

Yfed  
Doeth  
Heneiddio'n  
Dda



# Calling time for change

A charter to support all older adults in Wales  
to live free from the harm caused by alcohol





## **WE BELIEVE**

**Everyone has a human right to age well with dignity.**

**Older adults should be able to live the best life they can, free from the negative effects and harms caused by alcohol.**

**Everyone should have access to factual and credible information to make informed choices about their alcohol use as they age.**

**Alcohol treatment and support must be easily accessible for all ages and stages in life.**

## Treatment and support is accessible to older adults

**Services must be more accessible to older adults, particularly those who are hidden and isolated.**

Pathways to treatment and support should be clear and widely promoted, with age appropriate services proportionately funded across Local Authorities. Age should not determine the quality of support received.

### WE WANT

**Alcohol services designed** in a way that makes them accessible to older adults such as age-sensitive advice, assessments and interventions, home visits and flexible appointments.

**An emphasis on community engagement** in order to build individual and community resilience and encourage social inclusion.

**Community based projects** such as Age Connects to develop pathways into alcohol treatment services, or explore hosting alcohol treatment services within community projects to reduce the stigma of seeking help.

**Prevention campaigns** targeted at people across the life course and not just younger people.

**GPs and other key frontline staff trained** to recognise and respond to alcohol-related issues in older adults and be aware of referral routes.

**Community Hubs developed** within medical practices to provide a one-stop shop for people to access information and support on a wide range of health and wellbeing issues including alcohol.

**Digital solutions and innovative methods** to reach older adults who may be more hidden, including online appointments to supplement but not replace physical services.

**Improved collaboration** between service users, commissioners and providers to enhance and improve service delivery for older adults.

**Meaningful co-production** with older adults with lived experience to support positive change.

**Public campaigns and information** on what help is available for individuals and families affected by alcohol.

## Tackle stigma and isolation

**There is considerable stigma and shame surrounding alcohol misuse, particularly in older adults.**

This can prevent older adults seeking help, which could significantly improve their lives. In turn, stigma contributes to or can exacerbate loneliness and isolation which although not unique to older adults, is more prevalent in this age group.

### WE WANT

**Stigma and negative attitudes of health and social care professionals challenged** through shared good practice and raising awareness of the factors affecting older adults such as retirement, bereavement and loss of purpose.

**Practice which demonstrates** direct or indirect age discrimination challenged and age-related barriers removed from alcohol treatment and support services.

**Employers to incorporate alcohol awareness** into wellbeing programmes targeted at older employees coming up to retirement.

**Collaboration** between the Welsh Government, the Older People's Commissioner, Public Health Wales and health and social care providers and employers to develop a National Strategy supporting social inclusion and community integration.

**Strategies to consider the links** and join the dots between loneliness, isolation and alcohol.

## Enable positive mental and cognitive health and wellbeing

**Mental health and wellbeing play a significant part in all our lives. There is increasing evidence of the links between alcohol use and mental health in older adults.**

However despite this overlap there are often barriers to accessing mental health services when alcohol is being used and vice versa.

Additionally, there is growing evidence of the link between alcohol and dementia, and alcohol related cognitive impairment is a high risk for an ageing population who are drinking.

### WE WANT

**Stronger coordination** between alcohol and mental health services to respond to co-occurring conditions and awareness of the increased risks of dual diagnoses in older adults.

**Commissioners, funders and service providers to work collaboratively** to ensure the needs of older adults are met in service planning, provision and delivery.

**The Welsh Government to consider** greater inclusion of older adults' mental health needs in substance misuse treatment frameworks and strategy.

**Alcohol interventions**, screening and diagnostic tools to be responsive to older adults experiencing mental health issues.

**More research and information** on the link between alcohol and dementia, and increased practitioner knowledge on how to screen and respond to Alcohol Related Cognitive Impairment.

## Alcohol availability and marketing

**We believe exposure to the promotion of alcohol is disproportionate to the education of its potential harms.**

Alcohol remains widely available, affordable and accessible and its association with social interaction deep-rooted. Alcohol promotion needs to be addressed to challenge the culture, acceptance and normalisation of alcohol in our society.

