

'Our invisible Addicts'

Public Health and Substance Misuse in Older People

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AIMS AND BACKGROUND

In 2011 the publication of **Our Invisible Addicts** represented an important landmark in recognising the extent of substance-related health problems amongst older people. Since then, our knowledge concerning the clinical and public mental health aspects of substance misuse in older people has continued to advance. Concurrently substance misuse amongst older people (usually referring to those aged over 50 years) has continued to grow as the population of "baby boomers" ages, increasing both the number of older people and the percentage of the older population with experience of substance misuse. Given the further experience and knowledge gained, it was considered timely to readdress the issue and to review and revise the original report and build on its recommendations.

The complex constellation of risks that older people with addictions face and create can result in presentation to a variety of services such as older people's mental health, addictions, primary care, acute hospital settings, social care, housing, criminal justice and the voluntary sector. In many cases the staff in these settings have little specialist knowledge of how to deal with such complexity. Similarly the public is poorly informed about the relationship between drinking and health risks in older people. There is also a need to improve knowledge and awareness around the increasing use of illicit and prescription drugs, as well as the harm caused by novel psychoactive substances, substances acquired using the internet, and other addictions accompanying substance misuse such as gambling.

METHODS

- An Expert Working Group led by the Royal College of Psychiatrists with representation from its Faculty of Addiction and Old Age Psychiatry, from the Royal College of General Practitioners and the British Geriatrics Society, was established to update and write a revised report led Professor Ilana Crome and Dr Tony Rao.
- Knowledge, skills and experience of health professionals from the field was garnered, including a patient's perspective.
- A systematic literature review was undertaken to identify new material.

RESULT

An up to date evidence-based revision of the 2011 report – Our Invisible Addicts, that..

- Emphasises the need for comprehensive assessment.
- Highlights the relevance of alcohol related brain damage and physical complications.
- Details the nature, range and benefits of age-sensitive treatment approaches.
- Explores best practice in service delivery and implementation.
- Discusses need for developing education and training to improve workforce competencies.
- Suggests future areas for research and development.
- Clarifies the role and relevance of ethical and legal aspects of care.

KEY MESSAGES

- The older substance misuser is poorly represented in the range of policy initiatives, though this may be changing very gradually.
- Greater value needs to be placed on the requirements and wishes of older substance misusers.
- Diverse approaches are required to minimise the health, social and economic consequences for a population of "baby boomers" who have the fastest rate of rise of substance misuse in the population. These include raising awareness, limiting availability of and access to substances, and improving access to care.
- Campaigning is required to reduce stigma associated with alcohol and substance misuse among the public and professionals.



- Greater recognition of the scale of the problem should be promoted by wider dissemination of up to date research.
- Evaluation of the economic impact of substance use in older people should be initiated.
- Given the distinctive features of substance misuse in older people, identification of how some of their special health and social needs differ from younger adults needs to be reflected in policy.
- Due to the strong relationship between substance misuse and mental and physical health in older people, acknowledgement that management of complex comorbidities are the norm needs to be recognised in policy development.
- Approaches to treatment and rehabilitation need to be tailored and adapted from those found to be effective in younger people, and development of novel approaches need to be prioritised.
- Provision of more addiction services focussed on the needs of older substance misusers is required.
- Enhancing training at all levels including training more addiction psychiatrists and old age psychiatrists with specialist knowledge to manage the specific needs of older substance misuser is central to creating a cadre of professional leaders.
- Due to a dearth of research, there is scarce specific evidence to inform policy decisions in older people who misuse substances. There is a lack of research on policies that specifically target the older person's substance misuse and associated harms.
- To meet older substance misusers' needs, concerted effort is required by stakeholders including the National Health Service, independent sectors, mental health charities and other relevant charitable organisations; older people themselves; and financial support and direction by government to develop coherent integrated policies.
- A national strategy focussed on older substance misusers which is imaginative, viable, sustainable and evidence based should be developed.

GENERAL RECOMMENDATIONS

For too long the topic of substance misuse in older people has been ignored. A new approach, that is non-discriminatory, comprehensive and needs-led, is now essential.

This can be achieved in the following ways:

1. Promote public and professional education to increase awareness of, and reduce stigma around, substance misuse in older people by working with patients and carers, the media, health and social care providers, Royal Medical Colleges and Allied Health Professionals.
2. Recognise that older people have distinctive needs. The treatment and care of this invisible, complex and vulnerable group should be reflected across public health, clinical, service delivery, research and development, educational, legal, ethical and policy domains by working with patients and carers, health and social care providers, educational, charitable and research organisations, Royal Medical Colleges and Allied Health Professionals.
3. Improve dissemination of up to date information about substance misuse in older people to improve understanding of the scale of the problem by informing patient and carer groups, the media, professional and charitable organisations.
4. Encourage further debate with professional, charitable and research organisations on, and defining what constitutes "older people", in recognition that older substance misusers are a heterogeneous group with different sub-groups requiring diverse responses from services, for professional training, and for research policy.
5. Emphasise the mental health, physical health, social and financial implications for public health and society as a whole in not meeting the needs of older people with substance misuse by working with health and social care providers, charitable and research organisations, Public Health England and NHS England.



RECOMMENDATIONS RELEVANT TO PROFESSIONAL BODIES AND SPECIALIST SERVICES

Improve public and professional awareness of the need for, and role of, specialist services for substance misuse by working with the media, patient and carer groups, medical schools, Royal Medical Colleges, the British Medical Association, British Geriatrics Society, British Psychological Society, Royal College of Nursing, pharmacists, British Association of Psychopharmacology, and the Society for the Study of Addiction.

Encourage, support and fund research and research training into older people with substance misuse which can better inform policy decisions through working with the Research Councils, NIHR, NICE, Society for the Study of Addiction, British Medical Association, Department of Health and PHE (and the equivalent in Scotland, Wales and Northern Ireland).

Encourage inclusion of older people in all qualitative, descriptive and analytical research studies about substance misuse including prevention, epidemiological and clinical interventions through patient and carer groups, NICE, the Research Councils, NIHR and addiction research charities and journals which focus on older people and/or substance misuse.

Undertake rapid reviews on important research findings relevant to older people and disseminate to practitioners involved in care through NICE, DrugScience, Society for the Study of Addiction, Public Health England, Alcohol Research UK and the International Society of Addiction Journal Editors (ISAJE).

Encourage research on the economic impact of substance misuse in older people, including the health and social costs of misuse and cost effectiveness of treatment in collaboration with NICE, the Research Councils, NIHR and addiction research charities.

OVERALL CONCLUSION

This work identified gaps and contradictions in the range and availability of services for older substance users. A national strategy is needed that provides integrated policies devised by stakeholders, with financial support and direction by government, and driven at local, regional and national levels. To underpin this a clinical workforce with the appropriate knowledge, skills and attitudes is required.

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