

THE HIDDEN PROBLEM

Reduce Older Adults' Harmful Alcohol Consumption



NDPHS

Northern Dimension
Partnership in Public Health
and Social Well-being

POLICY
BRIEF

Based on the research review
“Three perspectives on older people
and alcohol consumption” written
by Christoffer Tigerstedt from the
Finnish Institute for Health and Welfare
(THL). Within the context of the project.
“Roadmap to improve the health and
wellbeing of the ageing population
in the Baltic Sea Region” (AgeFLAG).

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Introduction

Drinking at an older age has become a progressively prevalent cultural practice during the last decades.

More and more older adults consume alcohol more frequently and in larger quantities than before. It has been shown that heavy episodic drinking among older adults is on the rise in Sweden, Finland and Norway (Tigerstedt et al., 2020) and that hazardous alcohol consumption requiring medical care or resulting in death has increased in many Northern Dimension countries (Hallgren, Höber and Andréasson, 2009).

Alcohol consumption, particularly in excessive quantities, is one of the biggest risk factors for premature death and loss of healthy life years. In Europe, alcohol use is the third most important risk factor for disease burden, surpassed only by tobacco use and hypertension (Hallgren, Höber and Andréasson, 2009). Moreover, drinking at an old age increases the risk of debilitating injuries and is linked to an earlier need for assistance. Yet, with most drinking confined to the privacy of one's own home, harmful drinking at an old age rarely receives adequate political attention.

RECOMMENDATIONS

To prepare health and social systems to effectively care for those older adults who display signs of hazardous alcohol use, the following measures are recommended:

Provide older adults access to specialised rehabilitation services, including enhanced opportunities to participate in rehabilitation from home. People at an older age should not be excluded from these services due to their health conditions that may affect, for example, their mobility.

1

Train health and social care professionals to identify, assist and treat those individuals displaying signs of hazardous alcohol use. Equip them with the necessary professional skills to combine general medicine and nursing with the treatment of alcohol-related problems.

2

Develop a mechanism through which professionals from different parts of the social and health care system can effectively collaborate to provide integrated person-centred care.

3

Make the negative effects of older adults' harmful drinking familiar to health professionals and the wider public. Ensure the visibility of the problem through targeted campaigning.

4

Commission further research to enhance the understanding of the different aspects of hazardous alcohol use among older adults and to ensure that targeted measures are employed to meet the needs of the local context.

5

Provide specialised services

Older adults who seek help due to their hazardous alcohol use receive markedly different treatment compared to those in other age groups. With increasing age, people are more frequently referred to social services, most often home care, instead of health or specialised care targeted for rehabilitation.

During one single day in Finland in 2015, Kuussaari and his colleagues (forthcoming) found that more than half of the over 75-year-old people who sought care due to their alcohol or substance use were referred to social services, with only 1 in 10 being directed to specialised care. This is in sharp contrast to those aged 55 and younger. In this age group, more than 4 in 10 received specialised rehabilitation services. This is partly due to the fact that a person's mobility usually deteriorates with age, which often prompts a need for at home service delivery. However, these home services are almost exclusively social rather than health – and particularly specialised – in kind, resulting in frequent referral to home care.

“With the focus on assisting older adults in their daily life and preserving the current health status, directing older adults who display signs of hazardous alcohol use to home care shifts the attention away from rehabilitation to management of the problem in the day-to-day life.”

This impaired access to specialised health services is problematic. The nature of social and home care is distinctly different from the specialised health services, and the personnel working in social and home care are generally not well trained to support their clients' rehabilitation process. With the focus on assisting older adults in their daily life and preserving their current health status, directing older adults who display signs of hazardous alcohol use to social and home care shifts the attention away from rehabilitation to management of the problem in day-to-day life.

RECOMMENDATIONS

1

Provide older adults access to specialised health services, including enhanced opportunities to participate in rehabilitation from home. People at an older age should not be excluded from these services due to their age or other health problems that may impact, for example, their mobility.

Invest in health and social care

The training and skills of health and social care professionals to assist and identify those older adults who display signs of hazardous alcohol use are either non-existent or inadequate.

In many Northern Dimension countries, healthcare professionals are not routinely trained to identify harmful alcohol use even in the countries that offer training programs in substance use in general (Hallgren, Höber and Andréasson, 2009). Similarly, home care providers often lack the professional competences to treat intoxicated clients and are reluctant to interfere in their harmful drinking, as the clients' self-determination prevails in the privacy of their homes. According to the home care nurses interviewed by Koivula and his colleagues (2016) in Helsinki, their competences are frequently tested in situations when general nursing and caring needs to be combined with knowledge about how to treat alcohol-related problems. To intervene in the harmful use of alcohol of their clients, health and social care professionals need to be trained to recognize and assist those individuals who display signs of alcohol-related harm.

Simultaneously, the collaboration between home care providers and medical professionals is often underdeveloped, leading to disrupted information flow between social and health care providers.

As medical care, emergency care in particular, generally focuses on treating the immediate health complications, the linkage between harmful alcohol use and other health-related complaints is often not made. This connection is frequently overlooked in the absence of information about the patient's risk behaviour. Integrated person-centred care and two-way information exchange between home care nurses and medical professionals are needed to ensure timely intervention in the client's harmful alcohol use.

RECOMMENDATIONS

Train health and social care professionals to identify, assist and treat those individuals displaying signs of hazardous alcohol use. Equip them with the professional skills to combine general medicine and nursing with the treatment to alcohol-related problems.

2

Develop a mechanism through which professionals from different parts of the health and social care system can effectively collaborate to provide integrated person-centred care.

3

Raise awareness

Despite the prevalence of older adults' harmful drinking, the harmful use of alcohol among the older population remains a hidden issue surrounded by stigmas. Drinking often occurs in the privacy of one's own home, where it remains disguised from the outside world.

Often, these older adults are aware of their excessive drinking but underestimate the problem both to self and to outsiders. Simultaneously, as shown by Koivula and his colleagues (2016), home care nurses are reluctant to intervene in their clients' drinking in the fear of creating a stigma against, for example, seeing a doctor. In order to ensure that the older population can seek for and receive appropriate rehabilitation, it is essential to expose this hidden problem and make the public as well as health care professionals aware of the scale of the problem.

There is also an evident need for further research that looks into local contexts and comparative patterns across countries and regions.

While drinking among older adults is on the rise across the Northern Dimension area, most studies on older people's drinking habits focus on national contexts, and the findings may not be transferable across borders. Further research on the alcohol drinking patterns in different cultural and socioeconomic contexts is needed to ensure that policy measures meet the local needs.

RECOMMENDATIONS

4

Make the negative impacts of older adults' harmful drinking habits familiar to health professionals and the wider public. Ensure the visibility of this problem through targeted campaigning.

5

Commission further research to enhance the understanding of the different aspects of hazardous alcohol use among older adults and to ensure that targeted measures are employed to meet the needs of the local context.

Conclusion

KEY POINTS FOR CONSIDERATION

Harmful drinking among older adults' is becoming increasingly common.

Older adults are rarely receiving specialised rehabilitative care.

The social and health care professionals often lack the training and skills to identify, assist and treat those older adults that display signs of hazardous alcohol use.

Medical professionals often overlook the linkage between harmful alcohol consumption and other health-related complications, delaying interventions in the patients' hazardous alcohol use.

Older adults' harmful drinking remains a hidden issue in the society, as most drinking occurs in the privacy of one's own home.

Further research on the alcohol drinking patterns indifferent cultural and socioeconomic contexts is needed to ensure that policy measures meet the local needs.

FURTHER INFORMATION

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