



Older people and alcohol misuse: Helping people stay in their homes

This briefing is for people working in housing, public health, care and support. Recognising a gap in information on this topic, Public Health England commissioned the Housing LIN (Learning and Improvement Network), the leading voice of expert advice and support in the field of housing, care and support services, to produce this briefing.

Drawing on the Housing LIN's knowledge of the sector and with input from its network members, the briefing's purpose is to build an understanding of roles and the opportunities to work together to integrate services so that older people misusing alcohol can access the support and treatment they need to remain in their home (if appropriate) or to move into other accommodation where this is agreed to be more beneficial

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Introduction

In 2011, the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists published its first report, *Our Invisible Addicts*⁽¹⁾. It highlighted the “*unmet need of older people with substance misuse and the lack of information for, and joint working by, professionals who encounter older people with drug and alcohol problems in their everyday practice*”.

This briefing is intended specifically to bring the issue of older people and alcohol misuse to the attention of professionals working in the social housing, care and support sectors. Alcohol harm amongst older people is increasing and it underpins or coexists with many of the other issues that professionals in these sectors are seeking to address among their older tenants and service users.

The briefing aims to highlight current concerns and the national and local policy context, and to suggest ways in which the social housing, care and support sectors can work in partnership with local authority public health teams to ensure older people have access to appropriate treatment and support. Indeed, at different stages of alcohol misuse older people may need different services, from dealing with health issues, managing debt, obtaining or remaining in their home, to rebuilding relationships with families and friends. Housing and related support services must be flexible enough to respond to any or all of these needs.

The relationship between older people, alcohol and the home

Alcohol misuse is defined as drinking above the lower risk levels advised by the UK Chief Medical Officers⁽²⁾ i.e. adults regularly exceeding 14 units per week.* The risks to health from alcohol misuse at any age include cardiovascular disease, cancers, liver disease and depression.⁽⁴⁾

Older people with alcohol misuse problems have been categorised into ‘early onset’ and ‘late onset’ drinkers.⁽⁵⁾ It has been estimated that two-thirds of older people with alcohol problems fall into the early onset category – that is, people who have a long history of alcohol misuse (starting before age 40) that persists into old age.⁽⁵⁾

Alcohol misuse among those in the ‘late onset’ category may occur as a coping strategy for stressful life events or circumstances linked to the ageing process, such as redundancy, retirement, marital breakdown, bereavement, or because of isolation caused by sensory impairment, cognitive decline, loss of friendships or stopping driving.⁽⁵⁾ There is a clear role for prevention and support services for this group so that alcohol does not become a substitute for addressing other needs.

As well as the health risks outlined above, a number of other physical and social impacts are prevalent among older people who misuse alcohol – some of which are a consequence of alcohol misuse over many years, and these include:

- Alcohol related brain injury (ARBI), a condition that may cause problems with memory, learning and other cognitive skills. It occurs with long-term heavy alcohol consumption but can be reversed through abstinence and nutrition, in particular thiamine supplementation, if symptoms are caught early enough⁽⁶⁾

* The Royal College of Psychiatrists advises that over 65's should not drink more than 1.5 units of alcohol a day, and is calling for separate recommended guidelines for older people.¹ However, the expert groups involved in determining the new CMO guidelines² concluded that “there is insufficient consistent evidence relating to age to be able to recommend different low risk guidelines for different age groups.”³

- Falls⁽⁵⁾: alcohol has a greater effect on balance in older people, with a high risk that falls lead to disability and loss of independence
- Social isolation⁽⁷⁾: alcohol can make it more difficult to interact with others, or access and participate in social activities
- Depression and anxiety⁽⁵⁾
- Exacerbation of incontinence problems⁽⁵⁾
- Adverse interaction with prescribed medications.⁽⁵⁾

There is also a risk that if unsupported, older people misusing alcohol could lose their home through:

- Loss of independence e.g. due to an alcohol-related fall⁽⁸⁾, or other impacts on health;
- Failure to manage and/or maintain their property or keep up to date with mortgage or rent payments⁽⁹⁾, or
- Becoming a nuisance neighbour (e.g. anti-social behaviour, violence etc).⁽⁵⁾

At worst, older people with alcohol problems could be made homeless. Whilst the [Housing Act 1977](#), [Housing Act 1996](#), and the [Homelessness Act 2002](#) place a main duty on local authorities to re-house the statutorily homeless, certain criteria must be met, including being within a specified priority need group and/or deemed particularly vulnerable. Whilst old age is considered a priority need, losing a home because of an alcohol dependency may be considered an intentional act. Alcohol dependence is not considered a vulnerability, although mental illness, and associated physical and sensory impairments are.

