It's about time

Tackling substance misuse in older people

A briefing by DrugScope on behalf of the Recovery Partnership



DrugScope

Recovery Partnership

About DrugScope and the Recovery Partnership

DrugScope is the national membership organisation for the drug and alcohol field and the UK's leading independent centre of expertise on drugs and drug use. We represent around 450 member organisations involved in drug and alcohol treatment and supporting recovery, young people's services, drug education, criminal justice and related services, such as mental health and homelessness. DrugScope is a registered charity (number: 255030). Further information is available at www.drugscope.org.uk

The Recovery Partnership was formed by DrugScope, the Recovery Group UK and the Substance Misuse Skills Consortium in May 2011 to provide a new collective voice and channel for communication to ministers and the Government on the achievement of the ambitions in the Drug Strategy. Building on the important work of sector membership, umbrella organisations and other groups, the Recovery Partnership is able to draw on a broad range of organisations, interest groups and service user groups and voices. More information is available at http://www.drugscope.org.uk/partnersandprojects/Recovery+Partnership

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We would also like to thank those who presented at and attended the roundtable event we held for an insightful and challenging discussion. A full list of roundtable attendees is provided in the Appendix to this briefing.

Definitions

'Older people' can be defined and understood in a variety of ways. In certain contexts in the UK, it is often taken to mean those aged 65 and over; however, this threshold is flexible – the National Service Framework for Older People, for instance, highlights that the category of those 'entering old age' can include people as young as 50.[1]

Definitions of 'older people' are also flexible within the substance misuse field. In the case of the 'ageing heroin-using population', for instance, those aged 40 and over are defined as 'older',[2] while some alcohol services for older people are targeted at those aged 50 and over, or those aged 55 and over. A range of definitions and age thresholds are offered in the research literature on older people and substance misuse.

Where statistics or research findings cited refer to specific age groups among older people, we make this clear. However, in keeping with the flexibility within the drug and alcohol field and, indeed, more broadly, we do not offer a fixed definition of 'older people' in this briefing.

1 Department of Health (2001) *National Service Framework for older people* – available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/198033/National_Service_Framework_for_Older_People.pdf
2 Public Health England (2013) *Drug treatment in England 2012-13* – available at http://www.nta.nhs.uk/uploads/adultstats2012-13.pdf

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Introduction

It is well known that, in general, alcohol use declines with age, and use of illicit drugs is less common in older people than in their younger counterparts. However, as the Royal College of Psychiatrists highlighted in its comprehensive 2011 report *Our invisible addicts*, "the proportion of older people in the population is increasing rapidly, as is the number of older people with substance use problems."[3] It has been estimated that, in Europe, the number of older people with substance use problems or requiring treatment for substance misuse will more than double between 2001 and 2020.[4]

In spite of this, as the title of the Royal College of Psychiatrists' report clearly indicates, older people with substance use problems have historically been a marginalised group, whose particular needs have not been well met. Indeed, a 2012 study on older drug users notes that "a decade ago substance misuse among older people was described as a 'silent epidemic', and recent publications continue to identify this as a hidden and overlooked group."[5]

This briefing brings together information about older people and substance misuse, which we take to include use of alcohol, illicit drugs and prescribed and over-the-counter medications, from a range of sources, including: published research and reports; service visits, conducted in late 2013; information sent by specialist services that we were unable to visit;[6] and a roundtable held in October 2013, attended by academics, policy specialists, practitioners, and former service users (for a full list of attendees, see the Appendix). In doing so, it aims to identify some of the key issues and problems in this area, and make achievable recommendations for change, so that older people experiencing substance use problems are able to access the support they need.

Setting the scene: Facts and figures

Alcohol

According to Wadd et al (2011), "evidence suggests that the UK may be on the cusp of an epidemic of alcohol-related harm amongst older people." Those aged 65 and over form a small proportion of those in alcohol treatment – 3% of both men and women. However, an estimated 1.4 million people in this age group currently exceed recommended drinking limits.[7]

Across 2002-2010, there was a marked increase in alcohol-related hospital admissions across all age groups, but the increase was greatest for older people: for men aged 65 and over admissions rose by 136%, and for women in this age group by 132%. In 2010, there were almost half a million alcohol-related admissions for those aged 65 and over, meaning that they accounted for 44% of all these admissions, despite comprising just 17% of the population.[8] During the last decade, there has been an 87% increase in alcohol-related death rates in men aged 55-74; for women, this figure is 53%. In 2010, there were 3,651 alcohol-related deaths in men and women aged 55 and over in England.[9]

3 p.6; Royal College of Psychiatrists (2011) *Our invisible addicts: First report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists* – available at http://www.rcpsych.ac.uk/files/pdfversion/cr165.pdf
4 European Monitoring Centre for Drugs and Drug Addiction (2008) *Substance use among older adults: A neglected problem* – available at http://www.emcdda.europa.eu/attachements.cfm/att_50566_EN_TDAD08001ENC_web.pdf
5 p.20; Ayres, R., Eveson, L., Ingram, J. and Telfer, M. (2012) 'Treatment experience and needs of older drug users in Bristol, UK', *Journal of Substance Use,* 17/1, 19-31.
6 This was as a result of distance; one of the services we contacted was in Scotland, and the other in Northern Ireland.
7 Wadd, S., Lapworth, K., Sullivan, M., Forrester, D. and Galvani, S. (2011) *Working with older drinkers* – available at http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0085
8 Wadd, S. and Papadopoulos, C. (2013) *Drinking behaviour and alcohol-related harm amongst older adults: Analysis of existing datasets* (submitted for publication).
9 Office for National Statistics (2012) *Alcohol-related deaths in the UK 2010* – available at http://www.ons.gov.uk/ons/dcp171778_254061.pdf

In addition, as was highlighted at the roundtable event we held, 'baby-boomers' – the oldest of whom are now reaching old age – formed their attitudes about alcohol when it was becoming more widely available and socially acceptable. They have drunk more in middle age than previous generations; if they continue with this relatively high level of drinking, it is likely that we will see a larger number of older people with alcohol problems as this cohort continues to make the transition into old age across the next two decades.

