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Substance Misuse Treatment Framework (SMTF) Improving Access to Substance Misuse Treatment for Older People

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1. Purpose

This document provides some background information on substance misuse in those over the age of 50. Its focus is on access to treatment and it outlines action that could be taken to improve this at local level. It is aimed at Local Health Boards, Substance Misuse Area Planning Boards, substance misuse and mental health service providers, Local Mental Health Partnership Boards, local authority adult services and those working in primary care. It is intended to inform the development of local care pathways and will be of relevance to practitioners and those responsible for planning and managing services as well as service users themselves. This document may also be of relevance to others working with the older population including general practitioners, social workers, third sector service providers and others providing health and social care for this age group.

Prevention of substance misuse is not specifically addressed within this document but there are specific issues in relation to this age group that will need to be considered. Actions that are being taken to prevent substance misuse in older people are set out in *Working Together to Reduce Harm*, the Welsh Government's ten year substance misuse strategy and associated delivery plan 2013-2015. Further consideration will also need to be given to raising awareness, amongst the public and professionals, on the issue of substance misuse in older people.

Area Planning Boards should review their existing local care pathways with a view to ensuring that access to substance misuse treatment for those aged over 50 years is improved. This review will need to take in to account local factors and service availability. Local authorities will need to consider the needs of older adults with substance misuse problems within Single Integrated Plans.

2. Background

2.1 Context

Substance misuse among older people receives relatively little attention. The evidence suggests that it is not identified and treated adequately in this age group despite their greater susceptibility to harm at lower levels of use than younger people. This is particularly concerning, given the more pronounced trend in Wales for an increased ageing population. The 2008-2018 Substance Misuse Strategy for Wales, *Working Together to Reduce Harm*, recognises this challenge and the particular needs of older people¹. *Living longer, ageing well 2013-2023*, the Welsh Government strategy for older people in Wales aims to address the barriers faced by older people². The strategy recognises that good physical and mental health contributes greatly to overall wellbeing. Other initiatives, such as the health checks programme for people aged over 50 are part of the overall policy response and are aimed at allowing people to have greater control over their health and wellbeing.

2.2 Substance Misuse in Older People

Substance misuse problems in those over 50 are predominantly related to alcohol use; however both illicit and prescribed drugs will also be an issue. In general, older men are considered to be at greatest risk of substance misuse, including alcohol and illicit drugs but older women may be more at risk of problematic use of sedative/hypnotic and anxiolytic medication³.

2.3 Drugs

Research suggests that those older people who use illicit drugs largely started for recreational use as adolescents or young people. A proportion, however, do start using later in life (in their forties) as a consequence of adverse life events, to manage pain or because they had a partner who used drugs⁴.

Misuse in older people is not restricted to illicit drugs. They may have problems with dependence on prescription drugs and over the counter medication. Problems with prescription drugs can be exacerbated by the complexity of regimes, hoarding and drug sharing with other people. Misuse of sedatives and analgesics may be a particular issue. Mixing of alcohol and prescription drugs may also be a problem.

2.4 Alcohol

Early-onset drinkers may have had problems over several decades but have survived into older age. Later-onset problem drinkers often begin in their 50s or 60s and their drinking may be more associated with life events and transitions such as loss of a partner, retirement (loss of status, routine, boredom, the opportunity to spend more time drinking). Loneliness and isolation may be factors and some may drink more in an effort to cope with problems such as pain or insomnia.

There is debate about what constitutes harmful/hazardous drinking in older people. The Royal College of Psychiatrists argue that current **safe limits** are based on research on younger people arguing that the upper **safe limit** for older people is 1.5 units a day or 11 units a week³. They also recommend that in older people binge drinking should be defined as >4.5 units in a single session for men and >3 units for women. Given the changes in physiology as people age it is prudent to consider a lower level in older age groups. There is a general acceptance in Wales, that the lower limits recommended by the Royal College of Psychiatrists should be adopted for those over 65 years.

2.5 Co-morbidity and Complexity

Some factors that apply more generally to older adults mean that substance misuse in this group may be more complex and present management problems that differ from those in younger people.

Underlying medical conditions, age related changes in liver and renal function and interactions between multiple medications increase risks of older people developing substance related problems at lower levels of consumption³.

Anxiety, depression, post traumatic stress disorder, drug induced psychosis, schizophrenia, delirium and dementia may lead to, be a consequence of or coincide with drug misuse³.

The relationship between alcohol and cognitive impairment in older people is complex. Prolonged, excessive use can increase the risks of dementia and alcohol related cognitive impairment. The management of those with alcohol misuse and dementia/cognitive impairment is challenging³.