People who have led settled lives and then become homeless later in life find the loss of home particularly damaging⁽¹⁰⁾, not least because older people spend more time in their home (between 70-90%⁽¹¹⁾) than younger people, and it may be the focus of memories and attachment.

There is, therefore, a moral as well as financial imperative to help older people address their alcohol misuse and ensure that they can live independently in their place of residence as long as possible.

Understanding alcohol harm among older people

Alcohol problems are less likely to be detected in older people than in other population groups because:

- Older people are more likely to try to hide the problem because of shame and embarrassment⁽¹²⁾
- It can be difficult to distinguish the symptoms of alcohol problems in older people from the physical and mental symptoms of ageing⁽¹²⁾
- There is a lack of awareness amongst professionals that alcohol misuse is potentially an important problem for older people and so they do not ask about this behaviour.⁽¹²⁾

Surveys suggest that people aged 65 and over are the age-group that consumes alcohol the most frequently, with 13% of people over 65 saying they had drunk alcohol every day during the previous week, compared with just 1% of 16-25 year olds and 9% of 25-64 year olds.⁽¹³⁾

Recent research⁽¹⁴⁾ found that among adults aged 65 and over who consume alcohol, 21% were drinking above the recommended lower-risk levels, which at that time were 2-3 units per day for women and 3-4 units per day for men. The majority were non-dependent alcohol misusers. About 3% of men and 0.6% of women aged 65-74 are dependent drinkers.⁽¹⁵⁾ Those closer to the age of 65 are more likely to drink and more likely to be risky drinkers than more elderly patients.⁽¹⁴⁾ In this age cohort, males are more likely to drink than females, and also more likely to consume alcohol at risky levels. Higher socioeconomic status predicts higher alcohol use in those older people drinking above the lower-risk levels.⁽¹⁴⁾

The impact of older people's drinking on health and social services is significant: alcohol-related admissions among the over 65s account for 44% of all alcohol-related admissions, despite comprising only 17% of the population.⁽¹⁶⁾

You can understand more about your local population and its relationship with alcohol harm by accessing the Local Alcohol Profiles for England (LAPE) published by Public Health England (PHE). The profiles detail a number of indicators of alcohol-related harm including alcohol-specific mortality and, of relevance to the risks to older people, alcohol-related hospital admissions by condition, including liver disease, mental and behavioural disorders, and unintentional injury. The LAPE also allows comparison with other areas. More at:

<http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

Upper-tier and unitary local authorities, as well as London and metropolitan boroughs have a statutory duty with CCGs to produce an annual Joint Strategic Needs Assessment (JSNA). The JSNA should analyse the health needs of populations to inform and guide commissioning of health, wellbeing and social care services within local authority areas. Considering older people's needs will help public sector bodies to fulfil their general equality duty as set out in the Equality Act 2010, which requires due regard to promoting equality of opportunity in relation to age.

Whilst not specifically about older people, PHE publishes support packs to help inform the alcohol and drug components of the JSNA and the local joint health and wellbeing strategy. This includes a *Key Data* document that sets out relevant indicators related to local alcohol harms from the Public Health Outcomes Framework⁽¹⁷⁾ Visit: [Key data for planning effective alcohol harm prevention, treatment and recovery in 2016-17](#)

The national policy context

The previous Government published its Alcohol Strategy⁽¹⁸⁾ in March 2012, and stated that alcohol is responsible for £21bn costs to society, of which £3.5bn is in direct costs to the NHS.⁽¹⁹⁾ The strategy included actions intended to change attitudes towards excessive drinking, restrict access to alcohol, reduce alcohol-fuelled violent crime; reduce the number of adults drinking above the NHS lower-risk guidelines and reduce the number of alcohol-related deaths.

