HSC Public Health Agency

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Substance Misuse

Among People Over 55

Perspectives from the Community and Voluntary Sector in Belfast

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Introduction

The Belfast Health Development Unit (BHDU) was established as a Ministerial priority in March 2010, co-locating staff from The Public Health Agency (PHA), Belfast Health and Social Care Trust (BHSCT) and Belfast City Council (BCC). One of the strategic priorities for the BHDU is: an integrated approach to planning and delivery of services for older people in the city.

The BHDU has identified a need to examine the extent of substance misuse issues within the older population of the city of Belfast and to explore early intervention programmes targeting this population. It is envisioned that this piece of work will inform and support the Belfast Healthy Ageing Strategic Partnership on older people and its multi-sectoral action plan and will influence the work and priorities of the Belfast Strategic Partnership and its constituent stakeholders in taking drug and alcohol work forward in Belfast.

The aim of this research was to review knowledge, awareness and evidence of the impact of substance misuse on the older population (aged 55+) and to review good practice in reducing substance related harm within this population which has been done by undertaking a review of available research, data and information sources. However, the main focus of the research involved consulting with a broad range of community and voluntary sector organisations working in the Belfast area to assess their views and perceptions of the prevalence and extent of substance misuse within the older population and the services currently in place to address this issue.

Methodology

The methodology employed during this short study included a review of available literature, telephone interviews with key stakeholders in the community and voluntary sector across Belfast and information on models of good practice working with older people on these issues elsewhere in the UK.

Literature Review: This involved a desk-based review of web and university materials. Literature was drawn from policy, practice and academic studies and from locally based surveys and studies relating to drug misuse and attitudes to drugs and alcohol; it also reviewed studies relating to general health issues impacting on older people, some of which were provided by those contacted for phone interview.

Review of Good Practice: This again involved a predominantly web and university library based survey and focused on good practice in the UK in relation to initiatives undertaken to reduce substance related harm in primary care and non-treatment settings. Experts and specialists in England and Scotland were also contacted to scope out information on models of practice in different areas, as well as well as to discuss the challenges they face in relation to work with older people and substance misuse.

Interviews with Key Stakeholders: A number of organisations from statutory, community, voluntary and academic sectors were contacted and telephone interviews carried out with 45 contacts. Due to the short time frame not all organisations have been

able to respond to requests for information. Additionally, some declined to be interviewed due to a lack of knowledge in the area. The interviews served to:

- Identify and source existing relevant research;
- Gather information based on subjective understanding of issues and problems that have been obtained through the work environment, which is not included in publicly available materials;
- Identify existing models of good practice;
- Clarify gaps in knowledge and information that may be included in recommendations for future research.

Table 1: Key Stakeholders Contacted and Interviewed

Group	Number of Organisations Contacted	Number of Organisations Responded
Housing/Homeless	5	3
Unemployment	7	6
Community	15	10
Age Sector	5	2
Minority Ethnic Groups	5	2
Community Drugs /Alcohol	3	3
Belfast Partnerships	5	4
Healthy Living Centres	7	5
Bereavement /Victims	6	3
Disability / Mental Health	5	3
Lesbian / Gay / Bisexual	3	1
Transgender	2	1
Political Ex-Prisoners	5	2
Total	73	45

Review of Local Research on Older People and Substance Misuse

Research highlighting the issue of older people and substance misuse in the localised context of Northern Ireland is limited, and as a result the subject is vastly under researched in comparison with other age groups. The local research that does exist draws on broader research relating to substance misuse among all sections of the population, more generally, rather than older people specifically. This review illuminates summarises existing knowledge of the subject, considers some emerging good practice, and highlights the potential for future initiatives in relation to the issue of older people and substance misuse.

The scale of the issue in Northern Ireland

It is important to define what is meant by 'substance/substances' in this context. This refers to legal (such as alcohol and prescription medication), illegal and illicit drugs. The focus on older people and issues of substance misuse is revealed to be timely and necessary in the existing local research. In relation to alcohol misuse this may be attributable to the view as expressed by Dar:

Alcohol use disorders among older people are often described as a hidden problem[1].

Furthermore, Levin and Kruger, in a report from the USA, called substance abuse among older adults an *'invisible epidemic'*[2], and state that older adults, relatives, and care givers tend to downplay the existence of substance abuse problems in this population. They also assert that the symptoms of alcohol and drug misuse are often mistaken for the symptoms of aging problems such as dementia, depression, or other problems commonly seen in older adults. This reveals the multi-faceted complexities of the issues associated with substance misuse among older people, not only in how it manifests itself, but also in its initial diagnoses and recognition. Research conducted in a Northern Ireland specific context echoes these views, but also illuminates area specific concerns that require attention.

A report produced on behalf of CARDI (Centre for Ageing Research and Development in Ireland), entitled *Inappropriate prescribing of medicines - implications for older people and health budgets in Northern Ireland and Republic of Ireland*[3], reveals that 14% of the population here in Northern Ireland is in the over 65 age group. It focuses on the wider issues relating to the prescribing of medication to people in the older age group and states:

The fact that older individuals generally are more likely to suffer from multiple chronic morbidities, which usually require the use of long term complex medication regimens to

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[1] K. Dar. 'Alcohol use disorders in elderly people: fact or fiction?' *Journal of Advanced Psychiatric Treatment*.2006 12: 173-181, p.173

[2] S. M. Levin, & J. Kruger (Eds.). *Substance abuse among older adults: A guide for social service providers.* (Rockville, MD: Substance abuse and Mental Health Services Administration, 2000), p.1.

[3] S. Byrne. *Inappropriate prescribing of medicines - implications for older people and health budgets in Northern Ireland and Republic of Ireland*. (Centre for Ageing Research and Development in Ireland, 2011). Accessed at www.cardi.ie

treat each individual condition, places this patient group at increased risk of experiencing an adverse drug event (ADE) or a drug-drug interaction.[4]

This recognises the many factors feeding into the issues of substance misuse among the older population, in terms of legal drugs and how health services need to have specific approaches to people in this age group. It distinguishes between what it terms 'AP' (appropriate prescribing) and 'IP' (inappropriate prescribing). The former refers to practices of prescription which takes many important factors into consideration when prescribing for an older patient, such as the wants and needs of the patient, as well as the scientific rationale in prescribing such a medication. The later (IP) refers to the use of a particular medicine, where the risks associated with its use outweigh the potential benefits. On more general issues pertaining to the dispensing of drugs, the report also comments:

It has been widely documented that certain drugs should be used cautiously in this patient group, and it is generally best to completely avoid them in older patients if a safer alternative is available.[5]

This evokes a sense that there needs to be a specific and considered approach to how drugs are prescribed to older people. The CARDI report also comments on this in terms of how the problems associated with the prescription of drugs to this age group have manifested themselves in terms of the impact on the health service:

Across the NHS in 2006, 40,000 medication errors were reported, with 36 deaths and 2,000 cases of severe harm among people of all ages (cited in DHSSPS, 2010a).One example of adverse events can be seen in benzodiazepines (sedatives such as diazepam). The most commonly encountered instance of potentially inappropriate prescribing in both NI and ROI nursing home residents related to the prescribing of benzodiazepines in the study funded by CARDI.[6]

The CARDI report concludes that issue of prescribing drugs to older people has similar challenges which are comparable in Northern Ireland and the Republic of Ireland; it makes the general point that:

Prescribing is both an art and a science, and prescribing in older patients can often prove especially complicated and daunting. Although care plans, guidelines and algorithms exist to somewhat standardise prescribing patterns and practices, these are only intended to complement a physician's clinical knowledge and it is crucial that they are balanced against the expertise and experience of each individual doctor so that the needs and circumstances of each individual resident can always be taken into consideration.[7]

The problems relating to prescription drug misuse among the older population are identified as requiring particular attention, given the varying factors feeding the problem, most

[4]Taken from G.G. Liu and D.B. Christensen. 'The continuing challenge of inappropriate prescribing in the elderly: an update of the evidence', J Am Pharm Assoc (Wash), 2002: 42,(6), 847-57.
[5]Ibid.
[6]Ibid.
[7]Ibid.

notably the nature of an individual's condition, as well as the outlook of the given health trust.

