

Age UK's response to the Commission on Alcohol Harm: An Inquiry into the Effects of Alcohol on Society

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Name: Charlotte Lynch
Email: Charlotte.lynch@ageuk.org.uk

Age UK
Tavis House
1-6 Tavistock Square
London WC1H 9NA
T 0800 169 80 80 F 020 3033 1000
E policy@ageuk.org.uk
www.ageuk.org.uk

Age UK is a charitable company limited by guarantee and registered in England (registered charity number 1128267 and registered company number 6825798). The registered address is Tavis House 1-6 Tavistock Square, London WC1H 9NA.

About this consultation

This inquiry is exploring the current evidence on alcohol harm, recent trends in alcohol harm and the changes needed to reduce the harm caused by alcohol.

While many older people consume alcohol in moderation, we are concerned by evidence showing that harmful drinking is a growing issue in later life. Not only are more people beginning to drink harmfully in later life, but we are also seeing people living with long term alcohol addiction increasingly living into older age. Age UK have joined with the Salvation Army to conduct ethnographic research with older people living in challenging circumstances, including those living with alcohol problems. Preliminary findings of this research will be available in April and we will be happy to share them with the Commission then.

1. What evidence has emerged since 2012 on alcohol's impact on:

- **Physical health?**
- **Mental health?**

As we get older, the way our bodies break down alcohol changes, making us more sensitive to the effects of drinking:

- Our bodies take longer to process alcohol as we age, meaning that alcohol remains in our liver for longer before moving into the bloodstream. This increases the risk of liver damage.
- Alcohol has a greater impact on coordination in older people, leading to an increased risk of falls. The repercussions of falls are also greater in later life, especially for older people living with frailty.
- Many older people take prescribed medications which can negatively interact with alcohol, reducing the effectiveness of the medication or intensifying its side-effectsⁱ.

Alcohol consumption is casually linked to over 60 diseasesⁱⁱ and older people living with a drink problem are more likely to develop physical and mental health conditions, including dementia, liver-disease, and brain damage. Research conducted by Drink Wise, Age Well, with over 16,700 participants over the age of 50 identified that high risk older drinkers are:

- More likely to have a longstanding illness, disability or infirmity
- More likely to be limited in performing regular daily activities as a result of physical health
- Less likely to be happy with life or coping with stresses in their life
- More likely to have felt downhearted or depressed in the last month
- More likely to say that physical health or emotional problems interfered with social activitiesⁱⁱⁱ

2. What impact does alcohol have on the NHS and other public services?

The NHS spends more on alcohol-related treatment for people aged 55-74 than for those aged 16-24. Two-thirds of all hospital admissions caused by alcohol occur among people aged over 55, compared to just 3% among under 25s^{iv}. The cost of treatment for older adults also tends to be higher than for younger people.

In 2018, alcohol specific death rates in the UK were highest amongst men aged 55-59 and women aged 60-64^v. At the same time, the number of alcohol-specific deaths amongst people aged 70-74 reached an all-time high^{vi}.

3. What challenges do alcohol treatment services currently face in supporting people impacted by alcohol harm?

Evidence shows that older people are as receptive, if not more so, to alcohol treatment as the younger population^{vii}. Yet it is estimated that fewer than 15% of older adults with an alcohol problem are accessing treatment^{viii}. There are many reasons why older people are not receiving the support which they need.

Older people may be less likely to disclose that they need help with drinking, due to shame, or a perception that they are too old to recover^{ix}. They often have smaller social networks, as a result of retirement, their children leaving home, or bereavement, meaning that signs of excessive drinking may not be picked up^x. Older people who have been drinking for long periods of time may also have gone through previous unsuccessful treatment programmes, which can reduce their inclination to ask for support again.

It can be hard for health professionals to identify symptoms of alcohol abuse in older people as they can be misattributed to conditions such as delirium, cognitive impairment, or side-effects from medication^{xi}. Many professionals also fail to look out for signs of problem drinking as they incorrectly presume it is a younger person's issue^{xii}. Even when health professionals do recognise that an older person has an issue with alcohol, they may not refer them to services. This might be because they believe it is too late for older patients to change their drinking habits or that alcohol services don't work for older people. Some professionals also think that investing in treatment for older people is a waste of resources due to them having a shorter life expectancy^{xiii}.

Older people who are referred to support frequently find that services have been designed with younger people in mind and do not address the issues they are facing. One third of older people living with an alcohol problem began drinking harmfully in later life^{xiv}, often as a coping strategy to experiences such as bereavement, loneliness, health problems, the loss of mobility, or the absence of routine. All-age services often fail to recognise or respond to the specific issues facing older people.

Residential services pose further challenges. Diversionary tactics to help people stop drinking are often physical activities which older people with health or mobility problems cannot participate in. Some services are located in inaccessible places which aren't appropriate for older people with mobility difficulties. Many older people report that it can be intimidating engaging with services which are accessed predominantly by younger users, who they find it difficult to relate to, and may even experience bullying^{xv}.

4. What data exists to show alcohol's current impact on different demographic groups, including age, sex and social class?