Illicit drugs

Overall, the number of people in drug treatment is declining, as is the number of people starting treatment for heroin and crack cocaine. However, the number of people aged 40 and over in treatment is rising, as is the number of people in this age group who are 'new starters'. As Public Health England (PHE) highlights in the most recent drug treatment statistics, an 'ageing population' is now becoming "one of the key features of drug treatment in England". Overwhelmingly, this ageing population is made up of heroin users; PHE notes that "this older, less healthy population with its persistent problems present a significant challenge for treatment services in the years ahead."[10]

Illicit drug use among older people is not simply about the ageing heroin-using population, however. Data in this area, beyond treatment statistics, is limited: the Crime Survey for England and Wales (formerly the British Crime Survey), which examines extent and trends in illicit drug use, has an age cut-off of 59, as prevalence of drug use by those aged 60 and over is deemed not to warrant their inclusion. However, a recent study examining illicit drug use in those aged 50 and over has concluded that "use of some illicit drugs, particularly cannabis, has increased rapidly in mid- and late-life", highlighting that "prevalences may rise as populations for whom illicit drug use has been more common and acceptable become older."[11] While, as with younger people, use of drugs such as cannabis will not cause difficulties for many older people, there is the possibility that for some – particularly those who are longer-term users – it may become problematic.



Prescription and over-the-counter medications

Data about the prevalence of misuse of prescription and over-the-counter (OTC) medications among the general population is limited. However, a 2011 report from the National Treatment Agency on addiction to medicines highlights that in 2009-10, 16% (32,510) of people in drug treatment services reported problems with use of

10 pp.5-6; Public Health England (2013) *Drug treatment in England 2012-13*.
11 p.1; Fahmy, V., Hatch, S., Hotopf, M. and Stewart, R. (2012) '*Prevalences of illicit drug use in people aged 50 years and over from two surveys', Age and Ageing*, 0, 1-4 – available at http://ageing.oxfordjournals.org/content/early/2012/03/16/ageing.afs020.full.pdf+html

prescribed and/or OTC medications – 2% reported this as their primary problem, and 14% reported it as a problem additional to their dependency on illicit drugs.[12]

With particular reference to older people, those aged over 65 use about one third of all prescribed drugs, often including benzodiazepines (which are widely used in the treatment of anxiety and insomnia) and opioid analgesics (which include codeine).[13] The Royal College of Psychiatrists has noted that, while older men are at greater risk of developing alcohol and illicit substance use problems than older women, "older women have a higher risk of developing problems related to the misuse of prescribed and over-the-counter medications."[14] Indeed, evidence given to the APPG on Drug Misuse inquiry into addiction to prescription and OTC medications highlighted that two-thirds of those addicted to benzodiazepines through long-term use are female.[15]

Older people may also demonstrate complex patterns of substance use in relation to prescribed and OTC medications and, for instance, alcohol.

Policy context

In *Our invisible addicts*, the Royal College of Psychiatrists notes that "the current situation in terms of a policy framework for the prevention of substance misuse by older people and the planning and provision of services for its treatment is generally characterised by a disturbing silence." The report goes on to highlight that the National Service Framework for Older People, which sets quality standards for health and social care, does not "acknowledge that addiction, in its broadest or narrowest sense, is of relevance to planning service provision for older people."[16]

There are few mentions of older people in national policy documents focusing specifically on substance misuse. The 2012 Alcohol Strategy, which takes a 'public health' approach and is very much focused on younger people and families, makes one reference to older people, highlighting that the Chief Medical Officer will be asked to oversee a review of recommended weekly limits for adults, including "whether separate advice is desirable … for people over 65".[17] While the 2010 Drug Strategy[18] points to the ageing heroin-using population, there are no further specific mentions of older people. However, the recovery model set out by the strategy, which highlights four broad areas of 'recovery capital' for those experiencing dependency, includes references to areas such as personal relationships ('social capital'), having "money and a safe place to live" ('physical capital') and mental and physical health ('human capital'), all of which have a clear relevance and often a particular resonance for older people (for example, in relation to issues such as social isolation, susceptibility to specific health problems or forms of poverty).

Following the abolition of the National Treatment Agency in April 2013, budgets and commissioning responsibilities for drug and alcohol services have been transferred to Directors of Public Health, based in local authorities. There is, as a result, a very clear emphasis on local decision making and commissioning based on assessment of local need; however, some central guidance has been published for local areas, including the Public Health Outcomes Framework.[19] This includes a number of indicators that may be of particular relevance to older people with

12 National Treatment Agency (2011) *Addiction to medicine: An investigation into the configuration and commissioning of treatment services to support those who develop problems with prescription-only or over-the-counter medicine* – available at http://www.nta.nhs.uk/uploads/addictiontomedicinesmay2011a.pdf
13 European Monitoring Centre for Drugs and Drug Addiction (2008) *Substance use among older adults: A neglected problem*.
14 p.22; Royal College of Psychiatrists (2011) *Our invisible addicts.*
15 All-Party Parliamentary Drugs Misuse Group (2008) *An inquiry into physical dependence and addiction to prescription and over-the-counter medication* – available at http://www.drugscope.org.uk/Resources/Drugscope/Documents/PDF/Appgotcreport.pdf
16 p.37; Royal College of Psychiatrists (2011) *Our invisible addicts*.
17 p.24; Home Office (2012) *The Government's alcohol strategy* – available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224075/alcohol-strategy.pdf
18 Home Office (2010) *Drug Strategy 2010: Reducing demand, restricting supply, building recovery* – available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/118336/drug-strategy-2010.pdf
19 Department of Health (2012) *A public health outcomes framework for England 2013-16* – available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263658/2901502_PHOF_Improving_Outcomes_PT1A_v1_1.pdf

substance misuse problems, including 'alcohol-related admissions to hospital' and 'mortality from liver disease', as well as 'health-related quality of life for older people' and 'social connectedness'.

Public Health England has also set out a number of areas where "we are committed to taking action on a national scale", including reducing preventable deaths and ill health associated with alcohol, and "reducing the burden of disease and disability in life by focusing on preventing and recovering from the conditions with the greatest impact", including drug dependency.[20]

Service case study: Addiction NI – Older Focus service

Addiction NI's Older Focus service has been providing specialist treatment programmes for older people with substance misuse problems and family members since 1997. The service currently employs nine social workers who deliver the programmes, across four of the five Health Care Trusts in Northern Ireland.

The service also employs a Training/Community Development Worker, whose work includes delivering training and awareness-raising sessions within the community, as well as recruiting and training champions and peer educators.

