



For more information on **Drink Wise, Age Well** or to find a local service visit [drinkwiseagewell.org.uk](http://drinkwiseagewell.org.uk)

**FEEDBACK AND COMPLAINTS**

If you want to make a complaint or provide feedback in relation to any aspect of the Drink Wise, Age Well programme please contact the lead partner Addaction in the first instance at [feedback@addaction.org.uk](mailto:feedback@addaction.org.uk) or write to Addaction, 67-69 Cowcross Street, London EC1M 6PU.



# drink wise age well

## IMPACT REPORT 2016

# KEY NUMBERS AND PARTNERS

\*Using the AUDIT alcohol screening tool we have categorised lower risk drinkers as <8, increasing risk 8-15 and higher risk as 16+ (12). In the report when we refer to 'older adults' we are referring to people aged over 50 unless otherwise specified.

In England, Wales and Scotland older adults are now more likely to exceed recommended alcohol limits and drink every day than any other age group (1,2,3)

In Northern Ireland, the most noticeable increase in alcohol consumption was among those in the 60-75 age group (from 49% to 58%) between 1999 and 2013 (4)

Over 4 million people in the UK aged over 50 are increasing risk drinkers almost the population of Wales and Northern Ireland combined \*(5,6)

Over 700,000 are higher risk drinkers which is approximately the population of Sheffield \*(5,6)



Alcohol related hospital admissions and deaths are higher in our older population than any other age group (7,8,9,10)



£25m award  
LOTTERY FUNDED



We have reached 44,285 beneficiaries since programme start

44,285

7 YEARS



89 STAFF



FOUR NATIONS



FIVE DEMONSTRATION AREAS



## STRATEGIC PARTNERS







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## FOREWORD

**The Drink Wise, Age Well strategic partners held our first meeting in London in July 2013. Over the next fifteen months the board led By Addaction and comprising of Drug and Alcohol Charities Wales, Royal Voluntary Service, Addiction NI, ILC-UK and the Substance Misuse and Ageing Research Team, worked tirelessly to develop the Drink Wise, Age Well programme.**

We all recognised that adults aged over 50 very often fall through the net of alcohol prevention and treatment services and we shared the commitment to reduce alcohol-related harm in this population.

Each partner brought different levels of expertise, but we also consulted with a number of stakeholders, community groups and people age over 50 about what would work to reach and engage an over fifties population.

We concluded that just treating the individual with the alcohol problem is not enough; we need a whole systems approach that raises awareness, supports skills development, improves resilience and provides individuals and their families with age-sensitive services.

We developed the Drink Wise, Age Well model and evaluation framework and identified the five UK sites where we would deliver the programme; Devon, Sheffield, Cwm Taf in Wales, Glasgow and the Western Trust in Northern Ireland.

We secured funding from the Big Lottery Fund in October 2014 and went straight to work recruiting our eighty-nine frontline staff, building our Drink Wise, Age well website, conducting our ambitious UK-wide survey on alcohol and the over fifties, establishing local stakeholder groups and national Advisory and Impact Boards and developing our interventions.

In year one of the programme we also produced a report with ILC-UK called Drink Wise, Age Well: Alcohol Use and the Over 50s in the UK<sup>(5)</sup>, and throughout this impact report we refer to some of its findings. Two years down the line we are ready to take a step back and review our impact to date.



We would not be able to do this work without the support of the Big Lottery Fund, whom we are hugely grateful to for recognising the distinct needs of people over 50 who are at risk from alcohol-related harm and committing the Rethink Good Health Fund to address this.

We have committed and passionate partner organisations and teams on the ground across the five sites who work hard every day to support their communities and build partnerships.

...just treating the individual with the alcohol problem is not enough; we need a whole systems approach...

We are also hugely grateful to our programme beneficiaries and volunteers who continuously develop and guide us, and through sharing their life experiences reduce the stigma for those who are still to seek help.

We believe that with accessible and reliable information people aged over 50 who want to make healthier choices about their alcohol use can do so. We also believe that people over 50 can and do make positive changes, and want to enjoy a healthy later life.

We hope that Drink Wise, Age Well will help to make the conversation about alcohol use easier for those who most need help, and ensure the issue no longer stays below the radar.

**Julie Breslin**

Head of programme  
Drink Wise, Age Well

[julie.breslin@drinkwiseagewell.org.uk](mailto:julie.breslin@drinkwiseagewell.org.uk)  
October 2016

# INTRODUCTION

**Why do we need Drink Wise, Age Well? In the UK many adults aged over 50 drink within lower risk levels and may enjoy some social benefits of alcohol. In our year one Drink Wise, Age Well report we surveyed nearly 17,000 people aged over 50 across the UK. 80% were identified as lower risk drinkers although a proportion of this group (9%) said their alcohol use had negative consequences. Even those drinking at low risk levels may experience some problems.<sup>(5)</sup> Drink Wise, Age Well aims to help people make healthier choices about alcohol by providing credible and reliable information; so that the majority continue to enjoy alcohol with reduced risk as they age, and the 20% increasing and higher risk drinkers are given support to make positive changes.**

However trends are showing the over fifties population are drinking at higher risk levels and more regularly than any other age group. Health Surveys from England, Scotland and Wales, show that older adults are now more likely to exceed recommended drink limits and are more likely to drink every day than any other age group.<sup>(1,2,3)</sup> In Northern Ireland, drinking every day is more common in older adults.<sup>(4)</sup> Even within recommended limits we may be more at risk of alcohol as we get older due to the ageing process.

Alcohol-related hospital admissions and alcohol-related deaths are highest in our older population.<sup>(8,9,10)</sup>

Our ageing population is also growing<sup>(11)</sup> so these figures are set to increase if we don't take a whole systems approach to reduce this trend of alcohol consumption and related harm. And these harms are not just health related; they can include problems with isolation, relationships, quality of life, finances and mental health.

Many of the higher risk drinkers in the Drink Wise, Age Well Survey said they were drinking as they felt depressed, felt lonely and we can see that higher risk drinkers are less likely to feel part of their community.

Over 70% of beneficiaries assessed by Drink Wise, Age Well staff in our five demonstration areas said they felt lonely, 64% said they feel isolated.

Social isolation and a dis-connect from others seems to be the prevailing issue, meaning this group disappear more and more below the radar.

Another fact of getting older are significant life changes and the report highlights retirement, bereavement and loss of sense of purpose as key changes that have led to people drinking more, along with loss of social connections and financial worries. Again our assessment data shows 53% of those supported by the Drink Wise, Age Well programme feel they have no sense of purpose in life.

Our Drink Wise, Age Well report<sup>(5)</sup> revealed some other concerning statistics in relation to alcohol and ageing. Four out of five of the increasing risk drinkers had never been asked by a family member, friend or health professional about their drinking. Three quarters were unable to identify recommended lower limits for alcohol. One in four stated that they would not ask for help if they needed it, and the same number do not know where they would go for help.

There is a clear lack of awareness and knowledge around lower risk drinking and a stigma around seeking help for those who may need it. Challenging life changes that we may all face as we age can be triggers for increasing alcohol use, and when drinking problematically, people aged over 50 can quickly become very isolated and hidden.

Social isolation and a dis-connect from others seems to be the prevailing issue, meaning this group disappear more and more below the radar.

Drink Wise, Age Well tackle's all the above issues so that people aged over 50 are supported to make healthier choices about alcohol as they age.

## OUR MISSION

To help people make healthier choices about alcohol as they age.

## OUR VISION

The harms caused by alcohol will reduce in our older population and they will live longer, healthier lives.

