



Alcohol, drugs and older people



Public Health
Agency





This leaflet is for older people (defined as those aged 55 or over) who are worried about their use of alcohol, illegal drugs and/or prescribed/over-the-counter medications.

It is also for their family members, carers or friends, and for health professionals who want to know more about older people and their use of alcohol and/or drugs.

Why is this leaflet needed?



Some older people use and misuse alcohol. They also smoke cigarettes, misuse prescribed medications, buy over-the-counter medication and are increasingly using illicit drugs. As people get older the impact of these substances on physical and mental health increases. This can become a problem. Among older people this problem is often hidden.

This leaflet has been written to enable older people, family members and/or carers to feel confident enough to voice any concerns about alcohol and/or drugs, and to ask for help. Health professionals are encouraged to raise concerns with older people and provide support where it is needed.

Older people and alcohol and drug use – a hidden problem



Substance use is a hidden problem for many older people. Health and social care professionals may not always spot heavy drinking or drug use in older people as:

- some older people tend not to talk about drinking, perhaps due to a perception of shame, stigma or embarrassment;
- the effects of alcohol or drug use are sometimes mistaken for a physical or mental health problem;
- older people are often not asked questions about alcohol or drug use as they are assumed not to be a problem.



What are the effects of alcohol or drug problems?

Alcohol and drugs can affect physical and mental health, and increase the risk of developing problems or conditions in later life. These include:

- increased risk of accidents, especially falls;
- increased risk of hypothermia;
- increased risk of stroke and heart disease;
- increased risk of cancer;
- poor liver functioning;
- poor coordination/balance;
- incontinence;
- depression;
- dementia;
- anxiety;
- confusion;
- memory impairment;
- decreased ability to respond to emergency situations (such as smoke alarms).

Impact on family members

Drinking or drug use by an older person may have an impact on the wider family, causing anxiety and stress and sometimes leading to relationship breakdowns. Some people find that their drinking or drug use means they don't see family members as much as they used to.



For family members affected by an older person's substance use, they can find things difficult and feel they need support in their own right to help to cope with the situation. Family members can talk to their doctor or look for a support service.

Can older people get support for substance use issues?

Many older people are motivated to change their drinking or drug use so that they can have more contact with their families, particularly grandchildren. Health professionals have found that it is often easier to support and treat substance use issues with older people than with younger adults. An older person who thinks they have a substance use issue should talk to their doctor. There are treatment options available, which may include counselling or support groups. Getting involved with activities in the local community, making links with services, taking up hobbies and making contact with family members and friends are important for older people who have become isolated.

Alcohol



Does alcohol affect people differently as they get older?

As people get older, their bodies change. Alcohol is broken down more slowly, and they become more sensitive to the effects of alcohol. Therefore, if people continue to drink the same amount of alcohol, as they get older, it is likely to affect them more. It is important for people as they get older to be aware of how much they are drinking and perhaps to drink less.

What are the current guidelines for drinking alcohol?

The following guidelines apply to people who drink regularly or frequently (most weeks):

- To keep health risks from alcohol to a low level, it is safest not to drink more than 14 units a week on a regular basis (see page 8 for how many units are in common drinks).
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over three or more days.
- If you have one or two heavy drinking episodes a week, you increase your risk of death from long-term illnesses and from accidents and injuries.

Know your units



275ml bottle alcopop/
ready mixed drink
1.1 units (4%)



250ml (large)
glass
3 units (12%)



Pint of lager/beer
2.3 units (4%)



Pub measure of
spirits (35ml)
1.4 units (40%)

- The risk of developing a range of health problems (including, for example, cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

The guidelines are the same for both men and women.

14 units of alcohol is roughly:

- 6 pints of beer (4%),
OR
- 1.5 bottles of wine (12%),
OR
- 10 pub measures of spirits (40%)



What are the particular risks of drinking alcohol for older people?

The Royal College of Psychiatrists advises that these guidelines may need to be applied more cautiously to older people, who are likely to be more sensitive to alcohol-related harm through the effects of ageing, having more complex physical and mental health problems, a higher risk of interactions with prescribed and other medications and a higher likelihood of problems with memory, reasoning and decision-making than younger people.

Alcohol can interfere with the effects of some medicines. In some circumstances your doctor may recommend drinking less or not drinking at all. It is important to follow such advice.

It is also important to remember that the measures people pour themselves at home, or which friends and family pour, are often a lot more generous than the standard pub measures!



Can an older person be impacted by alcohol use?

Yes – about a third of older people impacted by alcohol use may experience this for the first time in later life. Bereavement, physical ill-health, becoming a carer, loneliness, difficulty getting around and social isolation can lead to unhappiness and depression. No longer working, changes in routine, financial, housing and other circumstances can lead to an increase in substance use (including over-the-counter and prescribed medication).

Older people can become socially isolated in many ways, including loss of contact with their family, loss of a partner due to bereavement, loss of mobility, less contact with friends and less involvement with activities in their communities.

Answering these three questions can tell you a little bit more about your drinking. Circle your score for each question then add them up.

How often do you have a drink containing alcohol?	Score
Never	0
Monthly or less	1
2–4 times a month	2
2–3 times a week	3
4 or more times a week	4

How many units of alcohol do you have on a typical day when you're drinking?

