

Understanding the potential of community and peer support around alcohol for older people

Anne Connor

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Author details

Anne Connor
Chief Executive, Outside the Box
150 Brand St, Glasgow, G51 1DH
anne@otbds.org 0141 419 0451
www.otbds.org

Registered office: The Old Toll, Harestanes, West Linton, EH46 7AH
Company number 265077 Scottish charity: SC035317

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Executive Summary

Scotland and other parts of the UK have an ageing population. Overall alcohol use by older people is less than for younger adults. There are older people who are using more than the recommended safe levels of alcohol use. Older people may also be at greater risk of harm even when their alcohol use is within the recommended limits.

Overall, 160 older people took part in the research. The project used a range of research methods: survey, interviews and group interviews. Three local groups that are in touch with older people were the main route for information gathering. Other participants were reached through a newsletter with wide distribution and contacts with other groups.

The pattern of alcohol use that people reported was lower use as people got older and women having lower alcohol use than men: this is consistent with other studies.

- People's own home was the most frequent location for alcohol use. Women were more often drinking at a friend's house or a restaurant and men used pubs more.
- As people got older they were more likely to be drinking at home than in places such as pubs.
- People in their 50s and 60s bought alcohol in supermarkets as part of the weekly shop, while the oldest people mostly received alcohol as a gift.

More older people drink alcohol very sparingly or not at all. The main reasons for this were:

- Family backgrounds where alcohol was not used
- Seeing alcohol as an expensive item
- Reduced contact with the people and situations where they used alcohol before.

Three-quarters of people responding wanted more information on the impacts of alcohol as people got older and how to use alcohol safely. This included people who had very low alcohol use. The people who had the highest alcohol use were least likely to want more information.

The topics on which most people wanted information and advice were

- Medication and alcohol
- Advice if they were worried about someone else
- Drinking safely
- Alcohol and falls.

Over 90% thought general tips on drinking alcohol and being safe and well would be useful or very useful. People's current concerns were the interaction with medication and advice for someone else.

Most people had not looked for information about alcohol use. The sources they thought they would look to were individual people they knew and trusted for information and advice, such as friends and family (who were usually their own age, or younger but aged over 50) and to a lesser extent health professionals and community workers. They would discuss certain topics with certain people.

There was interest in peer support from other older people in groups and social networks as part of generally looking out for each other.

People suggested combinations of sources of advice and information that combined trusting relationships and expert knowledge.

1: Background and context

Circumstances of and support for older people

In Scotland and in other parts of the United Kingdom, as in other developed countries, our society is ageing. The number of older people is increasing and the proportion of the population who are older is increasing even faster.

- In 2010, 17% of people in the UK were aged 65 and over, compared to 15% in 1985. This is projected to rise to 23% of the total population by 2035.
- There were 1.4 million people aged 85 and over in 2010, which was 2% of the population and double the percentage in 1985. This is expected to increase to 3.5 million people in 2035, which would be 5% of the total UK population.
- Within the European Union, the overall proportion of the population aged 65 and over was 17% in 2010. The proportions of people aged 65 and over by 2035 are projected to rise for all European Union countries. (Office of National Statistics, 2012)

Many sectors in society are looking at how they can adjust to changing demographics. Public attention tends to focus on health and social care, but many businesses and sectors are adapting to older people as current and potential consumers.

Within the broad health and social care sector a lot of attention has been given to providing care for people who have the highest needs: typically people who are aged 75 and over and especially those aged 85 and over, people with dementia and people who have multiple health conditions. More recently, there have been 2 additional major policy and practice developments:

- Supporting people to manage their long-term conditions to reduce future complications: these programmes are focussed on people aged over 50, to have a preventative as well as a care focus.
- Engaging with people in their 50s and 60s, to encourage them to take positive steps to manage good health and so prevent, or reduce the impact of, future health problems. (Scottish Government 2009)

Safe use of alcohol

The policy in all parts of the UK is to encourage people to drink at levels that are safe for them. These are the aims of the current policy in Scotland:

- Reduced alcohol consumption
- Supporting families and communities, especially around the use of alcohol by young people
- Encouraging positive public attitudes and enabling people to make positive choices

- Improved treatment and support for people experiencing harm through their use of alcohol.

