

ALCOHOL & OLDER PEOPLE

Essential Information
for Social Workers

A BASW Pocket Guide

Supported by:



Tilda Goldberg Centre
for social work
and social care



Purpose of the guide

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. The information in the guide should be supplemented by further reading and learning.

Contents

- 3 Introduction
- 4 Some Do's & Don'ts
- 5 Older People's Drinking
- 6 Consequences
- 7 Alcohol & Prescribed Medication
- 8 Positive Drinking
- 9 Identifying Older People's Drinking
- 10 Interventions – Key Skills
- 11 Interventions – Effective Approaches
- 12 Safeguarding, Mental Capacity & Best Interests
- 13 Alcohol & Residential Settings
- 14 Carers & Alcohol
- 15 Resources
- 16 Local Contact Information

Older People – Definition

This guide recognises that later life can bring significant changes in personal, health and social circumstances. It acknowledges that this does not happen at a specific age, although different services may be organised on age-based criteria.

INTRODUCTION

Social Workers are on the front line of health and social care provision for older people, and are consequently ideally suited to work with them about their alcohol use.

Whilst older people generally drink less than younger generations, the number of older people who experience alcohol related problems is increasing as a consequence of our ageing population and changing patterns of alcohol consumption.

Older people are frequently more sensitive to the effects of alcohol, and its use can significantly affect the quality of older peoples' lives, and that of those close to them.

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.

This Pocket Guide provides Social Workers with reflections, information and tips on how to use their knowledge and skills to meet the needs of older people using alcohol and those around them.

SOME DO's & DON'Ts

DO expect: some older people to want to drink alcohol.

DO ask: about alcohol use as it can be a regular and important part of an older person's life.

DO be prepared: to hear a range of voices and experiences about alcohol from older people and those around them.

DO explore: older people's alcohol use as both a cause of, and response to, negative changes in life quality.

DO discuss: the use of, and rules about, alcohol in care and accommodation settings.

DON'T think: it is someone else's job to ask about alcohol. Social Workers are well placed to talk to older people about their alcohol use.

DON'T overlook: how alcohol may increase a person's vulnerability.

DON'T forget: the carers, family and friends, who often experience the negative effects of older people's drinking.

OLDER PEOPLE'S DRINKING

Older people will consume alcohol for many of the same physical, psychological and social reasons as the wider population. Indeed they may carry previously acquired ways of drinking into later life.

However, there also some aspects of their drinking which reflect responses to specific circumstances which are more likely to occur in older age. Social Workers should be mindful of these in assessing and working with older people.

Key amongst these are:

- EXPERIENCES of loneliness, isolation, marginalisation, regrets or change
- LOSS of partner, routine, friends, role, ability, memory, respect or social life
- OPPORTUNITY for more drinking time
- COPING with retirement, bereavement, boredom, trauma or pain
- FEAR of the outside world or of dying

Older people will drink in social networks and alone. This drinking can be both a public and private pastime. As with other generations, older men will often consume more than women.

CONSEQUENCES

Research evidence suggests that a significant and growing number of older people are at physical and psychological risk from their drinking.

Physical changes in later life mean that the body is less effective in processing alcohol. It is therefore more at risk of developing acute physical consequences from heavier drinking, for example, heart-, liver- and intestine-related concerns.

Increased risk of memory loss, dementia, depression and suicide are among the mental health issues experienced by older drinkers. Heavier drinkers may also experience specific degenerative brain disorders, such as alcohol-related dementia, Wernicke's encephalopathy and Korsakoff's amnesic syndrome of which memory loss and confusion are key symptoms.*

Alcohol use may also contribute to some of the social difficulties, identified earlier as reasons why older people drink.

*Wernicke-Korsakoff's Syndrome Factsheet no. 6 – Alcohol Concern - <http://www.alcoholconcern.org.uk/publications/factsheets/wernicke-korsakoff-factsheet>

ALCOHOL & PRESCRIBED MEDICATION

Alcohol consumption can negate or increase the effects of prescribed medication. When both alcohol and prescribed medication are used, this can often cause side effects. For these reasons many prescribed medications come with advice to avoid alcohol consumption.