Some argue that acute alcohol withdrawal syndrome is more protracted and severe in older people than in younger people with drinking problems of equal severity⁵. This has led to the recommendation that withdrawal in older people should be managed on a largely inpatient basis.

There is some evidence that older adults may use alcohol to manage pain. Older problem drinkers tend to report more pain than non problem drinkers⁶.

2.6 The Extent of Substance Misuse in Older People

The UK has an ageing population but this trend is most pronounced in Wales⁷. The proportion of the Wales population aged 50+ is projected to be 41 per cent (1,301,000) by 2020 with actual numbers increasing to 1,398,000 by 2035.

The 2007 ONS Adult Psychiatric Morbidity Survey found that three per cent of men and one per cent of women aged between 65 and 74 and 0.5 per cent of men aged over 75 reported alcohol dependence in the last 6 months⁸. Those who begin misusing substances after the age of 65 are most likely to misuse alcohol. Prevalence of drug dependence in the past year for those aged over 65 was less than one per cent for both men and women⁸.

In the 2012 Welsh Health survey 10 per cent of those aged 45 and over reported their average frequency of drinking as almost every day⁹. 48 per cent of those aged 45 to 64 and 26 percent of those 65 and over, reported that their maximum daily alcohol intake in the past week was above recommended guidelines.

During 2012-2013 the total number of people aged 50 and over referred for substance misuse treatment in Wales was 3783. Of these 3266 were referred because of problems with alcohol; 24.4 per cent of all referrals for alcohol misuse¹⁰. Over the last five years the proportion of all those referred whose main problem was with alcohol and who are aged over 50 has increased by about five per cent¹⁰.

2.7 Implications for Services

Given the increasing number of people aged over 50 in the Welsh population and the increasing proportion of those presenting for treatment it is likely that demand for services in this age group will increase. Many specialist drug and alcohol services are funded for, or targeted at, working age adults. Consideration needs to be given to developing specialist services specifically for older people with substance misuse problems. Such services would also need to take into account the differing needs across the over 50s age range.

Whilst service user involvement must play a substantial role in the provision of all substance misuse services, the concept of co-production must also be considered by service commissioners, providers and users.

The need for the public sector to embed 'co-production' into service provision is becoming apparent. NESTA (National Endowment for Science, Technology and the Arts) describe co-production as 'delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours'.

Co-production aligns to the highest level of service user involvement. It allows those service users who wish to be involved in co-commission, co-design, co-delivery and co-evaluation of services. Over time it is ultimately this level of service user involvement which should be aspired to in the production of all substance misuse services across Wales.

In a few areas of the UK specialist substance misuse services for older people are being developed; these tend to be for those with co-morbid mental health problems and no published evidence on their effectiveness has been identified to date¹⁰. Some examples of services provided in Wales are included in the appendix.

3. Management of Substance Misuse in Older People

3.1 Identification

It can be difficult to identify substance misuse in older people. Lack of awareness and knowledge regarding substance misuse in this group is a significant barrier. Clinical and other staff working with older people may be reluctant to raise the issue of substance use with this group. Substance misuse should be considered in older people who make frequent use of healthcare in primary care and particularly A&E departments (including fracture clinics) and those using mental health services⁵. It should also be considered in those presenting with self neglect. Alcohol misuse may be an issue in situations where domestic abuse is a problem. It should also be recognised that older people with substance misuse problems may be at greater risk of exploitation. Debt and loss of employment or a relationship may also be signs of an underlying substance misuse problem.

The Royal College of Psychiatrists note that the International Classification of Diseases (ICD-10, WHO, 1992) and Diagnostic and Statistical Manual (DSM-IV, American Psychiatric Association, 1994) criteria should be administered **thoughtfully and with clinical judgement** when being used to diagnose substance misuse in older people³. They argue that the DSM-IV criteria in particular, may not be adequate to diagnose older people with substance misuse problems.

Assessment should involve an informant, for example a family member or carer and home assessment may be helpful as the environment may provide evidence of substance misuse⁴. Involvement of an informant must be with the consent of the individual being assessed. Assessing levels of consumption can be difficult, particularly where there is cognitive impairment. Signs and symptoms of substance misuse may be attributed to, or masked by, other problems. Physical symptoms that should trigger screening for substance misuse include¹¹:

- Sleep complaints
- Cognitive impairment, memory or concentration disturbance
- Seizures, malnutrition, muscle wasting
- Liver function abnormalities
- Unexplained medication interactions
- Persistent irritability without obvious cause
- Unexplained chronic pain or other somatic symptoms

- Incontinence, urinary retention
- Poor hygiene and self neglect
- Unusual restlessness or agitation
- Complaints of blurred vision or dry mouth
- Unexplained nausea and vomiting
- Changes in eating habits
- Slurred speech
- Tremor, poor motor coordination, shuffling gait
- Frequent falls and unexplained bruising.

