

Issues of Alcohol Misuse among Older People: Attitudes and Experiences of Social Work Practitioners

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DOI: 10.1080/09503150802341418

Publication Frequency: 4 issues per year

Published in: [Practice](#), Volume [20](#), Issue [3](#) September 2008 , pages 181 - 193

Abstract

This small-scale qualitative research focused on the experiences of social workers vis-à-vis older people who misuse alcohol. Based in an Older People's Team in the west of Scotland, the study explored service provision for alcohol misuse and examined whether practitioners felt the existing services provided by the Substance Misuse Team were effective in meeting the needs of older people with an alcohol problem. Using semi-structured interviews, data were collected from 18 participants, the majority (14) of whom were female and whose ages ranged from 31 to 54 years. Several key themes emerged including the extent of alcohol problems among older people and the complex reasons that cause older people to misuse alcohol. These reasons commonly related to the increasing challenges of old age. The data also demonstrated that current services are not meeting the needs of older people. Practitioners identified a need for an 'age-specific' approach to target more effectively the complex needs of older people. Recommendations from practitioners included ways to develop new and more effective services, including a more age-specific service, such as providing longer term support in older people's own homes, using a specialised support worker, and increasing staff training on alcohol use among older people.

Keywords: social work practitioners; older people; alcohol misuse

Introduction

These service users began using alcohol to cope with the feelings of emptiness and grief following their partner's death and continued to drink until it has become a way of life and they are effectively dependent upon alcohol. They also have very little else to fill their day. (Quote from a social work practitioner)

Alcohol misuse appears to be adversely affecting the quality of life of older people, and the literature demonstrates evidence that alcohol use among older people is increasing and significantly impacting on their health and well-being. Data from the Health Education Board for Scotland's Health Education Population Survey ([2002](#)) indicate that around 13 per cent of adults aged 55-64 and 6 per cent of those aged 65-74 may be drinking more than the recommended amounts. We feel that Social Work has an important role to play in providing support to these vulnerable service users.

This study explores the experiences of social work practitioners in an Older People's Team based in the west of Scotland, with the issues related to alcohol misuse among older people. The goal is to provide insight into some of the complexities and vulnerabilities that older people face. The study also explores the attitudes of practitioners towards the available services and considers possibilities for developing newer services, including a more age-appropriate service.

Background

Media attention and public health initiatives related to alcohol misuse tend to focus on younger age groups, but there is growing evidence that alcohol problems are increasing among older people (Health Education Board for Scotland [2002](#)). As people age, their tolerance to alcohol diminishes; hence for older people the consequences of using a relatively small amount of alcohol can be unexpectedly long-lasting and severe, lowering the brain functions and impairing coordination, which can lead to falls and general confusion (Carvel [2000](#)).

There is also an indication that alcohol problems among older people are likely to increase in the future. The Institute of Alcohol Studies ([1999](#)) commented that the ageing of populations worldwide means that the absolute number of older people with alcohol problems is likely to increase. O'Connell *et al.* ([2003](#)) noted that the absolute number of older people with alcohol problems is rising and that there is a real danger of a 'silent epidemic' of alcohol abuse among the elderly.

Conversely, there is a significant lack of research into the issues associated with older people's alcohol use and abuse. Age Concern ([2003](#)) stated that low levels of drinking among older people in general, compared with younger age groups, have tended to make them less of a research priority in the UK. The prevalence of alcohol misuse among older people may have been hidden because of difficulties in identifying the problem.

The literature tends to distinguish between two types of problem drinking in later life: early-onset and late-onset drinking. The Institute of Alcohol Studies ([1999](#)) describes *early-onset* or *survivors* as those whose drinking habits are a continuation of an existing chronic alcohol problem. In contrast, the term *late-onset* or *reactors* is used to refer to those who begin problem drinking later in life and typically do so in response to the lifestyle changes caused by the ageing process.

