Calling time for change

A charter to support all older adults in Scotland to live free from the harm caused by alcohol
<table>
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<th>WE BELIEVE</th>
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<td><strong>Everyone has a human right to age well with dignity.</strong></td>
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| **Older adults should be able to live the best life they can, free from the negative effects and harms caused by alcohol.** |

| **Everyone should have access to factual and credible information to make informed choices about their alcohol use as they age.** |

| **Alcohol treatment and support must be easily accessible for all ages and stages in life.** |
WE WANT

**Kindness first:** When an older adult seeks help for their alcohol use, focus on our strengths and what we can achieve rather than what we can’t. Be aware that our needs change as we get older.

**Our voices heard:** through a dedicated advocacy service and consultation process so that our rights are respected and our views listened to.

**Stigma challenged:** against older adults who develop or experience problems with alcohol. Statements we hear every day like “too old to change”, “it’s self-inflicted” and “alcohol is their last pleasure in life” are wrong and prevent people seeking or receiving the help they need.

**A right to not drink:** Often society encourages friends and families “to take a drink” or make them feel awkward for not drinking. People have a right to refuse alcohol and this should be respected.

**To tackle isolation:** People are not “hard to reach”. Services and community providers must try harder to be inclusive, especially for older adults who can be more isolated within their communities.
WE WANT

Better access to treatment and support: Providers and commissioners must take into account the needs of older adults when designing services. There should be no age restrictions on criteria; flexible appointments, including home-visits; assessments should recognise changing life stages of older adults; and prevention approaches should be across the life-course.

Digital solutions: Service providers should consider the use of technology to improve engagement with older adults. This could include; carrying out phone assessments, online tools and resources, online appointments and using digital platforms to link older adults. This should never replace face-to-face support.

Improved planning by Integrated Joint Boards: to ensure treatment services are located in places that are easily accessible. Where an area demonstrates a high level of alcohol harm in their older population there should be a dedicated older adults worker or service to respond to that need.

Age-focused practice and interventions: We need one-to-one support that focuses on relationships, wellbeing and self-worth, practical support, peer-support meetings with people with similar life-experiences and social networking opportunities including volunteering. We need you to believe in our ability to recover.

Staff development and support: Staff should be given the resources and time to put people first. Human contact and relationships are important to us, not paperwork. Value-based training on alcohol and ageing should be available to all.

Alcohol services for the community, in our community: Services should seek opportunities to co-deliver activities and share space with community providers. By working in partnership, alcohol support becomes more accessible and seeking help is less stigmatising. Communities become part of the solution.

An improved evidence-base: We would like to see more research on what works for older adults, both formal academic and anecdotal. Alcohol and health statistics should also be broken down for older age groups to better understand alcohol use patterns as we age. We would also like to see how Minimum Unit Pricing will directly affect older adults.
**SHIFTING OUR CULTURE: from policy to pubs**

**WE WANT**

**Government policy to reflect changing culture of drinking:** We feel the revised Alcohol Framework does not give equal weight to older adults in light of the growing levels of consumption and harm in our ageing population. Prevention must be across the life-course. However we welcome the recognition of an ageing population within the Rights, Respect and Recovery Alcohol and Drug Treatment strategy.

**Alcohol-free environments becoming the norm:** We need more spaces available where people can congregate and socialise without alcohol. Pubs and clubs can play a vital role by reinventing their spaces as community hubs delivering social activities without alcohol.

**Celebration of recovery:** Older adults can and do recover from alcohol problems. We need more positive public campaigns to share stories, similar to mental health campaigns.

**Increased accountability for the alcohol industry:** we have a right to factual and reliable information. The alcohol industry should have clear labelling which includes potential health harms. There should be clear sanctions from the Scottish Government for irresponsible advertising and promotions and it should introduce an alcohol levy for the industry to fund alcohol treatment & support services. The alcohol industry should not profit from alcohol harm.