3.1.1 Screening tools

NICE guidance (www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf) recommends use of Alcohol Use Disorders Identification Test (AUDIT) to decide on whether to use brief intervention or to refer to specialist services¹².

The Royal College of Psychiatrists (www.rcpsych.ac.uk/files/pdfversion/cr165.pdf) recommend that GPs ask every person over 65 years of age about substance misuse as part of a routine health check using specific tools such as the Short Michigan Alcoholism Screening Test – Geriatric version (SMAST-G)³. This is validated for use in the older adult population and takes into account the Royal College recommendations with regard to safe drinking levels in this group. They further recommend that this screening incorporates cognitive testing using tools, for example, the Mini-Mental State Examination (MMSE). Where screening tools are used this should be in conjunction with thorough clinical assessment³.

The over 50s health check in Wales uses AUDIT C. Opportunistic questions should be considered as should when an individual is undergoing major life changes or transitions. Screening should be included as an element of the Framework on Integrated Assessment for Older People being developed in Wales.

A range of other brief and more in depth screening tools are available. Choice of tool will depend on the setting and specific purpose for which it is used. The chosen tool should be validated for use in older populations.

3.2 Evidence Base for Treatment

3.2.1 Guidelines

The evidence base for substance misuse treatment specific to older people is sparse¹³ but the principles of treatment in the working age population apply¹⁴. NICE guidance is available on Diagnosis, assessment and management¹⁵ (www.nice.org.uk/nicemedia/live/13337/53191/53191.pdf) of harmful drinking and alcohol dependence and on treating the physical complications¹⁶ (www.guidance.nice.org.uk/cg100/niceguidance/pdf/english) of alcohol use disorders.

The UK clinical guidelines (www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf) on drug misuse and dependence do not specifically address the needs of older people¹⁷.

In the USA the Department of Health and Human Services has published a treatment improvement protocol (www.ncbi.nlm.nih.gov/books/nbk64419/pdf/toc.pdf) on substance abuse among older adults¹⁸. This is based on evidence and professional consensus and was revised in 2012.

The Royal College of Psychiatrists report *Our Invisible Addicts* (www.rcpsych.ac.uk/files/pdfversion/cr165.pdf) makes recommendations on the assessment and treatment of substance misuse in older people and discusses appropriate service models³. The document also provides guidance on pharmacological treatment of substance problems in older people.

3.2.2 Psychological treatment

Evidence shows that psychological treatments for older people who misuse substances (over the age of 50) are effective and in some cases they may respond better than their younger counterparts¹⁹. Those with late-onset substance misuse have a better response to treatment than those with early-onset³. Clinicians may be reluctant to treat substance misuse in older adults; however response to treatment is likely to be good and reduce mortality in this age group. NICE has issued guidance on psychosocial interventions (www.nice.org.uk/nicemedia/live/11812/35973/35973.pdf) for drug misuse²⁰.

3.2.3 Dual diagnosis

There is some evidence that older people with co-existing mental health and substance misuse problems require an intensive support service that is primarily home based, supported by links to other services and using motivational approaches may be beneficial¹³.

Welsh Government has already issued a service framework (www.wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/publications/cooccurring/?jsessionid=d2374060981f7b85c6ab9aa953738687?lang=en) on meeting the needs of people with a co-occurring substance misuse and mental health problems²¹ and will be re-issuing updated guidance for consultation later in 2014.

3.3 Brief Interventions

Brief intervention is a cost-effective first step for those whose drinking meets diagnostic criteria for harmful use⁵. These can be delivered in primary care and other settings. Admission to general hospital medical wards and trauma centres offers the opportunity for brief intervention with heavy alcohol users and there is good evidence that this is effective in reducing both consumption and death rates²².

3.4 Specialist Assessment

The Welsh Integrated In-depth Substance Misuse Assessment Tool (www.wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/publications/wiismat/?jsessionid=d2374060981f7b85c6ab9aa953738687?lang=en) (WIISMAT) provides assessment in relation to substance misuse²³. Thorough physical assessment is needed as treatment needs to take account of co-morbid physical problems including neuropsychiatric disorder and hepatic and respiratory complications. A full history should be taken including collateral history from a reliable informant³.

