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Response to the Commission on Alcohol Harm: An Inquiry into the Effects of Alcohol on Society

Submitted by Addaction* & Drink Wise, Age Well

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** On 26 February, Addaction is changing its name to We Are With You. From this day, our website will be www.wearewithyou.org.uk.*

1. What evidence has emerged since 2012 on alcohol's impact on physical/mental health?

Evidence has emerged highlighting the impact of alcohol on both the physical and mental health of older adults from the Drink Wise, Age Well programme. Recent NHS Scotland figures show the number of people being admitted to hospital with alcohol-related brain damage is at an all-time high.[1] As part of The Drink Wise, Age Well programme, staff screened service users for signs of cognitive impairment and the Substance Misuse and Ageing Research Team at the University of Bedfordshire analysed the data. This work showed that of those screened 50% had some level of cognitive impairment on entering the programme and 37% of the sample showed no impairment on exit.[2]

Drink Wise, Age Well reviewed assessment data for 1,319 people aged 50+ receiving support for their alcohol use. It found 32% of 50-64 age group and 28% of the 65+ age group lived with chronic pain or discomfort, 28% of 50-64 age group and 32% of the 65+ age group have mobility issues, and 41% of 50-64 age group and 33% of the 65+ age group rated their general health as poor.

The problem of loneliness and social isolation amongst older adults in the UK has also been found to be a key driver in alcohol-related harm, especially among men. In England, 14% (1.2 million) of older men reported moderate to high levels of social isolation, as well as 11% of older women.[3] Research has shown that whilst social isolation affects both older men and older women, men are more likely to have less social contact with friends and family.[4] This is of particular concern when discussing the relationship between alcohol and loneliness, as older men are more likely to be at risk from alcohol-related harm than older women. A Drink Wise, Age Well survey found a strong relationship between higher risk alcohol consumption and isolation. Higher risk drinkers are more likely to usually drink on their own than lower risk drinkers (39% compared to 8%), more likely than lower risk drinkers to drink because they are lonely (42% compared to 1%), and more likely to drink because they are down or depressed (36% compared to 1%).[5]

In 2014, on behalf of Drink Wise, Age Well, the Substance Misuse and Ageing Research Team (University of Bedfordshire) along with an academic team from Glasgow Caledonian University, Queen's University Belfast and Glyndwr

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[1] https://www.bbc.co.uk/news/uk-scotland-44791463
[2] https://drinkwiseagewell.org.uk/news/right-support-for-people-with-alcohol-related-cognitive-impairment-can-achieve-positive-outcomes/
[3] ILC-UK (2014). Isolation: The emerging crisis for older men. Available at: http://www.ilcuk.org.uk/index.php/publications/publication_details/isolation_the_emerging_crisis_for_older_men
[4] Ibid.
[5] Drink Wise, Age Well (2016). Alcohol use and the over 50's in the UK.

University, carried out an anonymous cross-sectional study of 16,700 adults aged over 50 randomly recruited from general practices in England, Scotland, Wales and Northern Ireland.[6] The survey explored alcohol behaviour and attitudes towards alcohol in the over 50s population. Of those that identified as drinkers (n=12,312), 80% were categorised as lower risk (1-7), 17% as increasing risk (8-15) and 3% as higher risk/possible dependence. Those in the 3% higher risk category were 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 and that more likely to say that pain interfered with work (outside home and housework). In terms of mental health, they were less likely to be happy with life, less likely to be coping with stresses in their life, less likely to accomplish less than they would like as a result of emotional problems, more likely to have felt downhearted or depressed in the last month, and more likely to say that physical health or emotional problems interfered with social activities.