**Improved licensing transparency:** we need Licensing Boards to consider the health needs and demographics of local communities, particularly in more deprived areas. Boards should actively include members of the community in licensing agreement meetings so they can challenge applications that could impact negatively on their community.

**Joined-up working:** Older adults may come into contact with many different services. Our needs cannot be compartmentalised so providers must communicate and share approaches. GDPR and Data Protection should be there to protect our rights, not create barriers to us getting help.

**Accountability:** Where services are not adequately meeting the needs of older adults or they are demonstrating direct or indirect discrimination then they must be held to account by regulatory bodies. Services should be rewarded where they demonstrate good practice and age-sensitive approaches.
WHY IS THIS IMPORTANT?

Across the UK higher risk alcohol use is declining among younger age groups, but is increasing among older adults. In Scotland, 55-64 year olds are the most likely to exceed the UK drinking guidelines. Drinking above the recommended 14 units guidelines has fallen in all age groups in Scotland since 2003 except older age groups.\(^{(1)}\)

For both alcohol-related deaths and hospital admissions, the majority of alcohol-attributable harm is incurred by the over 55s.\(^{(2)}\) In Scotland, alcohol-specific death rates were over twice as high as in England in 2001. Since then, they have fallen, although only in the under 65s. Alcohol-specific death rates have increased in those aged 75-84. In 2017 the highest rate of alcohol-specific deaths was in those aged 65-69.\(^{(3)}\)

These trends show that consumption rates are falling in all age groups other than the over 55s, and harms are decreasing in all age groups but are significantly increasing in older adults. Our older population needs special attention to address this concerning trend.

There are also particular risks associated with alcohol use in later life, even when drinking within recommended guidelines. Older adults may be more susceptible to the adverse effects of alcohol use due to age-related physiological changes. Alcohol use among older adults has also been found to accelerate and exacerbate the onset of conditions associated with ageing such as falls and cognitive impairment, and older adults may be more at risk of mixing prescribed medication with alcohol. In addition, for some people age-related life events such as retirement, bereavement and loss of social connection can trigger an unhealthy relationship with alcohol.

For all these reasons we believe a specific strategic and policy response is required for our ageing population.

\(^{(1)}\) Scottish Health Survey 2003-2017
\(^{(2)}\) https://www.scotpho.org.uk/media/1597/scotpho180201-bod-alcohol-scotland.pdf
\(^{(3)}\) ONS Alcohol-specific deaths in the UK 2017
WHY IS THIS IMPORTANT?

As a group we believe Scotland has a culture of excessive and potentially damaging use of alcohol and older adults are at particular risk of this. In every age group alcohol use is decreasing, except for the over 50s. However, we feel that preventative approaches, advice and support services are often designed with younger people in mind.

In addition, when alcohol related issues are portrayed in the media it mostly shows younger people out drinking in busy town centres or pubs, where as for older adults much of our drinking takes place behind closed doors, and when we are alone.

This narrative feeds into older adults like us feeling that our issues are not being recognised and we are not listened to.

When it comes to accessing treatment and support services for alcohol related issues, our needs are not always catered for. This can prevent older adults seeking the help they need.

Our advocacy group passionately believes that this charter is a step in the right direction of starting to improve outcomes for older adults should they experience problems with their drinking.

INSIGHTS FROM OUR ADVOCACY GROUP MEMBERS

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We believe that people who misuse alcohol should be active participants in their own recovery.

At Drink Wise, Age Well, people are involved in the planning and delivery of programme activities and receive regular training and support.

Influencing policy is a key outcome for the programme and it is vital that we empower people who are experts by experience to campaign for change.

The co-creation of this Calling Time for Change Charter is only the beginning.
Thank you to everyone involved in shaping this charter particularly the participants and volunteers of Drink Wise, Age Well.

All brought their personal experience and knowledge to the table, as well as researching wider issues affecting older adults across Scotland and identifying and inviting key stakeholders to co-create the charter.

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