

# THE DRINK WISE, AGE WELL PROGRAMME

Our impact, learning and recommendations







#### ABOUT DRINK WISE, AGE WELL

The Drink Wise, Age Well programme began in 2015 with funding and support from the National Lottery Community Fund.

The programme was a strategic partnership between five organisations:













Drink Wise, Age Well operated in Devon and Sheffield in England, Glasgow in Scotland, Cwm Taf in Wales, and the Western Trust in Northern Ireland.

The programme came to a close in March 2020.

The aims of the Drink Wise, Age Well programme included:

- To increase knowledge, awareness and profile of the issue around alcohol and ageing in the general population, community services and frontline professionals
- To increase individual and community resilience in the over 50's population
- To support people aged over 50 to make changes to their alcohol use
- To reduce stigma and age discrimination

### ALCOHOL AND AGEING -HOW WE INCREASED KNOWLEDGE, AWARENESS AND SKILLS

- We used media advocacy, social marketing campaigns and digital engagement to raise awareness and encourage behaviour change
- We developed skills in frontline professionals to recognise and respond to problem drinking in the over 50's
- We delivered alcohol awareness workshops in multiple community settings



#### We widely promoted the programme messages through a variety of channels

We used media advocacy, social marketing campaigns and digital engagement with the aim of reaching as many people as possible.

834,000

**Twitter** impressions 213,000

Facebook views

120,000

Website visits

60,000

information leaflets handed out

We promoted social marketing campaigns on issues such as oral cancer, drink driving and the menopause.







187%

increase seen in people seeking information, help or advice from Drink Wise, Age Well after media coverage of our UK survey of over 50s alcohol use.

"Anxiety Drives over 50s to drink", The Sunday Times, January 17 2016

"Hidden risk of drinking in retirement" The Telegraph February 02 2016

"Baby boomers' drink and drug misuse needs urgent action, warn experts" The Guardian, August 23 2017

Baby boomers' drink and drug misuse needs urgent action, warn experts

By 2020, the number of over-50s receiving treatment for substance misuse problems is expected to double in Europe and treble in the



### We developed skills in frontline professionals and trained the wider workforce

We developed training to improve the way that front line professionals recognise and respond to alcohol problems in people aged over 50.

9,570

90%

U

professionals received
Drink Wise, Age Well
training

of those trained reported that they planned to make changes to their practice Organisations trained include the police, fire and rescue, the NHS, trade unions and care homes

Feedback from professionals attending the training included increased confidence in having conversations with older adults about their alcohol use:

"Approach talking about alcohol more confidently rather than bypassing where there is an obvious issue"

"Asking service users about their alcohol intake is now part of my core assessment during a first home visit"

"Talk more about drinking alcohol and keep it brief to plant the seed, particularly if someone is being affected by alcohol"



### We delivered alcohol awareness workshops in multiple community settings

We held **1,300** alcohol awareness workshops for people aged over 50, and made these workshops easily accessible to marginalised communities.

#### Communities we reached out to included:

- Carers
- Dementia
- Older adults support
- The Traveller community
- LGBTQ+

- Mental health organisations
- Prisoners
- Sensory loss
- Minority ethnic support services

19,000

workshop attendees 92%

could correctly identify the UK government drinking guidelines after the session

93%

reported they would know where to get help if they were experiencing an alcohol problem

Feedback from awareness sessions shows increased awareness and knowledge:

"The session facilitator gave out the measures ... so there was wee measuring glasses ..., I still use that for my wine. You can keep a better track of what you're drinking. You think you're only having one glass of wine but..." Workshop participant

"Even at the time that they were telling you how long it took to get alcohol out of the system. A unit takes an hour. A lot of people weren't aware of that and they were then quite shocked at how slowly it takes to go out of your system when they're going to the work the next day or driving their kids to school, that kind of thing." Workshop participant

"Members of Unite have benefited from the Drink Wise, Age Well project. Unite reps especially have been given the information that may be shared with members and potential members linked to their personal wellbeing" Trade Union Learning Rep

