



Older People and Alcohol Toolkit



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Information for this tool kit was obtained from: Alcohol Change UK, Drink Wise Age well and the Institute of Alcohol Studies



Introduction: Alcohol harm in the UK



Alcohol plays a significant role in our social lives and in our economy: it provides employment, generates tax revenue and stimulates the night-time economy.

Although the majority of people who drink do so moderately, alcohol consumption has doubled over the past 40 years. As a result, alcohol is the leading risk factor for deaths among men and women aged 15–49 years in the UK and there are more than one million alcohol-related hospital admissions every year.

Alcohol consumption generally declines with age and the proportion of non-drinkers increases. The reasons for this decline in consumption are presumably connected to changes in life circumstances and attitudes and, in the later middle aged and older, growing ill health.

However, there is evidence that today's population of older people may be heavier drinkers than previous generations. This could be the result of an effect whereby a generation which has had its formative years at a time of increasing affordability, availability, and social acceptability of alcohol may be more likely to retain drinking behaviours.

Maintenance of distinct drinking behaviours could also be a way of holding onto cultural or earlier life identity (and experiences) which could carry through into retirement years.

Despite drinking comparatively little, older drinkers consume alcohol far more often than any other age group. The cumulative effect of regular drinking takes its toll on the body of an older person, which is less able to handle the same levels of alcohol as in previous years.

The sudden disruption in lifestyle caused by retirement and bereavement – which can lead to decreased social activity – is thought to be a major contributory factor among older people who develop a drinking problem, as are isolation and loneliness.



Researchers have identified 3 types of older drinkers

- 1 Early-onset drinkers (Survivors):** those who have a continuing problem with alcohol which developed in earlier life probably owing to cultural norms and experiences.
- 2 Late-onset drinkers (Reactors):** they begin problematic drinking later in life, often in response to traumatic life experiences such as the death of a loved one, loneliness, pain, insomnia or in response to significant changes in lifestyle, such as retirement.
- 3 Intermittent (Binge drinkers):** they use alcohol occasionally and sometimes drink to excess which may cause them problems.

Alcohol contributes to conditions including cardiovascular disease, cancer, alcohol-related cognitive impairment and liver disease and can cause harm from accidents (such as slips, trips and falls). The harm from alcohol goes far beyond individual health however, affecting families, friends and communities; it contributes, for example, to violent crime, domestic and elder abuse and absence from work.

The impact of alcohol harm falls disproportionately on the more vulnerable people in society. Older people and those in the lowest socioeconomic groups are more likely to be admitted to hospital or die from an alcohol-related or specific condition compared to those in higher socioeconomic groups, so action that supports local work to prevent or reduce alcohol-related harm can also help reduce health inequality.

[The UK Chief Medical Officers' \(CMO\) guidance](#) to moderate alcohol consumption, benefits both physical and psychological health. Moderating alcohol consumption can be influenced by what we know and what we can do (capability); people around us and our physical environment (opportunity); and our beliefs, what we want, how we see ourselves, how we regulate our emotions, and our habits (motivation).

Alcohol consumption and COVID-19

- > The Institute of Alcohol Studies' review of consumption from March to June 2020 found that between a fifth and a third of people were drinking more alcohol during lockdown. An additional third consumed less alcohol in lockdown, typically those who consumed the least amount of alcohol before the pandemic.
- > Covid-19 has affected alcohol supply with closures and openings of on-trade alcohol premises, and changes to the availability of alcohol on the off-trade. Many individuals purchased alcohol in larger quantities than usual, expecting issues in alcohol supply from lockdown measures and outlet closures. Off-trade retailers were not required to close, but were designated as 'essential' during the coronavirus pandemic, primarily to prevent a sudden stop in alcohol use in those who may be alcohol dependent.
- > Those who have used alcohol in large quantities over time should not suddenly stop their alcohol use as it may cause severe withdrawal or death. Instead, they should be encouraged to engage with services (such as a managed detoxification), or cut down gradually by themselves, by slowly reducing alcohol amounts, and switching to lower alcohol products (e.g. moving from spirits to lower strength beers).
- > Covid-19 has raised additional challenges. The lockdown and restrictions on household movement increases the likelihood of interpersonal conflict, from disharmony and drinking in front of children, to interpersonal violence, child, or elder abuse. Heavy use of alcohol increases the risk of acute respiratory distress syndrome (ARDS), compromises the immune function, and increases the likelihood of injury. National Health Service (NHS) and charitable sources of support for hazardous or dependent drinking are under pressure financially and in treatment capacity, thus fewer sources of support may be available. Increased awareness of health provides a teachable moment in which we can reinforce the benefits of drinking within the guidelines and use strategies (e.g. effective brief interventions) to support behaviour change.

