

A photograph of an older man with glasses and a mustache, wearing a grey sweater, holding a glass of red wine. The image is slightly blurred, giving it a candid feel. The background is a soft, out-of-focus indoor setting.

Older people and alcohol: a practice guide for health and social care

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Acknowledgements

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About the Time of My Life Service

The Time of My Life (TOML) service was an alcohol service supporting people aged 50 years and older who wanted support with alcohol-related problems. Based in Birmingham, it was one of a number of services delivered by Midlands-based alcohol, drugs and gambling charity, Aquarius. The TOML service model had a number of elements to it, including 1:1 support, group activities, community outreach and partnership work, a visiting service, a listening service, support to families, education and awareness, and a training programme for practitioners. The service was delivered by a range of practitioners supported by volunteers and peer supporters. The work of TOML has been embedded in the wider Aquarius service.

About the Evaluation

The evaluation of the TOML Service used an adapted version of a realist evaluation framework. Realist evaluation considers context, mechanisms and outcomes to determine what works, for whom, how and in what context. A range of perspectives were sought for the evaluation, using mainly qualitative methods. Data were collected from 22 direct users of TOML services, 15 service users who attended group activities, 5 family members, seven volunteers and peer supporters, 10 paid TOML staff, and from a survey of 337 professionals and practitioners from a range of other services.

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About this Practice Guide

This practice guide is for all health and social care practitioners, including alcohol and other substance use specialists, who work with older people aged 50 years and above. It is a brief and summative aid for practice development, covering what is different about older people's drinking, the needs of older people whose alcohol use is becoming, or has become, problematic, and an overview of how best to support them. There is also some information on the needs of family members of this group of drinkers and how they can be supported in their own right as well as alongside the older drinker.

The practice guide draws on a range of sources, including existing research evidence and more recent work evaluating new alcohol projects specifically targeting older people and their families. In particular, it draws on an evaluation of an older people and alcohol service (called Time of My Life) run by Aquarius in Birmingham, England (see References for more information). This evaluation has offered valuable insights in to what older people say has helped them address their problematic alcohol use, and what practitioners have identified as important when delivering services to this group and their families. At the end of this guidance document there are additional resources which provide further information to support work in this area.

"I don't care what age, life can change and everybody is capable of change... and I think this client group demonstrates that probably more than any other. So it can be a challenge but when you see somebody turn their life around, getting out to an allotment, getting out into the fresh air, feeling part of something growing, people get huge benefits from that".

Practitioner



Older people and alcohol

One fifth of the current population are aged 60 and above; predictions are that this will rise to almost one third by 2039, and that the number of people aged 75 and above will rise to nearly 10 million in the same period.

In England in 2013 one third of men and one fifth of women aged 65-74 reported drinking above the recommended daily limit.

The population of the UK is getting older and this rapidly ageing population will bring both opportunities and challenges for health and social care services. While greater longevity is to be welcomed and celebrated, living longer brings with it complex social and health care issues placing increasing demands on services of all types as well as on family and friends

Older people's increasing use of alcohol is of growing concern. High proportions of people in older age groups across the UK drink above the recommended daily guidelines and an increasing number are drinking to 'harmful or mildly dependent' levels. Further, the age profile of people in treatment because of alcohol use in England is rising and these older treatment

seekers are often in poor health and have a range of complex social, health and other care needs associated with their substance use.

