



## Focus on alcohol misuse among older people

### Introduction

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Many public health campaigns on the misuse of alcohol are aimed at younger age groups. However, there is evidence that alcohol misuse is increasing in people over the age of 65. For a variety of reasons, alcohol misuse among these older people may go unnoticed (Department of Work and Pensions, 2013).

In the Republic of Ireland (ROI), alcohol consumption among the over 65s is lower than other age groups, and 23% of that age group have never drunk. However, 10% of those over 65 are consuming alcohol on four or more days per week, higher than any other age group (Health Research Board, 2012). While younger people in Northern Ireland (NI) drink more than those in older age groups, 16% of people aged 60-74 exceed the weekly guidelines for sensible drinking (Public Health Agency, 2011).

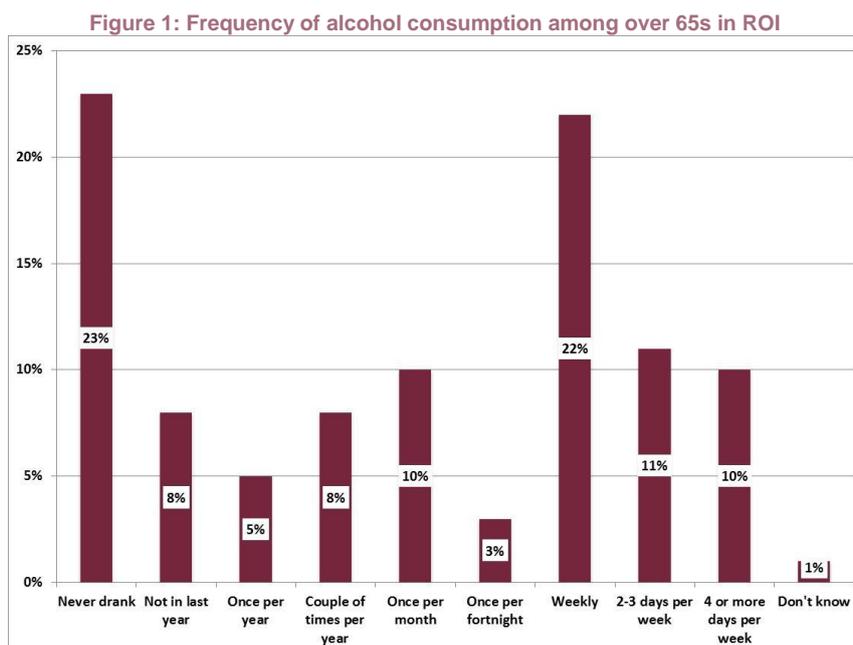
This edition of the CARDI "Focus on . . ." series looks at alcohol misuse among older people across the island of Ireland and asks if more could be done in policy and social work terms to address the associated health and welfare issues among older age groups.

## Key findings

- Alcohol misuse is an under reported problem among older people, men in particular:
  - 10% of people aged 65 or over in ROI consumes alcohol on four or more days per week (Health Research Board, 2012). 7% of men aged 50 and over and 2.7% of women aged 50 and over have an alcohol problem (The Irish Longitudinal Study on Ageing, 2011).
  - In NI, 7% of the over 65s drink at a level that is above sensible and a further 1% drink at dangerous levels. For men aged 65 and over, 13% drink above sensible levels and 2% drink at dangerous levels (NISRA, 2009).
- Alcohol misuse in older people can lead to increased physical and mental health problems, greater risk of falls or dangerous interaction with prescription medications (Wright & Whyley, 1994) (Mukamal et al., 2003) (Dar, 2006).
- Older people may have developed an alcohol problem at an early age or emotional, social, medical and practical problems can lead to late-onset alcoholism (Dar, 2006).
- Several barriers to identifying alcohol misuse in older people exist, including similarities between alcoholism symptoms and other conditions, awareness and attitudes of health practitioners, denial by the older person and the unreliability of self-reports (Dar, 2006).
- It is important that health professionals can identify and know how to best approach an alcohol problem in an older person and that any policy or health promotion strategy on alcohol misuse is relevant for both older and younger people.

## Older people and alcohol use ROI

Figure 1 shows the frequency of alcohol consumption among the over 65 age group in ROI. As it shows, 10% of the population over 65 consumes alcohol on four or more days per week, higher than any other age group.