Why do older people drink?



- > Many older people drink for the same psychological and social reasons as other age groups; for enjoyment, celebration, and social interaction. However, a sudden disruption in lifestyle such as retirement or bereavement can be a major contributor to increased alcohol consumption among older people.
- > In the UK, older people tend to drink less overall than younger generations, but are more likely to drink more often, sometimes on an almost daily basis. The rising number of alcohol-related admissions and deaths in the UK among those aged 65 years and over highlights the health problems caused by regular alcohol consumption.

What are the potential problems linked to over consumption in older adults?



Alcohol is broken down more slowly in the body as we age

The same amount of alcohol tends to have a greater effect on older people. If you're older and your drinking habits haven't changed, you may notice that alcohol is starting to affect you more than it did before. This is normal, but it can cause further problems.

It takes approximately one hour for each unit of alcohol to leave your body - this means if you had eight pints of ordinary strength beer and stopped drinking at midnight, all of the alcohol would not be dispelled from your body (and you would not be safe to drive) until about 4pm the following day. However, it can take our liver 1.5-2 hours to process a unit of alcohol as we get older - a significant issue when people are making judgements about driving after drinking.

Falls and fractures

Balance gets worse with age - even a small amount of alcohol can make you more unsteady and more likely to fall.

Furthermore, alcohol consumption is linked with increased risk of developing osteoarthritis, causing weaker and more fragile bones which can increase the chance of breaks and fractures.

Medication Interaction

Alcohol can cause problems if you're taking certain medicines. As we get older, many of us take more medicines, often several kinds at once. The problem is that alcohol can make many medicines stronger or weaker or can make their side-effects worse. ***If you're taking any type of medicine, always ask your pharmacist or doctor if you can safely drink alcohol.**

Common types of medicines that can be affected by alcohol* include:

- > Antidepressants *for depression*
- > Tranquillisers *for anxiety*
- > Sedatives *for sleeping*
- > Mood stabilisers *eg. lithium for bipolar disorder*
- > Antihistamines *for allergies or colds*
- > Anti-inflammatories *for pain and inflammation*
- > Paracetamol *for pain or fever*
- > Stronger, opiate-based painkillers *eg. codeine*
- > Antibiotics *for infections*
- > Anti-hypertensives *for high blood pressure*
- > Heart medicines *for angina or heart failure*
- > Cholesterol-lowering medicines
- > Indigestion medicines
- > Diabetes medicines
- > Blood thinners *for preventing blood clots*
- > Chemotherapy medicines *for cancer or severe arthritis*
- > Epilepsy medicines
- > Medicines that help urine flow *for men with enlarged prostates*
- > Some medicinal herbs *such as chamomile, valerian, lavender, St John's wort and kava*
- > Some cough syrups *that contain high amounts of alcohol and can affect other medicines*

**This is
not a
complete
list,
always
check!**

*Effects may depend on the medicine dose and amount of alcohol. Alcohol does not affect all medicines in these categories – each type of medicine needs to be checked.

Mental Health

Drinking too much alcohol can negatively impact mental health at all ages and can lead to problems such as:



Anxiety

- This may be because you start to feel anxious as the alcohol wears off – like a mild withdrawal symptom. So you have a drink to feel better – but as the effect of that wears off, you start feeling anxious again.

Depression

- You feel less hungry, have difficulty sleeping and get tired more easily. You start to feel that you have lost interest in things you used to enjoy, are slower to take things in when reading or watching television and feel less positive about the future – or even feel that life is not worth living.

Hearing voices

- This is less common but can happen if you have been drinking heavily for a long time. It starts with vague noises, like leaves rustling, and gradually becomes distinct voices. These can be unpleasant and are usually distracting.

Confusion

- If you have been drinking but not eating, the lack of Thiamine, an important vitamin, can make you confused and unsteady on your feet. If this is not treated urgently, you can get permanent damage to your short-term memory – this is called Korsakoff's syndrome.