The prevalence of alcohol misuse is identified in the literature as a key feature of substance misuse among older people, with the scale of the problem described in the following:

The Royal College of Psychiatrists has indicated that approximately 1 in 6 older men and 1 in 15 older women are drinking enough to harm themselves.[8]

The causalities of this form of substance misuse among older people are attributed to many factors which may not be considered as directly related to substance misuse, and in this case alcohol misuse, specifically:

Bereavement, physical ill-health, difficulty getting around and social isolation can lead to boredom and depression. Physical illness may be painful. It may be tempting to use alcohol to make these difficulties more bearable. It may then become part of our daily routine and difficult to give up. There may be less pressure to give up drinking than for a younger person, fewer family responsibilities and no pressure to go to work each day.[9]

The Bamford Report (2005)[10] documented an increase in the rates of alcohol misuse in the over 65 age group in Northern Ireland. This issue has tended to be vastly under-reported in comparison to other age groups. The report attributes this to three factors (a) under reporting by older people, due to embarrassment or stigma; (b) less contact with the criminal justice system; and (c) less likely to encounter problems in the employment field.[11] The abundance of issues of alcohol misuse among this age group is also attributed to the physical incapacity of older people to tolerate alcohol, more generally. It states:

Older people may experience problems at relatively low levels of alcohol use due to physiological changes e.g. decreased lean body mass and lower body water content. Other factors including decreased hepatic blood flow, inefficiency of liver enzymes and neurological changes in the brain may result in a lowered tolerance to alcohol.[12]

This is combined with the vast numbers of health issues resulting from alcohol misuse in this age group with it impacting significantly and directly on the occurrence of the following in older people: hypothermia, delirium, tremens, dementia, suicide, depression and elder abuse. This illuminates the scale of the impact not only on individuals with alcohol-related issues themselves, but also on the health service and care provision for this age group. It is imperative to note that this publication takes issue with the 'one size fits all' approach to alcohol misuse among the older population and argues that approaches to how this issue is dealt with requires differentiation, given the vast age difference and needs of the individuals in question:

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[8][8] *Alcohol and Older People* - Information leaflet. *Royal College of Psychiatrists*. Last updated March 2008. Available at http://www.rcpsych.ac.uk/mentalhealthforall/problems/alcoholanddrugs/alcoholandolderpeople.aspx

[9] Ibid.

[10] Accessed at http://www.dhsspsni.gov.uk/asm-main-report.pdf

[11] Ibid.

[12] Ibid.

Older people are not a homogeneous group; there is an age range of over 30 years. Factors contributing to the heterogeneity in this group include level of alcohol dependence, age of onset, co-morbidity and support networks. Individual treatment packages should be tailored to meet different client needs.[13]

This publication considers the impact of external forces on the nature of the issues of alcohol misuse, as well as the individualistic nature of the problem. It effectively reveals the issue of alcohol misuse not only to be subject the macro-level differentiation at the geographical level, but more specifically at the micro-level of the individual and what has led them into behaviours synonymous with alcohol abuse.

Ageing and social exclusion among former politically motivated prisoners in Northern Ireland[14] is another document which addresses the localised issues of substance misuse among older people. The report examines the manner in which former politically motivated prisoners have been impacted on in the wake of the violent conflict in Northern Ireland, specifically. This is due to the fact that as the report states:

We estimate that about 90% of the former politically motivated prisoners are now over 50 years of age: most would have been in their teens during the intense period of the conflict in Northern Ireland and many were imprisoned during their late teens or early twenties.[15]

This research attempts to examine the legacy of the conflict in terms of mental health and well-being amongst the politically motivated former prisoners. This discussion is innately tied to issues of trauma, or post-trauma, which reveals an endemic reliance on prescription drugs, as well as alcohol misuse. They use specific approaches (i.e. FAST and CAGE scores[16]) to assess this dependency, stating:

These FAST and CAGE scores point to very high prevalence of drink problems among both male and female former politically motivated prisoners in Northern Ireland. If these levels of hazardous alcohol behaviour are projected over the longer term, we can expect this group to suffer disproportionately from alcohol-related disease and early mortality.[17]

This data, in tandem with the other local research discussed gives a stark image of the impact of the conflict on particular individuals/groups and in a context that is unique to Northern Ireland. However, it is imperative to recognise that this existing research is mainly

[13] Ibid.

[14] R. Jamieson, P. Shirlow & A. Grounds. *Ageing and social exclusion among former politically motivated prisoners in Northern Ireland.* (Belfast: CAP, 2010).

[15] Ibid, p10

[16] Ibid, pp 52-53.

[17] The FAST (NHS Health Development Agency and University of Wales College of Medicine 2002) is a four-item screening test in which respondents are asked to rate how much they agree with four statements about their drinking habits. These questions are: "How often do you have eight or more drinks on one occasion?"; "How often during the last year have you been unable to remember what happened to you the night before because of your drinking?"; "How often during the last year have you failed to do what was normally expected of you because of your drinking" and "Has a relative or friend, a doctor or other health worker been concerned about your drinking or suggested you cut down?". The four CAGE statements are: "have you ever felt bad or guilty about your drinking?"; "have people annoyed you by criticizing your drinking?"; "have you ever felt bad/guilty about your drinking" and "have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?"

focused on the impact on the levels of substance abuse in the wake of the conflict, by males. The research assessing the prevalence of substance abuse among older women is itself lacking, not only in the context of Northern Ireland, but more generally.

'Good practice'

A key focus of the local literature on the issue of older people and substance misuse is the manner in which the issue is deemed to be 'good practice' by specific organisations, who have documented this in key publications on the area. An example of this is Addiction NI in their publication on *Substance misuse service for older people: Counselling older people with addictions at home (COPAH): an overview*. It documents the areas where practice relating to older people and substance misuse could be improved. It argues that resources should be identified to meet the *specific* needs of the older population. This could in turn be supported by the routine screening of older people, due to the report's view that many of the symptoms of substance misuse go unrecognised or simply attributed to 'older age'. It is also acknowledged that there is frequently a sense of denial among the older people themselves, as well as their family and friends with regard to their substance misuse. This will require an increase in the training conducted by health professionals on dealing with older people with substance misuse issues. The key determinant is an increase in the awareness of alcohol misuse in this age group, more generally, so as this issue does not go unaddressed or indeed remain as a social taboo.