### Recommendations from our evaluation for increasing knowledge, awareness and skills

Public Health agencies should design and implement a range of social marketing campaigns and promotions with a focus on alcohol and ageing

Training and skills development on alcohol awareness for all frontline service providers who support older adults

Time and resources must be invested to reach and engage underrepresented and marginalised groups in a culturally sensitive way to provide alcohol awareness and health messaging

## WE INCREASED RESILIENCE IN THE OVER 50'S

- We developed our Live Wise, Age Well group intervention to increase individual resilience to alcohol problems in people aged over 50
- We provided one-to-one support to individuals and their families with a focus on building coping strategies and self-worth
- We organised a wide range of social activities and mutual aid groups to build connections and strengthen community involvement
- We recruited volunteers aged over 50, many with lived experience, to develop their own skills and support others



#### We developed the Live Wise, Age Well group intervention

We developed a 6 session modular programme based on Cognitive Behavioural Therapy (CBT) techniques with a clinical psychologist. The programme aimed to develop coping strategies and build individual resilience for people experiencing life transitions such as retirement.

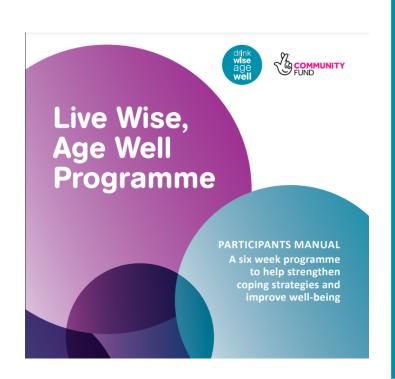
2,466

individuals attended our Live Wise, Age Well group sessions

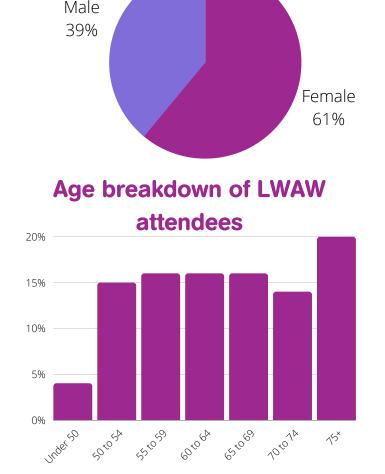
#### One quarter

of those who were higher risk drinkers had reduced their drinking at the end of the programme

Our Live Wise, Age Well groupwork manuals are available to download at <u>drinkwiseagewell.org.uk</u>

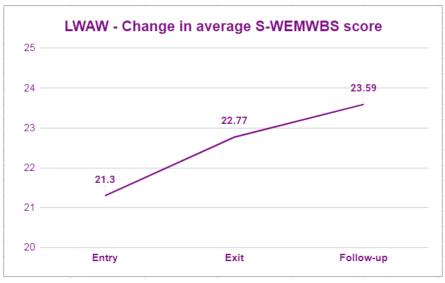


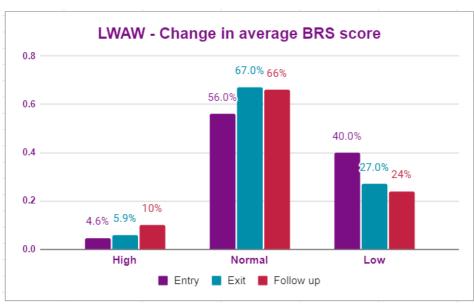
#### **Gender split of LWAW attendees**



We used the six question <u>Brief Resilience Scale</u> and the short <u>Warwick Edinburgh</u> <u>Mental Wellbeing Scale</u> to measure progress of participant's.

An increase in wellbeing and resilience was seen between entry and exit to the group work programme - this change was maintained when measured six months after the programme end.





### We delivered a range of resilience interventions with a focus on social connections

These included regular social activities, events and skills development sessions with a focus on building connections and a sense of purpose leading to improved wellbeing and a reduction in alcohol use.