Relevant to this briefing, the Government's strategy introduced inclusion of alcohol identification and brief advice (IBA) within the NHS Health Check provided for all adults aged 40 to 74. IBA is the delivery of short simple brief advice following identification (i.e. screening) that usually lasts no longer than 5-10 minutes. It is effective in motivating at-risk (i.e. not dependent) drinkers to reduce their alcohol use. See the Emerging Practice box on page 10.

In addition, the strategy encouraged hospitals to employ Alcohol Liaison Nurses to provide the medical management of patients with alcohol problems in the hospital and to liaise with community alcohol and other specialist services including housing, care and support to ensure that patients could receive support and treatment upon discharge.

In 2010, NICE published its Public Health Guidance 24, [Alcohol-Use Disorders: Preventing Harmful Drinking](#). This deals with interventions for reducing the health risks from non-dependent drinking, and included a number of recommendations relevant to those involved in housing, care and support. These included a recommendation to screen adults who may be at risk of harm from the amount of alcohol they drink, to identify non-dependent drinkers who would benefit from IBA, and to identify dependent drinkers who should be referred into specialist alcohol treatment services.

Reducing harmful drinking is one of the seven priorities for PHE.⁽²⁰⁾ In 2016, PHE published [Health matters: harmful drinking and alcohol dependence](#), which provides useful infographics about the scale and nature of alcohol harms in England and makes the case for investment in effective alcohol treatment.

The role of social landlords in reducing alcohol harm

About one fifth of people aged 65 and over rent their home from a local authority or other social landlord e.g. a housing association with a smaller proportion in the private rented sector.⁽²¹⁾ Housing staff usually have good relationships with their tenants or service users and may be able to recognise changes in older tenants' personal circumstances or in their physical or mental health that might trigger or indicate an increase in alcohol consumption. Other warning signs include sleep complaints, persistent irritability without obvious cause, frequent falls or unexplained bruising.⁽⁷⁾ The types of support that 'general needs' housing staff may be able to offer tenants at risk include:

- Prevention: addressing underlying issues such as loneliness, isolation, and depression
- Supporting older people to find meaning in their lives again
- Harm reduction e.g. advice about lower-risk levels of alcohol consumption and how to be safe in the home.

Social landlords who fail to support tenants at an early stage may incur rent arrears, experience damage to property, abandoned property, the costs of intensive management of anti-social behaviour or the costs of an eviction and subsequently re-letting the property. It can also lead to reputation damage.

Where it is not appropriate or possible for older drinkers to remain in general needs housing, either because their home is unsuitable, or because they are assessed as requiring a more holistic planned care package, specialist housing[†] may be an appropriate referral or personal choice. This enables older people to retain their independence whilst offering communal facilities (including meals) and the potential for social interaction, as well as providing access to on-site or closer to home health and care support.

The role of housing in supporting recovery from dependence on alcohol or drugs was recognised in the previous Government's 2010 Drug Strategy [Reducing Demand, Restricting Supply, Building Recovery](#) and the Chartered Institute of Housing has produced a guide for social housing on [how to support tenants in drugs recovery](#) which also covers alcohol. The report sets out an 'invest to save' business case for action, setting the cost of prevention and treatment against the cost of an eviction, calculated to be in the region of £8,000 per case.

[†] Specialist housing is purpose-designed for older people or other groups with particular needs, where help or care can be called upon when needed. It includes supported housing, sheltered housing and extra care schemes

Whilst not specifically about alcohol and older people, the CIH publication *The Role of Housing in Drugs Recovery* details some excellent case studies across supported housing, floating support and move-on schemes that are relevant to this agenda:

www.cih.org/publication-free/display/vpathDCR/templatedata/cih/publication-free/data/Role_of_housing_in_drugs_recovery

In addition, over the past three years, PHE has set aside capital funding for recovery services that help people with drug or alcohol problems to overcome their dependence. Out of the designated £10m capital funding, PHE has awarded a substantial proportion to projects that provide safe and secure accommodation that can provide a stable base from which it is possible to recover.‡