A further report by Addiction NI[18], which focused on their COPAH service, found a relatively high uptake of this service by women in the relevant age group (i.e. 55 plus). It also pointed out that:

The average client age was 62 years; the oldest client was 86 years. 56% of clients referred themselves to the service, the remainder being referred by Social Services, GPs and other statutory and community agencies.[19]

This document detailed their unique COPAH (Counselling Older People with Addictions At Home) approach to dealing with older people and substance misuse:

COPAH is based in principles of CBT, setting individual treatment goals for the older person to reduce their alcohol consumption and address drug misuse. One of the options is to deliver this service in the client's own home by a qualified social worker.[20]

This approach is deemed by the organisation to be its 'unique selling point' and which is based on evidence of 'good practice' in relation to approaches to older people and substance abuse. They see this as raising awareness of addiction in older people amongst

[18]Addiction NI were known as Northern Ireland Community Addiction Service when the report was produced.
[19]Northern Ireland Community Addiction Service*. Counselling older people with addictions at home (COPAH) service evaluation report.* (September, 2010), p.3.
[20]Cognitive Behavioural Therapy (CBT) is described as "ascribes a central role to conscious thought, beliefs, and behaviour in the perpetuation of disability. The therapy is a brief, problem oriented approach that aims to help patients to identify and modify dysfunctional thoughts, assumptions and patterns of behaviour". See Simon J. Enright. 'Cognitive Behavioural Therapy: Clinical applications'. *British Medical Journal.* 1997; 314: 1811–6, p.1811.

healthcare and community workers. This is bolstered by the home-based treatment of individuals as well as a means by which to support the client's family and friends. Given the age group in question, this approach is deemed to be more beneficial to the success and continuation of the treatment. Furthermore, the report considers more holistic and 'joined-up' practice and provision of bereavement services and substance misuse specialists. This is also acknowledged by the *Ageing and social exclusion among former politically motivated prisoners* report, which suggests that given the proportion of individuals who were imprisoned, and who now deal with substance misuse, that alcohol education in health and well-being activities, de-stigmatising help-seeking, and supporting the dignity of recovering alcoholics through awareness activities. It also states that *"They should be funded to develop strategies, information resources and outreach programmes to tackle barriers that prevent access to help"*.[21]

A report undertaken by The Lower Shankill Community Association, entitled *Gone-But Not Forgotten. Men's Health (or lack of it) in the Lower Shankill Area of Belfast* supports this view and applied this particularly in the area of the misuse of prescription medication and alcohol amongst men of the age group in question. It also brings into focus issues such as social exclusion of this demographic group, more generally, as well as the impact of this exclusion on other areas of health and well-being such as mental health, early mortality and behaviours such as gambling. This is directly related to issues of poverty and a lack of social mobility.

Summary of key issues

The research produced locally on substance misuse among older people points to three key issues which need addressing by those groups and agencies dealing working in this area:

1. There needs to be a regional specific approach to the issue to the issue of substance abuse amongst older people in Northern Ireland, since research produced on a national level does not address all factors and experience associated with this issue in Northern Ireland. Similarly, any approach to intervention by healthcare professionals will have to be considered and adapted accordingly.

2. A more strategic and inter-agency approach to this issue is required. This would mean that groups providing support on specific issues (such as bereavement or mental health) would liaise with groups dealing with substance misuse in older people. In tandem with increased training for those dealing with older people and substance abuse, as argued by Dar who builds on work by Derry[22] in stating: *"Training and awareness among health practitioners is important to change attitudes and identify alcohol misuse in elderly people. Good liaison between services is essential for promoting continuity of care"*.[23]

[21]R. Jamieson et al. *Ageing and social exclusion among politically motivated prisoners in Northern Ireland*. (CAP: Belfast), p. 9

[22]A.D. Derry. 'Substance use in older adults: A review of current assessment, treatment and service provision'. Journal of Substance Use. (2000). 5, 252-262.

[23]K. Dar (2006).

3. There also has to be an increased awareness and acceptance of the scale of the issue of older people and substance abuse in both health professionals who deal with individuals displaying evidence of these types of behaviours, and also in society more generally. That is to say that the lack of awareness of the problem, due to the lack of understanding of older people, more generally, needs to be addressed on a more comprehensive and holistic manner. The issue of poverty and a lack of social mobility is also one of the features attributed to the exacerbation of this problem amongst the older population, and this is pinpointed as an acute feature of the associated problems with substance misuse among older males.

Groups from other areas dealing with substance misuse in older people

CASA Older People's Service, London

CASA helps individuals and families who are affected by alcohol or other drug problems. Their aim is to help people who are affected by substance misuse to lead positive and fulfilled lives. They state that they have a 'Unique' approach, in combining the following approaches to intervention for older people with substance misuse issues: counselling, CBT, skills training; welcoming and supportive communities of users; a psychological understanding of the individual and the therapeutic relationship. They seek to approach the issues with individuals on a one to one basis, combined with identifying long-term goals. A key issue for this organisation is that the funding for a number of its branches is to be discontinued in the immediate future with no other services for older people being supplied in its place.

Addaction, Glasgow West

This group provides individuals with specific programmes that are tailored to their individual needs. They aim to have their programmes (a) delivered in partnership; (b) provided locally; (c) supported nationally; (d) family focused and (e) designed to offer a range of treatment options. Their work which is specifically aimed at addressing the needs of older people with alcohol misuse issues came into being as a result of problems in the Glasgow area with the tenancy of habitual alcohol misusers in public housing. They saw their role not necessarily to get older people to stop drinking, but more to manage their issues with it, in a controlled fashion. From this, they saw the central problem with services dealing with alcohol misuse among older people was in fact it is blurred, i.e. there were no defined services addressing the issue and instead older people were caught between services aimed at the elderly and those of general substance abuse services. This is problematic as substance abuse services frequently deal with goal orientated aspects of rehabilitation that are not pertinent to older people, such as employment and return to work schemes. For this reason Addaction view their work with older people as very important.

Results from Interviews

In total, 45 telephone interviews were undertaken with a range of organisations including:

- The Belfast Area Partnerships;
- Healthy Living Centres;
- Organisations who deal with bereavement or victims;
- Groups who work with the disabled or those with mental health issues;
- Lesbian-Gay-Bisexual organisations;
- Transgender Groups;
- Ex-political prisoners;
- Community groups and organisations;
- Housing/Homelessness organisations;
- Minority Ethnic Support organisations
- Age Sector organisations;
- Drugs & Alcohol service providers; and
- Organisations providing services for unemployed people.

The interviews asked participants about their perceptions on the scale and extent of the problem of substance misuse in the over 55's, what responses and services were provided by their organisation, if age was a factor in service provision and response and their knowledge of documentation existing in this area.

The Nature and Extent of the Problem

Interviewees were asked to rate the extent of the problem of different types of substance abuse in the older population on a scale of one to five. This was broken down into the categories of alcohol, illegal drugs, prescribed medication, pain medication and over the counter medication. This was also divided by gender.