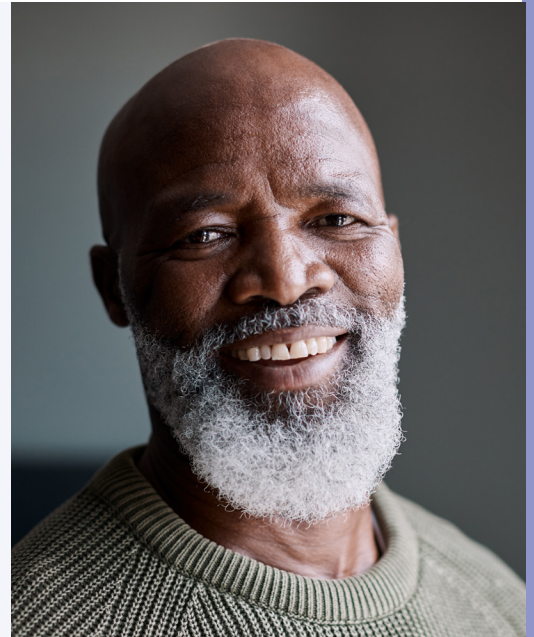
Dementia

- You can lose your ability to remember new information, which may be put down to 'old age', instead of the effects from alcohol.



How to start conversations about alcohol harm

It isn't always easy for people to ask questions about alcohol or say they have a drinking problem. Some people may feel embarrassed or ashamed about their drinking, but it's better to ask for help than try to cope alone. If you're having trouble stopping or cutting back on how much alcohol you drink, talk to your doctor or another health professional. Your doctor can refer you to an alcohol treatment service or to another health or social service you may need to help you. Some treatment services cater just for older people.



Kind listening and practical support can help a person who wants to make healthier choices around alcohol. If you're caring for or supporting an older adult, make sure they have a copy of this booklet. Encourage them to read it to find out how alcohol could be affecting them. If they want to talk about their alcohol use, listen carefully to what they say and be non-judgemental. Be respectful of their ideas and decisions and remember they have the right to choose what to do. If you feel you can, offer to help. Talk together about practical things you could do, such as:

- Finding more information on how much alcohol is safe for them to drink.
- Suggest lower alcohol unit drinks or non-alcoholic alternatives.
- Looking at their medicines' labels to see what they say about alcohol.
- Checking if their health conditions could make drinking a problem.
- Doing things to help them reduce loneliness, worry or boredom (e.g. taking them to see friends).
- Going with them on visits to a doctor, pharmacist or other health professional for further information.

How to recognise when drinking is causing harm in older adults?

There are a number of signs or 'red flags' that could suggest someone is experiencing problems with their drinking, these include:

- > Increasing signs that the person is shunning social contact.
- > Signs of or complaining about chronic pain.
- > Complaints about sleep and signs of tiredness or insomnia.
- > Reduced mobility, such as difficulty in walking.
- > Tremors, poor co-ordination or shuffling when walking.
- > Changes in mental health or well-being including appearing anxious or depressed.
- > Persistent irritability without obvious cause or agitation.
- > Problems with memory and concentration.
- > Signs of self-neglect including poor hygiene or not eating well.
- > Becoming increasingly secretive or making up events or stories.
- > Changes in financial circumstances, for example struggling to pay bills.
- > Recurrent accidents and injury such as falls – look out for frequent appearance of bruises.
- > Appearing under the influence of alcohol, with symptoms like smelling of alcohol and slurred speech.
- > Frequently missed appointments, particularly those in which they have forgotten to attend.

Of course, many of these signs could indicate other underlying health problems so it is important to '**start the conversation**' in a sensitive way and explore what may be going on for the individual.

How to assess if someone is drinking too much?

In the UK, drinkers aged 55+ are more likely to exceed the recommended weekly guidelines than any other age group. In the general over 50s population there is both low awareness of what they should be drinking, and an overall increase in consumption levels.



The Chief Medical Officers' guidelines for both men and women state that:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
- If you or someone you know regularly drink as much as 14 units per week, it's best to spread your drinking evenly over three or more days. If you or someone you know have one or two heavy drinking episodes a week, you/they increase the risk of long-term illness and injury.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more people drink on a regular basis.

How much is 14 units of alcohol?

- > One unit is 10ml of pure alcohol. Because alcoholic drinks come in different strengths and sizes units are a good way of telling how strong your drink is. It's not as simple as one drink, one unit.
- > The new alcohol unit guidelines are equivalent to six pints of average strength beer or six 175ml glasses of average strength wine.