4,600

people attended our social activities, with many attending multiple times. These attendees reported:

**79%** 



82%1

80%

38%



in emotional health

in having a sense of purpose

in relationships with others

in alcohol use of those attendees who drank



Additionally **16,385**people attended our social events and skills sessions.



"Being a single person living on my own, it gave me the opportunity to meet a lot of people in the community and getting back into the local community."

"Drink Wise, Age Well I would say absolutely educated me about drinking... knowing what I was doing, what I was dealing with, how it was affecting my health. How it was affecting my kids' lives, my kids never knew how much I drank because I lived on my own ....I came off vodka completely 'cos I just knew... the horrendous effects it was having on me."

#### We recruited volunteers

266

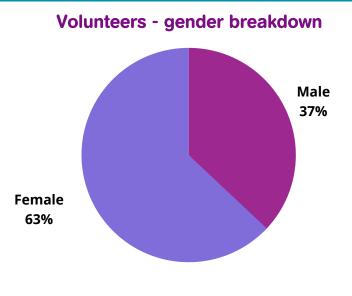
volunteers joined the Drink Wise, Age Well team. Many of them had lived experience of alcohol problems. They benefited from new skills and increased confidence and supported other people on their journey.

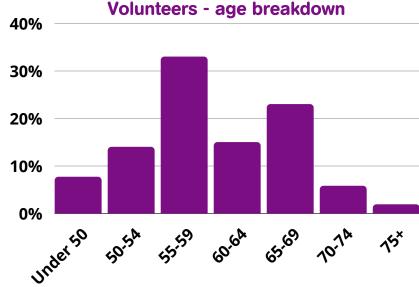


Andy, Team Leader, and David, volunteer

"If I can help and encourage other people whilst on the allotment, that's what it's all about."

David volunteered with Drink Wise, Age Well, at our <u>award winning allotment project</u> in Sheffield. He inspires others to get involved with gardening as a way of leading a happier, healthier lifestyle away from alcohol. David has experienced alcohol issues and isolation and says the allotment was his 'light at the end of the tunnel'.





300

people were befriended by our volunteers and supported to attend groups and activities to increase their social connections.

### Recommendations from our evaluation for increasing resilience

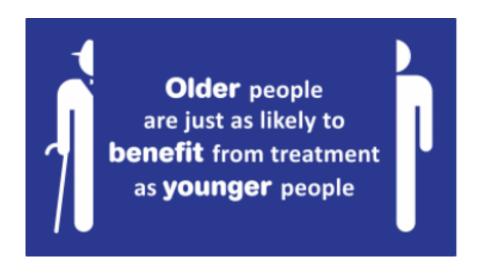
Older adults with alcohol problems should receive long-term resilience support that focuses on providing opportunities for engaging in alcohol-free activities and networks

Greater resources should be devoted to older adults who drink problematically, especially if their living environment supports an alcohol oriented culture

Resilience based interventions should address individual, group and environmental resilience so that along with self-development people have opportunities to access positive networks and mutual support in an inclusive environment

# WE SUPPORTED PEOPLE AGED OVER 50 TO MAKE CHANGES TO THEIR ALCOHOL USE

- We delivered screenings and alcohol brief intervention targeted at the over 50s in wider community and public settings
- We provided alcohol interventions that focused on age-related factors, offered flexibility with location and times and focused on therapeutic relationships
- We did cognitive screenings to provide participants with the suitable levels of support
- We supported families and concerned others to adopt positive coping strategies, and to assist their loved ones to make positive changes
- We facilitated age specific peer support sessions



#### We carried out alcohol screenings with the public

We delivered screenings and alcohol brief interventions in multiple community settings including supermarkets and workplaces. We also provided an online alcohol screening tool on our website.