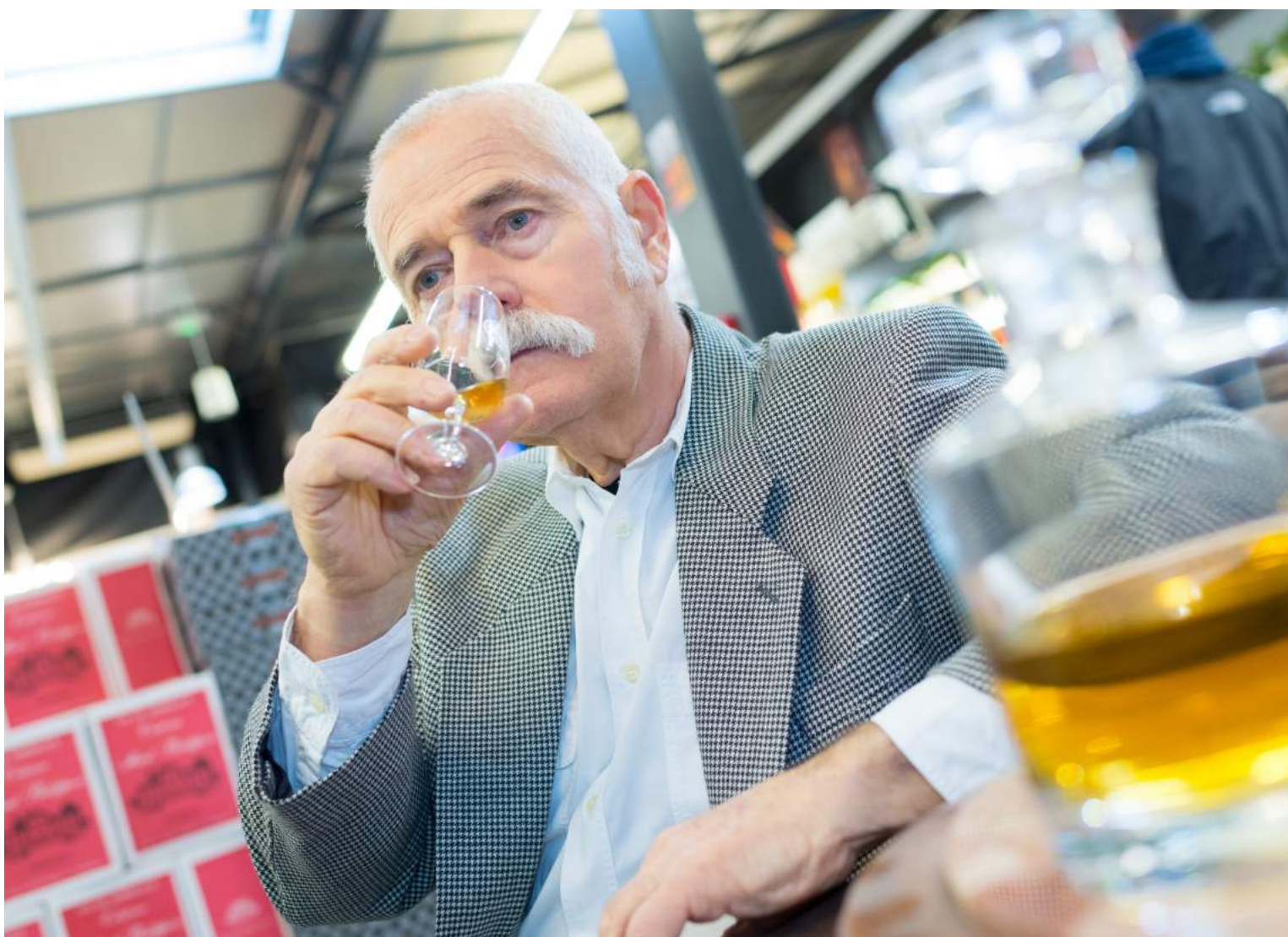
Family members can be greatly affected by the problematic alcohol or drug use of a relative. Such difficulties are likely to be exacerbated by the multiple and complex needs which are associated with problematic drinking in older age groups. Furthermore, many of these affected family members will themselves be older and potentially struggling with a range of health and social concerns.

This increase in drinking and the problems it can bring for older drinkers and their families has not been sufficiently recognised. There is little reference to alcohol-related harms in older drinkers in public

health (including ageing) or substance use strategies. Further, evidence suggests that the complex needs of older people with problem alcohol use requires a different approach, more akin to the holistic models of some social care services

than the more individualistic models offered by many substance use services, yet few such separate services exist.

A person with social care needs is defined as someone needing personal care and other practical assistance because of their age, illness, disability, **dependence on alcohol or drugs**, or any other similar circumstances. This is based on the definition of social care in section 65 of the Health and Social Care Act 2012. (NICE 2015: 14, *our emphasis*)



What's different about older people's drinking

Older people are the age group which is seeing the fastest rate of increase of alcohol-related hospital admissions.

Alcohol-related death rates are highest among adults aged 55–64 years.

The Royal College of Psychiatrists has recommended that older people should drink no more than 11 units of alcohol each week, compared to the 14 units the general public has been advised to use as a benchmark. The Department of Health has recognised that older people should be careful about how much they drink on one occasion.

