

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

Summary



Background

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. The rate of increase in the over-85 age group is even greater.

Overall, older people drink less than do younger adults, but there are older people whose alcohol use is above the recommended safe levels.

The current advice on safe use of alcohol does not include specific advice for older people, although the revised guidelines proposed in January 2016 do include older people as a group who should take care.

The advice from the Royal College of Psychiatrists highlights the additional risks for older people when they are drinking even at the 'safe' levels, with the impacts of the ways our bodies change as we get older and the higher risk 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.

Why we carried out this research project

Outside the Box knew groups that were in touch with older people who were worried about members who were not using alcohol in a safe way. We worked with them and other people to carry out a small study that looked at the ways older people are using alcohol, the types of information and advice that they would find useful, and their views on potential sources of advice.

We gathered the experiences and views of people aged over 50, to reflect the ways people's health and life situations begin to change around this time. We gathered the information through a short survey, individual and group interviews. Overall, around 160 people aged over 50 contributed to the research project.

The full report from the research project is on the Outside the Box website

and on the website of Alcohol Research UK, which funded the research project.

While we were working on the research project we were also working with people to develop tips to help older people be more aware of ways to enjoy alcohol and be safe. We produced 2 sets of Hints and Tips – one for older people and their families, and one for groups. These are also on the Outside the Box website: www.otbds.org

Older people's levels and patterns of alcohol use

People aged 50 and over vary a lot in the ways they drink alcohol.

- 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. This is similar to the findings of other research studies.
- A frequent location for drinking was at home or at a friend's house. This was highest for women in their 50s and 60s. People said they were drinking more at home since the drink-driving limit was reduced in Scotland in December 2014.
- Men in their 50s and 60s were most likely to be drinking in locations such as pubs and clubs, while women and people in their 70s and older were drinking at restaurants and on social occasions.
- Women were mostly buying the alcohol they drink at home in supermarkets as part of the weekly shopping.
- The oldest people usually drink alcohol that they received as gifts.
- The pattern of use people had as they got older reflected their pattern of alcohol use when they were younger.

"I'll sometimes have a beer or a whisky when the football is on the telly."

"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."

The oldest people were the ones with the lowest use of alcohol. There were several reasons for this.

- This group included people who had always had low alcohol use or did not drink at all. Examples are people for whom alcohol was an expensive luxury, people who took care around their work and family commitments and so avoided alcohol, and those who grew up with family and community concern or disapproval of heavy alcohol use.
- There are people who consciously decided to drink less, as they were aware of the higher risks with declining health.
- Some people were no longer in touch with the people and situations where they had enjoyed alcohol before, such as when poorer health had reduced their or their friends' social activities.

“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.”

“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.”

Information and advice

Most people wanted more advice and information on how alcohol affects people as they get older. The group who were least likely to think such information would be useful were the people who had the highest levels of alcohol use. In contrast, people who had low levels of alcohol use thought this would benefit many older people.

“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.”

The topics where people wanted information were:

- Interaction of medication and alcohol
- What to do if they were worried about someone
- Alcohol and falls
- General information about drinking safely.

“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.”

“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.”

The main factors people emphasised in deciding from whom to get advice were

- Whether they trusted the person – for their discretion, general common sense and attitudes, and
- The person’s level of knowledge, which included knowing where to find out more.

Older people were more likely to talk to a friend or family member, especially for concerns about someone else’s or their own wellbeing.

“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.”

Peer support from other older people was important for looking out for risky alcohol use in the context of people generally looking out for each other, and for looking at alcohol use in the context of people being safe at home. These were also the ways in which older people thought they could contribute to other people.

“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.”

People were less likely to talk to a health care professional. When they did identify a professional, they mentioned the qualities of individual people, especially whether they felt they could trust them. Professionals - including workers at community groups and services as well as health care staff - were the people who they would use for advice on medication and other aspects of their own situation, and on safe levels and patterns of alcohol use.

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

“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.”

What next

People suggested combinations of information and advice that would bring together trusted sources and expert knowledge.

- 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.

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.

Outside the Box is sharing the research findings and the Hints and Tips with a wide range of organisations and people.

We hope that other people will also have their own conversations about ways to raise awareness with older people and with the people who are in touch with them - such as family and friends and care workers - about the potential risks of alcohol and about ways to enjoy alcohol and be safe.

This report was funded by Alcohol Research UK. Alcohol Research UK is an independent charity working to reduce alcohol-related harm through ensuring policy and practice can be developed on the basis of reliable, research-based evidence.

www.alcoholresearchuk.org