3.5 Detoxification

Out-patient detoxification may not be appropriate for older adults who are frail, who live alone with limited support, or who have multiple medical problems⁵. The treatment improvement protocol from the USA also recommends that withdrawal from alcohol or prescription drugs should be on an inpatient basis for some patients¹⁸. The following are indicators of the need for inpatient supervision:-

- High potential for developing seizures or delirium because the dosage of benzodiazepine or barbiturate has been particularly high or prolonged and has been abruptly discontinued or because the patient has previously experienced serious symptoms.
- Any patient where there has been a past history of complicated alcohol withdrawals (for example withdrawal seizures, delirium tremens, acute confusional states).
- Suicidal ideation or threats or other major psychopathology.
- Unstable or uncontrolled medical co-morbidities requiring 24 hour care or parenterally administered medications (for example renal disease, diabetes).
- Mixed addictions, including alcohol.
- Patient lives alone and has continued access to abused substance(s).

The Welsh Government continues to ring fence £1m of its substance Misuse Action Fund specifically for Residential Rehabilitation and Inpatient Detoxification. An All Wales Tier 4 brochure and a preferred residential rehabilitation provider list for Wales are currently being developed.

3.6 Prescribing for Older Adults

Older adults presenting with addiction to opioids (prescribed or illicit) may require substitute prescribing. Caution may be required because of reduced hepatic function associated with age and the issue of poly pharmacy in older adults. However, patients should not be denied effective treatment simply on the basis of age. Referral to specialists with experience of prescribing for this group may be necessary.

Relapse prevention prescribing may also be appropriate in older adults. Extreme care needs to be taken with disulfiram and hepatic function needs to be monitored when treating with naltrexone.

3.7 Care Pathways

This document focuses on access to treatment. Comprehensive care pathways will need to be developed taking account of specific local circumstances, needs, service availability and access. As well as the issues highlighted in this section, follow up and after care provision will need to be considered.

4. Improving Access to Treatment

4.1 Prudent Healthcare

Public services in Wales are required to move towards a culture of ‘prudent health care’ – not providing treatment where it is unlikely to benefit the patient, or could do harm. Prudent healthcare in this context requires the right service intervening at the right time and in the right way. Where more than one service is required to intervene this should be done collaboratively making best use of resources, ensuring a proportionate response and avoiding duplication of effort and treatment.

This cultural shift is of relevance when commissioning older people’s substance misuse services as we need to ensure that services are efficient, effective and empowering. To assist the following broader principles have been developed:

- Do no harm. The principle that interventions which do harm or provide no clinical benefit are eliminated.
- Carry out the minimum appropriate intervention. The principle that treatment should begin with the basic proven tests and interventions. The intensity of testing and treatment is consistent with the seriousness of the illness and the patient’s goals.
- Organise the workforce around the “only do, what only you can do” principle. The principle that all people working for the NHS in Wales should operate at the top of their clinical competence. Nobody should be seen routinely by a consultant, for example, when their needs could be appropriately dealt with by an advanced nurse practitioner.
- Promote equity. The principle that it is the individual’s clinical need which matters when it comes to deciding NHS treatment.
- Remodel the relationship between user and provider on the basis of co-production.

4.2 Training

Appropriate education and training is needed for a broad range of professional healthcare staff to ensure that substance misuse in older people is detected and managed. This will include all services specifically for older people (providing both physical and mental health care) as well as more generic services for example sexual health services. Training should also be given to those working in other relevant agencies such as social services, social care and housing providers, relevant third sector agencies, those working with the homeless, the police and other criminal justice services. Education and training should aim to increase levels of awareness and understanding, address any reluctance to raise the topic of substance misuse with older people, enable onward referral/signposting and, for relevant staff, develop skills in screening, assessment, basic management, knowledge of specialist services and referral pathways. Brief intervention training is available in Wales and should also be considered.

4.3 Range of Needs

The term **older people** in the context of this document encompasses a broad age range and needs within this may differ. A 50 year old with a substance misuse problem is likely to need a different service to that provided to a 75 year old. Age of onset, co-morbidity and availability of support networks will need to be considered in the development of individual care plans²⁴.

‘More than just words .../Mwy na geiriau ...’ is the strategic framework developed to ensure that Welsh speakers can access services in Health and Social Services in the Welsh Language. We know that where Welsh is a first language, being able to use and receive services in this language optimises successful outcomes for the service user and therefore should be a core component of care and not an optional extra. Effective communication is a key requirement of care services and the Welsh Language in Social Care framework recognises this need across all aspects of physical health and mental health care.

4.4 Presentation

The presentation of substance misuse problems may differ in older people. For example they are less likely to be involved in antisocial behaviour and criminal activity. Substance misuse presentation may be non-specific and may present as other disorders, for example, weight loss, neglect, falls, depression or cognitive impairment.