Reasons for alcohol use

Older people drink alcohol for many of the same reasons that younger people drink alcohol. However, older people are also more likely to drink for reasons which, generally, are less likely to affect younger people. In particular, it seems that drinking in this group is associated with physical changes associated with ageing, changing life circumstances, and stigma and attitudes to older people and alcohol. Furthermore, older people are more likely to drink every day, to drink alone, and to drink at home. Overall, social

isolation appears to be a key challenge facing older people which may be associated with higher levels of alcohol use.



General reasons for drinking	Additional reasons for drinking in older age groups
<ul style="list-style-type: none"> ▪ To relax or sleep. ▪ To be sociable and to socialise. ▪ Out of habit or routine. ▪ To try to forget. ▪ To cope with worries, stress or difficult times. ▪ Enjoyment. 	<ul style="list-style-type: none"> ▪ Boredom and depression. ▪ Loss of purpose e.g. retirement or family leaving home. ▪ Loneliness and social isolation. ▪ Bereavement and grieving. ▪ Impact of physical and psychological health problems, including loss of mobility or managing pain. ▪ Changes in financial circumstances.

Impact of alcohol on older people

Alcohol use can have a wide range of impacts on the physical and psychological health and well-being of older people, as well as on their overall quality of life. Many of the effects of alcohol on younger people are the same as those experienced by older drinkers. But for some older people there is evidence that physical harm relating to alcohol consumption is increasing due to pre-existing mental or physical ill health conditions. Their increasing need for medication must be considered, including drugs which impact upon how alcohol affects the body or which should not be taken with alcohol.

For some people, an older body is less able to process alcohol than a younger body and is therefore more vulnerable to alcohol-related harm. Risks can present at any level of alcohol use, often at lower levels than might cause problems for younger drinkers. These concerns have led to calls for alcohol unit guidelines to be reviewed and lower limits set for older people, although no national unit guidelines have been set specifically for older people as yet.

Older drinkers are sometimes categorised into two groups: 'early onset' and 'late onset', although there is variation in the age categories which are used to define the groups. So-called 'early onset' drinkers may have suffered more

alcohol-related harm and have more complex social and health care needs related to their longevity of alcohol use. In practice, however, the age at which someone's drinking became problematic is just one of a number of factors which should be taken in to account when doing an holistic assessment of need. Further, the needs of particular groups of older people, such as those from a range of ethnic groups, those who are sight or hearing impaired, or have some other form of disability, and those who are LGBT, must also be considered.

"A lot of the people we work with are socially isolated, feeling very lonely, feeling quite depressed, have a lot of life changes, bereavement, so actually getting back into the swing of having social interaction outside of the home and not just working with professionals, social workers, hospitals, doctors, is getting back into the swing of being part of everyday life again, which also adds to their confidence"

Practitioner

Co-existing health conditions or social needs

"I think the main one for me is the worry that people have when working with older people, due to the risk factors are so much higher, again because of age, ability, health, psychological health, emotional health, whether they're eating or not, whether they've got the ability to do things".

Practitioner

Not all older people who drink problematically will have additional needs. However, the ageing process can bring with it increased health conditions and social care needs, such as heart conditions, cancers, diabetes or dementia. Problematic alcohol use can contribute to the escalation of poor physical and mental health, including specific conditions like alcohol-related dementias, alcohol-related liver disease and Wernicke's encephalopathy. Some people will need palliative or end of life care which will require practitioners to develop partnerships and offer support in these areas.

Older people are also more likely to be socially and physically isolated, and suffer loss and bereavement, with the risk that alcohol becomes a

way of coping with these social and psychological needs. An awareness of these co-existing needs and how they may interrelate is essential for working effectively with older people with alcohol problems.

Families of older drinkers

Practitioners should think about how families and wider social networks might be affected by an older person's drinking and what support they might need in their own right. Examples include:

- Family members who are elderly adults caring for, or concerned about, adult children;
- Older partners or siblings of the drinker;
- Young adults, or adult children or grandchildren, coping with an elderly parent or grandparent;
- Kinship carers with responsibility for grandchildren because of their own adult child's drinking.

In some cases, for example work with kinship carers, there may be the additional complication of engagement with Children's Social Care services which some workers might not expect to be part of their work in this area.