The combined use of prescribed medication and alcohol by older people is often a response to problems of sleep, anxiety and depression; however, such use may also contribute to a worsening of these problems.

The interaction between alcohol and medication can increase sedation, confusion, anxiety, depression, insomnia and light headedness. These, in turn, may heighten risk factors such as the likelihood of falls or forgetting to turn off the cooker. When older people combine alcohol and prescribed medication, there is also evidence to support an increase in certain physical conditions, e.g. hypertension, liver disease and breast cancer.

Working with older people to ensure structured regimes for their medication use and/or alcohol use can help to minimise any negative effects.

POSITIVE DRINKING

Many older people have experiences of positive, regular and normative drinking during their earlier life. They may carry similar expectations of alcohol into later life. This familiarity and anticipation is likely to increase with subsequent generations.

Participation in social activities, including moderate drinking, will continue to bring benefits for many older people. For those with other drug use experiences, alcohol may become increasingly attractive as a legally permissible alternative to use of illicit drugs.

There is some limited evidence to suggest particular physical and preventative health benefits for older people who consume moderate levels of alcohol, possibly through reduced stress, improved mood and sociability.

Whilst connections with alcohol and drinking networks offer social and psychological benefits, older people need to be cautious of continuing to “drink like I used to”, when the body and mind have become less forgiving.

IDENTIFYING OLDER PEOPLE'S DRINKING

Social Workers, through their regular contact and established relationships, are well placed to identify older people's drinking.

Alcohol use by older people is often discreet. This leads to it being less likely to be detected. It may be hidden through embarrassment, or may mask, or be masked by, other concerns.

"We're just not loud about it"
(Bob, older drinker)

Some older people will also engage in intermittent or binge drinking. There are two distinct types of older excessive drinkers:

- early onset drinkers (those who have drunk excessively for many years)
- late onset drinkers (those whose excessive drinking has developed within older age).

Some helpful screening tools are available*. The most commonly used is AUDIT**. Another tool MAST*** has versions which have been specifically adapted for working with older drinkers.

*<http://www.alcohollearningcentre.org.uk/Topics/Browse/BriefAdvice/>; **Alcohol Use Disorders Identification Test; ***Michigan Alcoholism Screening Test

INTERVENTION – KEY SKILLS

Social Workers are trained to **ASK** sensitive questions that deal with stigma, shame, and diversity. These **COMMUNICATION** skills are well suited for exploring with older people their alcohol use. Guidance for working with alcohol and other drugs is contained in the first pocket guide of this series.

Social Workers, especially during home visits, are able to **OBSERVE** signs of excessive drinking, such as mood and behavioural change, loss of sleep, irritability, increased falls, bruising and empty bottles.

Evidence suggests that alcohol interventions for older people are most effective when delivered by those who have an underpinning expert knowledge about older people. As people who have such expertise, Social Workers can provide successful alcohol interventions.

There is good evidence that **ASSESSMENTS** which include exploration of positive and negative aspects of drinking, and provide some basic health information, are in themselves effective interventions which can bring about change.

INTERVENTION – EFFECTIVE APPROACHES

“It is not about becoming a specialist in substance use but it is about having enough knowledge to recognise the issue and being prepared to ask about it.”

(Galvani 2012)

The most effective approaches by social workers in working with older drinkers are those which:

- develop good relationships in
- sensitive home-based discussions to
- explore support networks and
- provide information.

These interventions are often referred to as “IBA – Identification and Brief Advice”. They should offer choices of how to reduce the risks associated with drinking and improve the person’s quality of life.

Drinkers who experience multiple problems and have complex needs are likely to need specialist and multi-agency support. For acute physical and psychological concerns this could include primary health care or specialist alcohol agencies. It is probable that early onset drinkers are likely to have more prior knowledge about these services than late onset drinkers, who may need more support in accessing these services.