In those presenting frequently to healthcare, for example in primary care or A&E, substance misuse should be considered. Substance misuse should also be considered in those presenting to general medicine, gastroenterology and old age psychiatry. Evidence suggests that up to 30 per cent of hospitalised older patients on general medical wards may have high levels of alcohol use²⁵. Research undertaken in the UK has shown that medical staff may fail to identify up to two thirds of problem drinkers and mistake both dementia and depression for substance misuse²⁶. Presentation could also be to other agencies such as social services or the police³.

4.5 Awareness and Attitudes

Healthcare and other staff may not consider substance misuse in older people. They may be reluctant to raise the topic. Some may believe it is inappropriate to ask older people to give up established habits³. Those with substance misuse problems, their relatives or carers may be reluctant to provide information. It is recognised that even where misuse is identified in older people they are less likely than their younger counterparts to be referred to specialist services or receive adequate treatment.

Raising awareness and understanding of issues associated with substance misuse in older age has been highlighted as an issue in the Strategy for Older People in Wales 2013-2023. The Advisory Panel on Substance Misuse (APoSM) will also be taking raising awareness into consideration as part of their review of the policy interventions necessary to tackle substance misuse in an ageing population.

4.6 Homelessness and Housing Problems

Older people with substance misuse problems may be at risk of losing their tenancies. Loss of accommodation, rent arrears or deterioration in their living environment may be signs of a problem²⁶. Housing related support providers managing tenancy related problems in older people, particularly where these have not previously been issues, should consider if substance misuse, particularly alcohol, may be a factor and make appropriate onward referral. A key action of the 'Working Together to Reduce Harm Substance Misuse Delivery Plan 2013-2015' is to reduce homelessness and help people with substance misuse problems sustain their tenancies.

Older, homeless men (who may be heavy drinkers or have alcohol related problems) will need to be considered if they are to be successfully housed³. Evidence shows that 'housing first' approaches that offer immediate access to housing and support for homeless people with mental illness and/or substance misuse problems to independent housing and supportive services without any requirement for them to first engage with treatment, can be effective²⁷.

The Supporting People Regional Collaborative Committee in place across Wales provide fora where health practitioners can work with landlords, local authority Supporting People teams and the Third Sector housing related support providers to ensure that there is an appropriate spectrum of services to address the needs of older people with co occurring housing and substance misuse needs.

4.7 Joint Working

Effective management of older people with substance misuse problems will require joint working between specialist alcohol and drug services and other services with a role in caring for them. This may include older people's teams from both general and mental health services. Shared care with GPs should also be encouraged. Where the patient has dual diagnosis there will need to be clarification of responsibilities and accountability (including unambiguous clinical responsibility) between mental health and substance misuse treatment services. Consideration should also be given to where services are provided; venues need to be acceptable to older people for example attending a hospital outpatient department or a GP surgery may be preferable to attending services in venues specifically labelled as drug and alcohol services.

4.8 Community Pharmacists

Community pharmacists may be best placed for surveillance of repeat prescriptions and supervision of over the counter sales. A comparatively thorough assessment of an older person's problems and prescribed medication may help to reduce misuse³.

4.9 Primary Care

GPs should ask every person including those over 65 years of age about substance misuse as part of any routine health check, such as a new patient questionnaire. Brief intervention training should be considered for primary care staff. All clinical staff working in primary care should have training to increase their understanding of substance misuse in older people, address any reluctance to raise the issue and ensure that appropriate referrals to specialist services are made.

4.10 Accident and Emergency Departments

Staff in accident and emergency departments should have training to ensure that they understand the extent and nature of substance misuse in older people. Substance misuse should always be considered in frequent attenders and those presenting with falls or self neglect. Brief interventions training for staff should be considered where not already offered. Where available in accident and emergency departments, mental health liaison services can provide a link for older people with substance misuse problems.

4.11 Substance Misuse Services

Specialist substance misuse services should consider the specific needs of older people, taking account of differing needs across the over 50s age range, including cultural differences and ensuring those with a disability have equal access to services. Clinical staff need appropriate training to equip them to manage co morbidity and the complexity of substance misuse in this age group. There should be effective joint working with older peoples physical and mental health services and clear agreements on clinical responsibility. Where addiction to prescribed painkillers is an issue GPs and specialist pain services should be involved.

4.12 Dentists

Dentists and their teams may be in a good position to detect alcohol abuse and oral changes due to substance misuse as alcohol can contribute to the development of mouth cancer. Substance misusers are at risk of a range of oral disease as a result of substance misuse itself or poor oral hygiene and frequent sugar intake. Dental teams frequently see patients for many years and may become aware of clinical and behavioural changes which indicate abuse of alcohol or drugs. They will need to handle issues of substance misuse with sensitivity – advising their patient of any risks to oral health and directing patients to appropriate support services. Dental teams working in primary care should have training to increase their understanding of substance misuse in older people, address any reluctance to raise the issue and ensure that appropriate referrals to specialist services are made.