The national targets and key indicators for alcohol are concerned with the general population and the particular risks to children and young people:

- Reduce the incidence of adults exceeding weekly sensible drinking levels
- Reduce binge drinking
- Reduce harmful drinking by children and young people. (Scottish Government 2009 b)

The NHS issues advice on safe levels of alcohol use, based on the available research evidence. At the time of planning and carrying out this research there was separate advice for women but no distinctions for older people.

The current advice is:

Weekly limits:

- Men: up to 21 units of alcohol each week, with 1 or 2 alcohol-free days each week.
- Women: up to 14 units of alcohol each week, with 1 or 2 alcohol-free days each week.

Daily patterns:

- Men: regular consumption of between 3 and 4 units a day by men of all ages will not create significant health risk.
- Women: regular consumption of between 2 and 3 units a day by women of all ages will not create significant health risk.
- Consistently drinking over these levels is not advised as a sensible drinking level because of the progressive health risk it carries.

There is advice for young people, especially on the impacts of binge drinking, but no specific advice for older people.

In January 2016 the Chief Medical Officers for all parts of the UK issued proposed new guidelines that take account of research, especially on the contribution of alcohol to lifetime risks of cancer. (UK Chief Medical Officers, 2016) The proposed new guidelines are:

- Up to 14 units of alcohol each week for both men and women
- Spreading weekly alcohol use over 3 or more days
- Several drink-free days each week
- Taking care on single drinking episodes
- Reminding groups that are more likely to be affected by alcohol to take care: this includes young people, older people, people with low body weight, people with other health problems, and people who are taking medicines or other drugs.

Overall, alcohol use by older people is less than by younger adults.

- A revision in 2008 to earlier estimates on alcohol consumption in Scotland put the proportion of people drinking over 21 units of alcohol a

week at 34% of men, with little change in age groups until the 65-74 age group at 29% and then 21% for men aged 75 and over.

- For women, 23% drank over their recommended limit of 14 units a week. This was 27% - 32% of women aged up to 54, decreasing to 13% of those aged 65-74 and 5% of those aged over 75.
- The average daily alcohol use is less, but more older people drink every day than do younger people, rising to 29% of men and 11% of women aged over 75.
- The oldest people also include more people who never drink or drink only a couple of times a year – 30% of men and 51% of women aged over 75%.

(Catto 2008)

A recent large-scale study of the use of alcohol by people aged over 65 in one part of London found 21% of people aged over 65 drinking above the weekly guidelines, especially 'young older' men, people born outside the UK and people with higher socio-economic status. (Rao, Schofield and Ashworth, 2015)

The Royal College of Psychiatrists has advice on alcohol use by older people. This describes the ways in which our bodies change as we get older and increase the impact of alcohol, and additional impacts such as increased risks of falls. It also notes how there are circumstances in which an older person may start using alcohol more – such as coping with social isolation or physical illness – and how health professionals may not spot problem drinking in older people. (Royal College of Psychiatrists, 2012)

Across the UK, alcohol-related deaths are highest in people aged 60-64 for both men and women. Alcohol-related deaths occur in every age group, including people in their 90s. This is linked to the impact of misuse over many years: there are relatively few deaths among young people who have the highest levels of alcohol misuse. (Office for National Statistics, 2015)

Why we carried out this research project

Outside the Box is a small voluntary organisation in Scotland that provides community development support to a wide range of community groups working with older people. We became aware that more people were raising issues around their own or other people's use of alcohol as part of discussions about issues facing older people. The situations they described most often were:

- Concern about people they knew who were lonely and/or socially isolated, for example following a bereavement or worsening health problems, and believed to be drinking on their own
- Members of older people's groups who were not looking after themselves: typical situations were people with clothes that were not clean, poorer personal appearance than before and the person sometimes smelling of drink

- Occasional incidents of someone having a fall where their use of alcohol may have been a factor, even although the amount of alcohol had been modest.

We heard that people were asking about information on safe drinking for older people: they included volunteers – typically older people themselves – and workers who ran community groups and staff in other care services who were in touch with older people. People in several locations described how difficult it was to find advice for people who were older, especially on drinking patterns that probably were within the safe limits for other adults but were more risky for this group of people.

We wanted to find out more about what sorts of information people would find useful to enable them use alcohol safely. We also wanted to explore what sources of information and advice older people would trust and use, and especially whether there was scope for community groups already in touch with older people and peer support to be part of the range of useful information sources.

This is a small research project to explore some aspects of older people's use of alcohol. We did not set out to conduct a study that was representative of all older people in Scotland, or to be an in-depth study of the ways people use alcohol as they get older.