## OUR VALUES

By giving people factual and credible information they can make informed choices about their health and wellbeing.

We are never too old to make changes and people over 50 can and do make positive changes in their lives.

That all people should be able to enjoy a quality of life in later years with good health and well-being.

## HOW WE WORK

We work at multiple-levels with individuals, families, workplaces, communities and stakeholders.

We are asset-based. People aged over 50 and their communities are part of the solution.

We are innovative and credible. Our work is based on research and theory but we encourage innovation.

We are sustainable. By providing skills and new learning, co-producing activities and recruiting peer educators our work will live beyond the time we are funded for.

## OUR OUTCOMES

Drink Wise, Age Well will:

- raise awareness of the issue of alcohol misuse among people over 50, change attitudes, combat stigmatisation, convey harm reduction messages and influence community norms about the use of alcohol
- increase individual and community resilience to alcohol problems in people over 50 and also reduce hazardous, harmful and dependent drinking and related harm in this age group
- increase the extent to which community service providers and employers who have regular contact with people over 50 are able to recognise and respond to risky drinking
- disseminate a body of evidence on how to prevent alcohol misuse in people over 50 which will inform future prevention work in the UK and internationally



## INTEGRATED PROGRAMME

**What can Drink Wise, Age Well do about alcohol-related harm in the over 50s? The programme, which is being delivered in five UK sites, provides a number of activities and interventions aimed at addressing the Drink Wise, Age Well report findings.**

Firstly in each area we have dynamic and creative prevention and awareness teams working within the community. They engage with workplaces, retailers, community groups and any other place or setting where they can make contact with people over 50. They deliver awareness sessions and information workshops with the help of peer educators. Central to their work is interactive, information materials that address this lack of knowledge about alcohol units and lower risk levels.

We provide targeted workforce skills development and training courses to people living and working in our communities who regularly come into contact and support people over 50 day-to-day. This means that they are in a better position to recognise and respond to someone whose drinking may be causing them harm.

Our resilience programme tackles the social isolation, loss of purpose and challenging life changes identified in the report through offering coping skills workshops, social activities and volunteering and community engagement opportunities.

Finally we provide direct support to people who are already experiencing problems due to their alcohol use and their families. We provide home and community based appointments, mutual aid meetings and age-sensitive interventions.

The design of the programme means that there is a compounded effect of all the activities within each work stream, and people living in the community of our demonstration areas will hopefully benefit from at least one aspect of the programme delivery if not more.

A vital element of our work is testing and evaluating 'what works?'. As we move through the programme life we will be sharing our learning with wider networks. Our academic team are conducting a qualitative evaluation which involves regular interviews and focus groups with programme beneficiaries, stakeholders and Drink Wise, Age Well staff. We also use a number of measures to understand the impact of our interventions. The Drink Wise, Age Well website provides a forum to share this learning, whilst also providing an easy and accessible source of support and information for all visitors who access the site.

In this impact report we will look at what Drink Wise, Age Well has achieved to date.



## OUTCOME ONE

Drink Wise, Age Well will raise awareness of the issue of alcohol misuse among people over 50, change attitudes, combat stigmatisation, convey harm reduction messages and influence community norms about the use of alcohol





## ALCOHOL-RELATED HARM

The issue of alcohol-related harm in the over 50s is one which is not always on people’s radar. There is also a level of stigma associated with problem drinking meaning that people may not talk about problems if they exist or ask for help if they need it. Knowledge among people over 50 about what constitutes lower risk drinking is low.

Units and guidelines are not well understood and this may prevent some older adults from being aware of their own levels of drinking, and taking action themselves to cut back.

Additionally, many older adults may be unaware of the effects day-to-day drinking could be having on their lives such as poor sleep, memory problems, impact on mood and well-being, impact on relationships and interaction with medication.

Furthermore, our report found that nearly a quarter of people aged over 50 may not be aware of where they can go for help with an alcohol problem, and some would not ask for help even if they needed it.

### Units and guidelines are not well understood

The Drink Wise, Age Well prevention and awareness work stream delivers a range of activities to increase awareness and knowledge, reduce stigma and to create a culture where making healthier choices about alcohol is possible.

**20% OF OVER 50s BELIEVE THAT THE MAJORITY OF PEOPLE WITH ALCOHOL PROBLEMS CANNOT RECOVER, 45% BELIEVE THAT PEOPLE WITH ALCOHOL PROBLEMS HAVE THEMSELVES TO BLAME**  
**DRINK WISE, AGE WELL REPORT**







## INCREASING KNOWLEDGE AND AWARENESS

In each of our five demonstration areas our teams have hit the ground running delivering information stalls in public places, such as supermarkets and festivals and holding awareness workshops within workplaces and community projects.

We engage people aged over 50 directly, to explore their existing knowledge about alcohol units and lower risk guidelines and to give them the tools and the confidence to be able to make small changes to their own drinking behaviour.

We believe people over 50 we have met have been given the information and knowledge to make healthier choices about alcohol.

We recently started asking people who received a screening and brief intervention about changes they intend to make. Using the AUDIT-C screening tool<sup>(12)</sup> 48% received a positive score, and 36% of those screened said they would make changes to their alcohol use.

Following our awareness workshops, 85% said they had increased knowledge and awareness of alcohol use. 85% would know where to get help if they need to.

### KEY NUMBERS

over **30,000** beneficiaries reached via direct contact

**23,158** contacts on public information stalls and public transport

**1,653** beneficiaries have engaged in awareness workshops

**85%** of those attending workshops agreed or strongly agreed that their knowledge and understanding of alcohol had increased

**2,797** Alcohol Brief Interventions carried out, **60%** had never been asked about their alcohol use previously

**1,363** beneficiaries reached via intermediary groups, including mental health groups, sensory impairment groups and BME communities

**ALMOST THREE QUARTERS OF RESPONDENTS**

**WERE UNABLE TO IDENTIFY**

**WHAT RECOMMENDED LOWER RISK**

**GUIDELINES WERE. OVER A HALF DID NOT FEEL**

**FULLY CONFIDENT THEY COULD KEEP TRACK**

**OF THEIR ALCOHOL UNITS**

**DRINK WISE, AGE WELL REPORT**

At 51 years old, I learnt some new points about alcohol and the body which I didn't know before. ”

“ Enjoyed it as it was simplified. I'm not good at taking things in and understanding.

This was brilliant, easy to follow and very interesting. ”



## ENGAGING WORKPLACES

**During our first year of programme we piloted a workplace scheme with the Shaw Trust in Sheffield. The scheme worked with employers, trade unions and employees to highlight the impact alcohol can have on working lives and about the potential risks associated with retired life and increased drinking.**

### Workplace pilot in Sheffield

In Sheffield we delivered 44 sessions and reached 821 employees through various channels from three hour awareness sessions to fifteen minute briefings, newsletter articles, canteen sessions and information stalls. The trade union network was particularly supportive in promoting and increasing the reach of our work and we are very grateful to GMB, Unite and Unison for creating opportunities for us to educate and raise awareness with their members. We also found engaging directly with HR departments allowed us beneficial access to workplaces, in particular Veolia and Sheffield City Council, and we thank them for the opportunity.

As we move into year two we have used the learning from this pilot to support our other demonstration areas in reaching people aged over 50 in the workplace and we are currently developing a guide for the workplace.

### Other areas

Numerous awareness workshops have been carried out in workplaces which have included BBC Scotland and the Western Health and Social Care Trust in Northern Ireland.