Alcohol

Alcohol misuse was seen as the most substantial problem especially among men. All interviewees (apart from those in the Lesbian, Gay and Bisexual groups & Transgender organisations) rated this as 4 or 5 in importance i.e. a very substantial problem for men. One participant stated that men would kill themselves slowly through alcohol abuse. Most responded that the problem was less substantial for women, however one participant from a Healthy Living Centre reported that she was beginning to come across more females with alcohol problems but in the main it was a hidden problem as women would be more likely to drink at home rather than socially. Community organisations, particularly those working in areas of high social and economic deprivation/interface areas reported that there was a significant problem for women and alcohol.

Alcohol misuse was highlighted as being accepted and a part of culture and a normal social life. As such, unless the problem is severe it is hard for people to realise they have a problem as older people in particular are also unaware what is a 'healthy' amount of alcohol to drink:

Many in this age group are experiencing loneliness. Their children have left home, partners have died or they are separated and they are now coping with things on their own and feel very isolated and under pressure…. Some in this age group are people who have lived through or been part of the conflict and trauma… during the conflict people got by, now the conflict is not there the coping mechanisms have also gone. (North Belfast Community Organisation)

This confirms the findings of the RADICAL research report (unpublished 2008) 'Still blotting it out' that the reduction in violence had resulted in increased alcohol and substance misuse.

Illegal Drugs

In general, interviewees stressed their lack of awareness or lack of factual evidence in the area of older people and substance misuse and this was the question that was mostly answered with 'unsure'. However, many reported that although they would class the problem as minor, it still existed and based this opinion on anecdotal evidence. No participant mentioned the use of hard drugs in the over 55's, but felt there was a casual use of cannabis although this would be mainly in the 55-65 year olds.

One participant noted the increase in availability of illegal drugs since the end of the Troubles, and felt that this would mean illegal drug use in the over 55's would become a bigger problem in the future.

There were no major perceived gender differences in the extent of this problem; however, it should be noted that this may be due to the lack of familiarity with this area in general. Many participants noted the lack of knowledge and statistics in this area.

One participant from East Belfast mentioned that their organisation had been directed by paramilitaries not to tackle the problem of illegal drug use in the area as this would be dealt with by them.

Prescribed Medication

Misuse of prescribed medication was felt to be a substantial and endemic problem in Belfast. This was felt to be because of an increase in prescribing of such medication to older people and because misuse may have built up over a long period of time and automatic updating of prescriptions by GP's surgeries. One respondent noted:

Work carried out by us over the last number of years has helped identify the issue of over-prescribing prescription medication and are we working with the local health centre to try to reduce the prescribing of morphine-based and other tranquillisers in our area. (West Belfast based group)

There was also some evidence that some GP's were tackling this issue:

We have noticed that some GP's in the areas are now only prescribing medication on a one to two day basis for those who are deemed 'high risk' i.e. those with drug/alcohol abuse patterns or those at risk of suicide. (West Belfast based group)

There was a definite gender difference in this context with almost all stating that women are more likely to use and misuse prescription medication than men based on the fact that those interviewed believed women would be more likely to seek help from a GP and that men would be more likely to self-medicate with alcohol.

Use of prescription medication and the impact of the conflict were highlighted by several interviewees from organisations that work with victims and the bereaved. Mainly with regard to the long-term use of anti-depressants which has bred everyday dependency. In fact, when asked about prescribed medication, anti-depressants were usually the first cited example. One respondent noted:

This age group are the group who share or exchange prescribed medication…. for instance, one getting painkillers will share with a friend who is getting Oxypam or Diazepam…they use these prescribed medication as a barter system. (Community Group, Greater Shankill Area)

Pain Medication

Pain medication was linked to and often felt by interviewees to be used in conjunction with other types of prescribed medication. It was also felt by some that there would be a high level of prescriptions for pain medication in Northern Ireland.

Answers varied from a low level problem to a serious and substantial problem, with those in the Healthy Living Centres and Belfast Partnerships tending to rate the problem higher than other groups.

One interviewee, who worked with victims, noted that long-term use and subsequent misuse of pain medication may have begun from an injury sustained during the conflict, and another in a Community Drugs and Alcohol Education project indicated that they had anecdotal evidence of increased use of pain medication, by people in the 55+ age range using to deal with pain and depression.

Over the Counter Medication

Most interviewees had a lack of knowledge in this area and this prompted a variety of responses from unsure or a minor problem to several interviewees throughout the different groups believing it to be a substantial problem.

It was noted that the ease of availability of over the counter medication would lead those using it to believe that there was no possibility of misuse and that there could be a hidden and unacknowledged problem in this area. However, no participant could make a definite and evidence based conclusion in this area.

One respondent working in a community based Age Sector organisation noted:

A big concern is that many the of older people we come into contact with don't see their 'self-medicating', that is increasing their dosage of a prescribed medication or over-using over the counter medication, as misuse.

Increase in Substance Misuse

When asked about any increase in substance misuse among older people, some interviewees were unsure and could not pinpoint any rise due to a lack of information in the area. However, others noted that an increase in the availability of prescriptions and illegal drugs would indicate that the problem was becoming worse:

It's always been there but gets worse for older people when they have emotional wellbeing issues and the financial problems associated with bereavement. (East Belfast Community Organisation)

Alcohol dependence and misuse of over the counter medication is increasingly prevalent in older people who use our services. (Community Drugs and Alcohol Support Organisation)

Our perception is that it's worsening – people are getting used to certain medications and demand more… there is also a lot of 'hidden' use. (South Belfast Community Organisation)

The problem is getting worse with alcohol being the biggest problem among older people ...in this area there is no help. (South Belfast Community Training Project)

An additional comment was made that through changing social attitudes to addiction it may be more likely that people would recognise and talk about substance misuse more freely, so the problem may not in fact be worse but simply more acceptable and understood:

There is less of a stigma attached to talking about the problems and seeking help and this may create a perception that there is an increase in substance misuse. (Women's Group)

The Effect of Age

One of the main observations of those interviewed was that there is a social perception that older people must be on some sort of medication or have a 'right' to access prescription medication. This in turn feeds into a culture of denial or 'turning a blind eye' to substance misuse in older people by carers, health workers, family and the older person themselves. One interviewee highlighted that this was particularly prevalent in care homes where there is a tendency to over-prescribe to residents.

Most interviewees responded that illegal drug use (if it happened) would be in the 55-65 age bracket and rarely in the over 65's, this would be due to the period they had grown up in (the sixties) and negative social perceptions of illegal drug use in the 65+ generation. It was also felt that the illegal drug used would be cannabis (no participant mentioned heavier or Class A drug use).