When we were planning the project we heard that there was an interest in general tips about safe use of alcohol by older people. We received grants from Foundation Scotland and the Robertson Trust which covered the costs of producing 2 sets of tips: one for older people and their relatives and friends, and one for groups of older people. These were completed and published around the time this research project was being completed.

2: Methods in the research project

Scope

We gathered information on:

- People's experiences with alcohol
- The situations on which they wanted advice
- The people and places they would consider using as sources of advice and information.

We sought the experience and views of people aged 50 and over. Most people in their 50s do not regard themselves as 'older people', but this is the age span that most health and related policies use when planning for population needs.

- The decade between the ages of 50 and 60 is the time when many people begin to have health conditions that may increase to become more significant problems that then limit people's abilities and choices.
- This is also the age at which many people begin to experience or make changes in their circumstances, such as planning for retirement, moving house and changes in their family commitments.

We know that surveys of people's alcohol intake tend to underestimate the actual levels of use. In particular, people who are making heavy use of alcohol are under-reporting their use and are under-represented in surveys. (Catto, 2008)

Locations of respondents

There were 3 community-based projects run by or in touch with older people that were the main route for gathering information.

Make it Happen is the collective Forum for older people living in Falkirk and district. This includes the town of Falkirk, smaller towns and the rural areas. They are in touch with around 30 more local groups that bring together or are used by older people in the area.

- Some groups focus on people in particular circumstances: ethnicity, disabilities or health problems, people with higher needs, and people sharing hobbies and interests.
- Others are for people in a particular local area, including parts of the large town, small towns and the more rural locations.
- The Forum itself has just over 100 members.
- All of the people who have volunteer roles within the Forum and most of the volunteers at the member groups are aged over 50.

Health Valleys in South Lanarkshire is a voluntary organisation providing services to people living in rural areas who are at risk of or experiencing poor health and wellbeing. The ages of people who use the services range from babies to very old people.

- Re-Connect supports older people - mostly aged 75 and over - who have higher support needs and who have become, or are at risk of becoming, socially isolated.
- There are activities for any older person living in the area who wants company and physical exercise, such as walking groups, the SwimBus, dancing, bowls, walking football and similar activities. Most people hear about these through sources such as their GP.
- Older people also use services such as complementary therapies to help with pain management and other aspects of enabling people with long-term health problems to manage their conditions.
- Many of the volunteers supporting these activities are aged over 50.

Friends of Insch Hospital is a community group that provides a range of services for older people living in and around Insch in Aberdeenshire. These include social activities for people using the day hospital and social activities for all older people living in the area. Most of the volunteers are also aged over 50.

We also held group and individual interviews with people in other locations, including Glasgow and Edinburgh.

A survey was circulated through the Outside the Box website - which reaches around 5,000 people across Scotland - as well as through the partner groups and other services in touch with older people.

Characteristics and number of respondents

Overall, around 160 older people contributed to the research project.

121 people responded to an anonymous survey through online responses, written responses on forms distributed through groups, and a worker recording people's responses after a conversation with them.

These are the personal characteristics of the people who responded to the survey.

Table 1: Age and gender of people responding to the survey

Age	Women (71%)		Men (29%)		Total	
	Number	%	Number	%	Number	%
50-59	17	20	5	15	22	18
60-60	26	30	15	43	41	34
70-79	24	28	8	23	32	26
80 and over	19	22	7	20	26	22
All ages	86	100%	35	100%	121	100%

All of the survey responses and some of the group discussions and interviews took place before the Tips were produced. Other conversations took place after the draft Tips had been circulated for comments: some people had contributed to them or had seen them, while others were not involved in developing these resources.

The balance in the interviews was again around 70-75% women and 25-30% men. There were a few people aged under 70 and the balance of people aged under and over 80 was more equal.

We also had descriptions from 3 NHS or joint NHS-Council addiction teams and 3 voluntary sector services of the situations experienced by the people they care for or support. We were working with them as part of developing the Tips for older people on safe use of alcohol. We have not included their experiences in this report, although it was helpful to know that their perspective was consistent with the situations identified by the older people contributing to the research.

3: How people use alcohol

Levels of alcohol use

The overall patterns we found were broadly the same as in other studies:

- Lower alcohol use in the older age groups, with lowest in those aged over 80
- Lower use by women than by men. (Catto, 2008)

Most people were taking no alcohol most weeks or only on 1 or 2 days. When they did drink, it was only 1 or 2 drinks each day for most people.

