Project number:	20081203
Project name:	Good health into older age
Acronym:	VINTAGE
Priority area:	Promote Health (HP-2008)
Action	Addiction prevention
Starting date:	01/03/2009
Duration:	18 months + 3 month extension

Project funded by the EU under the Second Programme of Community Action in the Field of Health (2008-2013)
Call for proposals 2008

Final Technical Implementation Report

01/03/2009-30/11/2010

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PROJECT FACT SHEET

Contract number:	20081203
Proposal title:	Good health into older age
Acronym:	VINTAGE

Starting date:	01/03/2009
Duration of the project:	18 months + 3 month extension
Reporting period:	01/03/2009 - 30/11/2010

Main partner:	ISS – Istituto Superiore di Sanità (Italy)
Number of associated partners:	6
Number of collaborating partners:	12

Total amount of the project:	201.753,00 Euro
EC Co-funding :	121.049,00 Euro
First prefinancing payment:	36.314,70 Euro
Second prefinancing payment:	48.419,60 Euro
Balance request:	27.249,11 Euro

VINTAGE PARTNERS

Main Partner

ISS - Istituto Superiore di Sanità
Population Health and Health Determinants Unit - CNESPS
Rome, Italy

Associated Partners

UNIMAAS - Maastricht University
School for Public Health and Primary Care: Caphri
Maastricht, Netherlands

GENCAT – Government of Catalonia
Department of Health - Program on Substance Abuse
Barcelona, Spain

IAS - Institute of Alcohol Studies
Huntingdon, United Kingdom

IVZ - Institute of Public Health
Research Centre
Ljubljana, Slovenia

THL – National Institute for Health and Welfare
Helsinki, Finland

SZU – National Institute of Public Health
Coordination, Monitoring and Research Unit
Praha, Czech Republic

Collaborating Partners

- University of Bergen - Bergen, Norway
- DHS - Deutsche Haupstelle für Suchtfragen - Hamm, Germany
- STAP - National Foundation for Alcohol Prevention - Utrecht, Netherlands
- HCPB - Hospital Clinic I Provincial de Barcelona - Barcelona, Spain
- Center on Aging, National Research Council, University of Padua - Padua, Italy
- Department of Neurological and Psychiatric Sciences, University of Florence - Florence, Italy
- Memory Unit, Center for Aging Brain, Department of Geriatrics, University of Bari - Bari, Italy
- SIA - Società Italiana di Alcologia - Bologna, Italy
- EUROCARE ITALIA - Padua, Italy
- Centro Alcologico Regione Toscana - Florence, Italy
- AICAT - Associazione Italiana Club Alcolisti in trattamento - Salerno, Italy
- Università Cattolica Sacro Cuore, Istituto Medicina Interna e Geriatria - Rome, Italy

1. EXECUTIVE SUMMARY

1.1 Background

The average age of the world's population is increasing at an unprecedented rate (Census Bureau–NIA, USA 2009). In just over 30 years, the proportion of older people will double from 7% to 14% of the total world population. Thus, within 10 years, for the first time in human history there will be more people aged 65 and older than children under 5, and Europe will confirm the "oldest" world region.

Harmful alcohol use and consequent alcohol-related disorders are quite frequent in older people, leading to a reduction in healthy life years, and to a preventable increase of health and welfare costs. For example, the 2007 Eurobarometer survey estimated that 27% of European people aged over 55 had episodes of binge drinking (5+ drinks of 50g alcohol on a single occasion) at least once a week during the previous 12 months (Eurobarometer, 2007). In addition, alcohol use is linked to serious social problems, including violence, crime, accidents, falls and other health complications.

Despite the extent of harmful alcohol use among older people and this demographic shift, there are surprisingly few recent systematic reviews that document the full extent of such harm, or that provide the evidence base for cost effective policies and programmes to reduce it, investing in the health and well-being of older persons. VINTAGE aims at reducing this knowledge gap, by providing evidence base of harmful alcohol use among older people and collecting concrete and practical examples of best practice across all European countries, at country, regional and municipal levels.

1.2 Objectives

The objectives of VINTAGE project are:

- to review the evidence on the impact of alcohol on the health and well-being of older people and on prevention of harmful alcohol use among them,
- to collect European examples of best practices, laws and infrastructures to prevent alcohol harmful use among older people,
- to disseminate main findings to those responsible for alcohol policy and programme development or working in the fields of health and welfare of the elderly, at European, country and local level,

in order to build the capacity and knowledge at European, national and local level, encouraging evidence- and experience-based decisions for the improvement of older people health and well-being, including the transition from work to retirement.

1.3 Organization of the project

The project, coordinated by Istituto Superiore di Sanità (ISS – Rome, Italy), was guided by a network of 7 institutions from as many European countries (Czech Republic, Finland, Italy,

Netherlands, Slovenia, Spain, United Kingdom). The network played an essential role in the development of a joint effort to provide a valuable source of information for the accomplishment of the project objectives.

To facilitate the management of the project, it was organized in 5 Work Packages (WPs), each one being linked to specific objectives and activities:

- WP1-Coordination of the project
- WP2-Dissemination of results
- WP3-Evaluation of the project
- WP4-Evidence base
- WP5-Experience base

1.4 Activities undertaken

WP1 Coordination of the project

Overall project **coordination and management**; creation of a **project management structure** (Management Team); **liaison** with partners of the project, work package leaders, the European Commission, and other relevant European and international organizations; **supervision and management of budget** according to EAHC guidelines and regulations; setting up the **work plan and protocols** of the project (Deliverable no. 1); organization of **three coordination meetings**; preparation of **interim and final reports** (Deliverable no. 4 and no. 7).

WP2 Dissemination of results

Definition of the **dissemination strategy** (Deliverable no. 2); design, implementation, launch and periodic update of the **project website** (Deliverable no. 3); design of a VINTAGE **logo** and of a common graphical identity to facilitate visibility, recognition and “branding” of the project; creation of a **list serve of stakeholders** (about 700 contacts included) for diffusion of **e-mail messages on project results**; dissemination of information about the project through **presentations at scientific meetings** and other external public events; creation of an **information leaflet** illustrating the project (downloadable from the website in 7 languages); activation of a **counter** of hits and download actions from VINTAGE website to quantify the dissemination of VINTAGE results and help evaluation of the project; **interaction with other websites** on similar topics to create specific focuses on VINTAGE project and findings.

WP3 Evaluation of the project

Appointment of dr. Ann Hope as **external evaluator**; definition of future evaluation activities and preparation of the **evaluation plan**; **process evaluation** (examination of all written documentation, focus groups with partners attending at the final meeting, questionnaires to WP leaders, etc.); identification of a selected group of scientists (Dr. Mats Halgren and Prof. Gino Farchi) for peer-reviewing and **outputs evaluation**; **outcome evaluation** (extent of the dissemination to the appropriate target groups, number of hits to VINTAGE website for access/download actions, stakeholder feedback survey on the importance and usefulness of the project findings; drawing up of the **evaluation report** (Deliverable no. 8).

- *WP4 Evidence base*

Definition of **aims, methods and procedures for the literature review** on alcohol and older people (Deliverable no. 1, part 2); **systematic search** of formal and grey literature (369 titles and abstracts identified); **selection** of most relevant papers (no. 78); drawing up of the **report on alcohol and older people** "Alcohol and older people: a public health perspective" that analyzes results of the literature search (Deliverable no. 5).

- *WP5 Experience base*

Definition of **aims, methods and procedures for collecting practices, projects, programmes** to prevent the harmful use of alcohol among older people (Deliverable no. 1, part 3); creation of an **ad hoc questionnaire** (Deliverable no. 1, part 4) and **collection of European examples of best practices** to reduce harmful alcohol use among older people (309 experts contacted from more than 40 European countries; received 36 positive responses and 53 answers reporting absence of good practices); **evaluation of collected examples** through a two-step assessment process; development of the **database on collected best practices**; **review of grey literature** to retrieve published material about practices, projects, programmes aimed at preventing the harmful use of alcohol in the elderly (21 websites used as sources of information, 96 relevant publications found); development of the **database on review of grey literature;** drawing up of the **report on best practices** "Best practices on preventing the harmful use of alcohol amongst older people, including transition from work to retirement" that describes procedures and results of the survey and of the grey literature review (Deliverable no. 6); creation of an **online instrument to continue the collection of initiatives** for preventing the harmful alcohol use in the elderly even after formal conclusion of the project.

1.5 Outcomes and deliverables achieved

- *List of deliverables*

Deliverable no.	Brief description	Available as/at
D1	Protocol of the project (in four parts: dissemination strategy, WP4 protocol, WP5 protocol, WP5 questionnaire and instruction)	Annex 1, 3, 4, 5
D2	Dissemination plan (1.1)	Annex 1
D3	Website	http://www.epicentro.iss.it/vintage/
D4	Interim technical and financial report	Submitted to EAHC in February 2010
D5	Report "Alcohol and older people: a public health perspective"	Annex 20
D6	Report "Best practices on preventing the harmful use of alcohol amongst older people, including transition from work to retirement"	Annex 21
D7	Final technical and financial report	Submitted to EAHC in February 2011
D8	Evaluation report	Annex 19

- *List of other main outcomes*

Work Package	Brief description	Available as/at
WP1	Three management committee meetings	Annex 6-11
WP2	List serve of stakeholders	Appendix 1 of Annex 1
WP2	Presentation of the project at scientific meetings	Appendix 2 of Annex 1
WP2	Information leaflet in 7 languages	Annex 12-18
WP2	Interaction with other websites for dissemination of VINTAGE findings	Detailed description in Annex 1
WP3	Definition of an evaluation strategy	Annex 2
WP5	Database on Best Practices (data on the main initiatives aimed at preventing or reducing harmful alcohol use among older people resulted from the survey conducted at European level)	http://www.epicentro.iss.it/vintage/outputs.asp
WP5	Database on Grey Literature (data on all documents retrieved through the grey literature review of projects, programs, good practices, laws and infrastructures aimed at preventing the harmful alcohol use in the elderly)	
WP5	Online instrument to continue the collection of initiatives for preventing the harmful alcohol use in the elderly even after formal conclusion of the project	http://www.epicentro.iss.it/vintage/assessment.asp

1.6 Activities planned for the next period

- *WP1 Coordination of the project*

Evaluating the possibility of converting the VINTAGE project into an ongoing process, updating the databases and reports over time in order to maximize the potential and make the best use of its network, procedures and instruments; check for future Public Health Plans focusing on VINTAGE topics in order to apply for a new grant for the project prosecution and extension; creation of a coordinated editorial policy for publication of VINTAGE results.

- *WP2 Dissemination of results*

Continuing the dissemination through the creation of concise messages highlighting the basic implications of VINTAGE results in a public health perspective, with different styles specifically addressed to particular target groups (policy makers, general public, health or social professionals, etc.), to be spread by different means of communication (newspaper article, scientific publications, presentation at meetings, etc.); translation of main outputs and reports to facilitate diffusion and understanding of VINTAGE findings; adoption of a publication policy aimed at providing guidelines to make clear how to acknowledge the contribution of each partner involved in the project and also to provide a framework for writing publications on VINTAGE results.

- *WP3 Evaluation of the project*

Given the short time frame of the project, it will be necessary to continue the evaluation of its long-term expected outcome in terms of increase health and wellbeing of older people based on the impact of VINTAGE findings on existing policies and practices.

- *WP4 Evidence base*

Evaluating the possibility of a periodic update of the systematic review of alcohol and older people in order to monitor the impact of VINTAGE aims and perspective on scientific literature; continuing the dissemination of the report “Alcohol and older people: a public health perspective” by means of various communication channels.

- *WP5 Experience base*

Continuing WP5 data collection, using the online instrument specifically created to grant sustainability of VINTAGE project; converting the system and instruments created for WP5 into an ongoing process, updating the two databases and the report over time; continuing the dissemination of WP5 findings by means of various communication channels.

1.7 Conclusions and recommendations

The absence of comprehensive and harmonized data for individuals aged >=65 years has prevented an evaluation of the real impact of drinking on the elderly. Moreover, when it comes to alcohol awareness campaigns and government policy, most of the focus has tended to be on binge drinking and under-age drinking.

What have been lacking are strategies to help older drinkers, even though significant life changes, coupled with the aging process, make this group particularly vulnerable to alcohol misuse. A key issue is that, as people age, they become more susceptible to the effects of alcohol. Nevertheless, signs of harmful consumption are often missed or confused with general symptoms of ageing.

In conclusion, with the findings outlined in the reports and outputs related to the two core work packages and through their active dissemination, the VINTAGE project fills a gap in understanding the issue of alcohol and older people. VINTAGE may be considered the initial spark to make policy makers and all the interested stakeholders aware that much more information and research is needed throughout all European member states and further investments should be sustained. In particular, VINTAGE enhanced the important aspect that it is possible to develop appropriate age-oriented alcohol policies and interventions, thereby triggering a process of improvement of the health status of that part of the population that is increasing at an unprecedented rate.

Within 10 years, for the first time in human history there will be more people aged 65 and older than children under 5, and Europe will confirm the "oldest" world region. This is why: time to act is now.

2. SPECIFICATION OF THE PROJECT

2.1 General objective of the project

The general objective of the VINTAGE project is to build capacity at the European, country and local levels by providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people, including the transition from work to retirement.

2.2 Specific objectives of the project

The specific objectives of VINTAGE are:

1. To systematically identify, document and summarize the existing scientific and grey literature on:
    a. the impact of alcohol on the health and well-being of older people
    b. the prevention of harmful alcohol use in older people
2. To collect best practices, laws and infrastructures to prevent harmful alcohol use by older people across all European countries at different levels
3. To ensure that information about and the main findings of the project (all relevant reports, examples of best practices, and relevant laws and infrastructures) are actively disseminated, along with relevant key findings and implications for policy and programme development, to those responsible for alcohol policy and programme development, including those working in the fields of health and welfare of older people at the European, country, regional and municipal levels, in order to help build the capacity and knowledge of such personnel in making informed and evidence-based decisions.

The following table summarizes the specific objectives of the project in relation to the indicators chosen, the envisaged targets and the relative link to work packages (WPs).

Table 1. Summary of VINTAGE specific objectives, relative indicators, targets and link to work packages

Objective	Indicator	Target	Work Package
1. Report on alcohol and older people	1.1 Peer review and expert comments	Peer review to the standard of an international scientific journal in the addictions field	WP4 WP3
	1.2 Number of electronic copies disseminated	30 at EU level 250 at country level 75 at regional level 200 at municipal level	WP2 WP3
	1.3 Number of VINTAGE website hits to download document	300 hits per month, for the 6 months following document uploading	WP2 WP3

2. Collection of best practices	2.1 Number of practices identified	40 practices for at least 19 countries	WP5 WP3
	2.2 Number of VINTAGE website hits to download best practices	300 hits per month, for the 6 months following document uploading	WP2 WP3
	2.3 Number of HP-source website hits to access or download documentation on laws and infrastructures	200 hits per month, for the 6 months following uploading of VINTAGE information	WP2 WP3
3. Dissemination of findings	3.1 Number of electronic copies of reports, and information on examples of best practices, relevant laws and infrastructures disseminated at different levels	30 at EU level 250 at country level 75 at regional level 200 at municipal level	WP2 WP3

2.3 Time table and overview of activities per WP

The respect of a tight timetable has given high priority from the very beginning of the project. A timetable of work packages, deliverables and outputs, strictly based on the Gantt diagram presented in the Annex I to the Grant Agreement, was illustrated and discussed during the VINTAGE Kick-off Meeting held in Rome on 27th May 2009 (Table 2).

Table 2. Time table of VINTAGE work packages and deliverables *

WP lead partner	Month																	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	2009										2010							
	mar	apr	may	jun	jul	aug	sep	opt	nov	dec	jan	feb	mar	apr	may	jun	jul	aug
WP1 Project coordination Istituto Superiore di Sanità			MC	**D1**						**D4** MC						MC		**D7**
WP2 Results dissemination Istituto Superiore di Sanità			W	**D2**		**D3**												
WP3 Project evaluation Istituto Superiore di Sanità																		**D8**
WP4 Evidence base Maastricht University												**D5**						
WP5 Experience base Generalitat de Cataluña																**D6** D		

***** Foreseen submission of deliverables to EAHC within 1 month of the indicated delivery date, except for D4 and D7 that will be submitted within 2 months

D1 Protocol
D2 Dissemination plan
D3 Website for dissemination
D4 Interim technical and financial report
D5 Report on alcohol and older people
D6 Report on best practices
D7 Final technical and financial report
D8 Evaluation report

MC Management committee meeting
W Launch of website
D Launch of database

The VINTAGE project started regularly in March 2009. The initial planned duration was 18 months. However, in July 2010, due to administrative problems caused by the delay in the

approval of some pending financial amendments that had been asked in the previous months, it was proposed to postpone the deadline of the project to the end of November 2010. As a consequence of the extension of the study period to 21 months – approved as Amendment no 1 to the Grant Agreement, signed on September 2010 – the work plan was revised and the deadlines of all activities not yet accomplished, or scheduled for the following period, were postponed for three months in order to take full advantage of the study prolongation.

Table 3 gives a brief description of activities undertaken during the study period, subdivided for each work package.

Table 3. Overview of activities/tasks

WP	Activities	Outcomes/ Deliverables	Date foreseen	Date of achievement	Level of achievement *	Justification/Problems encountered	Action to be taken to overcome the problem
1	Liaison with partners, WP leaders, EAHC, and other EU and international organizations	Coordination Management Communication	03/2009-11/2010	11/2010	100%	---	---
	Supervision and management of budget according to EAHC regulations	Respect of the estimated budget	03/2009-11/2010	11/2010	100%	Delay in the approval of requested budget amendments	3-month extension of the study period and definition of Amendment no 1 to the Grant Agreement
		D4 Interim Financial report	02/2010	02/2010	100%	---	---
		D7 Final Financial report	01/2011	01/2011	100%	---	---
	Organization of first kick-off meeting (Rome 27/05/2009)	Agendas Slides Minutes	05/2009	05/2009	100%	---	---
	Creation of a project management structure	Management Team	05/2009	05/2009	100%	---	---
	Setting up the work plan and protocol	**D1** Protocol	06/2009	10/2009	100%	Great number of changes and suggestions to the first draft of WP5 protocol. UNIMAAS (WP4 leader) administrative problems with contract of employment of appointed staff	Coordinator suggestions in order to speed up completion of the work and find a solution to UNIMAAS contractual problems
	Organization of the 2nd management committee meeting (Barcelona 15/12/2009)	Agenda Slides Meeting minutes	12/2009	12/2009	100%	---	---
	Drawing up the interim technical and financial report	**D4** Interim Report	02/2010	02/2010	100%	---	---

	Organization of the 3rd management committee meeting (Rome 18/06/2010)	Agenda Slides Minutes	06/2010	06/2010	100%	---	---
	Drawing up the final technical and financial report	**D7** Final report	01/2011	01/2011	100%	---	---
2	Setting up VINTAGE website	Website (beta version)	05/2009	07/2009	100%	Difficulties in finding a balance between available resources, and technical or contents expectations	Design and implementation of a suitable structure
		D3 Website	08/2009	11/2009	100% **		
	Definition of the dissemination strategy	**D2** Dissemination Plan (D1, part 1)	06/2009	11/2009	100% **	Inclusion of the list serve of stakeholders	Request for collaboration to WP2 partners for integration of the first submitted version of the list serve
	Creation of a list serve of stakeholders for diffusion of VINTAGE results	List serve	06/2009	11/2010	100%	Underestimate of the work needed Difficulty in retrieving e-mail addresses for all contacts	
	Presentation of VINTAGE project at external conferences, workshops, etc.	Presentation and dissemination	05/2009-11/2010	11/2010	100%	---	---
	Creation of a leaflet illustrating the VINTAGE project (downloadable from the website in 7 languages)	Downloadable leaflet: - in English	02/2010	02/2010	100%	---	---
		- in other 6 languages	04/2010	04/2010	100%		
	E-mail messages with VINTAGE reports and other main results to the list serve of stakeholders	Dissemination	10/2010	01/2011	100%	Problems and delays in the accomplishment of WP4 and WP5 final outputs	Sending mail to WP4 and WP5 leaders in order to speed up and facilitate completion of their tasks Splitting the dissemination in two parts, with diffusion of WP4 report first, followed by WP5 products.
	Place information on Vintage project and link to its results in other websites of similar topics	Dissemination	11/2010	01/2011	100%		Prosecution of the task even after formal conclusion of the study period

3	Formalization of collaboration with the external evaluator	Subcontract	03/2009-11/2010	10/2009	100%	---	---
	Planning and building up future evaluation activities	Evaluation plan	12/2009	12/2009	100%	---	---
	Identification of a selected group of scientists for peer review and expert comments on the project outputs	Output evaluation	05/2009	01/2010	100%	Point failed to be discussed during the first meeting	Postponed to the second meeting
	Summary of results of the process, output and outcome evaluation carried out during the study period	**D8** Evaluation Report	11/2010	01/2011	100%	Delays in the accomplishment of WP4 and WP5 final outputs Shortened time frame for stakeholder feedback survey and consequent low response rate	Sending reminders to speed up completion of WP4 and WP5 outputs and to encourage collaboration of stakeholders
4	Definition of aims, methods and procedures for the literature review of alcohol and older people	WP4 Protocol (D1, part 2)	06/2009	10/2009	100%	UNIMAAS (WP4 leader) administrative problems with contract of employment of appointed researcher	Periodic reminders and suggestions in order to find a solution to UNIMAAS contractual problems and speed up completion of the task
	Scientific literature searches for the systematic review and analysis of results	**D5** Report on alcohol and older people	05/2010	11/2010	100%	Great number of changes and improvements to be implemented in the first drafts of the report	Strengthening cooperation among partners
5	Definition of aims, methods, procedures for collecting best practices	WP5 Protocol (D1, part 3)	06/2009	10/2009	100%	Great number of changes and suggestions to be implemented in the first draft of WP5 protocol and questionnaire	Periodic reminders and suggestions in order to speed up completion of the work
	Creation of a structured template, and relative instructions, for data collection	WP5 Questionnaire (D1, part 4)					

	Data collection on best practices to prevent harmful alcohol use among older people, and grey literature research on existing initiatives, laws and infrastructures	**D6** Report on best practices Database on collected best practices Database on review of grey literature	09/2010	12/2010	100%	Problems in collecting the questionnaires duly filled in and great amount of collected data	Telephone calls and e-mail messages to complete gaps of information Subcontract to a new staff member to help GENCAT in the completion of WP5 outputs

* Level of achievement is measured by the project leader according to results obtained. A detailed evaluation of the single activities of the project, according to specific indicators, is carried out by the external evaluator and extensively described in the Evaluation Report (D8).

** Periodically updated

3. TECHNICAL IMPLEMENTATION OF THE PROJECT

3.1 Activities related to horizontal work packages

3.1.1 WP1 Coordination of the project

Brief description

WP leader: ISS

Partners: GENCAT, IAS, IVZ, SZU, THL, UNIMAAS

Main foreseen activities:

- Provide overall coordination and management of the project
- Create a project management structure (Management Team)
- Liaise with all the partners of the project and work package leaders
- Liaise with the European Commission
- Liaise with other relevant European and international organizations
- Oversee and manage the budget according to EAHC guidelines and regulations
- Draw up an interim and a final technical, administrative and financial report

Activities undertaken

The strengthening of the liaison between partners is a vital task in carrying out a project. Therefore, the first step was aimed at building up a network capable of fulfilling the objectives of the project. This task was facilitated by the small number of involved partners and synergy was assured by the different experiences of investigators, all with extensive familiarity in alcohol or aging issues and in managing research projects and data. Team work and commitment were helped by a good network structure, building on previous close working relationships.

To facilitate management of the project, a Management Team, composed of the project coordinator, other relevant staff of ISS and WPs leaders was appointed during the VINTAGE kick-off meeting. The Management Team was responsible for ensuring the timely completion of planned actions and deliverables (according to the work plan shown in Table 2), and the respect for budgetary provisions, while the single WPs leaders remained responsible for operational decisions. The Management Team physically met three times, in occasion of the planned coordination meetings. Between the meetings, the Management Team communicated via e-mail or telephone.

During the whole study period, the lead partner (ISS) kept in frequent contacts with all partners, in order to monitor the progress; identify and resolve eventual difficulties; exchange information on VINTAGE execution; verify the respect of budgetary provisions; prepare and finalize the interim and final reports (D4 and D7). All instruments, methodologies and outputs

were first circulated among partners, then commented and revised, and finally adopted only if agreed upon among all involved partners.

The project leader acted also as connection between participants and external organizations, both for administrative and scientific issues. As regards this last point, at scientific level there was a great interest from many relevant organizations and VINTAGE presentations were given in several thematic conferences and seminars, among which it is worth mentioning:

- the presentation of VINTAGE project at the "Expert Conference on Alcohol and Health", promoted by the Swedish Ministry of Health and Social Affairs, in cooperation with the European Commission's Directorate General for Health and Consumers and held in Stockholm (Sweden) on 21-22 September 2009 (http://www.epha.org/a/3654);
- the presentation of VINTAGE project and state of the art at the "EAHC Workshop on Best Practice Models for Addiction Prevention Projects funded under the Health Programme" held in Luxembourg on 25-26 January 2010 (http://ec.europa.eu/eahc/health/highlights13.html)
- the inclusion of a key message and a fact sheet on VINTAGE project among the background and supporting documents for the EU thematic conference "Mental Health and Well-being in Older People - Making it Happen", promoted by the Spanish Presidency of EU and held in Madrid on 28-29 June 2010. A member of ISS staff participated also in the conference working group on healthy aging (http://ec.europa.eu/health/mental_health/docs/older_background.pdf http://ec.europa.eu/health/mental_health/docs/older_factsheets.pdf);
- the presentation of VINTAGE preliminary results at the "Mini-Seminar on Alcohol and Elderly" held on occasion of the 7th Meeting of EU Committee on National Alcohol Policy and Action (CNAPA), 14 September 2010 – Luxembourg (http://ec.europa.eu/health/alcohol/events/ev_20100914_en.htm).

One of the major tasks related to the scientific coordination and management of the project consisted in reaching an agreement on the work plan, defining also the general study protocol. The main outcome of this task was the creation of the VINTAGE protocol (D1), which comprises the documents that describe procedures, instruments and methodologies for the accomplishment of the three specific objectives of VINTAGE project:

- review of literature on alcohol and older people (WP4 protocol)
- collection of examples of best practices and existing laws and infrastructures to prevent harmful alcohol use among older people (WP5 protocol and questionnaire)
- dissemination of information about and main findings of the project (WP2 dissemination plan)

To facilitate consultation of the single parts of the protocol (Annex 1, 3, 4 and 5), which will be described in detail in the following sections, it was avoided merging the four documents in a single one, even because one of its parts is a planned deliverable in itself (D2).

As foreseen in the contract, three coordination meetings were organized during the whole project and attended by all associated partners:

- The first, held in Rome on 27th May 2009, was organized by ISS, with the aim of providing full information on the structure and sequence of the work plan; discussing and finding an agreement on methodologies of the whole project and of the single WPs; presenting and discussing the administrative issues and budgetary report (Annex 6 and 7).
- The second meeting was hosted by GENCAT and held in Barcelona on 15th December 2009. The purpose of the second meeting was to provide a general overview of the progress of the project, including preliminary results obtained during the first phase of WP4 literature review and WP5 data collection, and ending with a brief illustration of

current administrative and financial issues (Annex 8 and 9).

- The third and final project meeting was held in Rome at the Istituto Superiore di Sanità on 18th June 2010. In the course of the meeting, the following topics were presented and discussed: overview of the project state of the art, including administrative and budgetary issues; achieved outputs and reports concerning WP4 and WP5; progress of activities and main actions to be taken for dissemination of results; plans for continuation and sustainability of the project (Annex 10 and 11). At the end of the meeting, the external evaluator (Dr. Ann Hope) conducted a focus group with participants, based on general questions on their views and experience on VINTAGE project, which were then summarized in the Evaluation Report (D8).

All materials concerning the three meetings (agendas, presentations and minutes) were uploaded on the restricted area of the VINTAGE website and are available to VINTAGE partners as downloadable files.

Problems encountered

At the beginning of the project, there were some delays in the accomplishment of the VINTAGE protocol. As regards WP5 protocol, they were mainly due to the debate originated by WP5 methodologies and questionnaire definition and the great number of changes and improvements suggested by partners. WP4 leader (UNIMAAS) had some administrative problems with the formalization of employment contracts. Finally, the completion of the stakeholders list to be included in the Dissemination Plan took more than expected because of difficulties in retrieving updated e-mail addresses.

There were also some delays in the approval of some pending financial amendments to the Grant Agreement that were requested to EAHC in March 2010 (acknowledge receipt on 31/03/2010 - A/101147).

Adopted solutions

As regards the delays in the completion of the protocol, the problems were solved through frequent lead contractor's (ISS) interventions in order to intensify collaboration among partners, solve the specific problems and speeding up the work rhythm after their solution.

In consideration of the fact that in July 2010 the requested financial amendments were still pending, due to a considerable list of other payments prioritised first, and that this problem prevented to manage the budget administratively sound within the project deadline, the EAHC officer in charge of the VINTAGE project proposed a 3 month prolongation on its duration (approved as Amendment no 1 to the Grant Agreement signed on September 2010).

Activities planned for the next period

- Evaluating the possibility of converting the VINTAGE project into an ongoing process, updating the databases and reports over time in order to maximize the potential and make the best use of its network, procedures and instruments
- Check for future Public Health Plans focusing on VINTAGE topics in order to apply for a new grant for the project prosecution and extension
- Creation of a coordinated editorial policy for publication of VINTAGE results

3.1.2 WP2 Dissemination of results

Because of the particular structure of the VINTAGE project, WP2 should be considered either as horizontal work package or as core work package, being related both to the general implementation of the project and to one of its specific objectives.

Dissemination plan available:	no	[X] yes

Brief description

WP leader: ISS

Partners: GENCAT, IAS, IVZ, SZU, THL, UNIMAAS

Main foreseen activities:

- Design, implementation and launch of the project website
- Elaborate a dissemination strategy
- Create a list serve of stakeholders for diffusion of electronic copies of projects results
- Disseminate information about and results of the project through interaction with pre-existing online websites and databases

Activities undertaken

A widespread dissemination of VINTAGE results has been considered as crucial for the success of the project, as it provides active sharing of evidence-based information and examples of good practices on alcohol-related harm in the elderly, influencing also the harmonization of policies and programmes at European, national and local level. For this reason, an overall dissemination strategy has been developed and illustrated in the Dissemination Plan. The main dissemination tools and activities adopted were:

- project website with downloadable versions of VINTAGE reports, and links to and from European websites concerning alcohol and well-being of older people;
- creation of a list serve of stakeholders for diffusion of VINTAGE reports and databases;
- interaction with pre-existing online networks and databases on similar topics.

The Dissemination Plan was periodically updated on the basis of the project evolution and of new dissemination opportunities, till the current and final version 1.1 (D2, see Annex 1).

The main tool supporting the dissemination of information about and main findings of the project is the VINTAGE website (http://www.epicentro.iss.it/vintage), which was designed in the first period of the study and launched in November 2009. The website, hosted and managed by ISS, is both an output of the project (D3) and the means by which its main results have been and will be disseminated to the scientific audience, the policy makers and the public. A counter of hits and download actions was also activated in order to quantify the dissemination of VINTAGE results and help evaluation of the project. In addition, a password protected restricted area enabled only the VINTAGE community to access and share documents, tools and outputs intended for confidential diffusion. Of course, the website was regularly updated during the whole study period to provide a prompt upload of information, materials, and reports as soon as they were available and, in order to allow the more complete dissemination of results, even if the project formally ended in November 2010, ISS will continue carrying out the housing and maintenance of the VINTAGE site.

A list serve of stakeholders to be used for dissemination of VINTAGE results was also

created, and, as planned in the Annex I to the Grant Agreement, has been included in the Dissemination Plan (see Appendix 1 of Annex 1). The final stakeholders list included about 700 health-care professionals, alcohol policy makers and organizations (governmental, non-governmental and private) involved in alcohol policy or in the health and well being of the elderly, both at health and social level, at European (30), country (367), regional (91) and municipal (205) level. All partners contributed to the creation of the list serve providing e-mail addresses of subjects or institutions that, in their opinion, might contribute to or have benefit from VINTAGE results. Of course, in the list serve were also included all professionals and organizations that had been contacted for WP5 data collection, with the aim of giving them the necessary and expected feedback. The dissemination of e-mail messages to the stakeholders included in the list was completed by mid-January 2011.

VINTAGE activities and results were also publicized and disseminated by means of interaction with other appropriate websites sharing the same area of interest. In this way, a seamless structure has been created on the web, linking VINTAGE website to and from other networks, and storing VINTAGE main results on pre-existing online databases. This task is still ongoing and the inclusion of focuses on VINTAGE project in other websites - such as: the HP source database, the Pathways for Health project (PhP) website, the Focus on Alcohol Safe Environments (FASE) project website, the AMPHORA project website, the Buiding Capacity project website, the Eurocare project website, the institutional websites of partners - will continue even after the formal conclusion of the project, since VINTAGE reports and databases had a short timeline between launch and end of project.

In addition to dissemination activities and tools foreseen in Annex I to the Grant Agreement, the following actions were undertaken in order to facilitate the diffusion and awareness of VINTAGE project aims and results:

- Presentation of the project at scientific meetings and other public occasions - mainly by ISS as leading partner. A track of these activities has been kept in the agenda included in the Dissemination Plan (see Appendix 2 of Annex 1) and all presentation and communication files were placed in a specific section of VINTAGE website public area.
- Graphical identity and VINTAGE logo. To characterize the project and allow for better visibility and recognition of all dissemination tasks, a common graphical identity and a VINTAGE logo have been designed to be used in all documents and materials to facilitate visibility, recognition and “branding” of the project. The logo was presented to all partners on occasion of the launch of the website in November 2009.
- In December 2009, the design of an information leaflet illustrating the project was approved by all participants in the 2nd meeting. Soon after the meeting, ISS circulated a draft English version of the leaflet via e-mail among partners for their approval. The final version of the leaflet on VINTAGE project was then translated in Catalan, Czech, Finnish, Italian, Slovenian and Spanish by partners. All the 7 versions (Annex 12-18) were placed in the VINTAGE website homepage as downloadable files.

Problems encountered

The launch of the website was delayed by difficulties in finding a balance between the scarce economic and human resources at disposal, and the technical and contents expectations expressed by VINTAGE partners in the course of the kick-off meeting.

There were also some delays in drawing up of the Dissemination Plan. This was not due to the elaboration of the dissemination strategy in itself but to difficulties in the completion of the list serve of stakeholders, which according to Annex I to the Grant Agreement had to be included in the Dissemination Plan. Because of the problems in retrieving updated e-mail addresses for all contacts, which was more difficult and took more time than expected, the

list serve submitted to EAHC in November 2009 was quite exhaustive at European level but needed to be completed with the contribution of VINTAGE partners, especially for their specific geographical area of interest, at national, regional and municipal level.

Because of the delayed accomplishment of WP4 and WP5 final outputs, some problems were also encountered in the dissemination of e-mail messages to the list serve of stakeholders and in placing focuses on VINTAGE project in other websites.

Adopted solutions

After the implementation of a beta version of the website, a final structure deemed suitable for VINTAGE dissemination aims was defined and agreed upon.

It was decided to circulate the first release of the Dissemination Plan even if the level of accomplishment of the included list serve of stakeholders was at 80%. A more active collaboration of WP2 partners was then requested, especially for retrieving those stakeholders belonging to their national, regional and municipal geographical area.

In order to speed up completion of the dissemination to stakeholders, it was decided to split the task in two parts, sending two e-mail messages to each stakeholder, the first dedicated to WP4 report (in December 2010) and the second to WP5 products (in January 2011). Moreover, given the short timeline between the launch of VINTAGE outputs and the end of project, the inclusion of VINTAGE focuses in other websites will continue even after the formal conclusion of the project.

Activities planned for the next period

- Continuing the dissemination through the creation of concise messages highlighting the basic implications of VINTAGE results in a public health perspective, with different styles specifically addressed to particular target groups (policy makers, general public, health or social professionals, etc.), to be spread by different means of communication (newspaper article, scientific publications, presentation at meetings, etc.)
- Translation of main outputs and reports to facilitate diffusion and understanding of VINTAGE findings
- Adoption of a publication policy aimed at providing guidelines to make clear how to acknowledge the contribution of each partner involved in the project and also to provide a framework for writing publications on VINTAGE results.

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3.1.3 WP3 Evaluation of the project

Evaluation plan available:	no	☒ yes

Brief description

WP leader: ISS

Partners: GENCAT, IAS, IVZ, SZU, THL, UNIMAAS

Main foreseen activities:

- Subcontracting to an external evaluator

- Process evaluation (analysis of written documentation, survey of project staff and members, assessment of the quality of information, etc.)
- Output evaluation (review of project deliverables and outputs in terms of scientific accuracy, readability, usability and ease of access, by a panel of selected scientists)
- Outcome evaluation (evaluation of increased health and well being of older people through 3 intermediate measures: extent of the dissemination, hits to websites and number of downloaded documents, survey of a sample of stakeholders in order to measure their intention to modify existing policies and infrastructures)

Activities undertaken

Dr. Anne Hope has been identified as external evaluator of the project, and the subcontract to her was formalized in October 2009. Even before formalization of the contract, and during the whole project period, she received copies of all communications, written documentations, outputs and deliverables of the project, including meeting notes and minutes. In this way, in the first period of the project, she was able to start up the process evaluation and to implement future evaluation activities (see Evaluation Plan in attachment as Annex 2).

The process evaluation activities mainly consisted of:

- assessing the quality of the project implementation by analysing the organization and communication of the project through the examination of all written documentation of the project and observations;
- evaluation of project staff and members' experiences and views of the VINTAGE process, carried out through focus groups with partners attending the 3rd meeting in Rome (June 2010) and questionnaires to work package leaders (October 2010)

In the course of the 2nd VINTAGE meeting (December 2009), the identification of a selected group of scientists to peer-review the project outputs was discussed. It was agreed that the panel should be composed of a small number of experts on alcohol and older people, in charge of reviewing WP4 report in terms of scientific accuracy, readability and ease of access. The peer review scientific experts were Dr. Mats Halgren and Prof. Gino Farchi who provided their expert comments on the report. Their written reviews were submitted to the authors of the report and, as part of the output evaluation, were also incorporated into the Evaluation Report (D8, see Annex 19).

As regards the outcome evaluation, the following measures were adopted during the study period to estimate the influence of VINTAGE findings on the improvement of the health condition and wellbeing of the elderly:

- extent of the dissemination level to the appropriate target groups;
- number of hits to the website for access/download of VINTAGE outputs;
- survey of a random sample of stakeholders who had received the e-mail messages with VINTAGE results, to obtain their feedback about the importance and usefulness of the project findings.

An evaluation of the various stages, activities and results of the project were summarized in the Evaluation Report drawn up by Dr. Ann Hope, as independent and external evaluator of the VINTAGE project (D8, see Annex 19).

Problems encountered

According to Annex I to the Grant Agreement, the identification of the panel of scientists for voluntary peer-review of the projects deliverables and outputs should have been discussed during the first VINTAGE meeting, but this topic failed to be discussed.

The output and outcome evaluation activities therefore had some delays in the accomplishment of the final research products of the project. However, the outcomes of the project were achieved but the time frame for the stakeholder feedback survey was shortened, thus a lower response rate.

Adopted solutions

The discussion on the identification of experts to be involved in voluntary peer-review of project outputs was postponed to the second meeting.

A stronger collaboration among partners was necessary to get WP4 and WP5 final outputs ready for dissemination. E-mail reminders were sent to stakeholders to encourage a reply to the feedback questionnaire and the time limit was extended to the maximum level. Despite the tight timeframe, stakeholders from a wide range of countries responded as reported in the Evaluation Report.

Activities planned for the next period

- Given the short time frame of the project, it will be necessary to continue the evaluation of its long-term expected outcome in terms of increase health and wellbeing of older people based on the impact of VINTAGE findings on existing policies and practices.

3.2 Activities related to project objectives (core work packages)

3.2.1 WP4 Evidence base

Brief description

WP leader: UNIMAAS

Partners: ---

Main foreseen activities

- Undertake systematic reviews of literature on the impact of alcohol consumption on the health and well-being of older people, and on the impact of evidence-based programmes and policies on reducing such harm
- Collect and analyse findings in a report on alcohol and older people

Methodology applied as planned

The activities undertaken during the first period of the project were mainly devoted to the preliminary phase of the literature review and to the definition of the overall structure of the report on alcohol and older people.

The aims of the literature review were:

1. documenting what we know about alcohol consumption amongst older people
2. documenting what we know about the impact of alcohol on the health and well-being of older people
3. identifying any specific evaluated programmes to reduce the harm done by alcohol to older people
4. considering the impact of existing alcohol policy measures, such as controls on the price and availability of alcohol on reducing the harm done by alcohol to older people.