Caring for an older drinker may be particularly difficult if the carer is older too and/or has their own health concerns. On the other hand, some family members may be estranged from the older drinker which can bring with it a different set of stresses and strains. Further, older family members may have limited knowledge about alcohol and the risks associated with its use.

Some family members will experience the death of their loved one requiring practitioners to consider how best to support those who are bereaved. Such bereavements can be particularly difficult when substance use is involved, for example because of the impact of caring responsibilities to, or estrangements from, their loved one.



What helps older drinkers

There are a number of key features of service provision which older people said helped them change their drinking behaviour and also tackle some of the other issues which they were often facing. The most important of these are briefly discussed here.

Practitioner-client relationship

By far the most important thing which older people said that they found helpful was the relationship they had with their practitioner/s. Many older people had previous experiences of staff and services that had spoken down to them for example, so they were highly appreciative of practitioners who listened sympathetically, did not patronise and let them talk. The first meeting was often particularly important in terms of building trust and laying the foundations for the practitioner-client relationship.

"He gave me back my confidence. He absolutely worked wonders with me. He put everything back into perspective and gave me a future to look forward to... he used to come and say, every time I come and see you, you're that bit better. It just made the progress of recovery so much better... I don't know where I'd have been without him".

Older person

Role of volunteers and peer supporters

Volunteers and peer supporters were an important part of the service team and older people described several aspects of their relationships with them which they found helpful. This included: a 'buddy' to provide extra support; practical help; accompanying to appointments; assisting with form filling; being a 'middle man' between client and practitioner; providing the listening/visiting service; and bridging the gap between appointments and groups with text messages and calls.

I always think the volunteer listeners and the volunteer visitors, it is almost like a befriending service because they're not actually giving them any support with their alcohol use, what they're doing is helping them to build structure for their life and have more confidence.

Practitioner

Responsive and flexible service

Overall, older people liked a service which offered flexibility and was responsive to their needs. It was

important for many people that the help they received considered the context of their use of alcohol and any wider health and social care needs. Furthermore, older people liked knowing that they could contact the service when they wanted support, even if this was after they had formally left the service. Having a practitioner or worker who was available by telephone was reassuring for them if they felt they were at risk of drinking again or if other problems arose.

"There has never been an incident where I've tried to get hold of somebody and I haven't been able to get hold of anybody... weekends can be so lonely, if you think you haven't got anybody there".

Older person

Seeing benefits of reduced drinking

Having support to make changes to their drinking, recognising the positive impact of such changes, and thinking about how to sustain positive change, were key benefits of reduced drinking. Through changes in drinking behaviour, older people identified improvements in a number of areas, including their physical health, mental health, relationships with others, new friendships, and work experience (for those still below retirement age). Some older people found it helpful to use a drinking diary and/or a measuring glass to understand units

and their alcohol use in order to make changes. Furthermore, for many it was important that their alcohol use was not addressed in isolation but was accompanied by support to address other needs as necessary.

"I don't go and see doctors or anything anymore... my eating's better, my life is better, everything is generally getting better and better so... everything is improving".

Older person

Developing skills and interests

Older people spoke about their practitioner helping them to develop or re-engage with skills or interests. While bringing its own benefits, such support was also closely associated with facilitating older people to make changes to their alcohol use in a number of ways. This included: a distraction from drinking or thinking about drinking; reducing isolation; giving them something else to focus on; developing confidence; and building social networks. Older people could also receive support regarding education, training and work (both paid employment but also volunteering), with some viewing work or volunteering as a key marker of their recovery.

"I do my art on Wednesday and my gardening on Thursday and the allotment on Friday, and my canal work then starts next week. Without all those events that were going on through the week, I don't know what I'd do. I really don't".

Older person

Offering practical help

Older people valued the additional practical support offered by practitioners and volunteers or peer supporters, with many people feeling that their relationships with their worker[s] were stronger and more trusting as a result. Such practical support included assistance with contacting doctors, hospitals, housing departments, benefits offices and similar services, as well as offering help with everyday tasks such as shopping or finances.

"It's about practical ways to stop drinking and he's also helped me a lot with debts as well... it was still about the alcohol as well, but for the first few times that he came he actually phoned people up and got payments sorted out and other stuff like that".

Older person

This practical support allowed people to feel that their practitioner was there for them and their wider needs, rather than just having a narrow focus on their alcohol use.