**I have found the Drink Wise, Age Well programme to be of great benefit and where I have been able to draw attention to it to staff they are keen to know more, they have been surprised at the information they have received regarding size of units etc. It is however information that needs to be brought directly to staff as it appears that they will not go looking for it.**

Union Rep,  
Western Health and Social Care Trust



**Members of Unite have benefited from the Drink Wise, Age Well project. Unite reps especially have been given the information that may be shared with members and potential members linked to their personal wellbeing.**

**Members that have taken part in the pilot course delivered at the Unite Sheffield District Office felt they came away with information and knowledge that may be also used in their social circle.**

**I feel supporting such campaigns will educate Unite members to recognise the potential harm alcohol may cause in particular groups such as the over 50's. Increasing awareness of alcohol related issues in the workplace can only help towards healthy ageing.**

**“** Andy Cullen,  
Unite Learning Organiser, Sheffield





## ENGAGING MARGINALISED GROUPS

**Many marginalised groups may not find support or information accessible, relevant or even feel comfortable seeking advice and information.**

At Drink Wise, Age Well however, we believe it is our job to make information, support and resources accessible to all. We are aware however, that we are not experts in many issues experienced by people in more marginalised groups and have addressed this through meaningful engagement with intermediary organisations that represent these groups' interests. We have established some excellent working relationships with over forty organisations such as BAWSO (specialist BME support organisation in Wales), LGBT3 in Devon, and Blind Veterans UK. We have delivered staff training, adapted workshops, delivered advice surgeries and successful joint events.

## CASE STUDY

**In Summer 2015, the Drink Wise, Age Well team in Devon attended the North Devon Diversity Festival. There the team met Shaun Blackstock and Ken Cornish – from the LGBT3 social support group.**

LGBT3 particularly understand the health needs and how isolation and stigma can affect the LGBTQ community. In Devon, isolation was a significant issue with few social opportunities spread over a large geographic area. We discussed the survey findings with LGBT3 and felt we could work together in partnership. This would help us promote healthier choices about alcohol and also introduce the wide range of social activities and opportunities that Drink Wise, Age Well offer to help combat isolation.

We decided to form a regular LGBTQ event to run 2-3 times per year, each time in a different venue across Devon, to reach as many people across the county as possible. Each event would take a relevant theme such as isolation, stigma, alcohol and its health risks. We bring people together to reduce isolation, increase awareness and resilience to key issues like hate crime, stigma and alcohol. These issues often go hand in hand and we wanted to work together Arm in Arm.

**Honesty from those, brave enough to share their journeys regarding alcohol and recovery. Amazingly inspirational.**

**It raised my awareness that I am drinking too much in one go and probably generally.**

**Thank you so much for this event, I am new to the area and feeling isolated, I have met people I can identify with and it's a great, safe atmosphere.**





Drink Wise, Age Well is a really welcome project as it fits well with our strategy for addressing the harms of drinking too much and promoting healthy lifestyles. It will be of great benefit not only to individuals but also to other agencies in Devon in terms of building our skills and approaches to working with older people around their drinking.

Gill Unstead, Commissioning Manager, Substance Misuse, Public Health, Devon



I have been privileged to serve on the Drink Wise, Age Well Board as a Community Representative.

I know from my own experience of voluntary and community work and education that many older people are inclined to drink more than is wise because of loneliness, bereavement, loss of employment and loss of status.

My own convictions are about the importance of an active and fulfilling life-style, good company and a moderate and balanced diet.

Volunteers working alongside professionals have a key role to play in supporting older people, being honest with them about avoiding potentially harmful drinking and opening up opportunities for friendships and enjoyable and purposeful activities.

Christine Manby, Community Representative, Drink Wise, Age Well Strategic Board



We have received Alcohol Awareness training for our staff and also delivered some sighted guide training for staff and volunteers at the Sheffield centre.

We have collaborated on an involvement with our members to attend both the gardening project and the antiques fair as part of our themed weeks.

We have found the staff at Drink Wise, Age Well to be very forward thinking, proactive and accommodating to the needs of both our staff and members.

Working with your team has been very enlightening and has offered our staff the opportunity to have excellent training but also share our knowledge and experience of working with visually impaired people.

We are looking forward to continuing these partnerships in the future.



Chris Clark, Blind Veterans UK

## ENGAGING COMMUNITIES AND STAKEHOLDERS

In order for the impact of Drink Wise, Age Well to have a ripple effect across the communities we work in, it is essential we engage communities and stakeholders. In each demonstration area we have established stakeholder and community engagement groups.

It is important to us that we work closely with our volunteers and community engagement participants to co-produce activities and strengthen the Drink Wise, Age Well Programme. We meet regularly with key stakeholders in each area from the following areas:

Our stakeholder and community engagement groups allows us to raise shared issues and shape responses to alcohol harms in the over 50s population. They help provide pathways and links for anyone facing problems to access Drink Wise, Age Well.



Housing



Recovery



Fire & Safety



Police



Social Work



Health

The input from Drink Wise, Age Well was very well received by all and we would welcome your organisation to attend any future campaign events which include a focus on alcohol.



Traffic and Road Safety, Glasgow City Council



Paul Emmott, Adult Social Worker, Substance Misuse Team, Cwm Taf

The launch of the Drink Wise, Age Well Programme was eagerly anticipated by our Social Work Team at Rhondda Integrated Substance Misuse Service and it has added tremendous value to the outcomes achieved by our service users.

## WORKING WITH ASDA

**Many people who are drinking at increasing risk levels may not ever come into contact with services, but maybe slowly accumulating health harms as a result of their alcohol use.**

Drink Wise, Age Well explored a number of ways we could engage people at a community level, and we felt that shopping is something we all do regularly and is a good point of engagement with the public.

We have formed a partnership with ASDA who allow us access to their stores in the demonstration areas to hold information stalls and deliver Alcohol Brief Interventions in stores with pharmacies.

We engage Asda customers to discuss their understanding of alcohol units and lower risk guidelines, provide unit measuring tools and information leaflets, and provide information on the wider programme.

**Asda values our partnership with Drink Wise, Age Well, which brings valuable information and advice to our shoppers in an accessible setting. The service they provide is friendly and non-judgemental and has proven to be popular with Asda customers and colleagues alike.**

**“** Polly Jones, Senior Manager, Corporate Affairs

### KEY NUMBERS

Over **1,000** alcohol brief interventions within ASDA stores

Had **5,454** customer contacts

## RAISING OUR PROFILE LOCALLY

**In each local area much work has been done to raise our profile, share the Drink Wise, Age well message about making healthier choices and to hopefully reduce the stigma of seeking help.**

**Targeted marketing and local campaigns have been developed as well as regularly featuring in local and hyperlocal publications.**

**We have had appearances in local media including BBC Devon, BBC Radio Sheffield and Foyle Radio, TV appearances on Spotlight and ITV News Wales and and have featured in a number of local newspaper articles.**

**Local media helps us reach people in their homes who may start thinking about how alcohol affects them or a loved one.**



## OUTCOME TWO

Drink Wise, Age Well will both increase individual and community resilience to alcohol problems in people over 50 and also reduce hazardous, harmful and dependent drinking and related harm in this age group





**AMONGST THE OLDER ADULTS SURVEYED WHO SAID THEY WERE DRINKING MORE NOW THAN IN THE PAST, THE FIVE MOST FREQUENTLY REPORTED REASONS FOR THE INCREASE ARE AGE-RELATED; RETIREMENT, BEREAVEMENT, SOCIAL ISOLATION, LOSS OF PURPOSE AND FINANCES**

**DRINK WISE, AGE WELL REPORT**

## INCREASING RESILIENCE

We will all experience life changes as we age, and whilst some of these will be enjoyed and celebrated, for some people these changes may be more challenging. Our Drink Wise, Age Well report found that for those whose drinking had increased, significant changes such as bereavement and retirement, plus social isolation and a loss of purpose were significant factors.

