerships and peers

- Having good relationships with a range of local community (and national) partners is important and can make life easier for practitioner and client.
- These can take time to develop and rely on patience, persistence and good interpersonal skills.
- Support from partner agencies can provide access to knowledge of a range of health or social care needs which older people may face, including housing problems, mental and physical health conditions such as Alzheimer's disease, and end of life care.
- They can also deliver specialist training; enable referral and care pathways; and provide space for client meetings or group work.



## Peer support

- Involving volunteers and peer supporters can allow the service to have a wider reach and breadth of support than it could otherwise offer.
- They can often spend time with clients which is viewed as less 'official' or structured.
- This additional time can be important in allowing older people to talk while also offering support with other practical and social needs.

## Key Resources

1. The MAST-G (Michigan Alcohol Screening Test – Geriatric) and short version may be useful.
  - a) MAST-G – <https://www.the-alcoholism-guide.org/michigan-alcohol-screening-test.html>
  - b) SMAST-G – [https://www.google.co.uk/search?q=brief+michigan+alcohol+screening+test&rlz=1C1CHWA\\_enGB595GB595&oq=brief+michigan+alcohol&aqs=chrome.69j0j7&sourceid=chrome&ie=UTF-8](https://www.google.co.uk/search?q=brief+michigan+alcohol+screening+test&rlz=1C1CHWA_enGB595GB595&oq=brief+michigan+alcohol&aqs=chrome.69j0j7&sourceid=chrome&ie=UTF-8)
2. Alcohol-related brain injury including dementia.  
[www.alzheimers.org.uk](http://www.alzheimers.org.uk)
3. Understanding the Mental Capacity Act, including training for practitioners – [www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance](http://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance)
4. Parkinson’s Disease – [www.parkinsons.org.uk](http://www.parkinsons.org.uk)
5. Stroke Association – [www.stroke.org.uk](http://www.stroke.org.uk)
6. Alzheimer’s Disease – [www.alzheimers.org.uk](http://www.alzheimers.org.uk)
7. Bereavement – [www.cruse.org.uk](http://www.cruse.org.uk)
8. Age UK – [www.ageuk.org.uk](http://www.ageuk.org.uk)
9. Silverline, a free helpline for older people available 24 hours a day. Call 0800 4 70 80 90 or go to [www.thesilverline.org.uk](http://www.thesilverline.org.uk)
10. Adfam, the national organisation working with and for families affected by drugs and alcohol. See [www.adfam.org.uk](http://www.adfam.org.uk)
11. To help practitioners work with those bereaved by substance use see the following practice guidelines:  
[www.bath.ac.uk/research/news/2015/06/23/bereavement-guidelines](http://www.bath.ac.uk/research/news/2015/06/23/bereavement-guidelines)



**I think the main skill is... to really listen to the older generation because they've got so many stories to tell that they want to tell... so it's having that extra ability to listen, to sit there and listen to their stories and just be really patient..."**  
**(Practitioner)**



Aquarius, is the operating name of Aquarius Action Projects. Aquarius is part of Recovery Focus, a group of charities experienced in providing specialist support services to individuals and families living with the effects of mental ill health, drug and alcohol use, gambling and domestic violence.

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