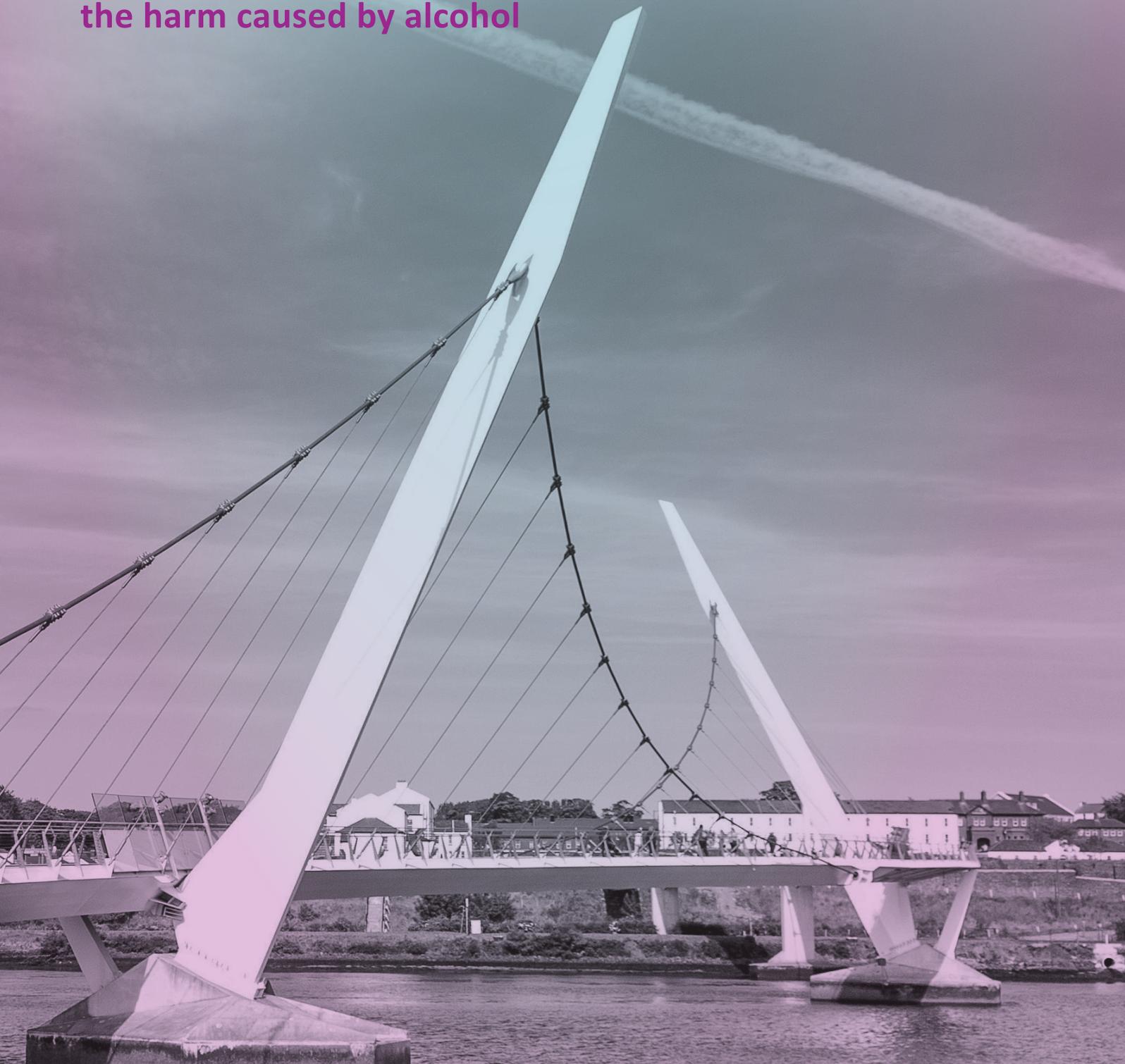




# Calling time for change

A charter to support all older adults in Northern Ireland 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.**

## Theme 1: JUDGEMENT

**Treat older people affected by alcohol with kindness and empathy – humanise the care you are providing**

### WHY THIS IS IMPORTANT

**We don't feel good about where we find ourselves as older people affected by alcohol, we are hard on ourselves. We are fragile and we need strength and support to recover and to maintain that.**

The way we are treated by people we rely on has a huge effect on us and our recovery. Feeling stigmatised can have a detrimental effect on our wellbeing. The inverse is also true – with kindness and empathy we can recover brilliantly and be strong for others.