One of the most striking findings of the survey was that one in two higher risk drinkers gave 'loss of sense of purpose' as a reason for increasing their alcohol use in later life. Purpose in life, often viewed as a central component of wellbeing, refers to the extent to which people see their lives as having meaning, a sense of direction and goals. Recent research has found that having a higher sense of purpose in life is associated with a greater likelihood of engaging in healthier behaviours (e.g. higher physical activity, use of preventing health screening), reduced risk of disease (e.g. lower risk of cardiovascular disease and cognitive impairment and mortality).[7]

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

Older adults disproportionately cost the NHS more to treat for alcohol-related harm than younger generations and the NHS spends more money on alcohol-related hospital treatment for 55-74 year olds than 16-24 year olds. Alcohol-related hospital admissions have also been increasing more in adults aged 65+ for a number of years. [8] A recent report from Queen's University Belfast, commissioned by Drink Wise, Age Well found alcohol misuse among people over 50 is costing Northern Ireland healthcare services an estimated £125 million.[9]

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

Alcohol treatment providers often fail to provide appropriate support to older

[6] Drink Wise, Age Well (2016). Alcohol use and the over 50's in the UK.
[7] Kim ES, Kawachi I, Chen Y, Kubzansky LD (2017). Association between purpose in life and objective measures of physical function in older adults. JAMA Psychiatry. 74(10):1039–1045.
[8] Alcohol Concern (2012). Alcohol Harm Map.
[9] https://www.qub.ac.uk/News/Allnews/AlcoholmisuseintheOver50scosting125million.html

adults. Evidence from the Drink Wise, Age Well report 'Calling Time' highlights that the alcohol treatment system is often poorly aligned with the needs of older adults.[10] There appears to be great variation between services and practitioners, many older adults are unable to access alcohol services, find the environment intimidating or simply find that the services are unsuitable for their needs. A review by the Healthcare Commission also found that older adults were denied access to the full range of substance misuse services because even when they were theoretically available, they were either not offered in an age-appropriate way or were not available when staff attempted to refer to them.[11] Many were geared towards younger people, usually males, and deemed not to be appropriate for older people, who could feel vulnerable. Bespoke older adults' substance misuse services are the ideal model of care for some older adults, particularly if their alcohol use is caused by an age-related issue (e.g. grief, loneliness, boredom, retirement), they have age-related barriers to accessing or engaging with alcohol services (e.g. frailty, poor mobility, cognitive impairment, sensory limitations, comorbidity) or they are likely to feel intimidated in a mixed-age service. In terms of mental health services, a recent review by the Mental Health Taskforce Strategy advocated for older adults to be offered bespoke and age appropriate services.[12]

There have been very few interventions designed to address alcohol use among older adults, and these have typically been conducted in primary care settings.[13] Many older adults may be unaware of the effects that higher-risk drinking could be having on their lives such as poor sleep, cognitive impairment, and adverse interactions with medication. Evidence suggests that alcohol use in older adults may increase as a result of stress and loss of role and identity.[14]

Support provided by alcohol treatment providers is also undermined by age restrictions. A study by the University of Bedfordshire (carried out with funding from Alcohol Research UK) reviewed Public Health England's online rehab directory and found that three out of four residential alcohol rehabilitation services in England exclude older adults on the basis of arbitrary age limits.[15] Without access to rehab, older adults are deprived of this important element of the alcohol treatment system. The National Treatment Agency stated that

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[10] Drink Wise, Age Well (2017). Calling Time: Addressing age discrimination in alcohol policy and research.
[11] Healthcare Commission (2009). Equality in later life: A national study of older people's mental health services.
[12] NHS England (2016). Mental Health Taskforce - The five year forward view for mental health.
[13] Drink wise, Age Well. (2019). Reducing alcohol related harm among people over 50: a study protocol.
[14] Emiliussen J, Nielsen AS, Andersen K (2017). Identifying risk factors for late-onset (50+) alcohol use disorder and heavy drinking: a systematic review. Subst Use Misuse. 2017;52(12):1575–88
[15] Wadd, S. and M. Dutton (2017). Accessibility and suitability of residential alcohol treatment for older adults.