The role of local authorities

Local authorities have always worked closely with their partners in the police, health, criminal justice and voluntary sectors to respond to local alcohol-related harms. The Health and Social Care Act 2012 transferred responsibility for public health to single tier and upper tier local authorities, including the commissioning of alcohol harm prevention, treatment and recovery services. To inform local commissioning PHE have, in addition to earlier mentioned local profiles, produced a slide pack containing infographics illustrating the case for local investment in alcohol harm prevention and treatment. This can be downloaded from: [Alcohol and drugs prevention, treatment and recovery: why invest?](#)

What can be achieved by providers of social housing, care and support, and local authority alcohol commissioners and public health teams working together?

As outlined above, this briefing is intended to build an understanding of the opportunities for local authority commissioners and housing, care and support providers to work together to integrate services so that older people misusing alcohol can access the support or treatment they need to protect their health and remain in their home (if appropriate) or to move into other accommodation where this is agreed to be more beneficial. Unless stated otherwise, the following implications for practice have been developed by the author, based on the literature and case studies reviewed for this briefing.

Plan

1. Partnership working between local authority commissioners and housing, care and support providers.

A survey conducted by DrugScope in 2011⁽²²⁾ identified a number of ways in which partnership working could be improved, including:

- A nominated team or individual in each Local Authority with a specific responsibility for housing and recovery;
- Joint commissioning and shared outcome frameworks for drug and alcohol and housing services to incentivise partnership work in support of recovery.

‡ <https://www.gov.uk/government/news/public-health-england-invests-10m-in-drug-and-alcohol-recovery-services>

2. Consistent alcohol policies across social housing providers

The development of a policy to manage alcohol problems amongst tenants is a good starting point for social landlords. The policy should demonstrate recognition that alcohol may be misused by older tenants, help identify what actions the organisation can take to offer care and support to reduce harms, and help to foster partnerships with treatment providers.

Local authority public health and alcohol commissioning teams may be able to support this process and facilitate links to agencies concerned with treatment and recovery.

See Spectrum Housing Group's drug and alcohol misuse policy in the best practice box below for examples of what might be included.

Do

In its *Good Practice Prompts* document, PHE sets out a framework for planning interventions to tackle alcohol harms at the local level which includes a comprehensive set of questions relating to housing and homelessness. This can be found at: [Good practice prompts for planning comprehensive interventions in 2016-17](#)

3. Local commissioners of alcohol services and older persons' services and accommodation might wish to consider working through the questions with social housing providers (both general needs and those providing specialist floating or residential care and support).

The questions include:

- Have the housing needs of alcohol and drug users in the community, prison and in residential treatment been identified and used to inform local commissioning plans for housing, homelessness and housing related services?
- Are the housing needs of alcohol and drug users and their families (where appropriate) assessed in a timely manner to prevent homelessness and/or to enable move-on to a suitable home? (This includes those in prison, in residential services and those living in their own home but at risk of homelessness)
- Is good quality housing information and advice readily available?
- Is there a range of suitable housing options to meet different needs including: emergency bed spaces; direct access accommodation; refuges for those fleeing domestic abuse; supported housing; floating support available to those in their own home; accommodation specifically for women, housing for people with complex needs eg, Housing First?
- Are frontline housing staff (working in local authority services, for social landlords and housing support providers) trained in working with alcohol and drug users to meet their housing and related needs?
- Is there a hospital discharge policy and procedure in place for homeless alcohol and drug users (and others) to enable access to a pathway to suitable housing?

4. Local commissioners of alcohol services and older person's services and accommodation, and social landlords might wish to give joint consideration to the nature of specialist housing schemes to support older people with alcohol dependency.

Key questions to consider include:

- Is there adequate provision of schemes in the area suitable for older people with multiple needs including an alcohol dependency?

Housing LIN's Strategic Housing for Older People toolkit gives a baseline of future housing needs of older people over which to lay an estimate of need related to alcohol problems.

