No silver lining

Problematic drug and alcohol use among older people is on the rise and health services must adapt. Following a roundtable discussion on the issue last year, DrugScope is set to publish a major briefing on the subject. **Gemma Lousley** explains

Substance misuse among older people hit the headlines in November last year when Reverend Paul Flowers, the 63-year-old former chairman of the Co-operative Bank, was caught buying cocaine and crystal meth by the *Mail on Sunday*. In December, the media splashed on a story about rising numbers of people aged over 65 ending up in A&E because of their recreational drug use.

It is no coincidence that stories about older recreational drug users are becoming more frequent. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) estimated that the number of older people with substance use problems will more than double in Europe between 2001 and 2020.

On behalf of the Recovery Partnership, DrugScope will in February be publishing a briefing that looks at the range of issues around the subject of older people and substance misuse, from older people who are drinking above recommended limits, to those with entrenched drug and alcohol problems. It will also cover the misuse of prescribed and over-the counter (OTC) medications by this group.

Clear from the outset of our research has been the lack of homogeneity among older people who use substances problematically. They have diverse needs, and experience a number of barriers to accessing help. Therefore a range of interventions is needed to support them.

It's important to note that there is no agreed definition, age-wise, of older people with substance misuse problems. In the case of the ageing heroin-using population, those aged 40 and over may be defined as 'older', while some alcohol services for older people are targeted at those aged 55 and over. We took a decision to scope out the wide range of overlapping issues in this area, rather than starting out with a fixed definition of who 'older people' are.

Older people make up a small proportion of those in alcohol treatment – just three per cent of men and women in treatment are aged 65 and over. However, a significant number of older people are drinking at risk: an estimated 1.4 million people aged over 65 currently exceed recommended drinking limits. As Dr Sarah Wadd of the University of Bedfordshire highlighted at a roundtable DrugScope event in October 2013, it's likely that these figures will rise, as baby boomers, who have drunk more in middle age than previous generations, make the transition into old age.

Although, overall, the number of people in treatment for illegal drug use is falling, the number of people aged 40 and over in treatment is rising. Overwhelmingly, this ageing population is made up of heroin users. But illicit drug use among older people is not just about the ageing heroin-using population. A 2012 study carried out by the Institute of Psychiatry, *Prevalences of illicit drug use in people aged 50 years and over from two surveys*, concluded that "use of some illicit drugs, particularly cannabis, has increased rapidly in mid- and late-life", highlighting that "prevalence may rise as populations for whom illicit drug use has been more common and acceptable become older".

Data about the prevalence of misuse of prescription and OTC medications is limited. However, we do know that those aged over 65 use about one third of all prescribed drugs, often including benzodiazepines and opioid analgesics. While it may sound odd to talk about 'poly-drug use' in this context, this can also be an issue for older people, particularly where prescribed and OTC medications interact with alcohol.

It has been estimated that two-thirds of older people with alcohol problems fall into the 'early onset' category – people who have a long history of alcohol misuse that persists into old age. For the remaining third, alcohol problems begin later on in life, often as a result of stressful life events linked to the ageing process, including retirement and bereavement. Social isolation and loneliness have also been identified as a significant cause of alcohol problems, and substance misuse more generally, among older people.

The same broad distinction can also be made for illicit drug use. On the one hand, there are ageing heroin users in specialist treatment, as well as those who aren't 'growing out of' casual drug use. On the other, some recent studies have highlighted instances of 'late onset' use, with one 2012 study, *Treatment experience and needs of older drug users in Bristol, UK,* noting that "older people are often exposed, as a matter of course, to many of the stress factors that may trigger drug use, such as bereavement, financial restrictions, isolation and ill health". With prescribed and OTC medications, increased levels of discomfort and pain in older age play a role in their misuse by older people, which can be intentional or inadvertent.

There are particular risks associated with alcohol and drug misuse in older people. As the Royal College of Psychiatrists noted in its 2011 study, *Our invisible addicts: First report of the*

Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists, physiological changes associated with ageing mean that older people are at increased risk of adverse physical effects of substance misuse.

Physical problems associated with alcohol use include coronary heart disease, hypertension and strokes; liver problems, including cirrhosis; and cancer of the liver, oesophagus and colon. In terms of mental health problems, depression and cognitive impairment, which are common in older people, may be associated with alcohol misuse. Alcohol may also interact with prescribed and OTC medications, exacerbating side effects or causing other problems.