SAFEGUARDING, MENTAL CAPACITY & BEST INTERESTS

Alcohol use and, in particular, extensive or excessive alcohol use, may increase older people's vulnerability. Alcohol can play a significant role in abuse experienced by older people. Older people's drinking can increase their susceptibility to being a victim of abuse or crime if they are less able to judge risky situations. Older people experiencing abuse may turn to alcohol as a means of coping with it. Social Workers should consider the role of alcohol in cases of elder abuse.

Interpretations of responsibilities, rights and decision making, including situations where the capacity to make particular decisions may be impaired through the effects of alcohol, should be explored through the Mental Capacity Act 2005 and Mental Health Act 1983 (amended 2007). Safeguarding of Vulnerable Adults (SOVA) and other related policies should also be referenced.

Assessment, Interventions and Safeguarding are likely to be most effective in the context of multi-agency working.

ALCOHOL & RESIDENTIAL SETTINGS

“You should see the wheelie bin here.”

(Liz, older drinker)

Large numbers of older people live in supported accommodation and residential homes, or experience time in nursing care settings. As Liz suggests, some of these environments may support socialisation with alcohol. In these settings there is often a tension between the protection of older people and their right to self-determination in consuming alcohol.

These various care settings will have differing policies about alcohol consumption. Such policies need to be explored with older people and their families to make sure they do not present an unrealistic lifestyle choice in relation to alcohol. Social Workers can work with residential care staff to ensure that care plans reflect positive drinking, support needs and risk management.

Whilst specialist residential care for older drinkers is rare, older people access other residential, homelessness, and alcohol services. Social Workers supporting older people in these contexts will need to work across these boundaries.

CARERS & ALCOHOL

Carers of older people with alcohol problems are often those who have to experience the negative consequences of any drinking. Alternately, they may procure, share and support the alcohol use.

Some carers will use alcohol as their means of coping with their caring responsibilities. Acute pressures of caring may increase a carer's risk of developing problems with their own drinking. Social Workers should actively consider the role of alcohol in any assessment of carers' needs.

The relationship between older drinkers and their carers is one that is susceptible to becoming abusive. This might be where a drinker is abusive to their carer, or it might mean that a carer exploits the drinker's vulnerability when intoxicated by being abusive, controlling or violent.

The provision of respite and community-based care is effective in providing support to both the drinker and their carers. Social Workers should ask the questions about alcohol and abusive behaviour and then respond to identified need.

Whilst this page refers to informal and familial carers, these considerations could apply to paid home or nursing carers.

RESOURCES

The following resources focus on specific aspects of older people and alcohol use:

- ADFAM – 020 7553 7640 An agency specialising in support and information for families and carers. www.adfam.org.uk
- APAS – This organisation provides a fact sheet on older people and drinking <http://www.apas.org.uk/docs/older.pdf>
- Galvani, S. – Book chapter specifically on older people in Galvani, S. (2012) *Supporting people with alcohol and drug problems-making a difference*. Bristol, Policy Press.
- Royal College of Psychiatrists – A detailed report is available – *Our Invisible Addicts*. London: RCP – <http://www.rcpsych.ac.uk/files/pdfversion/CR165.pdf>
- Wadd, S. – Specific report on *Working with Older Drinkers* <http://alcoholresearchuk.org/2011/12/02/working-with-older-drinkers>

General advice about alcohol and other drugs and social work is available from the first guide in this series. All the guides can be downloaded from <http://www.basw.co.uk/special-interest-groups/alcohol-and-other-drugs/>

LOCAL CONTACT INFORMATION

	Name of agency/person	Contact info
Alcohol agency		
Carer support		

Huge thanks go to the service users and professionals who helped with this guide. Their voices, views and support have been invaluable.

Written on behalf of the BASW Special Interest Group in Alcohol and other Drugs by Wulf Livingston (w.livingston@glyndwr.ac.uk). Edited by Sarah Galvani.

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