10,000 online screenings were completed

We have developed an alcohol health checker tool now available on our <u>Drink Wise, Age Well website</u>

6,575 screenings and brief interventions in community settings

61%

scored positively (5 or more on the AUDIT-C) indicating risky levels of drinking

43%

of positive scorers said they intended to make changes to their drinking following the brief intervention

The percentage of positive scores in the over 55s is potentially higher, as recent research is showing the positive threshold can be lowered to 3+ for women and 4+ for men due to ageing related factors such as being on medication, or having underlying health conditions.

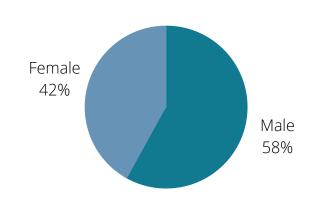


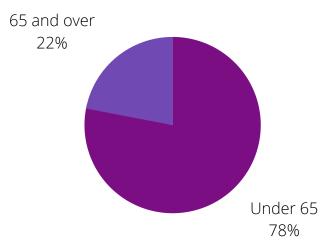
Average AUDIT-C score for men and women:



#### We provided age-specific alcohol interventions

3,400 participants received one-to-one support for their alcohol use.





38%

had not accessed alcohol treatment previously

**55%** 

reported one or more health condition

**78%** 

typically drank at home alone 40

was the average age clients reported they first had problems with alcohol

The top three reported triggers to increased drinking were





Relationship problems



Loss of sense of purpose

The top five aspects of well-being people reported being affected by their alcohol use were:





Mood





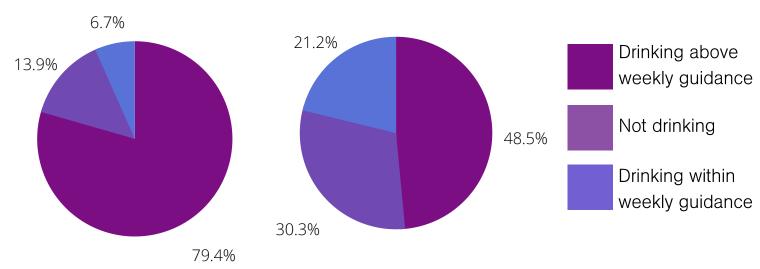


Finances Sleep

At assessment 80% of clients were drinking above the government's weekly guidelines.

#### 76% had decreased their drinking levels on discharge from the programme





"In rough terms, I would possibly do 60-70 units a week... I'm now down to sort of 25-30 units, which is still over the recommended issue... I do want to reduce that... and the way I've reduced it, I don't have foggy mornings anymore... [and I don't] get up in the morning and have a drink..." Participant of 1:1 support



Comparative data with generic alcohol services founds participants were less likely to disengage from the Drink Wise, Age Well service:

3%

Drink Wise, Age Well rate of disengagement 10%

Generic service rate of disengagement

For participants of 1:1 support the following was seen:

34%

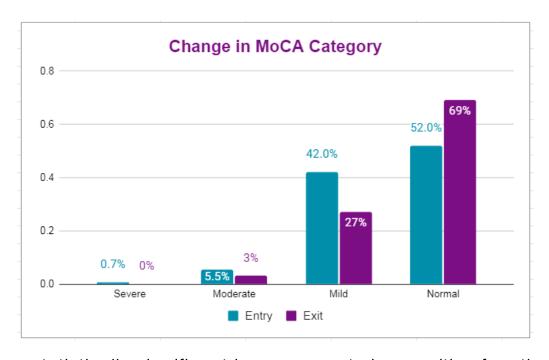
reduction seen in the number of people reporting falls and accidents between discharge and 6-month follow up assessment.

**52**%

of people attending the alcohol intervention service had at least one alcohol-related GP, hospital inpatient, hospital outpatient, A&E, ambulance call or social work visit in the last 12 months.

At six month follow up this had fallen to 16%

We used the <u>Montreal Cognitive Assessment</u> to screen for any cognitive impairment on entry to the programme. The interventions could then be adjusted to cater for any additional needs.