The methodology adopted can be summarized as follows:

- Undertake formal literature searches of the scientific literature in PubMed, MEDLINE, the Cochrane Library and Google scholar using a specific set of search terms (see Table in Annex 3)
- Restrict searches to the English language and since the year 2000
- Limit searches to the aging group 60 years or over, following the definition of older people of Halgren et al. (2009 - http://www.fhi.se/Documents/Aktuellt/Nyheter/Alcohol-Elderly-2009.pdf), also allowing to capture the transition from work to retirement
- Identify potential grey literature by contacting members of the Alcohol Policy Network of the Building Capacity project (http://www.ias.org.uk/buildingcapacity/index.html) and of the AMPHORA research network (http://www.amphoraproject.net/index.php) to identify country-based reports or publications on alcohol and older people, building on the work of Hallgren et al (2009), which summarized alcohol consumption amongst older people in Czech Republic, Finland, Germany, Italy, Latvia, Poland, Slovenia, Spain, Sweden and the United Kingdom (http://www.fhi.se/Documents/Aktuellt/Nyheter/Alcohol-Elderly-2009.pdf)
- Search the alcohol database of the World Health Organization for any extra information on alcohol and older people (http://apps.who.int/globalatlas/default.asp)
- Screen key reviews of the impact of alcohol policies in reducing the harm done by alcohol

for information on older people (Anderson et al 2009; World Health Organization 2009; Anderson & Baumberg 2006)

Three hundred and sixty nine titles and abstracts were indentified in the search, from which 78 papers were retrieved. Selected papers were those that were systematic reviews or original papers not included in systematic reviews. Papers already included in systematic reviews and clinically or practice oriented papers were excluded from those analysed in the Report on Alcohol and Older People (D5, see Annex 20).

The first draft of the Report was submitted to Dr. Mats Halgren and Prof. Gino Farchi for peer reviewing. Their suggestions were incorporated into the final version of the report and their written comments, as part of the output evaluation, were also included into the Evaluation Report (D8, see Annex 19).

Involvement of partners and target groups

WP4 methodologies, search strategies and criteria were all discussed and agreed among VINTAGE work packages leaders, particularly in the course of the first management group meeting of the project, held in Rome on 27th May 2009. The progress of WP4 activities has been presented to the other project members during the second and third project meetings.

Moreover, a continuous coordination with WP5-Experience Base took place in order to share information on best practices collected through the two different WPs methodologies, including WP5 grey literature review of effective policies and programmes specifically aimed at preventing alcohol use among older people.

There was also a tight collaboration with WP2 members, who were responsible for the dissemination of WP4 report.

Coordination with other projects or activities

Coordination with other projects or activities was mainly devoted to search grey literature and any extra information on alcohol and elderly. The main interactions, as described in the methodologies adopted, were those with:

- the Alcohol Policy Network of the Building Capacity project (http://www.ias.org.uk/buildingcapacity/index.html) and of the AMPHORA research network (http://www.amphoraproject.net/index.php)
- the Swedish National institute of Public Health that in the course of the Swedish Presidency of EU in 2009 produced a report that summarized alcohol consumption amongst older people in Czech Republic, Finland, Germany, Italy, Latvia, Poland, Slovenia, Spain, Sweden and the United Kingdom (http://www.fhi.se/Documents/Aktuellt/Nyheter/Alcohol-Elderly-2009.pdf)
- the alcohol database of the World Health Organization, for any extra information on alcohol and older people (http://apps.who.int/globalatlas/default.asp)

Preliminary results of WP4 were also presented by dr. Peter Anderson at the Mini-Seminar on Alcohol and Elderly held on occasion of the 7th Meeting of EU Committee on National Alcohol Policy and Action (CNAPA), 14 September 2010 – Luxembourg (http://ec.europa.eu/health/alcohol/docs/ev_20100914_co02_en.pdf).

Outcomes and deliverables achieved

The first outcome was the creation of WP4 protocol (Annex 3), which is one of the

documents included in the VINTAGE protocol (D1) that describes procedures, instruments and methodologies for the accomplishment of the three main specific objectives of VINTAGE project:

- review of literature on alcohol and older people (WP4 protocol)
- collection of examples of best practices and existing laws and infrastructures to prevent harmful alcohol use among older people (WP5 protocol and questionnaire)
- dissemination of information about and main findings of the project (WP2 dissemination plan)

The main deliverable achieved (November 2010) was the report "Alcohol and older people: a public health perspective" (D5, see Annex 20) that analyzes results of the literature search with the attempt to answer a number of questions concerning alcohol and older people, including the pharmacokinetics of alcohol, and what we know about the use of alcohol and trends in consumption and alcohol-related harm amongst older people. The report considers the relationships between alcohol and well-being and health in older people. It then considers how alcohol policy might impact on older people's use of alcohol, and the evidence for the effect of screening and brief intervention programmes amongst older people. The approach and focus is public health, rather than the treatment of those with alcohol use disorders. When considering alcohol policy and older people, the report highlights the importance of the ageing middle aged population, a cohort with high levels of alcohol consumption and alcohol-related harm, and which will be the future older population.

Problems encountered

At the beginning of the project, there were some delays in undertaking foreseen activities, since there were administrative problems with the formalization of employment contracts between WP4 leader (UNIMAAS) and the researcher in charge of the literature review.

The high number of suggestions and comments that followed the circulation of the first draft of WP4 report among partners resulted in a series of amendments that caused a certain delay in the accomplishment of the final version of the report.

Adopted solutions

The first problem was solved urging the solution of the administrative obstacles.

As regards the second one, it was necessary to strengthen the cooperation among partners in order to achieve a common version which, although very strict in reporting the evidence, in its conclusions and recommendations reflected their different point of views and opinions on the problem of alcohol and older people in a public health perspective.

Activities planned for the next period

- Evaluating the possibility of a periodic update of the systematic review of alcohol and older people in order to monitor the impact of VINTAGE aims and perspective on scientific literature
- Continuing the dissemination of the report "Alcohol and older people: a public health perspective" by means of various communication channels

3.2.2 WP5 Experience base

Brief description

WP leader: GENCAT

Partners: IAS, IVZ, SZU, THL

Main foreseen activities

- Creation of a questionnaire to collect data on practices, projects, programmes to prevent the harmful use of alcohol among older people
- Collection of European examples of best practices and existing laws and infrastructures to reduce harmful alcohol use among older people, through the structured template and a review of grey literature
- Store results in a freely accessible online database
- Draw up a report on collected examples of best practices, laws and infrastructures

Methodology applied as planned

As planned in Annex I to the Grant Agreement, activities undertaken during the first period of the project were mainly devoted to the definition of the methodology and instruments of the work package, and to the survey of practices, projects, programs, and if possible best practices, for prevention of harmful use of alcohol among elderly people in Europe.

Procedures, instruments and methodologies used for fulfilling WP5 objectives were summarized in WP5 protocol (Annex 4).

The strategy chosen to collect examples of best practices of effective policies and programmes was inspired by previous successful initiatives and projects carried out in Europe (FASE, 2007) and consisted of reaching as many professionals as possible from governmental offices, research bodies, non-governmental institutions and the private sector and requesting them to respond to a standardized questionnaire or to provide additional contact details of professionals to whom the questionnaire could also be sent.

An ad hoc questionnaire, with specific instructions, was developed in MS-Word format (Annex 5). It was decided to avoid an online instrument because past experiences have shown that data collection with this kind of instrument is rather difficult to monitor and follow-up. To facilitate data collection monitoring, a table to keep track of all contacts - including those with no reply - and to describe data collection characteristics, progress and results was added to WP5 instruments used by each WP5 partner involved in data collection.

Questionnaires were delivered and followed-up by all WP5 partners. The professionals who finally agreed to participate in the study were asked to inform on the implementation of initiatives, describing them in details. According to what was established in the VINTAGE project, the questionnaire was structured in the following sections:

- information on the compiler (name, country, e-mail address)
- basic information on the project, programme, best practice (name, type, objective)
- description of its development (background, methods of development, main elements, target, etc.)
- description of its implementation (funding, level of implementation, starting date, duration, results)
- full description of its eventual evaluation and of relative results

- extra details to find out more information (contacts, website, published papers, etc.)

In addition to the planned contents, a specific section aimed at gathering information in case of absence of any existing good practice to be described was placed at the beginning of the questionnaire. The 5 questions included in this section (negative response to the questionnaire) inquired about the reasons and barriers related to the lack of initiatives and compilers were requested to score them on a 4-point Likert scale, from 4=more important to 1=less important.

In the instructions for compilers it was specified that:

- the practices, projects and programmes (PPP) to be described could include a wide range of activities, for example, laws, policies to reduce BAC level in older people, restrictions to alcohol access, as well as information messages and campaigns, or alcohol prevention and treatment services, sensitive to the elder's need, including the transition from work to retirement
- the term Project referred to any action (research, prevention, etc.) endorsed with a clear start and end point
- the term Programme referred to a group of integrative, continuously implemented actions
- the term Best Practice referred to intervention approaches that, through experience or research, have proven to reliably lead to a desired result in a specific target group of people
- data collection was restricted to a maximum of 3 of the best and most innovative PPP implemented in the last 10 years (except for particularly significant examples)
- definition of older people included subjects aged 65 or more.

The collection period was initially planned for only 3 months, starting from January 2010 but it was finally extended until the end of June 2010. All collected examples (positive response to the questionnaire) were systematically entered into a database and evaluated through a two-step assessment process.

In the first stage, examples were analyzed according to the following criteria:

- Focus of interest: only alcohol, versus alcohol and other drugs
- Target population: exclusively designed for older people (or adapted to their needs) versus general population
- Evaluation strategies: not evaluated at all, versus evaluated or still under evaluation
- Objective and scope: covering phases from design and implementation to analysis and presentation of results

In the second stage, the quality of the collected examples was evaluated according to the fulfilment of the following set of criteria, based on those presented in the original VINTAGE plan:

- needs assessment,
- accessibility,
- setting approach,
- collaborative capacity building and partnership,
- evaluation,
- sustainability,
- transferability,
- availability of results,
- transparency of funding and support.

The assessment process was carried out anonymously: data on name, country and e-mail address were systemically removed from the database and an alternative database was created. In order to classify collected PPP according to the accuracy of data, objectives and scopes of the initiative two independent assessments were carried out by two researchers of WP5 leading contractor. Consensus was reached after two meetings between researchers of WP5 leader institution.

The questionnaire was delivered to 309 experts and professionals from more than 40 European countries. At the end of the survey a total of 53 negative and 36 positive responses were received. Data collected through the survey were stored in a freely accessible online database (available at http://vintage.saveva.com/) and analysed in the report "Best practices on preventing the harmful use of alcohol amongst older people, including transition from work to retirement" (D6, see Annex 21).

The second strategy applied in WP5 to find European examples of best practices was the review of grey literature to retrieve published material about practices, projects, programs aimed at preventing the harmful use of alcohol in the elderly. The methodology followed for the grey literature review can be summarized as follows:

- search terms were organized in four groups, including alcohol, elderly, prevention, aging, etc. connected by means of appropriate Boolean operators
- these terms were systematically entered into well-known sources of grey literature and Internet-based databases and meta-searchers, such as: CRD, PsycINFO, Ixquick, Metacrawler, Cordis, ProQuest, etc.
- in some cases, sources of information allowed to filter results by date, subject, country, and other parameters
- several databases – such as Hp-source.net and WHO-Global Information System on Alcohol and Health (GISAH) – were searched to collect existing laws and infrastructures, but no relevant information was obtained.
- results were classified as best practices if fulfilled all the following criteria, or relevant if fulfilled at least one of them:
    - specifically designed for the elderly
    - objectives and strategies based on scientific evidence
    - implemented in a population, sample or group of older people
    - assessed by means of quality criteria
- several databases – such as Hp-source.net and WHO-Global Information System on Alcohol and Health (GISAH) – were searched to collect existing laws and infrastructures, but no relevant information was obtained.

A total of 21 websites were used as sources of information. Although a number of references were identified, none of the documents, papers, reports or publications fulfilled the best practice criteria described above, while 96 of them could be classified as relevant and entered into the Grey Literature Database. The database, which was not included among activities foreseen in Annex I to the Grant Agreement, shows a brief description of each document and the complete reference and link (if available) to access it, facilitating the search by key words, topic or title (http://www.saveva.com/vintage_articles/default.aspx). Documents found through the grey literature review were classified, following the same criteria used for the PPP classification, into: Raising awareness or Social reinsertion/Harm reduction; Prevention/Early intervention; Treatment; Personnel training; Needs assessment; Elderly care/Social and Community support. The grey literature findings were extensively described in WP5 report "Best practices on preventing the harmful use of alcohol amongst older people, including transition from work to retirement" (D6, see Annex 21).

Involvement of partners and target groups

WP5 methodologies, strategies and instrument for data collection were all discussed and agreed among partners involved in the work package, and also with the leaders of the other work packages. The progress of WP5 activities was presented to the other project members during the second and third project meetings.

The data collection was lead by GENCAT but done in collaboration with all VINTAGE partners. To make it more effective and facilitate the follow-up, it was organized in five different geographic areas, as described below:

GENCAT *Mediterranean countries* (Cyprus, France, Greece, Italy, Malta, Portugal, Spain, Turkey)

THL *Nordic and Baltic countries* (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden)

IAS *Continental countries and UK (*Austria, Belgium, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom)

IVZ *South-east Europe and Balkans* (Albania, Bosnia, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia)

SZU Central Europe countries (Bulgaria, Czech Republic, Hungary, Poland, Romania, Slovakia)

Each of WP5 partners was responsible for covering all the countries included in their own area of influence, for the delivery of questionnaires, issuing the necessary follow-up reminders and collecting responses and sending them back to the WP leader.

Moreover, there was a continuous collaboration with WP4-Evidence Base in order to share information on best practices collected through the two different WPs methodologies, and with WP2 members, who were responsible for the dissemination of WP5 outputs.

Coordination with other projects or activities

The sampling procedure took advantage of the networking options in the alcohol area, undertaking 4 different actions:

1. Project partners sampling in their own country by circulating the protocol to experts in the topic
2. WP leader contacting experts of other European alcohol projects and networks like Alcohol Policy Network (APN), National Counterparts for Alcohol Policy in the WHO European Region, Primary Health Care European Project on Alcohol (PHEPA), International Network of Brief Interventions for Alcohol Problems (INEBRIA) and EUROCARE not reached directly by VINTAGE partners.
3. WP leader contacting experts of the elderly area
4. Internet searches

Preliminary results of WP5 were also presented by dr. Emanuele Scafato at the Mini-Seminar on Alcohol and Elderly held on occasion of the 7th Meeting of EU Committee on National Alcohol Policy and Action (CNAPA), 14 September 2010 – Luxembourg (http://ec.europa.eu/health/alcohol/docs/ev_20100914_co04_en.pdf).

Outcomes and deliverables achieved

The first outcome achieved during the study period was the elaboration of WP5 protocol and questionnaire for the collection of examples of interventions to reduce harmful alcohol use

among older people (Annex 4 and 5), which represent one of the parts that form the VINTAGE protocol (D1), already described in previous sections of the present report.

The main deliverable achieved (December 2010) was the report "Best practices on preventing the harmful use of alcohol amongst older people, including transition from work to retirement" (D6, see Annex 21) that describes in details procedures and results of the survey addressed to professionals and researchers throughout Europe and of the grey literature review concerning effective policies and programmes on the prevention of alcohol use among older people.

Data collected both through the survey and the grey literature review were stored in two freely accessible online databases, hosted and managed by GENCAT but available at the VINTAGE official website (http://www.epicentro.iss.it/vintage/outputs.asp).

In addition to activities planned in the project, an online instrument, based on the questionnaire in MS-Word format used for the survey, was implemented and placed on the project website (http://www.epicentro.iss.it/vintage/assessment.asp) in order to continue the collection of initiatives for preventing harmful alcohol use among the elderly even after the formal conclusion of the project.

Problems encountered

WP5 data collection began with a little delay mainly due to the great debate originated by WP5 methodologies and questionnaire definition, and the consequent great number of changes and improvements to be implemented in the draft of the instruments. The final questionnaire was changed after detecting some malfunctions in the initial file.

There were also some delays attributable to the amount of collected data, which were far more than expected in the initial phase of the project. Moreover, the quality of returned questionnaire was not always the best, with many gaps of information that delayed their evaluation and storage in the database. Also the reporting activity suffered the consequences of this unexpectedly long quality control task.

Adopted solutions

The first problem was faced through frequent lead contractor (ISS) interventions in order to intensify collaboration among partners, solve the specific problems and speeding up the work rhythm after their solution.

As regards the second one, additional e-mails and telephone calls to compilers were necessary to complete questionnaire, confirm missing information or clarifying confusing details. Therefore, to accelerate completion of WP5 activities and outputs, a financial amendment (approved as Amendment no 1 to the Grant Agreement signed on September 2010) was also necessary in order to add to GENCAT personnel a new staff member.

Activities planned for the next period

- Continuing WP5 data collection, using the online instrument specifically created to grant sustainability of VINTAGE project
- Converting the system and instruments created for WP5 into an ongoing process, updating the two databases and the report over time
- Continuing the dissemination of WP5 findings by means of various communication channels

4. LIST OF ANNEXES

Annex 1 Dissemination plan (**D2** and **D1**, part 1)

Annex 2 Evaluation plan

Annex 3 WP4 Evidence base – Protocol (**D1**, part 2)

Annex 4 WP5 Experience base – Protocol (**D1**, part 3)

Annex 5 WP5 Experience base – Questionnaire and specific instructions (**D1**, part 4)

Annex 6 Agenda of first meeting (Rome 27/05/2009)

Annex 7 First meeting minutes (Rome 27/05/2009)

Annex 8 Agenda of second meeting (Barcelona 15/12/2009)

Annex 9 Second meeting minutes (Barcelona 15/12/2009)

Annex 10 Agenda of final meeting (Rome 18/06/2010)

Annex 11 Final meeting minutes (Rome 18/06/2010)

Annex 12 Catalan version of the information leaflet

Annex 13 Czech version of the information leaflet

Annex 14 English version of the information leaflet

Annex 15 Finnish version of the information leaflet

Annex 16 Italian version of the information leaflet

Annex 17 Slovenian version of the information leaflet

Annex 18 Spanish version of the information leaflet

Annex 19 Evaluation Report (**D8**)

Annex 20 Report “Alcohol and older people: a public health perspective” (**D5**)

Annex 21 Report “Best practices on preventing the harmful use of alcohol amongst older people, including transition from work to retirement” (**D6**)

ANNEX 1

Dissemination Plan

Project number: 20081203
Project name: Good health into older age
Acronym: VINTAGE
Priority area: Promote Health (HP-2008)
Action Addiction prevention
Starting date: 01/03/2009
Duration: 18 months + 3 months extension

Project funded by the EU under the Second Programme of Community Action in the field of health (2008-2013)
Call for proposals 2008

D2 Dissemination plan (M4 first planning – M18+3 final version)

Deliverable Id: D2
Deliverable name: Dissemination plan
Status (version): Final version (1.1)
Dissemination level: Confidential
Due date of deliverable: July 2009 (M4+1)
Actual submission date: November 2009
Submission of present version: January 2011 (M21+2)
Work Package: WP2
Lead contractor for this deliverable: ISS
Partners contributing: UNIMAAS, GENCAT, IAS, IVZ, THL, SZU

VINTAGE Leader and Main Partners

ACRONYM - Organisation - Department	Town	Country	Contact Person(s)	E-mail
ISS - Istituto Superiore di Sanità - Population Health and Health Determinants Unit-CNESPS	Rome	Italy	Emanuele Scafato Lucia Galluzzo Sonia Martire Claudia Gandin Silvia Ghirini Alessandra Rossi Lucilla Di Pasquale	emanuele.scafato@iss.it lucia.galluzzo@iss.it sonia.martire@iss.it claudia.gandin@iss.it silvia.ghirini@iss.it alessandra.rossi@iss.it lucilla.dipasquale@iss.it
UNIMAAS - Maastricht University - School for Public Health and Primary Care: Caphri	Maastricht	Netherlands	Peter Anderson Onno van Schayck	peteranderson.mail@gmail.com onno.vanschayck@hag.unimaas.nl
GENCAT - Generalitat de Catalunya - Health Department	Barcelona	Spain	Joan Colom Lidia Segura	joan.colom@gencat.cat lidia.segura@gencat.cat
IAS - Institute of Alcohol Studies	Huntingdon	United Kingdom	Aneurin Owen	aowen@ias.org.uk
IVZ - Institute of Public Health - Research Centre	Ljubljana	Slovenia	Sandra Radoš Krnel Laura Sustersic	sandra.rados@ivz-rs.si laura.sustersic@ivz-rs.si
THL - National Institute for Health and Welfare	Helsinki	Finland	Salme Ahlström Esa Österberg	salme.ahlstrom@thl.fi esa.osterberg@thl.fi
SZU - Státní zvatroní ústav - Coordination, Monitoring and Research Unit	Praha	Czech Republic	Hana Sovinova	sovinova@szu.cz

Document History

Version	Date	Type of Document and Actions	Revision by
0.1	August 2009	First draft for internal template preparation	ISS
0.2	November 2009	Revised draft forwarded to all VINTAGE members and EAHC	ALL
1.0	January 2010	Approved version to be periodically updated, forwarded to all VINTAGE members and EAHC	ALL
1.1	November 2010	Final version	ISS

Executive summary

The purpose of the VINTAGE dissemination is to raise awareness of the project and to share its outcomes, consisting mainly in reports on evidence base and best practises to prevent the harmful use of alcohol among older people.

All relevant networks and governmental and non-governmental organizations of professionals involved in the health and well-being of older people at EU, country, regional and municipal level are the immediate target group for VINTAGE dissemination, being responsible for the implementation of effective policies and programmes to reduce alcohol related harm. The public, intended as older people who are at risk of the long term consequences of heavy drinking, is the end target group of the VINTAGE dissemination, since information on alcohol-related harm and the implementation of best practices is likely to prevent alcohol harmful consumption among them.

To reach the awareness and diffusion level intended, dissemination will be supported by specific communication devices and activities, such as:

- creation of a VINTAGE website with downloadable versions of VINTAGE reports and databases, and links to and from European websites concerning alcohol and well-being of older people
- creation of a list serve of stakeholders for diffusion of electronic copies of VINTAGE results
- interaction with pre-existing online networks and databases on similar topics

In addition to this, VINTAGE project members are invited to present the project and its key findings at scientific meetings and other public events.

This document, which describes the plan for the dissemination of objectives and results of the VINTAGE project, is periodically reviewed on the basis of the project evolution and of new dissemination opportunities suggested by the project members.

Introduction

Despite the demographic shift we are experiencing and the extent of harmful alcohol use and alcohol-related disorders among older people, there are surprisingly few recent systematic reviews that document the full extent of such harm, or that provide the evidence base for cost effective policies and programmes to reduce it. VINTAGE aims at reducing this knowledge gap.

The general objective of VINTAGE is to build capacity at the European, country and local levels by providing the evidence base and collecting best practices to prevent the harmful use of alcohol among older people, including the transition from work to retirement. A widespread dissemination of the VINTAGE project results is considered as crucial for the success of the project, as it will provide active sharing of information and best practices on alcohol-related harm in the elderly, influencing and harmonizing policies and programmes at European, country and local level. In addition, the wide dissemination of VINTAGE findings will help to reduce health inequalities among different countries of the European Union.

In this way VINTAGE will contribute to the objectives of the Commission's Communication on alcohol to share best practices across European countries, to the 2008 call in the field of health to provide guidance on preventing the harm done by alcohol to older people, and to the objectives of the second programme of Community action in the field of health by investing in healthy life years of older people.

This document outlines the different actions to be taken to reach the above said objectives.

Dissemination Plan

The overall dissemination strategy is to ensure that information about and the main findings of the project (results of the systematic reviews on harmful alcohol use among older people, and collected examples of best practice, laws and infrastructures to prevent alcohol-related disorders) are actively disseminated, along with relevant key findings and implications for policy and programme development, to those responsible for alcohol policy and programme development, particularly in the fields of health and welfare of older people at the European, country, regional and municipal levels, in order to help build the capacity and knowledge of such personnel in making informed and evidence-based decisions.

Graphical identity and VINTAGE logo

A common graphical identity in all dissemination tasks allows for better visibility and recognition as well as branding of the project. For this reason the following VINTAGE logo was created and used for any external deliverable, report and dissemination tool:

Website

A VINTAGE website, hosted and managed by ISS (http://www.epicentro.iss.it/vintage), has been developed and has given high priority from the very beginning, serving as the front face of the project and ensuring ongoing communication and contacts within the VINTAGE community and with the external world. The website includes both a public and a private restricted area.

In brief, the public section provides:

- a project summary highlighting the objectives, methodologies and structure of the VINTAGE project, including a list of contacts for each VINTAGE partners
- links to European websites involved in alcohol policy and programme development, particularly in the field of alcohol and welfare of older people, including institutional websites of VINTAGE partners, Building Capacity project and HP-source website, DHS Pathways for health Project (PhP) website, Focus on Alcohol Safe Environments (FASE) project website, Eurocare website, etc.
- free access and downloadable version of the project public deliverables, namely the Report on alcohol and older people, originated by the systematic scientific review, the

Report and Databases collecting and analysing examples of best practices and existing laws and infrastructures, resulted from the administration of a specific questionnaire across all European countries and the review of grey literature. It is envisaged that the above said outputs are uploaded on the website within one month from their completion

- links to relevant documents related to VINTAGE topics, and copies of presentations and communication materials used at scientific meetings and other external events by all VINTAGE partners. The relative files, in various formats (pdf, MSword, PowerPoint, etc.), are timely diffused by the authors in order to be periodically uploaded on the website
- downloadable version of an information leaflet on VINTAGE project, translated in 7 languages
- online questionnaire (and relative instruction) for collecting best practices on preventing the harmful use of alcohol amongst older people.

Access to the restricted area of the website is reserved to: VINTAGE partners, the Commission Executive Agency for Health and Consumers (EAHC), and the external evaluator who is sub-contracted to undertake the VINTAGE evaluation. Contents of private restricted area are all materials, management tools, and outputs intended for confidential diffusion, including the project protocols, the present Dissemination Plan, the agendas and minutes of the 3 planned meetings, the technical, financial and evaluation reports, etc.

The official language of the project, and consequently also of the website, is English because the final end-users are professionals and policy makers that are expected to be well accustomed to understand and use the English language. Eventual translation into other languages is up to single partners and aimed at drawing up concise messages summarizing and explaining the major key results of the project.

Moreover a counter of visitors and of download actions is used to monitor the usability of the website and interest in the project. The goal is to have an average number of hits of 300 hits per month, for the 6 months following the uploading of VINTAGE results.

List serve of stakeholders

Electronic copies of VINTAGE reports and databases will be actively disseminated to a list serve of stakeholders, specifically created through the joint collaboration of all VINTAGE partners on the basis of existing networks and list serves of health-care professionals, alcohol policy makers and organizations (governmental, non-governmental and private) involved in the health and well being of the elderly. The target number of electronic copies to be disseminated for each local level is:

- 30 at EU level
- 250 at country level
- 75 at regional level
- 200 at municipal level

The table in Appendix 1 provides the final list of about 700 e-mail contacts used for dissemination of VINTAGE results.

Interaction with other networks, online databases and websites

The VINTAGE dissemination will be facilitated by the interaction with pre-existing networks involved in the same area of interest of the VINTAGE project, in order to create a seamless structure on the web, linking the VINTAGE website to other websites concerning good practices and systematic reviews on alcohol, and to all websites of associated and collaborating partners.

In particular, this aspect will be achieved placing information on VINTAGE project and links to downloadable versions of its results on:

- the HP source database (http://www.hp-source.net/index.html?mode=DATABASES), hosted and managed by the University of Bergen, which collects data on relevant infrastructures and laws and regulations across all alcohol policy and prevention areas
- the Pathways for Health project (PhP) website (http://www.dhs.de/web/dhs_international/pathways.php), hosted by DHS (Deutsche Hauptstelle für Suchtfragen), which collects examples of good practice and systematic reviews of the literature on drink driving, binge drinking, and consumer information and labelling of alcoholic beverages
- the Focus on Alcohol Safe Environments (FASE) project website (http://www.faseproject.eu/), hosted by STAP (Dutch Institute for Alcohol Policy), which collects best practices and systematic reviews of literature on drinking environments, workplaces and regulation of advertising
- the AMPHORA project website (http://www.amphoraproject.net/)
- the Buiding Capacity project website (http://www.ias.org.uk/buildingcapacity/index.html)
- the Eurocare project website (http://www.eurocare.org/)
- institutional websites of VINTAGE partners

Responsibilities

Dissemination of VINTAGE project and results is coordinated by ISS, which is the leader of WP2-Dissemination of Results. ISS is responsible for drawing up the dissemination plan, managing the VINTAGE website and periodically reviewing them, reassessing dissemination strategies according to inputs and suggestions received by the other WP2 partners (UNIMAAS, GENCAT, IAS, IVZ, THL, SZU).

All VINTAGE members contribute to the dissemination, also by presenting VINTAGE project on occasion of their participation in scientific meetings and other public occasions, such as conferences, workshops and similar events. Appendix 2 presents an agenda of such activities, which is revised and expanded on the basis of new dissemination opportunities that arise during the project evolution. The VINTAGE partners are invited to give timely notice of their participation to external events to be included in the following agenda, providing also the relative presentation materials for uploading and diffusion on the VINTAGE website.

APPENDIX 1 - List of stakeholders for dissemination of VINTAGE results

VINTAGE PARTNERS	e-mail
Italy - ISS – Istituto Superiore di Sanità, Population Health and Health Determinants Unit-CNESPS	emanuele.scafato@iss.it **project leader** lucia.galluzzo@iss.it **project coordinator** claudia.gandin@iss.it silvia.ghirini@iss.it alessandra.rossi@iss.it sonia.martire@iss.it lucilla.dipasquale@iss.it
Spain - GENCAT – Government of Catalonia - Department of Health - Program on Substance Abuse – Barcelona	joan.colom@gencat.cat lidia.segura@gencat.cat
Czech Republic - SZU – National Institute of Public Health - Coordination, Monitoring and Research Unit - Praha	sovinova@szu.cz
Finland - THL – National Institute for Health and Welfare - Helsinki	salme.ahlstrom@thl.fi esa.osterberg@thl.fi
Netherlands - UNIMAAS - Maastricht University - School for Public Health and Primary Care Caphri - Maastricht	peteranderson.mail@gmail.com onno.vanschayck@hag.unimaas.nl
United Kingdom - IAS - Institute of Alcohol Studies – Huntingdon	amneill@ias.org.uk
Slovenia - IVZ - Institute of Public Health - Research Centre - Ljubljana	sandra.rados@ivz-rs.si
Germany - DHS - Deutsche Haupstelle für Suchtfragen - Hamm	farke@dhs.de
Italy - AICAT - Associazione Italiana Club Alcolisti in trattamento - Salerno	aniellobaselice@gmail.com
Italy - Center on Aging, National Research Council - University of Padua	stefania.maggi@in.cnr.it
Italy - Centro Alcologico Regione Toscana - Florence	v.patussi@dfc.unifi.it
Italy - Department of Neurological and Psychiatric Sciences, University of Florence	inzitari@neuro.unifi.it
Italy - EUROCARE ITALIA - Padua	eurocare@dada.it
Italy - Memory Unit, Center for Aging Brain, Department of Geriatrics, University of Bari	a.capurso@geriatria.uniba.it
Italy - SIA - Società Italiana di Alcologia - Bologna	SIA@dfc.unifi.it
Italy - Università Cattolica Sacro Cuore - Istituto Medicina Interna e Geriatria - Rome	roberto_bernabei@rm.unicat.it
Netherlands - STAP - National Foundation for Alcohol Prevention - Utrecht	wvandalen@stap.nl
Norway - University of Bergen - Bergen	maurice.mittelmark@uib.no
Spain - HCPB - Hospital Clinic I Provincial de Barcelona	tgual@clinic.ub.es

MEMBERS and PARTNERS OF THE ALCOHOL POLICY NETWORK (country partners, representative of organizations, experts, Eurocare staff)	**e-mail** *** see page 70**
Austria – Alfred Uhl Ludwig – Boltzmann Institute for Addiction Research	
Belgium – Ilse De Maeseneire – VAD, Association for Alcohol and Other Drug Problem	
Bulgaria – Daniela Alexieva – Horizonti 21 Foundation	
Cyprus – E. Anastasiou – Mental Health Services Athalassa Hospital	
Denmark – Johan Damgaard Jensen – Alkoholpolitisk Landsraad – Danish Alcohol Policy Network	
Estonia – Lauri Beekmann – Estonian Temperance Union	
Finland – Ritva Varamäki – Finnish Centre for Health Promotion	
France - Dr Michel Craplet - Association Nationale de Prevention de l'Alcoolisme	
France - Mr. Claude Riviere - Association Nationale de Prevention de l'Alcoholisme- Affaires Europeennes	
Germany – Rolf Huellinghorst - DHS Deutsche Hauptstelle fuer Suchtfragen – German Center on Addiction Issues	
Greece – Ioannis Diakogiannis – Aristotle University of Thessaloniki	
Hungary – Bela Buda – National Institute for Drug Prevention	
Ireland – Sinead Shannon – Alcohol Action Ireland Glen Abbey Centre	
Ireland – Marion Rackard – Alcohol Action Ireland Stewarts Sports Centre	
Italy – Giuseppe Maranzano Associazione – Aliseo Onlus	
Italy – Ennio Palmesino – AICAT	
Latvia – Astrida Stirna – State Addiction Agency	
Lithuania – Audrius Sceponavicius – Ministry of Health Public Health Division	
Luxembourg – Yolande Wagener – Direction de la Sante – Division de la Medecine Preventive et sociale	
Luxembourg – Gerard Bauer – Centre Hospitalier Neuro-Psychiatrique	
Malta – Richard Muscat – National Commission on the Abuse of Drugs Alcohol and other Dependencies	
Netherlands – Wim van Dalen – STAP – National Foundation for Alcohol Prevention	

Norway – Anders Ulstein	
Norway – Stig Erik Sørheim – Department for Alcohol and Drugs – Directorate for Health and Social Affairs	
Norway – Anne-Karin Kolstad – ACTIS – Norwegian Policy Network On Alcohol and Drugs	
Portugal – Aires Gameiro – SAAP, Sociedad Anti-Alcoolica Portuguesa	
Poland – Jerzy Mellibruda – The Institute of Health Psychology	
Poland – Krzysztof Brzozka – PARPA, the State Agency for the Prevention of Alcohol Related Problems	
Romania – Cristina Petcu – Ministry of European Integration, Counselor for Ministry of Health-General Directorate of Medical Assistance	
Slovakia – Alojz Nociar – Research Institute for Child Psychology and Patopsychology	
Slovenia – Vesna-Kerstin Petric – Ministry of Health, Directorate for Public Health	
Spain – Alicia Rodriguez Martos – Socidrogalcohol	
Sweden – Sven-Olov Carlsson – IOGT-NTO	
Switzerland – Hermann Fahrenkrug – ISPA	
Turkey – Toker Erguder, Public Health Spezialist	
European Public Health Alliance EPHA the NGO Health Network – Lara Garrido-Herrero	
European Youth Forum – Joao Salviano, Ludvig Hubendick	
NordAN Nordic Alcohol and Drug Policy Network - Eriksson Sören	
Mr. Cees Goos - Chairperson of the APN meeting - Netherlands	
Mr. Thomas Karlsson - National Research and Development, Centre for Welfare and Health - Finland	
Mr. Ben Baumberg - Institute of Alcohol Studies – United Kingdom	
Mr. Walter Farke – Eurocare – Belgium	
Mr. Derek Rutherford - Eurocare Secretariat – United Kingdom	
ALCOHOL POLICY ADVISERS AND EXPERTS	e-mail * see page 70
Austria - Doris Kohl – Budenministerium für Gesundheit, Familie und Jugend	

Czech Republic - Eva Gottvaldová – Ministry of Health	
Estonia - Marge Reinap – Ministry of Social Affairs	
Finland - Kari Paaso – Ministry of Health and Social Affairs	
France - Cécile Tache – Direction Générale de la Santé	
Belgium - Ministry of Health Division Drug and Substance Misuse - Kirschbaum, Gaby	
Latvia - Maris Taube – Public Health Agency	
Lithuania - Gelena Kriveliene – Public Health Division	
Malta - Manuel Mangani – Ministry of Health	
Romania - Constantin Bogdan Stolica – Bucarest National Public Health Institute	
Slovach Republic - Imrich Steliar – Ministry of Health	
Spain - Cano Montserrat Limarquez – Ministry of Health	
Sweden - Karin Nilsson-Kelly – Ministry of Health and Social Affair	
United Kingdom - Acton Crispin – Department of Health	
Dag Rekve – WHO Department of Mental and Substance Abuse	
HEALTH PROMOTION BODIES	**e-mail** *** see page 70**
World Health Organization – Regional Office for Europe – Lars Møller	
Albania - WHO NCAP (National Countepart for Alcohol Policy) - Institute of Public Health – Section Substance Abuse Tobacco, Alcohol and Drugs – Roland Shuperka	
Andorra - WHO NCAP - Hospital Nosta Senyora de Meritxell – Centre de Salut Mental – Angelina Santolaria	
Armenia - WHO NCAP - Ministry of Health – Health Care Organization Department – Karine Simonyan	
Austria - WHO NCAP - Bundesministerium für Gesundheit Ombudstelle für Nichtraucherschutz Rechts- und Fachangelegenheiten Tabak, Alkohol und substanzungebundende - Dr Franz Pietsch	
Azerbaijan - WHO NCAP - Ministry of Health of Azerbaijan Programme Healty Lyfestyle – Azad Hajiyev	
Belarus - WHO NCAP - Ministry of Health – Alexei Alexandrov	

Belgium - WHO NCAP - FPS Public Health, Food Chain Safety and Environment - Dr Mathieu Capouet	
Bosnia and Herzegovina - WHO NCAP - Institute for Alcoholism and Substance Abuse of Canton - Dr Nermana Mehic-Basara	
Bosnia and Herzegovina - WHO NCAP - Psychiatric Clinic Clinical Centre Banja Luka - Dr Tatjana Maglov	
Bulgaria - WHO NCAP - State Psychiatric Hospital of Alcohol and Drug Addiction - Sonya Zhenkova Toteva	
Croatia - WHO NCAP - Croatian National Institute of Public Health - Drug Abuse Prevention Service - Marina Kuzman	
Cyprus - WHO NCAP - Ministry of Health Cyprus – Mental Health Services – Kostas Konstantinou	
Denmark - WHO NCAP - National Board of Health – Center for Prevention and Health Promotion – Kit Broholm	
Estonia - WHO NCAP **-** Health Information and Analysis Department, Ministry of Social Affairs of Estonia - Dr Liis Rooväli	
Finland - WHO NCAP - Ministry of Social Affairs and Health – Department for Promotion of Welfre and Health – Ismo Tuominen	
France - WHO NCAP - Direction générale de la santé - Bureau des pratiques addictives - Cécile Anglade	
Germany - WHO NCAP - Division Addiction and Drugs **-** Federal Ministry of Health - Dr Sandra Dybowski	
Hungary – WHO NCAP National Centre of Addictions – Dr. Tamas Koos	
Iceland - WHO NCAP - Public Health Institute – Alcohol and Drug Prevention – Rafn M. Jonsson	
Ireland - WHO NCAP - Department of Health and Children – Health Promotion Policy Unit – Robbie Breen	
Israel - WHO NCAP **-** Department of treatment of drug addiction, Ministry of Health - Dr Paola Roska	
Italy - WHO NCAP - Ministry of Health – Directorate General for Prevention – Bastiana Pala	
Kazakhstan - WHO NCAP - Department of health development, Ministry of Health - Dr Azhar Tulegaliyeva	
Kyrgyzstan - WHO NCAP - Health Care Department, Ministry of Health - Dr Gulmira Ibraeva	
Malta - WHO NCAP - Sedqa – Jesmond Schembri	
Monaco - WHO NCAP - Département des Affaires sociales et de la Santé - Direction de l'Action sanitaire et sociale - Anne Nègre	
Montenegro – WHO NCAP – Marina Roganovic	
Netherlands - WHO NCAP - Ministry of Health, Welfare and Sport – Nutrition, Health Protection and Protection Department – Sandra B. van Ginneken	
Norway - WHO NCAP - Norwegian Ministry of Health and Care Services – Bernt Bull	