There were, however, a few people who were drinking above the safe levels for adults on the 2015 advice.

Table 2: Number of days in a week person drinks alcohol

Number of days	Number of people	% of those responding
None	51	42
1-2 days	44	36
3-4 days	20	16
5-7 days	6	5

Table 3: Number of days in a typical week when people drink alcohol, by age

Number of days	Age 50-59		Age 60-69		Age 70-79		Age 80 and over	
	No	%	No	%	No	%	No.	%
None	6	27	10	24	15	50	19	76
1-2	7	32	19	46	12	40	5	20
3-4	9	41	8	20	2	7	0	
5-7	0		4	10	1	3	1	4

Table 4: Number of days in a typical week when people drink alcohol, by gender

Number of days	Women		Men	
	Number	%	Number	%
None	38	46	12	35
1-2	28	34	14	41
3-4	14	17	5	15
5-7	3	4	3	9

Table 5: Average number of drinks each day when person does drink

Number of drinks	Number of people	% of those responding
1-2	66	75
3-4	16	14
5-6	6	5
Over 6	3	3

Table 6: Average number of drinks each day when person does drink, by age

Number of drinks	Age 50-59		Age 60-69		Age 70-79		Age 80 and over	
	No	%	No	%	No	%	No.	%
1-2	15	75	24	67	14	74	13	100
3-4	4	20	6	17	4	21		
5-6	1	2	3	8	1	5		
Over 6			3	8				

Table 7: Average number of drinks each day when person does drink, by gender

Number of drinks	Women		Men	
	Number	%	Number	%
1-2	48	84	18	60
3-4	3	5	10	33
5-6	4	7	1	3
Over 6	2	4	1	3

When and where people use alcohol

Most people were drinking at home, in a friend's or relative's house, at a restaurant or – especially for men – in pubs or places such as Golf Clubs. There were changes as people got older, with drinking at home remaining as the main location while other locations became less frequent.

Table 8: Where people drink

Location	Number of people	% of those responding (94)
Home	59	63
Friend's house	44	47
Restaurant	41	44
Pub	31	33
Club	9	10
Theatre	9	10

Table 9: Location by age

Location	Age 50-59		Age 60-69		Age 70-79		Age 80 and over	
	No	% (of 19)	No	% (of 37)	No	% (of 21)	No.	% (of 17)
Home	12	63	26	70	11	52	10	59
Friend's house	13	68	16	43	10	48	5	29
Restaurant	14	74	14	38	7	33	6	35
Pub	10	53	14	38	6	29	1	6
Club	2	11	5	14	2	10	0	0
Theatre	2	11	3	8	3	14	1	6

Table 10: Location by gender

Location	Women		Men	
	Number	% (of 63)	Number	% (of 30)
Home	44	70	15	50
Friend's house	38	60	6	20
Restaurant	33	52	8	27
Pub	14	22	16	53
Club	4	6	5	17
Theatre	9	14	0	

The survey showed that social occasions were the most frequent time people drank alcohol: 80% of respondents used it then, including the people who drank very sparingly. This was reflected in the discussions and interviews.

“This past year we had wine at our granddaughter’s wedding and there was wine at Christmas. You didn’t have wine that often when we were young.” [All of the quotes in the report come from older people who contributed to this project.]

We also heard how people who drove were drinking less alcohol outside than before and instead were drinking at home.

“I used to have a glass of wine when I was out with friends for lunch or at someone’s house of an evening. But I won’t risk it since the drink-driving limit changed [in December 2014]. Now I stick to water and have a glass of wine when I get home. Now I think of it, I’m probably drinking more now than before, as it’s easy to just top up your glass once the bottle is open.”

“A glass of wine in the evening is my treat at the end of the day.”

“I’ll sometimes have a beer or a whisky when the football is on the telly.”

“A few months ago my daughter phoned to say the baby was ill and could we come over to look after the toddler while they took the baby to hospital. I couldn’t drive as I’d had a few drinks. My wife and I decided that night that we will make sure that one of can always drive, just like we did when the children were young. It gave us a real fright.”

We asked people where they bought alcohol. People who are drinking at home are mostly buying it as part of their weekly shop, although this pattern is different for the oldest people.