### THE CHANGE WE ARE ASKING FOR

**Humanise our care:** By ensuring that staff acknowledge that misusing alcohol is not a choice. We would not wish a problem like this on anyone so don't treat us like we are choosing to live with alcohol. Stand in our shoes!

**Recognise that words matter:** We need all front-line staff to understand how very easy it is to hurt us with throwaway comments and remarks. It harms our mental health and further disempowers us to be able to gather the strength to go through recovery, which we can only do if we feel valued.

**Have each service understand that it's 'never too late' to enter recovery:** Services must be equally offered to us as older people.

**That you recognise the effectiveness and impact of community & voluntary sector services:** We all have stories of how someone in a voluntary service effectively saved our life. They are flexible and are there on the ground where we need them. We sometimes experience a professional reluctance that gets in the way of health workers and community workers collaborating in the interests of the client. This is well articulated by the understanding that the GP is the single point of access to the health and social care system (except for A&E) and it is not working for many people.

**Ask us what we need:** As older people affected by alcohol we have the experience and evidence that will help you design and deliver services that work.

## Theme 2: RESILIENCE

Recognise that helping people to become resilient is the key to helping us help ourselves and to help others

### WHY THIS IS IMPORTANT

**Isolation is both cause and effect of alcohol misuse: Isolation is toxic to older people. It happens when we end up alone because of life events. The loneliness leads to drinking and a belief that we are alone. Living in rural areas makes it much worse as there is less possibility of connecting with others.**

If we lose our driving licence because of alcohol it can exacerbate the issue. Fear sets in and prevents people from engaging. We also live in a culture where people “mind their own business”. Other people lose the ability to communicate effectively and do not feel able to ask for things (services, help etc).

**Getting to acceptance is the most important start point:** It is exhausting trying to live with misusing alcohol. No treatment is effective until a person accepts that they have a problem and want to change. That realisation is a key moment and is the moment when support and services are going to have the best chance of working. It's when someone reaches out. Truthfulness is an important concept here – to family, to doctors and other professionals (as well as to yourself).

**Mental and physical health changes are both causes and effects of alcohol use and create additional burden:** Personality changes mean that people begin to lie and to lose touch with reality, memory suffers and every day issues are neglected. Diet suffers and we are more accident prone.

**Life events are a key driver of behaviour (a trigger):** The loss of a relative, divorce, loss of employment. The impact of the troubles, the environment we are living in. All of these are around and for many, inevitable. They all point to a lack of resilience when they lead to harmful patterns of behaviour.

**Impact on personal finances:** There are financial implications that people who are affected by alcohol face. This includes loss of livelihood, spending money on alcohol and as a result spending less on taking care of themselves including on good food, living conditions, household bills etc.

## WHAT WE WANT

**More recognition of the importance of supporting people through the life events** that will come their way and which are the drivers for alcohol misuse – and in particular that these life events have particular consequences for older people (bereavement, divorce, family feud, being alone).

**Government must address how drinking culture is enabled by policy and legislation:** We are surrounded by messages to enable and encourage drinking and legislation should make it harder for people to be sold alcohol (from product placement in TV soaps, to supermarket and off licence deliver services, to pricing).

**Help enable honest conversations with society about drinking:** Especially problem drinking that is done in the home and where people are in denial (the binge drinker and the social drinker).

**In recovery – we need stable and consistent services** – people we can come to know and trust. Services are funded short term, GP's are mostly locums, staff in talking therapies change often. We need you to know that we will only open up and engage when we build a relationship with the people we interact with.

**We need a purpose in recovery:** This starts with being heard. We would value a place on decision making and oversight bodies as the voice of the expert in this area. We even think there should be an ability to engage in advising services at the local level.

**Often our background is complex and light touch services do not help us:** We need you to understand the spiral that happens when someone goes on the drinking journey. We will generally have suffered some trauma in our past that we have not dealt with. Be more honest about acknowledging this and you will help us recover better and with better long-term results.

**Appreciate the community-based services that help build our resilience:** We think they need to be more appreciated and valued (including with funding). This includes Men's Sheds, clubs and societies etc.

**As older people we love the phone** – it is our primary means of communication: Not all of us use digital methods of communication. We need to be able to speak directly to someone when we reach out for help and not an automated system. We also value people calling us to check on us. Call us. We love the phone!