With increased alcohol consumption comes a number of health and social harms. The resilience work stream focuses on engaging people at key life change stages to enhance their resilience and coping skills so they do not turn to more harmful behaviours such as problem drinking.

Our resilience teams deliver a range of activities which include social and skills development groups, social events, community engagement and volunteering opportunities. They work hard to identify people in their communities who may be experiencing key life transitions, but also support individuals who have already been drinking problematically and have benefited from Drink Wise, Age Well interventions and support. This means there is a more holistic approach to their recovery and well-being.

Our varied activities reduce isolation and increase people's confidence in their ability to cope with challenges and stresses.

### LIVE WISE AGE WELL – OUR GROUP WORK COURSE

We have developed a six-week structured group work course aimed at improving well-being, and increasing people's resilience and ability to cope with stress. It is called Live Wise, Age Well and is delivered in various community settings and workplaces. The content has been delivered by a psychologist and has a cognitive behavioural approach. The sessions focus on a number of well-being areas such as diet, sleep and exercise and also introduce participants to the concepts of mindfulness and relaxation.

### KEY NUMBERS

To date over **400** participants have benefited from the Live Wise, Age Well group

**82%** have demonstrated improvements on the Warwick Edinburgh well-being scale<sup>(13)</sup>

**87%** feel the group has helped them to make positive changes in their lives



## SOCIAL AND SKILLS DEVELOPMENT ACTIVITIES

Our resilience teams also deliver stand-alone sessions and social activities in each of our local areas. Our activities range from IT classes to dance galas, coffee mornings to community allotments and include:

### COMMUNICAKE

The Sheffield team recognised that there is a need for a social gathering place for people who are struggling with communication, whether it be due to physical impairments brought on by strokes or lack of confidence. This group meet every week and is facilitated by a qualified Speech and Language Therapist and students on elective placement from related programmes of study at Sheffield University.

**KWIK-FIT WOMEN'S MECHANICS CLASS** in Devon which combined new skills in car maintenance with social engagement for women to meet and chat.

**PRE-RETIREMENT SESSIONS** and physical activity programmes in Healthy Living Centres in Northern Ireland focusing on physical and well-being activities.

### GLASGOW FILM THEATRE

In Glasgow, the team rented out the Glasgow Film Theatre to run an event attended by 82 people. There was a matinee showing of "My Name Is Joe", followed by a panel discussion with one of the actors.

**REGULAR COFFEE MORNING EVENTS** and links with Men's Sheds groups in Wales with focus on social engagement.

In our more rural demonstration areas, namely Devon and Northern Ireland, a lot more logistical planning and co-ordination is needed to arrange these events, as in some areas public transport is poor. Approaches to tackle this include identifying volunteers who are happy to drive participants to events, and hiring community transport buses.



The class has given me a lifeline. I have come off anti-depressants and look forward to the classes and a reason to live. All good so far.

“ Janet, Digital Inclusion course and Live Well group participant

We have offered a cabinet for the group on a free basis. Displaying antiques and collectables, and encouraging folk to find an interest in many different ways in our centre.

A great first year, the group is growing in size and strength. We work alongside them trying to make ideas happen, and group members own the initiative.

Managing Director of Langtons Antiques and Collectables, where Young at Heart group takes place

”

Has it benefited me? Socially, you can't really challenge it! I've met people in the village I didn't know before. It's increased my social network.

“ Barry, Resilience Participant

It's amazing to see how the group has grown and developed. They are much happier, their confidence has grown, and the social interaction has been amazing. Complete strangers have a common goal. It's broken down barriers.

“ Polly, Resilience Participant



## VOLUNTEERING

From the outset of planning Drink Wise, Age Well we recognised with our key partner Royal Voluntary Service that volunteering is hugely beneficial not only to the community but also to the person who is volunteering.

Recognising that people in life transitions may feel more isolated, we wanted to provide volunteering opportunities as a means of improving well-being and social engagement in itself. Our ethos is to particularly seek out volunteers who would not normally come forward for a number of reasons for example people in recovery from alcohol problems.

We have over 100 volunteers now and the next stage is to identify isolated people who may benefit from community engagement support from our volunteers.

I am recently retired and volunteering has given me a new sense of purpose, as well as something to occupy my time, and have social contact. I suffered due to social isolation and there was nothing like Drink Wise, Age Well available. I find the groups useful in as much as they offer people an opportunity to avoid the pitfalls of isolation.

Nigel,  
Resilience volunteer



### KEY NUMBERS

**12,735** beneficiaries in total

**423** participants in Live Wise, Age Well Group

**101** volunteers

**90%** attending social activities reported feeling more confident

**93%** reported feeling better in themselves

snapshot survey showed **80%** improved sense of purpose

## CASE STUDY

Ann became involved in the Drink Wise, Age Well programme in Derry when she started attending our Live Wise, Age Well Group. Aged 67, Ann had worked as an administrator for twenty years and retired in her 50s.

Ann has two children who have left home and are at college; her husband is retired and has a very active social life. Ann suffers with rheumatoid arthritis and because of her condition she can sometimes feel isolated at home so she decided to join the Live Wise, Age Well Group at her local community centre. During her time with the group Ann highlighted she would like to be involved as a volunteer with Drink Wise, Age Well.

She felt the experience gained in her previous role as an administrator, and the new skills developed from the resilience group such as enhanced communication, would all be beneficial to volunteering and she would feel active and socially included. Ann began volunteering training along with another volunteer in January of this year. Ann felt the training was very informative and useful. After the training she was keen to get started on the programme.







**AROUND A QUARTER (23%) OF RESPONDENTS**

**WOULD NOT KNOW WHERE TO GO FOR HELP**

**IF THEY NEEDED IT, WITH 1 IN 4 SAYING THEY**

**WOULD NOT TELL ANYONE IF THEY NEEDED HELP**

**DRINK WISE, AGE WELL REPORT**

## PROVIDING DIRECT SUPPORT AND ENGAGEMENT

**Addaction and Addiction Northern Ireland have previously provided over 50s alcohol services and we understand the challenges and barriers older adults who drink may face.**

Firstly, addiction treatment services are often not accessible. They may be of mixed age groups, helping people with various addiction problems and often appointments are office based. If someone aged over 50 is seeking help for the first time or have had a previous bad experience with treatment services this can feel daunting.

Also many people aged over 50 may have a number of other problems related to their health which can include mobility problems and poor mental health.

A further challenge lies with feelings of shame in older adults, and their worries that they may be perceived negatively if they were to seek help for a drink problem. This can often be a hard-to-reach, hidden population, so providing support within the home is crucial.

Our Support is designed to meet the needs of people aged over 50 who are problematically drinking, so help is more accessible for them and their families.

### WE PROVIDE

- Home visits and outreach support
- Age-sensitive assessments and screenings
- Peer support and mutual aid meetings
- Family Support

In the first year we have worked to increase our visibility in community settings and establish referral pathways and networks so that this hidden population can find its way to the right kind of help and support.