The Older Focus service provides a range of treatment options, including one-to-one support, group work and family work, and psychoeducational sessions are delivered to older people attending statutory and voluntary sector day centres. Training is also provided for a range of statutory, community and voluntary sector staff. An open referral system is operated, and currently 50% of service users self-refer. Around three-quarters of services users are referred in relation to their own alcohol problem, 3% in relation to their own drug problem, and just under 20% in relation to a family member's alcohol problem. Just under half of service users – 45% – choose to receive the service in their own home.

The Older Focus service can be contacted on 028 9066 4434. More information is available on Addiction NI's website: http://addictionni.com/help/older-persons-service/

Routes into substance misuse for older people

Older people with alcohol use problems have been categorised into 'early onset' and 'late onset' drinkers. It has been estimated that two-thirds of older people with alcohol problems fall into the early onset category – that is, people who have a long history of alcohol misuse which persists into old age. Alcohol problems among those in the late onset category may begin as a result of stressful life events or adverse circumstances linked to the ageing process, including retirement, marital breakdown and bereavement. Social isolation and loneliness have also been identified as a significant cause of alcohol problems, and indeed substance misuse more generally, among older people; isolation may also be a consequence of drug and alcohol problems.

While 'early onset' and 'late onset' are not as readily recognised as categories in relation to illicit drug use, this distinction has been made. As highlighted earlier, there is an ageing drug-using population of predominantly heroin users whose substance misuse is continuing into older age; it was also observed at the roundtable event that there is some evidence to suggest that casual drug use, including use of cannabis, may be more often persisting into older age. Alongside this, in relation to late onset use, one recent research study exploring illicit drug use among older people has noted that, while most participants in the study were early onset users, "two had started using illegal substances in their early 50s following stressful life changes", and highlights, accordingly, that "older

20 Public Health England (2013) *Our priorities for 2013-14* – available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/192676/Our_priorities_final.pdf

people are often exposed, as a matter of course, to many of the stress factors that may trigger drug use, such as bereavement, financial restrictions, isolation and ill health".[21]

Indeed, it was highlighted at the roundtable that data from the 2007 Psychiatric Morbidity Survey indicates that some of those aged 50 and over who had used cannabis in the last 12 months were late onset users. It is possible that some late onset use of cannabis may be a form of 'self-medication' for health problems, and thus specifically related to ill health. However, it is not possible to ascertain this from the available data.

As noted in a previous section, those aged over 65 use about one third of all prescribed drugs, and the role of increased levels of discomfort and pain in older age – including long-term illness and chronic conditions – in the misuse of prescribed and OTC medications has been highlighted.[22] The increasing ease of access to medications, including those that are codeine-based, was also highlighted at the roundtable event, with a particular emphasis on the role of the internet.[23] Misuse of prescription and OTC medications may be either intentional or inadvertent.[24]

Service case study: Drug and Alcohol Service for London (DASL) – Silver Lining project

DASL's Silver Lining project, funded by Comic Relief, is a service for men and women aged 55 and over, living in the London boroughs of Greenwich or Bexley, who are concerned about their drinking. DASL has found that the majority of those accessing the project want to change their drinking habits, but aren't seeking abstinence.

The project offers both one-to-one and group support. The group, which meets on a weekly basis, is facilitated by peer mentors, and has a therapeutic element to it; it also has a clear focus on creative and social activities, to offer an experience of community and address the isolation and loneliness that older people with alcohol problems can experience.

Peer mentors provide a range of support on an individual basis, from counselling to help with more practical issues, such as supporting service users to use public transport. DASL has found peer support to be a useful way of encouraging and maintaining engagement with the project; it can, for instance, help to mitigate concerns that some older people may have about accessing a substance misuse service, which they may perceive to be quite an intimidating environment.

The Silver Lining project works with people on a long-term basis; as they highlight, the complexity of the issues experienced by older people with alcohol problems means that this is a key aspect of the service. The project also provides support to professionals from other services who have concerns about the alcohol use of older people they are working with, and to families and carers.

The Silver Lining Project can be contacted on 020 8257 3068 or 07920 876 983 or by email at aop@dasl.org.uk. More information is available on DASL's website: http://www.dasl.org.uk/bexley-services.html

21 p.29; Ayres, R., Eveson, L., Ingram, J. and Telfer, M. (2012) 'Treatment experience and needs of older drug users in Bristol, UK'. Other studies highlighting instances of late onset illicit drug use include Boeri, M. W., Sterk, C. E. and Elifson, K. W. (2008) 'Reconceptualizing early and late onset: A life course analysis of older heroin users', *Gerontologist*, 48/5, 637-645 and Kouimtsidis, C. and Padhi, A. (2007) 'A case of late-onset dependence on cocaine and crack', *Addiction*, 102/4, 666-667.

22 Royal College of Psychiatrists (2011) *Our invisible addicts*.

23 See also House of Commons Home Affairs Committee (2013) *Drugs: New psychoactive substances and prescription drugs – twelfth report of session 2013-14* – available at http://www.publications.parliament.uk/pa/cm201314/cmselect/cmhaff/819/819.pdf

24 See Public Health England (2013) *Commissioning treatment for dependence on prescription and over-the-counter medicines: A guide for NHS and local authority commissioners* – available at http://www.nta.nhs.uk/uploads/pheatmcommissioningguide.pdf. This points to "distinct but overlapping populations using these medicines … those who use prescription and OTC medicines as a supplement or alternative to illicit drugs, or as a commodity to sell; those who overuse prescription or OTC medicines to cope with genuine or perceived physical or psychological symptoms; and those for whom the prescribed use of a medicine inadvertently led to dependence, sometimes called involuntary or iatrogenic addiction" (p.1).

Risks of and problems associated with substance misuse in older people

As the Royal College of Psychiatrists has highlighted, "because of physiological changes associated with ageing, older people are at increased risk of adverse physical effects of substance misuse, even at relatively modest levels of intake".[25] Physical problems associated with alcohol use include coronary heart disease, hypertension and strokes; gastrointestinal problems; liver problems, including cirrhosis; and cancer of the liver, oesophagus and colon. It was noted at the roundtable event that, as people get older, alcohol-related physical conditions become harder to treat, which is reflected in the higher rates of alcohol-related hospital admissions for those aged 65 and over; a further likely contributing factor here is that many older people, by virtue of their age, have often been drinking for longer periods of time than younger age groups.