There were statistically significant improvements in cognitive functioning after receiving Drink Wise, Age Well alcohol intervention service, but 30% of participants still had a level of cognitive impairment when they left the service.

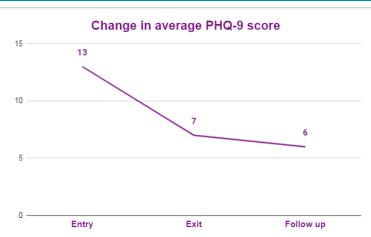
**650** 

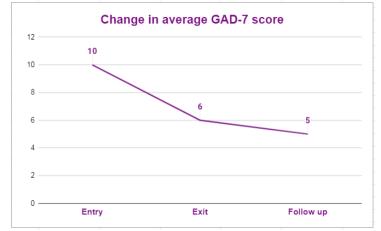
people received support from our webchat service which provides online confidential advice and information for people worried about their drinking.

Alongside making changes to alcohol use, the programme focused on improving wellbeing, physical health and mental health. We used a number of screening tools to measure this.

We used the <u>Patient Health Questionaire (PHQ-9)</u>, the <u>Generalised Anxiety</u>
<u>Disorder (GAD-7)</u> and <u>shortened Warwick Edinburgh Mental Wellbeing</u>
<u>Scale</u> to measure changes in these measures between entry and exit to the programme, and again 6 months after exit







74% of participants showed an improvement in wellbeing.

45% showed a reduction in depression and anxiety between assessment and discharge.

These changes were further improved when measured again 6 months after discharge.

#### We facilitated peer support groups

1,100 individuals attended peer support sessions across the UK - a total of 2,600 group sessions were held.

48%

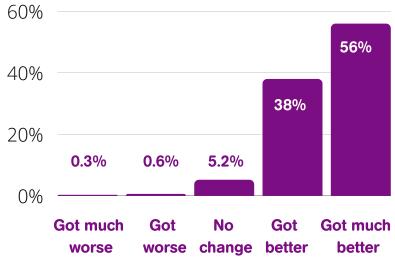
of peer support attendees reported that they had stopped drinking since coming to the groups.

40%

of peer support attendees reported that they had reduced their drinking since coming to the groups.



### Change in motivation to address my alcohol use since attending peer support groups



**76**%

said that since attending the groups their ability to cope with changes in life had improved.

**85**%

of attendees said their emotional health had got better, or got much better.

"It was a safe place to speak of any problems I had. And also... it helped enormously, actually, to listen to other people – the problems that they face and how they dealt with them"

"The meetings are great. I've got so much help here, every time I come, I get help. The meeting for me is an anchor. Now, I'm not coming now because of drinking at all, I come now just with life issues....."

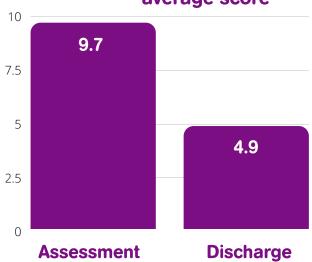
Peer Support participants

#### We supported family members

We supported 200 friends and family members who were concerned about the alcohol use of a loved one aged over 50.

family members completed the 5-step assessment\* which looked at a number of measures:





50%

was recorded in "family stress"

**52% 1** 

was recorded in "seeking helpful formal support"

"I don't think it [his wife starting to drink again] will have the same impact as what it used to have because I feel more confident, more stronger, more able to deal with things better now...[and]...instead of walking on glass... I'm able to talk to her now."

Recipient of DWAW family support

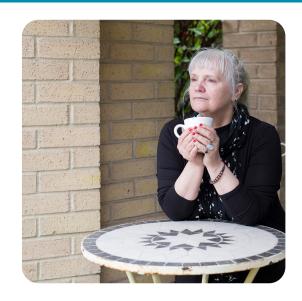


\*The 5-step questionnaire to family members, which was developed by Addiction and the Family International Network (AFINet: <a href="https://www.afinetwork.info">www.afinetwork.info</a>). It is used for supporting families affected by a relative's substance use and is underpinned by the Stress-Strain-Coping-support theoretical model.