Poland - WHO NCAP - Ministry of Health – Department of Public Health – Wojciech Klosinski	
Portugal - WHO NCAP - Institute on Drugs and Drug Addiction – Departmento de Tratamento e reinserçao – Cristina Ribeiro	
Portugal - WHO NCAP - Institute on Drugs and Drug Addiction – Manuel Cardoso	
Republic of Macedonia - WHO NCAP - Mental Hospital 'Skopje' – Pavlina Vaskova	
Republic of Moldova - WHO NCAP - IMPS Republican Dispensary of Narcology – Tudor Vasiliev	
Romania - WHO NCAP - Institute of Public Health Bucharest – Health Programmes & Health Promotion – Adriana Galan	
Serbia - WHO NCAP - Institute of Mental Health, Clinic for Substance Abuse - Dr Roza Prim Panoski	
Slovakia - WHO NCAP - Centre for Treatment of Drug Dependency – Lubomir Okruhlica	
Spain - WHO NCAP - Ministry of Health and Consumer Affairs Dirección General de Salud Pública - Directorate General of Public Health SG Promoción de la Salud y Epidemiología – Vicenta Lizarbe Alonso	
Sweden - WHO NCAP - Department of Public Health - The Swedish Ministry of Health and Social Affairs - Ms Maria Renström	
Switzerland - WHO NCAP - Division of National Prevention Programs Alcohol and Tobacco Section - Federal Office of Public Health - Petra Baeriswyl	
Tajikistan - WHO NCAP - Republican Clinical Narcology Centre - Dr Makhmadrakhim Malakhov	
Turkey - WHO NCAP - Tobacco Control, Alcohol Substance abouse department, General Directorate of Primary Health Care, Ministry of Health - Dr Huseyin Ilter	
Turkey - WHO NCAP - General Directorate of Curative Services of the Ministry of Health Department of Foreign Affairs - Ms Fatma Akay	
Ukraine - WHO NCAP - Ukrainian National Medical & Monitoring Centre for Alcohol and Drugs - Anatoliy Vievskyy	
United Kingdom of Great Britain and Northern Ireland - WHO NCAP - Health Improvement and Protection, Department of Health - Ms Jean Nicol	
Uzbekistan - WHO NCAP - Main Department of Preventive-Treatment Care, Ministry of Health of the Republic of Uzbekistan - Ms Luiza Baymirova	
MEMBER ORGANIZATIONS OF ASSEMBLY OF EUROPEAN REGIONS (staff with responsibility for health policies and programmes)	**e-mail** *** see page 70**
Ourania Georgoutsakou – Assembly of European Regions – Committee 2 Social Policy and Public Health (senior policy coordinator)	
Claudia Meschede - Assembly of European Regions – Committee 2 Social Policy and Public Health (policy coordinator)	
Camille Bullot - Assembly of European Regions – Committee 2 Social Policy and Public Health (policy coordinator)	

Stéphane Cools - Assembly of European Regions – Committee 2 Social Policy and Public Health (policy officer)	
Lisbeth Rydefjärd – Assembly of European Regions - Committee 2 Social Policy and Public Health - Preventing alcohol related harm	
PUBLIC HEALTH BODIES, RESEARCH ORGANIZATIONS, PROGRAMME IMPLEMENTERS AND ADVOCATES, MULTI-PROFESSIONAL AND INTERSECTORAL COALITIONS, EUROPEAN MUNICIPALITIES	**e-mail** *** see page 70**
AGE The European Older People's Platform – Secretariat - **Belgium**	
AGE Member - **Austria** - Pensionisten Verband **-** Walter Kummer	
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Portugal - Sociedade Anti-Alcoólica Portuguesa (SAAP) - Gameiro, Aires/de Carvalho, Gualter	
Republic of Macedonia - Institute for Public Health - Gjorgjev, Dragan	
Romania - ANA Aslan-National Institute of Gerontology and Geriatrics	
Romania - Center of Internal Medicine Fundeni	
Romania - Counterpart for tobacco control - Magdalena Ciobanu	
Romania - Executive Agency for Higher Education and Research Funding	
Romania - Human Rights and Discrimination Research Centre – CSCDOD	
Romania - Institute of Public Health Bucharest – Health Programmes & Health Promotion - Galan, Adriana	
Romania - Ministry of European Integration - Petcu, Cristian Adrian	
Romania - National Centre for Basic and Clinical Research in Osteophorosis and Bone Biology	
Romania - National institute of geriatric - Tronaru, Luminita	
Romania - Research Centre for Studies in Human Motricity	
Romania - Research Centre on the Pathology and Treatment of the Rheumatic Diseases-RCRD	

Romania - The National Institute for Health Research and Development	
Romania - The Research Institute for Quality of Life	
Serbia - Institute of Social Medicine, School of Medicine - Bjegovic-Mikanovic, Vesna	
Slovakia - Medical school of Komenius University, Martin - Baska, Tibor	
Slovakia - Public Health Authority - Ochaba, Robert	
Slovakia - Research Institute for Child Psychology and Patopsychology - Nociar, Aloiz	
Slovenia - AL-ANON ZA SAMOPOMOČ DRUŽINAM ALKOHOLIKOV, Jože Ramovš	
Slovenia - ANTON TRSTENJAK INSTITUTE - Ramovš, joze	
Slovenia - ANTON TRSTENJAK INSTITUTE - Voljč, Bozidar	
Slovenia - Center za socialno delo AJDOVŠČINA	
Slovenia - Center za socialno delo BREŽICE	
Slovenia - Center za socialno delo CELJE	
Slovenia - Center za socialno delo CERKNICA	
Slovenia - Center za socialno delo ČRNOMELJ	
Slovenia - Center za socialno delo DOMŽALE	
Slovenia - Center za socialno delo DRAVOGRAD	
Slovenia - Center za socialno delo GORNJA RADGONA	
Slovenia - Center za socialno delo GROSUPLJE	
Slovenia - Center za socialno delo HRASTNIK	
Slovenia - Center za socialno delo IDRIJA	
Slovenia - Center za socialno delo ILIRSKA BISTRICA	
Slovenia - Center za socialno delo IZOLA	
Slovenia - Center za socialno delo JESENICE	

Slovenia - Center za socialno delo KAMNIK	
Slovenia - Center za socialno delo KOČEVJE	
Slovenia - Center za socialno delo KOPER	
Slovenia - Center za socialno delo KRANJ	
Slovenia - Center za socialno delo KRŠKO	
Slovenia - Center za socialno delo LAŠKO	
Slovenia - Center za socialno delo LENART	
Slovenia - Center za socialno delo LENDA	
Slovenia - Center za socialno delo LITIJA	
Slovenia - Center za socialno delo LJUBLJANA-BEŽIGRAD	
Slovenia - Center za socialno delo LJUBLJANA-CENTER	
Slovenia - Center za socialno delo LJUBLJANA-MOSTE POLJE	
Slovenia - Center za socialno delo LJUBLJANA-ŠIŠKA	
Slovenia - Center za socialno delo LJUBLJANA-VIČ RUDNIK	
Slovenia - Center za socialno delo LJUTOMER	
Slovenia - Center za socialno delo LOGATEC	
Slovenia - Center za socialno delo MARIBOR	
Slovenia - Center za socialno delo METLIKA	
Slovenia - Center za socialno delo MOZIRJE	
Slovenia - Center za socialno delo MURSKA SOBOTA	
Slovenia - Center za socialno delo NOVA GORICA	
Slovenia - Center za socialno delo NOVO MESTO	
Slovenia - Center za socialno delo ORMOŽ	

Slovenia - Center za socialno delo PESNICA	
Slovenia - Center za socialno delo PIRAN	
Slovenia - Center za socialno delo POSTOJNA	
Slovenia - Center za socialno delo PTUJ	
Slovenia - Center za socialno delo RADLJE OB DRAVI	
Slovenia - Center za socialno delo RADOVLJICA	
Slovenia - Center za socialno delo RAVNE NA KOROŠKEM	
Slovenia - Center za socialno delo RIBNICA	
Slovenia - Center za socialno delo RUŠE	
Slovenia - Center za socialno delo ŠENTJUR	
Slovenia - Center za socialno delo SEVNICA	
Slovenia - Center za socialno delo SEŽANA	
Slovenia - Center za socialno delo ŠKOFJA LOKA	
Slovenia - Center za socialno delo SLOVENJ GRADEC	
Slovenia - Center za socialno delo SLOVENSKA BISTRICA	
Slovenia - Center za socialno delo SLOVENSKE KONJICE	
Slovenia - Center za socialno delo ŠMARJE PRI JELŠAH	
Slovenia - Center za socialno delo TOLMIN	
Slovenia - Center za socialno delo TRBOVLJE	
Slovenia - Center za socialno delo TREBNJE	
Slovenia - Center za socialno delo TRŽIČ	
Slovenia - Center za socialno delo VELENJE	
Slovenia - Center za socialno delo VRHNIKA	

Slovenia - Center za socialno delo ZAGORJE OB SAVI	
Slovenia - Center za socialno delo ŽALEC	
Slovenia - Direkcija RS za ceste, mag. Bojan Žlender	
Slovenia - Društvo Žarek Upanja, Nataša Sorko, Mijo Levačič	
Slovenia - Fundacija z glavo na zabavo, Aleksander Kravos	
Slovenia - Inštitut Antona Trstenjaka, mag. Ksenija Ramovš	
Slovenia - Inštitut za raziskave in razvoj "Utrip", Matej Košir	
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Slovenia - Institute of Public Health of the Republic of Slovenia - Kovše, Katja	
Slovenia - Institute of Public Health of the Republic of Slovenia - Bajt, Maja	
Slovenia - Institute of Public Health of the Republic of Slovenia - Zorko, Maja	
Slovenia - Ministrstvo za finance, Peter Černigoj	
Slovenia - Ministrstvo za notranje zadeve, mag. Andrej Justinek	
Slovenia - Ministrstvo za promet, Ljubo Zajc	
Slovenia - Ministrstvo za šolstvo in šport, Marija Urank	
Slovenia - Ministrstvo za zdravje, Direktorat za javno zdravje, Sektor za krepitev zdravja in zdrav življenjski slog	
Slovenia - Ministrstvo za zdravje, Matej Košir	
Slovenia - Pedagoška fakulteta, Nada Turnšek	
Slovenia - Psihiatrična bolnišnica Begunje, Helena Gantar Štular	
Slovenia - Psihiatrična bolnišnica Idrija, Anka Erznožnik Lazar	
Slovenia – Psihiatrična bolnišnica Ormož	
Slovenia - Psihiatrična bolnišnica Vojnik, prim. Darja Boben Bardutzky	
Slovenia - Psihiatrična klinika Ljubljana, asist. dr. Maja Rus	

Makovec	
Slovenia - Psihiatrična klinika Ljubljana, Center za zdravljenje odvisnosti od prepovedanih drog, mag. Andrej Kastelic	
Slovenia - University of Ljubljana - Kamin, Tanja	
Slovenia - University of Ljubljana - Poplas-Susic, Tonka	
Slovenia - University of Ljubljana, Medical Faculty - Kolšek, Marko	
Slovenia - Univerza v Ljubljani, Fakulteta za socialno delo, Amra Šabič	
Slovenia - Univerza v Ljubljani, Fakulteta za socialno delo, dr. Bogdan Lešnik	
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Slovenia - Zavod Varna pot, Robert Štaba	
Slovenia - Zavod za zdravstveno varstvo Celje, Nuša Konec Juričič	
Slovenia - Zavod za zdravstveno varstvo Koper, Marina Sučič	
Slovenia - Zavod za zdravstveno varstvo Kranj, Alenka Hafner	
Slovenia - Zavod za zdravstveno varstvo Ljubljana, Tjaša Jerman	
Slovenia - Zavod za zdravstveno varstvo Maribor, Olivera Stanojevič Jerkovič	
Slovenia - Zavod za zdravstveno varstvo Murska Sobota, Branislava Belovič	
Slovenia - Zavod za zdravstveno varstvo Nova Gorica, Irena Velušček	
Slovenia - Zavod za zdravstveno varstvo Novo Mesto, Janja Jurečič	
Slovenia - Zavod za zdravstveno varstvo Ravne na Koroškem, Marijana Kašnik Janet	

Slovenia - Združenje DrogArt, Mina Paš in Barbara Purkart	
Spain - Asociacion de Ex-Alcoholicos Españoles - R L Osete	
Spain - Associació RAUXA - Maria Luisa Marin	
Spain - EDEX – Juan Carlo Melero	
Spain - Florez, Gerardo	
Spain - Fundación Salud y Comunidad (Foundation Health and Community) - Xavier Ferrer	
Spain - Hospital Bellvitge, Programa de Detecció i Intervenció Breu D'Alcoholisme - Roson, Beatriz	
Spain - Lourdes Villar Arévalo	
Spain - Martínez González, Fernando	
Spain - SERVICIO DE DROGODEPENDENCIAS DIRECCIÓN GENERAL DE SALUD PUBLICA Y CONSUMO CONSEJERIA DE SALUD - Juan del Pozo Irribarría	
Spain - Socidrogalcol – Francisco Pasqual Pastor	
Spain - Vas Falcón, Antonia María	
Spain (Catalonia) - Hospital de la Santa Creu i Sant Pau / Addictive Behavior Unit - Guardia, José	
Sweden - ACTIVE - Sobriety, Friendship and Peace	
Sweden - Ageing Research Center - Fratiglioni, Laura	
Sweden - Ageing Research Centre	
Sweden - CAN - Hibell, Björn	
Sweden - Clinical Alcohol Research, Lund University - Stahlbrandt, Henrietta	
Sweden - General Director of Systembolaget, emeritus - Romanus, Gabriel	
Sweden - Goteborg University, Sahlgren Academy - Spak, Fredrik	
Sweden - Institutionen för socialt arbete - Gunnarsson, Evy	
Sweden - IOGT International - Esbjörn Hörnberg	
Sweden - Linköping Universitet - Bendtsen, Preben	

Sweden - MHF - Tom Bjerver	
Sweden - National Institute of Public Health - Hallgren, Mats	
Sweden - NISAL National Institute for the Study of Ageing and Later Life	
Sweden - Swedish Council on Alcohol and Drugs - Kjell-Ove Oscarsson	
Sweden - The Vardal Institute	
Switzerland - Addiction Info Switzerland - Hagen, Ruth	
Switzerland - International Federation of the Blue Cross - Anders Wengen	
Switzerland - Lausanne University Hospital - Daeppen, Jean-Bernard	
Switzerland - Petra Baeriswyl - Public Health Switzerland	
Switzerland - Swiss Institute for the Prevention of Alcohol and Drug Problems (SIPA) - Ruth Hagen	
Switzerland - Tamara Estermann	
Turkey - Head of Office of Tobacco Control - Erguder, Toker	
Turkey - Tütünsüz Yasam Dernegi (Tobacco Free Life Association) - Tahir Soydal	
Ukraine - Independent Sobriety Association – International	
United Kingdom - The Centre for Research into the Older Workforce	
United Kingdom - Accident and Emergency Dept, St Mary's Hospital - Touquet, Robin	
United Kingdom - Adrian Brown - NHS	
United Kingdom - Alcohol Concern – Don Shenker	
United Kingdom - Barbara O'Donnell - Alcohol Focus Scotland	
United Kingdom - Cambridge Interdisciplinary Research Centre on Ageing-CIRCA	
United Kingdom - Camden and Islington Mental Health and Social Care Trust - Linke, Stuart	
United Kingdom – CASA Services, Michael Fox	

United Kingdom - Centre for Ageing	
United Kingdom - Centre for Ageing and Biographical Studies CABS –	
United Kingdom - Centre for Applied Gerontology	
United Kingdom - Centre for Economic Research on Ageing	
United Kingdom - Centre for Health Services Research - Kaner, Eileen F.S.	
United Kingdom - Centre for Research on Ageing and Gender	
United Kingdom - Charlotte Potter – Age Concern	
United Kingdom - Claudine Lyons - NHS	
United Kingdom - Crete Consultancy, The Robert Gordon University - Fitzgerald, Niamh	
United Kingdom - Department of Health - Henn, Clive	
United Kingdom - Department of Psychology, School of Life & Health Sciences, Aston University - Cooke, Richard	
United Kingdom - Don Lavoie – Department of Health	
United Kingdom - Don Shenker – Alcohol Concern	
United Kingdom - Dr Adrian Bonner – IAS Advisor	
United Kingdom - Dr Jonathan Chick IAS Advisor	
United Kingdom - Dr Marsha Morgan - NHS	
United Kingdom - Dr Tony Rao - NHS	
United Kingdom - Effective Professional Interactions - Thomas, Malcolm	
United Kingdom - Gateshead Primary Care Trust - Cassidy, Paul	
United Kingdom - Graeme Wilson	
United Kingdom - Institute of Ageing	
United Kingdom - Institute of Gerontology	
United Kingdom - Kathy Gyngell	

United Kingdom - Leicester Nuffield Research Unit	
United Kingdom – Lynn Owens	
United Kingdom - Lynn Owens - NHS	
United Kingdom - Margit Physant – Age Concern	
United Kingdom - National Addiction Centre - Patton, Robert	
United Kingdom - NHS Kirklees - Munro, Cathy	
United Kingdom - Northumbria University - Heather, Nick	
United Kingdom - Petrina McNaughton - SHAAP	
United Kingdom - Professor Rob Baggott – IAS Advisor	
United Kingdom - Richard Cyster – London Drug and Alcohol Service	
United Kingdom - School of Nursing, Community Health, Glasgow Caledonian University - Watson, Hazel	
United Kingdom - Sheffield Institute for Studies on Ageing	
United Kingdom - Sir Ian Gilmore - NHS	
United Kingdom - South West Essex NHS - Kerrison, Nicola	
United Kingdom - SPARC Strategic Promotion of Ageing Research Capacity	
United Kingdom - Surrey Alcohol Brief Intervention Servis - Dawes, Adam	
United Kingdom - The Institute for Ageing and Health	
United Kingdom - The Oxford Institute of Ageing	
United Kingdom - The Research Institute for the Care of Elderly	
United Kingdom - UCL Centre for Research on Ageing	
United Kingdom - Welcome Trust Health Servicies Research Fellow, National Addiction Centre, Institute of Psychiatry - McCambridge, Jim	

*** For privacy preservation, only e-mail addresses of Vintage partners were maintained in this publically accessible version of the list-serve of stakekolders**

APPENDIX 2 - Agenda of VINTAGE presentation at scientific meetings and other public events

Participant	Date	Location	Event	Presentation uploaded on website
ISS E. Scafato	21-22/09/2009	Stockholm SWEDEN	Expert Conference on Alcohol and Health – Swedish Presidency of the EU	☑
ISS E. Scafato	24-25/09/2009	Naples ITALY	Guadagnare salute: i progressi delle aziende sanitarie per la salute in Italia	☐
ISS E. Scafato	14/11/2009	Bologna ITALY	Forum "Il consumo di alcol e i suoi effetti"	☐
ISS E. Scafato	26-27/11/2009	Rome ITALY	4° Congresso FEDERSERD (Federazione Italiana degli Operatori dei Dipartimenti dei Servizi delle Dipendenze) – Regione Lazio	☑
ISS E. Scafato	03-05/12/2009	Padua ITALY	21° Congresso Nazionale SIA (Società Italiana di Alcologia)	☑
ISS E. Scafato	11-12/12/2009	Florence ITALY	34° Congresso Nazionale SINU (Società Italiana Nutrizione Umana)	☑
ISS E. Scafato	25-26/01/2010	LUXENBOURG	EAHC Workshop on Best Practice Models for Addiction Prevention Projects funded under the Health Programme	☑
ISS	19-20/04/2010	Madrid SPAIN	EU thematic conference “Mental Health and Well-being in Older People, Making it Happen" - Spanish Presidency of EU	☑
ISS E. Scafato	29/04/2010	Rome ITALY	Annual Alcohol Prevention Day	☑
UNIMAAS P. Anderson ISS E. Scafato	14/09/2010	LUXENBOURG	Mini-Seminar on Alcohol and Elderly, 7th Meeting of EU Committee on National Alcohol Policy and Action (CNAPA)	☑ ☑
ISS E. Scafato	26/11/2010	Pavia ITALY	Mono-thematic conference “Alcol ed anziani” (Società Italiana di Alcologia and Fondazione Salvatore Maugeri IRCCS)	☑

ANNEX 2

Evaluation Plan

WP3: Evaluation of the project

Main activities of the External Evaluator

- Process evaluation (analysis of written documentation, survey of project staff and members, assessment of the quality of information, etc.)
- Output evaluation (review of project deliverables and outputs in terms of scientific accuracy, readability, usability and ease of access, by a panel of selected scientists)
- Outcome evaluation (evaluation of increased health and well being of older people through 3 intermediate measures: extent of the dissemination, hits to websites and number of downloaded documents, survey of a sample of stakeholders in order to measure their intention to modify existing policies and infrastructures)

Evaluation Plan for 2010

Process evaluation

1. Continue to examine **written documentation** of the project and evaluate the quality of the information provided during the process including;
   - Email communication and responsive of project partners,
   - Minutes of meetings,
   - Protocol development
   - Questionnaire
   - Dissemination plan
   - Reports

2. Intensify contact with project members and staff to evaluate their experiences and views of the VINTAGE process through **interviews with senior personnel** in each of the work packages. (March-April)

3. **Attend project meeting** to observe and interact with project partners during the third meeting of the VINTAGE project in Rome. (June)

4. **Organise focus groups** with partners during the third meeting in Rome. (June)

Output evaluation

5. Make **contact with selected scientists** to peer-review the content of the reports, and the collection of best practices for scientific accuracy, readability, usability and ease of access. (as reports are ready)

Outcome Evaluation

6. The long-term hoped outcome of the project is to increase the health and wellbeing of older people. However, given the short time frame of the project, three intermediate measures will be evaluated.

7. Examine the **dissemination reach** of the reports and examples of best practice to the appropriate target groups. (end of project)

8. Examine the **hits to the websites** and number of downloaded documents. (end of project)

9. Undertake **a survey of sample stakeholders** to assess their intention of modifying existing policies and practices, based on the VINTAGE project findings. (June-July)

10. Draw up the **evaluation report** (end of project)

Dr Ann Hope
External Evaluator
VINTAGE project
December 2009.

ANNEX 3

WP4 Evidence base - Protocol

Alcohol and older people
Protocol for literature review (WP4)

Introduction

Most Europeans drink alcohol, which is estimated to be responsible for some ten per cent of the total disease and injury burden in Europe and which is associated with more than sixty medical disorders and conditions (Anderson & Baumberg 2006). Alcohol use is linked to serious social problems, including violence, crime and work absenteeism, and, in the case of older people, traffic accidents, falls and other health complications.

There are a number of reasons to consider reviewing the impact of alcohol on older people (aged 60 plus) in the European Union and what can be done about it. First, there is a lack of available information about the health and social effects of alcohol use by older Europeans. On the one hand, alcohol is responsible for an estimated 195,000 deaths each year in Europe, and is the third highest risk factor for illness, ahead of obesity and behind only smoking and cardiovascular disease (Anderson & Baumberg 2006). Alcohol use is also associated with substantial economic costs, which were estimated to exceed €125 billion in the EU25 in 2002 (Anderson & Baumberg 2006). On the other hand, there can be a positive side to regular but light alcohol use; it may help to reduce the risk of cardiovascular disease in some individuals and, for many, alcohol can play an important social role. However, on the other hand, it remains clear that much less is known about the health, social and economic impacts of alcohol use in older people compared to younger adults. A systematic review of the health-related effects of alcohol use in older people by Reid et al (2002) reported that the magnitude of the risk of falls, functional impairment, cognitive impairment and all-cause mortality posed by alcohol use among older adults remains uncertain.

A second reason to consider reviewing the impact of alcohol on older people concerns the demographic changes in the EU. The ageing of populations worldwide means that the absolute number of older EU citizens with alcohol-use disorders will rise and the impact of these changes must be considered. The older population is the fastest growing segment of the EU. The number of people over 80 years of age will rise from 18.8 million today to 34.7 million in 2030; and the EU's total working age population (15–64 years) will fall by 20.8 million (6.8 per cent) over the same period (European Commission, 2009). At least three factors lie behind the ageing of Europe; a significant fall in fertility, a significant increase in life expectancy and the ageing baby-boomer generation. Average life expectancy has risen by five years for women (to 81 years) and four years for men (to 76 years) since 1960, and will continue to rise in the coming decades (European Commission, 2009). These changes will have an enormous impact on European society. An older population typically increases the overall health burden and poses many challenges for public health policymakers. Demographic shifts have been paralleled by improvements in average disposable incomes and the buying power of many older Europeans.

A third reason for focusing on alcohol use among older people is related to the biological

changes associated with ageing. Research suggests that older people are more sensitive to alcohol's negative health effects compared to younger adults, which could mean that more harm results from equivalent amounts of consumption by older people (National Institute on Alcohol Abuse and Alcoholism 1998). One reason for this heightened sensitivity is the higher blood alcohol concentration (BAC) achieved by older compared to younger people after consuming an equal amount of alcohol. Ageing also interferes with the body's ability to adapt to the presence of alcohol (i.e. tolerance) and, through this decreased ability to develop tolerance, older people continue to exhibit certain effects of alcohol (e.g. coordination problems) at lower doses than younger people whose tolerance increases with increasing consumption (NIAA, 1998). Brain research also suggests that ageing may render a person more susceptible to alcohol's effects. For example, it has been reported that older people with a history of chronic, heavy alcohol use exhibit more brain tissue loss than younger people, often despite similar lifetime alcohol consumption (Oscar-Bergman et al., 1997).

Also relevant to the background of this review are a number of recent social, economic and regulatory changes in Europe that have influenced alcohol consumption patterns across all age groups. For example, significant changes in global and EU trade policies have resulted in lower average alcohol prices and greater alcohol availability in many countries as the EU has expanded, and these changes have in turn influenced alcohol consumption trends (Anderson and Baumberg, 2006). In addition, economic developments since the mid-1990s have made alcoholic beverages more affordable in most EU countries (RAND Europe, 2009). In several EU Member States, the introduction of liberal trade and tax agreements during the mid-1990s eroded traditional strategies developed from a public health perspective. The border effects of lower alcohol prices in neighbouring countries have also led to greater availability and affordability, especially in countries which neighbour those with a low excise tax on alcohol. These changes led to a notable increase in alcohol consumption in many countries during the 1990s (Leifman, 2002).

The aim of the literature review is four fold:

5. To document what we know about alcohol consumption amongst older people
6. To document what we know about the impact of alcohol on the health and well-being of older people
7. To identify any specific evaluated programmes to reduce the harm done by alcohol to older people
8. To consider the impact of exiting alcohol policy measures, such as controls on the price and availability of alcohol on reducing the harm done by alcohol to older people.

Methods

In alcohol research, there are no standard definitions of older people. In this review, older people will include those aged 60 years or over, following the definition of Hallgren et al (2009), also allowing to capture the transition from work to retirement.

Formal literature searches of the scientific literature will be untaken in Pub med, MEDLINE, the Cochrane Library and Google scholar using the search terms adapted from the table below. Searches will be restricted to the English language and since the year 2000.

Potential gray literature will be identified by contacting members of the Alcohol Policy Network of the Building Capacity project

(http://www.ias.org.uk/buildingcapacity/index.html) and of the AMPHORA research network (http://www.amphoraproject.net/index.php) to identify country-based reports or publications on alcohol and older people, building on the work of Hallgren et al (2009), which summarized alcohol consumption amongst older people in Czech Republic, Finland, Germany, Italy, Latvia, Poland, Slovenia, Spain, Sweden and the United Kingdom.

The alcohol database of the World Health Organization will be searched for any extra information on alcohol and older people (http://apps.who.int/globalatlas/default.asp).

Finally, key reviews of the impact of alcohol policies in reducing the harm done by alcohol will be screened for information on older people (Anderson et al 2009; World Health Organization 2009; Anderson & Baumberg 2006).

Search terms to be used for formal literature searches.

#	**Search History**
1.	"AGED 80 AND OVER"/ OR AGED/
2.	"middle aged"
3.	(retired or retirement)
4.	(elderly or gertiatr$ or senile$ or older or older adult or older person or old age or later life). ti, ab.
5.	(injury OR death OR mortality OR fatality OR trauma OR fall$ OR violent OR fracture OR crash OR accident OR suicide OR disorder OR assault OR murder OR homicide OR motor OR driv$).ti,ab.
6.	(cancer or liver or cirrhosis or cardiovascular or cerebrovascular or stroke or coronary or heart or ischemic or ischaemic or atherosclerosis or depress$ or cognit$ or brain or dementia or alzheimers or bone or diabetes or hospital$ or drug or medication or comorbid or dependence or disorder).ti,ab.
7.	(educat$ or train$ or promot$ or interven$ or program$ or administer$ or campaign$ or evaluat$ or assess$ or control$ or compar$ or prevent$ or safe$ or strateg$ or scheme$ or incentive$ or trial$ or policy or policies or reduc$ or approach$ or enforce$ or guideline). Ti,ab.
8.	(drink$ or consum$ or heavy or binge or episodic or risk$ or safe or pattern).ti,ab
9.	alcohol$.ti,ab.
10.	or/1-4
11.	or/5-8
12.	and/9-11

Overall structure of report

It is planned that the overall structure of the report will be as follows:

Summary

1. Introduction

2. Alcohol use by older people

3. The health and social impact of alcohol on older people

4. Preventing the harm done by alcohol amongst older people

5. The impact of alcohol policy measures on the harm done by alcohol amongst older people

6. Conclusions and recommendations.

References

Timetable

It is planned that the literature review and the identification of the grey literature will be completed by the end of 2009. The text of the report will be completed by the end of March 2010.

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ANNEX 4

WP5 Experience base - Protocol

PROTOCOL FOR COLLECTING BEST PRACTICES ON PREVENTING THE HARMFUL USE OF ALCOHOL AMONGST OLDER PEOPLE INCLUDING THE TRANSITION FROM WORK TO RETIREMENT

Introduction

The senior European population has grown more than twice as fast as the overall population since the early 1980s. With this demographic shift, there has been a growing awareness of the importance of older adults' needs in many areas, but drinking and related alcohol problems is still a "hidden" issue, is often underdetected, neglected and goes unaddressed in many countries.

Reasons for that include:

- The perception that "it's too late to do something"" resulting in not targeting alcohol policies and prevention programmes to that group and also less referral for specialized treatment
- Reluctance by professionals to question elderly patients about their alcohol use, lower degree of suspicion when assessing elderly and AUD perceived as normal regarding poor health and life circumstances,
- Alcohol problems in the elderly usually appear as atypical and masked symptoms (confusion, falls, injuries, etc).

However, alcohol related problems can begin later in life and due to higher vulnerability drinking amongst the elderly can increase susceptibility to falls and other injuries. It can also reduce the effectiveness of prescribed medication and cause a range of physical, mental and social difficulties resulting in increased frequenting of services and costs.

There is a urgent need to develop practices of effective policies and programmes to reduce the harmful use of alcohol by older people from all countries of Europe and to assess the impact of general policies among older people. There is also the need to develop prevention programs and treatment services sensitive to older people's needs and to train professionals to improve their understanding of drinking amongst older people and the provision of actions and information tailored to their needs.

Vintage project seeks to advocate for increased attention to the prevention of alcohol-related harm in old age on the agenda of public, private and voluntary organizations.

The Vintage project is aimed at:

- **Providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people including the transition from work to retirement.**
- **Actively sharing best practice to upwardly harmonize policies and programmes to invest in older people's health and well-being.**
- **Undertaking systematic reviews and systematically collecting examples of best practice on the harm done by alcohol to the health and well-being of older people and on the effective policies and programmes to reduce such harm.**

Description:

- Systematic collection of examples of best practices of effective policies and programmes to reduce the harmful use of alcohol by older people from all countries of Europe.

Partners involved:

- Led by GENCAT in collaboration with SZU, STAKES, IAS and IVZ RS

Objective:

- Collect best practices to prevent harmful alcohol use by older people

  GENCAT - *Mediterranean countries* (Cyprus, France, Greece, Italy, Malta, Portugal, Spain, Turkey)
  THL (former STAKES) - *Nordic and Baltic countries* (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden)
  IAS - *Continental countries and UK (*Austria, Belgium, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom)
  IVZ - *South-east Europe and Balkans* (Albania, Bosnia, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia)
  SZU - *Central Europe countries* (Bulgaria, Czech Republic, Hungary, Poland, Romania, Slovakia)

Deliverable:

- Report with documented best practices to prevent harmful alcohol use by older people

Target

- To identify as many practices as possible from at least 24 countries.

Procedure

- Information will be gathered from partners in European and international networks (e.g. Building Capacity project).
- A questionnaire will be developed and disseminated to partner agencies to gather detailed information on interventions and the outcomes of evaluations.
- Information will be stored in a database and be freely accessible online**.**

Quality assessment

- The following elements will be used for lead partner to assess the quality of the collected examples:

  - needs assessment;
  - accessibility;
  - setting approach;
  - collaborative capacity building and partnership;
  - evaluation;
  - sustainability;

- transferability;
- availability of results, documents, etc.;
- and transparency of the funding and support.

Timetable and work plan

- **July 2009 - September 2009 -** development of protocol and questionnaire
- **October 2009 –** revision
- **1st November 2009 – 30th January 2010 -** collection of examples
  - Partner collects until 20th of January 2010
  - Gencat collects until de 30th of January 2010
- **February 2010 – March 2010** – analysis of results
- **April 2010 – June 2010 –** final report

Sampling process and follow-up

Please read the following recommendations:

-Check the list of countries you have to cover and make sure that you know to whom you can send the questionnaire. If not, we recommend to try to contact several people from the alcohol or elderly field (government, NGO, researchers, etc) to be able to collect as much experiences as possible. Please send them the standard email we have prepared and the questionnaire, **please introduce your contact details where needed.**

-Let us know as soon as you can, if there is any difficulty in contacting any country and we will help on that. To complement your task, grey literature searches will be done also centrally to gather information from all countries.

-Check any questionnaire received to make sure that the important details are included (contact details, etc) and forward it to us as soon as possible. If any information is missing please contact them and ask to fill it in before sending it to us.

-Please make sure to **circulate a reminder** after Christmas (**8th of January**).

-Note in the table below the relevant information about the sampling process. Add as much rows as needed.

-The last deadline to send the questionnaires to us is the 30th of January 2010. Thanks for all your help.

Name:

Institution:

Country	Contact person details (Name, Last Name, E-mail and institution)	Type*	Date delivery	Date reminder	Date received	Comments and Incidences

*Type = government; research body; private sector (Non Governmental Organization, etc): other (please, specify which)

ANNEX 5

WP5 Experience base – Questionnaire and specific instructions

QUESTIONNAIRE FOR COLLECTING BEST PRACTICES ON PREVENTING THE HARMFUL USE OF ALCOHOL AMONGST OLDER PEOPLE INCLUDING THE TRANSITION FROM WORK TO RETIREMENT

Purpose of this questionnaire

This questionnaire has been developed to identify and collect innovative practices, projects, programs and if possible best practices on preventing the harmful use of alcohol amongst older people is one of the main aims of the Vintage project, so that we all can learn from what is going on in other countries.

Practices, projects and programs (PPP) can include a ***wide range of activities***, including for example laws and policies on reduced BAC levels for older adults, restrictions to alcohol access in old people's homes, it can also include activities that relate to general educational messages or campaigns and description of alcohol prevention and treatment services sensitive to elder's needs.

Collected examples will be uploaded to a database available in the Vintage website to enable us all to know what can be done. We would like this exercise to help us to raise questions on where are the current gaps in knowledge and approaches;

Instructions

On the following pages, please describe what you think have been some of the most innovative projects, programmes or best practices (PPBp) related to preventing the harmful use of alcohol amongst older people including the transition from work to retirement in your country in up to the last 10 years. If there is a very good PPBp that was introduced more than 10 years ago, it is fine to include it.

What we mean by ***innovative*** is where a PPBp has been changed into something new, or has been altered or renewed, or has been brought in or introduced for the first time. It is up to you to use your own expertise, experience and professional judgment to describe what you think is innovative. We are also looking for things that might be a bit creative or unusual.

By project we refer to any action (research, prevention, etc) endorsed with a clear start and end point. Programme refer to a group of actions that are continuously and integrative implemented.

By ***best practice*** we refer to approaches which are shown ("proven") to be effective for a group of people. A best practice can be identified through people's experience (clinical or otherwise) or through literature reviews of studies.

By ***older people*** we mean those aged 65 or more (>=65)

Please try to list, if possible, a minimum of 3 practices but If you wish to describe more PPBp, just copy and paste extra PPBp description forms. It is quite possible that there have

been no innovative PPBp related to preventing the harm among elder people. If this is the case, please write NO in the box below and fill in the section with questions inquiring on the possible reasons.

The PPBp can be implemented at country, regional or municipal level.

Please state your name
Please give your e-mail address
Please state your country

If there have been NO innovative PPBp related to preventing the harmful use of alcohol amongst older people including the transition from work to retirement in your country in the last 10 years, please write NO in the box and rate, under your opinion, the reasons for that:

	MOST IMPORTANT		LEAST IMPORTANT		DN*
Lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems.					
Low awareness of older adults' needs related with alcohol problems					
Lack of economic and human resources					
The perception among policy makers and professionals that it's too late to do anything					
Alcohol impact in the elderly population is unknown					
Other (describe):					

*DN= Do not know

Please complete the forms and return them to _____ by e-mail _____ by 20th of January 2010 at the latest.

If there are any questions or queries, please contact _____

PPBp 1

1. Basic facts

1.1 What is the name of your PPBp?

1.2 Your proposed PPBp is a:

a) project
b) programme
c) best practice

1.3 What are the main aims and objectives of this PPBp?

2. Development

2.1 What was the background (reasons) for developing it?

2.2 How was it developed (did it start as a pilot project; was it transferred from another country)?

2.3 What are the main elements or components of this PPBp (please tick more than one if needed)?

a) Regulation or change in law
b) Education or raising awareness campaign
c) Training of professionals working with older people
d) Identification and assessment
e) Treatment provision
f) Community development
g) Other (describe):

Comment:

2.4 It is solely targeted to older adults?

a) No, it is also targeted to other age groups and it is not adapted to older people's needs
b) No, it is also targeted to other age groups but it is adapted to older people's needs
c) Yes, only to older adults.

3. Implementation

3.1. Who funds/funded the implementation of the PPBp (please tick more then one if needed)?

a) government
b) research body
c) private sector (Non Governmental Organization, etc)
d) alcohol industry
e) other resources (please, specify which)

3.2. What is the level of implementation of this PPBp?

a) national
b) regional
c) local (municipality level)
d) community / group
e) clinical settings (Primary, Hospital, etc)
f) Other

3.3. When did the implementation start (Year)?

3.4. How long did it last?

a) Less than one year
b) From one year to 2 years
c) Has been integrated in the system

3.5. What are the main results of this PPBp?

4. Evaluation

4.1. Has this PPBp been evaluated?

a) Do not know
b) No
c) Yes, but not finished yet
d) Yes (describe):

4.2. How was this PPBp evaluated?

a) Controlled study
b) Observational study
c) Qualitative study

Describe:

4.3. Was an economic evaluation included?

a) Do not know
b) No
c) Yes, but not finished yet
d) Yes (describe):

4.4. Is there ongoing evaluation of this PPBp?

a) Do not know
b) No
c) Yes, but not finished yet
d) Yes

4.5. What were, under your opinion, the pre-conditions for success for this PPBp?

4.6. Were any obstacles encountered during implementation?

a) Do not know
b) No
c) Yes. Describe

4.7. Were there any harmful effects of the PPBp?

a) Do not know
b) No
c) Yes. Describe

4.8. What are the main lessons to be learned from this PPBp?

4.9. How could this PPBp be improved?

4.10. Do you think this PPBp can be transferred also to other countries, regions, settings?

5. Extra details

5.1. Please list a website or contact organization or person to find out more information about this PPBp:

5.2. Please give full reference details of any published papers, reports or websites on this PPBp:

6. Final comments or suggestions

ANNEX 6

Agenda of first meeting (Rome 27/05/2009)

Executive Agency for Health and Consumers

Vintage project

good health into older age

Health Programme 2008-2013 Together for Health

KICK-OFF MEETING

Rome, 27 May 2009

Istituto Superiore di Sanità – Aula Zampieri

AGENDA

12.30 Welcome light lunch

14.00 Brief welcome and introduction - *Emanuele Scafato ISS*

Brief welcome and introduction - *Dirk Meusel EAHC*

Round of table presentation of the partners

14.15 Short overview of project - *Emanuele Scafato ISS*

Expectations by EAHC – *Dirk Meusel*

14.30 WP4 Protocol and plan – *Peter Anderson*

15.30 Coffee break

16.30 WP5 Protocol and plan – *Joan Colom GENCAT*

17.30 Administrative issue – *Emanuele Scafato ISS*

18.00 Others

18.30 Closure of the meeting

ANNEX 7

First meeting minutes (Rome 27/05/2009)

VINTAGE Good Health into Older Age
Minutes of the Kick-off Meeting
ISS Rome, 27 May 2009

Participants (see enclosed list of participants)

Salme	Ahlström
Peter	Anderson
Joan	Colom I Farran
Gianluca	Di Rosa
Lucia	Galluzzo
Claudia	Gandin
Silvia	Ghirini
Mats	Hallgren *
Sonia	Martire
Francesca	Meduri
Dirk	Meusel
Esa	Österberg
Aneurin	Owen
Sandra	Radoš Krnel
Emanuele	**Scafato** (chair)
Lidia	Segura
Hana	Sovinova

* absent with apologies

Summary of the Agenda (see enclosed detailed agenda)

- ☐ Brief welcome and introduction
- ☐ Round of tables presentation of participants
- ☐ Short overview of the project
- ☐ Expectations by EAHC (Executive Agency for Health and Consumers)
- ☐ WP4 protocol and plan
- ☐ WP5 protocol and plan
- ☐ Administrative issues
- ☐ Additional items

Discussion, decisions and assignments

Being present all partners that had previously confirmed their participation, the meeting began at 13:30

☑ Brief welcome and introduction

Emanuele Scafato welcomed participants and briefly illustrated organization and activities of Istituto Superiore Sanità (ISS), National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS) and of Population Health and Health Determinants Unit, respectively institution, centre and unit that hosted the meeting. He then introduced the agenda of the meeting, illustrating the aims of the kick-off meeting: to provide full information on the structure and sequence of the project, to discuss and reach an agreement on methodologies, and to present administrative issues. (see Scafato PPT presentation in attachment, slides 1-12).

Dirk Meusel welcomed participants on behalf of the European Executive Agency for Health and Consumers.