In terms of mental health problems, depression and cognitive impairment, which are common in older people, may be associated with alcohol misuse.[26] Recent research has highlighted that in people aged 60 and over in England, hospital admissions for mental and behavioural disorders associated with alcohol use outnumber those for alcohol-related liver disease.[27]

Alcohol use can also be associated with falls in the elderly; additionally, it may exacerbate incontinence problems. It may interact with medications, too, both prescribed and OTC, and exacerbate side effects or cause a new syndrome.[28]

Long-term medical conditions, including hepatitis C, were highlighted as a particular issue for older people with drug problems at the roundtable event, although they may not be receiving treatment for these.[29] The higher risk of overdose for older drug users was also pointed to, especially in cases where alcohol and benzodiazepines are being used 'on top' of illicit drugs, particularly opiates. Additionally, smoking was pointed to as a significant issue for the 'substance misuse population': while 1 in 5 of the general population smokes, a recent study has highlighted substantially higher rates among those with drug and/or alcohol problems, with around 4 in 5 of those being treated for addiction under an NHS Foundation Trust in London saying that they currently smoke.[30] A long-term follow-up

25 p.7; Royal College of Psychiatrists (2011) *Our invisible addicts.*
26 Wadd, S., Lapworth, K., Sullivan, M., Forrester, D. and Galvani, S. (2011) *Working with older drinkers*.
27 Rao, T. (2013) *Trends in alcohol-related admissions for older people with mental health problems: 2002 to 2012* – available at http://www.alcoholconcern.org.uk/publications/other-publications/alcohol-and-the-mental-health-of-older-people
28 Wadd, S., Lapworth, K., Sullivan, M., Forrester, D. and Galvani, S. (2011) *Working with older drinkers.*
29 See also Ayres, R., Eveson, L., Ingram, J. and Telfer, M. (2012) 'Treatment experience and needs of older drug users in Bristol, UK'.
30 Cookson, C. and McNeill, A. (2013) 'Smoking prevalence in South London and Maudsley NHS Foundation Trust' (not yet published).

study in Sweden, which analysed the causes of death of 210 opioid users, found that a fifth of these deaths were a result of cardiovascular diseases.[31]

While offending behaviour is more commonly associated with younger people – and, indeed, evidence clearly indicates that people often 'grow out of' crime – involvement with the criminal justice system is nevertheless a risk for older people with drug and alcohol problems. Those who are part of the ageing drug-using population may continue to commit offences (often acquisitive) to finance their drug use; as with younger people, alcohol use may also be associated with violent behaviour in older people. The roundtable also highlighted an increase of 41%, across 2000-2009, in convictions of people aged 65 and over for drink and drug driving, compared with a decrease over the same period in people below this age range.[32]

Older people with substance misuse problems may also be vulnerable to exploitation – for instance, if they are unable to leave their home as a result of mobility problems, they may rely on others to purchase alcohol or other substances for them, with associated risks of exploitation (e.g. money being taken but alcohol not being supplied in return). Research has indicated that some older people may also be "encouraged to drink by carers to make them more compliant."[33]

Service case study: Bristol Drugs Project (BDP) – '50 Plus Crowd'

Bristol Drugs Project's '50 Plus Crowd' service is open to anyone who is aged 50 and over and has drug and/or alcohol problems. The service is funded by the NHS, to achieve outcomes related to improved health and wellbeing among older people, rather than more conventional 'recovery-oriented' outcomes. Currently, the majority of people using the service are those who are on long-term methadone scripts with the BDP shared care team, who have not been engaging with treatment services beyond these appointments.

Regular social activities – including swimming, yoga, dance therapy, gardening and walking – are a core part of the service, and aim to support service users to meet other people, develop a social network and build their confidence. An important part of all activities is their sustainability; BDP focus on those that service users will be able to continue engaging with once they have left the service. There is also a twice-weekly group, which meets on Wednesday afternoons and Saturday mornings.

A key aspect of the service is its flexibility; service users can 'dip in and out', and there is no pressure to attend on a regular basis. Practitioners send text messages to those who are 'on the books' of the service on a regular basis, to let them know about upcoming activities and events; service users have explained that they find this useful, and that it 'keeps the door open', which can help them to re-engage if they haven't attended for some time. Attending social activities and the regular group can be a route back into more structured treatment and engagement with the wider community.

BDP is funded to share its learning from the service with other agencies, and to deliver training on working with older people. The service is currently being externally evaluated.

The '50 Plus Crowd' service can be contacted on 0117 987 6016. BDP's website is at http://www.bdp.org.uk/

31 European Monitoring Centre for Drugs and Drug Addiction (2010) *Treatment and care for older drug users* – available at http://www.emcdda.europa.eu/attachements.cfm/att_120120_EN_EMCDDA_SI10_Ageing.pdf
32 Response to a Freedom of Information request; data presented at roundtable event.
33 p.8; Wadd, S., Lapworth, K., Sullivan, M., Forrester, D. and Galvani, S. (2011) *Working with older drinkers*.

Barriers to support

Barriers to accessing support with substance misuse problems for older people are many and varied. Focusing on alcohol misuse, Wadd et al (2011) identify a range of professional attitudes that can hinder access to help:

- Lack of awareness that alcohol misuse is a potentially important problem for older people;
- Reluctance to ask embarrassing questions of older people;
- Attitude that older people are too old to change their behaviour;
- Lack of confidence in skills to take action;
- Belief that it is wrong to 'deprive' older people of their 'last pleasure in life';
- Inability to identify signs and symptoms of alcohol problems in older people.

Some of these attitudes may also play a role in preventing access to support for older people who are using illicit drugs and prescribed and/or OTC medications.

Identifying substance misuse problems in the first place may be hindered by inappropriate screening tools: it has been noted, for instance, that "as older people are more sensitive to the effects of alcohol due to the physiological effects of ageing, screens such as AUDIT which use amount of drinking to define hazardous drinking may be poor indicators of alcohol problems in older people."[34] Symptoms of substance misuse may also be attributed to other conditions, both physical and mental[35] – which may, of course, be linked to an assumption that older people do not experience substance misuse problems.

Barriers to support also include those that are personal, such as older people feeling embarrassed or ashamed about asking for help, either because of a feeling that they shouldn't need support or because, as an interviewee for one research study put it, "I feel embarrassed that I'm still using at this age".[36] Indeed, the stigma attached to addiction may prove a significant barrier to seeking help. Some longer-term users, who may have attended treatment services on and off for a number of years, may feel reluctant to re-engage as a result of 'failure' in the past; there may also be a feeling (mirroring that of some professionals) that "it's too late". With particular reference to alcohol, there may be limited awareness of 'safe' levels of consumption, and/or non-identification of levels of consumption as problematic – for instance, the attitude that "I've always been a heavy drinker". This may also be the case in relation to prescribed and OTC medications.