At least two respondents highlighted a linkage between increased intake of prescription medication or alcohol and social isolation, increased dependency which comes with a lack of mobility and increased physical and mental health problems. Thus, the problem worsens the older, frailer, less mobile and more house bound the person becomes:

In our area (Inner South Belfast) Alcohol usually diminishes with age but the big problem (for older people) lies with prescription drugs, some are, not to put too fine a point on it are shuffling around like zombies! (Community Group, South Belfast)

It was also noted that there is a huge difference in the life of a 55 year old and a 75 year old, therefore any future research and service provision should take account and differentiate between these groups. One respondent noted:

Many in this age group are still within working age and others are facing having to work longer for financial reasons…many have been paid off from a job they have had for a considerable number of years and feel totally worthless….not having the same money or opportunities severely restricts them and isolation can be one of the issues that leads to dependency on alcohol, drugs or prescription medication. (Local Employment Service)

With regard to the effect of age on the response and treatment they receive the majority of those interviewed felt that the response would be markedly different. Firstly, some noted the paternalistic attitude adopted by health professionals towards older people:

Older people are often ignored or their problems are attributed to their age… some older people lack confidence in dealing with health professionals and don't get the treatment they need. (Community Organisation, South Belfast)

Secondly, that there may be less urgency in responding to the problem and a less serious attitude taken towards the over-use and reliance on prescribed medication. Thirdly, at least two people remarked that GP's do not look for substance misuse in older people and that longer term users may be able to hide their problem more effectively than young people and as such it is not picked up on:

Older people appear less likely to want help or treatment for substance misuse... those who are younger, i.e. 50's appear to have been offered more support than those in their 70's. (Community Health Project East Belfast)

Some noted that they hoped that the response and treatment would be different as older people have different needs and coping strategies compared with younger people and as such should receive specially tailored treatment.

Older, vulnerable people need very gentle information, tactfully done… they aren't going to respond to the methods of intervention that may work with a younger age group ... consideration has to be given to an older persons overall health and wellbeing and issues such as the onset of dementia and general mental health. (Community Based Age Sector Organisation)

The research also identified emerging issues in relation to the responses needed for minority ethnic/ new migrant communities:

It would be helpful to have dedicated liaisons within support services that had specialised knowledge about migrant issues, particularly in older generations, as there are often specific language and cultural issues in this demographic that create further vulnerabilities and barriers to accessing support. (Minority ethnic/Migrant Support Organisation)

One respondent, a housing organisation, noted that a person's age may increase certain types of housing support:

Age can increase the number of options for tenants finding it difficult to cope with addictions as supported/sheltered housing can become an option and there are specialist floating support services for those aged 60+. (Special Needs Housing Association)

Responses by Organisations to the Problem

Belfast Partnerships

Most of the Partnerships do not offer specific substance misuse information or services but are able to signpost clients to suitable organisations. However, many people will contact these services directly. One of the Partnership Boards used to house a service for injecting drug users; however this service has now been relocated. Another highlighted the fact that one point on their action plan was to raise awareness of substance misuse.

Two respondents highlighted the need for better information on service provision, especially in the case of older people as it is difficult to know whether to signpost to an older people's organisation or a specific drug misuse group.

There is also an issue with service provision and location for older people as some will be unwilling or unable to travel to access services and due to social stigma attached to misuse of alcohol or drugs in the older population they may feel more comfortable to receive treatment at home.

Healthy Living Centres

Most Healthy Living Centres contacted said they would normally not have older people presenting directly with substance misuse issues. Many offered complimentary therapy services and courses on nutrition and healthy eating and through this issues of substance misuse may come out and individuals can be signposted to more suitable organisations.

Through courses and counselling sessions people with substance misuse issues may be helped to identify healthier ways of coping and reducing dependency on chemicals and understand the impact that substance misuse has on physical and emotional health; however these are not specifically designed to deal with substance misuse.

Other groups offer awareness raising sessions and through this would inform clients of the organisations which deal with substance misuse, however, it was noted that in the main younger people avail of these services and it is harder to reach an older audience.

Victims/Bereavement

Organisations that work with victims of conflict and those who have suffered bereavement offer counselling and alternative therapy services. Although these services are not set up to deal with substance misuse this may come up as another issue or consequence. One centre offered a trauma and addiction programme, highlighting the link between substance misuse and traumatic events. None of these programmes are specifically set up with older people in mind.

All organisations were aware and had links to other organisations dealing specifically with substance abuse.

Disability/Mental Health

None of the organisations who deal with people with physical or learning disabilities offered services for substance misuse within Belfast although one offered services for the Western Health Board, a floating support service mainly to help people suffering alcohol abuse with sourcing alternative accommodation and keeping medical appointments. They highlighted the huge demand among older people for these services by the fact they had a two-year waiting list in that area.

Both these groups were unsure where to refer older clients with substance abuse problems to and indicated that having multiple issues would make this more difficult and highlighted the lack of services for older people, especially those with mental health issues.

Political Ex-Prisoners

One of the ex-political prisoner groups consulted with had a confidential phone line staffed by volunteers which offered a counselling service. They also had counsellors and family support services and were able to offer training and awareness raising sessions.

The other organisation did not offer services but felt they were able to offer signposting to other organisations. However, both noted that services in general tend to be geared towards younger people (especially training and awareness raising) and felt there was a gap in this area for older people.

Lesbian/Gay/Bisexual

The organisation spoken with employed counsellors and also ran personal development courses which deal with issues of substance misuse, however, this was of a general nature and did not specifically work with older people.

Interviewees were aware of organisations which deal with substance misuse and would be able to signpost clients but were unsure if there were organisations that specifically dealt with older people and those from the LGB & T community.

Transgender

The transgender help group spoken to organised sessions for transgender people going through transition; it offers a forum to discuss any issues, however, it was noted that the issue of substance abuse was not raised during sessions. The group facilitator noted that members of the group socialised together so this may be something that would come up at other times that she was not aware of.

She would be keen to be made more aware of research, help and services in this area to support her clients.

Community Organisations

The majority of the community groups contacted (with the exception of those who had specific drugs/alcohol or mental health/wellbeing projects as part of the services they provided) indicated that problems presented or advice being sought by older people was not usually substance misuse.

However, most noted that substance dependence/misuse notably alcohol and prescribed/over the counter medication issues was often an issue that emerged and impacted negatively on an older persons health and wellbeing and general quality of life. Some of the community organisations contacted (notably the larger ones or those with an 'umbrella' function) provided services such as, counselling, one-to-one support, group activities and information/education/awareness sessions. Three organisations indicated that they bought or brought in external training. None of the community organisations interviewed had developed or sourced older people specific services – some highlighted this as a gap and others noted that there needed to be "something" for older people who had problems with substance misuse.

All the community organisations interviewed described referring/signposting to a range of community and public health service provision that they were aware of and could utilise. Many did not see themselves as equipped for dealing with the issue with one suggesting:

Ideally we would like more information on services available and other projects that we could refer our clients to. (East Belfast Community Organisation)

Others expressed a different view:

We are developing a 'health hub' from which we can expand the range of services we have on offer for older women with alcohol and substance issues. (South Belfast Community Group)

We want to be able to respond to the problem quickly and effectively without long waiting lists, as the sooner we deal with the problem the quicker change can occur… we need more dedicated staff for our own project and shorter waiting lists for professional services.

We would like agencies to liaise with our group to develop a community-driven project. (East Belfast Community Group)

Three community groups we requested to interview declined on the basis that they did not feel sufficiently informed to comment.

Housing/Homelessness

We interviewed two Housing Associations (one of which was general needs and did not feel qualified to comment) and two Service/Accommodation providers for homeless people. NIHE and the Salvation Army were unable to respond to our request for an interview within our specified time frame for the interview process.