The simple image below highlights how many units are in different alcoholic drinks:

Alcohol: Know your units



2 units
per pint of 3.6% ABV
Beer/Lager/Cider



2.3 units
per pint of 4% ABV
Beer/Lager/Cider



3 units
per pint of 5.2% ABV
Beer/Lager/Cider



1.7 units
per 330ml bottle of
5% ABV
Beer/Lager/Cider



2.8 units
per 500ml can of
5.5% ABV
Beer/Lager/Cider



1.6 units
per small 125ml glass
of 13% ABV
Wine



2.3 units
per regular 175ml glass
of 13% ABV
Wine



3.3 units
per large 250ml glass
of 13% ABV
Wine



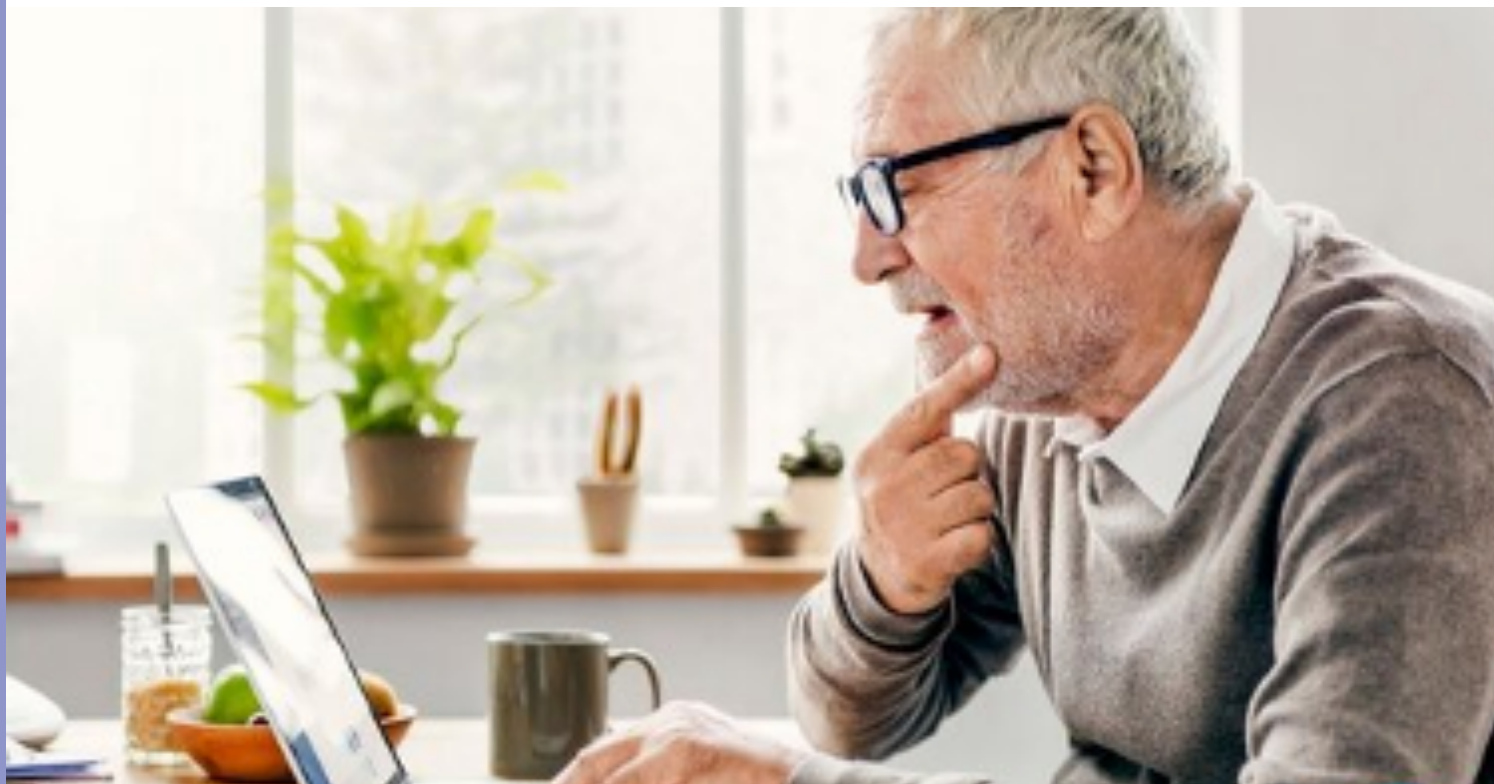
1.5 units
per 275ml bottle
of 5.5% ABV
Alcohol



1 units
per 25ml single shot
of 40% ABV
Spirits

ABV = Alcohol by volume www.alcoholchange.org.uk

What tools are available to assess if someone is drinking too much alcohol?