Barriers can also be practical – for instance, transport or mobility difficulties may stop older people from physically getting to a service. Similarly practical in nature, those experiencing problems with prescribed and/or OTC medications may simply not know where to turn for help – and, indeed, help that is available may not be well advertised.

Mixed-age drug and alcohol services may not feel a particularly comfortable or welcoming environment for older people; some may find younger users 'hectic' or 'chaotic', and may even find them intimidating.[37] At the roundtable event, it was also highlighted that because of the way that substance misuse services are commissioned and configured, some have an upper age limit; it was noted that, for instance, residential substance misuse services regulated by the Care Quality Commission (CQC) will usually not accept those aged 65 and over, as a result of the requirements placed on residential care for those deemed to be 'elderly', which generic drug and alcohol treatment services may not realistically be able to meet.

In spite of these barriers, however, it is important to note that evidence indicates older people with substance use problems do as well, and sometimes better, in treatment than younger adults.[38]

34 p.16; Wadd, S., Lapworth, K., Sullivan, M., Forrester, D. and Galvani, S. (2011) *Working with older drinkers.*
35 Royal College of Psychiatrists (2011) *Our invisible addicts.*
36 p.24; Ayres, R., Eveson, L., Ingram, J. and Telfer, M. (2012) 'Treatment experience and needs of older drug users in Bristol, UK'.
37 *Ibid.*
38 Royal College of Psychiatrists (2011) *Our invisible addicts*; see also Rao, R. (2013) 'Outcomes from liaison psychiatry referrals for older people with alcohol use disorders in the UK', *Mental Health and Substance Use*, (ahead of print), 1-7

Service case study: Thames Reach – Robertson Street project

Thames Reach's Robertson Street project, based in the London borough of Lambeth, is a resettlement hostel for those aged 40 and over with substance misuse problems. The majority of its residents have alcohol problems, although they have also recently started to accept those with drug problems. Currently, the oldest resident is 85, and the youngest is 38; although the age threshold is set at 40, people are assessed on a case-by-case basis, and those who are 'under age' but need the specialist support it provides can be accepted by the hostel.

Many of the hostel's residents have serious physical and/or mental health problems. Carers visit the hostel on a regular basis for those who have a social care package, although accessing the appropriate amount of social care for some individuals can be difficult. A significant number of residents have cognitive problems, and some have dementia, often related to alcohol misuse. A high level of support and ongoing reassurance for these residents is crucial, and the team provides 24-hour support to ensure continuity. The target stay is two years before moving onto longer-term accommodation, although the needs of residents can mean that this is difficult to find.

Residents have varied goals in terms of their substance misuse – some will stop drinking altogether, while others are aiming to reduce their alcohol use rather than becoming abstinent. The hostel runs an Alcohol Management Programme, which supports residents to reduce their consumption, including a focus on switching from 'super strength' alcohol to drinks with an alcohol content of less than 6.5%. Staff provide a range of additional support to residents, including one-to-one support, help to engage with healthcare staff including GPs, advocacy, preparation for resettlement and activities to ensure residents use their time constructively. With the help of volunteers, the hostel also runs a range of social activities.

The Robertson Street project can be contacted on 020 7720 9505. More information is available on Thames Reach's website: http://www.thamesreach.org.uk/what-we-do/hostels/robertson-street/

Positive interventions

Older people with substance misuse problems are not a homogenous group, and various interventions may therefore be helpful. Before setting these interventions out, however, it is important to acknowledge that, given the scarcity of specialist substance misuse services for older people – something that, in the current funding climate, seems unlikely to change in the immediate future – the majority of older people who access specialist drug and alcohol services are likely to be treated in mixed-age provision. As such, it is important to identify measures that can be implemented within a mixed-age service that can help to ensure accessibility and appropriateness of treatment. Alongside these measures, there is an ongoing need for robust training and workforce development, so that practitioners have a full understanding of the particular needs of older people with drug and alcohol problems, and are supported to meet them.

Conversely, many older people who develop problems related to substance misuse, particularly those who develop alcohol problems, are unlikely to access or need specialist substance misuse services. Their access to positive and effective interventions will therefore depend on how well other relevant services, including GPs and other primary care providers, older people's mental health services, social care providers and residential services for older people, identify and respond to these issues, including through policies, procedures and workforce development.

Several screening tools aimed specifically at older people have been developed, including the Alcohol-Related Problems Survey (ARPS); these may be more appropriate than generic tools which, as we have highlighted, do not always screen effectively for substance misuse problems.[39]

39 Wadd, S., Lapworth, K., Sullivan, M., Forrester, D. and Galvani, S. (2011) *Working with older drinkers.*

The availability of one-to-one support, including keywork and counselling, can be particularly important for older people because of the stigma they may feel as a result of their substance misuse problems. Throughout the research process for this briefing, however, the importance of social groups and activities has also been emphasised, as a response to the loneliness and isolation that older people may feel, and that may be one of the underlying causes of their substance use. Service users at one service we visited pointed to the importance of meeting "people like me" and discovering that "there are others like me out there"; they emphasised a feeling of acceptance within the group, and also pointed to the wealth of experience and wisdom among those attending the group, and the very useful support that this could provide. Alongside this, it is worth noting that some older people with alcohol problems may not necessarily identify themselves with or feel comfortable accessing services for problem drug users; this needs to be taken into account in designing systems and services.

Some of the services we visited placed a particular emphasis on the 'non-therapeutic' orientation of groups for older people; while it was acknowledged that the groups provided support, the more important aspect was felt to be the opportunity for older people to meet new people, socialise and, ultimately, build the confidence to engage in activities beyond the group. It was also highlighted that, for older people who have been engaging with treatment services for a long period of time, there could be a feeling of 'been there, done that' with therapeutic groups; a more socially-oriented group offered a fresh experience, and for some, may offer a route to re-engagement with more structured treatment. Additionally, some older people preferred the opportunity to meet with others away from the "chaos" of a substance misuse service; the importance of not being "overloaded" with rules within the group was observed, too, to avoid the feeling of being "bossed about".