## CASE STUDY

**It was when Bill retired that the problems caused by alcohol began to get worse. Working as a train driver for many years had provided structure in his day-to-day life. Once retirement came, as Bill says, “losing that structure, it’s easy to fall”.**

**During his career Bill had been careful to separate alcohol and work. “Being a train driver is a big responsibility and work and alcohol don’t mix”. His drinking was social, in a way many people can relate to – drinking after work, in the company of others.**

Bill had served as a union shop steward at his work. He spent time helping other people with their problems, sometimes speaking to colleagues who were worried about their drinking and encouraging them to seek support. “It was a case of not wanting to heal thyself, but wanting to help everybody else instead”. He, like many others, was worried that if he turned to his employers for help he would lose his job.

Bill experienced problems with his health related to his drinking on a day-to-day basis. Apart from feeling generally bad, he found alcohol exacerbated existing health problems, making his diabetes and lung problems worse. He also felt very down, his mood affected by alcohol and the overall impact it was having on his health.

It was the impact on his mood that prompted Bill to seek help. Bill had been to see his GP on many occasions and never hid his drinking from her. “If you lie to your GP, you’re lying to yourself,” he says. He found her helpful, empathising with his situation – lack of family and feeling isolated – and encouraged him to stay away from alcohol and gave him a steer to get involved with other activities that didn’t involve drinking.

However, it was socialising that was most important to Bill. He describes how he would very rarely drink in the house. He didn’t even drink every day. “I drank in the pub – it’s the people thing” he adds.

“Working as a train driver the shift patterns were very constrictive. When you finish late, there’s a lack of options such as you eat badly, which effects your health, and you want to seek out people, workmates, and so you go to the pub.”

With retirement he found himself suffering more the day after. Without the regular structure of work in his life anymore, he found the days blurring from week-to-week and found himself more isolated and seeking out people in the pub.

That stopped once Bill, increasingly worried by his low mood, got in touch with Drink Wise, Age Well and started attending peer support meetings. There he could speak to people who had similar experiences, get support from others and discover he wasn’t alone. “It’s all about filling your time. Meeting the others gives you something else to look forward to week-to-week. I think of the people there as new family or friends”

With this support Bill feels much more like himself and hopes his experience will encourage others to seek support.



## WHO WE SUPPORT

Our Direct Engagement and Support team offer support to individuals and their families who are already experiencing difficulties due to alcohol.

The support we offer identifies different levels of need;

BENEFICIARIES WITH ENHANCED SUPPORT NEEDS	BENEFICIARIES WITH COMPLEX SUPPORT NEEDS
<p>People who are experiencing problems due to their alcohol use, however, are able to engage in short-term therapeutic one-to-one sessions and are unlikely to have other support needs such as housing, mental health.</p>	<p>Many people over 50 will be long-term drinkers and in that time will have developed a number of complex needs. We approach this with outreach work and practical help, with the aim of engaging people into longer term support and treatment, working closely with statutory and existing treatment providers.</p>



**I have benefited from Drink Wise Age Well both being a service user and by way of social activity – helping me to engage with other people – gaining confidence.**

**“** Liz, DES client and now attending resilience groups

We complete an assessment with all adults over 50 referred to our service. Since the programme start we have supported 557 individuals. Some key characteristics have stood out from our assessment data:

### KEY CHARACTERISTICS

**77%** drink at home, alone

**64%** have a current diagnosed mental health condition

**55%** on one or more medication

**51%** smoke

**52%** report being unable to work

**12%** have caring responsibilities and 15% have a carer themselves

**58%** are separated, divorced or widowed

**68%** with complex needs live on their own

Of those with complex needs **70%** say they feel lonely, **64%** say they feel isolated and **53%** say they have no sense of purpose

**When I've got problems, I can call Hattie and Paul and they're always there. There is always someone at the end of the phone for me. My life's different since I worked with Drink Wise, Age Well. I'm in a new job, I walk a lot, I feel happy in what I'm doing, my relationship is great and I just feel good about myself now. I haven't felt like that in years.** Brenda, Devon

**To date we have received a high numbers of referrals for individuals with very complex needs, which require time and intensive engagement work.**

Many of our interventions focus on harm reduction and negotiating access to clinical alcohol treatment services. This group are extremely vulnerable with very complex needs, and it is important commissioned services are equipped to adequately support this population.

While this is the most challenging area of our work we have seen some very positive outcomes which reinforces the importance of investing in the needs of older adults who drink problematically.

Over all we are seeing a reduction in alcohol consumption, and screening scores based on the AUDIT tool<sup>(12)</sup> have decreased at discharge. Our outcomes at point of planned discharge are showing the following:

**KEY NUMBERS**

**288** individuals received an enhanced intervention

**269** received a complex intervention

**138** people participate in mutual aid groups

**70** family members have received support

**What has worked well for me is the strength I was helped with to accept and make changes. This is very important and I have never felt I have been offered a service like this before. I felt very alone and frustrated. More services like this are essential.**

“ Lorna, Friends and Family group attendee, Sheffield

**THOSE WITH ENHANCED NEEDS**

The average number of units consumed on a typical drinking day decreased from 13 to 5, which is a **62%** drop.

The percentage of clients drinking 3 or less units on a typical drinking day increased from **8%** at assessment to **42%** at discharge.

Using the Short Warwick Edinburgh Well-Being scale over **82%** report improvements in well-being.<sup>(13)</sup>

Using the Patient Health Questionnaire (PHQ9) to measure levels of depression; having no signs of depression increased from **29%** to **50%**, and showing severe symptoms more than halved from **18%** to **7%**.<sup>(14)</sup>

Using the General Anxiety Order (GAD) screening tool to measure levels of anxiety; displaying no signs of anxiety increased from **38%** to **59%**, showing severe symptoms decreased from **28%** to **14%**.<sup>(15)</sup>

**THOSE WITH COMPLEX NEEDS**

The average number of units consumed on a typical drinking day decreased from 20 to 8 units, which is a **60%** drop.

The percentage of clients drinking 20+ units on a typical drinking day decreased from **50%** at assessment to **9%** at discharge.

Using the Short Warwick Edinburgh Well-Being scale over **81%** showed improvements in well-being.<sup>(13)</sup>

Using the PHQ9 to measure levels of depression, showing no signs of depression increased from **15%** to **46%**, and showing severe symptoms decreased from **21%** to **3%**.<sup>(14)</sup>

Using the GAD screening tool to measure levels of anxiety; displaying no signs of anxiety increased from **26%** to **56%**, showing severe symptoms decreased from **18%** to **13%**.<sup>(15)</sup>

We use the Montreal Cognitive Assessment Screening tool at assessment and discharge. Numbers are still too low to report any impact, however at assessment **50%** of those screened scored under 26, which can be indicative of mild cognitive impairment.<sup>(16)</sup>

\*Please Note: Outcomes are completed by Drink Wise, Age Well staff as part of the discharge process.





## CASE STUDY

**James, aged 54 years old, was referred to Drink Wise, Age Well by a local community group and he was assessed soon after. It became apparent that James had a lengthy history of chronic dependent alcohol use. He revealed he was consuming on average 700 units of alcohol a week, and understandably this was having an adverse impact on his health.**

James really wanted his life to change and this seemed to be driven by health concerns and a want to be closer to his family. James living conditions were quite dire; a freezing cold, damp, dark 3rd floor flat.

Due to the very high levels of alcohol the first priority was to get James medically assessed and a detox was required. James had come off alcohol before but explained once he had had his detox there was no on-going support. After many phone calls to various agencies and to strongly advocate on James' behalf, a multi-agency team was established to offer the support needed.