☑ Round of tables presentation of participants

☑ Short overview of the project

Emanuele Scafato (see Scafato PPT presentation in attachment, slides 13-23) outlined the major issues of the VINTAGE project: associated and collaborating partners involved, overall objectives and methods, timing of the 5 Work Packages (WP) and relative deliverables. He then delineated and summarized the main goals and activities of WP1-Coordination of the project, WP2-Dissemination of results, and WP3-Evaluation of the project. As scheduled in WP1, the VINTAGE Management Team was constituted, including the 3 WPs leaders (E. Scafato for WP1, 2 and 3, O. van Schayck for WP4, J. Colom for WP5) and relevant ISS staff (L. Galluzzo, C. Gandin, S. Ghirini, S. Martire, R. Russo, N. Parisi). The next meetings of the Management Team will be held in Barcelona in December 2009 (date to be fixed at the end of the present meeting), and in Rome in June 2010.

Some considerations on the website to be created for dissemination of results (WP2) arose from the discussion. Peter Anderson suggested considering something more ambitious than a website with links with other websites, including those of the VINTAGE partners, this because there is a certain lack of coordination on European websites on alcohol, and to find information is not so easy as it ought to be. The proposals were those of creating a gateway, or a user-friendly portal (J Colom), integrating all existing websites with links to all EU projects on alcohol. Hana Sovinova pointed out the need for implementing research by key words.

Claudia Gandin stressed the importance of modulating the website according to the final end-users, asking if eventual translation into other languages should be considered. Scafato and Anderson stated that the final end-users of the website would be professionals and policy makers involved in the alcohol theme (figures well accustomed to understand and use the English language); eventual translations will be up to single countries because very expensive. Sandra Radoš agreed with what was already said, highlighting the need of keeping in mind the problem of available resources.

Scafato thanked all participants for the fruitful discussion and invited all of them to structure their ideas on how to implement the website and to send their detailed proposals to ISS, not forgetting that available resources are not unlimited and the costs for implementation of a website, portal or gateway may vary greatly. The proposals will be then submitted to the professionals in charge of the technical aspects of the website realization.

☑ Expectations by EAHC

Dirk Meusel (see Meusel PPT presentation in attachment) briefly described the Executive Agency for Health and Consumers, its aims, activities, and relation to the EU commission and to the Health Programme 2008-2013 “Together for Health”. He then illustrated in details all actions foreseen in the grant agreement as instruments of project management and monitoring (interim and final report, and their technical, administrative and financial aspects), giving practical suggestions on ways and times of accomplishment. Meusel pointed out the need for sending the link to the VINTAGE website as soon as it will be ready, in order to join it in the EAHC website and improve dissemination of VINTAGE results. Meusel invited all VINTAGE partners to contact him and EAHC for any doubt or question concerning the project management.

In the course of the discussion Meusel was urged to promote the solution of a problematic issue. The problem originated from the difficulty of managing and reporting expenditures related to meeting organization, and it was experienced and referred by almost all participants involved in the coordination of European projects (Segura, Radoš, Colom, etc.). According to a recently developed procedure, all expenditures are managed centrally by the project coordinator, but all costs deriving from meals, accommodations, etc., have to be acknowledged separately for each participating partner, and this is very complicate and time-consuming.

Peter Anderson underlined the need, on one hand, to intensify the dialogue between the European

Commission and the people who are involved in the project management and execution, and, on the other hand, to encourage more communication (not necessarily coordination) among alcohol projects.

Coming back again to the website issue, Meusel suggested to have a look at EUPHIX portal (European Union Public Health Information & Knowledge System). Scafato and his collaborators already knew the portal, since ISS is one of the members of the European Community Health Indicators Monitoring (ECHIM) project.

Finally, Lidia Segura expressed her doubt on the duration of the project, thinking that 18 months should be a very short period to achieve all VINTAGE objectives. Scafato invited all partners to be confident in the success of the project, relying on the great experience of researchers involved to assure the respect of the timetable.

☑ WP4 protocol and plan

Peter Anderson presented WP4-Evidence base on behalf of the Work Package leader Onno van Schayck, Maastricht University. Anderson gave an overview of the main topics (see Anderson PPT presentation in attachment) and methodologies for the evidence-based report on the impact of alcohol on health conditions of older people, concerning drinking patterns, alcohol-related harm, policies, practices, and prevention programmes derived from scientific and grey literature.

One of subjects of the discussion that followed Peter Anderson presentation was the definition of older people to be adopted. Apart from the various definitions, such as aged, older, elderly, oldest old, etc., to be used in a very flexible way, it was agreed that the reference age should be 65 and over, which is the cut-off age usually adopted in national statistics and scientific literature on aging. Search results should be stratified for age classes. Meusel pointed out that it is important to remember that one of the goals mentioned in Annex 1 was the inclusion in the analysis of specific patterns of alcohol consumption relating to “transition from work to retirement”, aspect that has to be taken into consideration when fixing age range.

The other suggestions for search terms and methodology, emerged from the informal discussion that followed, were:

- the importance of taking into account gender differences, and also social and occupational differences, because they may affect alcohol consumption habits (e.g. marginal people and those living alone usually drink more than the others because of lack of “social control”)
- existing policy measures (in terms of availability and affordability) specifically designed for elderly subjects; no one of the participants to the meeting had information on specific policies and it was pointed out that policy makers, also influenced by producers, tend to “protect” alcohol as a food and don’t treat it as a drug
- existing prevention intervention directed to elderly subjects (from the discussion it seemed that the only EU country with a program to prevent alcohol harmful use in the elderly was Finland)
- the inclusion in the search of national nutritional guidelines specific for alcohol (if existing)
- existing data based on national statistics; Scafato suggested to consider data collected by Sweden, as parts of its EU presidency, for a report concerning alcohol consumption and related harms among elderly EU citizens, to which Italy (ISS) and Finland (STAKES) contributed
- characterization of advice intervention in the elderly (e.g. Do elderly need longer advice intervention? Does brief intervention work well?)
- evaluation methods of alcohol consumption in the older population (for example AUDIT and AUDIT-C)
- investigation of the potential CHD protective effect of moderate alcohol consumption in the elderly
- description of different alcohol patterns of consumption depending on different culture (older people in the Mediterranean area drink almost exclusively wine)
- potential existence of particular marketing strategies for older people (e.g. Do they exist? Are industries mainly interested in the younger target? Are older people only indirectly affected by the message that shows drinkers as “always young”?)

Emanuele Scafato invited Peter Anderson to send an e-mail with a list of search terms to be discussed, commented and approved among the VINTAGE partners. Anderson agreed on sending WP4 protocol in two weeks.

☑ WP5 protocol and plan

Joan Colom introduced VINTAGE WP5-Experience base, providing a series of background considerations to approach the collection of examples of best practices to reduce harm done by alcohol to the health and well-being of older people, including effective policies and programmes to reduce such harm (see Colom-Segura PPT presentation in attachment, slides 1-11). His intervention began with an analysis of the particular characteristics of alcohol use disorders in the elderly and of the existing instruments to cope with them. Then he gave the floor to Lidia Segura.

Lidia Segura illustrated WP5 main aspects and methodology (see Colom-Segura PPT presentation in attachment, slides 12-18), concerning the questionnaire to be developed for collecting best practices (if possible on-line), and elements to be used to evaluate their efficacy. She stressed the importance of giving a feedback to all those that will contribute to data collection, through an appropriate dissemination of the final report.

E. Scafato noticed that, on the basis of the actual availability of practices directed to prevent alcohol harmful use in the elderly, the number of 48 best practices proposed by L. Segura as the target goal to be achieved, probably, should be too ambitious. For this reason he suggested to add in the questionnaire a specific section aimed at gathering information in case of absence of any practices, with questions inquiring on the reasons and barriers related to this lack.

Peter Anderson invited all participants to reach a better definition of the networks to be contacted for data collection. It was agreed that the questionnaire should be sent to WHO countries representatives, government people, and associations involved in health prevention and promotion. Hana Sovinova suggested the involvement of 3rd age Universities because they are often responsible for interventions on lifestyle and physical wellbeing. The eventual inclusion of professionals involved in physical activities program and in nutrition counselling, supported by Joan Colom, was rather controversial. Emanuele Scafato didn't agree with this proposal because these kinds of professionals, and consequently their interventions, are not specifically competent on alcohol. Lidia Segura affirmed that it was necessary to keep separate nutrition and alcohol. This concept was reinforced by Claudia Gandin who sustained that counselling interventions directed to solve more than one problem (e.g. alcohol and nutrition) are usually not effective.

Peter Anderson underlined the need of providing the questionnaire together with an already filled in example, so that people can relate to it and see which kind of information are required (the example should be the Finnish intervention).

It was then defined a better division of countries to be contacted by each of WP5 partners who will be in charge of the data collection:

GENCAT *Mediterranean countries* (Cyprus, France, Greece, Italy, Malta, Portugal, Spain, Turkey)

STAKES *Nordic and Baltic countries* (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden)

IAS *Continental countries and UK (*Austria, Belgium, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom)

IVZ *South-east Europe and Balkans* (Albania, Bosnia, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia)

SZU *Central Europe countries* (Bulgaria, Czech Republic, Hungary, Poland, Romania, Slovakia)

As stated for WP4, it was decided that WP5 leaders had to circulate protocol and questionnaire draft versions within 2 weeks from the meeting; after that, all partners will have to give their comments and feedbacks to WP4 and WP5 leaders in 1-2 weeks, in order to have both protocols ready within July, and start data collection in September. According to the established calendar, data collection for WP5 will take 4-5 months, and by the end of March final results will be available. The period April-June was deemed appropriate to complete WP5 final report preparation.

Sandra Radoš suggested taking preliminary contacts with countries during the summer in order to be ready to send them the questionnaire at the beginning of September.

☑ Administrative issues

Emanuele Scafato went quickly through the administrative and budgetary issues (see Scafato PPT presentation in attachment, slides 24-26), already explained in details by Dirk Meusel. Scafato recommended the strict respect of the designed rules, and invited all partners to not hesitate to contact Sonia Martire for any problem or doubt concerning administrative and financial aspects of the VINTAGE project.

☑ Additional items

It was decided that the next VINTAGE meeting, lasting for a day, would be held in Barcelona on the 15th of December 2009, with the following provisional program:

- review draft of WP4 report
- presentation of preliminary results obtained in the first period of WP5 data collection on best practices

The meeting was closed at 17:45.

Summary of actions to be taken

ACTION	DEADLINE	IN CHARGE
Circulate proposals on how to implement VINTAGE website	15.06.2009	All partners
Sending the link to the VINTAGE website to EAHC in order to join it in the EAHC website	ASAP	WP2 leader
Sending WP4 provisional list of search term and protocol	15.06.2009	WP4 leader
Sending WP5 provisional questionnaire and protocol	15.06.2009	WP5 leader
Feedbacks to WP4 and WP5 leaders	16.06.2009	All partners
Accomplishment of WP4 and WP5 instruments	30.06.2009	WP4 and WP5 leaders
Preliminary contacts with people and networks to be contacted for WP5 data collection on best practices, at national level	01.07.09-31.08.09	GENCAT, STAKES, IAS, IVZ, SZU
Beginning of WP5 data collection	01.09.2009	GENCAT, STAKES, IAS, IVZ, SZU
Provisional version of WP4 report	30.11.2009	WP4 leader
2nd VINTAGE meeting (Barcelona)	15.12.2009	ISS, GENCAT
Final version of report on alcohol and older people (WP4)	38.02.2010	WP4 leader
Completion of WP5 data collection and analysis	31.03.2010	WP5 leader
Final version of report on best practices (WP5)	31.06.2010	WP4 leader

ANNEX 8

Agenda of second meeting (Barcelona 15/12/2009)

Barcelona, 15th December 2009

Department of Health of the Government of Catalonia
Room: ***4th floor attic.***

AGENDA

09:30 Welcome

Brief welcome and introduction - *Joan Colom GENCAT*

Brief welcome and introduction - *Emanuele Scafato ISS*

09:50 Progress of activities concerning coordination of the project, dissemination of results, project evaluation, and short overview of administrative and financial issues - *Lucia Galluzzo ISS*

10:30 Coffee break

11:00 Presentation of strategies and preliminary results of WP4 literature review - *Peter Anderson UNIMAAS*

12:30 Lunch

13:00 Presentation of strategies and preliminary results of WP5 data collection on best practices - *Lidia Segura GENCAT*

15.00 Others

15:30 Closure of the meeting

ANNEX 9

Second meeting minutes (Barcelona 15/12/2009)

Project number:	20081203
Project name:	Good health into older age
Acronym:	VINTAGE
Priority area:	Promote Health (HP-2008)
Action	Addiction prevention
Starting date:	01/03/2009
Duration:	18 months

Project funded by the EU under the Second Programme of Community Action in the field of health (2008-2013)
Call for proposals 2008

2nd meeting minutes

Barcelona 15th December 2009

Participants

Salme Ahlström
Peter Anderson *
Joan Colom I Farran
Lucia Galluzzo
Ann Hope *
Aneurin Owen
Sandra Radoš Krnel
Emanuele Scafato (chair)
Lidia Segura
Hana Sovinova

* absent with apologies

Summary of the Agenda (see enclosed detailed agenda)

- ☐ Brief welcome and introduction
- ☐ Progress of activities concerning WP1-Coordination, WP2-Dissemination, WP3-Evaluation, and administrative issues
- ☐ Progress of activities of WP4-Evidence base
- ☐ Presentation of preliminary results of the first period of WP5-Experience base data collection on best practices
- ☐ Additional items

Discussion, decisions and assignments

Being present all partners that had previously confirmed their participation, the meeting began at 09:30

☑ Brief welcome and introduction

Joan Colom welcomed participants to the meeting on behalf of the Health Department of the Generalitat de Catalunya.

Emanuele Scafato introduced the agenda of the interim meeting, illustrating its aims: to review the progress of the project and to discuss activities to be performed in the next period (see Scafato-Galluzzo PPT presentation in attachment, slide 1). He pointed out that there are great expectations concerning VINTAGE results on alcohol and elderly, also because of the great interest shown in this usually neglected theme during the period of EU Swedish presidency.

☑ Progress of activities concerning WP1-Coordination, WP2-Dissemination, WP3-Evaluation, and administrative issues

Lucia Galluzzo provided an updated description of the VINTAGE activities relating to the horizontal Work Packages of the project, whose main leader is ISS. For each of the 3 WPs a brief description of activities undertaken (and relative level of achievement), and of activities planned for the next period was given, highlighting those actions that needed to be discussed more in detail during the meeting because required an active collaboration among partners (see Scafato-Galluzzo PPT presentation in attachment, slides 2-11).

<u>WP1-Coordination of the project</u>

The first focus regarded the drawing up of the Interim Technical and Financial Report. As regards the financial part, all partners had already received Excel sheets to be filled in and returned to ISS by 31.01.2010. The technical implementation part of the report is being written by L. Galluzzo and is mainly based on the structure she followed in the presentation. The draft will be sent to all partners in order to receive their comments and suggestions. A particular support and collaboration will be requested to UNIMAAS, GENCAT, and the external evaluator (dr. Ann Hope), in integrating the description of those parts that they follow directly (WP4, WP5 and WP3), using the framework that will be sent to them.

A round of table was done in order to find a date for the third VINTAGE meeting to be held in Rome in June, starting from 11.06.10 as provisional date. All participants agreed that the date that suits them best was the 18.06.10 (after having checked the availability of P. Anderson and A. Hope, the date was confirmed and communicated to all partners soon after the Barcelona meeting).

<u>WP2-Dissemination of results</u>

It was pointed out that the delay in the drawing up of the Dissemination Plan was not due to difficulties in the elaboration of the dissemination strategy in itself but to the fact that, according to the Grant Agreement, it had to comprise the list serve of stakeholders. Finding stakeholders at local level, retrieving updated e-mail addresses for all contacts, was more difficult and took more time than expected. For this reason the list serve included in the Dissemination Plan (as Appendix 1) is quite exhaustive at European level but need to be integrated by VINTAGE partners especially regarding their specific geographical area of interest, at national, regional and municipal level. It has been specified that there will be no privacy problems because the dissemination of VINTAGE results to stakeholders will be strictly done through undisclosed list of recipients.

All partners were then reminded to send to ISS all materials concerning presentations of

VINTAGE project at scientific meetings, or other public occasions, in order to add a brief description to Appendix 2 of the Dissemination Plan and to upload relative files or links in the website. In this respect, Emanuele Scafato highlighted the need of increasing the occasions of communication about VINTAGE project, and alcohol and elderly in general, both to the scientific community and the public opinion.

Among the dissemination activities planned for the next period, the direct involvement of partners was requested especially for improving and translating a leaflet illustrating VINTAGE project, and concise messages explaining and summarizing key results. While the concise messages to be delivered to the stakeholders list will obviously be created in the final phase of the project, after data collection and analysis, the creation of the English version of the leaflet is almost completed. ISS will soon circulate a draft of the leaflet among partners and, after having reached a final version, it will be translated and placed in the public area of the website.

WP3-Evaluation of the project

Evaluation activities undertaken and planned were just outlined, because they were externally managed and carried out by dr. Ann Hope, who has been sub-contracted as external evaluator, and an immediate and direct involvement of VINTAGE partners was not necessary. Participants were informed that the external evaluator had already confirmed her participation in the 3rd VINTAGE meeting, where she would carry out interviews and focus group with project staff and members.

According to the Grant Agreement, a panel of scientists for voluntary peer-review of the projects deliverables and outputs should have been appointed during the first VINTAGE meeting, but this point failed to be discussed and was then put off to the second one. It has been agreed that a little number of peer reviewers is needed (3-4 persons at the maximum). Emanuele Scafato will discuss the matter with Peter Anderson taking into account also suggestions provided by e-mail by the other VINTAGE partners.

Administrative issues

Lucia Galluzzo briefly illustrated the administrative and budgetary issues, recommending to all participants the strict respect of 31.01.2010 as deadline for returning to ISS the Excel sheets for the financial interim report, and for comments on and integrations of the draft of the technical implementation report.

As regards the technical implementation part of the report, it has been pointed out that the draft version provided to partners will be almost completed for WP1-Coordination and WP2-Dissemination, while for the sections on WP3-Evaluation, WP4-Evidence, WP5-Experience the aim of ISS is only that of providing a framework that will need to be widened by Ann Hope, UNIMAAS and GENCAT who have a better knowledge of methods and levels of accomplishment.

All partners were invited to not hesitate to contact Sonia Martire for any problem or doubt concerning financial aspects of the interim report, and Lucia Galluzzo for the technical-scientific part.

☑ Progress of activities of WP4-Evidence Base

Being absent Peter Anderson, Emanuele Scafato went quickly through the presentation that Anderson had prepared and sent, describing methodology and progress of activities of the review of scientific and grey literature on the extent and impact of alcohol on health conditions of older people (see Anderson PPT presentation in attachment).

The overall structure of the report was also illustrated and discussed. Lidia Segura had some doubts on the fact that WP4 report might be a sort of duplicate of the report on Alcohol consumption among elderly European Union citizens promoted by the Swedish Presidency

of EU in 2009. It was pointed out that the two reports would be complementary, because the Swedish report summarizes data on the extent of alcohol consumption in some European countries, while the VINTAGE report will be an epidemiological report based on a global review of scientific and grey literature on the different aspects of alcohol and older people. In a similar way, the two reports that will originate from WP4 and WP5 will be completely independent but complementary. Both of them will have the same subject, alcohol and elderly, but one will describe results deriving from practice and public health approach, the other from experiences already published in scientific and grey literature.

Aneurin Owen suggested a major stress on the social perspective of the areas in which the impact of measures to reduce harm will be investigated. Consequently, it was agreed to change the last point of slide 21 in "Health and social care interventions, including brief interventions".

The full literature review (192 relevant publications already identified) and the identification of grey literature on alcohol and older people will be completed by mid-January 2010. The final version of the report will be available by the end of March 2010.

☑ Presentation of preliminary results of the first period of WP5-Experience base data collection on best practices

Lidia Segura (see Segura PPT presentation in attachment) briefly illustrated WP5 activities undertaken during the first period of the VINTAGE project, namely: the creation of the protocol, questionnaire, cover letter and instructions to collect examples of best practices, laws and infrastructures to reduce the harm done by alcohol to the health and well-being of older people. Data collection has begun with a little delay, also because of malfunctions in the questionnaire file, and will be completed within the end of January.

She explained that it was decided to avoid developing and providing an online instrument because the follow-up of data collection by mean of this format of instruments is quite difficult. In addition, a table for describing data collection characteristics, progress and results has been added to WP5 instruments, and placed at the end of the protocol, in order to facilitate data collection monitoring among partners. The table will also be particularly useful to keep track of all contacts, including those that will give no reply.

From the discussion on the progress of data collection, and of problems encountered by WP5 partners, emerged that, even if with some difficulties, all WP5 partners have managed to contact almost all countries they were expected to reach. Following a specific request by Salme Ahlström, WP5 members were allowed to translate the questionnaire, and its instructions, in order to facilitate responses.

The main considerations and decisions that arose from the discussion concerning the action to be taken in the near future were the following.

- Since not all the collected examples were specifically designed for elderly subjects and specifically devoted to them, but adapted to this target population, it should be interesting to understand what kind of adaptation has been done. Moreover, many experiences, not precisely definable as projects, programmes or best practices might be undetected by WP5 questionnaire. Nevertheless it is not possible to think of any additional questionnaire at this moment of VINTAGE project, because there will be no time to conceive the instrument and analyze its results, and this would mean an additional burden for the organizations that have been contacted. It was agreed that crossing the information deriving from scientific and grey literature (WP4) with those originated from WP5 data collection will give a quite exhaustive picture of the European situation on alcohol and elderly, which is one of the main objectives of the VINTAGE project.
- Participants agreed with Segura suggestion to try to include a presentation of VINTAGE in the programme of the AER (Assembly of European Regions) Conference "Preventing alcohol-related harm", to be held in Barcelona on 11-12 May 2010.

- A framework of criteria to be used to assess the quality of the collected examples of best practices was presented. A proposal of members of the internal committee in charge of the evaluation was also provided (see Segura PPT presentation in attachment, slide 10). It was agreed that the expression "ranking" collected examples of best practices should be avoided, because we are not expected to judge their efficacy and effectiveness and it's important that the evaluation should not be public but internal. Any further analysis of collected best practices should be possible in an eventual future development of VINTAGE project;
- The database of collected examples of best practices shall follow the structure already adopted for the IMHPA (Implementing Mental Health Promotion Action) database.

☑ Additional items

On the 27-28 of January 2010 there will be a meeting of the Committee on National Alcohol Policy and Actions (members already included in the stakeholders list) in Luxembourg. On that occasion, Emanuele Scafato will be able to solicit formal representatives of countries of the European Union to reply to the VINTAGE questionnaire and to identify eventual people who have not received it.

Aneurin Owen informed participants to the meeting that he was going to leave IAS in spring, consequently he will not be able to follow the final phases of VINTAGE project and to participate in the 3rd meeting in June. He was not yet able to tell the name of the person who will take his place.

As already suggested in a previous e-mail message, L. Galluzzo reminded the diffusion of the website link to all subjects involved in the collection of best practices (WP5) on occasion of the reminder of reply to be sent them soon after Christmas.

Summary of main actions to be taken

ACTION	DEADLINE	IN CHARGE
Circulate the draft version of the Interim Technical Report	15.01.2010	ISS
End of WP4 literature review and identification of grey literature on alcohol and older people	15.01.2010	UNIMAAS
End of WP5 collection of best practices	31.01.2010	GENCAT, IAS, IVZ, SZU, THL
Comments on draft version (and widening) of the Interim Technical Report	31.01.2010	UNIMAAS, GENCAT, and dr. Ann Hope for checking and integrating WP4, WP5 and WP3, respectively IAS, IVZ, SZU, THL for comments and suggestions
Fill in the forms for the Interim Financial Report and send them back to ISS	31.01.2010	GENCAT, IAS, IVZ, SZU, THL, UNIMAAS
Circulate the English version of the leaflet illustrating VINTAGE project	31.01.2010	ISS
Eventual suggestions to improve the leaflet and translation of the final version into their own languages	15.02.2010	ALL
Proposal of scientists for voluntary peer-review of projects deliverables and outputs	15.02.2010	ALL
Submission of the Interim Technical and Financial Report	28.02.2010	ISS

Integration of the list serve of stakeholders with health-care professionals, alcohol policy makers and organizations (governmental, non-governmental and private) involved in the health and well being of the elderly, in particular at the national, regional and municipal level of specific area of geographical interest of the partners (follow the scheme of Appendix 1 to the Dissemination Plan, specifying also the relative category of inclusion)	15.03.2010	ALL
Final version of the report on alcohol and older people (WP4)	31.03.2010	UNIMAAS
3nd VINTAGE coordination meeting	18.06.2010	ISS for organization + ALL for participation
Final version of the report on best practices and launch of database (WP5)	30.06.2010	GENCAT
Send to ISS a brief description of eventual presentations of the project at conferences, workshop, etc. (to be added to the list contained in Appendix 2 of the Dissemination Plan), forwarding also the relative presentation and communication files or links (to be uploaded in the VINTAGE website public section)	ASAP until the end of the project	ALL

ANNEX 10

Agenda of final meeting (Rome 18/06/2010)

FINAL MEETING

Rome, 18th june 2010

ISTITUTO SUPERIORE DI SANITA'
Room: ***Zampieri***

AGENDA

09.00 Brief welcome and overview of the Project state of the art
Emanuele Scafato

09:30 Presentation of achieved outputs and reports

WP 5 – Report and database on best practices
Joan Colom, Lidia Segura

WP 4 – Report on alcohol and older people
Peter Anderson

10:30 Discussion

11:00 Coffee break

11:30 WP 2 - Dissemination of results
Lucia Galluzzo

12:00 Discussion

13:00 Lunch

14:00 The way forward: plans for continuation and sustainability of the work
Emanuele Scafato

15:00 WP 3 - Focus group for process evaluation
Ann Hope

16:00 *Coffee and closure of the meeting*

ANNEX 11

Final meeting minutes (Rome 18/06/2010)

Project number:	20081203
Project name:	Good health into older age
Acronym:	VINTAGE
Priority area:	Promote Health (HP-2008)
Action	Addiction prevention
Starting date:	01/03/2009
Duration:	18 months

Project funded by the EU under the Second Programme of Community Action in the field of health (2008-2013)
Call for proposals 2008

3rd meeting minutes

Rome 18th June 2010

Participants

Salme Ahlström
Peter Anderson *
Lucilla Di Pasquale
Joan Colom I Farran
Lucia Galluzzo
Claudia Gandin
Silvia Ghirini
Ann Hope
Sonia Martire
Andrew McNeill
Sandra Radoš Krnel
Alessandra Rossi
Emanuele Scafato (chair)
Lidia Segura
Hana Sovinova

* video conference

Summary of the Agenda (see enclosed detailed agenda)

- ☐ Welcome and brief overview of the project state of the art
- ☐ Presentation of achieved outputs and reports: WP5-Report and database on best practices, WP4-Report on alcohol and older people
- ☐ Progress of activities of WP2-Dissemination of results
- ☐ The way forward: plans for continuation and sustainability of the work
- ☐ WP3-Focus group for process evaluation

Discussion, decisions and assignments

Being present all partners who had previously confirmed their participation, the meeting began at 09:00.

☑ Welcome and introduction

Emanuele Scafato welcomed participants and introduced the agenda of the meeting (see Scafato PPT presentation in attachment, slide 1). Because of Peter Anderson announced impossibility to participate in the meeting, some slight changes in the order of scheduled interventions were necessary in order to connect with him in videoconference at 10:15.

After a brief presentation of participants, Emanuele Scafato gave the floor to Lidia Segura.

☑ Presentation of achieved outputs and reports

WP5-Report and database on best practices

First of all Lidia Segura apologized for not having fulfilled the designed task of completing the draft of the report before the meeting. The delay was due to the great amount of collected data, which were far more than expected at the beginning of the project. Lidia Segura announced the collaboration with Jorge Palacio – a colleague with a master in Public Health – who will help GENCAT staff in the completion of WP5 deliverables.

After an introductory description of WP5, including partners involved, objectives, expected deliverables, timetable and target (see Segura PPT presentation in attachment, slide 2), Lidia Segura provided a detailed description of the main elements of WP5 activities (see Segura PPT presentation in attachment, slide 3), namely:

- Methodology and preliminary results of the *review of grey literature* about practices, projects and programs aimed at preventing the harmful use of alcohol among older people (see Segura PPT presentation in attachment, slides 4-5). The review was not limited to the European level but extended to an international context. Results of the grey literature review will be harmonized with those of the survey, and analyzed in the report on best practices.
- Methods and results based on the analysis of rough data derived from the *survey* addressed to professionals and researchers throughout Europe (see Segura PPT presentation in attachment, slides 6-11). It was pointed out that the number of participants listed in the first part of the table in slides 6-8 do not include those pertaining to specific networks, such as Eurocare and PHEPA, who have been analyzed separately at the end of this version of the table (slide 8). In the final version of WP5 report the table will include all participants, distributed by country.
  Among topics to be discussed to facilitate sustainability of the VINTAGE project, Lidia Segura suggested to take into account the possibility of converting the system and instruments created for WP5 into an ongoing process, updating the database and the report over time.
- Telephone calls and e-mail messages aimed at completing gaps of information necessary to evaluate the fulfilment of the agreed criteria for *quality assessment* (see Segura PPT presentation in attachment, slide 12). Lidia Segura highlighted the need to discuss how to go on with the evaluation process of collected examples, in order to agree a way to define "best" practices.
- Development of a very simple *database,* hosted in Catalonia and linked to VINTAGE website, with the main information on collected examples (see Segura PPT presentation in attachment, slide 13).

The overall timetable of next steps to be taken was also illustrated and discussed (see Segura PPT presentation in attachment, slide 14). It has been agreed that, after completion of WP5 deliverables, and of the database in particular, GENCAT will be responsible also for disseminating them to online networks, such as Hp, Php, etc.

During the discussion that followed, Scafato suggested some changes to the search terms adopted for the grey literature review. First of all he proposed adding the terms: "Aging", "Healthy Aging", "Geriatrics". He also suggested replacing "Alcohol Abuse" with "Hazardous/Harmful Alcohol Consumption/Use/Drinking", and using "Prevention" instead of "Prevention Plan" and "Alcoholism Prevention". Moreover, he stressed the importance of mentioning in the report that the search was limited to the English language.

As regards the assessment process of collected examples, it was agreed to evaluate collected examples according to a minimum set of criteria, in order to identify those that could be considered as best practices on the basis of available information, without ranking them. It is important to verify the fulfilment of the specific criteria adopted for VINTAGE evaluation; if some criteria are not fulfilled this does not necessarily mean that the project or program is not good, considering that some of them are ongoing. Collected examples will be divided in evaluated and not evaluated, reporting results of the evaluation carried out by the promoting institutions.

WP4-Report on alcohol and older people

During the Skype phone connection, Peter Anderson illustrated the main amendments to be integrated in the second draft (4 June version) of the Report on Alcohol and Older People, following the suggestions and comments he had received after circulating the document among VINTAGE partners (see Anderson PPT presentation in attachment).

The main issues of the discussion on the Report can be summarized as follows.

- Avoiding the focus on the middle aged population, stressing that something needs to be done not only for them but also for the older population. More prominence has to be placed on the problems to be faced in the next 20-30 years, when the older age group will be composed of the wealthy and "free" baby-boomers, with a high proportion of heavy drinkers. For this reason it was also suggested to separate recommendations for the present older population, from those directed to the future elderly population.
- It was agreed that alcohol consumption in older people is a very serious concern at present and even more in perspective, but is important to remember that the objective of the report is to analyze scientific evidence from a public health point of view. At present, scientific evidence suggests that the measures that help older people are the same that help other age groups, including brief interventions, and there is no evidence that the older population needs different approaches.
- The report has to be really strict in reporting the evidence but very flexible in providing advice and recommendations. For example, saying that older people drink less than the younger population, or that the limit for men and women should probably be set at 20g alcohol per day, is rather confusing. It is necessary to stress the biological plausibility of recommended alcohol consumption levels, because of the differences in the alcohol metabolism in different age and sex groups.
- It is important to emphasize the need of overall health promotion in older age, highlighting also the link between mental health and alcohol, suggesting that actions on alcohol reduce mental health problems too.

The report has to be ready within the middle of August in order to have time to disseminate it and to submit it to Mats Halgren and Gino Farchi who are the experts in charge of the peer-review. The written review of Mats Halgren and Gino Farchi will be included in the evaluation report drawn up by Ann Hope.

☑ Brief overview of the project state of the art

Emanuele Scafato outlined the major results already achieved in reference to the specific VINTAGE objectives. He then summarized the activities planned for the next period, including the administrative and budgetary issues (see Scafato PPT presentation in attachment, slides 2-6).

The Final technical and financial report will be drawn up using the same procedure adopted for the Interim report. All partners will have to return to ISS the Excel sheets for the financial report, and to send their comments and suggestions on the draft of the technical implementation report.

☑ Progress of activities of WP2-Dissemination of results

The aim of Lucia Galluzzo presentation (see Galluzzo PPT presentation in attachment) was to provide a summary of actions related to the dissemination of VINTAGE project, focusing on what was planned and what has been done, and stimulating the discussion on future activities.

A brief illustration of dissemination activities that were carried out in addition to those foreseen in the Annex 1 to the Grant Agreement, in order to facilitate the diffusion and awareness of the project, was also provided (see slide 5-9). Among dissemination activities at scientific meetings and public events, the major prominence was given to the inclusion of a key message and a fact sheet on VINTAGE project among the background and supporting documents for the EU thematic conference “Mental Health and Well-being in Older People - Making it Happen", promoted by the Spanish Presidency of EU. The conference was originally planned for 19-20 April 2010 in Madrid and then postponed to the 28-29 of June because of the air traffic problems followed to the Icelandic volcano eruption. A member of ISS staff – probably Claudia Gandin - was to participate in the conference working group on healthy aging.

Following some participants' request of presenting VINTAGE preliminary results at scientific meetings, Emanuele Scafato recommended to be very cautious in presenting VINTAGE results before the completion of the reports, while any presentation concerning the project methodologies, the simple description of activities already carried out, or the single VINTAGE partner experience was encouraged. After the conclusion of the project and the achievement of the final products any VINTAGE partner will be absolutely entitled and free to spread results in whatever way they think appropriate, even in relation with their country situation.

Emanuele Scafato informed participants that the EC Committee on National Alcohol Policy and Action (CNAPA) was organizing a mini-seminar on alcohol and elderly people within the next meeting (14 and 15 September), which final agenda was still unavailable. Since Emanuele Scafato (member of CNAPA) on the 15th of September will be in Paris for the foundation of the European Federation of Scientific Societies on Addiction, a presentation on the preliminary results of VINTAGE could be either given by him or Lucia Galluzzo on his behalf.

As regards the other dissemination activities to be taken, the collaboration of all partners to finalize the list serve of stakeholders was asked. In particular, GENCAT was asked to provide to ISS the complete list of health-care professionals, alcohol policy makers and organizations contacted for WP5 data collection for the inclusion in the list serve, with the aim of giving them the necessary and expected feedback. Since the provisional list of stakeholders provided as Appendix 1 to the Dissemination Plan was already quite exhaustive at European (and Italian) level but needed to be integrated at local level - especially in some sections, such as Public Health Bodies (page 7) and European Municipalities (page 19) - all partners were asked to provide e-mail addresses of professionals and organizations to be added. It was pointed out that partners were expected to provide e-mail contacts of all subjects or institutions – involved in alcohol policy or in the well being of the elderly, both at

health and social level – that, in their opinion, might contribute to or have benefit from VINTAGE results.

As already discussed during Segura presentation, after completion of WP5 deliverables, GENCAT will be responsible for creating links to and from other online networks (see those listed in slide 11). Segura and Colom suggested adding also a link to the website of the Mental Health Europe network (http://www.mhe-sme.org/), to which they are collaborating.

☑ The way forward: plans for continuation and sustainability of the work

Scafato informed that although in December 2009 the Council of the European Union solicited scientific data on alcohol and the elderly, so far there is no specific call at European level focusing on this topic. As a consequence at present, there is no possibility of applying for a "VINTAGE-2" project grant and it is necessary to wait for future Public Health Programs.

Colom suggested the possibility of proposing a specific area on alcohol and older people to the Alcohol Policy Network and Eurocare.

Segura proposed to go on with WP5 data collection through the conversion of the VINTAGE questionnaire into an online instrument. She suggested that in this way the periodic update of the database, after having checked the quality of data, should be quite easy and not very time consuming.

Various possibilities of continuing dissemination of results were discussed, including the creation of specific concise messages with different styles addressing different groups of stakeholders (policy makers, general public, health or social professionals, etc.), newspapers articles, scientific pubblications, presentation at scientific meetings (2011 Inebria meeting, etc.). Scafato stressed the importance of summarizing results in order to highlight the basic implications of VINTAGE results for public health. Suggestions for a coordinated editorial policy were asked to all partners.

☑ WP3-Focus group for process evaluation

Ann Hope briefly outlined the 3 main issues of VINTAGE evaluation: process evaluation, output evaluation and outcome evaluation. She explained that the process evaluation activities included also interviews with work packages' leaders that she planned to carry out within the following 1-2 weeks.

She expressed her appreciation for the level of communication among VINTAGE partners. The only problem that she found with the project was the timeframe, probably too ambitious and challenging.

Then she introduced the focus group with VINTAGE partners, based on general questions on VINTAGE. All answers were recorded and results of the focus group will be summarized in the evaluation report.

The meeting was closed at 16:30.

Summary of main actions to be taken

ACTION	DEADLINE	IN CHARGE
Quality assessment of WP5 collected examples	15.07.2010	GENCAT + internal committee in charge of the evaluation
Questionnaire-Interview with WP leaders for process evaluation	15.07.2010	Ann Hope
Development of WP5 database and data input	31.07.2010	GENCAT
Draft version of WP5 report on best practices	31.07.2010	GENCAT
Sending to ISS e-mail contacts for inclusion in the list serve of stakeholders: 1. all subjects or institutions involved in WP5 data collection 2. all subjects or institutions that might contribute to or have benefit from VINTAGE results, especially at local level (see page 4)	15.08.2010	1. GENCAT 2. ALL
Final and amended version of WP4 report	15.08.2010	UNIMAAS (Peter Anderson)
Peer-review of WP4 report	31.08.2010	Mats Halgren + Gino Farchi
Final and amended version of WP5 report and database	31.08.2010	GENCAT
Dissemination of results to the list serve of stakeholders	31.08.2010	ISS
Linking VINTAGE outputs to and from other online networks	31.08.2010	GENCAT
Evaluation report WP3	15.09.2010	Ann Hope
Final technical and financial report	30.09.2010 31.10.2010	ALL ISS

ANNEX 12

Catalan version of the information leaflet

Els objectius de **VINTAGE** contribueixen a:

- els objectius de la Comunicació sobre l'alcohol de la Comissió Europea pel que fa a compartir millors pràctiques entre diferents estats,
- la crida de 2008 en el camp de la salut a proporcionar guies de prevenció del dany causat per l'alcohol en la gent gran,
- els objectius del segon Programa d'acció comunitària en l'àmbit de la salut, amb la inversió en l'envelliment amb bona salut.

Els resultats de **VINTAGE** ajudaran a:

- reduir les principals malalties no contagioses relacionades amb l'alcohol que afecten les persones grans, de manera que augmentin els anys que passen amb bona salut,
- complir els reptes del procés de Lisboa, amb la millora de la sostenibilitat de les finances públiques, actualment sota una gran pressió a causa de l'augment dels costos de l'atenció sanitària i la seguretat social,
- potenciar l'harmonia entre polítiques i programes, amb una reducció de les desigualtats sanitàries entre els diversos estats de la Unió Europea.

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VINTAGE
Good Health into Older Age

VINTAGE

Salut per a la gent gran

Coordinat per l'Institut Superior de Sanitat (ISS) d'Itàlia, VINTAGE és un projecte finançat per la Comissió Europea en el marc del segon Programa d'acció comunitària en l'àmbit de la salut (2008-2013).

VINTAGE:

- revisarà les dades disponibles de l'impacte de l'alcohol en la salut i el benestar de la gent gran i de la prevenció del consum perjudicial d'alcohol en aquest grup de persones;
- recollirà exemples europeus de millors pràctiques, lleis i infraestructures per prevenir el consum perjudicial d'alcohol en la gent gran;
- difondrà els resultats principals a tots els responsables d'elaborar polítiques i programes relacionats amb l'alcohol o que treballen en els camp de la salut i el benestar de la gent gran, en els àmbits europeu, estatal i local,

a fi de crear les capacitats i els coneixements (en l'àmbit europeu, estatal i local) que fomentin decisions basades en les dades disponibles i en l'experiència per a la millora de la salut i el benestar de la gent gran, incloent-hi el pas cap a la jubilació.

www.epicentro.iss.it/vintage/

Health Programme 2008-2013 Together for Health
Executive Agency for Health and Consumers

VINTAGE

Salut per a la gent gran

El consum perjudicial de l'alcohol i els trastorns relacionats amb el consum d'alcohol són habituals en la gent gran i, amb una població europea d'edat cada vegada més avançada, augmentaran en termes absoluts.

Malgrat l'abast del consum perjudicial d'alcohol en la gent gran i d'aquest canvi demogràfic, hi ha molt poques revisions sistemàtiques recents que documentin l'abast real d'aquest fenomen o que proporcionin la base de dades necessària per a polítiques i programes rentables de reducció.