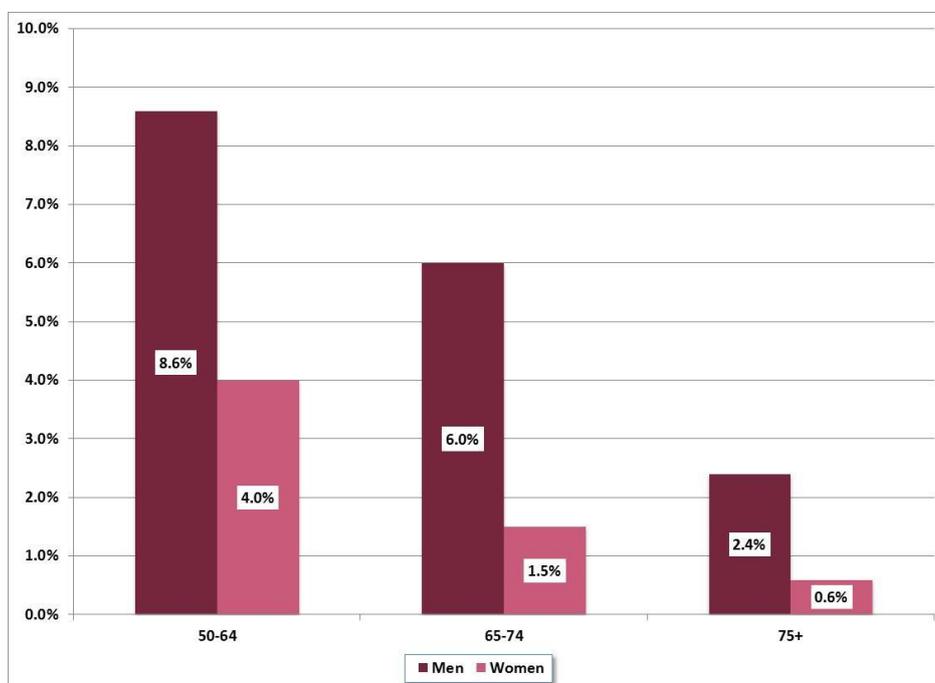


Source: Health Research Board (2012)

The frequency of alcohol consumption among older people in ROI appears to have increased slightly since 2007. The Survey of Lifestyle, Attitudes and Nutrition in Ireland in 2007 showed that among the over 65s, 41% never drank, 16% drank monthly or less, 15% drank 2-4 times per month, 18% drank 2-3 days per week and 10% on four or more days per week (Brugha et al., 2009).

In responding to the Irish Longitudinal Study on Ageing (TILDA), 1.8% of adults over the age of 50 in ROI reported a diagnosed history of alcohol or substance abuse, with the highest rate amongst men aged 65-74 years (3.9%). However, when assessed using a questionnaire, problem drinking was higher, being seen in 4.8% of the same age group, 50+ (The Irish Longitudinal Study on Ageing, 2011). Overall using the objective measure, 7% of men aged 50 and over and 2.7% of women aged 50 and over were seen to have an alcohol problem.

Figure 2: Problematic alcohol use by age and sex in ROI



Source: The Irish Longitudinal Study on Ageing (2011)