Improving relationships and building networks

Older people talked about losing contact with families and friends as a result of their drinking, but then being able to rebuild some of these relationships through the help that they received. Most notably this included relationships with families including children and grandchildren. However, benefits were also seen through the peer support element of new friendships made through attending activity groups; this could be particularly important for those who were more isolated or estranged from their families.

"We always support each other. We've all got our issues... We don't class each other and we discuss each other's problems... It's a very friendly atmosphere, it really is. I've got most of their phone numbers, I can phone them up".

Older person



Perspectives on working with older drinkers

The service evaluation on which this practice guide is based, along with other research in this area, has identified the key elements of service delivery which appear to be most important when both practitioners and volunteers or peer supporters are working with older people with alcohol problems and their families. These are briefly discussed below.

Holistic approach & understanding complexity of needs

A central feature of a service for older people appears to be its capacity to recognise and respond to the multiple and often complex needs, both related and unrelated to alcohol use, faced by many of its clients. Even specialist alcohol practitioners found they spent a good deal of time supporting their older client group with co-existing needs, something which was not common practice in the wider adults' alcohol service. Such an holistic approach requires an understanding of how drinking is often associated with features of ageing such as health, loss and isolation, and then supporting people in a range of ways to make, and then sustain, change. Key skills to support this work include listening, patience, and giving people time to talk.

"The service addresses the whole person, not just the alcohol, they don't see the alcohol in isolation, they're looking at the circumstances of the whole person and how that person is drinking and affected by their environment and the alcohol and what could be put in place to help and support them"?

Practitioner

Assessing, talking about & helping with drinking

A considered approach is needed to assess both an older person's drinking but also their wider holistic needs and it is important to understand why older people might find it hard to think about and make change. Specific screening and assessment tools such as the MAST-G for older people or one of the Outcomes Stars can be helpful (see Resources section for more details). It is important to strike the right balance for each client between addressing their drinking but also any

wider needs. In most cases, trying to persuade someone to change their alcohol use will not be the best starting point. For example, it may be more helpful to assist with housing or benefit concerns before discussing alcohol in any great depth. When addressing alcohol use practitioners may find it helpful to draw on a number of therapeutic approaches (such as cognitive behavioural therapy, the cycle of change, motivational interviewing or transactional analysis) as well as practical tools such as drink diaries and measuring cups.

"It's about them having the power and the confidence to know they're in charge, they're leading what they want to do. We're giving them advice and information and we're giving them strategies and also helping them to make good decisions but they know that they're the ones who actually are leading the process, in the direction that they want it to be".

Practitioner

Working with families

Consideration needs to be given to both how family member involvement could be of benefit to both the older drinker and their family, but also the need to offer support to family members in their own right. It may take time to engage family members, particularly where there is conflict or estrangement from the older person,

or where a family member is the main carer for the older drinker. There may also be cases where it is less helpful or not the right time to involve the family in the package of support being delivered to the older person.

Particular sources of support which may be useful tools for working with families include group support or the 5-Step Method.

"One of my clients... we see his wife and him separately and then we see them together. So it's to see, obviously, her on her own, see how she's doing, what's going on. She wants to see us on her own as well... It gives her a respite as well and she's aware that she's not on her own, that we are trying to help and she's very supportive".

Practitioner

Partnership working & community links

Given the complexities which are often present when working with older people, having good relationships with a range of local (but also national as necessary) community partners is important. Such partnerships could involve reciprocity in terms of knowledge and expertise, training; developing referral and care pathways; space for client meetings or group work; and offering opportunities for older people to get involved with their local community which can be particularly important in tackling social

isolation. Support from charities and other organisations can also bring specific knowledge about a range of challenging conditions which older people can have, such as mental health, cancer, Parkinson's, Alzheimer's Disease, and stroke.

"I think in practice, what can happen is that one service moves the client to another service, who moves them to another service, which isn't the best approach for an older person, they just feel they're being pushed from pillar to post... so if it feels more holistic and feels more like a well-rounded approach, they're more likely to engage in a service".