Longer-term/non-time limited support can be important for some older people, particularly those who have been using substances for a long time and who may have particularly entrenched problems. There is a related issue of outcomes; at the roundtable, the outcomes expected of mixed-age services were pointed to as problematic for some older people with long-term substance misuse problems, for whom abstinence may not be a realistic goal (and in this light, it is interesting to note that the majority of the specialist services we made contact with were not financed by mainstream drug and alcohol funding, but were supported by independent funders). Additionally, for non-dependent drinkers, the goal is to reduce the risk of alcohol-related harm which does not necessarily require abstinence. Interventions to manage problems with prescription and OTC drugs will also need to take account of the importance that medications can have in treating health conditions to which older people are particularly susceptible. It was suggested by some services that, for some older people, a variety of different outcomes may be more appropriate – for instance, focusing on improved levels of health and wellbeing.

Older people may be facing a range of issues alongside their substance misuse, and may be in contact with and receiving support from a number of different services. As such, solid case management and strong partnership working is important to ensure that services are communicating effectively and the needs of the individual are being met. This should include making sure that associated physical and psychological conditions are being addressed and managed. Much can be learnt here from effective practice in working with people with 'dual diagnosis' – that is, co-morbidity of substance misuse and mental health problems (which, indeed, will often be directly relevant to older people).[40]

Some older people who have long-term alcohol problems may experience cognitive impairment, including dementia and Alzheimer's, and this needs to be taken into account when assessing them, as it may be difficult for an individual to remember how much they have been drinking. It may be necessary to talk to family members or carers to obtain relevant information, and home assessments can be helpful in gauging levels of alcohol use.[41] Drink diaries, where individuals record drinks as they consume them, can also be useful. A further adaptation for the assessment process may be the rewording of questions to make them more straightforward.[42] One service

40 See Rao R. (2011) 'Older people and dual diagnosis – out of sight, but not out of mind', *Advances in Dual Diagnosis*, 4/1, 6-7 and Rao, R. and Shanks, A. (2011) 'Development and implementation of a dual diagnosis strategy for older people in south east London', *Advances in Dual Diagnosis*, 4/1, 28-35.

41 Royal College of Psychiatrists (2011) *Our invisible addicts.*

42 Wadd, S., Randall, J., Thake, A., Edwards, K., Galvani, S., McCabe, L. and Coleman, A. (2013) *Alcohol misuse and cognitive impairment in older people* – available at http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0110.pdf

highlighted, too, that some service users can find it difficult to engage in lengthy assessments because of poor memory and low concentration, which led them to develop a range of checklists that were quicker to complete, but still enabled them to capture important information. Cognitive impairment also needs to be considered when providing support. Services we visited and spoke to pointed to memory aids as a useful tool for some service users; delivering information in a way that is easily understandable is also important,[43] as is close working with health and social care professionals supporting the individual, as well as other support networks, including family members.[44] As highlighted earlier, older people with substance misuse problems may also be vulnerable to exploitation and safeguarding is also therefore of key importance.[45]

The use of home visits can be crucial to help older people – particularly those who are affected by mobility problems – to access support, although the importance of ensuring that older people are not, through this, inadvertently trapped further into the isolation they can experience was highlighted to us by one service. Outreach is also important, to raise awareness of services among older people, and to support them to engage with these. Support from peer mentors, with a focus on the use of 'real peers' – that is, older people with experience of alcohol and/or drug problems – can work well, including as a way of cutting across the stigma that some older people may feel. Providing support as a peer mentor can also help older people who have had substance misuse problems in the past to sustain the changes they have made in their lives.

Indeed, the role of meaningful engagement for older people in helping them to address their substance misuse problems and the importance, for those who have retired, of finding a 'substitute' for work, was also highlighted at the roundtable event; it was suggested that a key development for substance misuse services could be making links with existing services in the community to enable this. This is an obvious area where the recovery approach set out in the 2010 Drug Strategy may apply differently to some older people, for whom other forms of meaningful activity rather than access to employment will often be most appropriate.

Family-oriented approaches have also been found to be effective in working with older people,[46] and one of the services we contacted highlighted the importance of providing support to family members, irrespective of whether the older person with substance misuse problems wishes to engage in treatment. The possible benefits of a 'strengths-based approach', particularly for those who have experienced 'failure' in treatment in the past, was also highlighted to us. Some older people with substance misuse problems may view their lives as 'a series of failures and losses', which can work against change; supporting them to identify the strengths they have can help to counter this.[47]

As highlighted earlier, while a significant number of older people are drinking at increasing risk levels, the majority are not alcohol-dependent. It is important to acknowledge, therefore, that in the majority of cases engagement with specialist treatment services will not be the most appropriate type of support for older people experiencing problems with alcohol. Brief interventions (IBA), which can be delivered, for instance, by GPs in a primary care setting, may be more suitable for many older people. Other health and social care professionals, who come into contact with older people on a regular basis, are also well-placed to conduct screening and deliver 'sensible drinking' advice for those who are not alcohol-dependent.[48] One service highlighted to us the importance of sensible drinking advice taking a broader approach than 'units' and addressing other areas including safety in the home, impact on medications, and changes in the body. As is already happening in some areas, substance misuse services can play an important role here in terms of awareness raising, consultancy and training. In addition, as our roundtable and service visits demonstrated, there is clearly a key role for specialist services in developing effective engagement and interventions for older people.

43 Wadd, S., Randall, J., Thake, A., Edwards, K., Galvani, S., McCabe, L. and Coleman, A. (2013) *Alcohol misuse and cognitive impairment in older people.*

44 Royal College of Psychiatrists (2011) *Our invisible addicts.*

45 See Sullivan, M., Gilhooly, M., Victor, C., Gilhooly, K., Wadd, S. and Ellender, M. (2014) *Use as abuse: A feasibility study of alcohol-related elder abuse* – available at http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0111.pdf

46 Wadd, S., Lapworth, K., Sullivan, M., Forrester, D. and Galvani, S. (2011) *Working with older drinkers*.

47 *Ibid*.

48 There have been suggestions that the recommended drinking limits should be lower for older people, although more research is required in this area. As set out in the 2012 Alcohol Strategy, the Chief Medical Officer is currently looking at recommended weekly limits for adults, including whether different limits may be appropriate for those aged 65 and over.