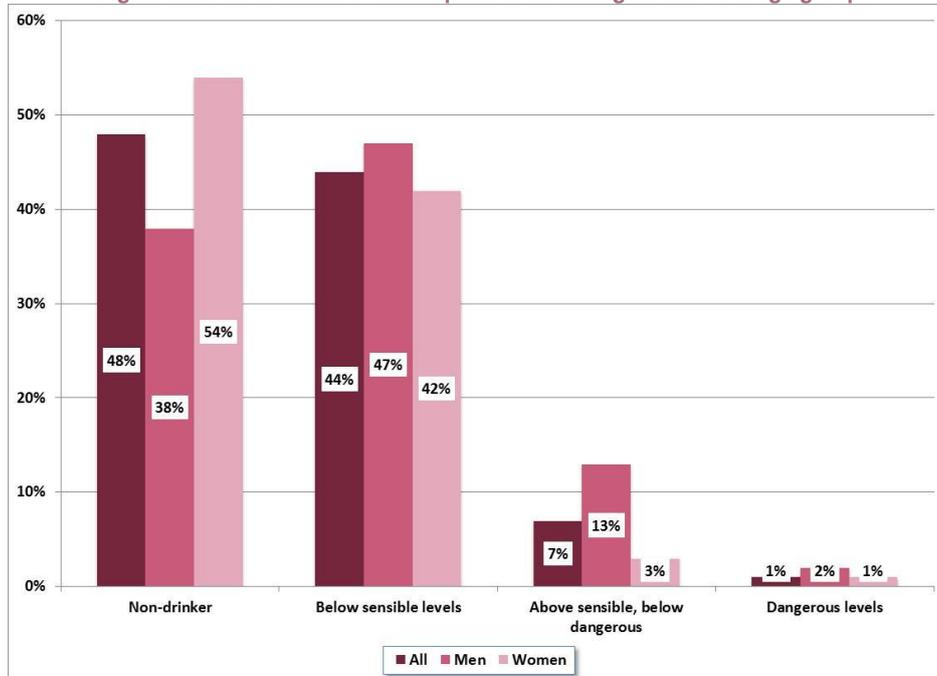
A study by Lyons et al. (2011) revealed that 25 people aged 65-69 and 15 people aged 70 and over died directly from alcohol poisoning between 2004-2008. During the same time period, there were 62 deaths from poisoning in the 45-49 age group. There were a further 14 deaths of people aged 65 and over from poisoning by alcohol plus other substance(s), the most common of which were benzodiazepines.

The same study reveals that just over 1,000 deaths of people aged 65 and over who were alcohol dependent occurred, and alcoholic liver disease was the most common cause of death in these cases. Finally, 51 people aged over 65 who were alcohol dependent died from traumatic causes, with falls accounting for 40% of these deaths (Lyons et al., 2011).

### Older people and alcohol use NI

The Continuous Household Survey in NI includes a question on levels of alcohol consumption and the findings from 2008-09 are shown in Figure 3. As can be seen, 7% of the over 65s drink at a level that is above sensible levels and a further 1% drink at dangerous levels. For men aged 65 and over, 13% drink above sensible levels and 2% drink at dangerous levels (NISRA, 2009).

Figure 3: Level of alcohol consumption in NI among 65 and over age group



Source: NISRA (2009)

In 2009 in NI, there were 36 alcohol related deaths among people in the 65-74 age group and 16 among people aged 75 or over. The median age for an alcohol related death was 54 (Public Health Agency, 2011).

The Troubles in NI have impacted on mental health with cases of undiagnosed post-traumatic stress disorder and self-medication, including through alcohol abuse (Gallagher, Hamber, & Joy, 2012). In NI, 17.1% of the over 45 population who had experienced a conflict-related trauma abused alcohol, compared to 4.8% who did not experience any traumatic event (Ferry, Bolton, Bunting, Murphy, O'Neill, & Devine, 2012).

The Bamford Report (2005) noted an increase in the rate of alcohol misuse among the over 65s in NI and suggested that the issue was not as visible as with other age groups (The Review of Mental Health and Learning Disability, 2005). The Report quotes Atkinson and Kofoed (1982) in listing three reasons that the issue of alcohol abuse may not be as visible among older people:

- Underreporting by older people due to embarrassment or stigma
- Less contact with the criminal justice system
- The lower likelihood of encountering employment problems (Atkinson & Kofoed, 1982).

## Alcohol abuse among older people

There is evidence to suggest that while older people do not consume as much alcohol as younger age groups, they may experience problems at relatively low levels of alcohol use due to physiological changes. These changes, such as decreased lean body mass and lower body water content, may result in a lowered tolerance to alcohol (The Review of Mental Health and Learning Disability, 2005).

A 2011 report published in the UK by the Royal College of Psychiatrists in June 2011, suggested reducing the daily recommended alcohol limit for older people to an upper limit of an average of 1.5 units a day (averaged over a week). It also suggested reclassifying binge drinking for older people as the consumption in a single session of more than 4.5 units for men and more than 3 units for women. As noted in Age and Ageing in 2013, this would mean three million older people in England would be at risk of alcohol-related harm (British Geriatrics Society, 2013).

A study of alcohol use disorders in older people in England in 2006 noted that “current diagnostic criteria and common screening instruments for alcohol use disorders may not be appropriate for elderly people”. The same research showed that older people are just as likely to benefit from treatment as younger people and that the principles of treatment are much the same (Dar, 2006).

There are two recognisable patterns in terms of alcohol abuse among the older population.