4.13 Older Peoples Services

Living Longer, Ageing Well 2013-2023, the Welsh Government Strategy for Older People in Wales aims to address the barriers faced by older people to accessing health and other services². Staff working in older peoples services, in particular old age psychiatry, general medicine and gastroenterology, should consider substance misuse in those presenting frequently to services. Staff training should focus on addressing any reluctance to raise this topic with older people and to refer them to specialist services.

4.14 Third Sector Services

Third sector organisations should consider awareness training for staff providing services for older people to increase the likelihood that they will recognise older people with substance misuse problems. Organisations should also consider whether there might be benefit in training some of their staff to deliver brief interventions.

4.15 Local Health Boards

Local Health Boards will need to ensure that the Strategy for Older People in Wales is implemented². They will need to ensure that substance misuse services meet the range of needs presented by those aged over 50 years.

4.16 Area Planning Boards

Area Planning Boards will need to review their existing care pathways to ensure that older people with substance misuse problems are identified and that their needs are appropriately met by existing services. Area Planning Boards are required to produce a Substance Misuse Commissioning Strategy which has been informed by a robust needs analysis. As part of the needs analysis APBs should review their existing local care pathways (taking into account local factors and service availability) with a view to ensuring that access to substance misuse treatment for those aged over 50 years is improved.

5. Summary of Recommendations

- Area Planning Boards, Local Health Boards and local authority adults services should work together to review existing local care pathways with a view to ensuring that access to substance misuse treatment for those aged over 50 years is improved. Local Mental Health Partnership Boards should also be involved. This review should be undertaken as part of the needs analysis informing APB commissioning strategies and will need to take in to account local factors and service availability.
- Consideration should to be given to developing specialist services specifically for older people with substance misuse problems. Such services should also take into account the differing needs across the over 50's age range.
- Substance misuse should be considered, and where necessary addressed, in older people who make frequent use of healthcare in primary care but also A&E departments (including fracture clinics) and those using mental health services. It should also be addressed in those presenting with self neglect.
- People in Wales should be encouraged to undertake a self assessment through the 'Add to your life' assessment for over 50s including detailed questions on alcohol www.addtoyourlife.co.uk/
- Where older patients present with any symptoms that might suggest alcohol or other substance misuse, GPs should use appropriate tools, such as the Short Michigan Alcoholism Screening Test – Geriatric version (SMAST-G) to assess older people in order not to miss what is an increasingly common problem.
- GPs should consider opportunities to identify substance misuse issues for newly registered patients including those over 65 years of age.
- Appropriate education and training is needed for a range of professional healthcare staff to ensure that substance misuse in older people is detected and managed. Training on substance misuse related issues should also be given to those working in other relevant agencies such as social services, social care and housing providers, relevant third sector agencies, those working with the homeless, the police and other criminal justice staff.

References

1. Welsh Assembly Government. (2008). *Working together to reduce harm. The substance misuse strategy for Wales 2008-2018*. Cardiff: WAG. Available at: www.wales.gov.uk/dsjlg/publications/commmunitysafety/strategy/strategye.pdf;jsessionid=2F329C62AD4CA3C5315EE02F2A4AB3CA?lang=en [Accessed 6 November 2012]
2. Welsh Assembly Government. (2013). *Living longer, ageing well. The strategy for older people in Wales 2013-2023*. Cardiff: WG. Available at: www.wales.gov.uk/docs/dhss/publications/130521olderpeoplestrategyen.pdf [Accessed 4 Aug 2014]
3. Royal College of Psychiatrists. (2011). *Our invisible addicts. First report of the older persons' substance misuse working group of the Royal College of Psychiatrists. College Report CR165*. London: RCPsych. Available at: www.rcpsych.ac.uk/files/pdfversion/CR165.pdf [Accessed 8 Jan 2013]
4. Roe B et al. (2010). Experiences of drug use and ageing: health, quality of life, relationship and service implications. *J Adv Nurs* 66(9):pp.1968-79
5. Badrakalimuthu VR, Rumball D and Wagle A. (2010). Drug misuse in older people: old problems and new challenges. *Adv Psychiatr Treat* 16(6):pp.421-9
6. Brennan PL, Schutte KK and Moos RH. (2005). Pain and use of alcohol to manage pain: prevalence and 3 year outcomes among problem and non problem drinkers. *Addiction* 100:pp.777-86
7. Welsh Assembly Government. (2008). *Mid-year population estimates 2007*. Cardiff: WAG Statistical Directorate
8. McManus S et al. (2007). *Adult psychiatric morbidity in England, 2007. Results of a household survey*. Leeds: HSCIC. Available at: www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf [Accessed 4 Aug 2014]
9. Welsh Government. (2012). *Welsh health survey 2011*. Cardiff: WG. Available at: www.wales.gov.uk/docs/statistics/2012/120919healthsurvey2011en.pdf [Accessed 4 Aug 2014]
10. Welsh Government. (2014). *Substance misuse statistics*. Cardiff: WG. Available at: www.wales.gov.uk/statistics-and-research/substance-misuse/?lang=en#/statistics-and-research/substance-misuse/?lang=en [Accessed 4 Nov 2013]
11. Lang I et al. (2007). What level of alcohol consumption is hazardous for older people? Functioning and mortality in US and English national cohorts. *J Am Geriatr Soc* 55:pp.49-57
12. National Institute for Health and Clinical Excellence. (2010). *Alcohol-use disorders: preventing the development of hazardous and harmful drinking. Public Health Guidance 24*. London: NICE. www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf [Accessed 4 Jan 2013]