It was also suggested at the roundtable event that GPs are often best placed to help those who are using prescribed and/or OTC medications problematically, while recognising the constraints they face in terms of time and resources and the possible effect of this on providing meaningful support. GPs have an important role in terms of prevention of problems with these medications, through awareness of dependency, identifying those who may be particularly at risk, and responding appropriately in terms of prescribing practice; and in addressing problematic use by supporting people to reduce and stop using medications through a proper treatment plan.



Service case study: Phoenix + NORCAS – Older People's Service

Phoenix + NORCAS' Older People's Service operates in the Norfolk area, and has a particular focus on outreach. It works to raise awareness of substance misuse among over 65s by visiting older people's services and community groups and providing advice and information, with a particular focus on use of alcohol and 'safe drinking', prescription and over-the-counter medications.

The service also provides support to older people, including one-to-one counselling and support and group work. They have found that one-to-one support can have a particular importance for older people, who may feel acute shame and embarrassment as a result of their substance use problem. As highlighted in this briefing, life changes and experiences associated with ageing, including bereavement, can be one of the causes of substance misuse in older people, and the service has noted a particular need for grief counselling. The service outcomes are focused on reducing isolation, improving health and wellbeing, and increasing knowledge and awareness among older people.

The Older People's Service has worked to ensure its accessibility to older people through 'age-appropriate' communications; this has included advertising in community spaces that older people are more likely to use, such as GPs and libraries, and the use of printed materials in 'easy read' format.

The Older People's Service can be contacted on 01603 660 070. More information is available on the Phoenix Futures website: http://www.phoenix-futures.org.uk/phoenix-norcas/

Service case study: Addaction – Over 50s Alcohol Service, 55 Positive and 65 Positive Change

From 2009 to early 2013, Addaction ran the Over 50s Alcohol Service in Glasgow West, funded by the Big Lottery Fund. The service had two strands, focusing on outreach and peer recovery support. The outreach element aimed to engage 'hard-to-reach' drinkers, which included people who had a lengthy history of problem drinking, with significant self-care and health needs, who were often vulnerable to exploitation. Practitioners would provide a high level of support to address needs, including through repeated home visits, and by liaising closely with other agencies including housing, health and social work.

For the peer recovery element, a 'meeting' format was adopted, to bring individuals together for peer support. Addaction uses a model called Mutual Aid Partnerships where evidenced-based tools such as Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT) are practised by the group to elicit behaviour change while supporting each other through similar life experiences. The Over 50s Alcohol Service supported over 300 individuals; however, following the end of the Big Lottery Fund grant, funding for the continued outreach element of the service could not be found.

From October 2012 to September 2013, Addaction received support from the Reshaping Care for Older People (RCOP) Transformation Fund to continue a peer recovery programme called 55 Positive. This service focused on reducing isolation and sustaining recovery. With the support of a Peer Development Worker, a steering group of service users was developed to devise a programme of activities for older people with alcohol problems, using community resources. Six individuals were also supported to access a peer recovery qualification, which three completed.

Further funding was secured from the RCOP Transformation Fund and the NHS in October 2013 to deliver the 65 Positive Change service in the Glasgow North West area. The aim of the service is to engage adults aged 65 and over who have been admitted to hospital due to alcohol-related illness or injury. Intensive support is provided following discharge from hospital through home visits. An assessment of need with care plan is completed, and individuals are linked in with appropriate services in the community. Outcomes are focused on increased alcohol awareness, reduced problem drinking patterns, reduced hospital readmissions for older adults, improvement in social activity and community involvement and improved financial and practical living circumstances. The service is funded until February 2015.

The Glasgow Older Adults service can be contacted on 0141 2213382. Addaction's website is at: http://www.addaction.org.uk

Older people and recovery

A key issue we wanted to address through this briefing is the meaning of 'recovery' for older people and how far, for those who are alcohol and/or drug dependent, the recovery approach described in the 2010 Drug Strategy might apply to them. Given the ageing drug treatment population, this is an increasingly important issue for specialist services.

As highlighted in earlier sections of this briefing, some of the services we visited and contacted during the research process pointed to a range of outcomes that might be more appropriate for older people, particularly those with longer-term, more entrenched problems, related to improved health and increased levels of wellbeing rather than outcomes that are more narrowly 'recovery-focused'. Discussion during the roundtable event highlighted that some older people with a history of dependency may not have the goal of becoming substance free, something which also emerged in discussion with services, including one residential service that is specifically for older people who have had lifelong issues with alcohol but have decided to continue drinking (see Aspinden Wood service

case study, below). It was also suggested during the roundtable that, for some long-term heroin users, care and treatment, and addressing long-term medical conditions, might be more appropriate.

However, it was noted, too, that the flipside to such an approach could be a 'dangerous myth' that older people with long-term substance misuse problems do not want to change, and a lack of ambition for them. While the practical steps towards recovery may differ for older people – as indicated earlier, for some older people, 'meaningful engagement' may not be found in employment, but in other activities within the community – it was suggested that the concept remained very much the same as for younger age groups. As we have highlighted in this briefing, treatment outcomes are as good, and sometimes better, for older people in comparison with their younger counterparts.

It is, perhaps, worth returning to the Drug Strategy's description of recovery as an "individual, person-centred journey". As we have highlighted throughout this briefing, older people with substance misuse problems, including those who are alcohol and/or drug dependent, may face particular issues and problems and may find particular types of support accessible and appropriate. Crucial throughout all of this, however, is the recognition of individual needs and of individual choice, so that whatever goals an individual may have, they are supported to achieve these.

Service case study: Equinox – Aspinden Wood service

Equinox Care's Aspinden Wood service in Bermondsey, south London, is a 26-bed residential service for those aged 40 and over with long-term alcohol problems. It accepts referrals from across the UK; some residents have come to the service from 'mainstream' care homes, and others from hostels. There is no limit placed on the period of time residents can stay at Aspinden Wood – it is a 'home for life'. Currently, the youngest resident is 54, and the oldest is 88.

The philosophy of the service is to assist service users to improve their quality of life. Each resident has a keyworker, who works closely with them to identify goals around this, which are reviewed on a regular basis. This can include reducing and stabilising their drinking; keyworkers also support residents to reconnect with their families, from whom they may have been estranged for many years, to engage with other services, including healthcare and GPs, and to strengthen their practical living skills, such as budgeting and money management.

For service users, a key element of the service is that it is supportive while being non-judgmental about their drinking. The service takes them as they are, rather than requiring them to make immediate changes in the way that they live.