Alcohol Concern ([2002a](#)) described age-specific triggers to late-onset alcohol use, including bereavement (death of partners, family members and friends), physical ill health, loneliness and isolation, and loss—including loss of occupation, function, skills, income or of important people in their lives.

Late-onset alcohol use appears prevalent among older people with alcohol problems. Black ([1990](#)) suggested that late-onset drinkers account for 40-46 per cent of older problem drinkers and noted that drinking impacts on both the health and quality of life of older people. The increase of late-onset alcohol abuse has implications for social

work practice, and the literature demonstrates a considerable gap in services specifically designed to support older people with alcohol problems.

Research by Age Concern ([2003](#)) demonstrated a lack of referrals either to the Social Services Department or to specialist alcohol agencies. Key concerns expressed by frontline staff included uncertainty about where to refer elderly people for specialist help. Significantly, staff in the above study reported that they saw no point in looking at older people's alcohol use if the underlying causes for alcohol misuse among the older population, such as isolation and coping with loss/bereavement, were not directly addressed.

Existing office-based support services are largely inaccessible to older people with mobility problems. Scottish Training for Drugs and Alcohol (STRADA [2005](#)) published an evaluation of training packages for home/day care staff, and one of the identified service gaps was the Substance Misuse Team's office-based appointment system. Alcohol Concern ([2002b](#)) recommended outreach services within older people's homes in order to introduce a more age-specific service approach that would have more positive outcomes for older service users.

The gap in knowledge about the services for dealing with alcohol misuse among older people highlighted a need for this study. Alcohol Concern's report, *100% Proof* (2002c) called for more detailed investigation into excessive alcohol use amongst older people. Further, there was little in the literature about the services that are intended to support older people with alcohol problems.

Therefore, the focus of the study is on social work practitioners' awareness of alcohol misuse in older people and their attitudes towards the current support services. We feel this constitutes a meaningful contribution to social work theory because there are few research findings about the existing service provision for older people with alcohol problems and little evidence of data collected from the experiences of social work practitioners. Recommendations for developing services to meet the needs of older people with alcohol problems more effectively represent a significant contribution to social work practice.

Methodology

This research involved a qualitative exploratory design; the aim was to capture the practitioners' experiences of working with older people who misuse alcohol and also to explore their attitudes towards service provided by the Substance Misuse Team. Using semi-structured interviews, data were collected from 18 practitioners (four male and 14 female), whose age ranged from 31 to 54 years. The practitioners had an average of five years' experience on the Older People's Team. The recorded interviews were analysed, and emerging themes were identified. Issues of confidentiality and consent were addressed, and any identifying details of the participants were removed from subsequent reports.

Key Findings

Exploring the varied experiences of practitioners provided an insight into the complexities of alcohol misuse in old age. Five main themes emerged from the data: these included, first, the extent of the alcohol misuse; and, second, the difficulties in identifying the problem among older people. The third theme focused on the reasons for the problem and highlighted the fact that older people appeared to be using alcohol to cope with the increasing challenges of old age, including social isolation and ill health. The final two themes highlighted a high level of unmet needs among older people with alcohol problems in the area where the study was located and a focus on recommendations by practitioners to develop more effective services. These emergent themes clearly reflect the extent of this phenomenon and the attitudes and perceptions of practitioners; these are explored in more detail in the following sections.

Extent of the Problem

Sixteen practitioners reported working with an average of between one and five service users with an alcohol problem, reflecting approximately 85 service users in total in the catchment area. All of the practitioners stated that they felt that the problem was widespread within the local area and several respondents expressed concerns that alcohol problems were increasing among older people, both locally and nationally.

One practitioner had worked with eight service users with significant alcohol problems. He discussed the extent of the problem, commenting,

I have worked in this team for seven years, and alcohol misuse had always been a significant problem in this area. It can seriously affect an older person's quality of life, and those that I have worked with often have a sense of hopelessness and lack of purpose to stop or even cut down drinking.