Our interview with the special needs (vulnerable and at risk of homelessness) Housing Association found that both male and female tenants in the 55+ age range had significant challenges with both alcohol, prescribed, pain medication and over the counter medication. These issues were usually identified as a result of the person's housing status – in certain cases some losing accommodation as a result of addictions and the behaviours arising from this:

Breach of tenancy, anti-social behaviour etc. when it becomes apparent that these problems are linked to alcohol and or substance abuse ... Also it can be reported by other tenants, the

tenant's family or social worker or can be identified by issues such as rent arrears and deterioration in the tenants living environment.

The Housing Association had a range of signposting and referral sources but these tended to be held in the knowledge base of individual housing officers/support staff. When asked about additional information or support required, the response centred around information on referring tenants for counselling and signposting for help in coping with addiction.

The Homelessness Support/Accommodation organisations operated in an environment where older people presented significant vulnerabilities, needs and challenges not least their homeless situation itself. Very high numbers of the target client group have severe to profound alcohol issues and similar issues with prescribed, pain and over the counter medication. Both organisations viewed their role as offering person-centred, non-judgmental support to those in need, trying to reduce harm and meeting the needs of vulnerable homeless people

The issues for older homeless people as described by a 'Wet' Hostel:

We don't see a lot of service users in the 60+ age range but of those we do it is our experience that their overall health may have deteriorated with age and include conditions such as Korsakoff psychosis… their care needs can be higher (depending on their physical/mental capacity), poor oral hygiene through not brushing teeth for many years or if the alcohol they drink has high sugar levels or with vomiting (acid damages teeth), poor diet can lead to weight loss which brings further health problems, foot care (through years of neglect) can develop Trench Foot or various other fungal infections.

The Homelessness organisations had very good links with GPs, health professionals such as Homelessness Services Nursing Team and multi-disciplinary assessment team. In relation to additional support or information, one Homelessness organisation noted:

Additional specialist resources in house and accessible external services – current services cannot cope with demand. Dual diagnosis services required people ricocheting between mental health and drug and alcohol services with neither accepting responsibility … More responsible prescribing by GP's required.

This supports comments from Community Groups on GP prescribing.

Another interviewee commented:

Nursing care can be difficult to source as the alcohol issue is often seen as the primary issue rather than the physical or mental capacity ... additional support on dual diagnosis (all ages) i.e. is the problem alcohol related or is there an underlying health/mental health issue would be really good.

Minority Ethnic/Migrant Worker Support Organisations

We conducted two interviews with Minority Ethnic/Migrant Worker Support Organisations; three organisations we contacted declining to be interviewed, two organisations indicated they were not qualified to comment and another indicated that in their religion and culture, the consumption of alcohol was strictly forbidden.

One organisation which provided information and services to a long-established minority ethnic community noted:

In the Chinese Community alcohol/substance misuse is not an obvious problem…this is because people like to keep it private. As an organisation we haven't had a lot of experience of dealing with such problems.

This of course presents the question: how do we identify if alcohol/substance misuse among older people is an issue within this community?

Conversely, another organisation interviewed indicated:

This demographic within the migrant community is relatively small – the main issues that we see are problems with alcohol. Other substance abuse has been seen but generally this is in conjunction with those who have additional mental health problems.

The experience of this organisation was that homelessness and destitution appeared to be the main problem presented by older clients: *"the cause of this tends to be issues with substance abuse mainly alcohol."* The organisation advised that as they had expanded their advice service, they couldn't really say if the problem was getting worse of it was simply a case of their service supporting more clients. Asked how they responded to the problem the organisation advised that they signposted clients to Social Services and the Health Trust; this response indicated that the organisation did not refer to or was not aware of the range of voluntary and community services available to support their clients with alcohol/substance misuse issues.

Asked how they would like to respond to the problem the organisation noted their main concern as:

The biggest issue we have with the response is interpreters not being used. Also there is a reluctance from people to access services if the health professional does not speak their language… this makes it difficult to maintain support.

Age Sector Organisations

Unexpectedly, the research team experienced difficulty eliciting interview responses from age sector organisations approached within the time scale available to complete the interview process with one organisation advising us that they 'do not have clients or referrals that fit this specific issue.' This suggests that substance misuse and older people is not currently viewed as a priority across the sector.

The two community-based Age Sector organisations that responded provided us with wide-ranging information on the issues and challenges in responding to the needs of older people.

There were differences identified in both gender and older age range (75+) in relation to alcohol/substance misuse. Some older adults with alcohol problems were viewed continuing a pattern of behaviour or addiction that began earlier in life. Others who began drinking excessively in later life often pointed to life events such as bereavement, losing a job or relationship breakdown as the cause for their excessive drinking; some take early

retirement, experience premature health problems and other challenges as a result of their excessive drinking but view this as the cause of their drinking not the problems brought about from it. Other issues identified as being prevalent in older people with substance (notably alcohol) misuse issues, were unexplained falls and blackouts, problems with insomnia and also the dangerous activity of mixing alcohol with prescribed and over the counter medication, which can reduce the effect of the prescribed medication leading to serious health problems.

Substance misuse did not tend to be the presenting issue/problem for the older person's contact with the organisation; loneliness and isolation, health and financial issues tended to be the backdrop for the initial contact but through building relationships and sensitive listening, the issues with alcohol/substance dependence/misuse often emerged or were reported by a partner, spouse or worried family member or professional.

In terms of referral mechanisms and signposting, the organisations provided information on the range of statutory and community based/voluntary sector organisations they could link the older person with for support. When asked if the persons' age affect the response or the treatment they are offered, respondents noted that there was a perception that older people weren't going to respond to treatment and that there was not enough effective treatment for older people with mental health problems of which alcohol/substance misuse was a feature not the causal factor. Asked about additional support and information the response from one interviewee was:

Older people with alcohol/substance misuse issues need access to informal support groups not the AA or Narcotics Anonymous but a gentler form of more support suited to their age and personal circumstances … we are most worried about what isn't seen – prescribed medication and over the counter misuse psychological support rather than medical prescribing is required – East Belfast has less of a problem in this area but there are very serious problems in North Belfast.

Community Drugs/Alcohol Education & Support Services

Three organisations were interviewed with two reflecting that there was a lack of provision for the older age group with the main focus in this area being on young people, young adults and the under 50's; with one outlining their specialist service for older people.[24]

All three organisations indicated that their organisations responded to people who came to them for help or were referred by health care professionals or local community and voluntary groups.

One noted: *"We need to remove the taboo of seeking help that older people have in relation to drugs and alcohol issues"*. The other referred to needing: *"Greater knowledge of service provision for older people and more training/awareness of the particular issues and concerns that older people have in relation to these use and misuse of alcohol and substances including prescribed medication and over the counter".*

[24] Two case studies from the organisation's 'Older Focus Programme' are provided in the appendices.