VINTAGE es proposa reduir aquestes llacunes de coneixement i proporcionar la base de dades sobre el consum perjudicial d'alcohol en la gent gran i recollir exemples pràctics i concrets de millors pràctiques en tots els estats europeus, en els àmbits estatal, regional i municipal.

Revisió de publicacions sobre l'alcohol i la gent gran

Es duen a terme revisions sistemàtiques de les publicacions formals, i també de la literatura grisa, sobre l'impacte del consum d'alcohol en la salut i el benestar de la gent gran, i sobre l'impacte de les polítiques i els programes avaluats destinats a reduir aquest problema.

Els resultats de les recerques bibliogràfiques es recolliran i s'analitzaran en un informe sobre l'alcohol i la gent gran.

Recollida d'exemples de millors pràctiques

Es recullen exemples de millors pràctiques, projectes, programes, legislació vigent i infraestructures de tots els estats europeus destinats a prevenir o reduir el consum perjudicial d'alcohol en la gent gran.

Les dades recollides mitjançant un qüestionari *ad hoc* i estructurat s'emmagatzemaran en una base de dades en línia de lliure accés i s'analitzaran en un informe sobre exemples de millors pràctiques europees.

Difusió dels resultats de VINTAGE

Els informes sobre orientació de l'acció i la base de dades i l'inventari de bones pràctiques es compartiran de manera activa amb totes les xarxes i organitzacions de professionals rellevants implicades en la salut i el benestar de la gent gran en tots els camps.

Estratègia de difusió de VINTAGE

Una difusió àmplia de VINTAGE és clau per a l'èxit del projecte, atès que proporciona una compartició activa d'informació basada en les dades disponibles i d'exemples de bones pràctiques sobre els danys relacionats amb l'alcohol en les persones grans, i també influeix en l'harmonització de polítiques i programes en els àmbits europeu, estatal i local.

La informació sobre el projecte i tots els resultats clau rellevants per a l'elaboració de polítiques i programes es difondran activament mitjançant:

- **El lloc web de VINTAGE**
  www.epicentro.iss.it/vintage/
  Allotjat i gestionat per l'ISS, és la cara visible del projecte i en garanteix la difusió d'informació i dels seus resultats més destacables, tant dins de la comunitat VINTAGE com a l'exterior.

- **Una llista de distribució de les parts interessades**
  Es difondran còpies electròniques dels resultats principals i dels informes de VINTAGE a una llista de distribució de parts interessades, elaborada específicament i que inclou professionals de la salut, responsables de polítiques, organitzacions i associacions (governamentals, no governamentals i privades) implicades en la salut i el benestar de la gent gran, en l'àmbit europeu, estatal, regional i municipal.

- **La interacció amb xarxes i bases de dades en línia de temes similars**
  La col·laboració conjunta amb xarxes en línia implicades en el mateix camp de treball facilitarà la difusió de VINTAGE i crearà una estructura fluida a la web, que enllaçarà el lloc web de VINTAGE amb altres xarxes i emmagatzemarà els resultats de VINTAGE en bases de dades en línia ja existents.

ANNEX 13

Czech version of the information leaflet

Záměry VINTAGE přispějí k:

- **cílům Sdělení Evropské Komise o alkoholu, tj. šířit nejlepší postupy napříč jednotlivými zeměmi;**
- **Výzvě z roku 2008 v oblasti zdraví poskytovat návody k provádění prevence škod způsobe-ných starším osobám užíváním alkoholu;**
- **plnění úkolů Druhého programu činností EU v oblasti zdraví investováním do roků života ve zdraví seniorů.**

Výsledky VINTAGE pomohou:

- **omezit výskyt hlavních nepřenosných one-mocnění způsobených alkoholem**, které postihují starší osoby, a zvýšit **počet** let života strávených ve zdraví;
- uspokojit výzvy Lisabonského procesu zlep-šením **udržitelnosti veřejných financí, které jsou pod tlakem narůstajících nákladů na zdravotní a sociální péči;**
- **postupně harmonizovat politiky a programy** omezující nerovnosti ve zdraví **mezi různými zeměmi EU.**

Hlavní partner

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VINTAGE
Good Health into Older Age

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V dobrém zdraví do zralého věku

Projekt je **finančně podporován** Evropskou komisí v rámci aktivit v oblasti zdraví EU v letech 2008 - 2013 a je koordinován významnou italskou zdra-votnickou institucí Istituto Superiore di Sanità (ISS).

Cíle projektu VINTAGE:

- **posoudit důkazy** o vlivu alkoholu na zdraví, **tělesnou a duševní pohodu starších osob a** vliv prevence jeho škodlivého užívání v **tomto věku;**
- **shromáždit evropské příklady osvědčených postupů, zákonů a systémů sloužících** k prevenci škodlivého užívání alkoholu mezi seniory;
- hlavní poznatky **projektu předávat těm, kdo** zodpovídají za alkoholovou politiku a vývoj **příslušných programů, či pracujícím v** oblasti **zdraví a sociální péče o seniory na evropské,** státní i místní úrovni.

Účelem je upevnění schopností a znalostí na všech úrovních podporou rozhodnutí podložených **vědeckými důkazy** a zkušenostmi, vedoucích k **zlepšení zdraví, tělesné a duševní pohody starších osob vč.** období **přechodu z** aktivního života do **důchodu.**

www.epicentro.iss.it/vintage/

Health Programme 2008-2013 Together for Health

Executive Agency for Health and Consumers

VINTAGE

V dobrém zdraví do zralého věku

Škodlivé pití alkoholu a onemocnění jako jeho následek jsou u starších lidí běžné a se stárnutím evropské populace bude docházet k jejich nárůstu.

Navzdory rozsahu škodlivého pití alkoholu mezi seniory a jeho demografickému posunu existuje **překvapivě málo současných systematických přehledů, které by dokumentovaly plný rozsah těchto škod, či které poskytují důkazy pro finančně příznivé** politiky a programy k jejich omezení.

VINTAGE usiluje o zmenšení této mezery ve **znalostech podáváním důkazů o škodlivém pití alkoholu mezi staršími lidmi a soustředěním příkladů osvědčených postupů napříč evropskými zeměmi na národní, regionální i místní úrovni.**

Přehled literatury o vlivu alkoholu na starší lidi

Byly provedeny systematické přehledy „šedé“ i oficiální odborné literatury o vlivu konzumace alkoholu na zdraví, **tělesnou a duševní pohodu starších osob a vliv vyhodnocených programů a politik na omezování těchto škod.**

Výsledky šetření budou soustředěny a analy-zovány ve Zprávě o alkoholu a starších lidech.

Sběr příkladů nejlepší praxe

Ve všech evropských státech **jsou sbírány příklady osvědčených postupů, projektů, programů, legislativy a systémů zaměřených na prevenci či omezování škodlivého pití alkoholu u seniorů.**

Data získaná prostřednictvím k tomuto účelu vypracovaného strukturovaného dotazníku budou uložena **ve volně přístupné on-line** databázi a budou analyzována ve **Zprávě o evropských příkladech** nejlepší praxe.

Diseminace výsledků VINTAGE

Zprávy o **doporučeních** k akci, databáze a sezna-my **příkladů dobré praxe budou aktivně sdíleny se všemi** relevantními **sítěmi a organizacemi odborníků** zabývajících se problematikou **zdraví a sociální péče** o starší lidi na všech úrovních.

Strategie diseminace VINTAGE

Široká diseminace informací je pro úspěch projektu VINTAGE klíčová, protože zajišťuje aktivní sdílení vědecky **podložených informací a příkladů osvědčených postupů k omezování škod působených alkoholem starším lidem a má rovněž vliv na harmonizaci politik a programů na evropské, národní** a místní úrovni.

Informace o projektu a veškeré relevantní klíčové poznatky **o vývoji politik a programů budou aktivně šířeny prostřednictvím:**

- **Webových stránek VINTAGE**

  www.epicentro.iss.it/vintage/

  spravovaných ISS, které zajišťují šíření informací o hlavních poznatcích projektu v rámci komunity **VINTAGE i směrem k** ostat-nímu světu.

- **Elektronického adresáře partnerů**

  Elektronické kopie všech hlavních poznatků VINTAGE a zpráv budou **rozšiřovány prostřednictvím zvláštního seznamu partnerů,** zahrnujícího **zdravotníky, tvůrce alkoholové** politiky, organizace a asociace (vládní, nevládní i soukromé) zapojené **do aktivit zdraví, tělesné a** duševní pohody stárnoucí populace na evropské, národní i místní úrovni.

- **Součinnost s on-line sítěmi a databázemi s obdobným zaměřením**

  Diseminace V**INTAGE bude usnadněna** spoluprací s on-**line sítěmi zapojenými do stejné oblasti zájmu vytvořením neviditelné struktury na webu,** propojením webové stránky VINTAGE s ostatními **sítěmi a ukládáním výsledků VINTAGE v již** existujících on-line databázích.

ANNEX 14

English version of the information leaflet

VINTAGE aims contribute to:

- the objectives of the European Commission Communication on alcohol to share best practices across countries,
- the 2008 call in the field of health to provide guidance on preventing the harm done by alcohol to older people,
- the objectives of the Second Programme of Community Action in the Field of Health by investing in healthy life years of older people.

VINTAGE results will help to:

- reduce the major alcohol-related non-communicable diseases that affect older people, increasing healthy life years,
- meet the challenges of the Lisbon process, improving the sustainability of public finances, which are under pressure from rising health care and social security costs,
- upwardly harmonize policies and programme, reducing health inequalities among different countries of the European Union.

Main Partner

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VINTAGE
Good Health into Older Age

VINTAGE

Good Health into Older Age

Coordinated by Istituto Superiore di Sanità (ISS), Rome, Italy, is a project funded by the European Commission under the Second Programme of Community Action in the Field of Health 2008-2013.

VINTAGE will:

- review the evidence on the impact of alcohol on the health and well-being of older people and on prevention of harmful alcohol use among them,
- collect European examples of best practices, laws and infrastructures to prevent alcohol harmful use among older people,
- disseminate main findings to those responsible for alcohol policy and programme development or working in the fields of health and welfare of the elderly, at European, country and local level,

in order to build the capacity and knowledge at European, national and local level, encouraging evidence- and experience-based decisions for the improvement of older people health and well-being, including the transition from work to retirement.

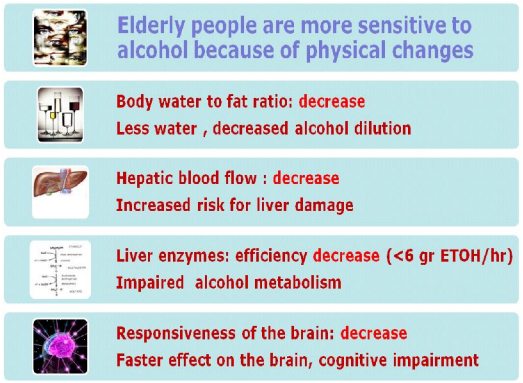
www.epicentro.iss.it/vintage/

Health Programme 2008-2013 Together for Health
Executive Agency for Health and Consumers

VINTAGE

Good Health into Older Age

Harmful alcohol use and alcohol use disorders are common in older people, and with an ageing European population will increase in absolute numbers.



Despite the extent of harmful alcohol use among older people and this demographic shift, there are surprisingly few recent systematic reviews that document the full extent of such harm, or that provide the evidence base for cost effective policies and programmes to reduce it.

VINTAGE aims at reducing this knowledge gap, by providing the evidence base of harmful alcohol use among older people and collecting concrete and practical examples of best practice across all European countries, at country, regional and municipal levels.

Literature review on alcohol and older people

Systematic reviews of grey and formal literature on the impact of alcohol consumption on the health and well-being of older people, and on the impact of evaluated programmes and policies on reducing such harm, are undertaken.

The results of the literature searches will be collected and analysed in a report on alcohol and older people.

Collection of examples of best practices

Examples of best practices, projects, programmes, existing laws and infrastructures aimed at preventing or reducing harmful alcohol use among older people are collected across all European countries.

The data collected through an ad hoc, structured questionnaire will be stored in a freely accessible online database and analysed in a report on European examples of best practices.

Dissemination of VINTAGE results

Reports on guidance for action and the database and inventory of examples of good practice will be actively shared with all relevant networks and organizations of professionals involved in the health and well-being of older people at all levels.

VINTAGE dissemination strategy

A widespread dissemination of VINTAGE is crucial for the success of the project, as it provides active sharing of evidence-based information and examples of good practices on alcohol-related harm in the elderly, influencing also the harmonization of policies and programmes at European, national and local level.

Information about the project and all relevant key findings for policy and programme development will be actively disseminated through:

- **VINTAGE website** www.epicentro.iss.it/vintage/

  Hosted and managed by ISS, it is the front face of the project and ensures dissemination of information about and main findings of the project, within the VINTAGE community and to the external world.

- **List serve of stakeholders**

  Electronic copies of VINTAGE main findings and reports will be disseminated to a specifically developed list serve of stakeholders, including health-care professionals, alcohol policy makers, organizations and associations (governmental, non-governmental and private) involved in the health and well being of the elderly at European, country, regional and municipal level.

- **Interaction with online networks and databases on similar topic**

  VINTAGE dissemination will be facilitated by the joint collaboration with online networks involved in the same area of interest, creating a seamless structure on the web, linking VINTAGE website to and from other networks, and storing VINTAGE results on pre-existing online databases.

ANNEX 15

Finnish version of the information leaflet

VINTAGE projektin tarkoituksena on edistää:

- Euroopan Unionin viestinnän tavoitteita välittämällä tietoa Euroopan maissa toteutetuista hyvistä käytännöistä, jotka ehkäisevät ja vähentävät ikääntyvien vahingollista alkoholin käyttöä,
- vastaamalla EU:n vuoden 2008 terveyden alan haun tavoitteita neuvomalla, kuinka ehkäistä alkoholin aiheuttamia haittoja ikääntyvälle väestölle,
- vuosien 2008–2013 terveydenalan toisen paikallistoimintaohjelman tavoitteita lisäämällä ikääntyvän väestön terveitä elinvuosia.

VINTAGE projektin tulokset tulevat:

- vähentämään ikääntyvän väestön alkoholihaittoja lisäämällä heidän terveitä elinvuosiaan,
- vastaamaan Lissabonin prosessin haasteisiin parantamalla julkisen talouden vakautta, joka on uhattuna lisääntyvien sosiaali- ja terveyskustannusten vuoksi,
- edistämään alkoholipolitiikkojen ja -ohjelmien yhdenmukaistamista Euroopan Unionissa ja jäsenmaissa vähentämällä terveyseroja maiden välillä.

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VINTAGE
Good Health into Older Age

VINTAGE

Terveitä elinvuosia ikääntyville

Projektia koordinoi Istituto Superiore di Sanità (ISS), Rooma, Italia, ja rahoitus on saatu Euroopan Komission vuosien 2008–2013 terveydenalan toisesta paikallistoimintaohjelmasta.

VINTAGE projektissa:

- tehdään kirjallisuuskatsaus, joka selvittää missä määrin alkoholi vaikuttaa ikääntyvän väestön terveyteen ja hyvinvointiin ja kuinka ikääntyvien alkoholiongelmia voidaan ehkäistä,
- kerätään eurooppalaisia esimerkkejä hyvistä käytännöistä, laeista ja rakenteista ikääntyvien alkoholiongelmien ehkäisyn tueksi,
- päätulokset välitetään alkoholipolitiikasta ja -ohjelmista vastaaville päätöksentekijöille ja kehittäjille sekä asiantuntijoille, jotka toimivat ikääntyvien sosiaali- ja terveydenhuollon alalla Euroopan Unionin hallinnossa, eri maissa ja paikallisella tasolla.

jotta voitaisiin parantaa päätöksentekoa, joka koskee ikääntyvien terveyttä sekä heidän siirtymistään työelämästä eläkkeelle, kun päätöksenteko perustuu näyttöön ja kokemukseen niin Euroopan Unionissa, kansallisella kuin paikallisellakin tasolla.

www.epicentro.iss.it/vintage/

Health Programme 2008-2013 Together for Health
Executive Agency for Health and Consumers

VINTAGE

Terveitä elinvuosia ikääntyville

Haitallinen alkoholin käyttö ja siihen liittyvät ongelmat ovat yleisiä ikääntyvien parissa ja niiden absoluuttinen määrä lisääntyy Euroopassa väestön ikääntyessä.

Huolimatta alkoholiongelmien yleisyydestä ikääntyvien parissa ja tähän ikäryhmään kuuluvien määrän lisääntymisestä, on hämmästyttävää, että viime aikoina on tehty vain muutama systemaattinen kirjallisuuskatsaus näiden ongelmien laajuudesta sekä näyttöön perustuvista, taloudellisesti kannattavista politiikkatoimenpiteistä ja ohjelmista, jotka vähentäisivät näitä ongelmia.

VINTAGE projektin tavoitteena on vähentää tätä tiedon puutetta tuottamalla näyttöön perustuvaa tietoa ikääntyvien haitallisesta alkoholinkäytöstä ja keräämällä konkreettisia ja käytännöllisiä esimerkkejä hyvistä käytännöistä, joita on kehitetty Euroopan maissa niin koko maan, alueiden kuin kuntien tasolla.

Kirjallisuuskatsaus alkoholista ja ikääntyvistä

VINTAGE projektissa tehdään systemaattinen kirjallisuuskatsaus alkoholin käytön vaikutuksista ikääntyvien terveyteen ja hyvinvointiin sekä niiden vähentämiseksi tehtyjen, arvioitujen ohjelmien ja politiikkatoimenpiteiden vaikutuksista, joka kattaa niin harmaan kuin tieteellisen kirjallisuudenkin.

Kirjallisuushaun tulokset analysoidaan ja kirjataan raporttiin alkoholista ja ikääntyvistä.

Hyvien käytäntöesimerkkien keräys

Kaikista Euroopan maista kerätään esimerkkejä innovatiivisista ohjelmista, projekteista, hyvistä käytännöistä, alkoholipolitiikkatoimenpiteistä ja rakenteellisista ratkaisuista, joiden avulla on pyritty ehkäisemään ja vähentämään ikääntyvien haitallista alkoholinkäyttöä.

Tätä varten kehitetyllä jäsennetyllä kyselylomakkeella kerätyt tiedot kootaan vapaasti käytettävissä olevaan verkkotietokantaan ja tiedot analysoidaan raportissa eurooppalaisista hyvien käytäntöjen esimerkeistä.

VINTAGE tulosten välittäminen

Raportit toimintaohjeista ja verkkotietokanta hyvien käytäntöjen esimerkeistä saatetaan kaikkien alan verkostojen ja organisaatioiden käyttöön, jotka toimivat edistääkseen ikääntyvien terveyttä ja hyvinvointia eri tasoilla.

VINTAGE projektin tulosten välittämisstrategia

VINTAGE–projektin tulosten laaja välittäminen asiantuntijoille on olennainen edellytys projektin onnistumiselle. Täten näyttöön perustuva tieto ja esimerkit hyvistä käytännöistä, joita on kehitetty ikääntyvien haitallisen alkoholin käytön ehkäisemiseksi, ovat myötävaikuttamassa alkoholipoliittisten toimenpiteiden ja ohjelmien yhdenmukaistumiseen Euroopan Unionissa sekä kansallisella ja paikallisella tasolla.

Tietoa projektista ja kaikista päätuloksista koskien politiikkatoimenpiteitä ja ohjelmien kehittämistä välitetään seuraavien kanavien kautta:

- **VINTAGE Internet-sivusto**
  www.epicentro.iss.it/vintage/

  ISS on vastuussa sivustosta ja sen ylläpidosta. Sivusto on projektin ”julkisivu”, jonka välityksellä projektin päätulokset välitetään VINTAGE yhteisölle ja muulle maailmalle.

- **Sähköpostiosoitteisto alalla toimivista**

  VINTAGE–projektin päätulokset ja raportit välitetään sähköisesti varta vasten laaditun sähköpostiosoitteiston välityksellä terveydenhuoltoalan ammattilaisille, alkoholipolitiikan päätöksentekijöille, organisaatioille ja yhdistyksille (valtio, kansalaisjärjestöt, yksityiset), jotka toimivat ikääntyvien terveyden ja hyvinvoinnin alalla Euroopan Unionissa, eri maissa sekä alueellisesti tai kansallisesti.

- **Vuorovaikutus saman alueen verkkotietokantojen kanssa**

  VINTAGE–tulosten välittämistä helpotetaan yhteistyössä samalla alalla toimivien verkkotietokantojen kanssa luomalla saumaton Internet-verkosto, yhdistämällä VINTAGE Internet-sivusto muihin verkkoihin ja säilömällä VINTAGE–tulokset jo olemassa olevaan verkkotietokantaan.

ANNEX 16

Italian version of the information leaflet

Le finalità **VINTAGE** sono in linea con:

- l'obiettivo di condividere buone pratiche tra gli Stati Membri espresso nella Comunicazione della Commissione Europea sull'alcol,
- l'invito a fornire linee guida per la prevenzione del danno alcol-correlato negli anziani contenuto nel bando 2008 in materia di salute,
- l'obiettivo del Secondo Programma di Azione Comunitaria in materia di Sanità, investendo sull'invecchiamento in buona salute.

I risultati **VINTAGE** aiuteranno a:

- ridurre le principali patologie non-infettive alcol-correlate che colpiscono gli anziani, aumentando il numero di anni di vita in buona salute,
- far fronte alle sfide della strategia di Lisbona, migliorando la sostenibilità della spesa pubblica, sotto pressione per l'aumento dei costi di assistenza sanitaria e sicurezza sociale,
- innalzare il livello ed armonizzare le politiche ed i programmi di intervento, riducendo le diseguaglianze di salute tra gli Stati Membri.

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VINTAGE
Good Health into Older Age

VINTAGE

Buona Salute nell'Età Anziana

Coordinato dall'Istituto Superiore di Sanità (ISS), Roma, Italia, è un progetto finanziato dalla Commissione Europea nell'ambito del Secondo Programma di Azione Comunitaria in materia di Sanità 2008-2013.

VINTAGE prevede:

- la revisione dell'evidenza scientifica sull'impatto dell'alcol sulla salute e il benessere degli anziani e sulla prevenzione del consumo alcolico dannoso
- la raccolta di esempi europei di buona pratica, leggi e infrastrutture volti a prevenire il consumo alcolico dannoso negli anziani
- la disseminazione dei risultati più rilevanti ai responsabili dei programmi e delle politiche sull'alcol e a coloro che operano nel campo della salute e dell'assistenza agli anziani, a livello locale, nazionale ed europeo

al fine di creare capacità e competenze - a livello locale, nazionale ed europeo - che incoraggino decisioni basate sull'evidenza e sull'esperienza, così da migliorare la salute e il benessere in età anziana, compreso il periodo di transizione dal lavoro al pensionamento.

www.epicentro.iss.it/vintage/

Health Programme 2008-2013 Together for Health
Executive Agency for Health and Consumers

VINTAGE

Buona Salute nell'Età Anziana

Il consumo dannoso di alcolici ed i disturbi legati all'uso di alcol sono comuni tra gli anziani e con l'invecchiamento della popolazione europea la loro frequenza in numeri assoluti tenderà ad aumentare.

Nonostante le proporzioni del consumo dannoso di alcol tra gli anziani e l'attuale tendenza demografica, sono sorprendentemente poche le revisioni sistematiche che documentano le reali dimensioni di tale fenomeno o che forniscono la base di evidenza per adeguati interventi e misure politiche per fronteggiarlo.

VINTAGE si propone di colmare questa lacuna, fornendo la base di evidenza sull'uso dannoso di alcol negli anziani e raccogliendo esempi pratici e concreti di "best practice" in tutti i Paesi europei, sia a livello locale, che regionale e nazionale.

Revisione della letteratura su alcol e anziani

Vengono condotte revisioni sistematiche sia della letteratura formale che di quella grigia sull'impatto del consumo di alcol sulla salute e il benessere degli anziani e sull'impatto di programmi e politiche sulla riduzione del danno correlato.

I risultati delle ricerche bibliografiche saranno raccolti ed analizzati in un rapporto su alcol e anziani.

Raccolta di esempi di buona pratica

Vengono raccolti esempi di buona pratica, progetti, programmi, leggi ed infrastrutture, provenienti da tutti i Paesi europei e volti a prevenire o ridurre il consumo alcolico dannoso negli anziani.

I dati, raccolti per mezzo di un questionario strutturato creato ad hoc, saranno immagazzinati in una banca dati online ed analizzati in un rapporto sugli esempi europei di buona pratica.

Disseminazione dei risultati VINTAGE

I rapporti contenenti linee guida, la banca dati e l'elenco di buone pratiche saranno attivamente condivisi con tutte le reti ed organizzazioni di professionisti impegnati, a vari livelli, nel campo della salute e dell'assistenza agli anziani.

Strategia di disseminazione VINTAGE

L'estesa disseminazione VINTAGE è cruciale per il successo del progetto poiché provvede alla condivisione delle informazioni basate sull'evidenza scientifica e sugli esempi di buona pratica relativi al danno alcol-correlato negli anziani, influenzando anche l'armonizzazione delle politiche e dei programmi a livello europeo, nazionale e locale.

Le informazioni relative al progetto e tutti i risultati essenziali per l'implementazione di politiche e programmi adeguati saranno attivamente disseminati attraverso:

- **Sito web VINTAGE www.epicentro.iss.it/vintage/**

  Ospitato e gestito presso l'ISS, rappresenta l'interfaccia del VINTAGE ed assicura la disseminazione delle informazioni sul progetto ed i suoi principali risultati, sia nell'ambito della comunità VINTAGE che verso il mondo esterno.

- **Elenco di stakeholders**

  Copie in formato elettronico dei principali risultati e documenti VINTAGE saranno disseminati ad un elenco di stakeholders creato appositamente. La lista comprende professionisti socio-sanitari, responsabili delle politiche sull'alcol, organizzazioni ed associazioni (governative, non-governative e private) coinvolti nella salute e nel benessere degli anziani, a livello europeo, nazionale e locale.

- **Interazone con analoghe reti e banche dati online**

  La disseminazione sarà agevolata dalla collaborazione con reti online impegnate nella medesima area di interesse, creando sul web una struttura unica, con collegamenti da e verso il sito VINTAGE e rendendo disponibili i risultati VINTAGE anche da banche dati pre-esistenti.

ANNEX 17

Slovenian version of the information leaflet

Rezultati projekta **VINTAGE** bodo prispevali k:

- **uresničevanju ciljev Sporočila Evropske komisije o** alkoholu, da si bodo države izmenjevale primere dobrih praks,
- udejanjanju zdravstvenega poziva iz leta 2008 k **zagotovitvi vodil za preprečevanje škode, ki jo alkohol povzroča starejšim ljudem**,
- **uresničevanju ciljev Drugega** programa ukrepov **Skupnosti na področju zdravja s prizadevanjem za** podaljševanje zdravih let življenja starejših ljudi.

Rezultati projekta **VINTAGE** bodo pomagali:

- zmanjšati število glavnih nenalezljivih bolezni, povezanih z alkoholom, ki prizadenejo starejše ljudi, in podaljšati zdrava leta življenja,
- odgovoriti na izzive Lizbonskega procesa in izboljšati vzdržnost javnega financiranja, ki ga **bremenijo vse večji stroški za zdravstveno in** socialno oskrbo,
- **k večji uskladitvi politike in programov in zmanjševanju neenakosti na področju zdravja** med državami Evropske unije.

Glavni partner

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VINTAGE
Good Health into Older Age

VINTAGE

Dobro zdravje do poznih let

Projekt koordinira Instituto Superiore di Sanità (ISS) iz Rima (Italija). Financira ga Evropska komisija v okviru Drugega programa ukrepov Skupnosti na **področju zdravja** (2008–2013).

Projekt VINTAGE bo:

- pregledal dokaze o vplivu alkohola na zdravje in **dobro počutje starejš**ih ljudi ter o preventivi pred škodljivo rabo alkohola v tej starostni skupini,
- zbral evropske primere dobrih praks, zakonov in **infrastrukture za preprečevanje škodljive rabe** alkohola pri starejših,
- **posredoval glavne ugotovitve političnim odločevalcem in o**blikovalcem programov s **področja alkohola oziroma tistim, ki delujejo na področju zdravja in socialne oskrbe starejših, na** evropski, nacionalni in lokalni ravni,

Namen projekta je izboljšati zmogljivosti in znanje na evropski, nacionalni in lokalni ravni ter spodbujati **na dokazih in izkušnjah temelječe odločitve za izboljšanje zdravja in počutja starejših ljudi, med** drugim tudi v obdobju upokojevanja.

www.epicentro.iss.it/vintage/

Health Programme 2008-2013 Together for Health
Executive Agency for Health and Consumers

VINTAGE

Dobro zdravje do poznih let

Škodljiva raba alkohola je pri starejših ljudeh pogosta. S staranjem evropske populacije pa se bo **število takšnih primerov še povečalo**.

Kljub razširjenosti škodljive rabe alkohola med starejšimi in demografskim spremembam v smislu staranja populacije, **je bilo v zadnjem času narejenih presenetljivo malo sistematičnih pregledov, ki bi** dokumentirali poln obseg škode, ki jo alkohol **povzroča v tej populaciji, ali ki bi zagotovili na dokazih temelječe podlage za stroškovno učinkovite** politike in programe za njeno zmanjševanje.

VINTAGE si prizadeva za zmanjšanje te vrzeli v znanju, saj bo zagotovil dokaze o škodljivi rabi alkohola med starejšimi in zbral konkretne in **praktične primere najboljših praks v evropskih** državah na nacionalni, regionalni in lokalni ravni.

Pregled literature o alkoholu in starejših ljudeh

Lotili smo se sistematičnega pregleda literature o vplivih alkohola na zdravje in počutje starejših ljudi ter o vplivu evalviranih programov in politik za zmanjševanje škode, ki jo pri starejših **povzroča** alkohol.

Izsledki tega pregleda bodo zbrani in analizirani v **poročilu o alkoholu in starejših ljudeh**.

Zbirka primerov dobrih praks

Zbirajo se primeri dobrih praks, projektov, **programov, obstoječih zakonov in infrastrukture, namenjenih preprečevanju** ali zmanjševanju škodljivih vplivov uporabe alkohola med starejšimi, in to v vseh evropskih državah.

Podatki, pridobljeni z ad hoc strukturiranim vprašalnikom, bodo shranjeni v prosto dostopni **spletni bazi podatkov in analizirani v poročilu o** evropskih primerih dobrih praks.

Diseminacija rezultatov projekta VINTAGE

Poročila z vodili za ukrepanje in podatke o dobrih praksah bomo aktivno posredovali vsem relevantnim mrežam in organizacijam **strokovnjakov, ki delujejo na področju zdravja in** skrbi za starejše, in to na vseh ravneh.

Strategija VINTAGE za diseminacijo informacij

Za uspeh projekta VINTAGE je nujna obsežna diseminacija informacij, ki bo zagotovila aktivno **izmenjavo na dokazih temelječih podatkov in** primerov dobrih praks z vplivom na usklajevanje politik in programov na evropski, nacionalni in lokalni ravni.

Relevantne informacije o projektu in njegove **rezultate, ključne za politične odločevalce in** oblikovalce programov, bomo posredovali prek:

- **Spletne strani VINTAGE**
  www.epicentro.iss.it/vintage/

  Spletna stran, ki jo gosti in upravlja ISS, je osebna izkaznica projekta in zagotavlja diseminacijo **informacij ter ključnih rezultatov projekta tako v** skupnosti VINTAGE kakor zunaj nje.

- **Seznama deležnikov**

  Elektronske različice glavnih izsledkov in poročil projekta VINTAGE bodo posredovane po posebej izdelanem seznamu deležnikov, med njimi **zdravstvenim strokovnjakom, političnim odločevalcem s področja alkohola, organizacijam** in zvezam (vladnim, nevladnim in zasebnim), ki **delujejo na področju zdravja in** skrbi za starejše ljudi, in to na evropski, državni, regionalni in lokalni ravni.

- **Interakcija s spletnimi mrežami in bazami podatkov o podobni temi**

  Diseminacijo rezultatov projekta VINTAGE bo olajšalo sodelovanje s spletnimi mrežami, vpetimi v enako področje **dela; ustvarila se bo spletna** struktura, ki bo spletno stran VINTAGE povezala z njej podobnimi. Rezultati projekta VINTAGE bodo **shranjeni tudi v že obstoječih spletnih bazah** podatkov.

ANNEX 18

Spanish version of the information leaflet

Los objetivos de **VINTAGE** contribuyen a:

- los objetivos de la Comunicación sobre el alcohol de la Comisión Europea con respecto a compartir mejores prácticas entre diferentes Estados,
- el llamamiento de 2008 en el campo de la salud a proporcionar guías de prevención del daño causado por el alcohol en las personas mayores,
- los objetivos del segundo Programa de acción comunitaria en el ámbito de la salud, con la inversión en un envejecimiento con buena salud.

Los resultados de **VINTAGE** ayudarán a:

- reducir las principales enfermedades no contagiosas relacionadas con el alcohol que afectan a las personas mayores, de manera que aumenten los años que pasan con buena salud,
- cumplir los retos del proceso de Lisboa, con la mejora de la sostenibilidad de las finanzas públicas, actualmente bajo una gran presión a causa del aumento de los costes de la atención sanitaria y la seguridad social,
- potenciar la armonización entre políticas y programas, con una reducción de las desigualdades sanitarias entre los diversos Estados de la Unión Europea.

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VINTAGE
Good Health into Older Age

VINTAGE

Salud para las personas mayores

Coordinado por el Instituto Superior de Sanidad (ISS) de Italia, VINTAGE es un proyecto financiado por la Comisión Europea en el marco del segundo Programa de acción comunitaria en el ámbito de la salud (2008-2013).

VINTAGE:

- revisará los datos disponibles sobre el impacto del alcohol en la salud y el bienestar de las personas mayores y sobre la prevención del consumo perjudicial de alcohol en este grupo de personas,
- recogerá ejemplos europeos de mejores prácticas, leyes e infraestructuras para prevenir el consumo perjudicial de alcohol en las personas mayores,
- difundirá los resultados principales a todos los responsables de elaborar políticas y programas relacionados con el alcohol o que trabajan en los campos de la salud y el bienestar de las personas mayores, en los ámbitos europeo, estatal y local,

a fin de crear las capacidades y los conocimientos (en el ámbito europeo, estatal y local) que fomenten decisiones basadas en los datos disponibles y en la experiencia para la mejora de la salud y el bienestar de las personas mayores, incluyendo el paso hacia la jubilación.

www.epicentro.iss.it/vintage/

Health Programme 2008-2013 Together for Health
Executive Agency for Health and Consumers

VINTAGE

Salud para las personas mayores

El consumo perjudicial de alcohol y los trastornos relacionados con el consumo de alcohol son habituales en las personas mayores y, con una población europea de edad cada vez más avanzada, aumentarán en términos absolutos.

A pesar del alcance del consumo perjudicial de alcohol en las personas mayores y de este cambio demográfico, hay muy pocas revisiones sistemáticas recientes que documenten el alcance real de este fenómeno o que proporcionen la base de datos necesaria para políticas y programas rentables de reducción.

VINTAGE se propone reducir estas lagunas de conocimiento y proporcionar una base de datos sobre el consumo perjudicial de alcohol en las personas mayores y recoger ejemplos prácticos y concretos de mejores prácticas en todos los Estados europeos, en los ámbitos estatal, regional y municipal.

Revisión de publicaciones sobre el alcohol y las personas mayores

Se llevan a cabo revisiones sistemáticas de las publicaciones formales, y también de la literatura gris, sobre el impacto del consumo de alcohol en la salud y el bienestar de las personas mayores, así como sobre el impacto de las políticas y los programas evaluados destinados a reducir este problema.

Los resultados de las investigaciones bibliográficas se recogerán y se analizarán en un informe sobre el alcohol y las personas mayores.

Recogida de ejemplos de mejores prácticas

Se recogen ejemplos de mejores prácticas, proyectos, programas, legislación vigente e infraestructuras de todos los Estados europeos destinados a prevenir o reducir el consumo perjudicial de alcohol en las personas mayores.

Los datos recogidos mediante un cuestionario *ad hoc* y estructurado se almacenarán en una base de datos en línea de libre acceso y se analizarán en un informe sobre ejemplos de mejores prácticas europeas.

Difusión de los resultados de VINTAGE

Los informes sobre orientación de la acción y la base de datos y el inventario de buenas prácticas se compartirán de manera activa con todas las redes y organizaciones de profesionales relevantes implicadas en la salud y el bienestar de las personas mayores en todos los campos.

Estrategia de difusión de VINTAGE

Una difusión amplia de VINTAGE es clave para el éxito del proyecto, ya que proporciona una distribución activa de información basada en los datos disponibles y ejemplos de buenas prácticas sobre los daños relacionados con el alcohol en las personas mayores, y también influye en la armonización de políticas y programas en los ámbitos europeo, estatal y local.

La información sobre el proyecto y todos los resultados clave relevantes para la elaboración de políticas y programas se difundirán activamente mediante:

- **El sitio web de VINTAGE**
  www.epicentro.iss.it/vintage/

  Alojado y gestionado por el ISS, es la cara visible del proyecto y garantiza la difusión de información sobre éste y de sus resultados más destacables, tanto dentro de la comunidad VINTAGE como hacia el exterior.

- **Una lista de distribución de las partes interesadas**

  Se difundirán copias electrónicas de los resultados principales y de los informes de VINTAGE en una lista de distribución de partes interesadas, elaborada específicamente y que incluye profesionales de la salud, responsables de políticas, organizaciones y asociaciones (gubernamentales, no gubernamentales y privadas) implicadas en la salud y el bienestar de las personas mayores, en el ámbito europeo, estatal, regional y municipal.

- **La interacción con redes y bases de datos en línea de temas similares**

  La colaboración conjunta con redes en línea implicadas en el mismo campo de trabajo facilitará la difusión de VINTAGE y creará una estructura fluida en la web, que vinculará el sitio web de VINTAGE con otras redes y almacenará los resultados de VINTAGE en bases de datos en línea ya existentes.

ANNEX 19

Evaluation Report

Work Package 3

Evaluation of the EU VINTAGE project

Evaluation Report of the VINTAGE project

By Dr Ann Hope

External Evaluator

January 2011

Evaluation of the EU VINTAGE project

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Appendix 1: List of Partners and Collaborating partners of VINTAGE project
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1. Introduction

The EU Commission's Communication on alcohol included the prevention of alcohol related harm among adults as one of five priority themes and emphasized the importance of relevant good practices[1]. The EU Council Conclusions (2009) supported the priority themes and more specifically recognised the need to include the age group of 60 and above in existing EU information systems on alcohol consumption and harm and to address the well-being of the ageing population[2].

1.1 Purpose of VINTAGE project

The purpose of the VINTAGE project was to build capacity at the European, country and local levels by providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people, including the transition from work to retirement. There were three specific objectives of the VINTAGE project;

- to review the existing scientific literature on the impact of alcohol on the health of older people and on the prevention of harmful alcohol use among them.
- to collect European examples of best practices, laws and infrastructures to prevent harmful alcohol use among older people.
- to disseminate VINTAGE findings to those responsible for aging population policy or alcohol policy and programme development, in order to encourage evidence- and experience-based decision making for the improvement of older people health and welfare.

1.2 Project Members

The VINTAGE project was co-funded by the EU under the Second Programme of Community Action in the field of health (2008-2013). The duration of the project was 21 months, March 2009 to November 2010. The lead partner for the VINTAGE project was the Istituto Superiore di Sanita (ISS) in Rome, Population Health and Health Determinants Unit with Professor Emanuele Scafato as Project leader. The associate partners were from national health institutes and research centres, representing the Czech Republic, Finland, Netherlands, Slovenia, Spain and United Kingdom. There were also twelve collaborating partners (Appendix 1).

1.3 Project Work Plan

The VINTAGE project had five work packages with the lead partner (ISS) responsible for the management (WP1), dissemination (WP2) and evaluation (WP3) of the project. The University of Maastricht, Netherlands, as associate partner, was responsible for the development of the scientific evidence base and Generalitat de Cataluna, Spain was responsible for the development of the best practice base. Reports on guidance for action based on a systematic review of current evidence and an inventory of examples of good practice along with a database of laws and infrastructures to prevent harmful alcohol use among older people were project deliverables. A key part of the project was the active dissemination of all relevant findings of the project to those responsible for alcohol policy and programme development, including those working in the fields of health and welfare of older people at the European, country, regional and municipal levels, in order to help build capacity and knowledge among those making informed and evidence-based decisions.

[1] Communication from the Commission- an EU strategy to support Member States in reducing alcohol related harm, 24 October 2006.

[2] Council conclusions of 1 December 2009 on alcohol and health (2009/C 302/07)

2. Scope and Objectives of the Evaluation

The main purpose of the VINTAGE project evaluation is to examine whether the objectives of the VINTAGE project, as set out in the grant agreement (20081203), were achieved during the lifetime of the project. The evaluation covered the implementation of the project to see if the organisation of the project was effective in meeting the objectives. The evaluation of the project outcomes focused on the quality, reach and relevance of reports in building capacity to prevent the harmful use of alcohol among the older population. The evaluation of the VINTAGE project was undertaken by an External Evaluator (Dr. Ann Hope) with extensive experience in both alcohol issues and project evaluation.