Difficulties Identifying the Problem

The second theme was the difficulty in identifying older people with an alcohol problem. Practitioners described a common tendency for older people to be less accurate in reporting their alcohol consumption. One practitioner quoted the words of a service user in response to being asked about their daily alcohol consumption: '... just a wee drink'll no harm me, hen'.

Practitioners also believed that older people were typically unaware of the national guidelines for alcohol consumption. One practitioner stated:

I feel that older people have less understanding of the daily units of alcohol that is recommended. Subsequently, they have less knowledge about how much they are drinking and the effects that it is having upon their body.

Several practitioners spoke of family members often hiding an older person's alcohol problem. One remarked:

Often families feel a sense of embarrassment and so tend to cover up the extent of the alcohol problem. I worked with a man whose alcohol problem made him incontinent and both the service user and his wife were too embarrassed to disclose this information.

Practitioners also referred to the attitudes of health professionals in failing to identify alcohol problems in older people. One practitioner commented,

In my experience, GPs and hospital staff can be reluctant to acknowledge an alcohol problem with an older person. This attitude appears to come from a feeling that this is all there is left for the older person.

Practitioners also felt that the current services focused more on the needs of young adults, with one remarking,

I feel that, at present, the Substance Misuse Team focuses on younger people, and it is left to the Older People's Team to deal with the problems of those adults once they turn 65. Services have failed to move with the times, yet there is a need to be ready for the next generation of older people, who will have more complex alcohol and drug dependency issues.

Reasons for Alcohol Problems among Older People

Practitioners were asked why they felt service users typically used alcohol, and there were varying responses. Twelve practitioners stated that the majority of service users with alcohol problems were male, with a history of alcohol problems. One offered an explanation for this and stated,

These men are from a culture of regular drinking; they have typically lost their partners and this has led to an increase in drinking. The local area is one of high unemployment and poverty, and the current older population are typically a generation of working class men who went to work in the local factories, whilst their wives stayed at home and raised the family. Heavy drinking has always been their way of life.

However, late-onset alcohol use, where alcohol problems are developed later in life, also appeared to be prevalent among older service users. Practitioners identified several causes, including bereavement and loss, retirement, social isolation and physical ill health. One remarked:

The onset of old age can be a significant factor in causing older people to drink more heavily, as getting older signifies the loss of previously held social roles, especially as the 'breadwinner' of the house, in addition to the loss of the routine and status that accompany employment. This leads to social isolation, and alcohol becomes a replacement for what they have lost.

Social isolation appeared to be a major reason why older people misuse alcohol. Practitioners referred to increased social isolation, in conjunction with either the loss of a partner or a history of alcohol problems. One practitioner provided examples of the sense of isolation among older people. He stated:

Often there is a lack of structure and routine in older people's lives as they no longer are in full-time employment, and their family are all grown up with their own lives, and their partner or friends may have passed away. Many older people have mobility problems that prevent them from getting out and about, so they are stuck indoors all day and every day.

The loss of employment and routine was reported by two practitioners as being a significant contributor to late-onset drinking. One recalled working with a female service user who had developed a serious alcohol problem following her retirement. She stated:

This lady had worked as a home-help for years and enjoyed looking after and caring for others. Once she retired, she said that she felt lost and had no purpose. She tried day care but didn't like it so began to drink during the day to relieve the boredom and loneliness.

Practitioners felt that many older people regard their alcohol consumption as medicinal, in order to relieve the common aches and pains of old age. One commented:

I call these service users the 'Lemsip and sherry brigade', because they have a few drinks with medication to relieve their arthritis or other health problems. They see nothing wrong with this as it is 'purely medicinal'.

When discussing the typical reasons for older people drinking alcohol, one practitioner provided a very concise summary. He stated:

Old age brings all sorts of challenging lifestyle changes. Often an older person's health is deteriorating; they more than likely live alone, having lost their partner and have little social contact. The issues that cause older people to drink need to be challenged, these are the typical feelings of loneliness and isolation, and the grief associated with bereavement.