Visit: www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/

Also, look at Cheshire East's Vulnerable and Older People's Housing Strategy for an example of best practice:

www.cheshireeast.gov.uk/housing/strategic_housing/vulnerable_persons.aspx

- Do the eligibility criteria applied by individual housing schemes exclude older people with alcohol dependency?
- Is there adequate and suitable moving-on housing so that those older people who can are able to leave the supported or specialist housing scheme and return to independent living?

Example: Recognising older people's treatment service needs

In considering residential and community treatment services, it is important to recognise the barriers to accessing support, which include service considerations such as the appropriateness or otherwise of mixed drug and alcohol services, or mixed age-group services⁽⁶⁾, and practical considerations such as mobility.⁽¹⁾

Highlighted in one of the case studies below is the work that Thirteen Group has undertaken to develop services to specifically meet older people's needs.

5. Local commissioners of alcohol services and social landlords might wish to work together to:
 - Identify appropriate training for general needs housing staff in how to identify alcohol problems in older people, what their support needs are, how to approach the tenant, and how to make a referral.
 - Forty-two per cent of respondents to DrugScope's survey in 2011⁽²²⁾ said people in housing services had 'high training needs' on drug and alcohol issues, and 55% identified some training need.
 - Identify appropriate training for people working in drug and alcohol treatment services on the importance of housing.
 - Sixteen per cent of respondents to DrugScope's survey⁽²²⁾ said people working in drug and alcohol treatment had 'high training needs' on housing, and 80% felt there was 'some training need'.
 - Promote the use of IBA in relevant housing settings and at health-related events (see Emerging Practice box below) and identify appropriate training.
 - Ensure that screening and referral processes are in place for those tenants requiring support (e.g. for prevention of alcohol harms) or treatment and recovery.

- Agree referral processes. This is of particular relevance in the case of a dual diagnosis of alcohol and mental health problems where an identified case manager can help prevent patients falling between services.
- Scale up the specialist housing-led support offer to facilitate commissioning by the local authority, the clinical commissioning group, the police and crime commissioner or a combination of these. This might be informed by the JSNA.

Review

6. Local partners should adopt a continuous improvement approach to working with older people at risk of or experiencing alcohol-related harm.

Actions could include:

- Seeking feedback from older people about the appropriateness and quality of the alcohol-related care and support services they have received.
- Facilitating feedback to commissioners from social landlords about their experience of accessing services that meet the needs of older people at risk of or experiencing alcohol problems.
- Ensuring that networks and coordination arrangements are in place to enable health, housing, care and support professionals (including those responsible for arranging and delivering alcohol services) to work together, share their knowledge and review their practice.

Emerging practice, case studies and resources

This section provides links to online resources and highlights a number of examples of existing or emerging practice to help you address alcohol harms among older people.

Emerging practice: Drink Wise, Age Well

The Drink Wise, Age Well Programme is a £25m initiative funded by the Big Lottery Fund (BLF) with the aim to understand what works and influence and inform UK-wide policy and practice in preventing alcohol misuse amongst the over 50's.

The programme, led by [Addaction](#), is a portfolio of individual projects in five demonstration areas across the four UK nations. It is being delivered over a five year period from 2015 and evaluated over seven years. Key areas of programme delivery in each demonstration area will be:

- Prevention and campaigning
- Skills development and training
- Building resilience
- Treatment intervention

The programme will bring about the following outcomes:

- Better informed policy and practice about preventing alcohol dependency in later life
- Improved health and well-being for people age 50 and over who are at risk of developing alcohol dependency
- The delivery of more effective services to prevent alcohol dependency amongst the ageing population.

Best practice: Spectrum Housing Group Drug and Alcohol Misuse Policy

In the South West, Spectrum Housing Group's drug and alcohol misuse policy is a good example of a policy relevant to tenants of all ages, including older people.