Practitioner

Aftercare

Evidence shows that providing some level of ongoing support can help people to maintain changes they have made. While there is pressure to 'close cases', there is an argument for ensuring that older people, particularly those with long-term alcohol problems, need to know there is support available when needed. Such longer-term help may be necessary to manage lapse and relapse but also to deal with other longer-term issues such as health conditions (which may include life-limiting illnesses) and bereavement. The increasing use of volunteers and peer supporters within alcohol and social support services can

provide additional support in a way which is often not possible for other staff. Aftercare can be flexibly delivered and can also change as time goes on; for example, check-in 'phone/Skype calls or text messages, participation in groups, or supporting clients to train as a peer supporter or volunteer.

"People can stay within the service and access different aspects of the service and don't have to be in support, as in structured support, to still be receiving support. There's much more of an after-care element and a recognition of, for example, the social isolation with older people and supporting that to prevent relapse".

Practitioner

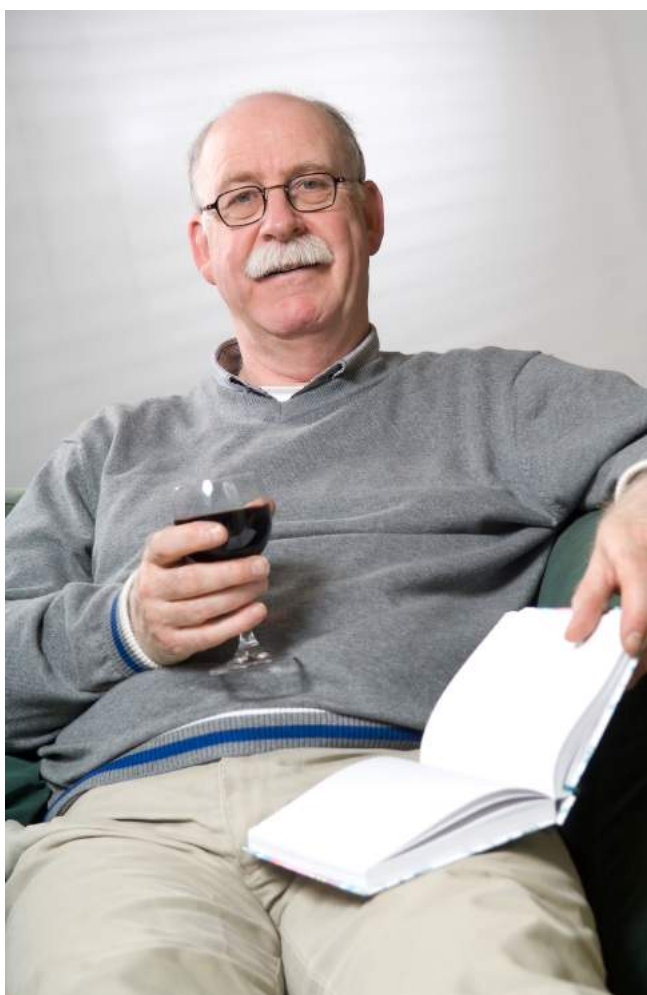
Ethos & components of service delivery

Overall, working with an older client group requires a change in attitudes and approach from practitioners compared to 'practice as usual'. Key practitioner characteristics include patience and listening skills, flexibility, responsiveness and facilitating access, an holistic approach, a menu of support options, and being able to offer support over a longer period of time. Support can include fixed appointments, group activities, home and community based support, and communication via telephone, text

message and other media. While group work has a number of benefits (e.g. peer support, socialisation, skills development, confidence building, distraction) timing, location and transport should be considered.

"We've got more time with the clients. A lot of organisations have a set amount of time for the client and that's it and if it doesn't work then it's the end of it and then you've got to start all over again".