Unmet Need among Older People with Alcohol Problems

The fourth theme that emerged from the data was that practitioners did not feel that the current service provision was meeting the needs of older people with alcohol problems in the local area. The existing service is known as the Substance Misuse Team, and it is based within the local social work office. There is a staff team of alcohol counsellors who provide one-to-one support and counselling for people of all ages with alcohol or substance misuse problems.

Practitioners from the Older People's Team would make a direct referral to the Substance Misuse Team if they felt that a service user required support with alcohol problems. The Substance Misuse worker would then arrange a meeting with the service user and provide ongoing support.

The consensus amongst practitioners appeared to be that there was a lack of an approach geared specifically to the different needs of older people. One remarked:

There is a need to be ready for the next generation of older people, who will have more complex alcohol dependency issues.

More Effective Service Provision

The final theme focuses on recommendations by practitioners to develop a more age-appropriate service. Sixteen practitioners stated that an experienced alcohol support worker was required to provide more effective support. Such a worker would be specifically trained to support older people with their alcohol problems and visit service users in their own homes.

One practitioner highlighted the importance of an outreach service to provide long term support in older people's homes. She commented:

This will help to build relationships with older people and encourage them to discuss their alcohol problem in a familiar and private setting.

Another spoke of the need for home-based visits because of the stigma and embarrassment that older people experience in disclosing an alcohol problem. She stated:

Older people feel a stigma in admitting to an alcohol problem that I don't think other age groups experience and is possibly a generational issue.

The importance of relationship building by the support worker was identified by practitioners as a key factor in supporting older people with alcohol problems. One practitioner described the role as 'a sort of specialist befriender'. She stated:

It is important that service users have someone who can spend significant periods of time with them. This would be a specialist role designed to offer support and counselling to the service users; the worker would be trained in dealing with the specific issues involved with older people and alcohol. This is a specialist role, and unfortunately we don't have the time or expertise to carry it out.

In total, 10 practitioners stated that part of the support worker's role would be to provide support and counselling. One respondent outlined this role, stating:

There is an urgent need to offer one-to-one practical and emotional support to service users to minimise drinking and promote harm reduction. There is equally a need to apply a 'support model' within older people's services, where a support worker can

work alongside a social worker to effectively support older people with significant alcohol problems.

One practitioner suggested the introduction of a link worker between the Older People's Team and the Substance Misuse Team. He stated:

This might improve communication between the two teams and help to achieve more positive outcomes for older people with alcohol problems.

The need for training was mentioned by all 18 practitioners, with only two individuals having attended training which was specifically targeted to working with older people with alcohol problems. However, one of those who had been on training remarked that the training had 'a very 'add-on' feel' and failed to focus fully on the needs of the older person. Another practitioner spoke of a need for more information systems for older people, highlighting the increased health risks for older people and encouraging more moderate, pleasurable alcohol consumption. He also advocated more joint working with the Substance Misuse Team.

The following sentiment reflects one practitioner's perception of the need for age-specific services. He commented:

Overall, there is a distinct lack of support networks for the over 65s. I believe that the media attention on drugs has shifted money and resources from alcohol. The fact that older people as a group are so marginalised in society makes those with alcohol problems even more marginalised — left as the bridesmaid rather than the bride, so to speak.

Discussion

This study has demonstrated that a significant number of social work practitioners are working with older people who have alcohol-related problems which are negatively impacting upon their lives in some way. Interestingly, it reflects similar national findings, which estimate that around 13 per cent of adults aged 55-64 and 6 per cent of those aged 65-74 may be drinking more than the recommended amounts (Health Education Board for Scotland 2002).