Table 11: Where people usually buy alcohol

Source	Number of people	% of those purchasing alcohol
Supermarket	43	60
Local shop	24	33
Internet	6	7
Off license	3	3
Ask a friend	1	1
Other	3	3

The survey and discussions showed patterns in how people of different ages and genders buy alcohol.

- People in their 50s and 60s, especially women, mostly bought alcohol in supermarkets.
- Men who were drinking in pubs and clubs were less often buying it in other places, although they did use alcohol at home that their partners had bought.
- People in their 70s and 80s usually received alcohol as presents, rather than buying it themselves. When they did buy alcohol it was usually in the local shops, and men in their 80s were more likely to be purchasing alcohol than were women (although there needs to be caution here as the numbers of the oldest people buying alcohol were very small).

“My son always gives me a bottle of a good malt at Christmas. That does me for the year.”

“I just pop in a few bottles when I’m doing the weekly shopping. That way we always have some wine at home. I expect my friends do the same.”

We asked people if they used alcohol to help them with difficult situations.

Many people who used alcohol drank at social occasions and/or celebrations, and for some people alcohol was useful to make these easier. There were also other situations where people use alcohol to help them cope.

For all of these situations, the numbers of people aged in their 70s and especially their 80s was lower than for the younger groups.

Table 12: Use of alcohol to cope with situations

Reason/situation	Number of people	% of those responding and purchasing alcohol (82)
Cheer up	20	24
Make social occasions easier	17	21
Boredom	8	10
Problems getting to sleep	6	7
Cope with a bereavement	6	7
Loss of friends	2	2
Cope with chronic pain	0	

Other aspects of alcohol use

The analysis of the survey and the conversations with people through the group discussions and interviews showed much more variation than the broad pattern of lower of alcohol as people get older suggests.

It also suggests that people are continuing a pattern of alcohol use that they had when younger as they get older.

The oldest women had the least sense of how much they were drinking and many did not understand about units of alcohol, often because they were drinking at home or in social settings rather than in pubs, and because they did not buy the alcohol when they were outside. The conversations about

alcohol prompted some women to ask about whether they were drinking too much: when we worked it out they seemed to have very low alcohol use.

“I sometimes have a wee Bailey’s when I’m watching Strictly. Is that too much?”

In contrast, most of the oldest men were clear what they were drinking and felt they knew how to manage this.

“I used to have a few pints, then I went down to a few halves, and now it is one half pint. I’m less steady on my feet now so don’t want to add to that.”

“I still have the odd glass of whisky when the football is on, but I use a smaller glass now and just one finger [depth].”

People did however talk about other people who did not take part in this research whom they knew or suspected were drinking more often or had less understanding of their drinking. This included people who had dementia and people who lived alone.

More of the oldest people, and especially the oldest women, only used alcohol vary sparingly or had never used alcohol. This is again consistent with the pattern that other studies have identified. In this study we explored the background to this pattern. We heard the same reasons for this from people in each location:

- Family attitudes around drink
- The cost of alcohol when people were young
- Less contact with people and situations where they used alcohol before.

People told us about family values and attitudes around abstinence or very sparing use of alcohol when they were children and young adults. When people from this background used alcohol it was to mark a significant occasion, such as one drink to bring in the New Year or a toast at a wedding.

“My parents didn’t drink and most of the people we knew when we were growing up didn’t drink much. Just at New Year and special occasions. And then not much. I remember an uncle by marriage who used to smell of beer when he came round and he stood out because he was the only one like that. My husband’s family were the same as us.”

“We were Free Church [of Scotland]. No-one drank.”

“In my family we all joined the Pioneers. I never saw my parents touch alcohol. Once I was married my father said it was up to me, but you don’t change that way of thinking.” (The Pioneer Total Abstinence Association is a Roman Catholic Association whose members are

teetotal. It began in Ireland in the late 1890s and was active in the West of Scotland in the early – mid 20th Century.)

“I’ll have a wee drink at New Year when I’m with the family. But that’s it.”

“When we were growing up there were a few families in the street where folk knew there was a drink problem. That was back in the Thirties. I remember my mother helping out a woman with food when they didn’t have the rent because her husband drank. There was only the one family where the wife drank and my mother and the other women looked out for the children, gave the family our old clothes and the like, but not money. We all just knew that it was really bad news when a woman was drinking, bad for her and her children.”

“I wouldn’t want anyone to think that I had a drink or be talking about me.”