James had an in-patient detox for eight days and then he returned home with continued support from Drink Wise, Age Well and a local community group. James was supported to make contact with his family and his worker explained his recovery

plan to them. The family agreed to support their dad with his recovery and are accompanying him to key appointments

Work with James has involved lots of practical support too, such as contacting his housing association, social services, the citizen's advice bureau and the social security agency. His flat is still not adequate to meet his needs however it has improved in that it is clean and warm and there is food and access to clean clothes and sanitary facilities. James has begun to take pride in his appearance, washing, shaving and changing his clothes regularly.

James and his worker continue to have sessions which explore how he can remain alcohol free and identify what impact these positive changes will have in his life. James says he feels he has someone who believes in him and this motivates him to do well.



## OUTCOME THREE

Drink Wise, Age Well will increase the extent to which community service providers and employers who have regular contact with people over 50 are able to recognise and respond to risky drinking







**AROUND 4 IN 5 OF INCREASING RISK DRINKERS SAID THAT ON NO OCCASION HAD RELATIVES, FRIENDS, DOCTORS OR OTHER HEALTH WORKERS BEEN CONCERNED ABOUT THEIR DRINKING OR SUGGESTED THAT THEY CUT DOWN**  
**DRINK WISE, AGE WELL REPORT**

## TRAINING PEOPLE TO RECOGNISE AND RESPOND

**Many people, including carers and volunteers, frontline workers and health and social care practitioners will come into contact with people aged over 50 through their daily work. They are often best placed to recognise and respond if someone’s drinking is beginning to cause them harm.**

However, existing perceptions and lack of awareness among those best placed to offer support, can act as a barrier for older adults receiving the help they need. Workers may lack confidence in their ability to start an initial conversation with an older adult for fear of offending – even when that person may want someone to ask. In some instances signs that someone is drinking too much may be confused with ageing such as falls and injuries.

There can also be a misperception that an older adult’s drinking is not doing anyone any harm and so the opportunity for an intervention can be missed. We know that an older population is most at risk of alcohol-related harms and are currently most likely to be hospitalised due to this so it is crucial that we equip people with the skills and confidence to intervene. Also alcohol health harms in an older population tend to be accumulated over a period of time, so the earlier problems are spotted the better.

Finally, there may just be the assumptions that it is ‘too late to change’. However, there is no evidence to show that older adults do not make positive changes, and some research shows that in alcohol treatment, older adults have better outcomes than any other age groups.<sup>(17)</sup>

As a result Drink Wise, Age Well aims to train a wide-range of those people best placed to offer support, how to recognise when an older adult is struggling with an alcohol-related issue and how they can best respond to this.

**I am now screening over 50s on my caseload as routine and referring on where necessary. I have started using the interactive unit measurer in appointments and this has been well received so far.**



## WHAT DO WE OFFER?

We have developed a number of training courses targeted at different audiences. We also have an on-line training module for those unable to commit time away from their work available on our website.

### PEERS AND VOLUNTEERS

Friends, family and those who work with over 50s on a voluntary basis

### FRONTLINE STAFF

Anyone who may have contact with the over 50s on a daily basis from housing support workers to bar staff

### ENHANCED

Health and social practitioners with existing knowledge on alcohol, but wish to develop skills on supporting older adults

## KEY NUMBERS

**120** training events delivered

**985** participants

**140** organisations represented

**90%** found the learning outcomes relevant

**96%** of participants felt that their knowledge and confidence on addressing the issue had improved

**80%** will make changes to practice

Over **98%** of respondents rated the DWAW trainers as between 'Very Good' and 'Good'

I am speaking to someone in my scheme who is a heavy drinker more openly, and have told him about facts and figures which support the information.



I intend to adopt a more holistic approach to working with my clients – to be not judgemental and aim to be a better listener.



## CASE STUDY

Since I attended the training, I've found myself feeling more confident in talking about the topic of alcohol consumption with individuals over 50.

The resources that I picked up have been extremely useful and as such I have distributed them to individuals who have spoken about their alcohol consumption to me. Asking service users about their alcohol intake is now part of my core assessment during a first home visit.

I have felt that by implementing this across the board that the topic has become a more natural and less cautious topic for me to raise – I no longer feel anxious in asking about an individual's alcohol consumption.

**Lucy, training participant**



## OUTCOME FOUR

Drink Wise, Age Well will disseminate a body of evidence on how to prevent alcohol misuse in people over 50 which will inform future prevention work in the UK and internationally



## SHARING OUR LEARNING

Many people will associate problem drinking and related harms with younger people and historically this is the area where much work has been concentrated. For Drink Wise, Age Well it is important not only to raise the growing problem of harms caused by alcohol in older adults, but also to help inform policy and practice to ensure we have a more collaborative response for the future.

With half the adult population due to be aged 50 or over by the end of the Drink Wise, Age Well programme in 2021, the potential for alcohol harm to become even more of a growing problem is very real. Through our programme delivery and our learning we will develop a menu of tools that will be beneficial to any service provider wishing to tackle alcohol misuse in older adults.

Throughout our programme life we will share our learning and inform ongoing work in this area.

**WE WILL:**

- Inform policy through high level Impact and Advisory Groups
- Produce peer led articles from our research
- Release our annual state of the nation report
- Attend and present at conferences
- Hold panel and discussion events

## THE REPORT

Our year one report, named simply ‘Drink Wise, Age Well – Alcohol and the Over 50s’ presented the key findings of our survey of 16,700 adults aged over 50 across the UK. The report also provided nation-wide Health Survey data on alcohol consumption and harms in the over 50s population and highlighted key high risk groups.

The report, authored by our partner ILC-UK, was distributed widely to key political figures, including members of all-party groups on alcohol harms, public health leads and other leading figures.

This report acts as reliable and authoritative source on the issue of alcohol and ageing and has been referred to in other academic papers as well as the media.





## ACADEMIC WORK AND EVALUATION

### THE EVALUATION

**From the outset of developing the Drink Wise, Age Well programme, the value and importance of robust evaluation was embedded in our approach.**

The Substance Misuse and Ageing Research Team (SMART) from the University of Bedfordshire led on the design of the evaluation model with the support of three experienced researchers from Glasgow Caledonian University, Glyndwr University and Queens University Belfast. The academic team also includes two peer researchers, aged over 50, who are in recovery from later life alcohol problems.

The evaluation itself is designed to demonstrate the impact of the Drink Wise, Age Well programme in the five demonstration areas over the course of five years. It is designed as a mixed-methods study to evaluate a multi-level intervention to reduce alcohol-related harm in people aged 50 and over. There is a quantitative and qualitative element of the study.

### THE SURVEY

**In year one, SMART in consultation with the other academic partners, conducted the largest survey of alcohol use in older adults to be carried out worldwide and the largest survey of alcohol use ever to be carried amongst NHS patients.**

76,342 questionnaires were sent out to ten UK areas, our demonstration areas and five control areas, and 16,678 were returned, a response rate of 22%.

### KEY FINDINGS OF THE OVER 50s STUDY

Amongst those who drank alcohol, **3%**, **17%** and **80%** were higher, increasing and lower risk drinkers respectively.

**74%** of participants were unable to correctly identify the recommended drink limits.

**64%** of increasing and **19%** of higher risk drinkers were not worried about their drinking.

**23%** said that they would not know where to get help or advice.

**43%** of participants thought that people with alcohol problems have themselves to blame

Almost a quarter (**24%**) said that they would not tell someone if they had an alcohol problem.

The **five** most common reasons for drinking more now than in the past were age-related; retirement, bereavement, loss of sense of purpose in life, fewer opportunities to socialise and change in financial circumstances.

**88%** of higher risk drinkers and **35%** of increasing risk drinkers said their alcohol use had negative consequences, most commonly health, memory, energy levels, sleep and mood.