There are significantly different patterns of alcohol misuse amongst the older population compared with younger age groups, with a significant increase in late-onset alcohol use, whereby an older person is typically using alcohol to cope with changing life circumstances. Late-onset alcohol users are often reacting to life stressors and environmental factors, which are caused by an increase in 'ageing' needs, for example, social risk factors (such as bereavement), mental health problems (such as depression), and physical health problems.

In a review of substance misuse among older adults, Black ([1990](#)) suggested that late-onset drinkers account for 40-46 per cent of older problem drinkers. In this study, one participant remarked:

Old age brings all sorts of challenging lifestyle changes and it seems that increasing numbers of older people are using alcohol to cope.

Yet alcohol misuse among older people is regarded as a hidden or neglected area of research. This may be related to a number of reasons, including reluctance among older people and their family members to disclose alcohol problems, a lack of awareness of national guidelines for alcohol consumption, and continuing non-detection and misdiagnosis of the problems by health and social care professionals. O'Connell *et al.* (2003) state that it is typically feelings of shame or embarrassment that cause older people and their relatives to hide the evidence of an older person's alcohol problem or indeed to deny the existence of the problem.

Professionals are often failing to recognise the contribution of alcohol to older people's ill health. This is because alcohol misuse presents in a large number of non-specific ways, which are often linked to the ageing process, for example, falls, depression, incontinence, insomnia, confusion and self-neglect. The Royal College of Physicians estimate that as many as 60 per cent of older people admitted to hospital because of confusion, repeated falls, recurrent chest infections and heart failure may have unrecognised alcohol problems (Alcohol Focus Scotland 2002).

Callahan and Tierney (1995) identified 10 per cent of older patients as having evidence of significant alcohol problems, yet fewer than half of these patients had documentation of alcohol misuse in their medical records. McInnes and Powell (1994) reported that healthcare workers are less likely to refer older people for specialist treatment, as they may perceive alcohol use disorders in older people as being understandable in the context of poor health and changing life circumstances.

The difficulties in identifying the problem are significantly increased by the reluctance of professionals to interfere. In this study, participants also spoke of health professionals often ignoring the signs of an alcohol problem because of their feeling that drinking was probably the only pleasure left for older people.

Despite the increase in late-onset alcohol use reported by respondents in this and other studies, it is notable that there appear to be significant service gaps in responding to the needs of the present older population on both a local and a national level. Practitioners in this study highlighted the various ways in which they felt the service was not age-appropriate. These included the focus of the service on younger people and the practical barriers of the office-based appointment system. Studies have demonstrated the limitations of an office-based appointment system for older people, which prevents older people with mobility problems from attending/accessing appropriate services (STRADA 2005). The need for outreach support for older people with alcohol problems has been advocated by Alcohol Concern (2002a); this clearly calls for providing longer term support for older people with alcohol problems, to take place in their own homes. Research by Age Concern (2003) highlighted the need also to address the causes of late-onset alcohol use, primarily social isolation and coping with loss/bereavement.

Implications for Practice

The findings emerging from this study have considerable implications for social work practice; participants in this study identified a need to develop an age-specific service that would include outreach work; increased staff training, and developing ways to inform older people about safe levels of alcohol use. There is also a need to address issues related to late-onset alcohol use among older people, so that their quality of life can be improved.

Improved liaison between services and referrals to specialist alcohol services were also identified as ways to help to achieve more positive outcomes for older people with alcohol problems. Practitioners suggested the introduction of a link worker between the Older People's Team and the Substance Misuse Team to improve service links. This need was noted by Derry (2000) in a study of older adults and substance misuse. Derry noted that, in the absence of specialised services for older substance users, greater liaison between existing addiction services and services for older people can accommodate the service gap. It is noteworthy to report that within the Area Team where this research was conducted, a link worker has subsequently been added to facilitate coordination and communication between the Substance Misuse Team and the Older People's Team.

A working group has also been established, and an action plan has been developed to address the identified service gaps. The group includes a representative from a local voluntary agency, Community Health Initiative. Raby (2000) has suggested that the development of care in the community requires a complex network of voluntary, statutory and private agencies that deliver care to older people in order to provide more integrated service for older people with alcohol problems.