Many of the residents have significant physical and/or mental health needs, and are receiving support from other services, including Community Mental Health Teams (CMHTs); keywork staff work closely with these services. They also support residents to engage in regular activities, such as swimming and going to the cinema or theatre, to access educational courses at the local college and to get involved in volunteering in the local community.

The Aspinden Wood service can be contacted on 020 7237 0331. More information is available on Equinox's website: http://www.equinoxcare.org.uk/services/equinox-aspinden-wood/

Further areas for research

Before setting out recommendations for change, it is important to highlight a number of areas we have not been able to cover in this briefing, but which are of clear relevance, and would benefit from attention. These are: older people with substance use problems in prison – as has been highlighted by a recent Justice Select Committee report, the number of older people in prison is increasing;[49] the particular experiences of equalities groups, including women, and those from BAMER (Black, Asian, Minority Ethnic and Refugee)[50] and LGBT (Lesbian, Gay, Bisexual and Transgender) communities; and end-of-life care for older people with substance misuse problems.

49 House of Commons Justice Committee (2013) *Older prisoners: Fifth report of session 2013-14* – available at http://www.publications.parliament.uk/pa/cm201314/cmselect/cmjust/89/89.pdf. See also Clinks and RECOOP (2013) *Working with older offenders: A resource for voluntary, community and social enterprise organisations* – available at http://www.clinks.org/sites/default/files/basic/files-downloads/Working%20With%20Older%20Offenders%20-%20January%202014.pdf

50 See Rao, R. (2006) 'Alcohol misuse and ethnicity: Hidden populations need specific services – and more research', *British Medical Journal,* 332/7543, 682.

Recommendations

For policy and decision-makers:

1. Substance misuse issues of various kinds affect a significant number of older people. This needs to be recognised and addressed in the development and implementation of national policies and outcomes frameworks, including those focused on generic health and social care provision for older people.

2. Drug and alcohol problems among older people also need to be considered by decision makers at a local level and addressed in local health and wellbeing and older people's strategies. The new public health agenda, including the arrival of Public Health England, creates an opportunity to develop better approaches. At a local level, the diverse membership of Health and Wellbeing Boards – including Directors of Public Health, Clinical Commissioning Groups and Directors of Adult Social Services – provides an important opportunity for the development of support and treatment pathways for older people with substance misuse problems, and integrated services that recognise the range of needs they may have (for instance, those who also have mental health problems, including people with dementia and Alzheimer's).

3. Older people with substance misuse problems are not a homogenous group. A range of interventions are therefore needed, from age-appropriate, non-time limited treatment and support for those who are drug and/or alcohol dependent, to brief interventions for those who are drinking at risk. Support for those with problems with prescription and/or over-the-counter medications also needs to be readily available.

4. A range of outcomes will be appropriate for older people with drug and/or alcohol problems, including recovery outcomes for some of those with more serious problems, and a wide range of other outcomes focused on improved health and increased levels of wellbeing.

5. Many of the services we visited were delivering positive outcomes but faced a discontinuation of their funding. We would urge both independent and statutory funders and commissioners to recognise the importance of services and interventions for older people and to consider options for sustainable funding going forward, particularly as research indicates increased prevalence and need.

For substance misuse services:

1. A range of measures can be implemented to help ensure the accessibility and relevance of services for older people, including specific groups or times for older people, satellite services operating out of community provision aimed specifically at older people – for instance, local support groups – and home visits.

2. A significant underlying cause of substance misuse in older people is social isolation and loneliness. Services can help to address this through social activities and events, as well as regular support groups. Service user consultation and involvement is crucial in the development of this provision. Substance misuse services also have an important role to play in supporting older people into meaningful engagement, such as volunteering, within their local community.

3. The use of peer support, from 'real peers', can cut across the stigma that some older people with drug and/or alcohol problems experience, helping them to feel more comfortable in a service and providing examples of positive change. Peer mentors can provide support in a range of ways, including emotional and practical support on a one-to-one basis and by facilitating groups and social activities. Providing support as a peer mentor can also help older people who have had substance misuse problems in the past to sustain the changes they have made in their lives. Consideration and provision of appropriate levels and kinds of support for peer mentors is important.

4. There is a need for appropriate training for substance misuse practitioners on the particular needs of and issues faced by older people with drug and/or alcohol problems.

For older people's services:

1. Older people with substance misuse problems may come into contact with a number of health and social care professionals, including those working in primary care settings, older people's mental health services, residential services, and for social care providers. There is a clear need for awareness raising and training of these professionals so that they are able to identify and assess substance misuse issues, including misuse of prescription and/or over-the-counter medications.

2. With particular reference to alcohol, health and social care professionals working with older people should also be trained to deliver brief interventions (IBA) and 'sensible drinking' advice to those who are not dependent, but are drinking at risk. Links with specialist support should be developed for referral of those with serious substance misuse problems.

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Appendix

Roundtable on older people and substance misuse
Tuesday 29th October 2013, 2-4.30pm
BPI/Brit Trust, County Hall, London

Attendees:
Martin Barnes, DrugScope (Chair)
Ryan Campbell, KCA (Presentation)
Jessica Cross, DrugScope
Sam Crymble, Foundation 66
Harrinder Dhillon, Drug and Alcohol Service for London (DASL) (Presentation)
Vivienne Evans, Adfam
Bob Fisher, Bristol Drugs Project (BDP)
Hannah Gaston, Thames Reach
Paul Hammond, Phoenix + NORCAS
Kate Jopling, Campaign to End Loneliness
Adrian Kelly, recovered long-term alcoholic, over 65
Don Lavoie, Public Health England (Presentation)
Debbie Lindsey, Blenheim CDP
Gemma Lousley, DrugScope
Beryl Poole, expert by experience
Dr Marcus Roberts, DrugScope
Carole Sharma, Federation of Drug and Alcohol Professionals (FDAP)
Emma Spragg, Age UK
Pat Stocking, Drug and Alcohol Service for London (DASL)
Charlene Taylor, Drug and Alcohol Service for London (DASL)
Steve Taylor, Public Health England (Presentation)
Dr Sarah Wadd, University of Bedfordshire (Presentation)
Jane Wilkes, Resettlement and Care for Older Ex-offenders and Prisoners (RECOOP)
Jill Wiltshire, Big Lottery Fund
Dr Judith Yates, Substance Misuse Management in General Practice (SMMGP) (Presentation)

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