Working with Older Drinkers

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Overview

• Extent and nature of problem.

• Challenges.

• Best practice.
Extent and Nature of Problem
Total Alcohol-Related Hospital Admissions, England

Source: NHS Information Centre, 2011
Alcohol-Related Death Rates for Men, England

Source: Office for National Statistics, 2012
Alcohol-Related Death Rates for Women, England

Source: Office for National Statistics, 2012
Drink Driving, England and Wales

- Under 65’s
- 65 and over

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Drinking Every Day in Week Prior to Interview

Source: General Lifestyle Survey, 2009
Where male drinkers drank on heaviest drinking day, last week

Source: Omnibus Survey, 2008
Where female drinkers drank on heaviest drinking day, last week

Source: Omnibus Survey, 2008
Number of Drinking Companions for Men on Heaviest Drinking Day Last Week

Source: Omnibus Survey, 2008
Number of Drinking Companions for Women on Heaviest Drinking Day Last Week

Source: Omnibus Survey, 2008
Drink Now Compared with 5 Years ago, **Women** Aged 65 and Over

- More: 7%
- About the same: 51%
- Less: 42%

Source: General Lifestyle Survey, 2009
Drink Now Compared with 5 Years Ago, Men Aged 65 and Over

Source: General Lifestyle Survey, 2009
“I was taking a drink and giving her a wee drink. I was starting to go to the off-licence and get a bottle of vodka. I would cook her dinner and puree her food and wash her clothes, and line it all up for her. And then I was taking one to calm me down.”
“It was easy sometimes to sit in front of the telly and say, oh I think I will have a drink, instead of saying I think I will have a cup of tea, when it is cold, an excuse, or I feel pain, have a drink.”
Challenges
Challenges

• Older adults alcohol problems less likely to be detected.
Older adults social work/care practitioners

- Less likely to ask about substance misuse.
- Find it more difficult to identify substance misuse.
- More likely to find out about substance misuse from other professionals.

Source: From the front line: alcohol drugs and social care practice, Galvani, Dance, Hutchinson
Anyone ever asked about alcohol intake in mental health services

Source: Mental Health Trusts: Community Mental Health Survey 2011
In last 12 months, asked by someone at GP practice about how much alcohol drink

Source: Primary Care Trusts: Patient Survey 2008
Scottish Social Attitudes Survey

Colin is 40 and lives alone. He has a history of alcohol problems. For the past five years Colin has been drinking heavily on most days and is often unable to remember bits of what he did the night before. Colin lost his job because of this heavy drinking. He worries that his memory isn't as good as it used to be.
Percentage of Respondents who Thought that Individual Should Feel Embarrassed About His/Her Drinking

Source: Scottish Social Attitudes Survey, 2007
“I just like the one-to-one [therapy]. I am very afraid of going into a crowd [group therapy]......I think because it is a personal problem there is a terrible shame about it....I’m not having to share the shame with lots of people. It is terrible, terrible shame.”

(Wendy, 73, early-onset)
Challenges

• Older adults alcohol problems less likely to be detected.

• May have been drinking problematically for decades.
“I have lost my wife, my children, my grandchildren, my family... I was sleeping in a back alley... The drinking has affected every organ in my body. It has severely affected my blood pressure, my blood pressure drops very dramatically, very quickly...Then the legs went gradually over two or three years. Doctors told me that you will wake up one morning and you will try to stand up and it won’t happen. And that did happen. “

(Geoff, aged 67, early-onset)
Good Practice
Detection

Life changes associated with alcohol problems

- Bereavement
- Loss of friends/social status
- Loss of occupation
- Chronic pain
- Becoming a caregiver
Signs and symptoms that should trigger screening

• Estrangement from family.
• Poor hygiene and self-neglect.
• Non-attendance at appointments.
• Frequent accidents, injuries or falls, unexplained bruising.
• Elder abuse.
• Anxiety or depression.
• Incontinence.
• Disorientation.
Detection


2. Be able to discuss alcohol use with older people tactfully and sensitively.
Detection

2. Be able to discuss alcohol use with older people tactfully and sensitively.
3. Know which is the best screening tool for older adults.
Best tool - SMAST-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 relax or 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

SCORING: 2 OR MORE “YES” RESPONSES IS INDICATIVE OF AN ALCOHOL PROBLEM.
Intervention

1. Know that it is never too late to intervene.
Treatment success rates 2009/10

Source: National Alcohol Treatment Monitoring System, 2012
Intervention

1. Know that it is never too late to intervene.
2. Know when to refer older adults to specialist services.
When to refer

• Alcohol-dependent.
• Extensive history problem drinking.
• High level alcohol-related harm, with poor physical and mental health and social situation.
• Complex needs.
• Fail to respond to brief interventions.
Intervention

1. Know that it is never too late to intervene.
2. Know when to refer older adults to specialist services.
3. Know what works with older adults.
What works with older adults

- Brief interventions.
- Family interventions.
- Motivational interviewing.
- Cognitive behavioural approaches.
- Group support work.
Conclusion

• Older adults high risk group in terms of alcohol-related harm.

• There are a number of age-related challenges.

• Intervention should be age-sensitive.
Working with Older People with Alcohol Problems

Thursday 31 January 2013
10am – 4pm
Henriette Raphael Function Room, Guy’s Campus, King’s College London, SE1

A one day conference organised by Making Research Count at the Universities of Bedfordshire and King’s College London in collaboration with the Tilda Goldberg Centre at the University of Bedfordshire

The aim of this conference is to improve practitioners’ knowledge and understanding of alcohol misuse in older people and describe best practice. It will be of interest to health and social care workers in frontline services.

Speakers include academics and practitioners; this mix will ensure that a broad range of knowledge and best practice is presented.

Speakers:

Dr Sarah Wadd, Programme Director Substance Misuse and Ageing Research, Tilda Goldberg Centre for Social Work and Social Care
The Nature and Extent of the Problem

Mr Alan Coleman, BSc MSW, Manager Older Focus Service, Addiction NI
Identifying and Assessing Alcohol Problems In Older People

Dr Steve Brinksman MBchB, Clinical Director Substance Misuse Management in General Practice
Delivering Interventions for Older Drinkers

Mr Simon Wakefield RGN, Substance Misuse Worker for Older People
Alcohol and Medication Use in Older Adults

Dr Kim Edwards BSc (Hons) MSc PhD C Psychol, Bedford CMHT for Older People
Working with Dual Diagnosis in Older Adults

Attendance is free of charge but places are limited, so you will need to book - by 17th January 2013. Local authority bookings must be made via your Learning and Development Department. For all other bookings, please contact the MRC Administrator at University of Bedfordshire, Cara Senouni, Institute for Applied Social Research, Park Square, Luton LU1 3JU, mrc@beds.ac.uk, (01582) 743085.