Both organisations indicated that differences or changes with a person's age related primarily to older people tending to have more issues with alcohol and possibly increased use of pain medication. Also, both organisations interpreted the question on the person's age affecting the response or treatment offered; one noting: *"Everybody is given an assessment and treated on merit", and the other stating: "that the response or treatment an older person is offered is different and reflects areas such as illness, memory, support and their willingness to engage".*

Asked by our interviewer if the problem was getting worse, one interviewee responded:

Yes across all age groups! There has been a demographic change in the age population and now more people above 55 consume alcohol above the recommended level.

All three organisations suggested there needed to be more awareness-raising, through for example advertising and more general discussion on the subject matter and both agreed that there needed to be more services, more specific research and increased provision for older people.

This would suggest that whilst two organisations interviewed were aware that older people do have problems with substance misuse, there are access and engagement issues and also concerns surrounding how best they may be helped; and there is insufficient available research and analysis to inform service development for this client group. Another general area of concern is the 'weighting' or priority older people are given when community drugs and alcohol education and support services are being developed, designed and resourced.

Community Employment Services

Six community employment services representing a Belfast-wide catchment area were interviewed. All respondents indicated that issues with alcohol, prescription, illegal drugs and over the counter medication featured with clients in the 55+ age range who were long-term unemployed, economically inactive and workless. When asked if the problems differed or changed with the person's age, there was a general consensus among interviewees that they did differ and were dependent upon the individual's personal circumstances. Some responses included:

More depending on pain medication

Depression is a feature with dependence on anti-depressants particularly for those who have lost their jobs and can't see getting a new one on the horizon.

When asked if the problem had got worse there were differing views:

Yes it is noticeably worse and could be linked to post-conflict issues … we especially notice it in ex-prisoners.

Yes it's more open and acceptable proliferation of medication and over the counter drugs.

Prescription drugs … Doctors too busy to listen.

It has stabilised or is getting better.

Certainly the perception is getting worse…unsure if the figures reflect this but it is what we are seeing coming through our door… possible reasons include dealing with post conflict NI, unemployment, poor health, relationship/family breakdown and increasing issues with debt.

All those interviewed described a comprehensive range of internal support systems e.g. counselling and access to training and development support to deal with isolation and signposting and referral mechanisms to a wide ranging public health and community/voluntary sector provision. It was noted that these organisations appeared distinctly aware of supports available that and it was pointed out that all were expected to deal with referrals for employment support for people with substance misuse and dependence issues and they therefore needed to be tuned in to the issues and support.

Asked if a person's age affected the response or treatment they were offered all agreed that their experience was that their clients did receive a different and perhaps not as good a service as a younger person would receive in terms of support/services and that their problems were, as one interviewee described it as being "blanketed" by their age.

When asked what additional support or information would be useful, there was a consensus in respect of the need for a robust database of services, more resources available for community based interventions/ holistic models and alternative therapies for this age group, More work needed to break the alcohol acceptance culture particularly among men and more work needed to break the cycle of dependence on prescription and over the counter medications as being acceptable.

Former Police Officers/HM Forces

We requested an interview of PRRT (PSNI) and HM Forces Benevolent Society; neither was able to respond to our request for an interview within our specified time frame for the interview process. We do however know from the information available to us from the Homeless Service/Accommodation organisations, that there are significant numbers of older men in the 55+ age range who are ex HM Forces who are on the streets and have significant alcohol abuse problems.

Knowledge of Research in the Area

Most interviewees highlighted a lack of knowledge and specific research in the area of older people and substance misuse. As a result, this impacts on the amount of services and funding that can be allocated to this specific area as there are insufficient wide-ranging evidence that demonstrate need. A number of respondents cited local research they/others had undertaken, most of which is cited in the literature review, others include:

- Addiction NI has detailed figures on referrals and outcomes; an evaluation of Addiction NI services can be accessed via EDACT.
- 2009 Colin Neighbourhood Partnership Survey of older people in the area not participating in activities or group work – not specific to substance dependence/misuse - CNP and 'Good Morning Colin' have a database of over 250 older residents using services of both organisations
- Falls Community Council is currently undertaking research with University of Ulster.
- Markets Development Association has a piece of research undertaken in the Markets area *'Where have all the old men gone'* which they can make available.
- QUB/Donegall Pass Community Forum *'Donegall Pass: Towards a Sustainable Community'* (2008) which looked at the age profile and health profile.

Others noted the lack of training on the impact of substance misuse and especially the difference between impacts on the older and younger generation.

We would like more professional training around issues for older people and substance misuse and access to a centralised and properly maintained and updated database of appropriate referral organisations. (West Belfast Community (Umbrella type) Organisation)

Recommendations for Future Action

1. The research highlights the need for a strategic inter-agency approach to the issue of substance misuse among older people in the Belfast area (and ultimately across Northern Ireland). This might involve (initially at least) liaison between key health service providers and groups from the community and voluntary sector to identify key priorities for future action and ways of beginning to engage more comprehensively with this issue.

2. The research highlights a need for focused and targeted training for those working with older people on issues related to the different forms of substance misuse.

3. At a more general level there is a need for clear and regularly updated information on resources and services available for older people with substance misuse problems. This might be most readily made accessible to the community and voluntary sector through a website.

4. There is also a need to increase awareness among groups, organisations and individuals working with older people about the general issue of substance misuse.

5. Any strategic planning, training, information and awareness raising will need to take into account the differing impact of different forms of substance abuse on age bands among the older population and among males and females.

6. Strategic planning, training and information will also need to be sensitive to the different factors that impact on substance abuse, which include factors such as unemployment, poverty, loneliness, marginalisation, trauma, mental health and illness.

7. The research also highlights the lack of detailed knowledge of a complex issue and therefore points to the need for further investigation and gathering of information on the themes of substance misuse among older people. In particular there is a need for research to focus on the experiences, opinions and needs of older people which is largely lacking in the current body of knowledge.