Practitioner

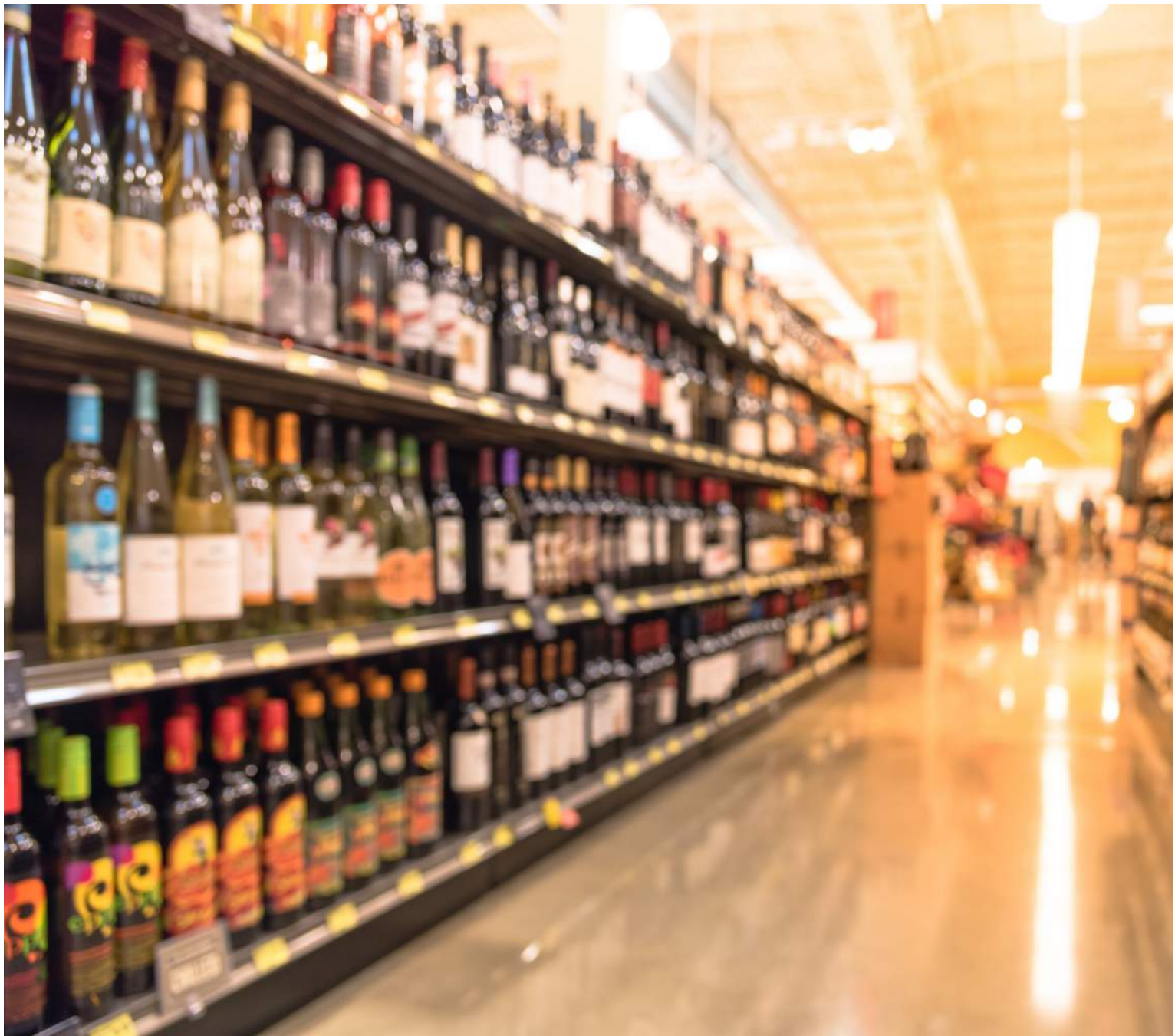


Involving volunteers and peer supporters

Involving volunteers and peer supporters can allow the service to have a wider reach and breadth of support than it could otherwise offer. They can often spend time with clients which is viewed as less 'official' or structured; and some bring their own life experience to their work with service users in a way that many professionals could not or would not feel able to disclose. The additional time which volunteers or peer supporters give can be important in allowing older people to talk while also offering support with other practical and social needs.

"[A] practitioner goes into a person's home as a professional but then I'm sitting there so I start talking more normal....you can get the relationship going and we're finding that really works well....both of us working together is actually providing a better service for the person that's looking for the service".