The first pattern is early onset, whereby people develop problems at younger ages and have likely been alcoholics throughout their lives. Older people in this group are more likely to have psychiatric illness, cirrhosis and organic brain syndromes (Menninger, 2002). Two-thirds of older alcohol abusers fall into this category.

The second pattern is late onset, accounting for one third of older people who abuse alcohol, and who first develop problems at 40-50 years of age. This group tends to be highly educated and a stressful life event frequently precipitates or exacerbates their drinking. Late onset alcoholics tend to have fewer mental and physical health problems and are more likely to be able to recover. A longitudinal study found an overall stable remission rate of 21% in late onset alcoholics after four years, with late onset alcoholics almost twice as likely as those with early-onset alcoholism to have stable remission with treatment (Schutte, Brennan, & Moos, 1994).

Figure 4 below shows the key factors associated with heavy drinking among older people. In older age groups there are particular categories of people who are at risk of having alcohol problems, notably men living alone, people who are socially excluded and those in higher socio-economic groups.

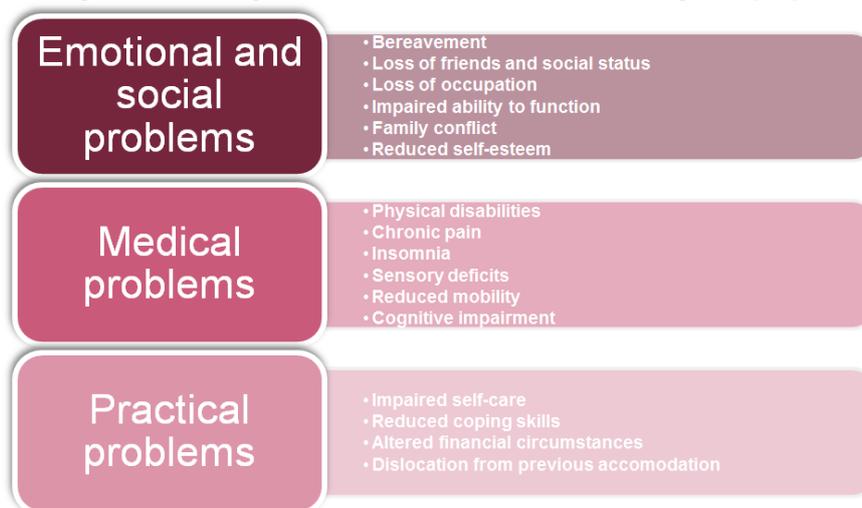
Figure 4: Key factors associated with heavy drinking among older people



Source: adapted from Dar (2006)

In addition to the key factors outlined in Figure 4, a life-changing event at any stage of the life cycle can be associated with alcohol misuse in older age groups. These can be emotional or social problems such as a bereavement or loss of occupation; medical problems such as chronic pain or a physical disability; or practical problems such as reduced coping skills or being unable to take care of oneself as well as previously.

Figure 5: Life changes associated with alcohol misuse among older people



Source: Dar (2006)

Dar (2006) identifies several barriers to identifying alcohol misuse among older people:

- Societal myths
- Health practitioners' awareness and attitudes
- Denial by the person
- Similarities between the symptoms of alcoholism and those of other conditions
- Unreliability of self-reports
- Screening instruments that are not designed to be used with older people (Dar, 2006).

It is important that social services and community groups that have contact with at-risk older people are aware of these barriers and policymakers should take them into account when approaching policy for alcohol misuse among older people.

## Health issues

As with all other age groups, alcohol use can lead to a wide range of physical, mental and social problems. The direct effect of excessive alcohol use in older people can lead to an increased risk or likelihood of exacerbating health problems such as:

- Coronary heart disease
- Hypertension
- Stroke
- Insomnia
- Gastrointestinal problems
- Incontinence
- Osteoporosis
- Parkinson's Disease
- Self-neglect, including poor nutrition, poor hygiene and hypothermia
- Increased incidence of cancer of the liver, oesophagus, nasopharynx and colon
- Cirrhosis of the liver

In addition, alcohol has been identified as one of the three main contributing factors to falls, which are a major source of mortality and ill health in older people (Wright & Whyley, 1994). There is also the risk that older people will be mixing alcohol with one or more prescription drugs.

The relationship between alcohol and dementia is not fully understood. However, a 2003 study indicated that the risk of dementia was lower in people who had 1 to 6 drinks per week compared to those who abstained from alcohol completely. It was also lower in those who had 7 to 13 drinks per week but for people who drank 14 or more drinks per week, the risk of dementia was higher (Mukamal et al., 2003).