These findings provide the baseline data for the evaluation. The data is also valuable as it provides evidence with which we can develop, target and improve interventions. The data also provides evidence to help inform policy, strategy and service provision.

## SHARING OUR FINDINGS

The findings have been presented at the British Society of Gerontology Conference, European Public Health Conference, the Gerontology Society of America Conference and the Australasian Professional Society of Alcohol and other Drugs Conference. A number of academic papers will be submitted to international journals.

The findings have been presented to policy makers and practitioners at Drink Wise, Age Well panel events across the UK. One finding that higher risk drinking was associated with identifying as LGBT has led to a new PhD studentship at Glasgow Caledonian University on an intervention for LGBT people in Scotland who engage in harmful drinking.

In order to measure this outcome we also conducted a professional survey of people working in older adult's services in the demonstration and control area. To measure capacity and confidence in recognising and responding to alcohol problems in over 50's amongst people working in older adult's services. Unfortunately despite sending out 3,700 surveys we only had a response rate of 7%, possibly an indication on where alcohol use in older adults sits in order of priorities. We have proposed a further indicator measure to the Big Lottery Fund.

### KEY NUMBERS

76,342 questionnaires were sent out

16,678 returns

19 Focus groups

16 in-depth interviews

## THE QUALITATIVE STUDY

Currently researchers in each nation are carrying out interviews and focus groups with programme beneficiaries, stakeholders and Drink Wise, Age Well delivery staff.

This data is being compiled and informs us of areas for improvement along with receiving positive reflection about what is working well. Some of the qualitative feedback to date:

### FROM STAKEHOLDERS:

- Short waiting times
- Seamless, smooth and responsive service
- Easy referral and easy to get referral accepted
- Perseverance if clients don't attend appointments or are difficult to engage – don't give up on them
- Length of time that Drink Wise, Age Well will work with clients
- Keeping them updated on progress of clients they have referred

### FROM BENEFICIARIES:

- Getting you out the house, "filling the void"
- Diversity/variety of interventions
- "Named support", having one worker
- Interventions which involve activities, not "just sitting around talking"
- Support from peers who are a similar age
- Interventions which are spread around the demonstration areas, delivered at different times of the day and located on bus routes
- Staff who are welcoming, non-threatening and non-judgemental and listen and act on suggestions
- Knowing that there is "somebody who cares about you"
- No pressure to change
- Quick and easy to access
- Free of charge





## COMMUNICATING OUR DRINK WISE, AGE WELL MESSAGE

**Our communications and media activity impacts across all four outcomes as it highlights the issue, challenges stigma, supports people to seek help and increases knowledge. This work covers many areas including strategy, media, marketing and digital.**

Drink Wise, Age Well adopted a best practice 'what works' approach to writing its communication strategy. This meant looking at behaviour change communication strategies from across several areas – including alcohol campaigns and healthy ageing.

It was important to us to develop a strong brand which communicated Drink Wise, Age Well's key aims well. The over 50s 'market' is one which is being targeted more and more by marketing activities from all areas. Research on marketing to the over 50s highlights that many of this audience feel that products and campaigns are not aimed at them. This has the effect of perpetuating the idea that help does not exist.

Through our brand we wanted to portray over 50s realistically – as individuals living full lives. We wanted to represent the incredible diversity the over 50s population contains.

**It was important to us to develop a strong brand**

Of most importance for the branding is the need to overcome stigma and societal issues in two areas: negative attitudes towards ageing and stigma and shame associated with alcohol-related issues in this group.

## WEBSITE

The Drink Wise, Age Well website has been designed to provide information and advice for over 50s, their families and friends, and professionals. It acts as a portal for people who want to empower themselves by learning what changes they can make, to learn why age might matter when it comes to alcohol or to find the right kind of support they need. The website also has a link to our on-line training module. We have and will continue to develop a number of downloadable resources.

## SOCIAL MEDIA

Each of our five localities use the social media channels of Twitter and Facebook, to connect with other local organisations and provide a flavour of local activities.

Centrally, Drink Wise, Age Well uses a main Twitter aimed at engaging journalists, organisations and opinion formers across the UK. Combined we have nearly 2000 Twitter followers.

However we have much more work to do in order to increase engagement via social media, and we are delighted to have a digital officer join our team to lead this area of work.

Over the next twelve months we plan to produce more videos, interactive tools and blog content to reach more and more people.

## MEDIA COVERAGE

Getting a strong clear message out to audiences about the risks of alcohol harm as we get older is important for us. Already, we are used to receiving conflicting and confusing messages in the media regarding the supposed health properties of alcohol, followed the next day by the dangers of drinking. To compound this, many of these confusing reports relate to health in older age groups – living longer, heart disease, dementia and cancers.

Among all this confusion, Drink Wise, Age Well want to be seen as the trustable voice that the over 50s can turn to, to actually get the truth about alcohol, what the risks are and what they can do about it. This way, they can make their own decisions.

Increasingly Drink Wise, Age Well is being seen as a go-to commentator on the subject of ageing and alcohol. We have given advice in radio phone-in's, contributed to a documentary on Radio 4, secured exclusives and our spokespeople have given comment across the UK. The coverage of our report in the national and local media has raised the profile of Drink Wise, Age Well and partners, as well as highlighting some of the key issues relate to the work we do. It is important for us to highlight the issue of alcohol and ageing as we believe this will help reduce the stigma, reach a more hidden population and hopefully give people information about where and how they can get help.

### KEY NUMBERS

nearly **20,000**  
unique users

nearly **70,000**  
page views

### KEY NUMBERS

over **230,000**  
impressions

over **2000** Twitter followers  
across the UK



## ENGAGEMENT AT POLICY LEVEL

**Drink Wise, Age Well has worked across all four parts of the UK since the start of the programme to help inform policy and practice and raise awareness among academics, policy makers, key partners and the media.**

Impact and Advisory groups have been set up in Scotland, England and Northern Ireland. These groups benefit from the experience of senior representatives from health and social care, policy teams and statutory and voluntary services.

In Wales we are members of the Welsh Advisory Panel for Substance Misuse and meetings have taken place with the Older Persons Commissioner for Wales with a planned inclusion for Drink Wise, Age Well in some of their sub-groups.

Notable successes are the adoption of a 75+ category for alcohol stats by Public Health England. This was raised via our Impact and Advisory Group and the change was made shortly thereafter.

In May this year our policy partner ILC-UK held a number of inquiry events at the House of Lords to gather evidence on issue of alcohol, ageing and the labour force. We had nearly 30 expert speakers at the three events which included academics, public health leads, workplace health leads and most important people over 50 with lived experience. The findings from the inquiry will help inform our year 2 report on the subject, as well as downloadable resources.