Long-term medical conditions, including hepatitis C, can be a particular issue for older people with a history of drug problems, although they may not be receiving treatment for these. There is also a higher risk of overdose for older drug users, especially in cases where alcohol and benzodiazepines are being used 'on top' of illicit drugs, particularly opiates.

Alcohol use can be associated with falls in the elderly, and older people with substance misuse problems may also be vulnerable to exploitation – for instance, if they are unable to leave their home as a result of mobility problems, they may rely on others to purchase alcohol or other substances for them, with associated risks of exploitation.

While policy documents such as the 2010 Drug Strategy and the 2012 Alcohol Strategy make passing references to the needs of older people, it is hard to disagree with the assessment of the Royal College of Psychiatrists, which said in its *Our invisible addicts* report: "The current situation in terms of a policy framework for the prevention of substance misuse by older people and the planning and provision of services for its treatment is generally characterised by a disturbing silence."

In light of this, it's unsurprising that frontline services don't always respond well to the particular needs of this age group. Older people can encounter a number of barriers to support: mixed-age drug and alcohol services may not feel a particularly comfortable environment for them, and some of these services may have an age cut-off.

At last year's DrugScope roundtable event, it was highlighted that residential substance misuse services regulated by the Care Quality Commission will not usually accept those aged 65 and over. Transport or mobility difficulties

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THERE CAN BE A LACK OF AWARENESS THAT SUBSTANCE MISUSE CAN BE AN ISSUE FOR OLDER PEOPLE, OR A RELUCTANCE TO ASK EMBARRASSING QUESTIONS

may stop older people from physically getting to a service, yet home visits may not be offered to address this. Those experiencing problems with prescribed or OTC medications may not know where to turn for help – and help that is available may not be well advertised.

Professional attitudes – across the range of professionals that may come into contact with older people – can also act as a barrier to help. According to *Working with older drinkers*, a 2011 report for Alcohol Research UK, there can be a lack of awareness that substance misuse can be an issue for older people, or a reluctance to ask embarrassing questions. There can also be an attitude that older people are too old to change, or a belief that it is wrong to deprive older people of alcohol because it is their last pleasure in life, even in circumstances where there are real grounds for concern.

Barriers to support can be personal, too: older people may feel embarrassed about asking for help, and some longer-term users may feel reluctant to engage with substance misuse services because of 'failure' in the past. With particular reference to alcohol, there may also be limited awareness of 'safe' levels of consumption, or levels of alcohol consumption may not be identified as a problem.

Our research highlighted a range of interventions that may be appropriate. The importance of social groups and activities was emphasised throughout the research process, as a response to the loneliness and isolation that older people may feel. The role of meaningful engagement and the importance, for those who have retired, of finding a substitute for work, was also highlighted. At the roundtable, it was suggested that a key development for substance misuse services could be making links with existing services in the community to enable this.

Outcomes appropriate to older people will not necessarily be 'recovery-oriented': for non-dependent drinkers, the goal is to reduce the risk of alcohol-related harm, which does not necessarily require abstinence, and abstinence may not be a realistic goal for some older people with long-term substance misuse problems. There is a flipside to this, however. At the roundtable, it was suggested by some participants that there is a 'dangerous myth' that recovery doesn't apply to older people with longer-term problems, and a damaging lack of ambition for them as a result. In fact, evidence indicates that older people do as well in treatment, and sometimes better, than their younger counterparts.

Home visits can be crucial. Some older people who have long-term alcohol problems may experience cognitive impairment, including dementia and Alzheimer's, which needs to be recognised when assessing them and providing support. Support from peer mentors, too, with a focus on the use of 'real peers' – older people with experience of alcohol and drug problems – can help to cut across the stigma that some older people may feel.

Although a significant number of older people are drinking at risk, the majority are not alcohol dependent, and will not need to engage with specialist substance misuse services. But professionals working across the health and social care field – including in older people's mental health services, for social care providers and in residential services – are well placed to conduct screening and deliver advice. For substance misuse practitioners too, training and workforce development is crucial, so that they are able to identify problems among older people and respond appropriately.

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