Since 2012 the age group with the highest alcohol consumption has consistently been aged 55-64. Despite public discourse focusing on younger binge drinkers, evidence clearly demonstrates that harmful drinking is a growing problem amongst older people:

- Drinking over 14 units of alcohol per week is most common amongst adults aged 55-64, with 38% of men and 19% of women in this age group doing so^{xvi}.
 - Older people drink more regularly than younger: 21% of adults aged 65 to 74 drink at least five days a week, compared to only 3% of people aged 16 to 24^{xvii}.
 - The proportion of men and women drinking in the last week increases with age and peaks at age 55-64, with 72% of men and 63% of women in this age group drinking in the last week^{xviii}.
 - Drinking levels are declining among every age group except for 65-74 year olds, where consumption is increasing^{xix}.
5. What policy changes would help to reduce the level of harm caused by alcohol? Are there policy responses from other governments (including within the UK) that have been successful in reducing harms caused by alcohol that could be implemented in the UK?

All older people should be able to access the support they need, when they need it. To achieve this the Government must move away from a one-size-fits all approach to alcohol intervention and recognise that different sections of the population have different needs. We are calling for the following:

- Greater recognition of the needs of older people when developing alcohol harm strategies. Currently the cross-government alcohol strategy only mentions older adults twice, while younger people are mentioned 26 times.
- Alcohol support services must recognise and respond to the needs of older people, ensuring that they are accessible to everyone. This includes recognising the unique reasons behind older people's drinking and how the impacts of alcohol consumption are different in later life.
- Misconceptions around older people and alcohol need to be broken down. Health professionals should routinely check for signs of harmful alcohol consumption from older patients and make referrals to services based on need, as opposed to age.
- Public health campaigns and messaging must target older people and demonstrate understanding of their unique needs, instead of being skewed towards a younger audience. This should include supporting older people to recognise the risks of harmful drinking and ask for help when needed.

ⁱ J.L. Seddon, S.Wadd, E. Wells, L. Elliott, I. Madoc-Jones, J. Breslin, 'Drink Wise, Age Well: reducing alcohol related harm among people over the age of 50: a study protocol', *BMC Public Health*. 19:240.

<https://bmcpublihealth.biomedcentral.com/track/pdf/10.1186/s12889-019-6525-7>.

ⁱⁱ Bethany Kate Bareham, Eileen Kaner, Liam Patrick Spencer, Barbara Hanratty, 2019, 'Drinking in later life: a systematic review and thematic synthesis of qualitative studies exploring older people's perceptions and experiences', *Age and Ageing*, 48:1.

ⁱⁱⁱ George Holley-Moore, Brian Beech (2016), 'Drink wise, age well: alcohol use and the over 50s in the UK'.

<https://drinkwiseagewell.org.uk/wp-content/uploads/2016/01/Drink-Wise-Age-Well-Alcohol-Use-and-the-over-50s-Report-2.pdf>

^{iv} Colin Angus, 'A generation of hidden drinkers: what's happening to the drinking of the over 50s'.

<https://drinkwiseagewell.org.uk/a-generation-of-secret-drinkers-whats-happening-to-the-drinking-of-the-over-50s/>

^v Office for National Statistics (2019), Alcohol-specific deaths in the UK: registered in 2018.

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/2018>

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- ^{vi} ONS (2019), Alcohol-specific deaths in the UK.
- ^{vii} U. Bhatia, A. Nadkarni, P. Murthy, R. Rao, I. Crome. 2015. 'Recent advances in treatment for older people with substance use problems: an updated systematic and narrative review'. *European Geriatric Medicine*, 6:6. doi:10.1016/j.eurger.2015.07.001
- ^{viii} Drink Wise, Age Well (2019), 'Calling time for change: a charter to support all older adults in England to live free from the harm caused by alcohol'. <https://drinkwiseagewell.org.uk/wp-content/uploads/2019/06/Calling-Time-for-Change-Charter-Drink-Wise-Age-Well-UK.pdf>
- ^{ix} Holley-Moore, Beech, 'Drink wise, age well: alcohol use and the over 50s in the UK'.
- ^x Ibid
- ^{xi} Ibid
- ^{xii} Rahul Rao, 2016, 'Managing older people's alcohol misuse in primary care', *British Journal of General Practice*. <https://bjgp.org/content/bjgp/66/642/6.full.pdf>
- ^{xiii} Sarah Wadd, George Holley-Moore, Amna Riaz, Rebecca Jones (2017), 'Calling time: addressing ageism and age discrimination in alcohol policy, practice and research'. https://drinkwiseagewell.org.uk/wp-content/uploads/2017/11/DWAW_Yr3_Report-FOR-WEB4.pdf
- ^{xiv} Drugscope. (2014) It's About Time: Tackling Substance Misuse in Older People.
- ^{xv} Wadd et al, 'Calling time: addressing ageism'.
- ^{xvi} NHS Digital (2019), 'Health survey for England 2018: adult's health-related behaviours'. <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2018>
- ^{xvii} Ibid
- ^{xviii} NHS Digital (2019), 'Statistics on alcohol, England 2019'. <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2019/part-4>
- ^{xix} Wadd et al, 'Calling time: addressing ageism'.