### WE WANT

**Alternatives** such as alcohol-free and low alcohol products made widely available in social and retail settings.

**Clear messages** on alcohol harm to be included on all alcohol labelling and advertising.

**The display of alcohol in shops to be restricted** to 'alcohol only' aisles or sections separate from other sale items, and restrictions introduced on the times when alcohol can be sold.

**Greater restrictions of alcohol advertising** in the media, online and at public and sporting events.

**The drinks industry to adopt a more responsible and proactive approach** to health messages and risks relating to alcohol use, including the revised weekly units and government guidelines.

**A 'treatment levy' placed on alcohol producers and retailers** of alcohol that is invested directly into helping people affected by the harms caused by alcohol. The alcohol industry should not profit from alcohol harm.

## Why is this important?

**Across the UK higher risk alcohol use is declining among younger age groups but is increasing among older adults. In Wales 55-64 year olds are the most likely to exceed the UK drinking guidelines.<sup>(1)</sup> For both alcohol-related deaths and hospital admissions, the majority of alcohol-attributable harm is incurred by the over 55s.<sup>(2)</sup>**

Welsh data for alcohol-related hospital admissions and new assessments in specialist substance misuse services show the over-50s are the only age group showing year-on-year increases.<sup>(3)</sup> These trends show that consumption rates are falling in all age groups other than the over 55s, and harms are decreasing in all age groups but significantly increasing in older adults. Our older population need special attention to address this concerning trend.

There are also particular risks associated with alcohol use in later life, even when drinking within recommended guidelines. Older adults may be more susceptible to the adverse effects of alcohol use due to age-related physiological changes. Alcohol use among older adults has also been found to accelerate and exacerbate the onset of conditions associated with ageing such as falls and cognitive impairment, and older adults may be more at risk of mixing prescribed medication with alcohol. In addition, for some people age-related life events such as retirement, bereavement and loss of social connection can trigger an unhealthy relationship with alcohol.

For all these reasons we believe a specific strategic and policy response is required for our ageing population.

## Insights from our advocacy group members

**As older adults with lived experience of alcohol issues, we feel it is important that we are involved in the planning and development of services.**

We were pleased to lend our expertise and have our voices heard in co-producing this charter. With the support of key influencers and decisions makers we believe positive changes can be made to affect our peer groups and generations to come. We are passionate about ensuring this charter is a step in the right direction to improve outcomes for older adults who may experience problems with their drinking.



## ACKNOWLEDGEMENTS

**Thank you to everyone involved in shaping this charter, particularly the participants and volunteers of Drink Wise, Age Well.**

All brought their personal experience and knowledge to the table, as well as researching wider issues affecting older adults across Wales and identifying and inviting key stakeholders to co-create the charter.

Andrew Misell	Alcohol Change
Angie Contestabile	British Liver Trust
Angie Dyer	Calling Time for Change Advocacy Group
Caroline Phipps	Barod
Cheryl Williams	Public Health Wales
Dr Julia Lewis	Aneurin Bevan UHB - Adult Psychiatry
Heidi Anderson	Torfaen CBC, Gwent Substance Misuse Team
Karen Ozzati	WCADA
Leanne Provoost	RCTBC Rhondda Integrated Substance Misuse Services
Lisa Keih	Cardiff and Vale Area Planning Board
Lisa Meredith	Newport CC, Gwent Substance Misuse Team
Maria Evans	Newport CC, Gwent Substance Misuse Team
Marie Talmage	Drink Wise, Age Well
Mark Isherwood AM	Welsh Government
Martin Blakebrough	Kaleidoscope
Paula Hughes	Calling Time for Change Advocacy Group
Richard Broadway	Drink Wise, Age Well
Sarah Roche	Royal Voluntary Service
Steve Bartley	Older People's Commissioner Team
Trudie Williams	Calling Time for Change Advocacy Group
Vince Brown	Calling Time for Change Advocacy Group

(1) National Survey for Wales 2016/17

(2) Unpublished analysis from Sheffield Alcohol Policy Model version 4 (SAPM), Sheffield Hallam University

(3) Advisory Panel on Substance Misuse (APOSM), A Report on: Substance Misuse in an Ageing Population, February 2017