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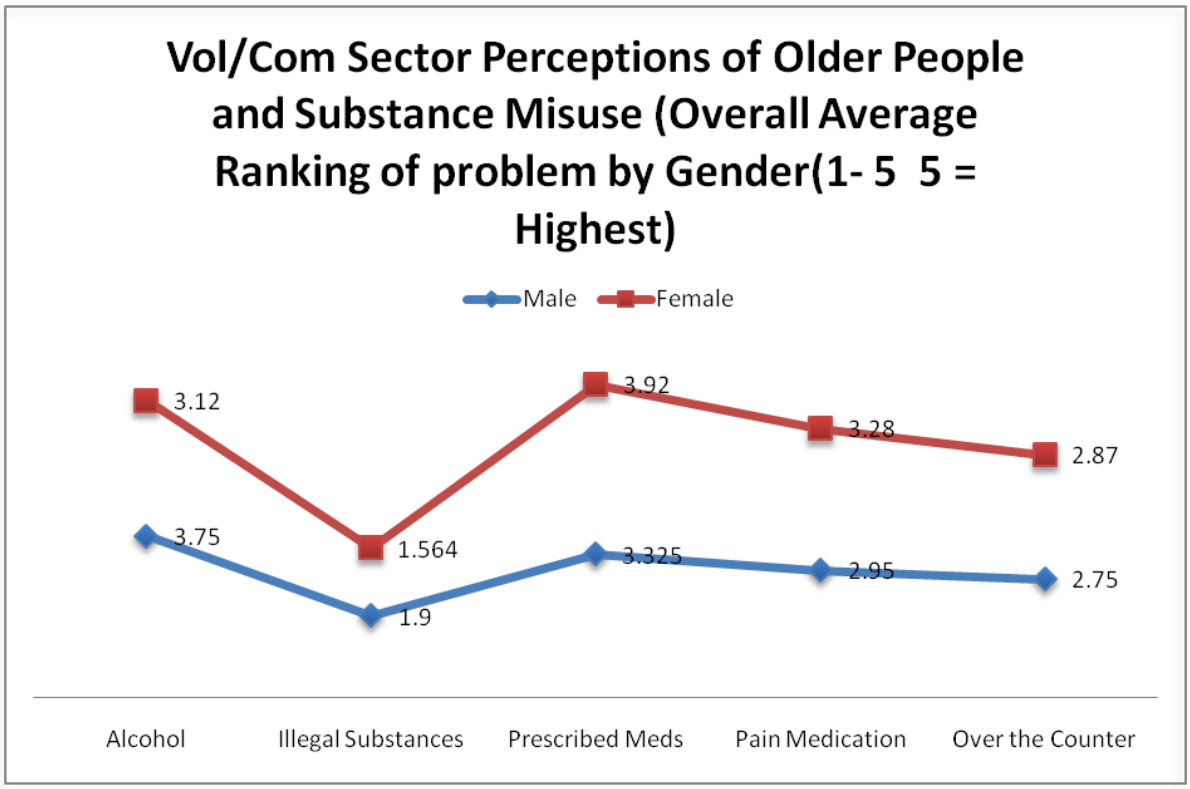
Appendices

Respondents Ranking of Problem by Substance and Gender



Case Study from Addiction NI 'Older Focus Programme'

Anna: By the time Anna asked for help she was at breaking point after a drinking career which spanned 30 years – every day, all day. Now though, with help from Addiction NI Older Focus she's reclaiming her life and wants to bring hope to others like herself

Anna's Story

Belfast pensioner Anna thought nothing of sinking 15 pints - a day. Now in her 60s, she devoted almost half her life to a drinking career which, quite literally, filled every day - all day - for the last 30 years. "I'll be blunt - I disgraced myself. I lost my self-respect and I lost the respect of others," she admits.

"The first time I came to Addiction NI I walked out again – I lost my nerve but then I came back because I knew I needed help."

Until that day though, Anna's life was ruled by the bottle: "We'd head to the pub about lunchtime and that was us until it closed. After that, we'd maybe go to a drinking house – somebody would throw an open house where you could just drink to three or four in the morning sometimes."

"That went on for 30 years. Half the time I'd fall trying to get home. I'd be covered in bruises some days"

The turning point, however, came one morning just over three years ago.

"One day I started shaking so violently I couldn't even get a teacup to my lips. I was shaking from head to foot. I sat down and cried. I had a real problem and I couldn't ignore it any more. I was at breaking point."

The first time Anna came to Addiction NI her courage failed her and she didn't go in but the next time her shakes were so bad that staff at the centre immediately realised the desperation of her situation. And that was the beginning of her journey back to life.

"They were fantastic. My counsellor came to my home twice a week at first and we talked about so many things. I think people forget that older people can have these problems too."

"At last I was prepared to listen – and they listened to me and didn't judge. Before, I wasn't listening and I couldn't get out of this situation. It was a vicious circle."

"I still slip sometimes but at least now there's always someone I can ring for help and I'm not slipping as much because I keep myself busy going to craft classes, a day centre and coming here."

"Addiction NI has helped me through so many things. They've helped me realise that I am a good person within myself."

"If you're in that situation, whether you're 18 or 84, ask for help. Think of what your life could be like. It's up to you - only you can do anything about it. If you listen to my story though, you'll know there's always hope."

Talking About Addiction NI Older Focus Service

Daughter of Addiction NI Client: "We were at a loss to find some help for my elderly father, who had become hooked on alcohol and prescription drugs following the death of my mother. He wouldn't leave the house for treatment. Addiction NI Older Focus Service sent a professional social worker / addiction therapist to work with him in his own home. I was also able to access counselling through Addiction NI about how I had been affected by the situation. We are now in a much better place as a family and my father has improved considerably."

Social Worker: "Addiction NI Older Focus Service exists not just for the older person themselves, but for their families. Last year I referred a family to Addiction NI Older Focus Service, there were four people aged between 70 and 79, all affected by the 74 year olds' drinking. The service is unique in meeting older person's needs as it understands how many things impact on an older person. These issues are very different from those affecting younger people and the Addiction NI Older Focus Service really caters for these."

Housing Support Worker: "A 69 year old client of mine hadn't really left his house for several years and his drinking was getting worse. Addiction NI Older Focus Service assessed and delivered addiction treatment sessions with him in his own home. This was a turning point for him and he started to go to the day centre and get the social support he needed. He has continued to improve and is now involved with other services in his community."

Client's GP: "Patients regularly tell me about the rewarding and professional care they receive from Addiction NI staff".

Client's GP: "Addiction NI provides an excellent service and a much needed focus on addiction and the ever increasing problems associated with misuse of prescription drugs."

Interview Questionnaire

Substance Misuse in the Older Population

The purpose of this research is to review evidence of the impact of substance misuse on the older population and to review good practice in reducing substance related harm within this population. This is to be done by specifically reviewing data and information sources that would indicate the prevalence and extent of substance misuse within the older population of Belfast.

Phone Interview Questionnaire

1. What is the nature and scale of the problem of substance misuse among people aged over 55? (Please answer on a scale of 1-5, 1 being not a problem, 5 being a substantial problem).

	Alcohol	Illegal Drugs	Prescribed medication	Pain medication	Over the counter medication
Male					
Female					

2. Do the problems differ or change with a person's age - ie over 65, over 75?
3. Do people contact you specifically about substance abuse or is it identified through other means?
    a. If other means, what these are.
4. Is the problem getting worse – if so how and why?
5. How does your organisation respond to the problem?
    a. Who do you contact or signpost people to?
    b. How would you like to be able to respond to the problem?
6. Does the person's age affect the response or treatment they are offered?
7. What type of additional support or information would be useful to you?
8. Have you done any research or documentation on the issue, or do you know of any research in this area?
    a. If so, how can we access this?
9. Do you have any additional information you think would be of use to us?

Letter of Introduction

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To whom it may concern

Substance Misuse in the Older Population Research

The Public Health Agency and the Belfast Health Development Unit have recently commissioned GEMS NI Ltd, in association with the Institute for Conflict Research to undertake a scoping exercise into substance misuse within the older population (55 and over) in Belfast.

There are three elements to the research:

- A literature review re. prevalence, substances used/misused, etc.
- Stakeholder consultations/interviews re. perception of the issue – whether it is an issue and how it is currently addressed.
- A literature review of good practice in relation to providing information, advice and services to older people misusing substances.

As part of this research members of GEMS and/or ICR may be in touch with you – the main contacts should you require any further information before taking part would be myself, Elma Greer, Healthy Ageing Co-ordinator within the BHDU – Tel: 028 9050 2074/Email: greere@belfastcity.gov.uk or Susan Russam who is leading on the project within Gems.

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Yours

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