#### Claire's story\*

"When I think back now the first time I gave up drinking I did it for everyone else. At the back of mind I was always thinking 'well I'll give it up but I know I'm going to drink again'. It's different this time because I've given up for me and not for anybody else."

Claire had struggled with alcohol since she was a teenager but after seeking support in her forties had stopped drinking altogether. In her 50's she began drinking again following a distressing family event. This time her drinking was very hidden and she began to socially withdraw to hide it. When she sought help from an alcohol treatment service she was told she was not drinking enough- "so I was all sod it I'll drink more!" Claire then found out about Drink Wise, Age Well.



She found the non –judgemental approach and flexibility of the programme really helpful. She would meet her worker out in the community, in coffee shops, and also developed positive connections with the wider programme team. She appreciated how they helped her address the reasons behind her drinking "I was made to feel human and a normal person."

She also found lots of support from attending mutual aid groups and credits this as the breakthrough. "I was hooked. I started going to these MAP groups because it was a group of people, same age as me obviously, 50 up." Claire started supporting the mutual aid groups as a volunteer and has since moved on to paid employment at Drink Wise Age Well as a legacy support worker. It's been over 2 years since Claire had a drink

"They [the Drink Wise, Age Well worker] didn't give up, they kept going. Even when I found things tough and I was really really struggling, they didn't give up on me."

#### Alan's story\*

"I binge drank because I had absolutely nothing else to do. It becomes your only uncritical friend. It's always there for you. It doesn't answer your problems but it doesn't criticise, it doesn't judge. Bit by bit...as most people do... I stopped being a social drinker and became a house drinker."

Alan had always drunk quite a lot, but for many years it didn't seem like a problem. His drinking escalated following a relationship breakdown and move back to Glasgow. At this point, Alan began to drink simply because it was something to do. He gradually shifted from social drinking to drinking at home. He became dependent on alcohol and began to drink all day. "Every time I tried to stop I ended up in hospital. Everyone knows it's really dangerous to suddenly stop alcohol. So anyway I had really bad seizures and almost died....I managed to stop for several periods but I always ended up in hospital, or I fell. In the ambulance I was always covered in blood and I'd wake up in hospital"



Alan was referred to Drink Wise, Age Well and for the first few months found the home visits, support with practical issues and mutual aid meetings really helpful. "So it's like moving to another country....Drink Wise, Age Well were incredibly supportive. At times it was the only island I could go to in that storm where they spoke my language."

Alan had a relapse over Christmas and ended up in hospital again. After 6 weeks in hospital he was more determined than ever to stay sober. This time he was ready. "I found out that there is a life without alcohol, there are other things you can do, and there are other people who have done the same thing". After receiving support from Drink Wise, Age Well Alan decided to give back by volunteering with us. He built a new social network outside of the world of alcohol, and has found himself able to look back and see how unhealthy his relationship with alcohol was.

"You can't just fix somebody and go 'that's you fixed, away you go'. You've got to have somewhere to go where people understand what you've been through and where you've been. And I am now in a situation where I want to be able to help other people."

### Recommendations for supporting people aged over 50 to make changes to their alcohol use

Services should adopt a proactive and assertive approach to engage older adults such as screening in public places and developing relationships with community-based organisations

Services should be age-inclusive and offer flexibility in terms of location, time and frequency of contact. For example, home visits and supporting to appointments

Support should be focused on outcomes other than just alcohol consumption, such as physical, social and mental wellbeing

Planners and commissioners should ensure that non-age specific alcohol services make provision and are inclusive to the needs of older adults, particularly those from marginalised groups

Community alcohol services should broaden scope to include prevention and resilience approaches for older adults

