

## **Alcohol and Older People Briefing Paper.**

### **Introduction:**

If you are worried about your own or someone else's drinking or perhaps want to know more about the effects of alcohol as you get older this information sheet is intended to help you to answer some of the questions you may have.

### **A growing problem:**

Recent research suggests that the Misuse of Alcohol is a growing problem among older people.

Both alcohol and illicit drugs are among the top ten risk factors for mortality and morbidity in Europe and substance misuse by older people is now a growing public health problem.<sup>1</sup>

### **Why does it matter?**

These findings are important because as we age our ability to break down or metabolise alcohol is reduced. This altered metabolism alongside, a fall in the ratio of body water to fat puts older people particularly at risk of the adverse physical effects of alcohol misuse. Alcohol is completely soluble in water and the smaller the water content in the body the more an individual will be affected by a given amount of alcohol. Decreased hepatic or liver blood flow also puts older people particularly at risk of the adverse physical effects of substance misuse. This has led the Royal College of Psychiatrists to argue for new lower level drinking guidance for people over 65, that is a maximum of 1.5 units of alcohol a day.

### **Ways to tackle this problem**

- Raise awareness among older people of alcohol and alcohol effects,
- Training for professionals on alcohol and its effect on older people.
- Signposting to services and support.

### **Alcohol and Prescribed medication:**

Many older people take multiple medications; alcohol mixes badly with many of the medications taken by older people, meaning that the combinations of alcohol with some medications may be harmful to the patient. Some of the ways alcohol can interact with prescribed medications include;

- It increases the sedative effect of some drugs
- This combination may affect coordination and balance
- the alcohol may affect the way prescribed drugs are broken down and absorbed so they no longer have the effect that was intended.

It is always recommended that patients should check the leaflets that come with their medications but if you are still unsure check with your doctor or the pharmacist to find out if it is safe to drink alcohol when taking your medication.

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<sup>1</sup> The Royal College of Psychiatrists, (2011) *Our Invisible Addicts*

## **Falls:**

Falls are a major public health issue facing older people. Falls represent the most frequent and serious type of accident in people aged 65 and over. Based on national figures it has been estimated that there are around 420 preventable alcohol related falls among older people each year in Norfolk.

## **Mental Health:**

Substances that affect mood, perception or consciousness are known as psychoactive drugs. Psychoactive drugs are divided into three main groups and alcohol falls into the depressant group.

There are many ways that alcohol is used for example; to celebrate and to relax but it is often used to self-medicate for feelings of anxiety or depression. Over time where alcohol is used in this way it can make the symptoms worse, research has shown that regular drinking lowers the levels of serotonin in the brain. This matters because serotonin is a chemical that helps to regulate mood.

Whilst the physical effects of alcohol are well known, for example alcohol related liver disease and alcohol related brain damage, the effects on our mental health are not so well recognised. In a recent briefing for Alcohol Concern, the author argued that although there has been,

*‘Considerable awareness surrounding the impact of alcohol misuse and dependence on physical health in older people, particularly on damage done to the liver .....More recent trends suggest that there needs to be an equal focus on mental health’.*

## **Treatment Interventions, what will happen if I seek help?**

When you seek help, perhaps through your GP, you will be assessed to find out how much you are drinking. Assessment forms a part of an intervention called Identification and Brief Advice, (IBA) sometimes called Brief Interventions. Since 2004 the most commonly used intervention for alcohol misuse has been Brief Interventions. A brief intervention can range from 5 – 45 minutes depending on your assessment results.

Having completed the assessment and gathered a picture of your drinking, practitioners will feedback the results; this will include;

- raising awareness of any potential harm caused by the present level of drinking
- discussing possible reasons for changing the drinking behaviour and any health and wellbeing benefits that could follow.

The practitioner will then set out a menu of options and will work with you to devise practical strategies to help you make changes. IBA is primarily used with people that are drinking at hazardous or harmful levels.

**Hazardous use** is a pattern of alcohol consumption carrying with it a risk of harmful consequences to the drinker. These consequences may be damage to health, physical or mental, or they may include social consequences to the drinker or others.

**Harmful use** is a pattern of drinking that is already causing damage to health. The damage may be either physical (e.g., liver damage from chronic drinking) or mental (e.g., depressive episodes secondary to drinking).

For people drinking above these levels the practitioner would refer to a specialist.

### **Where to go for help in Norfolk:**

If you are worried about your drinking there are a number of places you can seek help. This might be through contacting your GP, the practice nurse or a specialist worker.

In Norfolk there are a number of specialist services; NORCAS Older People's Service has a county wide remit and offers;

- Brief intervention 1:1 specialist support for individuals aged 65+ experiencing issues around alcohol, illegal substances, over the counter and prescription medication.  
mailto: [Older.People@phoenix-futures.org.uk](mailto:Older.People@phoenix-futures.org.uk)

In addition there is the Norfolk Recovery Partnership (NRP) which is a recovery based service offering high quality, easily accessible help for people affected by alcohol / and or drugs in Norfolk.

NRP offers drop in assessments to service users aged 18 years and above across their five Norfolk bases.

Great Yarmouth	North Walsham	Thetford.	Norwich	King's Lynn
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### **What services do NRP offer?**

NRP offers a single point of contact for access to all its services, including advice, outreach, group work, counselling, medical intervention and aftercare for the service user.

**Family, friends and carers** of drug and alcohol users can also access help and advice. Those close to someone accessing the service may need support in living with an addiction and playing their part in the recovery journey.

**How to get help:** There are many ways to get help, whether you have a drug or alcohol problem or care for someone who does. You can access help by calling the 24 hour contact number: 0300 7900 227 or you can visit the website. [www.norfolkrecoverypartnership.org.uk](http://www.norfolkrecoverypartnership.org.uk)

### **Websites:**

**Norfolk's Living Well:** If you are ready to change, support is available – and Norfolk's living well can help you to find it. <http://www.norfolklivingwell.org.uk/>

**Outside the wire:** A bespoke alcohol and drug service offering confidential advice and support to current and ex HM Forces personnel and their families across Norfolk.

Tel: 01263 510900

Email: [thejunction@matthewproject.org](mailto:thejunction@matthewproject.org)

<http://www.talktofrank.com/treatment-centre/outside-wire>

### **Resources:**

Alcohol and Older People leaflet, Royal College of Psychiatrists (2011)

<http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/alcoholandolderpeople.aspx>

#### **Alcohol and older people. A guide.**

Essential information for social workers. This guide seeks to support social workers in their practice with older people who drink alcohol. It will also be relevant for other social and health care professionals.

<https://www.basw.co.uk/resource/?id=967>

### **Reports:**

Royal College of Psychiatrists (2011) Our invisible addicts, First Report of the Older Persons' Substance Misuse Working Group.

S Wadd, K Lapworth, M Sullivan, D Forrester, S Galvani (2011) *Working with Older Drinkers*. University of Bedfordshire and Tilda Goldberg Centre