See page 8 for unit content of common drinks.	Score
1 or 2	0
3 or 4	1
5 or 6	2
7 to 9	3
10 or more	4

How often in the last year have you had six or more units of alcohol in one occasion?

	Score
Never	0
Less than monthly	1
Monthly	2
Weekly	3
Daily or almost daily	4

Total:

If you are a man and scored four or less, or if you are a woman and scored three or less, you are a low-risk drinker. Aim to keep your drinking at these low levels. If you are a man and scored five or more, or if you are a woman and scored four or more, your drinking may be putting your health at risk.

Drugs



Drug use and older people

Drug use among older people tends to involve over-the-counter medicines, bought in shops and pharmacies, and prescription medication. These include painkillers, sleeping tablets, medicines for the treatment of anxiety, depression and other conditions. Reducing inappropriate use of medicines should be discussed with a doctor, who can offer advice and sources of support. Some older people use illegal drugs such as cannabis, cocaine, heroin and amphetamines. Reducing or stopping use of these drugs should also be discussed with a doctor.

Prescribed medication – questions to ask the doctor

It is important for patients to ask the doctor about the medication they have been prescribed, or to take someone with them (family member, carer or friend) to help them understand why a certain drug has been prescribed. It is important to read the patient information leaflet that comes (usually inside the box) with any prescribed or over-the-counter medication. Questions you should ask include:

- Why am I getting this drug and what does it do?
- How, when and for how long will I have to take it?



- Will it interfere with any of the other medications I am taking?
- Will it cure my condition or is it just to give me relief from my symptoms?
- What are the possible side effects – are they minor or major, common or rare?
- Do the benefits outweigh the risks?
- What are my non-drug alternatives, for example are there any lifestyle changes I can make which will help address my condition or relieve my symptoms or are there any alternative therapies or treatments I could try?

Prescribed/over-the-counter drugs and alcohol

It is important that people are always open and honest with their doctor/health professional about the medication that they are taking (both prescribed and over-the-counter) and about their alcohol intake as mixing medicines and alcohol can be extremely harmful. Older people are particularly at risk as ageing slows the body's ability to break down alcohol, so it remains in a person's system longer. Older people also are more likely to take medication that is known to interact with alcohol.

Alcohol, drugs and older people – myths and reality

A number of myths exist about older people and alcohol and drug use.



Myth: older people don't experience substance-related problems

The Health Survey Northern Ireland (2022/23) found that 15% of people aged 65-74, and 7% of people aged 75 and over, report drinking above recommended weekly limits.

Furthermore, older people receive the highest proportion of prescribed medication dispensed in the UK. Older people can misuse prescribed medication in a number of ways such as by using a higher dose than directed, using for a longer time period than recommended, taking alcohol along with prescribed medication and by borrowing medication that has not been prescribed by their GP for their own personal use.

Also, as with their younger counterparts, older people (especially those in the younger age bracket of older age) may also use illegal drugs.

Myth: alcohol helps you sleep

Alcohol disrupts normal sleep patterns and too much alcohol can result in waking during the night.



Myth: the only older people at risk of developing alcohol-related problems are those who have been drinking heavily since their twenties or thirties.

The 'late onset' group, which makes up about a third of older people with alcohol problems, developed the problem after the age of 50; contributory factors can include bereavement, retirement, social isolation and mental or physical health problems. Older people who drink occasionally but who sometimes, or often, drink to excess are also at risk of developing alcohol-related problems.

Myth: why talk to an older person about their drinking – isn't it their only pleasure in life?

Older people have the same right to access health-related information as younger people. Many older people would like to reduce their drinking or drug use, but haven't been presented with the opportunity. Would it be acceptable to think this about a younger person's drinking or drug use?

Older people who have problems with alcohol and/or drugs can be treated effectively – they can recover and maintain an improved quality



of life. Simply by asking older people about their use and assessing it against the recommended levels for lower-risk drinking and/or the medication they are using, health professionals are best placed to assist an older person in making positive changes that will ultimately improve their short-term and long-term health.

Myth: older people can't change their behaviour at their age

Research shows that older people are just as capable of changing their behaviour as any other age group. Many older people have not only addressed their alcohol or drug problem but have also made positive changes in other areas of their lives, for example health, family relationships, social contacts by reducing or stopping their use of alcohol and/or drugs.

Sources of help, support and information



If you are concerned about your drinking, drug use, or use of prescribed/over-the-counter medication, you should first talk to your GP who will be able to advise you how to cut down or stop your use of alcohol and/or drugs. If your GP feels that you need help in addressing your alcohol and/or drug use they will be able to refer you on to a specialist service either in the statutory or community setting.

The website <https://drugsandalcoholni.info> signposts information and support for people in Northern Ireland who have problems with alcohol or drugs. It includes directories of services for each Health and Social Care Trust area, with details of the age range they cater for, what support they can offer and how to access them.



"Addressing drugs and alcohol together"



For information on maintaining good mental health go to www.mindingyourhead.info



If you are in distress or despair, contact **Lifeline**, a free and confidential 24-hour helpline service on **0808 808 8000** who can also direct you on to appropriate services. Deaf people and those with hearing difficulties or speech impairment can contact **Lifeline** on Textphone **18001 0808 808 8000**





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Find us on:



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