13. Galvani S et al. (2011). *Social work services and recovery from substance misuse: a review of the evidence*. Edinburgh: Scottish Government. Available at: www.scotland.gov.uk/Resource/Doc/346164/0115212.pdf [Accessed 4 Aug 2014]
14. Dar K. (2006). Alcohol use disorders in elderly people: fact or fiction? *Adv Psychiatr Treat* 12(3):pp.173-81
15. National Institute for Health and Clinical Excellence. (2011). *Alcohol-use disorders; Diagnosis, assessment and management of harmful drinking and alcohol dependence*. CG115. London: NICE. Available at: www.guidance.nice.org.uk/CG115/NICEGuidance/pdf/English [Accessed 4 Dec 2013]
16. National Institute for Health and Clinical Excellence. (2010). *Alcohol-use disorders. Diagnosis and clinical management of alcohol-related physical complications*. CG100. London: NICE. Available at: www.guidance.nice.org.uk/CG100/NICEGuidance/pdf/English [Accessed 4 Dec 2013]
17. Department of Health (England) and the devolved administrations. (2007). *Drug misuse and dependence: UK guidelines on clinical management*. London: Department of Health (England), the Scottish Government, Welsh Assembly Government and Northern Ireland Executive. Available at: www.nta.nhs.uk/uploads/clinical_guidelines_2007.pdf [Accessed 12 Dec 2012]
18. Center for Substance Abuse Treatment. (2012). *Substance abuse among older adults. Treatment improvement protocol 26*. Rockville, USA. www.ncbi.nlm.nih.gov/books/NBK64419/pdf/TOC.pdf [Accessed 4 Jan 2013]
19. Moy I et al. (2011). Systematic and narrative review of treatment for older people with substance problems. *Eur Geriatr Med* 2(4):pp.212-36
20. National Institute for Health and Clinical Excellence. (2007.) *Drug misuse psychosocial interventions*. CG51. London: NICE. Available at: www.nice.org.uk/nicemedia/live/11812/35973/35973.pdf [Accessed 29 May 2014]
21. Welsh Assembly Government. (2007). *A service framework to meet the needs of people with a co-occurring substance misuse and mental health problem*. Cardiff: WAG. Available at: www.wales.gov.uk/topics/housingandcommunity/safety/substancemisuse/publications/cooccurring/?jsessionid=D2374060981F7B85C6AB9AA953738687?lang=en [Accessed 19 Dec 2012]
22. McQueen J et al. Brief intervention for heavy alcohol users admitted to general hospital. *Cochrane Database Syst Rev* 2011, Issue 8. Art No.:CD005191. doi: 10.1002/14651858.CD005191.pub3
23. Welsh Assembly Government. (2008). *Wales Integrated In-Depth Substance Misuse Assessment Tool (WIISMAT) and guidance for use*. Cardiff: WAG. Available at: www.wales.gov.uk/topics/housingandcommunity/safety/publications/wiismat/?jsessionid=D2374060981F7B85C6AB9AA953738687?lang=en [Accessed 19 Dec 2012]