“residential rehabilitation is a vital and potent component of the drug and alcohol treatment system... anyone who needs it should have easy access to rehab”.[16] The study suggests that these arbitrary age limits are due to an assumption that the care needs of an older adult will be higher and that their care needs can’t be met in a rehab. However, age alone is no predictor of care needs. It is quite possible that the care needs of a 40-year-old will be higher than those of a 65-year-old, especially if someone is experiencing poor health through alcohol related harm. Older adults often find living alongside younger residents in residential rehabs challenging, particularly if they have to share a bedroom and social spaces.

Lastly, cuts to local authority and public health funding have had a direct impact on the type of services provided. For supporting older adults and people with complex needs and comorbidities, it is vital that services are flexible - providing assertive outreach and home visits. With fewer resources, there are higher caseloads which leads to less engagement. The long term impact is people falling through the net and requiring frequent emergency admissions, and requiring long term hospital care. Public Health England estimated that only 1 in 5 people who require support with their alcohol use are in treatment.[17] Digital channels offer a wider choice to people who may not ever use treatment services and in 2018/19, Addactions web-chat service provided support to 12,000 people. However it is crucial that digital platforms and channels are never used to replace frontline service provision.

4. What recent evidence is there of impacts caused by alcohol consumption on family life, relationships and sexual behaviour?

Drink Wise, Age Well assessment data shows that 80% of people supported by the programme drink at home alone and 64% of people supported live alone. Service users identify relationship problems, bereavement and loss of sense of purpose as the three main triggers for increased alcohol use.

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

The use of alcohol, even in small amounts can be particularly problematic for older people. They may metabolise and excrete alcohol more slowly,[18] and alcohol can accelerate and exacerbate the onset of conditions associated with ageing

[16] National Treatment Agency for Substance Misuse (2012). Residential drug treatment services: good practice in the field.
[17] PHE (2018). PHE inquiry into the fall in numbers of people in alcohol treatment.
[18] Pozzato G, et al. (1995). Ethanol metabolism and aging: the role of "first pass metabolism" and gastric alcohol dehydrogenase activity. J Gerontol A Biol Sci Med Sci. 1995;50(3):B135–41

such as falls[19] and cognitive impairment.[20] The use of alcohol alongside other medication can also result in adverse interactions, such as raising blood alcohol levels, altering the metabolism of many drugs, reducing the efficacy of medication and exacerbating medication side effects.[21] Alcohol related hospital admissions in England were estimated at 1.2 million in 2018/9, which is 3% higher than 2016/17, 83% of patients were aged over 45.[22]

The highest alcohol-specific death rate was among those aged 55 to 59 years for males, with a rate of 39.8 deaths per 100,000. For females, the highest death rate was among those aged 60 to 64 years, with a rate of 20.4 per 100,000.[23] Changes in lifestyle and life transitions that occur as people age, such as deteriorating health, bereavement, and retirement may precipitate a change in drinking behaviour, and it is estimated that 1 in 3 older people with an alcohol problem begin drinking in later life.[24] Evidence also suggests that many older people with alcohol problems may not seek help due to associated feelings of shame and stigma.[25]

In England, those aged 65-74 are the only age group where daily alcohol consumption is increasing.[26,27] In Scotland, harmful, hazardous and binge drinking is increasing amongst those aged 65-74 but decreasing in other age groups.[28] In Wales, those aged 65 and over are the only age group where drinking above the daily guidelines is increasing.[29] In Northern Ireland, the most noticeable increase in alcohol consumption in recent years has been among those aged 60-75.[30] Of equal concern is the population that will soon make the transition into old age. Today, for the first time in recent history, drinkers aged 55-64 in England and Scotland drink more and are more likely to exceed the recommended weekly guidelines than any other age group.