2.1 Evaluation methodology

The evaluation of the VINTAGE project was based on a case study methodology, treating the case as one of intrinsic interest and taking a holistic view by assessing the process, outputs and outcomes of the project. A wide range of documents were used in the evaluation and are listed in Appendix 2.

The **process evaluation** examined the implementation of the VINTAGE project in terms of working ethos, organisation, communication and value of project as seen by partners and observed by evaluator. A template of questions was developed and used with different project partners involving the following methods:

2.1.1 *Documentation:* The different project documents such as email communication, minutes of meetings, presentations at meetings, web page information, protocol development, questionnaire, dissemination plan and technical reports were reviewed.

2.1.2 *Discussion:* The evaluator had informal discussions with project participants.

2.1.3 *Observation:* The evaluator attended one of the VINTAGE project meetings in Rome.

2.1.4 *Interview with work package leaders*: Detailed written responses to key questions were received from each of the work package leaders (Appendix 3).

2.1.5 *Focus Groups*: A focus groups was organised with project participants at the last of the project meetings in Rome (Appendix 4).

The **output evaluation** involved a review of the project deliverables and outputs in terms of scientific accuracy, readability, usability and ease of access, by selected scientists. The quality of the information in the main reports (evidence and best practice) was also assessed for readability by a sample of key stakeholders.

2.1.6 *Feedback from scientists on reports*: Two external scientists as well as all project partners provided a feedback loop on draft versions of the reports.

2.1.7 *Feedback from stakeholders*: a survey was conducted among a random sample of key stakeholders to obtain their views on the readability (clarity) and usability (relevance) of the main reports. Two questions in the stakeholder

feedback questionnaire provided information on the clarity and relevance of the reports. The question on clarity was –*how easy did you find the report to understand ?* with a Likert scale response option from 0 (very difficult) to 10 (very easy). The question of relevancy was - *how relevant is the information for your work?* with a response scale from 0 (not at all relevant) to very relevant (10).

O**utcome evaluation:** The long-term outcome of the project is to increase the health and wellbeing of older people. However, given the short time frame of the project, three intermediate measures of outcome were evaluated: the extent of the dissemination; the hits to websites and number of downloaded documents; the survey of a sample of stakeholders in order to measure interest and intention in modifying existing policies and practices.

2.1.8 *Dissemination reach*: Examined the dissemination plan and the list of stakeholders compiled for the purposed of dissemination of the project results.

2.1.9 *Hits to the websites:* Examined the hits to the websites and number of downloaded documents at the end of the project.

2.1.10 *Survey of key stakeholders:* A random sample of stakeholders (n=300) was surveyed to assess their awareness and level of importance given to this issue in their country and their intention of modifying existing policies and practices, based on the VINTAGE project reports (Appendix 5 and 6). The response to the first report circulated (Evidence Report) was n=43, a response rate of 14%. The response to the second report survey (Best Practice Report) was n=17, due to a very short timeline of one week necessary to meet the deadline for the evaluation report.

3. Project Implementation

The VINTAGE project was originally established as a 10 month project (March 2009 to August 2010) which was extended by a further 3 months due to a delay by the Executive Agency for Health and Consumers (EAHC) regarding the approval of some pending financial amendments. Three coordination meetings were organised during the project. The aim of the first meeting (Rome 27/5/2009) was to provide full information on the structure and sequence of the work plan and to discuss methodologies in the project. The main purpose of the second meeting (Barcelona 15/12/2009) was to provide a general overview of the progress of the project, including preliminary results obtained during the first phase. The third and final meeting (Rome 18/6/2010) discussed the latest draft reports, the planned actions for dissemination and possible plans for continuation of the work.

3.1 Working Ethos

The number of project partners, relatively small, was seen as a good working experience where professional exchange was both **collegiate and productive**. It allowed for better connectivity and openness and resulted in a willingness to exchange diverse views and give constructive criticism, which continued throughout the project. To quote one partner – *it was a very good, fruitful and stimulating experience, facilitated by the small number of involved partners'*. Each work package leader was given the space to develop their tasks that best suited their expertise and before the collaborative feedback loop was commenced. This allowed for **better learning and added value** to the whole group and project. The challenge is how to continue this productive collaborative working ethos going forward.

3.2 Project Organisation

The administrative work of the project was well managed in terms of meetings, flow of information between partners and keeping the EAHC briefed. A management team was established composed of project leader with support staff and work package leaders. The coordination of the project was commendable with timely alerts and reminders of all the targets and deliverables. However, due to changes in personnel in the EAHC there were some delays in responses which had an impact on the timing and sequence of project progress. The extension of 3 months, given by the EAHC, was positive and ensured that all the project objectives were achieved.

The project leader played an active leadership role throughout the project which energised the process. The project's clear and specific objectives helped to ensure all partners knew of the requirements in each work package. There was active sharing of all decisions and revisions of the project outputs among all VINTAGE partners with exchanges mainly through emails. The work package leaders did have some minor delays in meeting scheduled deliverables. The collection of best practices proved the most challenging due to the complexity of the tasks such as the methodology template, the involvement and good will of other experts outside the project to help collect examples and extensive work in the preparation and input of information to the database. In addition a database on grey literature was created and an on-line questionnaire was developed to facilitate the sustainability of the project. The dissemination plan also included additional work such as a specific VINTAGE logo and the creation of an information leaflet downloadable from the website in seven

languages, both of which facilitated visibility and easy recognition of the project. For the work on the evidence base report the main problem faced was the paucity of scientific literature on this topic.

The allocation of time to the tasks stated in the time sheets was far exceeded. The actual time in making contact with other people, persuading people to respond and collecting data was extensive. Some partners questioned the value of time sheets given the time effort in completing them and the fact the actual work allocated was much greater than that stated on the timesheets. The translation of questionnaires was a time consuming administrative task both for sending out questionnaires and back translating returns into English.

3.3 Project Communication

The main channels of communication used throughout the project were emails, meetings, phone and the website. From the start of the project there was a regular flow of information, as observed by the many email exchanges. Responses were quick with few delays and given the small number in the group, issues that arose were resolved and agreed within a reasonable timeframe. Partners used emails for frequent contacts for sharing information and resolving issues. Meetings were seen as the best forum for discussing and finding agreement on the more technical issues of methodologies and assessment criteria, -while the website was best for sharing final documents, tools and outputs. However, one view expressed was that emails were more efficient and free while meeting were expensive and less efficient in addition to a high carbon footprint (air travel).

For the VINTAGE partners the biggest communication challenge was making contact with people outside the project and asking them to help by collecting data for the project. Some partners used old contacts or other networks inside or outside of alcohol as a first point of call and resulted in a snowball effect. Finding contacts in other countries was also challenging. Where active networks were known and used, such as several alcohol related networks already in place, the task was much easier.

3.4 Value of Project

The general overview of project partners was that the project was worthwhile. There were a number of reasons given. Some countries discovered there was little information on alcohol and older people in their country and so by asking questions **created awareness** of this issue among those working with older people as well as health professionals. Other countries found that best practice examples did exist, although prior to this were not aware of them. The gathering of the **best practice** was seen as a **very practical and useful** element of the project, proving a framework for going forward. The project partners discovered **new networks of people** working with older people in their own country which allows for more collaborative work on this issue. The project is seen as **filling a knowledge gap** regarding alcohol and older people and the usefulness of this information, given the projected increase in this segment of the European population in the coming years. **Sharing the findings** of the VINTAGE project with others was seen as very important. There was a strong feeling that further work at the European level on this topic is needed and the collaborative style of working is considered by the group the best way to work in Europe. This project was a beginning.

3.5 Going Forward

Partners believed this topic was relevant and stressed the importance of **continuing the dissemination** of the results of the VINTAGE project to a wide spectrum of stakeholders through concise messages for **differ target groups** and the publication of **project papers in scientific journals**. A commitment was given by the team to continuously **update the database** on best practice and transformed the original questionnaire to an on-line tool which is available on the website. For the continuation and sustainability of the work undertaken in this project, one recommendation was to find ways of **integrating alcohol issues in aging strategies** and **aging issues in alcohol strategies** through networking and encouraging the involvement of organisations advocating for a healthy and sustainable older age. A recommendation for the EU Commission was to raise public and political awareness of this issue and to include the findings of this project in their reports. Some partners highlighted the fact that there is no continuation of this issue in the Commission work plan and therefore will make it very difficult to build of the work started in this project, despite the Council Conclusions.

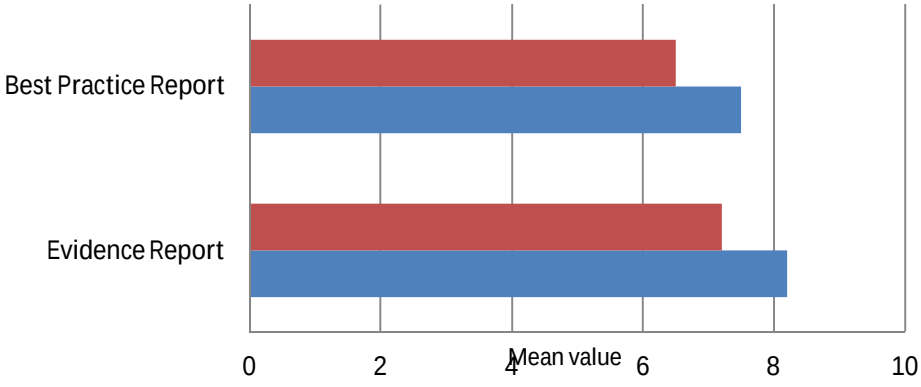
4. Project Outputs

4.1 Quality Control

The modus operandi used to achieve consensus in all of the work packages was that documents were circulated among partners, then commented and revised and finally adopted when there was agreement among all partners. To ensure quality control for the report on the impact of alcohol on older people, the work package leader adopted standard scientific methods for undertaking a systematic review. In addition, two external reviewers provided feedback on draft versions. The reviewers' feedback was very positive and agreed that there is a dearth of literature on this topic of alcohol and older people and suggested some points could be expanded to help clarify issues for the reader. VINTAGE partners were also encouraged to give comments. The challenge was to balance the expectations of the project (alcohol and older people a big problem) and the finding of the review (alcohol and older people not currently a big problem but likely to be so in the future as the current middle aged age). While evidence showed that the issue of alcohol and older people was a problem in some countries, the lack of scientific studies in many countries was a significant limiting factor in being unable to come to definite conclusions as to the extent of the problem across Europe. In the work package on best practice, quality control was achieved by establishing clear criteria for inclusion in the database which is available on the VINTAGE web-site.

4.2 Clarity and Relevance of reports

A random sample of stakeholders were invited to provide feedback on the two main reports , *Alcohol and older people: a public health perspective* (Evidence) and *Best practices on preventing the harmful use of alcohol amongst older people, including the transition from work to retirement* (Best Practice).



	Evidence Report	Best Practice Report
Relevance	7,2	6,5
Clarity	8,2	7,5

Figure 1: Mean responses on the clarity and relevance of the Evidence and Best Practice Reports.

Two questions in the stakeholder feedback questionnaire provided information on the clarity and relevance of the reports from those with responsibility for aging population policy or alcohol policy and programme development. The questions on clarity (*how easy did you find the report to understand)* and relevance (*how relevant is the*

information for your work) were scored on a scale from 0 to 10. The higher the score the greater the reported clarity and relevance of the reports. Participants reported the highest mean values on clarity (8.2) and relevance (7.2) for the evidence report, and somewhat lower values for the best practice report, 7.5 and 6.5 respectively (Figure 1).

5. Project Outcomes

5.1 Report on the Evidence

A systematic review of the scientific literature was undertaken to document the evidence base on the impact of alcohol on the health and well being of older people and on the prevention of harmful alcohol use by older people. The report[3] provides an excellent overview of the evidence and some of the key messages were:

a) ***Lack of information***
There is a paucity of data describing alcohol use, alcohol-related harm and effective policy and preventive approaches amongst older people. Therefore, there is a need for more and better research on alcohol and older people. Nevertheless, compared with their younger counterparts, older people do not suffer from disproportionally higher levels of harm: in general, they drink less, drink less hazardously, and suffer less harm. The one area where older people might be at special risk is alcohol interactions with medications, older people being more likely to take medications than younger adults. Although, the extent to which this is a significant health problem is not known.

b) ***Evidence based alcohol policies are relevant***
There is no reason to assume that older people would not react to alcohol policy interventions different from younger adults. The policy option that is likely to have the greatest impact is increasing the price of alcohol, which, amongst other things, leads to reductions in alcohol dependence, liver cirrhosis and alcohol-related mortality. For those older people, whose consumption of alcohol is hazardous or harmful, the, albeit limited, evidence suggests that screening and brief intervention programmes are just as effective as for the younger adult populations.

c) ***The need to have middle aged drink less is important***
The present middle aged cohort in the population have high levels of both frequency and volume of drinking and are the group of people with the highest levels of wholly attributable alcohol related hospitalization and death. From a policy perspective, actions that reduce the consumption of the middle aged, will not only prevent problems for a future cohort of older people but, at the same time, reduce patterns of hazardous and harmful alcohol consumption amongst the existing cohort of older people.

d) ***Alcohol should be part of healthy ageing strategies***
The ageing of the European population will be dramatic with the number of people aged 65 years increasing from the current 87 million to 123 million in the next twenty years. Given that alcohol related harm is likely to increase among older people over the coming years, alcohol policies and programmes should become an integral part of strategies to promote healthy ageing.

5.2 Report on Best practice

The best practice report had two main elements, an examination of the grey literature about innovative practices, project and programmes on preventing the harmful use of alcohol among the elderly and a survey of best practice involving 309 professionals and researchers throughout Europe. The report[4] provides very useful information on

[3] Anderson, P. and Scafato, E. (2010). Alcohol and older people- a public health perspective. Report for the VINTAGE project.

[4] Segura L, Palacio-Vieira J, Colom J and Scafato E (2010). Best practices on preventing the harmful use of alcohol amongst older people, including the transition from work to retirement – Vintage Project WP5 Report.

documented initiatives undertaken on alcohol and older people. It also provides examples of policies and programmes of best practice (PPBp) which were evaluated against clearly defined criteria of best practices. Some of the key findings were:

a) Increased interest
There is a growing interest in the harmful use of alcohol among the elderly in recent years, both in the grey literature and in the examples provided. The majority of topics in the grey literature were focused on raising awareness of drinking, the impact of drinking on the health of the elderly, the efficacy of early detection and the treatment of alcohol problems. However, none of the documentation fulfilled the best practice criteria established in the project.

b) **Best practice is happening**
The survey of PPBp showed that 21 initiatives met the best practice criteria. The majority were focused on prevention/ early intervention, raising awareness and social and community support. Most of the reported initiatives were funded with public funds. However, only a few were integrated into a permanent strategy and few were published in the scientific literature.

c) Need for new programmes
The authors of the report call for the implementation of new programmes for the prevention of harmful use of alcohol taking into account the specific needs of the elderly and the necessity to adapt current strategies for older people. Screening and intervention techniques are increasingly available at the research level but still lack integration into the daily practice.

d) Standards in best practice are important
The application of best practice standards was emphasised to assess the efficacy of policies and programmes for older people in Europe. A renewed effort to increase older people's empowerment was recommended, in terms of capacity to better understand alcohol risks and promote a higher level of well-being in older age.

5.3 Dissemination reach

A part of the dissemination plan for the VINTAGE project was to develop a list serve of stakeholders in order to disseminate the outputs and outcomes of the project via the website. An extensive list has been compiled of about 700 stakeholders made up of health-care professional, alcohol policy makers and organisations (government, non-governmental and private) involved in the health and well being of older people at European, country, regional and municipal level.

To measure diffusion of the project outcomes the hits to the websites and downloads of reports were examined. During the course of the project there were 740 absolute unique visitors to the VINTAGE website from 62 different countries. Of the 1664 visits to the website during the project, 718 visits occurred after the launch of the reports. The average number of page views for each visit was 2.6. The page with the highest number of hits, excluding homepage and project description, was the project findings page with 786 visits and 680 unique page views. Since the first notification in December 2010 to the list serve of stakeholders that the Report on Evidence (*Alcohol and older people: a public health perspective)* was available on the website, **519 downloads of the report were recorded**. The second report on best practice was uploaded to the website in mid January 2011 and 18 downloads of the report have taken place so far.

5.4 Feedback from stakeholders

A random sample of stakeholders were invited to provide feedback on the two main reports , *Alcohol and older people: a public health perspective* (Evidence) and *Best practices on preventing the harmful use of alcohol amongst older people, including the transition from work to retirement* (Best Practice). The stakeholders were surveyed to assess their awareness and importance given to the issue of alcohol and older people in their country, the newness and usefulness of the information in the reports and their intention of modifying existing policies and practices, based on the VINTAGE project reports.

The response to the first report circulated (Evidence Report) was n=43, a response rate of 14%. Although the response rate was low, the responses received represented a wide range of countries (Box 1), in addition to international organisations. Half of the responses received were stakeholders from government agencies, 40% were from NGOs and 10% were from university and research institutions. Most of the respondents are active in the alcohol, public health and public policy areas.

Box 1. The following countries were represented in responses

Albania	Croatia	Iceland	Montenegro	Romania
Austria	Czech Republic	Ireland	Netherlands	Scotland
Belarus	Germany	Italy	Norway	Spain
Belgium	Greece	Latvia	Poland	Switzerland
Bosnia Herzegovina	Hungary	Lithuania	Portugal	UK

The results presented in Table 1 suggest that stakeholders believe alcohol and older people is not an issue addressed very much (mean 3.4) at the country level. However, on the other hand stakeholders believe a higher importance (mean 6.7) should be given to this issue as part of alcohol policy in their countries. The Evidence Report provided new information (mean 6.9) and most importantly was considered to be very useful (7.3) for stakeholders in their work.

Table 1: Mean responses of the stakeholders feedback received on the Evidence Report (n=43)

Items	Mean*
The extent to which alcohol and older people is been addressed in your country	3.4
The importance you think this issue should be given as part of alcohol policy in your country	6.7
The extent to which the Evidence report provides new information to you	6.9
The usefulness of the information for your work	7.3
The extent to which the information will change the focus of your work	4.8

**The higher the score the more positive the response.*

The extent to which the information provided in the report would change the focus of their work was less evident (mean 4.8). Some stakeholders reported that they are already doing work in this issue. The figure may also reflect the fact that this issue is not well addressed in their own country to date and so will need to be included in the alcohol policy agenda to allow for inclusion in their work brief. Stakeholders were also asked to identify the three most important issues in the report that they intend to

incorporate into their work. There were three broad areas mentioned - information, policy issues and interventions. The dissemination of information and the need to gather more information and research on alcohol and older people were identified . The policy issues mentioned were to include older people in national alcohol policy and to integrate alcohol in health strategies for older people. The importance of targeting the middle aged now to prevent large increases in alcohol harm in the elderly was stressed, as well as working with older people currently. Stakeholders identified early identification and brief intervention and the interaction of alcohol with medications as important prevention programmes for older people. The suggestion that existing effective alcohol policy (price and availability) can also work among older people was seen as important. It was also stated that older people's organisations would need to be active stakeholders in order to get the report recommendations on the political policy agenda.

The response to the second report survey (Best Practice Report) was just n=17, due to a very short timeline (one week) which was necessary to meet the deadline for completion of the evaluation report. The second report on Best Practice also provided stakeholders with new (mean 6.5) and useful information (mean 6.6) similar to the first evidence report. However, the extent to which the information will change the focus of their work was lower (mean 4.8). Of the stakeholders who did respond, there was positive agreement (mean 7.3) that the issue of alcohol and older people should be continued and supported by EU project funding.

Table2: Mean responses of the stakeholders feedback received on the Best practice Report (n=17)

Items	Mean*
The extent to which the Best Practice report provides new information to you	6.5
The usefulness of the information for your work	6.6
The extent to which the information will change the focus of your work	4.8
The importance you give to this issue being continued and supported by EU project funding	7.3

**The higher the score the more positive the response.*

The most important issues in the best practice report that stakeholders intend to incorporate into their work included the importance of sharing the grey literature results with colleagues as well as to increase awareness of best practice. The need to design better quality evaluations of interventions and report outcomes was also identified. However, it was felt the best practice report was a first step in a process which needs to be build on in the coming years as more work is undertaken with older people.

6. **Conclusions**

The VINTAGE project was well implemented with energetic leadership and a clear management structure. The working ethos of the project was collegiate and productive and with a small number of partners enhanced the professional exchanges and added value to the project outcomes. Despite an ambitious timeframe the project deliverables were met and expanded due to additional time and commitment by all partners of the project. However, the dissemination of the project outputs will need to be continued as the second report and other outputs had a short timeline between launch and end of project. The tangible evidence to continue dissemination of the project deliverables is evident in the creation of a on-line questionnaire tool to continue collecting best practices and the commitment to present the project outputs to a wide range of stakeholders and to publish in peer review journals the important findings of the project. The project outputs were well received by stakeholders with the reports proving new and useful information and a commitment to incorporate elements of the reports into their work with older people. A summary of the indicators set out in the grant agreement and compared to the targets achieved in the VINTAGE project is presented in Table 3. In almost all cases the targets actually achieved to date have exceeded the expected targets set out in the grant agreement.

This project clearly fills a gap in understanding the issue of alcohol and older people. However, there are major gaps in the knowledge base. The reports shows that much more information and research is required and needs to be in place if health and social policy is to meet the challenges of the significant demographic increase in the European older population in the coming years. The support from experts outside the project in collecting the rather limited examples of best practice as well as the feedback from stakeholders, demonstrates that those who work with or on behalf of older people believe that this issue needs to be part of both alcohol policy and health ageing policy. The continuation of this work at European level was seen as very important.

Table 3: EU VINTAGE project – Summary of Indicators, Targets and achievements

1. REPORT ON IMPACT OF ALCOHOL ON THE HEALTH AND WELL-BEING OF OLDER PEOPLE AND ON THE PREVENTION OF HARMFUL ALCOHOL USE BY OLDER PEOPLE:

Indicators	Targets	Achievement to date
Peer review and expert comments.	Peer review to the standard of an international scientific journal in the addictions field.	Two external experts (Professor Gino Farchi and Dr Mats Hallgren) peer reviewed the report and provided feedback in keeping with journal standards
Number of electronic copies disseminated, including geographical and professional coverage.	• Numbers of people for dissemination include • EU level (30), country level (250), regional level (75) and municipal level (200).	Numbers of people for dissemination included: EU level = 30; Country level = 367; Regional Level = 91; Municipal level =205
Number of website hits to download document, with where possible information on country of origin.	• 300 hits per month for the 6 month period following uploading document.	It the first month since dissemination of the Report (Dec 2010) 519 downloads of the report have been recorded. In the Stakeholder evaluation, 26 countries were represented in addition to EU organisations.

2. Best practices to prevent harmful alcohol use by older people

Indicators	Targets	Achievement to date
Number of practices identified broken down by geographical and work place setting coverage.	40 practices from at least 19 countries.	36 PPBp's were collected of which 21 of them were deemed to be best practice. Italy=5; Finland=5; Netherlands=4; UK=4; Germany=2; Spain=1.
Number of website hits to download specified best practices, with information on country of origin.	• 300 hits per month for the 6 month period following uploading document.	In the 10 days following the dissemination of the Best Practice Report (Jan 2011) 18 downloads of the report have been recorded.
Number of website hits to HP-source to access or download specified documentation (laws and infrastructures), with where possible information on country of origin.	• 200 hits per month for the 6 month period following completion of entered information.	There were 223 hits to the website since the dissemination of the Best practice report.

3. DISSEMINATION OF FINDINGS

Indicators	Target	Achievement to date
Number of electronic copies of reports, and information of the web addresses of the examples of best practices and of the examples of laws and infrastructures disseminated at different levels (European, country, regional and municipal).	• Numbers of people for dissemination include EU level (30), country level (250), regional level (75) and municipal level (200).	Numbers of people for dissemination included: EU level = 30; Country level = 367; Regional Level = 91; Municipal level =205

Appendix 1

List of Partners and Collaborating Partners in the VINTAGE project

Main Partner

ISS - Istituto Superiore di Sanità
Population Health and Health Determinants Unit - CNESPS
Rome, Italy

Associated Partners

UNIMAAS - Maastricht University
School for Public Health and Primary Care: Caphri
Maastricht, Netherlands

GENCAT – Government of Catalonia
Department of Health - Program on Substance Abuse
Barcelona, Spain

IAS - Institute of Alcohol Studies
Huntingdon United Kingdom

IVZ - Institute of Public Health
Research Centre
Ljubljana, Slovenia

THL – National Institute for Health and Welfare
Helsinki, Finland

SZU – National Institute of Public Health
Coordination, Monitoring and Research Unit
Praha, Czech Republic

Collaborating Partners

- University of Bergen - Bergen, Norway
- DHS - Deutsche Haupstelle für Suchtfragen - Hamm, Germany
- STAP - National Foundation for Alcohol Prevention - Utrecht, Netherlands
- HCPB - Hospital Clinic I Provincial de Barcelona - Barcelona, Spain
- Center on Aging, National Research Council, University of Padua - Padua, Italy
- Department of Neurological and Psychiatric Sciences, University of Florence - Florence, Italy
- Memory Unit, Center for Aging Brain, Department of Geriatrics, University of Bari - Bari, Italy
- SIA - Società Italiana di Alcologia - Bologna, Italy
- EUROCARE ITALIA - Padua, Italy
- Centro Alcologico Regione Toscana - Florence, Italy
- AICAT - Associazione Italiana Club Alcolisti in trattamento - Salerno, Italy
- Università Cattolica Sacro Cuore, Istituto Medicina Interna e Geriatria - Rome, Italy

Appendix 2

List of documents and other materials used in the VINTAGE evaluation

1) Meeting documents

a) Kick-off meeting in Rome (27/5/2009)
- Minutes of meeting
- Presentations during meeting

b) Co-ordination meeting in Barcelona (15/12/2009)
- Minutes of meeting
- Presentations during meeting

c) Co-ordination meeting in Rome (18/06/2010)
- Minutes of meeting
- Presentations during meeting

2) Deliverables and Reports

a) Dissemination plan
b) Interim Technical Implementation Report, 01/03/2009-31/12/2009
c) Anderson, P and Scafato, E (2010). Alcohol and older people: a public health perspective. Report from the Vintage project.
d) Segura L, Palacio-Vieira J, Colom J, and Scafato E (2910). Best practices on preventing the harmful use of alcohol amongst older people, including the transition from work to retirement- Vintage Project WP5 Report.
e) Database on best Practice
f) Grey literature Database
g) Questionnaire for on-line collection of best practice
h) Questionnaire with purpose and instructions for best practice
i) Presentations on VINTAGE to relevant groups (approximately 12 to date)

3) Evaluation Instruments (2010)

a) Focus group with all partners
b) Work Package Leaders interviews
c) Stakeholders Survey for Report on evidence
d) Stakeholders Survey for Report on best practice

Appendix 3
VINTAGE Work Package Leader Evaluation

1. Management of Work Package

1.1 What were the main adjustments /changes to your work package and why were they required? In terms of

a) Structure

b) Methodology

c) Sequence

d) Additional work undertaken

e) Other

1.2 How was quality control ensured in your work package?

1.3 Will all the objectives of your work package be achieved within the project timeframe? If, not please explain.

2. Communications regarding work package

Which of the communication channels (email, meetings, website, phone etc) did you find most useful in progressing the objectives of your work package and why?

How was consensus/agreement achieved within your work package**?**

As leader of your work package, what were your experiences in working with

a) Partners of VINTAGE project

b) European Commission

c) Other relevant organisations

3. Key challenges

What, in your opinion, were some of the key challenges/problems for your work package?

4. Advice for future project

4.1 What suggestions do you have for the continuation and sustainability of the work undertaken in this project?

5. Additional General Comments (if desired)

Thank you for your assistance
Ann Hope

Appendix 4

VINTAGE
Focus group questions (one hour)

GENERAL

1. Was VINTAGE a worthwhile project?
   prompt- general overview

ORGANISATION OF THE PROJECT

2. What were some of your experiences in relation to the organisation of the project ?

   (prompt) Communications
   Timing and sequence of the project tasks
   Organisation of the meetings

GATHERING OF INFORMATION

3. What were your experiences on the gathering of the examples of best practice, laws and regulations ?

   (prompt) Understanding of the tasks involved
   Questionnaire provided – was it useful
   Support from VINTAGE administration
   Developing contacts
   Support from organisations within your country
   Time needed

VALUE OF PROJECT

4. What, in your opinion, were the main successes of this project?

5. What, in your opinion, were some of the key problems for VINTAGE?

6. What were the lessons learned from this project that could be applied to future such projects on alcohol?

Thank you for your assistance
Ann Hope

Appendix 5

EU VINTAGE project

Stakeholders survey on report:

Alcohol and older people: a public health perspective

A. Name of country you work in _____

B. What type of organisation do you work in?

a) Government, ____ b) NGO, ____

c) Other, please specify _____

C. What does your work cover?

a) Just alcohol, ____ b) Older people ____

c) Alcohol and older people ____ d) Public health ____

e) Public policy ____ f) Other, please specify _____

---

1. To what extent is the issue of alcohol and older people been **addressed** in your country? Please give score on scale from 0 to 10 points. **SCORE**

Scale : (not at all) 0 . . . . . 10 (a great amount) ____

2. How **important** do you think this issue (alcohol and older people) should be part of alcohol policy in your country?

Scale: (not at all important) 0 . . . .10 (very important) ____

3. How **easy** did you find the report to understand?

Scale: (very difficult) 0 . . . . . 10 (very easy) ____

4. To what extent did the report provide **new information** to you?

Scale : (not at all) 0 . . . . . 10 (a great amount) ____

5. How **relevant** is the information for your work?

Scale: (not at all relevant) 0 . . . . . 10 (very relevant) ____

6. How **useful** do you think the information will be for your work? ____

Scale: (not at all useful) 0 . . . . . 10 (very useful)

7. To what extent do you think the information will **change the focus** of your work?

Scale : (not at all) 0 . . . . . 10 (a great amount) ____

8. What are the **three most important issues** in the report that you intent to incorporate into your work?

1_____

2_____

3_____

9. Additional Comments (if desired)

Thank you for your assistance - Dr. Ann Hope, External Evaluator

Email: annhope@eircom.net

Appendix 6

EU VINTAGE project
Stakeholders survey on best practice report:

D. What type of organisation do you work in?

a) Government, ____ b) NGO, ____

c) Other, please specify _____

E. What does your work cover?

a) Just alcohol, ____ b) Older people ____

c) Alcohol and older people ____ d) Public health ____

e) Public policy ____ f) Other, please specify _____

---

1. How **easy** did you find the report on best practice to understand?
   Scale: (very difficult) 0 . . . . . 10 (very easy)
   _____

2. To what extent did the report on best practice provide **new information** to you?
   Scale : (not at all) 0 . . . . . 10 (a great amount)
   _____

3. How **relevant** is the information for your work?
   Scale: (not at all relevant) 0 . . . . . 10 (very relevant) _____

4. How **useful** do you think the information will be for your work? _____
   Scale: (not at all useful) 0 . . . . . 10 (very useful)

5. To what extent do you think the information will **change the focus** of your work?
   Scale : (not at all) 0 . . . . . 10 (a great amount) _____

6. What are the **three most important issues** in the report on best practice that you intent to incorporate into your work?

   1_____
   2_____
   3_____

7. How **important** do you think this issue (alcohol and older people) should be continued and supported by EU project funding?
   Scale: (not at all important) 0 . . . .10 (very important)
   _____

8. Additional Comments (if desired)

Thank you for your assistance - Dr. Ann Hope, External Evaluator
Email: annhope@eircom.net

ANNEX 20

Report “Alcohol and older people: a public health perspective”

Istituto Superiore di Sanità

VINTAGE
Good Health into Older Age

Alcohol and older people: a public health perspective Vintage Project Report

Peter Anderson and Emanuele Scafato

November 2010

Executive Agency for Health and Consumers

Health Programme 2008-2013 Together for Health

This report has been written by Peter Anderson and Emanuele Scafato on behalf of the VINTAGE Project Group.

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Needless to say, any error or omission in the content of the report is the sole responsibility of the authors.

[5] SEE APPENDIX

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Prof. Anderson is trained as a general practitioner and a specialist in public health medicine at the University of Oxford and the London School of Hygiene and Tropical Medicine. His PhD thesis was on what family doctors can do to reduce the risk of alcohol. From 1992 to 2000, he worked as the regional advisor for both alcohol and tobacco with the European Office of the World Health Organization, where he prepared and implemented the European Charter on Alcohol, created the European Partnership project to reduce tobacco dependence, a public private partnership with the pharmaceutical sector, and became acting director of the department of public health. Since 2001, he has worked as a consultant in public health and has been an adviser in the field of addictions to the European Commission, the World Health Organization and several Ministries of Health around the world. He coordinates several major international research and policy projects for addictions and mental health for the European Commission and the World Health Organization. He has over 120 publications in international peer reviewed journals and is the author or editor of some 15 books. He has authored several recent monographs for the European Commission and the World Health Organization.

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Preface

Over the past years, there has been a growing attention at the EU level on the relevance of alcohol use disorders among older people as an increasing and common public health problem.

Although there is a paucity of epidemiological studies specifically aimed at identifying the impact of hazardous and harmful alcohol use in this vulnerable group of the population, some estimates suggests that the prevalence of alcohol-related problems, alcohol abuse or dependence among older adults is increasing.

Some fully attributable alcohol diseases, such as alcoholic cirrhosis, as well as problems related to hazardous drinking are estimated to be even more common among older people than among younger individuals. For alcohol use disorders, a huge gap between the number of older adults who should need treatment for addictive disorders and the number who are engaged in treatment is sometimes reported by health care professionals, even if not subject to formal or scientific investigation.

A systematic screening for alcohol problems in older people is not a specific target of the ongoing prevention or action plans all over Europe along with the early detection and brief intervention activities in primary health care, where professionals do not usually receive a clinical training focusing on the need to look at hazardous or harmful alcohol consumption among older people as an opportunity for prevention.

To what extent older people should be considered as a specific risk group in relation to alcohol is clearly an issue for debate and further research.

Some evidence has emphasized the relative higher impact of alcohol-related consequences and health outcomes among older people, such as changes in metabolism or in pharmacokinetic processes increasing the vulnerability of ageing people to the effects of alcohol, the higher consumption of pharmaceutical drugs and the prevalence of diseases or health conditions in which alcohol use is not recommended; all arguments for stressing the special relationship between alcohol and older people. Most of the current scientific literature, even acknowledging the biological and metabolic differences between younger and older individuals, fails to elaborate data assuming a lower limit of at-risk consumption for older people, probably affecting the estimates of harmful drinking among older people. More methodological problems in comparing studies aimed at evaluating the impact of harmful alcohol consumption are currently related to the age of reference, which varies widely from 55 to 65+ or 80+ years of age.

The overall VINTAGE project experience, integrated by the present systematic review report clearly identifies that more and better data and reporting, standardized across Europe, is needed on alcohol use, consumption patterns and alcohol-related consequences amongst older people, including also measuring lower levels of alcohol consumption and potential alcohol related consequences and health outcomes.

Some policy implications arising from the VINTAGE report analysis together with the forthcoming VINTAGE survey report on the collection of best practices in the EU (https://excmail.iss.it/exchweb/bin/redir.asp?URL=http://ec.europa.eu/health/alcohol/events/ev_20100914_en.htm), whose preliminary results have been already submitted to debate at EU level, can be summarized as follows:

- alcohol and ageing is an issue for strategic framework of action and prevention;

- alcohol strategies should ensure an ageing perspective, as well as should include alcohol issues into healthy ageing strategies;
- messages about alcohol consumption of older people (adults more in general) are politically sensitive;
- older people should be made more aware about alcohol-related consequences on health and safety;
- alcohol consumption guidelines, currently in progress for adoption in some Member States, dealing with alcohol and older people should be an appropriate way of drawing attention to this apparently neglected target of health planning and prevention; and
- alcohol in older people should be a major health policy issue for tackling mental health in older people

According to a lifecycle approach, it should be recommended to overcome the distinction between current and future older people hopefully aiming at the prevention of future problems in older people according to a reduction in alcohol consumption among those who are middle-aged at present, but also increasing the capacity to deal with alcohol-related problems in older people by early detection of hazardous level of alcohol use.

A renewed approach, hopefully oriented at increasing the research base of evidence, is what VINTAGE aims for to better deal with the need to overcome the mistaken belief that older persons have little to gain from diagnosis and treatment of alcohol-related problems, as well as to give to older people the right to appropriate and valuable interventions supporting healthier lives and a more active ageing perspective.

Emanuele Scafato

VINTAGE project leader

Rome 12/11/2010

Summary

Compared with younger people, there is a paucity of data describing alcohol use, alcohol-related harm and effective policy and preventive approaches amongst older people. Nevertheless, compared with their younger counterparts, older people do not suffer from disproportionally higher levels of harm: in general, they drink less, drink less hazardously, and suffer less harm. In absolute terms, they experience a much lower number of deaths and hospital admissions for conditions wholly attributable to alcohol than their younger adult counterparts. When considering conditions partially attributable to alcohol, the estimated number of deaths and particularly the number of hospital admission become much higher, although these numbers are likely to be inflated due to the application of attributable fractions estimated for younger adults applied to older adults. Many surveys have suggested that light drinking older people (up to 20g alcohol per day) experience a better quality of life than non-drinking or heavy drinking counterparts. However, it is unknown the extent to which this is due to other factors, including drinking patterns, and it may simply mean that lighter drinkers are healthier, wealthier and better socially integrated people than non-drinkers or heavier drinkers.

It is questionable that older people are at particular risk of alcohol-related conditions that might be more common for their age. The evidence is simply inconclusive to suggest that there are at greater risk of falls and fractures. If anything, small doses of alcohol seem to reduce the risk of dementia and Alzheimer's disease. Light older drinkers also have less risk of dying over short follow-up periods than non-drinkers or heavier drinkers, although, again, it is difficult to be certain how much of this effect is due to other confounding variables. The one area where older people might be at special risk is interactions with medications, older people being more likely to take medications than younger adults. Although, the extent to which this is a significant health problem is not known.

There are a wide range of evidence based alcohol policies that reduce the harm done by alcohol, but none of these have been evaluated for their specific impact on older people. However, there is no reason to assume that older people would not react to alcohol policy interventions different from younger adults. Certainly, the policy option that is likely to have the greatest impact is increasing the price of alcohol, which, amongst other things, leads to immediate reductions in alcohol dependence, liver cirrhosis and alcohol-related mortality. For those older people, whose consumption of alcohol is hazardous or harmful, the, albeit limited, evidence suggests that screening and brief intervention programmes are just as effective as for the younger adult populations.

The number of older Europeans will increase enormously over the coming years - in the next twenty years alone, people aged 65 years and older will increase in number from the current 87 million to 123 million, and people over 80 years of age will increase in number from the current 23 million to 36 million. These people are the present middle age, who have high levels of both frequency and volume of drinking. They are also the group of people with the highest levels of wholly attributable alcohol related hospitalization and death. To prevent burgeoning alcohol-related problems amongst older people over the coming twenty years, it is important to target policy on the present middle age, which will also have an immediate impact in reducing alcohol-related hospitalizations and deaths. Further, many alcohol-related conditions, and in particular cancers, have a long latency period in terms of both cause and reduction in risk. Thus, if one wishes to prevent an increase in alcohol-related cancers and other conditions in older people, action should also be taken on the middle-aged. From a policy perspective, actions that reduce the consumption of the middle aged, will not only prevent problems for a future cohort of older people but, at the same time, reduce patterns of hazardous and harmful alcohol consumption amongst the existing cohort of older people.

1. INTRODUCTION

This report considers alcohol and older people. There are no standardized age definitions for older people. Eurostat, the statistical branch of the European Commission, groups older people into those aged 65 years or older, and those aged 80 years or older[6].

Most Europeans drink alcohol, which is associated with more than sixty medical disorders and conditions (Rehm et al 2010a), and which is estimated to be responsible for some ten per cent of the total disease and injury burden in Europe (Anderson & Baumberg 2006). Alcohol use is linked to serious social problems, including violence, crime and work absenteeism.

As the 2009 Council of the European Union Conclusions on Alcohol and Health noted[7], there are a number of reasons to consider reviewing the impact of alcohol on older people in the European Union (EU) and what can be done about it (Hallgren et al 2010; Scafato 2010).

First, much less is known about the health, social and economic impacts of alcohol use in older people compared to younger adults.

Second, there are relevant biological changes associated with ageing. Research suggests that older people might be more sensitive to alcohol's negative health effects compared to younger adults, which could mean that more harm results from equivalent amounts of consumption by older people. One reason for this heightened sensitivity is the higher blood alcohol concentration (BAC) achieved by older compared to younger people after consuming an equal amount of alcohol. Ageing also interferes with the body's ability to adapt to the presence of alcohol (i.e. tolerance) and, through this decreased ability to develop tolerance, older people may continue to exhibit certain effects of alcohol (e.g. coordination problems) at lower doses than younger people whose tolerance increases with increasing consumption (NIAA, 1998). Brain research also suggests that ageing may render a person more susceptible to alcohol's effects. For example, it has been reported that older people with a history of chronic, heavy alcohol use exhibit more brain tissue loss than younger people, often despite similar lifetime alcohol consumption (Oscar-Bergman et al., 1997).