Barnsley Council Public Health have partnered with DrinkCoach to commission a new digital platform which will give residents access to free online appointments to help them cut down their drinking.

DrinkCoach allows people to assess how risky their drinking is and receive personalised advice online. The website also directs residents or support workers towards the most appropriate local service, including connecting via video call to a DrinkCoach alcohol specialist.

The DrinkCoach package includes:

The DrinkCoach Alcohol Test

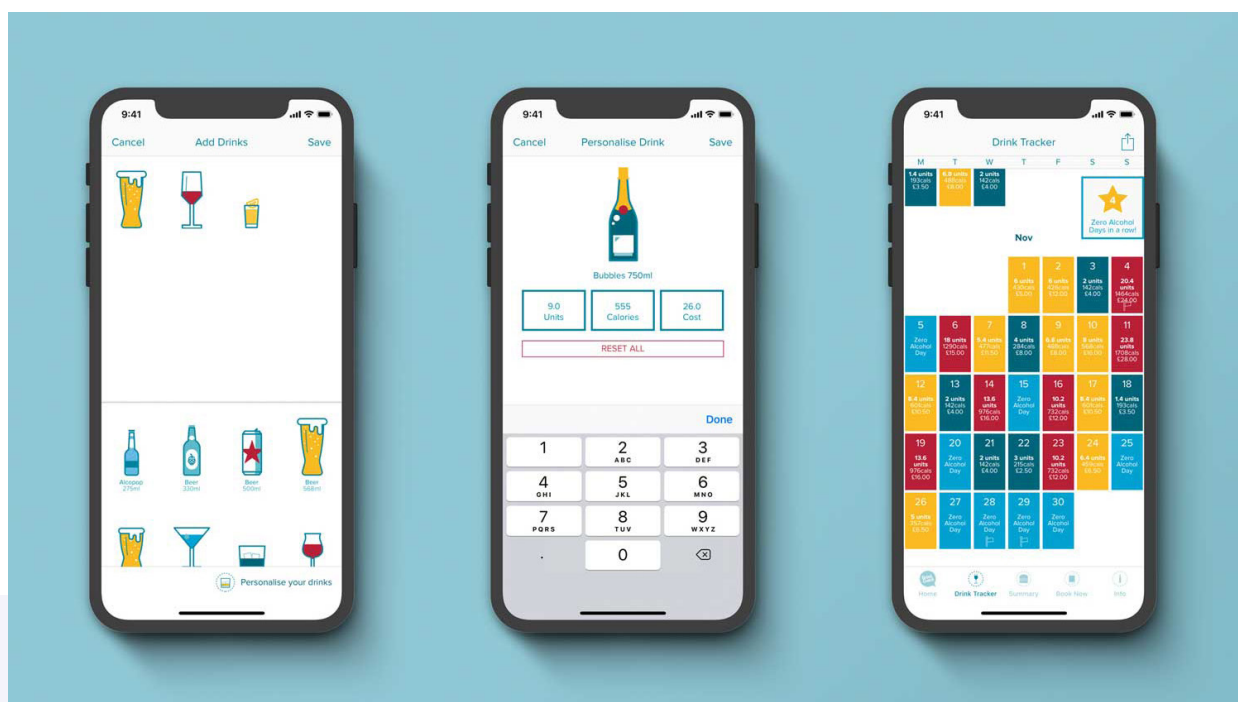
This is a free, quick and confidential way for residents to assess how risky their drinking is, and receive personalised advice and information about local support options in Barnsley. The test only takes 2 minutes, why not take the [DrinkCoach Alcohol Test](#) today?

DrinkCoach App

The DrinkCoach app is free to download and use and is available across iOS and Android platforms, and has a range of features, including a daily tracker for units, calories and cost, goal setting and an event diary to record incidents.

DrinkCoach Online Coaching Service

Barnsley residents are eligible for up to 6 free online coaching sessions with an alcohol specialist. Sessions are available 7 days a week with daytime, evening and weekend appointments available to allow residents to select their preferred timeslot, with no waiting lists or travel required, as this service is offered via video call. Taking the [Alcohol Test](#) will indicate if individuals would benefit from cutting down with DrinkCoach.