The housing association's policy was developed to ensure the Group's Associations comply with current legislation and standards, regulatory code and guidance and good practice. It includes:

- Ensuring that, where drug and/or alcohol abuse is reported this is acted upon
- Recognising that some residents/customers will have involvement with drugs and/or alcohol and where appropriate working with individuals to promote wellbeing and reduce harm
- Pro-actively managing incidents of alleged drug and/or alcohol abuse by working in partnership with other agencies, and the wider community
- Ensuring where criminal activity is beyond the remit of the Associations, the Associations will alert the Police and/or relevant agency

The policy recognises that the benefits of effectively managing drug and/or alcohol misuse can include:

- Reduction in rent arrears
- Less damage to the Associations' properties
- Reduction in anti-social behaviour
- Reduction in the number of evictions
- Reduction in the number of abandoned properties
- More successful treatment outcomes

www.spectrumhousing.co.uk/pdf/410%20Drug%20and%20Alcohol%20Misuse%20Policy.pdf

Case study: St. Mungo's Brent Tenancy Sustainment Service

In London, St. Mungo's Brent Tenancy Sustainment Service works with older people with alcohol problems in Brent to prevent tenancy breakdown. It is designed to increase clients' ability, skills and knowledge to maintain their tenancies; to increase their confidence and motivation to make changes themselves; to increase integration of clients into the community (thereby reducing isolation); to reduce clients' dependence on alcohol; and to reduce the impact of the clients' alcohol use on their community.

The service is managed through a tenancy sustainment team and staffed by a Coordinator (who has expertise as an alcohol worker) and a tenancy sustainment worker. It provides a flexible support service adapted to individuals' needs and delivered in clients' homes. St. Mungo's works with people across the borough and in all tenancy types and takes referrals from a range of statutory and voluntary agencies, including hospitals; social services; alcohol agencies and advice agencies.

Emerging practice: Identification and brief advice (IBA)

Public Health England recently commissioned a study into the feasibility of social housing staff delivering alcohol identification and brief advice (IBA) to tenants. The study identified that alcohol misuse was recognised by housing staff as a key factor in core housing priorities such as anti-social behaviour cases, repeat repairs and difficulties in sustaining a tenancy. Alcohol was not generally considered as a health issue requiring intervention, unless a crisis point such as rent arrears was reached, at which point an offer to refer the individual to a specialist service might be made.

In mainstream housing settings, there were reservations about the feasibility and appropriateness of routine delivery of alcohol IBA to tenants. However, there is potential for specific roles including Tenancy Sustainment Officers and Income Management Officers to deliver alcohol IBA provided staff receive appropriate training.

Routine, scheduled appointments and reviews (e.g. welcome visit, tenancy review) offer possible opportunities to deliver alcohol IBA and it could also be incorporated into a broader 'health and wellbeing' conversation with individuals or made part of a wider health and wellbeing event in conjunction with health staff.

(A summary of this study will be published shortly and will be available on the Housing LIN website).

Emerging practice: Integrated Care pioneer localities

The population of older people at risk of alcohol harms is also likely, due to age, to have long-term health conditions that need managing. The focus must therefore be on providing integrated person-centred care across health, housing and social care. To test new models of integrated care, the Government established an [Integrated Care Pioneers scheme](#) and invited local consortia to bid. Fourteen pioneer localities were announced in November 2013 (Wave 1); and 11 pioneer localities in January 2015 (Wave 2).

Of these 25 pioneers, five in particular may yield highly practical learning for the integration of alcohol harm reduction measures with other forms of care and support for older people:

- Cheshire - Connecting Care Across Cheshire
- Greenwich - Focus on prevention, early identification and care coordination
- Waltham Forest, East London and City - Putting the patient in control of their health and wellbeing, with a focus on reducing hospital admissions
- Blackpool (Fylde Coast) – seamless care spanning health and social care
- Sheffield – a single approach to long term care using cost-effective methods

Case Study: The Gateway, Middlesbrough – pathways to rehabilitation

This centre is a 40 bed facility with a community hub and 12 transitional living options, including residential nursing and both residential and non-residential rehabilitation and support services and housing for service users with long term neurological conditions and complex needs.

Managed by The Keiro Group, it demonstrates how the service can support patients, local authorities and the NHS to help people to access an array of specialist transitional rehabilitation and support services. In partnership with Thirteen Housing Group, a North East based housing association, they provide move-on and long term accommodation to reduce the demand upon NHS services, reducing the time that patients have to wait for an intervention and the default use of care homes as a long-term solution.