24. Belfast Strategic Partnership/Public Health Agency (2011). *Substance misuse among people over 55. Perspectives from the community and voluntary sector in Belfast*. Belfast: GEMS Northern Ireland Ltd. Available at: www.publichealth.hscni.net/sites/default/files/GEMSNI_SubMisInTheOlderPopInBelfast_May2011.pdf [Accessed 4 Aug 2014]
25. Atkinson JH and Schuckit MA (1983). Geriatric alcohol and drug misuse and abuse. *Adv Subst Abuse* 3;pp.195-237
26. McInnes E and Powell J (1994). Drug and alcohol referrals; are elderly substance abuse diagnoses and referrals being made. *BMJ* 308;pp.444-6
27. Larimer ME et al. (2009). Health care and public service use and costs before and after provision of housing for chronically homeless persons with severe alcohol problems. *JAMA* 30;pp.1349-57

Appendix – Service Example 1

Alcohol Service for Older People Pilot Project within the Cardiff and Vale of Glamorgan Area Planning Board

The Wallich were commissioned by Cardiff and Vale Area Planning Board (APB) to undertake a four month pilot study of the level and nature of alcohol use and misuse among the over 65s across Cardiff and Vale, in order to build the evidence base relating to the need for a support service specifically aimed at older people in South Wales.

The study ran from 1 December 2013 until 31 March 2014 and provided an opportunity to collect data and information that will inform a funding bid for Big Lottery money to fund this project into the future, as well as the necessary evidence needed to shape and redesign local services to meet the needs of older people. The pilot was designed to demonstrate the level of need in relation to numbers of older people who are currently dependent on alcohol, or drinking at harmful levels. There was a particular focus on those individuals over the age of 60 who would be most able to address their alcohol misuse and either significantly reduce their alcohol intake to within safe guidelines or stop drinking alcohol in favour of abstinence.

What the project aims to achieve

The study aimed to research the level and nature of alcohol use among the over 65s across Cardiff and Vale, and the extent to which these individuals engage with services, in order to enable the APB and other health and social care service commissioners to effectively:

- Build awareness with professionals in non specialist services about harmful drinking amongst older people.
- Increase capacity within generic older people's services to identify alcohol misuse, act upon the problem and/or refer on to specialist services where appropriate.
- Increase those able to identify and act upon alcohol misuse through engagement with wider workforce.
- Work towards a common goal as outlined in the APB Alcohol Action Plan 2013-2016.
- Address key aim 1 of the Welsh Government's Substance Misuse delivery plan for 2013-2015.
- Provide education, training and consultancy for professionals working with older people.
- Provide screening tools to identify older people with harmful drinking.
- Gather data on need.
- Gather data and information on engagement levels.
- Make connections with services that currently support older people e.g. residential care, extra care schemes, sheltered housing, Age UK.

Key Findings

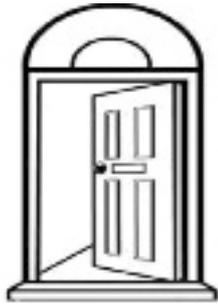
- A significant number of older adults, living in Cardiff and the Vale, demonstrate potentially unsafe levels of alcohol use and need advice based around safe limits.
- A significant proportion of those who should potentially be engaging with services were not doing so.
- Barriers to engagement were both within the individual (shame, embarrassment, denial and/or a lack of awareness) and external to the individual (services not being age appropriate).
- Results from service providers and practitioners revealed high levels of alcohol related physical injuries, detrimental health consequences, mental health correlations and day-to-day effects including self neglect and poor hygiene.
- The ageing of the 'baby boomers', coupled with a rise in life expectancy, suggests that this is not just a problem that older adults, services and practitioners are faced with now, but will be an increasing problem for the future.

Recommendations

The research report provides the evidence that the following actions are needed through the APB work programme:

- Develop age-appropriate services for older problem drinkers (or at least a clearly defined element within current services).
- Improve the communication and pathways between current services.
- Increase the frequency of screening, and the capacity of age-appropriate interventions and specialist aftercare.
- Ensure the provision of training and professional development for all staff working with older adults.

Appendix – Service Example 2



Welsh Centre for Action on Dependency and Addiction (WCADA)

Older Persons Service in Neath Port Talbot

Within Neath Port Talbot there is a designated Older Persons Service that has been operational since 2001. The Older Persons Worker provides a range of interventions to older people (aged 50 years plus) to reduce the harm caused by their substance misuse to themselves, their families and the wider community. In order to achieve this, the Older Persons worker undertakes effective case management; assessing support needs, care planning and liaison work with primary care, Social Services, residential/nursing homes and mental health services. A comprehensive support package is available to older people including advice and awareness sessions, health promotion, structured individual support and access to other alcohol and drug treatment services as appropriate and wrap around services, such as their diversionary activities project.

A significant amount of focus is placed on reducing isolation and supporting older people to enhance their support network. This can include attendance at self-help groups and engagement with local community projects that facilitate activities and short courses.