Volunteer



Top Tips for Working with Older Drinkers

- Reflect on the reasons why older people drink, the range of impacts that can come with this, and how families and friends may be affected.
- Consider the difficulties which many older people may have in accessing services, including denial of, or a lack of awareness about, drinking and its associated risks. Consider also feelings of shame, their worries that they will just be told to stop drinking, and physical or mental health problems which can act as barriers to them contacting or accessing services.
- Build up a full picture of all that is going on for each older person. Drinking may not be the first thing to address so explore what other needs are present and discuss how best to address them. Specific assessment and screening tools can be a useful part of this process.
- Be patient and flexible, listen carefully and patiently, and do not make assumptions. Older people may need more time to tell their stories perhaps because of shame or they may not be used to talking about difficult things or because there are issues of mental capacity
- Think about how volunteers or peer supporters could support older people with their wider health and social care needs.
- Remember that many people, including older drinkers and older family members may have limited understanding about units, drinking guidelines and so on. Practical tools like drinking diaries and measuring cups may be helpful.
- Learn about co-existing physical and mental health conditions that are commonly faced by older people or which can occur as a result of their drinking. Make links with, and work in partnership with, other organisations which have specific expertise about these other areas. Consider specific training that might be helpful, such as mental capacity and bereavement.
- Offer support to family members in their own right (including those who might be bereaved by their loved one's substance use), and consider if and how best to co-support older drinkers and families.

- Consider how to make your service as accessible as possible to older people and to particular subgroups of older people – think about the range of support to offer along with issues such as access.
- Develop a library of resources as well as information on a range of local services which can support your work with older people and their families.

“I think the main skill is... to really listen to the older generation because they’ve got so many stories to tell that they want to tell... so it’s having that extra ability to listen, to sit there and listen to their stories and just be really patient with them”.

Practitioner



Key resources to support work with older drinkers and families

It is not possible to provide a comprehensive list of resources here. What is listed is a selection of some of the resources which we think might be most helpful and relevant (you may also want to consult the reference list at the end of this practice guide). We have focused on what is available at a national level; it will be the task of local services to supplement this with locally relevant information and resources.

Helping older people with alcohol use

The MAST- G (Michigan Alcohol Screening Test – Geriatric) is a specific screening tool for assessing alcohol use in the elderly. There is also a short version of the tool (called the SMAST-G) which may be useful.

MAST-G

<http://www.the-alcoholism-guide.org/michigan-alcohol-screening-test.html>

SMAST-G

<http://sbirt.vermont.gov/screening-forms/older-adult-alcohol-screening-instrument/>

The Outcomes Star is a specific tool for supporting and measuring change when working with people. There are many different versions of the Star to support work with different groups and different issues, including drugs and alcohol, and older people.

<http://www.outcomesstar.org.uk/>

British Liver Trust . A range of information for practitioners and clients about the liver, including where there are liver problems because of alcohol use.

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

The Royal College of Psychiatrists (2015) has produced an information guide on *Substance misuse in older people* which could be a useful and more detailed companion guide to supplement this broad practice guide.

<https://rcpsych.ac.uk>

Helping older people with other issues

Alcohol-related brain injury including dementia.

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

Understanding the Mental Capacity Act, including training for practitioners.

<http://www.scie.org.uk/mca/introduction/mental-capacity-act-2005-at-a-glance>

Parkinson's Disease.

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

Stroke Association

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

Alzheimer's Disease.

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

Bereavement; Cruse Bereavement Care for information on training and resources.

<http://www.cruse.org.uk/>

General help for older people

Age UK, UK's largest charity working with older people.

<http://www.ageuk.org.uk/>

Silverline, a free helpline for older people available 24 hours a day.

Call 0800 4 70 80 90

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

Supporting families of older people

Many of the resources already given may also be valuable to families.

Adfam, the national organisation working with and for families affected by drugs and alcohol.

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

Al-Anon Family Groups offer support to families affected by another's problem drinking.

<http://www.al-anonuk.org.uk/>

The National Association of the Children of Alcoholics offers support to children of any age affected by a parent's drinking.

<http://www.nacoa.org.uk/>

The SMART Recovery Family and Friends Programme offers group based support to those affected by another's substance use

<https://www.smartrecovery.org.uk/family-friends/>

The 5-Step Method is a brief intervention for those affected by another's substance use. To find out more contact Adfam or AFINet-UK

<http://www.afinetwork.info/>

To help practitioners work with those bereaved by substance use the following practice guidelines may be helpful.

<http://www.bath.ac.uk/research/news/2015/06/23/bereavement-guidelines/>

References

In addition to the evidence reviewed for the Time of My Life evaluation (Galvani et al., 2017), this is a list of the key references which have been used to inform this practice guide.

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Aquarius is the operating name of Aquarius Action Projects. Aquarius is part of Recovery Focus, a group of charities experienced in providing specialist support services to individuals and families living with the effects of mental ill health , drug and alcohol use, gambling and domestic violence.

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