## Theme 3: SERVICES

**Provide services that are effective for older people affected by alcohol – and use evidence and our experience to design and deliver them**

### WHY THIS IS IMPORTANT

**It's hard to access the needed services and it's impossible to work out what services are available – it is by chance that we discover if there is a service that we can access. Even professionals we do interact with are often unaware of what is there.**

When we do ask for specific services – such as counselling or treatment assistance – there is a very long waiting list and treatment times are normally shorter than what is required. Related to the services it is clear that there is not a robust study of the needs of older people – how many people and what types of needs are they presenting with? Services are often needed outside of office hours when there is no service available.

### WHAT WE WANT

**For there to be a much-improved awareness of available services:** Particularly among all front-line health professionals. It is important that more people know more about what is there so they can share it at the right time.

**We want Government to enable a collaboration among services** rather than competition and secrecy. Procurement processes often pitch services against each other. More partnership and networking is essential.

**We want a focus on efficiency and effectiveness** to ensure value for money. This will require some mapping and evaluation. We don't think that rigorous assessment is undertaken on the effectiveness of the journey through the recovery system. This would help design better services.

**We want services that work - to be delivered in the best place for us.** We recognise that the GP's are under immense pressure. There are better ways to deliver services that are effective for us. This might include:

- Having someone with our interests at heart, embedded inside the Health and Social Care system (something like the service user consultant for Mental Health).
- Having someone to help us stay afloat as we enter and undergo recovery (especially to bridge the gap between asking for help and receiving it – often 8 to 12 weeks). It is in this moment that we are most vulnerable and a practical service that holds us and ensures we are safe is what is most needed. This needs to be a consistent service operating alongside primary care – maybe an expert by experience based in a primary care centre.
- Having a dedicated alcohol nurse service - available across the Trust area but based out of the GP practice – available 24/7 on a rota basis.

**We want the family to be better supported** to cope with someone in crisis and recovery, including helping getting people to enter the recovery process. Recognise that the family is hardest hit by the impacts and often are not able to cope with the issue which very often causes further distress and damage.

**We want proper measurement of need** - to provide hard evidence of what is required. There are no statistics on the prevalence of people affected by alcohol including any associated issues including mental and physical health issues.

## HOW YOU CAN HELP

**In Northern Ireland the proportion of people who are non-drinkers has increased in the 18-54 age categories but has reduced in those aged 55 and over. The number of younger people aged 18-24 drinking more than recommended guidelines has decreased in the past number of years however in older age groups it has remained static.<sup>(1)</sup>**

In the past 10 years alcohol-related deaths have almost doubled in all age categories aged over 55 whilst remaining relatively static in younger age groups.<sup>(2)</sup> These concerning statistics show that alcohol consumption and harm is continuing to increase in the over 55s whilst reducing in all other age groups.

This has a wide reaching impact on individuals, families and communities not withstanding the cost implications. Health care costs for alcohol misuse in the over 50s in Northern Ireland in 2017/18 are expected to be at least £125 million.<sup>(3)</sup> Our older population need special attention to address this concerning trend.

We need your help to affect change and implement our charter. Doing so will mean that older adults have equal access to treatment as well as more positive experiences when getting support for alcohol issues.

### YOU COULD HELP US BY DOING THE FOLLOWING:

**If you are a service provider or front line worker,** championing the rights and voices of older people.

**Use your influence** to ensure that the aims of the charter are met.

**Sharing the charter** with your colleagues and others to ensure good practice.

**Ensure that staff receive training** to increase their knowledge, understanding and skills in dealing with alcohol misuse among the over 50s population.

**Helping ensure that alcohol and ageing issues remain high** on your and your organisation's agenda.

## ACKNOWLEDGEMENTS

**Thank you to all the Drink Wise, Age Well participants and volunteers who shaped this charter.**

They shared their personal experiences, knowledge and insights to help all older adults across Northern Ireland affected by alcohol.

### **Calling time for Change Advocacy Group Members**

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Thank you also to our facilitator Michael Donnelly

(1) Health Survey Data NI, 2017/2018

(2) NISRA Alcohol Deaths 2007-2017

(3) Queens University Medicine, School of Medicine, Dentistry and Biomedical Sciences,  
The healthcare costs of harmful and hazardous alcohol consumption in older adults (2017/18), unpublished