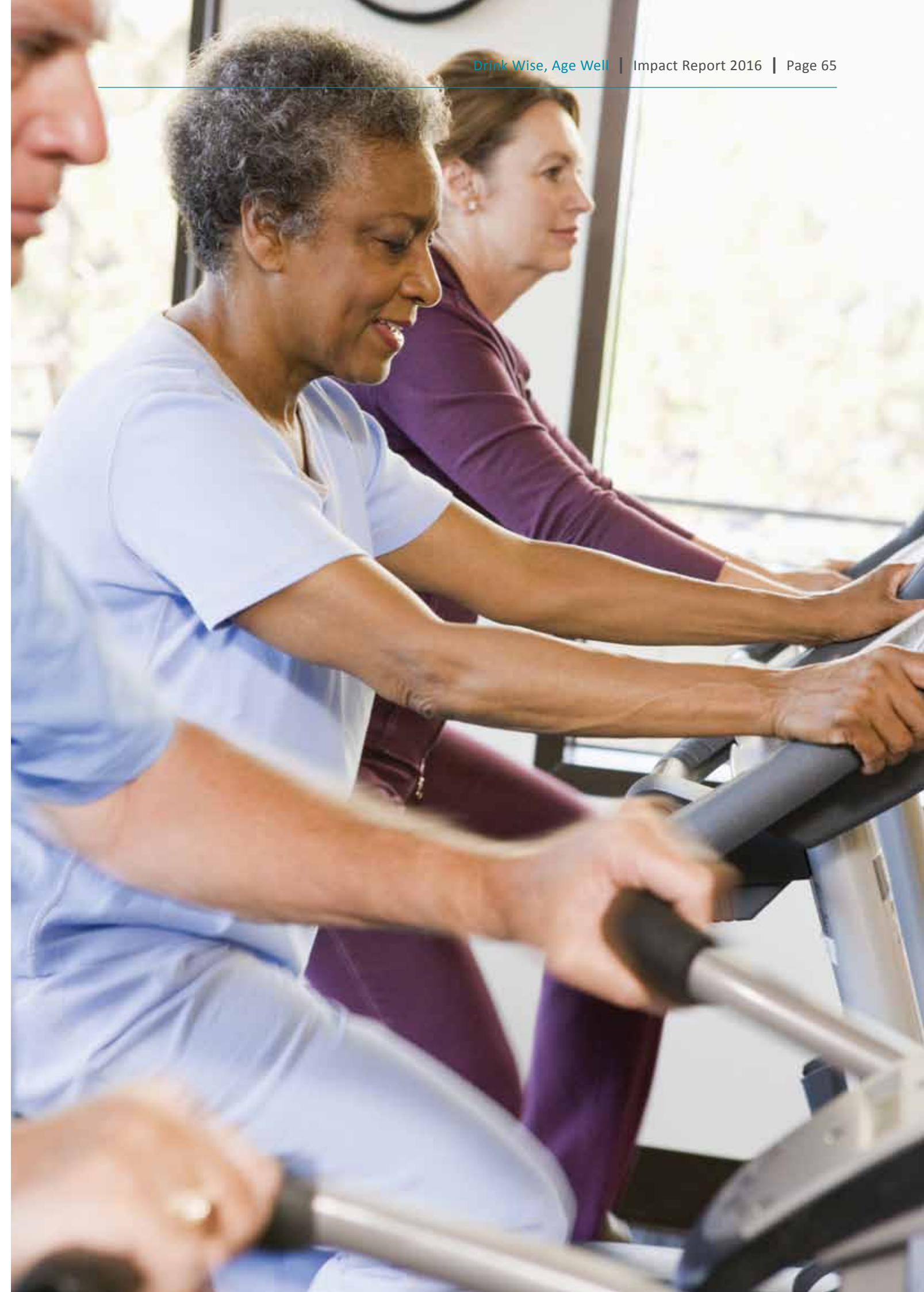
### KEY NUMBERS

over **28 million**  
potential media reach

**50** media appearances

**3** national advisory groups set up

over **150** policymakers and  
key organisations engaged



## NEXT STEPS FOR DRINK WISE, AGE WELL

**We are half way through year two of the Drink Wise, Age Well Programme and have just over three years left for operational delivery. The final stage of the programme taking us to 2021 will involve dissemination of our evaluation and learning. As we move forward there are key areas of work yet to explore under the four work streams.**

### PREVENTION & CAMPAIGNING

We want to further evaluate the delivery of Alcohol Brief Interventions in non-clinical settings in an over 50s population and will explore potential ways to research this.

In December we will disseminate our year two state of the nation report which focuses on alcohol, ageing and the workplace. Accompanying this report will be a workplace toolkit targeted at employers, line managers and HR and occupational health staff. The aim of this toolkit is to raise awareness of alcohol use in an older workforce, and ensure this is treated as part of a wider well-being package. As part of this we will offer awareness workshops, canteen sessions and marketing materials.

We will seek opportunities for collaboration with other organisations on factsheets and resources targeted at the over 50s. For example, in December this year we will be producing a document with Age Scotland on alcohol and dementia prevention.

In collaboration with our stakeholders and partners we will identify campaigning themes for year three, four and five to highlight more specific issues in relation to alcohol and ageing such as drink driving, mental health.

We will develop more interactive alcohol awareness tools on our Drink Wise, Age Well website targeted at those who want to make small changes to their alcohol use from the comfort of their own home or workplace.

We will develop a digital engagement strategy to explore further ways of engaging with an over 50s population out with the confines of a 'service' model.

### INCREASING RESILIENCE

Further roll out and evaluation of the Live Wise, Age Well Group with a particular focus on pre-retirees in the workplace and people new to retirement.

Develop a co-production approach with beneficiaries of the programme so that we co-create sustainable activities and projects in the demonstration areas.

Explore collaborative approaches with community organisations to engage hidden and more isolated adults aged over 50.

### SKILLS DEVELOPMENT & TRAINING

Market the on-line training resource to ensure people living outside the demonstration areas or unable to attend face-to-face training can increase their awareness on alcohol and ageing.

Market the face-to-face training widely in the demonstration areas, and develop bespoke sessions to be delivered within workplace settings to widen reach.

### DIRECT ENGAGEMENT & SUPPORT

In order to reduce the number of vulnerable adults aged over 50 who are drinking problematically falling through the net, we will develop clear referral and support pathways with stakeholders in our demonstration areas.

With all direct engagement and support staff now trained in an evidenced-base family interventions

we will further develop family support work in our demonstration areas.

We will increase the number of mutual aid meetings in each demonstration areas, ensuring they are accessible to marginalised groups and those experiencing transport difficulties.

### INFORMING POLICY & PRACTICE

We will share impact data learning with our local stakeholder groups.

We will develop, test and review interventions and share learnings and best practice models.

We will share our qualitative research data that shows 'what works?' and what barriers are created for people accessing help.

With our key partners we will develop policy engagement strategy for year's three to seven.

We will build our presence on key alliances and forums.

We will identify presenting opportunities at key conferences and host a national conference on alcohol and ageing.

Our academic partners will submit for peer review articles using Drink Wise, Age Well survey data. This will continue to provide excellent research material and inform policy and practice.

We will continue to seek positive media opportunities in order to reduce stigma and encourage people to talk about alcohol and ageing.



## PARTNERS LIST

**Delivery of the Drink Wise, Age Well programme would not be possible without the hard work and collaboration of all the partners.**

- Addaction
- Royal Voluntary Service
- Drug and Alcohol Charities Wales (Drugaid, Kaleidoscope, TEDs, WCADA)
- Addiction Northern Ireland
- ARC Healthy Living Centre, Northern Ireland
- Chambre, Northern Ireland,
- Bogside and Brandywell Health Forum, Northern Ireland
- Business in the Community, Northern Ireland
- ILC-UK
- Substance Misuse and Ageing Research Team, University of Bedfordshire
- Glyndwr University
- Queens University Belfast
- Glasgow Caledonian University
- Sheffield Alcohol Support Service
- Shaw Trust (TAEN)
- Scottish Drugs Forum

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41% men aged 55-64 exceed new guidelines and 20% women aged 55-64. Drinking 5+ days in a week 13% aged 55-64, 22% aged 65-74 and 32% aged 75+.
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7% of 60-75 year olds daily drinking compared to 2% in 18-29 year olds. Exceeding recommended amounts is 24% in 18-29 years and 16% 45-59 years and 14% 60-75 years.
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