Third, there are the demographic changes in the European Union. The older population is the fastest growing segment of the EU. Due largely to the ageing baby boomer generation of the post second world war years, the number of people aged 65 years and older is estimated to increase from 86.8 million in 2010 to 122.5 million in 2030. The number of people over 80 years of age is estimated to increase from 23.3 million in 2010 to 36 million in 2030 (Eurostat 2008). Average life expectancy has risen by five years for women (to 81 years) and four years for men (to 76 years) since 1960, and will continue to rise in the coming decades (European Commission, 2009). These changes will have an enormous impact on European society. The ageing baby boomers are high alcohol consumers and will bring with them a significant cultural shift favourable to alcohol and drug use. Further, an older population typically increases the overall health burden and poses many challenges for public health policymakers. Demographic shifts have been paralleled by improvements in average disposable incomes and the buying power of many older Europeans, which generally lead to increases in alcohol consumption; although it is likely that future cohorts of older people will experience less prosperity. The ageing of the European population means that the absolute number of older EU citizens with alcohol-use disorders is likely to rise and the impact of these changes must be considered.

[6] http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-SF-08-072/EN/KS-SF-08-072-EN.PDF
[7] http://www.se2009.eu/polopoly_fs/1.26039!menu/standard/file/CC%20alcohol%20and%20health.pdf

This report attempts to answer a number of questions to do with alcohol and older people, including the pharmacokinetics of alcohol, and what we know about the use of alcohol and trends in consumption and alcohol-related harm amongst older people. The report considers the relationships between alcohol and well-being and health in older people. It then considers how alcohol policy might impact on older people's use of alcohol, and the evidence for the effect of screening and brief intervention programmes amongst older people. The approach and focus is public health, rather than the treatment of those with alcohol use disorders. When considering alcohol policy and older people, the report will note the importance of the ageing middle aged population, a cohort with high levels of alcohol consumption and alcohol-related harm, and which will be the future older population.

2. METHODS

Formal literature searches of the scientific literature were undertaken in Pub med, MEDLINE, the Cochrane Library and Google scholar using the search terms adapted from Table 1. Searches were restricted to the English language and since the year 2000. Key reviews of the impact of alcohol policies in reducing the harm done by alcohol were screened for information on older people (Anderson et al 2009; Anderson2009; Anderson & Baumberg 2006). Three hundred and sixty nine titles and abstracts were indentified in the search, from which 78 papers were retrieved. Selected papers were those that were systematic reviews or original papers not included in systematic reviews. Papers already included in systematic reviews and clinically or practice oriented papers were excluded.

Table 1 Search terms used for formal literature searches.

#	**Search History**
13.	"AGED 80 AND OVER"/ OR AGED/
14.	"middle aged"
15.	(retired or retirement)
16.	(elderly or gertiatr$ or senile$ or older or older adult or older person or old age or later life). ti, ab.
17.	(injury OR death OR mortality OR fatality OR trauma OR fall$ OR violent OR fracture OR crash OR accident OR suicide OR disorder OR assault OR murder OR homicide OR motor OR driv$).ti,ab.
18.	(cancer or liver or cirrhosis or cardiovascular or cerebrovascular or stroke or coronary or heart or ischemic or ischaemic or atherosclerosis or depress$ or cognit$ or brain or dementia or alzheimers or bone or diabetes or hospital$ or drug or medication or comorbid or dependence or disorder).ti,ab.
19.	(educat$ or train$ or promot$ or interven$ or program$ or administer$ or campaign$ or evaluat$ or assess$ or control$ or compar$ or prevent$ or safe$ or strateg$ or scheme$ or incentive$ or trial$ or policy or policies or reduc$ or approach$ or enforce$ or guideline). Ti,ab.
20.	(drink$ or consum$ or heavy or binge or episodic or risk$ or safe or pattern).ti,ab
21.	alcohol$.ti,ab.
22.	or/1-4
23.	or/5-8
24.	and/9-11

3. ALCOHOL PHARMACOKINETICS

Chapter summary There are two pharmacokinetic processes that might lead to older people being more susceptible to the impact of consumed alcohol than younger people: first, due to reduced degradatory activity in the liver (and, to lesser extent, the stomach) of older people, more alcohol may reach the blood stream for each given intake; and, second, due to on average reduced body water, higher blood alcohol concentrations may be achieved in older people. Other potential consequences of increased alcohol consumption include oxidative and micronutrient stress. Although the extent of these processes and their health importance are not fully known, they have led to some countries recommending lower levels for lower risk alcohol consumption amongst older people, compared with younger adults.

Ethanol (C_2H_5OH) is a physiologically nonessential, energy- yielding (29 kJ/g or 7 kcal/g) molecule produced by alcoholic fermentation from plants with high carbohydrate content (eg, barley, wheat, corn, and grapes) (see Ferreira & Weems 2008). Ethanol does not need to be digested and is absorbed from the gut directly. Already in the stomach, some of the ethanol is metabolized by gastric alcohol dehydrogenase (ADH). In older adults, gastric ADH activity is significantly reduced, potentially increasing the amount of ethanol available to be absorbed with age. Alcohol that is not metabolized in the stomach diffuses across the stomach and the first part of the intestine to enter the body, where it first passes through the liver.

The liver is the primary site of ethanol metabolism. Hepatic ADH is the rate-limiting enzyme that oxidizes alcohol to acetaldehyde, Figure 1. In older adults, liver ADH activity is also significantly reduced, increasing the amount of ethanol that reaches the blood stream with age.

Maximal blood alcohol concentrations (BAC) are reached approximately 45 to 75 minutes after an oral dose of alcohol in 20- to 60-year olds (see Ferreira & Weems 2008). Body composition is altered by aging and this influences BAC. Whereas young adult body mass is approximately 70% water, by age 65 years, body fat doubles in men and increases by 50% in women resulting in reduced total body water and with age. This means that, compared with younger people, blood alcohol concentrations are likely to reach a higher level at any given alcohol intake.

A potential consequence of increased alcohol consumption is oxidative stress, which is implicated as a risk factor for many lifestyle-related diseases, including cancer, cardiovascular disease, and diabetes mellitus (see Ferreira & Weems 2008). Oxidative stress occurs when there is an imbalance between anti-oxidant systems and the production of reactive oxygen species. These reactive molecules are generated in response to the metabolism of ethanol by the microsomal ethanol oxidizing system, and may have a role in the development of alcoholic liver disease. Unhealthy nutrient status may occur when food is displaced by increased alcohol intake. Potential displaced nutrients are B vitamins, notably thiamine and pyridoxine.

A reduction in n-3 polyunsaturated fatty acid intake, which is protective against coronary heart disease, has been associated with three or more daily drinks of alcohol (Kim et al 2007). As well, the requirements for some micronutrients (for example, niacin and riboflavin) may be increased due to alcohol metabolism.

One consequence of the pharmacokinetic processes that might lead to older people being more susceptible to the impact of consumed alcohol than younger people has been to suggest lower guidelines for lower risk drinking amongst older people compared with younger people, as is the case in Italy.

Further epidemiological studies to compare whether or not older people show an increased risk of harm per gram of alcohol, when compared with younger people would confirm the importance of this approach.

4. ALCOHOL CONSUMPTION IN OLDER PEOPLE

Chapter summary Surveys conducted across many European countries in the early 2000s reported that potentially risky drinking patterns of younger adults also continued amongst those aged 50-65 years. Whether or not these cohorts will continue their potentially riskier drinking as they age is not known. In general, analyses of the drinking patterns of older Europeans find that their alcohol consumption mirrors those of younger Europeans, although at lower levels, and there is no evidence to suggest disproportionate increases in the alcohol consumption of older people. An illustrative and detailed survey of the drinking habits of people aged 75 years or more in the United Kingdom found that heavy drinking, and the problems associated with such behaviour, was rare.

The GENACIS project reported in 35 countries worldwide, including eleven EU countries, that the prevalence of current drinking did not decline with increasing age amongst the majority of studies undertaken during the early 2000s, with still very high proportions of drinkers amongst those aged 50-65 years (Wilsnack et al 2009); high frequency drinking (≥ 5 days/week) tended to increase with age and high volume drinking (> 23g/day) did not regularly decrease with age, and often increased with age certainly for men and most likely for women. Although episodic heavy drinking (≥ 60g in a day in preceding 12 months) tended to decrease with age, still a very high proportion of those aged 50-65 years engaged in this activity. Whether or not the cohorts of heavier drinking middle age people continue to drink more heavily as they age remains to be seen.

A comprehensive review of alcohol consumption amongst elderly European Union citizens published in 2009 and reviewing data from the Czech Republic, Germany, Finland, Italy, Latvia, Poland, Spain, Sweden and the United Kingdom suggested that there were some increases in alcohol consumption in older people in some European countries, but it was difficult to say that this was a large, consistent or worrying trend in terms of drinking rates, volume of consumption or risky patterns of drinking, all of which were substantially lower than in the middle aged population (Hallgren et al 2009). There was no evidence of disproportionate changes in the drinking of older people compared with that of younger people. That is, any trends in the volumes and patterns of drinking amongst older people mirrored those of the population as a whole.

On the other hand, there is some evidence of cohort effects. In Italy, for example, whilst the prevalence of alcohol use during the previous twelve months declined with age in 2007, this was not the case for wine, Figure 1. This could be a cohort effect, with the older generations continuing the pattern of wine consumption during meals.

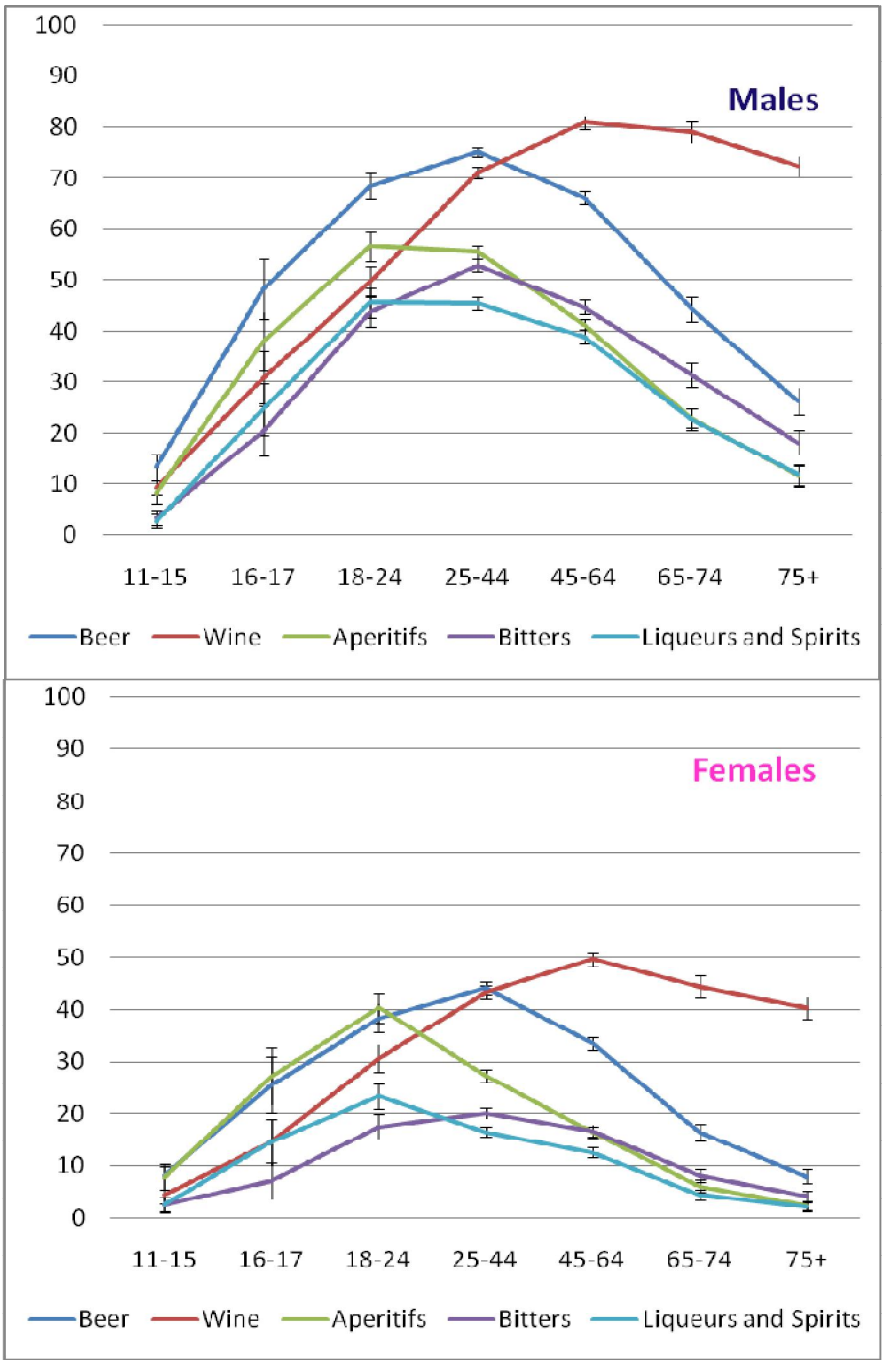

Figure 1. Prevalence of alcohol use during previous 12 months by gender and age (2007 data). (Source: Multiscopo ISTAT survey data 2008 elaborated by National Observatory on Alcohol of the National Centre for Epidemiology, Surveillance and Health Promotion (CNESPS) and WHO CC Research on Alcohol)

There is some evidence in Spain that between 1987 and 2006, self-reported alcohol use increase more quickly amongst those aged 65 years and older than the general population, Figure 2. But, this could also be a cohort affect, with the previous higher prevalence of alcohol use (drinking with meals) amongst the middle aged persisting into older age, with such patterns diminishing amongst younger drinkers.

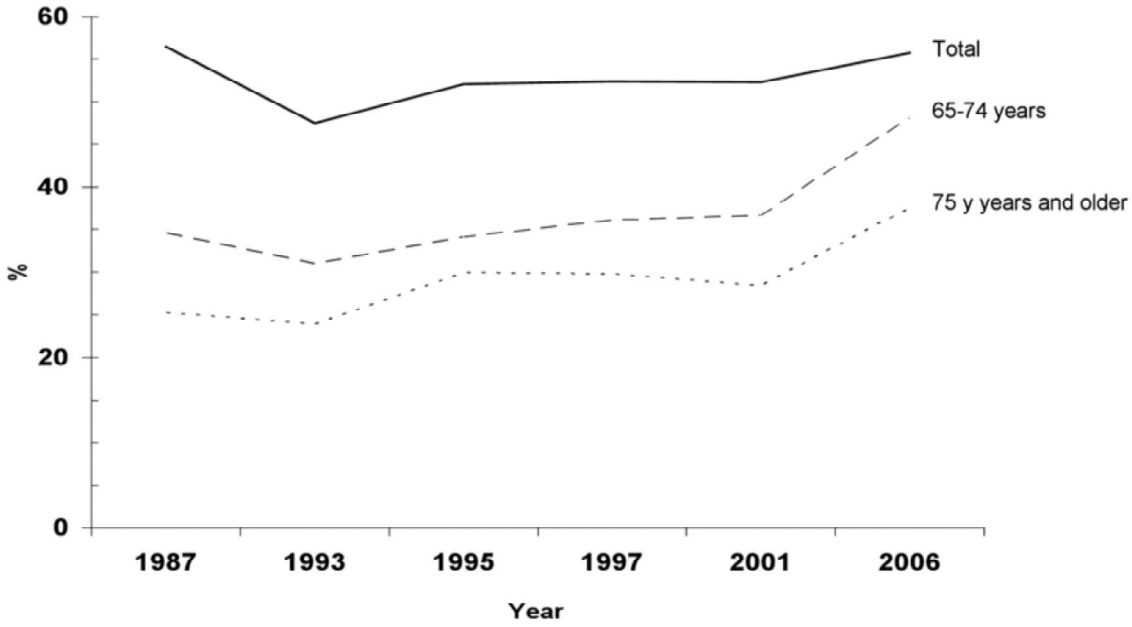

Figure 2. Self reported alcohol use during the last two weeks among Spanish men and women (1987–2006). Source: Hallgren et al 2009.

Despite the strong body of research on alcohol consumption patterns in young and middle-aged people, very little work on older people (especially those aged 80 years or more) has been undertaken. As a result, knowledge about the characteristics of drinkers and heavy drinkers in this age group remains limited.

One example of an exception to this is the UK based MRC Trial of the Assessment and Management of Older People in the community, a cluster randomised trial investigating different approaches to multidimensional screening for people 75 years of age and over with randomisation by practice (Hajat et al 2004). Figure 3 shows the frequency distribution of drinking among the 14,962 responders by gender.

As would be expected, a higher proportion of women than men were never drinkers, whereas the heavier drinkers tended to be male. Overall, about 10% of the cohort drank between 7 and 13 drinks in the week, and very few people drank more than this. Only 5% of men and 2.5% of women exceeded the Royal Colleges of Physicians, Psychiatrists and General Practitioners recommended weekly drinking limits (168g for men and 112g for women).

Over half of the drinkers drank mostly wine, with 30% drinking mostly beer and just over 12% drinking mostly spirits. In relative terms, women tended to drink more wine and spirits, and men favoured beer. In both men and women, the never drinkers were older, whereas the heavier drinkers tended to be younger. The odds ratio of being a moderate drinker (less than 210g alcohol per week for men and less than 140g alcohol per week for women) as opposed to being a non-drinker decreased linearly with increasing age.

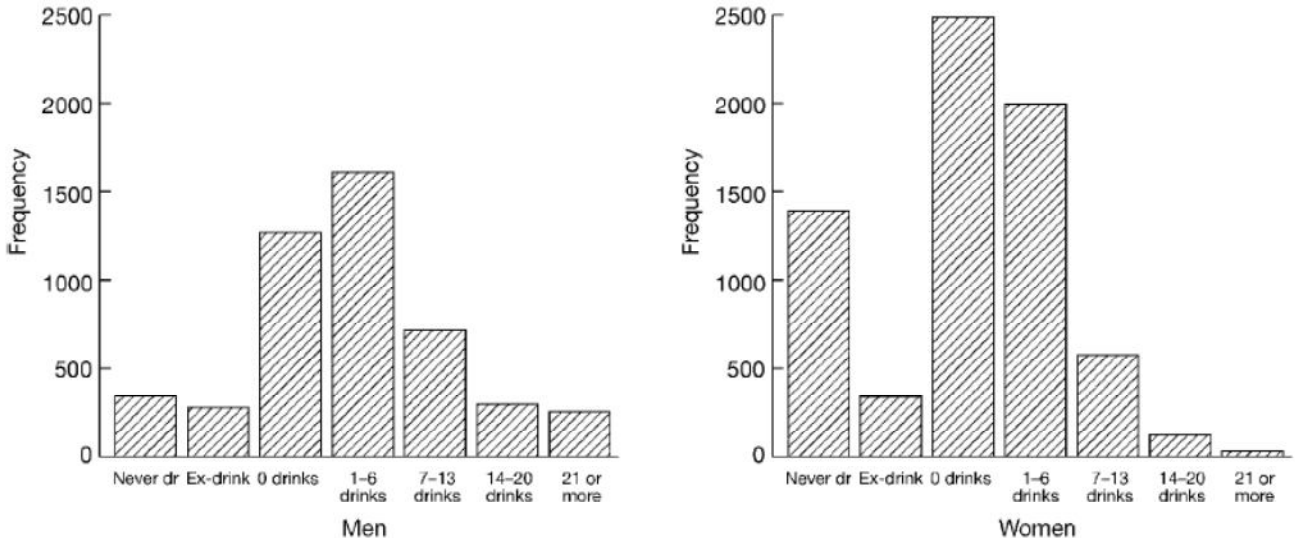

Figure 3 Distribution of alcohol intake in past week by gender (one drink = 8g alcohol).

5. ALCOHOL-RELATED HARM IN OLDER PEOPLE

Chapter summary There is some evidence for increases in alcohol-related hospital admissions and alcohol-related deaths in older people in some European countries, usually paralleling changes in alcohol consumption. But, as with changes in alcohol consumption, it seems that any trends amongst older people mirror those of the population as a whole. Estimates from the United Kingdom suggest that deaths and hospital admissions from conditions that are wholly attributable to alcohol are quite small in the older population compared with the middle aged population. In contrast, deaths and hospital admissions from conditions that are partially attributable to alcohol are quite large in the older population, but this may be an inflated artefact resulting from applying attributable fraction estimates derived from younger adults to older people.

The European region of the World Health Organization has the highest impact of alcohol, with about 6.5% of the deaths (men: 11.0%; women: 0.8%) and 11.6% of the disability adjusted life years (DALYs, the years of life lost due to premature death and disability) (men: 17.3%; women: 4.4%) attributable to alcohol (Rehm et al 2010). Most of these DALYs fall into the categories of neuropsychiatric disorders (with the overwhelming majority in alcohol use disorders), unintentional and intentional injuries, cirrhosis of the liver, cardiovascular diseases, and cancers. Alcohol, if consumed in a pattern of light regular drinking without heavy episodic drinking patterns, can also have a positive impact, mainly on ischaemic cardiovascular diseases. The above figures are net figures, taking into account the protective effects. Different dimensions of alcohol are responsible for causing harm (Rehm et al 2010). The overall volume of consumption over time impacts on most disease categories, whereas irregular heavy drinking occasions in addition impact on injury and ischaemic conditions. The dose-response relationships vary. For diseases where alcohol has a protective relationship, there are J-shaped curves, whereas for most other disease categories linear to exponential relationships prevail. For injuries, the acute level of blood alcohol concentration is the most important factor. To a lesser degree, the chemical composition of alcohol beverages may impact on health as well. This can be the case in methanol poisoning outbreaks, when methanol is added to spike alcoholic beverages, but also when production leaves too much acetaldehyde which is carcinogenic.

The review of alcohol consumption amongst elderly European Union citizens published in 2009 and referred to above also suggested that there were some increases in alcohol-related hospital admissions and alcohol-related deaths in older people, usually paralleling changes in alcohol consumption (Hallgren et al 2009). But, as with changes in alcohol consumption, it seemed that any trends amongst older people mirrored those of the population as a whole.

An illustration of this is changes in alcohol-related deaths (which include causes regarded as most directly due to alcohol consumption) in the United Kingdom.

Two-thirds of the deaths occurred amongst men, and over four-fifths were due to alcoholic liver diseases and fibrosis and cirrhosis of the liver, conditions with usually a long time course.

Figure 4 shows that for men, the most marked increases occurred in the age group 55-74 years, with a stable or only slightly increasing trend in those 75 years and older.

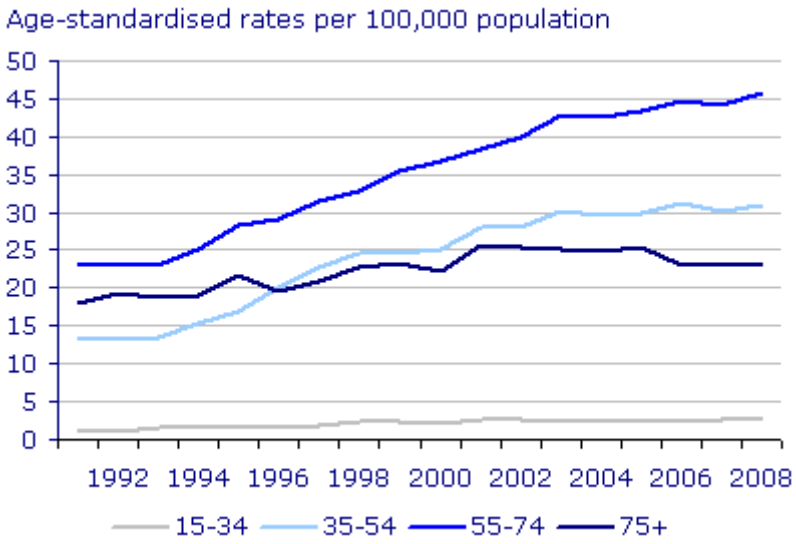

Figure 4 Male alcohol-related death rates by age-group, United Kingdom, 1991-2008

In a comprehensive analysis, Jones et al (2008) estimated deaths in the United Kingdom, also including conditions that are partially due to alcohol. For both men and women, the estimated highest number of deaths from wholly alcohol-attributable conditions occurred in the age ranges 45-64 years, and was quite small amongst those dying at age 75 years or more, Figures 5-6. In the older age ranges, the estimated number of deaths from the partially attributable conditions became more important. However, this may be due to methodological artefact.

Such conditions (cancers and cardiovascular diseases, see Table 2) are more common amongst older people, and even small relative risks and attributable fractions for such conditions will increase the number of deaths. Further, we do not have good estimates of relative risks and attributable fractions amongst older people, but they are likely to be considerably lower than such estimated for younger adults.

Thus, applying estimates derived from younger populations is likely to inflate the number of partially attributable deaths. Figures 5-6 also show that, although in absolute numbers, there were an estimated higher numbers of alcohol-related deaths in older people, the proportion of all deaths that are alcohol-related declined with age. The estimated top three causes of alcohol-related deaths amongst older people included liver diseases, malignant neoplasms and cardiovascular diseases (Table 2), conditions for which there tend to be long durations between consumption and outcome, and long durations for benefit to accrue following reductions in alcohol-consumption (Rehm et al 2007).

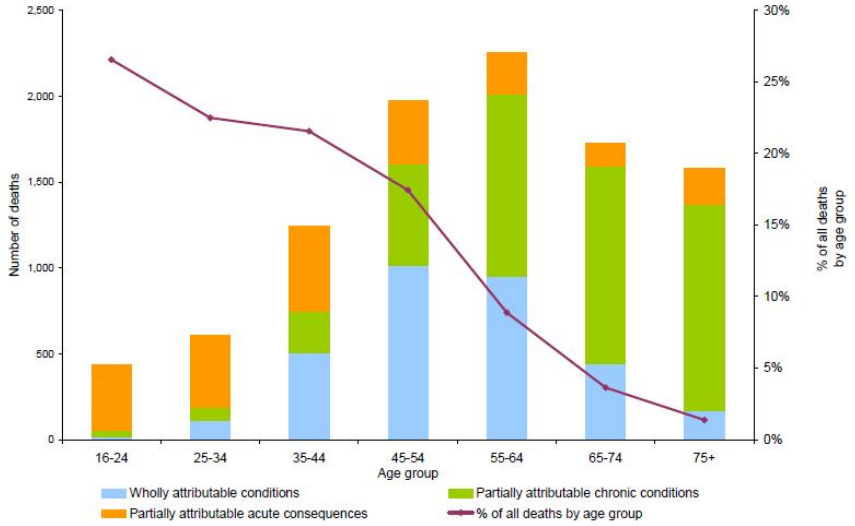

Figure 5 Estimated number (% of all deaths in each age group) of UK male deaths attributable to alcohol consumption by age and type of condition (2005). Source: Jones et al (2008).

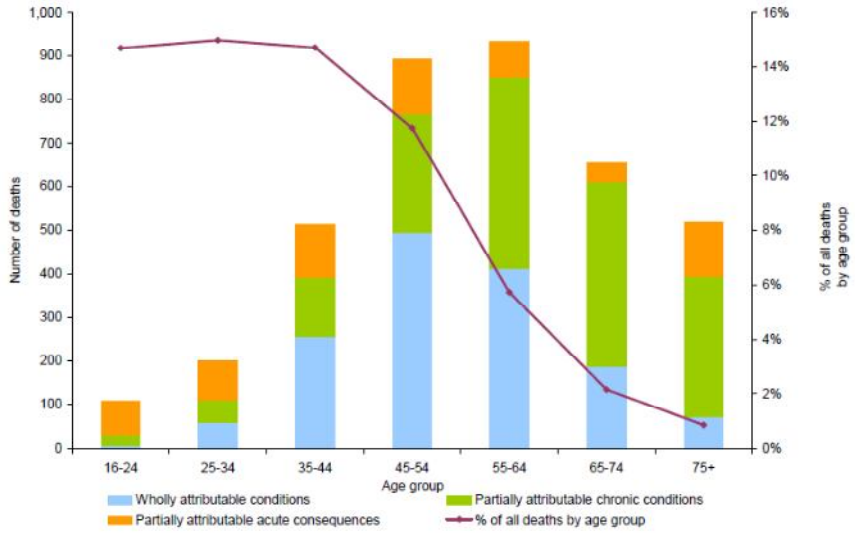

Figure 6 Estimated number (% of all deaths in each age group) of UK female deaths attributable to alcohol consumption by age and type of condition (2005). Source: Jones et al (2008).

Table 2 Estimated top three causes of alcohol attributable deaths by age and sex. Source: Jones et al (2005).

Age	Males		Females	
	Condition	n	Condition	n
16-24	Road traffic accidents - non pedestrian	185	Intentional self-harm	48
	Intentional self-harm	142	Road traffic accidents - non pedestrian	19
	Pedestrian traffic accidents	34	Epilepsy and Status epilepticus	18
25-34	Intentional self-harm	249	Intentional self-harm	71
	Road traffic accidents - non pedestrian	126	Alcoholic liver disease	41
	Alcoholic liver disease	61	Epilepsy and Status epilepticus	33
35-44	Alcoholic liver disease	382	Alcoholic liver disease	208
	Intentional self-harm	323	Intentional self-harm	95
	Road traffic accidents - non pedestrian	113	Malignant neoplasm of breast	48
45-54	Alcoholic liver disease	827	Alcoholic liver disease	427
	Intentional self-harm	251	Malignant neoplasm of breast	99
	Unspecified liver cirrhosis	131	Intentional self-harm	89
55-64	Alcoholic liver disease	802	Alcoholic liver disease	362
	Malignant neoplasm of oesophagus	278	Malignant neoplasm of breast	154
	Unspecified liver cirrhosis	178	Unspecified liver cirrhosis	69
65-74	Alcoholic liver disease	388	Alcoholic liver disease	167
	Malignant neoplasm of oesophagus	295	Malignant neoplasm of breast	109
	Haemorrhagic stroke	158	Unspecified liver cirrhosis	90
75+	Malignant neoplasm of oesophagus	339	Cardiac arrhythmias	396
	Cardiac arrhythmias	212	Malignant neoplasm of breast	194
	Haemorrhagic stroke	207	Hypertensive diseases	153

Jones et al (2008) also analyzed hospital admission in the United Kingdom, and described similar findings, Figures 7-8.

Amongst older people, estimated hospital admissions for wholly attributable conditions were quite low, compared with younger populations, whereas estimated admissions for partially attributable conditions were quite high.

The estimated top three conditions amongst older people included mental and behavioural disorders due to alcohol, hypertensive disease and cardiac arrhythmias and in the oldest age group, falls, Table 3. But, again, the same problems of over-inflation of the estimates apply.

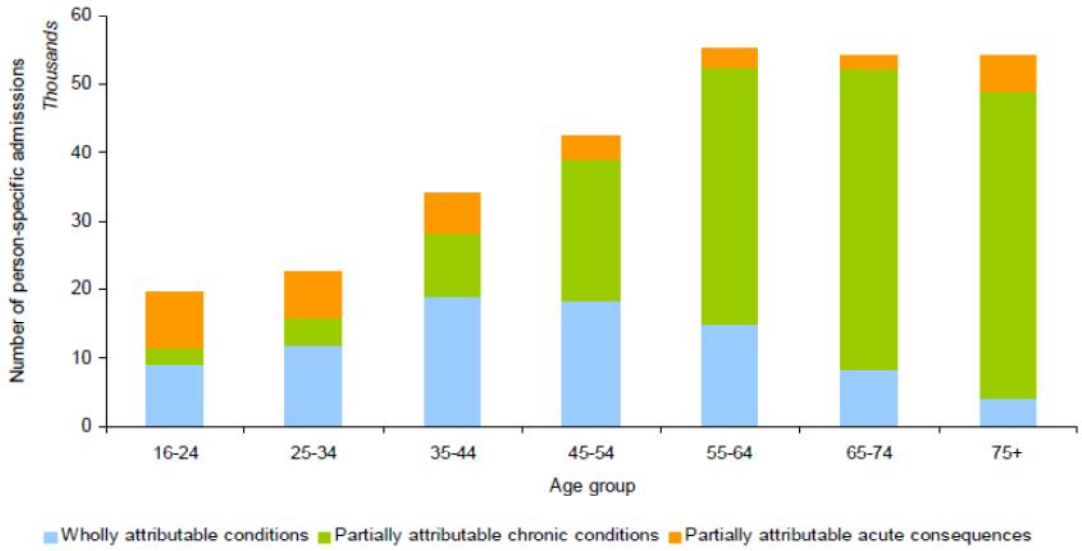

Figure 7 Number of UK male hospital admissions by type of condition (April 2005-March 2006). Source: Jones et al (2005).

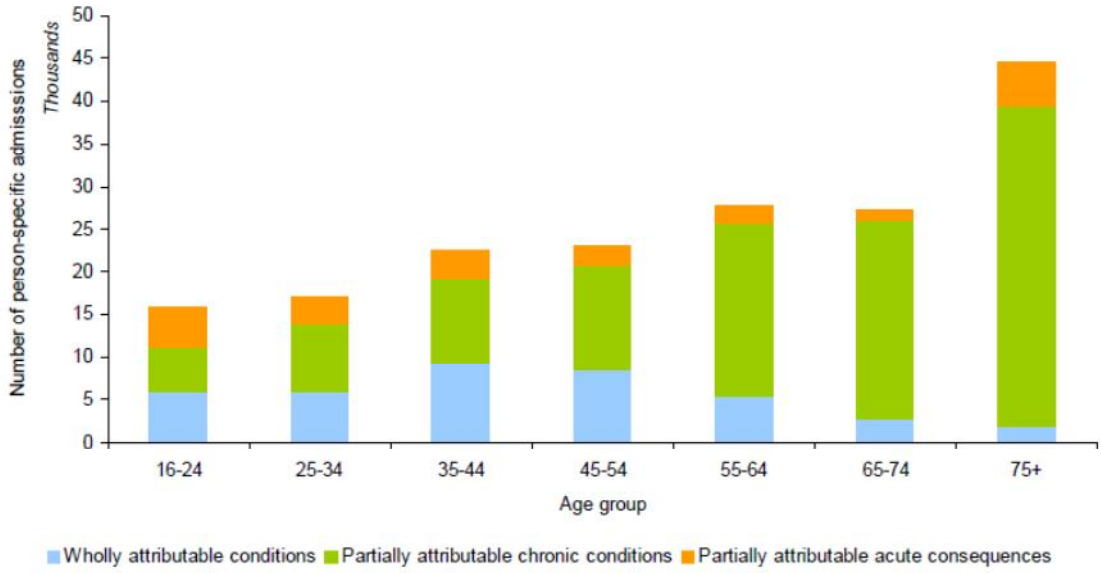

Figure 8 Number of UK male hospital admissions by type of condition (April 2005-March 2006). Source: Jones et al (2005).

Table 3 Estimated top three causes of hospital admissions deaths by age and sex. Source: Jones et al (2005).

Age	Males		Females	
	Condition	**n**	**Condition**	**n**
16-24	Mental and behavioural disorders due to use of alcohol	7,164	Intentional self-harm	3,310
	Assault	3,016	Mental and behavioural disorders due to use of alcohol	3,242
	Falls	1,925	Ethanol	2,452
25-34	Mental and behavioural disorders due to use of alcohol	9,554	Spontaneous abortion	3,603
	Epilepsy	1,966	Mental and behavioural disorders due to use of alcohol	3,595
	Assault	1,907	Epilepsy	2,757
35-44	Mental and behavioural disorders due to use of alcohol	15,396	Mental and behavioural disorders due to use of alcohol	6,075
	Hypertensive diseases	4,119	Epilepsy	3,062
	Epilepsy	2,558	Hypertensive diseases	2,476
45-54	Mental and behavioural disorders due to use of alcohol	14,527	Mental and behavioural disorders due to use of alcohol	14,527
	Hypertensive diseases	12,368	Hypertensive diseases	12,368
	Cardiac arrhythmias	2,649	Cardiac arrhythmias	2,649
55-64	Hypertensive diseases	23,317	Hypertensive diseases	23,317
	Mental and behavioural disorders due to use of alcohol	11,606	Mental and behavioural disorders due to use of alcohol	11,606
	Cardiac arrhythmias	7,058	Cardiac arrhythmias	7,058
65-74	Hypertensive diseases	25,438	Hypertensive diseases	12,593
	Cardiac arrhythmias	12,337	Cardiac arrhythmias	6,686
	Mental and behavioural disorders due to use of alcohol	6,527	Mental and behavioural disorders due to use of alcohol	1,972
75+	Cardiac arrhythmias	20,431	Cardiac arrhythmias	19,495
	Hypertensive diseases	19,292	Hypertensive diseases	13,699
	Falls	4,623	Falls	4,428
n = number of person-specific hospital admissions				

Data from April 2005 to March 2006

6. ALCOHOL AND WELL-BEING

Chapter summary A number of cross sectional studies and longitudinal studies suggest that, compared with not drinking and heavier drinking, light or moderate drinking (10-20g alcohol a day) might improve the social inclusion and quality of life amongst older people. However, whether or not or the extent to which this is due to other factors is not known: compared with older non-drinkers, older lighter drinkers may just simply be healthier, wealthier and better socially integrated people.

A number of cross sectional studies have suggested that light or moderate drinking might improve the quality of life amongst older people (e.g., Cawthon et al 2007), although heavy drinking is associated with poorer quality of life (e.g., Kirchner et al 2007; Breeze et al 2004). However, cross sectional studies cannot infer causation and self-reported measures may not reflect an accurate measure of performance (Gilbertson et al 2009).

In the UK based MRC Trial of the Assessment and Management of Older People in the community described above, never and ex-drinkers were less likely to live with a spouse and more likely to live alone or with other people compared with drinkers (Hajat et al 2004). Drinkers were also more likely to have contact with other people. Never and ex-drinkers were less likely to be home-owners, whereas those that drank were more likely to be home-owners.

In both sexes never drinkers were likely to be the most deprived and those that drink in moderation were likely to be the most affluent. When subjects were asked whether they have financial difficulties, those that did tended to be ex- and moderate drinkers. Heavier drinkers tended to have no financial hardship.

Participants completed the Mini Mental State Examination (MMSE). The MMSE is a widely used test of cognitive function and has been shown to be both valid and reliable (Tombaugh & McIntyre 1992). Those people who scored below 17 were designated severely cognitively impaired. Those who scored between 17 and 23 were considered mildly impaired, and those above 23 were judged to have no impairment. A clear gradient was observed with current drinking being more common amongst those who were not cognitively impaired. When subjects were asked about whether they had difficulties undertaking everyday activities such as cooking, washing and walking, again the two drinking groups were less likely to answer yes. Drinkers were also less likely to have had falls, more likely to have a good perception of their general health, and more likely to consider themselves physically active. Diabetes was more common in the nondrinking groups, but not previous heart attack. Little association was observed between alcohol intake and number of different medications used.

Participants completed the 15-item version of the Geriatric Depression Scale (GDS) (Sheik & Yesavage 1986). A cut-off point of 6 or more is commonly used to indicate depression. Depression tended to be slightly higher in the non-drinking groups for women, but otherwise very little association was observed. By contrast, reported anxiety was lower in the never drinkers and higher in the ex- and current drinking groups. A clear dose-response relationship was found for number of positive responses to anxiety questions and increasing alcohol consumption.

Little association was observed between alcohol intake and death or separation from a loved one in the last year. However, reporting a serious illness in a loved one or moving residence was more common in the drinking groups.

After adjustment for other variables, the odds of being a moderate drinker in females was 0.37 (95% CI 0.32, 0.42) compared with males. In addition, those people above 80 years of age, those with a

higher Carstairs score (an index of deprivation based on four variables available from the 1991 census: overcrowding, social class of head of household, car ownership and unemployment, Carstairs & Morris 1991) those that had a poor general health perception, and those that had difficulty with everyday activities were also statistically significantly less likely to be moderate drinkers. Drinkers also had significantly less cognitive impairment, were more likely to be smokers, were more likely to have experienced a serious illness in a loved one, were more likely to have suffered a heart attack, and had higher BMI. Anxiety was associated with drinking with an increased odds of 1.33 (95% 1.08, 1.63). Depression (GDS score) was not found to be an independent predictor in this model. Models run separately for men and women did not affect results to any large extent.

Disruption of lifestyle such as retirement and decreased social activity are thought to be some of the main contributory factors among people who develop alcohol problems later in life.

Isolation and loneliness in old age can lead to increased drinking, but the above study suggested that those that have a regular drink are, in fact, those that are also more likely to be living with a spouse. Other studies have also observed that the stresses of ageing, such as widowhood and retirement, are not associated with increased problem drinking (Barnes 1979). A study of 2641 community-dwelling non-disabled people aged 65 years and over registered at a general practice in London found that after adjustment for age, sex, income, and educational attainment, living alone was associated with multiple falls, functional impairment, poor diet, smoking status, risk of social isolation, but not hazardous alcohol use (Kharicha et al 2007).

A systematic review of behavioural determinants of healthy aging identified alcohol use as protective (Peel et al 2005). For example, a longitudinal study of non-demented people aged 65 years and older noted that those who drank 5 or more drinks a year (alcohol content of drink not defined) and without alcohol-related problems had improvements over the four year follow-up period for activities of daily living, instrumental activities of daily living and performance based physical function compared with those who drank less than five drinks a year or who had alcohol-related problems (Wang et al 2002).