Another reason was the cost of alcohol when people were young, and getting into patterns of low alcohol use.

“We’d buy a quarter bottle of whisky at New Year and maybe another when we were away our summer holidays and bring it home. That would do us for the year. We had other things to spend our money on.”

“When I went to the club I had just one pint and then home. We had a young family and money was tight. Later things were easier but I never saw why folk would spend money on drink. I still go down to see the lads each week but now I just have a coffee.”

“Occasionally we would go out just the 2 of us to the Lounge of a hotel and have one, maybe 2 drinks. But I’m talking about 3 or 4 times over 20 years and all for something special, like the time my husband got a promotion.”

“It was a luxury for a special occasion, not for everyday.”

A third situation where people used less alcohol as they got older was when they had enjoyed alcohol with friends when they were younger, but now had fewer opportunities for that. Reasons included

- Poorer health for the person and/or their friends
- People moving away
- Social activities becoming less frequent.

“I used to pop down to the Bowling Club each week for a game and then a pub lunch after it, staying on for a chat with the lads. But then I was in hospital and the others have had all sorts of problems and none of us go now. I could get a lift down but then I’m anxious not to hold back the person who is driving. It’s not the same. So that’s why I’ve given up my 3 or 4 beers each week.”

“There were 3 of us who worked together and we still met regularly after we retired for lunch and nights out. Those were the main times I had something to drink. But then Mary moved to be nearer her grandchildren and Joan’s hearing is poor and she finds noisy restaurants difficult. So the 2 of us just meet at her place for a coffee now.”

“We used to have a lot of social contact with friends. But now my husband has dementia and we’re not seeing people so much. He has to take medication and I’m the one who is driving. So we don’t have any alcohol now.”

4: The information and advice people want

Topics on which people want information and advice

The great majority of people - 84, 77% of those responding in the survey - wanted information about the impacts of alcohol as people get older and advice on how to drink safely.

The people with higher use of alcohol were those who least often said more information would be useful.

Table 13: Useful information about alcohol use

What information would be useful	Definitely useful (%)	Useful (%)	Not useful (%)
Medication and alcohol	51	46	3
What can I do if someone I know is drinking too much	45	42	13
General information about drinking safely	44	49	7
Alcohol and falls	39	52	9
What is a unit of alcohol	22	53	25
Where to go for help	29	53	18
General tips on drinking alcohol and keeping safe and well	48	46	6

Percentages of those who thought more information would be useful

- People in their 70s and 80s were more interested than the younger people on every topic.
- People of all ages were interested in getting information on how to respond if someone they knew was drinking.
- People of all ages were interested in alcohol and medication and how they interact.
- People aged in their 50s and 60s, especially women, were more interested in information about drinking safely and where to get advice than on the other topics.

We talked to people about this in the discussion groups and interviews, and the responses there reflected the pattern in the survey.

People aged 70 and over, and especially those aged 80 and over, thought it was a good idea for everyone to know more about alcohol use. This included people who did not drink much or at all themselves.

“It would be good for people to know this. You hear about folk having falls and the like. It would help the older folk who do like a drink to be safer at home.”

No one said they wanted information for themselves. But once there had been a conversation about alcohol in the group discussions, around half the people there said they would ask their GP or another health professional about how their medication interacted with alcohol.

“It might be in the leaflets that come with the pills. But the writing is so wee no-one can read it.”

“I hadn’t thought about the medicines when you are only drinking a small amount. I can ask the Doctor about that next time I’m down at the Practice.”

There were people of all ages who wanted information now as they were concerned about a friend or relative was using alcohol.

“I want to talk to my sister as I think she is taking too much including on her own in the evening. But she sees it as just being sociable. It’s hard to know what to say.”

“We are worried about members who are coming along and are a bit scruffy - clothes not clean, not shaved properly - and smelling of drink. They are both men living on their own. We tried to get leaflets and information but it was not relevant to their situation.”

“In theory people of our faith don’t take alcohol. But there are a few chaps who I know who are drinking and I feel one is taking too much and I am worried about him as he is on his own.”

Where people would go for advice

Many older people were uncertain where they could go for information and advice about alcohol for themselves or for someone else. When we talked to people we found that very few people had asked anyone for advice or information on this topic, so these were their assessments of potential sources.