A Drink Wise, Age Well survey of 16,700 people aged 50 and over found that 9% of lower risk drinkers, 35% of increasing risk drinkers and 88% of higher risk

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[19] Heuberger RA (2009). Alcohol and the older adult: a comprehensive review. J Nutr Elder. 2009;28(3):203–35
[20] Bates ME, Bowden SC, Barry D. (2002). Neurocognitive impairment associated with alcohol use disorders: implications for treatment. Exp Clin Psychopharmacol. 2002;10(3):193–212
[21] Moore AA, Whiteman EJ, Ward KT (2007). Risks of combined alcohol/medication use in older adults. Am J Geriatr Pharmacother. 2007;5(1):64–74
[22] NHS Digital (2019), Statistics for alcohol: England.
[23] Office National Statistics (2017). Alcohol-specific deaths in the UK: registered in 2018.
[24] Dufour M, Fuller RK (1995). Alcohol in the elderly. Annu Rev Med. 1995;46:123–32
[25] Wadd S, et al (2011). Working with older drinkers: University of Bedfordshire.
[26] National Statistics (2017). Statistics on Alcohol, England.
[27] Home Office (2012). The Government's Alcohol Strategy.
[28] Scottish Government (2016). Trend tables for Scottish Health Survey key results up to 2015.
[29] National Statistics (2016). Welsh Health Survey, 2015.
[30] Department of Health Social Services and Public Safety (2014). Adult drinking patterns in Northern Ireland survey 2013.

drinkers said their alcohol use had negative consequences.[31] The most commonly reported negative consequences related to sleep, energy levels and health. Amongst higher risk drinkers, in the last 12 months, 15% had been injured as a result of drinking and 30% had driven when they thought they were over the legal alcohol limit.

6. What impact does alcohol have on economic productivity and is there evidence of this changing since 2012?

n/a

7. What current evidence is there of links between alcohol and violent behaviour and other crime?

n/a

8. What recent evidence is there of links between alcohol and other addictive behaviours (such as smoking, drug use and gambling)?

n/a

9. What effect does the current approach to alcohol marketing and licensing have on alcohol harm?

n/a

10. 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?

There needs to be greater enforcement action taken against age inequalities in existing alcohol treatment services and a range of specialist services to support older adults who drink need to be developed. Research consistently demonstrates that substance use services designed for older adults may be more acceptable to older people than mixed-aged services and are linked to better outcomes than mixed-age services.

There needs to be a greater emphasis in policy-making on the relationship between social isolation and alcohol-related harm, in order to effect change in both areas.

Older adults are given low priority in alcohol strategies. This may be because the strategies are based on outdated stereotypes (e.g. alcohol is a problem of younger adults) or socially ingrained ageism (e.g. younger people are valued more

[31] Drink Wise, Age Well (2016). Alcohol use and the over 50's in the UK.

by society). For example, older adults are only mentioned twice in the cross-government alcohol strategy while young people and young adults are mentioned 26 times.[32] Statistics on drinking above the recommended guidelines are provided for young people and people aged 25-64 but not for those aged over 65. Effective strategy doesn't follow a 'one size fits all' approach', it uses targeted strategies for different segments of the populations, depending on people's needs and level of risk. The Welsh Governments 'Substance Misuse Treatment Framework Improving Access to Substance Misuse Treatment for Older People' demonstrated their commitment to developing a targeted approach to older adults and they have continued to ensure this in the Substance Misuse Delivery Plan 2019-2022.[33] Similarly in Scotland both strategies, 'Rights, respect and recovery: alcohol and drug treatment strategy' and the 'Alcohol Framework' both explicitly identify older adults as a target group.[34] We would like to see all relevant strategies, frameworks and guidance become age-inclusive and age-explicit, recognising the specific needs of this group and tackle the reasons why someone might be drinking more instead of just the drinking itself.

[32] Drink Wise, Age Well (2017). Calling Time: Addressing age discrimination in alcohol policy and research.
[33] Ibid.
[34] Ibid.