Some older people may not have access to digital equipment, so we advise for those with no access or find it difficult to use computers or mobile phones, they are supported by health/support staff to access the available online interventions.

Further information on DrinkCoach - when and how to use - and to access free resources please contact Barnsley's Public Health team - garrethrobinson@barnsley.gov.uk

Methods to advise older people who are having problems with their drinking



Firstly, start by showing concern not disapproval.

When giving advice to someone who may be having problems due to their alcohol use ensure:

- ✓ That the factors behind their drinking are explored, these could include isolation, chronic pain, or financial worries.
- ✓ You encourage a belief that change is possible, including encouragement to make small changes (for example, two alcohol free days a week and drinking water alongside alcohol).
- ✓ They seek medical advice before stopping or reducing alcohol consumption if their levels of drinking are already causing them harm, it could be that in these cases they may need a clinical assessment and if required an alcohol detox.
- ✓ To encourage other positive behaviours that will increase their protective factors, including eating healthily and remaining active.
- ✓ Visit the Age Friendly webpage on page 21 for local organisations that provide activities/social opportunities for people to link with as an additional protective factor.



- ✓ You give as much information as possible to support the person to make healthier choices – you can find many resources on the [Drink Wise Age Well website](#) that can help with this, **tips for drinking wisely, recommended guidelines, and where to get help.**
- ✓ Any barriers are explored that may be stopping them changing their behaviour, for example, do they need help to attend appointments?
- ✓ Where possible and if the person agrees you visit them in their home, this removes any barriers for them such as difficulties with mobility and concerns around stigma.
- ✓ A risk assessment is carried out to address any trip and fire hazards around the home, in some areas Fire Safety checks can be carried out by Fire and Rescue services.
- ✓ You arrange for them to have a physical health/dental check.
- ✓ To engage with their family or support circle (with the person's consent) to seek additional encouragement and help.
- ✓ You explore other areas of their life and try and increase social activity and inclusion, for example, what are their interests, what strengths and skills do they have?

Harm Reduction

In some instances, people will not be ready to make changes and the priority for you as the frontline worker/professional is to keep them as safe as possible and minimise risk where they continue to drink. This is commonly known as 'harm reduction'.



If a person's drinking is continuing or becomes more problematic, and they don't feel ready to make changes you can:

- > Signpost or refer to a local [alcohol specialist service](#).
- > Support them to attend appointments.
- > Liaise with the local alcohol service to explore the need for a fuller assessment of needs and any potential support medication required.
- > Write down unmet needs, as and when you come across them, and explore with the person how to address these.
- > Consider arranging to have the person assessed by a mental health specialist if you're concerned about their mental capacity.

What support is available in Barnsley?

If you think you might be drinking too much and would like to cut down or stop drinking, there is help available. You could start by talking to your doctor who can give you advice about:

- > Medications that help you adjust to drinking less
- > Local support groups
- > Counselling

Recovery Steps

Recovery Steps provide free and confidential support if you would like to make changes to your alcohol use. Phone them to speak to one of their friendly, trained experts. They are there to help and will work with you to manage, reduce or stop your alcohol use.

- > Call us on 01226 779066
- > Email us on brs.referrals@humankindcharity.org.uk

Drink Wise Age Well

Drink Wise Age Well provides information on alcohol and getting older to allow you to make informed choices about your alcohol use. They provide information on alcohol unit guidelines, tips for cutting down and where and how to get help if you need it.

Drink Wise Age Well have a free confidential helpline (0808 8010750) that is staffed by experienced practitioners, and provides information, advice, and support for older adults in the UK.

The helpline operates between 12.00-20.00 Monday to Friday and 10.00-16.00 at weekends.

[Discuss training with drink wise age well](#)

*Please note: Drink Wise Age Well will not be operating after the 31st March and this service will be delivered by 'We Are With You' please visit www.wearewithyou.org.uk

Age Friendly Barnsley

Age Friendly is a concept that was developed by the World Health Organisation. Barnsley has joined the UK network of Age Friendly communities and working together we want everyone in Barnsley to enjoy healthy and active ageing.



The [Age Friendly Barnsley website](#) contains links and information from partnership organisations, specifically for older people.



For further information on the council's work with older people and alcohol contact – Garreth Robinson garrethrobinson@barnsley.gov.uk or Christus Ferneyhough christusferneyhough@barnsley.gov.uk