When people responded to the survey the people who were most often identified as definitely useful or useful sources of information were friends, members of their family and their partner. A doctor or the internet were the next most likely sources. Very few people marked alcohol services, other than Alcoholics Anonymous and related networks for relatives of people affected by alcohol, or general advice services.

Table 14: Sources of advice people would consider using

Sources for advice	Definitely useful (%)	Useful (%)	Not useful (%)
Discuss with a friend	45	37	18
Discuss with family	41	34	25
Discuss with partner	39	25	36
Doctor	24	41	25
Other health professional	13	40	47
Pharmacist	0	15	85
Internet	19	38	53
Group leader for a community group	12	10	78
Contact AA (and related supports)	11	21	68
Contact local alcohol service	4	12	84
Social worker	0	6	94
Samaritans	4	7	89
Age Scotland's Silver Line	0	9	91

Percentages of those who thought more information would be useful

The people taking part in group discussions and individual interviews identified a similar range of sources.

When we talked to people they explained that they thought about this in terms of specific people rather than any person who was in a particular role. They also described their reasons for considering the usefulness of potential sources of advice and information. Although the 2 groups of respondents are not the same, the combination of survey and interview responses gives more insight into the potential routes for sharing information and advice on alcohol use with older people.

The factor that most people emphasised strongly was their trust in the person they would approach. Aspects that people mentioned were:

- How discreet the person would be in respecting the confidentiality of both the person raising the concern and of the other person if they were raising concerns about someone else
- Whether this person had common sense and good judgement on other matters.

The second factor was whether the person would respect and understand their and the other person's circumstances, and not make judgements about them.

- Some people were expecting judgements or critical attitudes around the use of alcohol.

- They were also expecting judgments around the choices older people, especially people with higher needs, are allowed to make and their assessment of risks.

Then they thought about the person's likely knowledge about the topic, which included being able to find information if they did not already know about how alcohol affected older people.

"I would talk it over with my daughter and one close friend. They know about this sort of thing and are good at finding out about care and help for older people."

"I'd talk to one of my sons but not to the other one. You don't want to raise this with people who over-react and think old people should no longer take any risks at all, even if they mean well."

The people involved in discussions were less positive about sources such as Alcoholics Anonymous and about advice available through phone or internet support than were the people completing the survey. This was a combination of limited access to and confidence in the technology, and of not knowing if the source and the people involved were reliable and could be trusted.

Peer support

The initial contacts with older people at the time of setting up this project had shown that general peer support would be welcomed. During the later in-depth discussions people described in more detail the types of peer support from other older people that would be useful.

It was clear that the great majority of the people in the friends, partners and family categories whom participants thought would be useful points of information and advice were people who were aged over 50. They included contemporaries of the participants and the children (or extended family such as nephews and nieces) of people in their later 70s and 80s were now in their 50s or older.

People also talked about the support of a wider group of friends and acquaintances, people who were members of social, care or activity groups, and about other people in their community.

There was a lot of agreement about the situations where peer support would be useful.

The close friends or relatives who were older were the people to whom most participants would turn for most matters. This included people's own wellbeing and safety and especially when they were concerned about someone else's use of alcohol.

Friends who were less close and other members of groups that bring together older people were useful for:

- People generally looking out for each other
- Supporting general discussions about ways in which people look after themselves and stay safe at home.

People would **not** look to peer support for:

- Advice and information on medication and other aspects of their own situation
- Safe levels and patterns of alcohol use.

People's actual and potential use of peer support was linked to the topics on which people thought they could contribute peer support themselves.

“We can all keep an eye out for each other. If I noticed that one of the other blokes was looking a bit worse for wear I would say something quietly and I'd hope the others would do the same for me if it happened that way.”

Community services and supports

People in the discussions – which included sessions arranged through community groups – were much more positive about the role of workers linked to a community group or service supporting older people than were the majority of people completing the survey.

“The co-ordinator is good. You can trust her with anything.”

“[Worker]. I know she is already concerned about a few of the members, so it wouldn't be a surprise to her.”

“The people here would know who to ask even if they did not have all the answers themselves.”

Health and care services

In terms of health care staff, people identified specific members of staff whom they trusted and who they saw in circumstances where it was possible to raise a matter in confidence.

“The Practice Nurse is very sensible. She always finds out what I need and gets back to me in a week or so. I would expect it would be the same if I ask about alcohol.”

“One GP rather than the others in the Practice. But the problem there is having enough time to raise something that is not my own immediate health needs.”