## WE REDUCED STIGMA AND TACKLED AGE-DISCRIMINATION

- We created a social marketing campaign to combat stigma, to change attitudes and to highlight age-related factors that can lead to increased alcohol use
- We published a report, <u>Calling Time-Addressing Ageism and Age</u>
   <u>Discrimination in Alcohol Policy, Practice and Research</u> which presents
   evidence of ageism and discrimination and makes recommendations to
   address this with policy makers, regulators, commissioners and funders,
   service providers and researchers
- Our lived-experience advocacy groups co-produced the Calling Time
   Charters to improve practice and influence policy in each of the four nations



#### We created an anti-stigma campaign



The Vintage Street campaign reached over 1 million people and helped to reduce stigma and promote a more tolerant attitude towards older adults with alcohol problems - the video can be viewed <a href="here">here</a>.





After the launch of the Vintage Street Campaign we saw:

253%

700%

1000%

increase in website visits

increase in over 65's visiting our website

increase in visits to our online Drinkchecker tool

83%

of people who saw the campaign said they were now more likely to believe that society should treat older adults with alcohol problems with a tolerant attitude.

#### We influenced practice and policy

Drink Wise, Age Well's policy partner <u>ILC-UK</u> and the <u>Substance Misuse and Ageing Research team</u> presented evidence of ageism and age discrimination in alcohol service provision, policy and research in the Calling Time Report. Recommendations were made to policy makers, public bodies, service providers and researchers to ensure that age is not a barrier to receiving alcohol treatment and support.

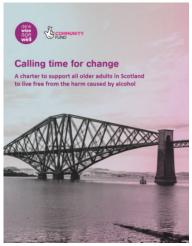




Motivated by the report, Drink Wise, Age Well programme participants came together to form our Calling Time for Change Advocacy groups. They invited stakeholders across the four nations to work with them to co-produce our Calling Time for Change Charters.

They took a people powered approach to influence and change policy.









#### Changes we saw:

- Public Health England removed age cut-offs from its online alcohol rehab directory
- The report was cited by the Scottish
   Government in its Scotland's Rights, Respect
   and Recovery Alcohol and Drug Strategy to
   identify older adults as a priority group
- Drink Wise, Age Well is recommended as a model of good practice in the Welsh Governments Substance Misuse plan
- In one of our delivery areas the public health commissioner ensured alcohol services specifically described how they would address the needs of older adults when bidding to provide a service
- The <u>Alcohol Charter</u> presented by the Drugs, Alcohol & Justice Cross-Party Parliamentary Group and All-Party Parliamentary Group on Alcohol Harm and endorsed by over 30 organisations across the drugs and alcohol sector called for specialist older adults services and action to be taken against age inequalities in alcohol service provision

### Recommendations for reducing stigma and tackling age-discrimination

Social marketing campaigns to reduce stigma for alcohol use should be further tested and explored

Stigma reducing interventions focused on one-to-one support, building resilience and social connections, fostered through peer support are recommended for people with alcohol problems

Services should ensure a non-judgemental, non-stigmatising, open and inclusive culture through positive leadership, reflective practice and coproduction

Peer-educational models delivered by people with lived experience to people who discriminate or stigmatise people with alcohol problems should be tested and evaluated

People with lived experience should be given a central role in public policy advocacy

#### In conclusion

Drink Wise, Age Well was a test and learn model. We delivered multiple community-based activities with the aim or reducing alcohol harm in the over 50s, while raising awareness, knowledge and profile of the issue.

There is a full evaluation report led by the Substance Misuse and Ageing Research Team at the University of Bedfordshire, Glasgow Caledonian University, Glyndwr University and Queens University Belfast available on our <u>Drink Wise</u>, <u>Age Well website</u>

Since the programme came to an end, and in response to the Covid pandemic, we have launched a new helpline, online appointment booking system and alcohol health check tool. Details can all be found on <u>our website</u>

You can also watch our <u>legacy films</u> to hear more insights from our programme participants, colleagues and partners

Thank you to all our Drink Wise, Age Well programme participants who humbled and inspired us at all times and to our brilliant, creative and committed Drink Wise, Age Well colleagues.