One issue highlighted in this study is the existence of practical barriers to effective service provision. Outreach support work is a priority for older people for a number of reasons. In practical terms, older people experience increased mobility problems and often have difficulties accessing local social work offices. Home-based visits are also necessary because of the stigma and embarrassment that older people can experience in disclosing an alcohol problem (Ward and Goodman 1995; Third Sector 2004). One outcome of this study is that the Substance Misuse Team now includes home visits for older service users. The action plan of the working group also introduces outreach work and includes the development of specialised volunteer workers who will provide counselling/befriender-type support to older service users within their own homes. Volunteers will be trained in age-specific approaches for supporting older people with alcohol problems.

All of the practitioners involved in this study felt that age-specific training was needed for all those working with older people. Raby (2000) discusses the need for staff training in order to improve rates of identification of alcohol abuse among older people. Third Sector (2004) also suggested new training guidance for both health and social care settings, with a focus on the issues affecting older people and alcohol misuse.

The planning group has subsequently organised for specialised training programmes on alcohol misuse and older people to be delivered by the Scottish Training for Drugs

and Alcohol (STRADA). This training package offers specific knowledge of the issues related to older people and alcohol-related problems, including the interaction of prescribed medication with alcohol and the age-specific reasons that cause older people to drink alcohol. It also considers a harm-reduction approach to supporting an older person with an alcohol problem and to date has been attended by local social work, health, housing and voluntary agencies. It is hoped that future funding will be secured to enable this specialised training package to be delivered on a larger scale.

Practitioners in this study also identified a need for more information systems for older people, highlighting the increased health risks for older groups and encouraging more moderate, pleasurable alcohol consumption. Research shows that older people cannot make informed choices about alcohol use, largely because the little information which does exist is not always accessible to them (Third Sector [2004](#)). The local working group plans to develop a local awareness-raising campaign aimed at highlighting a healthy approach to getting older, including information on alcohol and its effects. These will be delivered in a variety of local community settings, i.e. day centres, lunch clubs, church groups, and negotiations are under way to develop awareness-raising campaigns specifically for medical staff and local hospitals. It is hoped that harmful alcohol use among older people can be picked up in A&E via screening and identification of the problem and the aim is to have pathways to community support (Third Sector [2004](#)).

Current national projects set up to assist older people who misuse alcohol have shown some very encouraging results with service provision designed specifically for older people, especially late-onset alcohol use. The Older People's Service in North London found that, of the 96 older people using the service in one year, 20 per cent stopped their use of alcohol, 52 per cent stabilised or reduced their drinking, and 72 per cent demonstrated some improvement in self-care or psychological or social functioning (Taber [2001](#)).

Though a small-scale qualitative study, this research has highlighted the extent of the alcohol problems among older people from the perspectives of frontline social work practitioners and has recognised the need for age-specific services. While the study aims to bridge a gap in knowledge, it also recognises the need for further research in the field, especially including the perspectives of the older people themselves. The data from social work practitioners in the Older People's Team has highlighted a need for age-specific training on the issues affecting older people and the different approaches required to support these service users. Participants in the study also recommended increased age-appropriate support services for older people, including the introduction of longer term support for service users with alcohol problems, provided in their own homes, and providing more effective information to highlight safe and enjoyable alcohol consumption.

This research has highlighted current service gaps for older people with alcohol problems and contributed to the establishment of the working group and subsequent action plan. Age-specific staff training, befriending services and information systems are being developed in response to the identified service gaps, to promote more positive outcomes for the increasing number of older people with alcohol problems in the local area.

The recommendations offered by social work practitioners in this study have demonstrated the importance in gaining the views of frontline staff in service provision and policy-making. Practitioners deal with the issues first hand, and thus are well positioned to recommend the most effective services for older people with issues related to alcohol misuse.

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