When we talked about other people who may have a high level of expertise – such as a pharmacist on the interaction of alcohol and medications, or a community alcohol project – the main concern of the older people was that

they did not know the person well and so did not know whether they could trust them.

Possible future approaches

We raised the option of a combination of several sources of information that could bring together expertise and sources that were already trusted.

Combinations that were raised in the discussions and which seem to have potential are:

- Raising awareness about alcohol and older people through the general public, to make it easier for relatives and friends to find information and become more confident on the topic
- Information focussed on the needs of groups within the population of older people, such as people around retirement age and people with higher health needs
- Awareness raising campaigns by the NHS that are directed at older people and their relatives and friends. These should take account of the needs of people who have low-moderate alcohol use
- Community projects that people already know starting to work with local alcohol services, and bringing people or information into the community projects
- A health or community project worker taking on a role as liaison between services and becoming a shared source of information
- Presenting information about alcohol as part of a series of sessions on topics such as keeping safe at home, rather than singling it out
- Giving people information about alcohol use in the context of the topics that are concerns for them, such as advice on medications, preventing falls, and so on.

Underlying all these approaches, people thought it would be helpful to encourage older people to talk about alcohol and learn more about it and the impact for them, to help them be more open to advice and information. This could both address the worries of people who were using alcohol safely and reduce risks for those who would be safer if they reduced or changed their alcohol use.

5: Discussion and Next Steps

This small-scale study looked at the information and advice older people want around using alcohol safely and the sources of information they might use.

On patterns of alcohol use, the findings of this study are consistent with other research findings. The in-depth interviews highlighted differences in the factors that contribute to the pattern of using alcohol for people at different ages and between women and men. The results suggest that there is a need for information and advice about safe use of alcohol as we get older, and for this taking account of, and being targeted towards, the different ages and circumstances of people within the population of those aged over 50.

The results also suggest that there is the potential for peer support between older people and for information delivered through community groups. This could not replace but could complement the information provided by health care professionals and by services and organisations with a specialist focus on alcohol, and so enable them to reach many more older people than those services can reach when working alone.

It was clear from the interviews and group discussions that many older people feel most comfortable talking over concerns about alcohol for themselves or for other people with friends and family members, many of whom also have little knowledge on this topic. These lay sources of information and advice appear to be reaching more people, and are more trusted, than are professional sources. A challenge for any organisation aiming to provide more information to older people will be to find ways of raising awareness among the wider population and using the potential contribution of the public in their roles as friends and relatives as part of any approach.

The main potential focus of peer support is older people generally looking out for each other and encouraging someone to seek more help and advice if they may not be safe with their current pattern of alcohol use. The people providing this support include the large proportion of older people who now use alcohol very sparingly themselves but also care about their friends and family, so the potential contribution here could be considerable. The people taking part in this study identified raising people's use of alcohol as part of wider conversations around keeping well and being safe at home, and this approach would naturally include almost all older people.

Next steps

For Outside the Box, the learning from this study will inform our contribution to developing the range of peer support and other community-based supports that enable older people to have a good life and stay well.

- We will disseminate the findings from this study through the partners and other people with whom we worked. We will also circulate it through other networks in Scotland that focus on support to older

people, on alcohol use and on wider equalities, community development and co-production: these all include services giving direct support to people and teams with a strategic role.

- We will continue to work with the partners in this project and with other organisations led by and working with older people, to explore options for increasing support around safe use of alcohol from these sources.
- We will disseminating the practical Tips that were developed alongside the research study, and adding in the learning from the research
- We will encourage teams in the public and voluntary sectors that provide support to older people to work in partnership with services focussed on people's use of alcohol. One example is the Alcohol and Drug Partnership in Forth Valley – which includes Falkirk – which has suggested working with the Make it Happen Forum and Outside the Box on a campaign in 2016-17 focused on older people's use of alcohol.

We also hope that other people will build on points raised through this research and carry out larger-scale studies. Points that could benefit from further research include:

- The ways in which people in their 50s and 60s are using alcohol now and how they think their alcohol use will continue. If people continue with the patterns of alcohol use they had at this age as they grow older, there may be a risk of the next generation of oldest people having much more risky patterns of alcohol use than do the current population of oldest people.
- The potential for population-wide campaigns highlighting the risks around alcohol use as people get older, as a way of reaching the families and friends of older people who are at risk and those who want to plan how to keep safe when using alcohol.

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