Thirteen Group is piloting a discharge support project for people with frequent alcohol-related admissions to A&E and the alcohol unit in North Tyneside. A significant proportion of these people will be over 50 and will have complex needs in addition to their alcohol-related health needs.

Thirteen Group will be providing in-reach assessments and intensive support for up to nine weeks post-discharge to try to stabilise people's alcohol intake, prevent re-admissions, sort out accommodation-based and practical support issues and link them to recovery services in the area.

The pilot has been set up to meet the needs of this group who are not attending treatment services. For example, some older adults have reported that they are fearful of going to the building where recovery services are based as a lot of younger people with dependency issues hang around outside and they feel intimidated.

The pilot is expected to demonstrate that intensive key worker support is effective in helping people to accept support.

For more info, read Housing LIN case study at:

www.housinglin.org.uk/_library/Resources/Housing/Practice_examples/Housing_LIN_case_studies/HLIN_CaseStudy_111_TheGateway.pdf

Conclusion

Whilst the majority of older people with drinking problems develop these in earlier life, the truth is that old age itself can lead people to drink excessively in order to reduce boredom and depression or to make physical ill-health and pain more bearable.⁽²³⁾ Alcohol misuse often goes undetected among older people until a crisis point is reached, which might be a fall, or when rent or mortgage payments fall into arrears. The impact at that point can be catastrophic, with loss of independence and potentially the loss of a home.

It falls on all of us who house, support or care for older people to understand the triggers for alcohol misuse and to help older people remain connected, included and with a sense of purpose. Where older people have entrenched alcohol problems and complex needs, we need to adopt a firm but compassionate approach across agencies to provide support and treatment to enable them to remain in their home. With most areas of England now developing integrated health, care and housing models – a requirement of the Care Act 2014 - there has been no better time to act together to reduce alcohol harms among older people.

Five years on from the Royal College of Psychiatrists' publication⁽¹⁾ there remains a paucity of case studies and best practice relating to alcohol and older people specifically. However, as awareness of the issues increases more evidence will become available. The Housing LIN will continue to share this information and so please do let us have your case studies.

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Useful organisations

Age UK

Age UK is the largest provider of services to older people in the UK after the NHS. They provide local resources such as befriending schemes, day centres and lunch clubs. They also publish a large number of free Information Guides and Factsheets on a range of subjects including integrated care, homelessness, alcohol and older people, and loneliness and isolation.

www.ageuk.org.uk/professional-resources-home/

Alcohol Concern

Alcohol Concern is the national charity on alcohol misuse, campaigning for effective alcohol policy and improved services for people whose lives are affected by alcohol-related problems. They work at a national level to influence alcohol policy and champion best practice locally and support professionals and organisations by providing expertise, information and guidance.

<https://www.alcoholconcern.org.uk/>

About the Author

This briefing was written by Dr Alison Giles. Following a PhD and two academic posts in cancer research Alison moved into public health policy, spending seven years as an Associate Director at the UK Health Forum (formerly National Heart Forum), a policy think tank devoted to the prevention of avoidable non-communicable disease. This was followed by a two-year secondment to the Department of Health to lead the cross-Government physical activity strategy before her appointment by the North West Strategic Health Authority in 2007 to set-up and run the social enterprise Our Life. During Alison's time at Our Life she helped bring the public health and social housing sectors closer together through a focus on their shared interests of wellbeing and community resilience and she currently works across these agendas in a freelance capacity.

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About Public Health England

Public Health England (PHE) exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

About the Housing LIN

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is called upon by a wide range of statutory and other organisations to provide expert advice and support regarding the implementation of policy and good practice in the field of housing, care and support services.

Along with PHE, the Housing LIN is a signatory of the Health & Housing Memorandum of Understanding.

www.housinglin.org.uk/_library/Resources/Housing/Support_materials/Other_reports_and_guidance/A_Memorandum_of_Understanding_MoU_to_support_joint_action_on_improving_health_through_the_home.pdf

Further information about the Housing LIN's comprehensive list of online resources on substance misuse, alcohol and homelessness can be found at:

www.housinglin.org.uk/Topics/browse/Homelessness1/No_One_Left_Out/Substance_and_alcohol_misuse/

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