## Policy in ROI

*Healthy Ireland*, the framework for improved health and wellbeing in ROI, has a key performance indicator of decreasing alcohol consumption across the population. The target is to reduce the amount of alcohol consumed by people over the age of 15 years to an annual per capita consumption of 9.2 litres of pure alcohol. In 2010 this consumption was 11.9 litres per capita (Department of Health, 2013).

The 2012 Steering Group Report on a National Substance Misuse Strategy envisages an integrated approach to tackling the problem of substance misuse among the ROI population. It notes the potential for researching certain groups in society, including older people, to better understand attitudes and behaviours when it comes to alcohol. However, the focus of the report is younger age groups, with no specific actions listed to confront the challenges associated with alcohol misuse among people aged 65 and over (Department of Health, 2012).

The Health Promotion Agency of the Health Services Executive (HSE) has a website ([www.yourdrinking.ie](http://www.yourdrinking.ie)) which aims to raise awareness of alcohol misuse in ROI. There is a dedicated section for "Young people and alcohol" but not for older age groups. The national charity Alcohol Action Ireland does have a specific section entitled "Older People and Alcohol" on its website which notes that older people are more susceptible to the effects of alcohol due to their body's decreasing ability to break it down (Alcohol Action Ireland, 2013).

The results of a survey of ROI healthcare professionals published in 2012 show that while knowledge of the topic of alcohol misuse among older people was high, the majority of respondents had not undertaken specialist training in alcohol disorders among older people. The research concluded that healthcare professionals in ROI "would benefit from further education which focuses on intervention strategies in order to ensure that the needs of older people with alcohol disorders are appropriately addressed" (Waldron & McGrath, 2012).

## Policy in NI

The second phase of the *New Strategic Direction for Alcohol and Drugs 2011-2016* was published in by the Department of Health, Social Services and Public Safety (DHSSPS) in NI in 2011 (DHSSPS, 2011). It seeks a much greater focus on reducing the health and community harms, including anti-social behaviour and serious violent crime, arising from alcohol misuse. There is also a Young People's Drinking Action Plan but no specific plan of action for the assessment or treatment of alcohol misuse among the older population in NI. One of the categories of people at risk or vulnerable in the document is "Older people drinking hazardously, dangerously or [who are] dependant on alcohol and/or addicted to/misusing drugs". In addition, a short-term outcome from the strategy is to support education and training for professionals, carers and families in relation to substance misuse problems in older people.

*Alcohol, drugs and older people* was published by the NI Public Health Agency in 2013. It is aimed at older people in NI who may be concerned about their alcohol intake. The rationale was that alcohol misuse among older age groups is often hidden, or the signs and symptoms are mistaken for other physical or mental health problems. The booklet also notes that older people are often not asked questions about alcohol or drug use as they are assumed not to be a problem. Older people can seek assistance from Addiction NI, a charity for alcohol and drug misuse which has a focus on older members of the population (Public Health Agency, 2013).

The British Association of Social Workers produced an information guide in 2012 entitled *Alcohol & Older People*. It notes that "social workers should be able to utilise their role and generic skills to intervene confidently and effectively when they encounter alcohol use in their work with older people". The guide suggests the use of screening tools such as the Alcohol Use Disorders Identification Test or the Michigan Alcoholism Screening Test to identify problems with alcohol use in older people (British Association of Social Workers, 2012).

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In June 2013, it was announced that the Big Lottery Fund would contribute £25 million to a UK-wide programme, Rethink Good Health, to tackle late onset of alcohol misuse amongst older people. It was noted that an estimated 1.4 million older men and women across the UK drink more than the safety limits. In England in 2012/13 there were more admissions to hospital of pensioners for alcohol-related injuries and illness than of 16 to 24 year olds (Big Lottery Fund, 2013).

## Conclusion

Alcohol misuse is a very real part of life for some older people yet the policy and media focus on the issue tends to be concentrated on younger age groups.

If they are exceeding recommended weekly limits for consumption, older drinkers can be susceptible to a variety of physical and mental health issues, as well as an increased risk of falls and dangerous interactions with prescription medications.

It is important that social workers and those caring for older people can identify and know how to best approach an alcohol problem in an older person and that any strategy on alcohol misuse be relevant for older as well as younger age groups.

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