

Problematic substance use in later life

Dr Trish Hafford-Letchfield, Professor of Social Work, Strathclyde University & Tricia McQuarrie, Middlesex University, London

SHAAP/SARN 'Alcohol Occasional' Seminar

Tuesday 7th July 2020, hosted as a webinar on the 'Zoom' platform

Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) are proud to support the lunchtime 'Alcohol Occasional' seminars, which showcase new and innovative research on alcohol use. All of the seminars are run in conjunction with the Royal College of Physicians of Edinburgh. These events provide the chance for researchers, practitioners, policy makers and members of the public to hear about alcohol-related topics and discuss and debate implications for policy and practice.

The current theme for the seminars is 'Alcohol through the life course'. Briefing papers, including this one, aim to capture the main themes and to communicate these to a wider audience. SHAAP is fully responsible for the contents, which are our interpretation.

Introducing the webinar, SHAAP Director Dr Eric Carlin welcomed **Dr Trish Hafford-Letchfield** and **Tricia McQuarrie** on behalf of SHAAP and SARN. **Dr Hafford-Letchfield** then began her half of the presentation. She noted that while she is not an expert in problematic substance use, she is a Professor of Social Work who has managed older people's services. This work has highlighted how important it is to include social work and social care in conversations about problematic substance use, especially for those working with ageing populations.



Dr Trish Hafford-Letchfield, Professor of Social Work, Strathclyde University

She stated that the webinar would focus on a literature review on this topic.

Dr Hafford-Letchfield sketched out the main issues relating to older people and problematic substance use. Alcohol use in particular is continuing to increase at a faster rate than the demographic, and alcohol-related hospital admissions among older people are now considerably higher than they were 30 years ago. In addition, there is more than one way to define problematic substance use. There are people who have a history of this throughout their lives that then persists into later life: early onset users and 'survivors'. However, there are also late onset users – people who begin to use substances later in life because of stressful life events such as retirement, relationship breakdown, or multiple bereavements. The



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difference between these groups is important in terms of where and how interventions take place.

Dr Hafford-Letchfield noted that there are very few studies that look specifically at this topic, especially in social work and social care settings. This is an issue, because even low levels of drinking in later life can impact people's physical and mental health. Pathways of support for older people with these specific problems are also often unclear. Previous studies have shown that practitioners often underestimate the complexity of older people's use of substances, and the issues that they may face as a result. At the same time, social workers in particular often work with issues that may be associated with risk of substance misuse, such as homelessness, relationship breakdown and bereavement. For this reason, clear practice models

are needed for practitioners to follow when it comes to identifying and dealing with problematic substance use amongst older people.

McQuarrie then took over for the second half of the presentation. She emphasised that the literature review under discussion was a way of ascertaining the state of knowledge in the field, rather than generating new evidence. When it was undertaken, the researchers were focussed on understanding where the gaps in knowledge about problematic substance use among older people were, particularly in relation to interventions. **McQuarrie** emphasised that problematic substance use among older people is often misunderstood for the process of ageing. Older people have complex problems, but they respond well to effective treatments, if offered. Problematic substance use among older people therefore remains a “neglected but treatable problem”.

McQuarrie then turned to the questions of the systematic review. These related to what kinds of community-based interventions are being used with older people, if any, and what methods are being used to evaluate these. The systematic review followed PRISMA guidelines. Of the 17 studies that matched all the search criteria, most were carried out in the United States, and most focused on alcohol use only. There was a mix of study designs, but Randomised Control Trials (RCTs) were most common. The most common community-based interventions evaluated in the studies were Brief Interventions (BIs) and educational interventions.

Concluding the presentation, **Dr Hafford-Letchfield** observed that one of the main messages emerging from the review was how important it is to link any intervention to older people’s other health issues, especially mental health. Another was that stigma, combined with ageism often become barriers to people seeking or making the most of effective treatment. The review also indicated that integrated

interventions that take a holistic approach, and that encourage people to work together in a team to address older people’s problematic substance use by attending to other issues as well, were more likely to meet older people’s needs.

Dr Hafford-Letchfield noted that it is difficult to define and measure outcomes for older people when it comes to problematic substance use, due to the existence of co-morbidities and other complex issues and needs, many of which are hidden. However, older people are capable of reducing their risk if they are provided with the right support. She emphasised that outreach is extremely important to achieve this. Reaching people “in place” is important, especially for groups of people who may not be able or willing to as easily access services. There is also a need for more interventions that include older people themselves in their design and evaluation.

A wide-ranging discussion session followed the presentations. Questions covered whether older people’s participation in 12-step programmes such as Alcoholics Anonymous had been evaluated in any of the studies, as well as the potential for peer-support models for addressing problematic substance misuse among older people. One audience member noted that in South-East London, social interventions have been most successful in addressing problematic alcohol use amongst older people, as these also address social isolation. In terms of policy, it was noted that there is a real need for an action plan aimed at addressing problematic substance use among older people that includes older people themselves in its design, and that also aims at tackling social isolation as a related problem. There is also a need for more awareness around alcohol-related cognitive impairment, and how this may affect older people.

Forthcoming events

Men and Alcohol: Final report launch

SHAAP and IAS are delighted to announce that we will be launching the final report of our Men & Alcohol seminar series on 9th September 2020 from 2-4pm BST.

For more information:

www.shaap.org.uk/events/shaap-events/men-and-alcohol-final-report-launch-9-sept-2020.html

Alcohol problems and recovery in rural Scotland: ‘Rural Matters’ report launch

You are warmly invited to join us online on 23rd September 2020, 2-4pm BST for the launch of our ‘Rural Matters’ report: Alcohol problems and recovery in rural Scotland: findings from a literature review and qualitative research study.

For more information:

www.shaap.org.uk/events/shaap-events/rural-matters-report-launch-23-sept-2020.html

Recent publications

COVID-19: Advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol:

www.shaap.org.uk/downloads/reports-and-briefings/240-covid-advice-for-heavy-drinkers.html



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Advice for heavy drinkers who are thinking about cutting back or stopping drinking alcohol

► Is this advice for me?

This advice is intended to help you understand your drinking levels and avoid any serious alcohol withdrawal symptoms, should you plan to reduce or stop your drinking in the current context of the COVID-19 pandemic. We want to help you cut back in a planned way in order to improve your health in the short and long term.

It is important that you know that both the risks of continuing a high level of drinking and of harms from cutting back are higher, the more heavily you drink. If there are alcohol support services available and you are planning to reduce your drinking, you should use these, particularly if you are drinking over 30 units per day, which is around a bottle of spirits, 3 bottles of wine, 7 cans of strong beer (5% or more) or 4 litres of white cider. Withdrawal symptoms and complications are more likely at this very high level of consumption.

The support available from NHS and other services to help with alcohol detox and reduction for people who wish to do this will be reduced during the COVID-19 pandemic, though some services will be able to provide telephone and online advice. There is further information at the end of this guidance.

This advice is to help you, your families and friends self-manage alcohol reduction and/or withdrawal as safely as possible. If you are on your own with children, you will need extra support. If possible, you should speak to a professional who is supporting your family and get advice from your local addiction service before you start to cut down.

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