In their systematic review of the health-related effects of alcohol use in older persons, Reid et al (2002) found four studies in which an average weekly consumption of either ≥10 drinks per week (alcohol content of drink varied across countries and not defined), a history of heavy use, or an increasing number of drinks consumed per occasion were associated with greater risk for functional disability when compared with non-drinkers or participants with no history of heavy drinking.

One additional study found that ≥14 drinks per week increased risk for functional disability among men, but not women. Exposure–outcome associations were not demonstrated in six studies. In contrast, two investigations found that increasing alcohol consumption decreased risk for functional disability.

The Alameda county study (Guralnik & Kaplan 1989) which investigated participants aged 65 to 89 years at 19 years follow-up, found that those who consumed between 1-60 drinks per month at baseline (alcohol content of drinks not defined) were three times as likely to show high physical functioning than be dead compared with abstainers, and over twice as likely to show high as opposed to low or moderate functioning for those still alive. Study participants consuming more than 60 drinks per month were more likely to be dead as opposed to be high functioning than the lighter drinkers and more likely to have low or moderate as opposed to high function than the lighter drinkers amongst those still alive, although in both cases, the results did not reach statistical significance.

Lang et al (2007) reported on the results of two similar longitudinal studies that followed up 13,333 individuals aged 65 and older for 4 to 5 years, studying functioning and mortality at follow-up compared with alcohol consumed at baseline - the Health and Retirement Study (HRS) from the US and the English Longitudinal Study of Aging (ELSA).

The alcohol consumption reference category was more than none to one drink per day (alcohol content of drinks not defined). Odds ratios (OR) in the more than one to two drinks per day range were not significantly different from the reference category, for disability outcomes alone or combined with mortality, in any of the analyses, controlling for baseline confounders. In the pooled model (Figure 9), the ORs in subjects drinking more than one to two drinks per day for the outcomes of interest were 0.96 (95% confidence interval (CI) 0.78–1.21) for activity of daily living problems (ADLs), 0.75 (95% CI5 0.56–0.99) for instrumental activity of daily living problems (IADLs), and 0.82 (95% CI50.64, 1.05) for poor cognitive function.

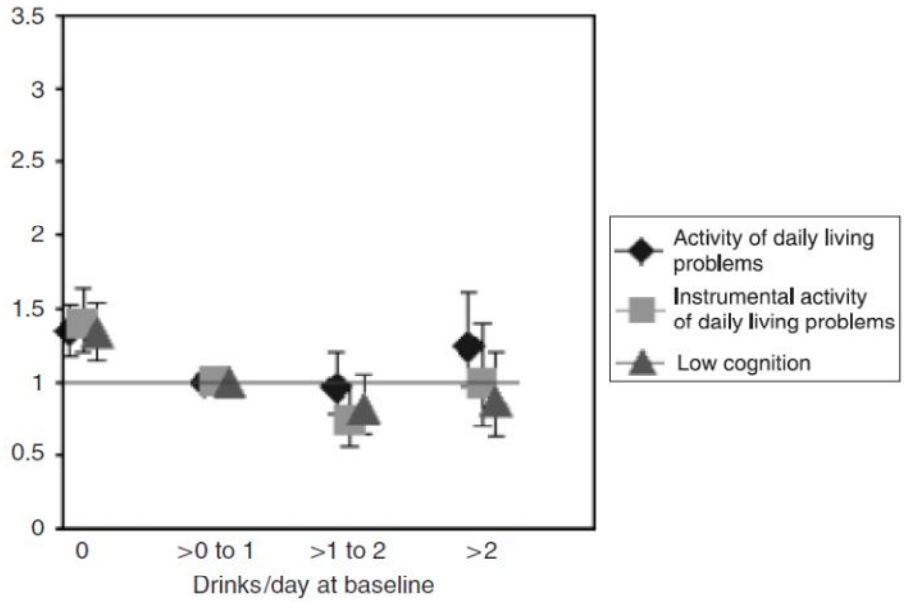

Figure 9 Odds ratios of incident disability in the pooled data in 2002 according to alcohol consumption in 1998/99.

For the HRS data set (Figure 10), combined mortality and functioning outcomes produced ORs in subjects drinking more than one to two drinks per day of 0.93 (95% CI50.68–1.28) for ADL problems or mortality, 1.06 (95% CI50.76–1.49) for IADL problems or mortality, and 1.00 (95% CI50.73–1.37) for decline in cognitive function or mortality.

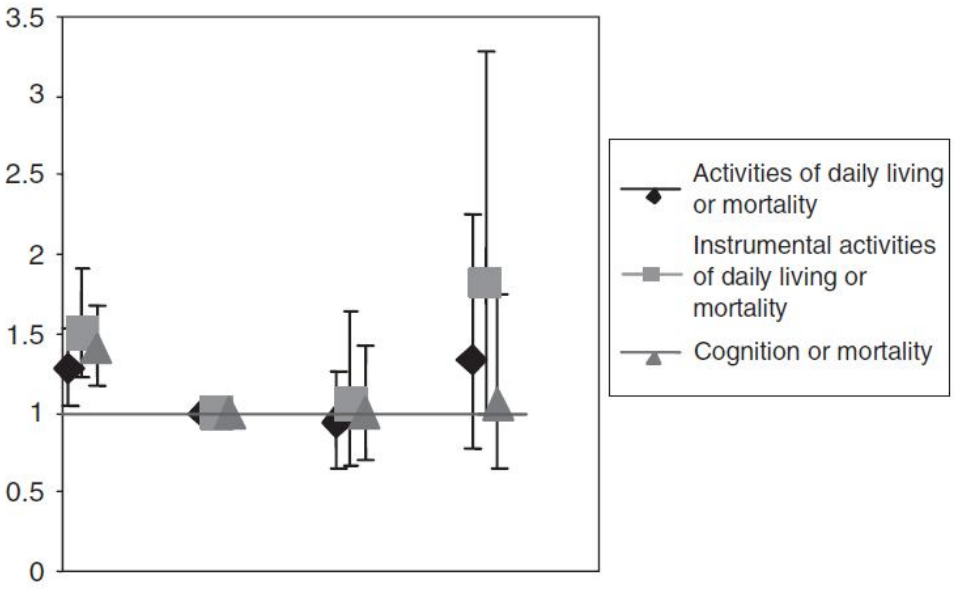

Figure 10 Odds ratios of incident disability plus mortality in HRS 2002 according to alcohol consumption in 1995.

In the ELSA models, the corresponding ORs were 0.94 (95% CI50.69–1.27) for ADLs, 0.72 (95% CI50.49–1.05) for IADLs, and 0.93 (95% CI50.63–1.37) for poor cognitive function, Figure 11.

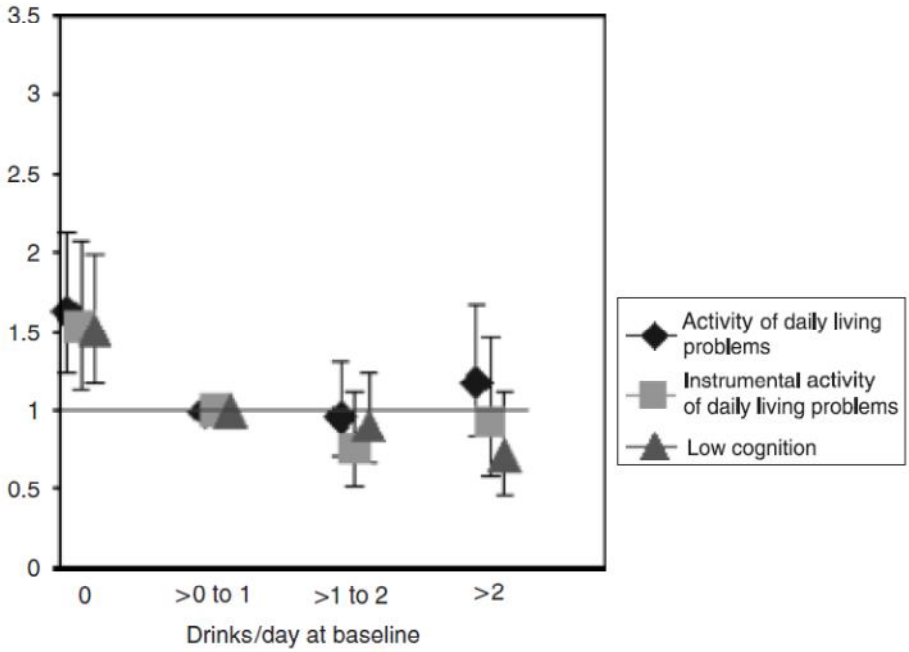

Figure 11 Odds ratios of incident disability in ELSA 2002 according to alcohol consumption in 1998/99.

Modelling of risks separately for men and women produced similar estimates but with limited power, and the risks of disability at various levels of alcohol consumption were similar in men and women.

The methodological problem with many of the studies that relate alcohol consumption to measures of well-being, or its converse, for example, functional disability, is whether or not all potential confounders have been measured and controlled. And, this does not seem to be the case.

The fact that non-drinkers tend to show poorer outcomes compared with the lighter drinkers could be due to the sick-quitter effect (that is people who are ill have stopped drinking because of their illness) or simply reflect the fact that lighter drinkers are wealthier, healthier and better socially integrated than non-drinkers or heavy drinkers. For example, in the UK based MRC Trial of the Assessment and Management of Older People in the community, the odds ratio of being a moderate drinker (less than 168g alcohol per week for men and less than 112g alcohol per week for women) as opposed to being a non-drinker decreased linearly with increasing deprivation.

Thus, whilst it might be observed that, compared with non-drinkers, light older drinkers (up to two drinks a day) experience better well-being, whether or not, or the extent that this is due to alcohol or to potential confounders is not known.

7. ALCOHOL AND HEALTH

Chapter summary Alcohol increases the risk of cancers, neuropsychiatric conditions, gastrointestinal conditions, infectious diseases and injuries in a dose-dependent manner with no level of consumption risk free. For some cardiovascular conditions (for example ischaemic heart disease and ischaemic stroke), alcohol has a biform relationship with low doses decreasing the risk and high doses increasing the risk, whereas for other cardiovascular conditions (for example, hypertension and haemorrhagic stroke), alcohol increases the risk on a dose dependent manner. Amongst older people, there are mixed findings for many conditions. Some studies find that alcohol increases the risk of low bone mineral destiny, falls and fractures, whereas others do not. There is some evidence that alcohol reduces the risk of dementia and Alzheimer's' disease, but not vascular dementia or cognitive decline. Also, amongst older people, alcohol appears to reduce the risk of coronary heart disease (although the size of the protective effect may be overestimated), as well as reducing the risk of lower extremity arterial disease. Alcohol appears to reduce the risk of type 2 diabetes, and increase the risk of macular degeneration. Although alcohol theoretically interacts with a range of prescribed medicines, there is little evidence to demonstrate that this is a real experienced significant risk. Compared with non-drinkers, the use of alcohol by older people appears to reduce the risk of death over five to ten year follow-up periods, although the extent to which this is due factors other than alcohol itself is not known.

For the adult population as a whole, both the volume of lifetime alcohol use and a combination of frequency of drinking and amount drunk per occasion increase the risk of alcohol-related harm, largely in a dose-dependent manner (World Health Organization 2009).

Alcohol is an intoxicant affecting a wide range of structures and processes in the central nervous system which, interacting with personality characteristics, associated behaviour and sociocultural expectations, are causal factors for intentional and unintentional injuries including interpersonal violence, suicide, homicide, and drink-driving fatalities.

Alcohol is neurotoxic to the brain leading, in middle age, to reduced brain volume. Alcohol is a dependence-producing drug, similar to other substances under international control, through its reinforcing properties and neuroadaptation in the brain. It is an immunosuppressant, increasing the risk of communicable diseases, including pneumonia and tuberculosis. Alcoholic beverages are classified as a carcinogen by the International Agency for Research on Cancer, increasing the risk of cancers of the oral cavity and pharynx, oesophagus, stomach, colon, rectum and breast in a linear dose–response relationship. Acetaldehyde, which occurs in alcoholic beverages as well as being produced in ethanol metabolism, is a potential pathway for cancer risk, with a global average of lifetime cancer risk from alcoholic beverages of 7.6 in 10 000. Alcohol has a bi-form relationship with coronary heart disease. In low and apparently regular doses (as little as 10g every other day), alcohol appears to be cardio-protective, but at high doses, particularly when consumed in an irregular fashion, it is cardio-toxic. It should be noted that considerable concern remains about the extent to which the observed cardio-protection is due to systematic definition errors, drinking patterns and genetic factors, and the extent to which the size of the protective effect is overestimated.

7.1 Injuries

A systematic review of risk factors for low bone mineral density (BMD) in healthy men aged 50 years or older, found fifteen studies (five longitudinal, ten cross-sectional) that assessed BMD and moderate alcohol consumption, not defined (Papaioannou et al 2009).

There was inconsistent evidence from the cross-sectional studies: five studies found a positive association between moderate alcohol consumption and BMD at the hip and/or lumbar spine, while five others did not find an independent association at either BMD site. Moderate alcohol intake was not predictive of the rate of bone loss in several longitudinal studies. On the other hand, a cross European study found a positive association between alcohol use and osteoporotic mandibular bone less in middle and older aged women (Nackaerts et al 2009).

Similarly, there are mixed findings between alcohol intake and the risk of fractures, with some studies finding no relationship (Roy et al 2003), and others finding that light drinking protects against the risk of fractures, whilst problems drinking increases the risk of fractures (Cawthon et al 2006).

In their systematic review of the health-related effects of alcohol use in older persons, Reid et al (2002) found 26 studies, four of which found an increased risk for falls or fall injuries associated with exposures ranging from daily use to an average weekly consumption of ≥21 drinks when compared with non-drinkers or individuals consuming ≤1 drink per week (alcohol content of drinks not defined).

Twenty-one studies found no association between increased alcohol use and falls or fall injuries. In contrast, one study found that participants who reported daily use of alcohol had decreased risk for falls compared with non-drinkers.

As might be expected, older drivers with a diagnosis of alcohol dependence have a higher relative risk of a motor vehicle accident than drivers without such a diagnosis (Marshall 2008).

Some studies (e.g. Sorock et al 2006) have suggested that drinkers have an increased risk of death from a motor vehicle accident than non-drinkers, but such studies often suffer for failing to take into account the amount of driving (it may be that drinkers drive more than non-drinkers and are thus more likely to have an accident).

Data from Great Britain show that drink drive accidents amongst drivers aged 60 years or over are a tiny proportion (4%) of all accidents even accounting for distance driven (Department of Transport 2009), Table 4.

Table 4 Car drivers in reported drink drive road injury accidents: accidents per licence holder and per mile driven, GB 1997 and 2007.

Number

	Car driver drink drive accidents		Drink drive accidents per 100 thousand licence holders		Drink drive accidents per 100 million miles driven	
	1997	2007	1997 [1]	2007	1997 [1]	2007
Under 17	70	40	..	..	..	..
17–19[2]	980	1,000	66	61	22	22
20–24	2,010	1,920	70	62	13	12
25–29	1,670	1,340	44	42	6	7
30–34	1,320	920	32	28	4	4
35–39	1,020	880	28	23	4	3
40–49	1,270	1,210	20	16	2	2
50–59	640	600	12	10	2	1
60 or over	350	330	6	4	1	1
All ages [3]	9,440	8,340	28	22	4	3

Sources: National Travel Survey and STATS19

1 Based on NTS 1996–1998 average
2 Figures based on a small NTS sample.
3 Includes age not known.

7.2 Dementia and cognitive decline

A systematic review of alcohol, dementia and cognitive decline in the elderly identified 26 studies (Peters et al 2008). Fifteen papers (14 studies) found one or more statistically significant association with alcohol intake; three studies found an increased risk for either vascular dementia (VaD), Alzheimer's disease (AD) (when place of residence only was controlled for), dementia as a whole or poorer performance on a visual reproduction test. The remaining 11 studies were positive, with one finding that reduced cognitive function was associated with abstinence before age 60. The reported results from all included studies as relative risks, odds ratios or hazard ratios were collated for meta-analyses in accordance with their outcome: dementia, AD, VaD and cognitive decline respectively. The combined risk ratios for each of the four outcomes were dementia 0.63 (95% CI 0.53–0.75), AD 0.57 (95% CI 0.44–0.74), VaD 0.82 (95% CI 0.50–1.35) and cognitive decline 0.89 (95% CI 0.67–1.17), respectively with alcohol intake.

To summarise, alcohol consumption appears to be protective for dementia and AD, but there is no evidence of a protective effect against VaD or impaired cognitive function. With regard to cognitive function, results for optimal consumption were mixed, either above/below or equal to one drink a month or day (in subjects with cardiovascular disease or diabetes, one–two drinks per week). For AD, optimal amounts were a weekly consumption of wine, one–six or more than two drinks per week, or more than three drinks/250–500 ml per day (usually wine), or where studied by gender, one–three per day in males. For dementia, benefit was shown for more than one drink per day, weekly or monthly wine consumption, 250–500 ml (usually wine) or more than three drinks per day and from 1–28 units per week. For VaD, one–three drinks per day in males were beneficial.

In summary, there was no close agreement among studies as to the optimal level of consumption and although most studies reported that light to moderate consumption was best with regard to incident decline or dementia the classification of light to moderate drinking varied very widely.
With regard to the alcohol type, 12 studies looked at beers, wines and spirits separately although for two, only wine was consumed in any quantity by the study population. One study reported examining red and white wine separately in their questions but did not report in detail regarding this. In four papers (two from the same population but with a different follow-up), wine intake was found to significantly reduce the risk.

In their systematic review of 49 studies, Panza et al (2009) concluded that light to moderate drinking is not harmful to cognition and dementia, although it was not possible to define a specific beneficial level of intake. In their systematic review of the health-related effects of alcohol use in older persons, Reid et al (2002) found ten studies with an increased risk of cognitive impairment associated with either a history of alcohol abuse, heavy drinking or an average weekly consumption of ≥10 drinks when compared with individuals without histories of alcohol abuse or heavy drinking or non-drinkers (alcohol content of drinks not defined). In two of the studies, the results varied according to the methods used to measure alcohol exposure. In one investigation, an increased risk for poorer cognitive function was found among participants who screened positive on a standard problem-drinking questionnaire as compared with screen-negative subjects, but was not evident when subjects' average daily intake of alcohol was analyzed. Similarly, one study demonstrated that increased risk for cognitive impairment was present among participants with histories of alcohol dependence, but the effect was not seen using subjects' average weekly alcohol exposures. Twenty-one studies found no relationship between cognitive impairment and alcohol exposures that ranged from any use to a history of heavy drinking to an average weekly consumption of ≥24 drinks. Finally, one study reported that consuming 14–35 drinks per week (as compared with non-drinkers) was associated with improved cognitive function in older women but not men. There is some evidence from cross-sectional (Weyerer et al 2008) and longitudinal (Bots et al 2008) studies that moderate

consumption, as opposed to abstention and heavier drinking decreases the risk of depression in older people. This is likely to be due to the relationship between drinking and a more active and sociable lifestyle.

7.3 Cardiovascular disease and other conditions

Epidemiologic data from more than 100 studies across 25 countries consistently demonstrate a U- or J-shaped association between alcohol consumption and coronary heart disease (Goldberg et al 2001), also amongst older adults (Mukamal et al 2006; Goldberg et al 1994). The U- or J-shaped curve in Figure 12 depicts the risk reduction of early death among aging drinkers (Danish women and men aged >50 years), relative to the risk in abstainers and in those who consume more than an average of four drinks per day (Gronbaek et al 1998).

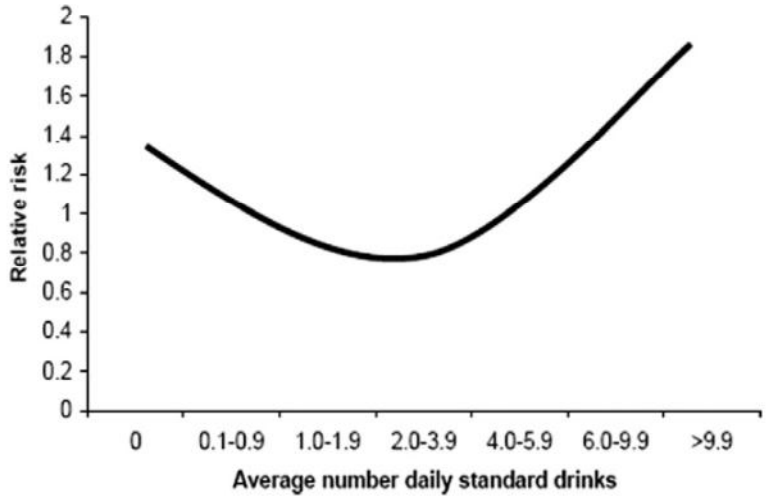

Figure 12 Alcohol consumption and relative risk (RR) of mortality in Danish women and men older than age 50 years. RR is the ratio comparing the probability of mortality/disease in drinkers with the probability of that outcome in non-drinkers (RR<1 indicates decreased risk, RR=1 indicates no difference in risk, and RR>1 indicates increased risk).

There have been many methodological critiques of the relationship between alcohol consumption and ischaemic heart diseases (for example Fillmore et al 2006). In general, though, it does seem that there is a beneficial effect, although the size of the effect may have been overestimated. It also needs to be remembered that relative risks for risk factors for coronary heart disease converge towards 1.0 with increasing age (Abbott *et al.* 1997), including alcohol (Abrams *et al.* 1995). The Honolulu heart study found that comparing drinkers with non-drinkers, the relative risk converged towards 1.0, with increasing age, such that there was no evidence for a protective effect in men aged 75 years or older (Abbott *et al.* 2002). Further, in this age group, there is an increased over-recording of coronary heart disease on death certificates. The Framingham Heart Study found that over-recording of heart disease on death certificates increased exponentially with age, such that at an age of death of 85 years or more, over-recording was estimated to be doubled (Lloyd-Jones *et al.* 1998).

Few studies of the relation of alcohol intake to lower-extremity arterial disease (LEAD) have included clinical events and objective measurements repeated longitudinally. As part of the Cardiovascular Health Study, a study of older adults from four US communities, 5,635 participants reported their use of beer, wine, and spirits yearly (Mukamal et al 2008). Incident LEAD was identified by hospitalization

surveillance. Technicians measured ankle-brachial index 6 years apart in 2,298 participants. A total of 172 cases of LEAD were documented during a mean of 7.5 years of follow-up between 1989 and 1999. Compared with abstention, the multivariable-adjusted hazard ratios were 1.10 (95% confidence interval (CI): 0.71, 1.71) for <1 alcoholic drink per week, 0.56 (95% CI: 0.33, 0.95) for 1–13 drinks per week, and 1.02 (95% CI: 0.53, 1.97) for ≥14 drinks per week (p for quadratic trend ¼ 0.04). These relations were consistent within strata of sex, age, and apolipoprotein E genotype, and neither lipids nor inflammatory markers appeared to be important intermediates. Change in ankle-brachial index showed a similar relation (p for quadratic trend ¼ 0.01). Thus, an alcohol consumption of 1–13 drinks per week in older adults may be associated with lower risk of LEAD, but heavier drinking is not associated with lower risk.

The literature suggests that alcohol has a complex non-linear relationship with ischaemic stroke, with low or moderate intakes associated with reduced and high intake with increased risk; in contrast haemorrhagic stroke has a linear association with increasing alcohol intake, some studies of older people suggest a linear dose response relationship between alcohol consumption and risk of total and ischaemic stroke (Stott et al 2008).

Alcohol is shown to reduce the risk of diabetes in both older men and women at least up to a consumption of 20-30g alcohol per day (Beulens et al 2005; Djoussé et al 2007).

Individuals with the metabolic syndrome, a condition characterized by disturbed glucose and insulin metabolism, dyslipidemia, hypertension, and central obesity, are at greater risk of developing type 2 diabetes mellitus and cardiovascular disease, but there is evidence that alcohol intake is not related to the risk of metabolic syndrome in older people (Wannamethee et al 2006; Buja et al 2010).

There is some evidence that alcohol increases the risk of age-related macular degeneration (Coleman et al 2010).

7.4 Cancers

Alcoholic beverages are classified as a carcinogen by the International Agency for Research on Cancer, increasing the risk of cancers of the oral cavity and pharynx, oesophagus, stomach, colon, rectum and breast in a linear dose–response relationship (Baan et al 2007). Acetaldehyde, which occurs in alcoholic beverages as well as being produced in ethanol metabolism, is a potential pathway for cancer risk, with a global average of lifetime cancer risk from alcoholic beverages of 7.6 in 10 000 (Lachenmeier et al 2009).The amount of drinking 15-20 years ago reflects the formation of cancer. Thus, if people quit drinking, their relative risks compared to lifetime abstainers decrease slowly, and only after 15-20 years is a level similar to lifetime abstainers reached (Rehm et al 2007).

For countries like Italy or France, which in 2002 had high alcohol-attributable cancer proportions within all alcohol-attributable deaths (both > 30%), this also reflected the success of their alcohol policies (Rehm et al 2010b). As consumption and total alcohol-attributable diseases and injuries have been going down over the past 30 years, the relative weight of alcohol-attributable cancers went up.

7.5 Interaction with medications

Older adults who drink alcohol and who take medications can be at risk for a variety of adverse consequences depending on the amount of alcohol and the type of medications consumed (Moore et al 2007).

Types of risks include increased BALs, increased and/or decreased drug metabolism, disulfiramlike reactions, exacerbation of therapeutic effects and adverse effects of medications, and interference with the effectiveness of medications. These risks may cause disorders such as liver and gastrointestinal disease, sedation, dizziness, problems with coordination leading to falls and injuries, gouty flares, therapeutic failure or overdose, hypotension, hypertension, insomnia, worsening of depression, and poor control of seizure disorders and diabetes mellitus.

A number of studies have investigated the prevalence of alcohol/ medication interactions in older adults. Using data from 83,321 participants aged 65 to 106 years in the Pennsylvania PACE program (a state-funded program providing prescription benefits to older persons with low to moderate incomes), the researchers found that 19% of those consuming alcohol (20.3% of the sample) took medications that could have negative interactions with alcohol (Pringle et al 2005).

In another study among 311 drinkers (mean [SD] age, 83 [6] years) in 3 retirement communities in suburban Milwaukee, Wisconsin, 38% used drugs that could have negative interactions with alcohol (Adams 1995).
A third study among a sample of 667 community-dwelling older adults (mean [SD] age, 74 [7] years) living in northeast New York estimated that 25% of them drank alcohol and took medication that could negatively interact with alcohol (Forster et al 1993).
A fourth study, using data from the Italian Group of Pharmacoepidemiology in the Elderly study, found that the prevalence of adverse drug reactions among 22,778 older hospitalized persons (mean [SD] age, 70 [16] years) was 3.7% among abstainers and 4.1% among those who drank <40 g of alcohol per day (Onder et al 2002). After adjusting for potential confounders, moderate drinkers were 24% more likely to experience an adverse drug reaction compared with abstainers.
A fifth study among 166 older adults (mean age, 73 years; age range, 60–93 years) in primary care settings in Los Angeles, California, considered at-risk drinkers and found that more than 70% of them were believed to be susceptible to problems because of the amount of alcohol they drank combined with the medications they took (Moore et al 2002).

7.6 Overall mortality

In their systematic review of the health-related effects of alcohol use in older persons, Reid et al (2002) found four studies which reported that increased alcohol use was associated with a greater risk for all-cause mortality. As compared with nondrinking men, older men who reported a history of heavy drinking were at an increased risk for all-cause mortality. Another investigation found that an average weekly consumption of ≥14 drinks (relative to non-drinkers) increased risk for death among older men but not women (alcohol content of drinks not defined). This level of exposure (≥14 drinks per week) was also associated with an increased risk for all-cause mortality when compared with non-drinkers in one of three population-based cohorts. Finally, consumption of ≥29 drinks per week as opposed to no alcohol use was associated with an increased risk for mortality among older male physicians.

Thirteen studies found no association between increased alcohol use and all-cause mortality. In contrast, four studies demonstrated a protective effect from increased alcohol consumption. A decreased risk for all-cause mortality was observed among participants reporting an average weekly consumption of ≥14 drinks in two of three population-based cohorts. Individuals who reported an average weekly consumption of ≥28 drinks per week and were judged to be at high (but not low) cardiovascular risk were found to have a decreased risk for all-cause mortality when compared with non-drinkers. One study demonstrated that an average weekly consumption of ≥28 drinks was associated with a decreased risk for mortality among men when compared with non-drinkers. In this investigation, the highest exposure category for older women (15–28 drinks per week) was not

related to improved survival. Finally, participants who reported a history of moderate or heavy alcohol use had improved survival when compared with all other categories of exposure in one cohort study.

Data from longitudinal studies in six European countries found that any alcohol use was protective of the risk of death amongst older people followed up for five years (hazard ratio, 0.81(95% CI, 0.71-0.93) (Noale et al 2005). Similar findings were apparent for a ten year follow-up in another study of eleven European countries (Hazard ratio, 0.78, 95%CI, 0.67-0.91) (Knoops et al 2004).

8. ALCOHOL POLICY AND OLDER PEOPLE

Chapter summary Although there is a very strong evidence base for the impact of a range of alcohol policies, none of these have been specially evaluated with respect to their differential impact on older people. Of the known effective alcohol policies summarized, the policy option that is likely to have the biggest impact on older people is price. Increasing the price of alcohol relative to other goods and disposable income reduces alcohol consumption, heavy drinking, alcohol dependence and the chronic conditions related to the use of alcohol, such as liver cirrhosis. Prevention and education programmes, which have not been specifically evaluated amongst older people, in general show no impact on alcohol-related behaviour. Comprehensive community based programmes can reduce harmful patterns of drinking, but have not been evaluated for their specific impact on older people. Work place based programmes have some limited impact in reducing alcohol-related harm and could be implemented as pre-retirement measures.

Although there are many reviews of the impact of alcohol policy (Babor et al 2010), none have specifically considered the impact of alcohol policy on older as opposed to younger people. Of the effective alcohol policies summarized in Table 5, from a recent WHO review, the policy option that is likely to have the biggest impact on older people is price (Anderson 2009). Restricting the availability of alcohol, through reductions in outlet density or days and hours of sale also reduce harm, although this has been most evaluated with its impact on alcohol-related violence and injuries.

Table 5 Summary of the evidence of the effectiveness of alcohol policies

Degree of evidence	Evidence of action that reduces alcohol-related harm	Evidence of action that does not reduce alcohol-related harm
Convincing	Alcohol taxes Government monopolies for retail sale Restrictions on outlet density Restrictions on days and hours of sale Minimum purchase age Lower legal BAC levels for driving Random breath-testing Brief advice programmes Treatment for alcohol use disorders	School-based education and information
Probable	A minimum price per gram of alcohol Restrictions on the volume of commercial communications Enforcement of restrictions of sales to intoxicated and under-age people	Lower taxes to manage cross-border trade Training of alcohol servers Designated driver campaigns Consumer labelling and warning messages Public education campaigns
Limited-suggestive	Suspension of driving licences Alcohol locks Workplace programmes Community-based programmes	Campaigns funded by the alcohol industry

Price of alcoholic beverages

Drinkers respond to changes in the price of alcohol as they do to changes in the prices of other consumer products. When other factors are held constant, such as income and the prices of other goods, a rise in alcohol prices leads to less alcohol consumption and less alcohol-related harm, and

vice versa (Cook 2007). A meta-analysis of 132 studies found a median price elasticity for all beverage types of -0.52 in the short term and -0.82 in the long term, elasticities being lower for beer than for wine or spirits (Gallet 2007). An elasticity of -0.52 means that for every 10% increase in price, consumption would fall by 5.2%. Another meta-analysis of 112 studies found mean price elasticities for beer of -0.46, for wine of -0.69, and for spirits of -0.80 (Wagenaar et al 2009).

Beverage elasticities are generally lower for the preferred beverage (beer, spirits or wine) in a particular market than for the less-preferred beverages, and tend to decrease with higher levels of consumption. Consumers tend to shift to more expensive beverages if relative prices decrease, either within the same beverage category or across beverage categories. If prices are raised, consumers reduce their overall consumption and tend to shift to cheaper beverages, with heavier drinkers tending to buy the cheaper products within their preferred beverage category.

Price increases reduce the harm caused by alcohol, which also indicates that heavier drinking has been reduced (Cook 2007). Cirrhosis mortality is responsive to small changes in price: in the United States, increases in taxes have been shown to lead to an immediate reduction, which doubles over the long run (Cook & Tauchen 1982). More recent estimates found that a 10% increases in tax in the United States was associated with a 32% decrease in the death rate from cirrhosis (Cook 2007).

Consistent with this, studies have reported that increases in the price of alcohol result in a reduction in heavy drinking and alcohol dependence. A study of survey data of 43 000 adults in the United States found a price elasticity for heavier drinking of -1.325 (p=0.027), for physical and other consequences of drinking of -1.895 (p=0.003), and for alcohol dependence of -1.487 (p=0.012*)* (Farrell et al 2003). Studies in Alaska found statistically significant reductions in the numbers and rates of deaths caused by alcohol-related disease beginning immediately after alcohol tax increases in 1983 and 2002 (Wagenaar et al 2009).

Prevention and education programmes

While the provision of information and education is important to raise awareness and impart knowledge, by themselves information and education do not lead to sustained changes in alcohol-related behaviour (see Anderson 2009). Education can, however, be a tool for awareness and raising support, and an important feature of a broader alcohol strategy. Campaigns and health education messages funded by the alcohol industry seem to have negative effects, serving to advance the interests of both the industry's sales and public relations. Although warning labels have little impact on behaviour, they are important in helping to establish a social understanding that alcohol is a special and hazardous commodity. Most studies of educational approaches have evaluated impact amongst younger people, and the impact of educational approaches amongst older people is not known.

There is some evidence that community-based programmes can have an impact on creating safer drinking and living environments and reducing underage drinking, harmful patterns of drinking and drink-driving accidents, although they can be costly to implement and sustain (See Anderson 2009). Such programmes should include controls on venues for the sale and consumption of alcohol, other regulations reducing access to alcohol, enhanced law enforcement and surveillance, and the development of community organization and coalitions supported by education and information campaigns, media advocacy, counter-advertising and health promotion.
As with educational approaches, most studies of community-based programmes have evaluated impact amongst younger people, and the impact of such approaches amongst older people is not known.

Alcohol use can increase the risk of absenteeism and poor performance at work, and structural factors at work can increase the risk of harmful alcohol use (Anderson 2010). The available evidence suggests that workplace-based interventions have some limited impact in reducing alcohol-related harm, and could thus be implemented as pre-retirement measures.

9. EARLY IDENTIFICATION AND BRIEF INTERVENTIONS AMONGST OLDER PEOPLE

Chapter summary Although there is an extensive evidence base for the impact of early identification and brief intervention programmes in reducing hazardous and harmful alcohol consumption and their sequelae amongst adults, very few studies have particularly investigated older people. However, those studies that have investigated older people suggest identification and screening instruments work just as well for older as opposed to younger adult populations, and that outcomes of brief interventions do not differ between older and middle-aged populations.

A systematic review of the utility of self-report alcohol screening instruments in the elderly identified 18 studies (O'Connell et al 2004). Factors affecting the performance of alcohol screening instruments include the culture, the clinical setting, patient characteristics and the prevalence of alcohol use disorders (AUDs) in the population being studied. Factors affecting the overall usefulness of a screening instrument should also take into account patient acceptability and its ease of use.

The vast majority (72%) of studies reviewed were from the US and results may not be generalizable to other cultures. Furthermore, a large proportion of US studies (39%) have focussed on US veterans (people who have served in the armed forces) populations, a specific patient group with a well-established higher prevalence of AUDs than the general population.

The majority (72%) of studies focussed on community dwelling and outpatient populations. The documented higher rates of AUDs in elderly hospital inpatients and elderly Emergency Department attendees, with higher rates of medical comorbidities and greater associated economic burden, should direct further research to these groups. Elderly people with psychiatric illness are also an understudied group, and carry a high risk of AUDs. While CAGE sensitivity has been shown to be very poor in this group, the AUDIT-5 has had promising results to date. Overall, however, AUDIT-5 utility has been examined in only one study, whereas CAGE utility has been examined in several studies involving over 6000 individuals and yielding a median sensitivity of 66.5% and a median specificity of 89%.

No study focussed on elderly people with cognitive impairment, a particularly vulnerable group where a valid screening instrument is needed.

The MAST and variations of this screening instrument were found to be robust screening instruments in these elderly populations, but less research has focussed on the MAST than the CAGE questionnaire. Furthermore, the MAST questionnaire, and its variations, may take up to 5 minutes to complete, making it more difficult to apply and possibly less patient acceptable than the CAGE.

All screening instruments generally performed well in populations with high prevalence rates of AUDs.

A more recent systematic review of eight studies (Berks & McCormick 2008). When using pen-and-paper alcohol screens in primary care, the selected studies in the 60 years and over age-group gave similar findings to those in the more general adult population.
Using traditional definitions of hazardous and harmful drinking, the AUDIT and AUDIT-C appeared superior screens to the CAGE and various forms of the MAST. From the limited data, the AUDIT-C appeared as good if not better than the AUDIT.
Optimum cut-offs for both these tests were difficult to ascertain from the data, and it is certainly possible that lower cut-offs than eight for the AUDIT and three for the AUDIT-C might be more efficient in the 60 and over age-group. In comparison, one of the few pieces of research on screening

elderly psychiatric patients suggested that both the AUDIT and a cut-down version, the AUDIT-5, were equally good at detecting hazardous and harmful drinking, and both were superior to the CAGE for this indication.

A systematic review of 27 systematic reviews provided a considerable body of evidence supportive of the effectiveness of brief interventions for hazardous and harmful alcohol consumption in reducing alcohol consumption, mortality, morbidity, alcohol-related injuries, alcohol-related social consequences, healthcare resource use and laboratory indicators of hazardous and harmful alcohol consumption (NICE 2009). Six systematic reviews demonstrated that interventions delivered in primary care are effective in reducing alcohol-related negative outcomes. Three systematic reviews specifically focusing on the use of brief interventions in emergency care found limited evidence for the effectiveness of brief interventions for hazardous and harmful alcohol consumption in emergency care settings. A further review presented inconclusive evidence of the effectiveness of brief interventions in inpatient and outpatient settings. A systematic review of brief interventions for alcohol misuse in the workplace presented limited and inconclusive findings for the effectiveness of interventions in this setting. Brief interventions are effective in reducing alcohol consumption in both men and women.

The majority of included primary evidence was drawn from adult populations with an age range of 12 to 70 years. Therefore, brief interventions for adults have been shown to be effective amongst adult populations. In the identified systematic reviews, no studies particularly looked at brief interventions amongst older people per se. However, the limited literature suggests no differing outcomes between older and middle-aged populations (Copeland et al 2003; Gordon et al 2003; Lee et al 2009).

A randomized controlled trial of health risk appraisal in British general practice promoting health in older people included an intervention that led to computer-generated individualised written feedback to participants and general practitioners, integrated into practice information-technology systems (Harari et al 2008). All primary care staff received training in preventative health in older people. The main outcome measures were self-reported health behaviour and preventative care uptake at 1-year follow-up. Intervention group respondents reported slightly higher pneumococcal vaccination uptake and equivocal improvement in physical activity levels compared with controls. No significant differences were observed for any other categories of health behaviour, including no or moderate alcohol use, or preventative care measures at 1-year follow-up.

10. Overall Conclusions

Chapter summary Compared with younger people, there is a paucity of data describing alcohol use, alcohol-related harm and effective policy and preventive approaches amongst older people. Nevertheless, compared with their younger counterparts, older people do not suffer from disproportionally higher levels of harm: in general, they drink less, drink less hazardously, and suffer less harm. Albeit at a lower rate than younger adults, older people do run into alcohol-related harm: thus, older people should be included as a target of existing alcohol policy responses, including the delivery of brief interventions and treatments for hazardous and harmful alcohol use. On the other hand, average life expectancy is rising and the number of older Europeans will increase enormously over the coming years - in the next twenty years alone, people aged 65 years and older will increase in number from the current 87 million to 123 million, and people over 80 years of age will increase from the current 23 million to 36 million. These people are the present middle age, who have high levels of both frequency and volume of drinking. The middle aged are also the group of people with the highest levels of wholly attributable alcohol related hospitalization and death. To prevent burgeoning alcohol-related problems amongst older people over the coming twenty years, it is important to target policy on the present middle age, which will also have an immediate impact in reducing alcohol-related hospitalizations and deaths. Further, many alcohol-related conditions, and in particular cancers, have a long latency period in terms of both cause and reduction in risk. Thus, if one wishes to prevent an increase in alcohol-related cancers in older people, action should also be taken on the middle-aged. Form a policy perspective, actions that reduce the consumption of the middle aged, will not only prevent problems for a future cohort of older people but, at the same time, reduce patterns of hazardous and harmful alcohol consumption amongst the existing cohort of older people.

10.1 Older people are not so different

Compared with younger people, there is a paucity of data describing alcohol use, alcohol-related harm and effective policy and preventive approaches amongst older people. However, from this review, compared with their younger counterparts, older people do not suffer from disproportionally higher levels of harm. In general, they drink less than their younger counterparts,, drink less hazardously, and suffer less harm. Within their drinking volumes, their drinking patterns, determinants and associations appear no different from the younger adult population.

What is clear though is that, when compared with younger people, there is a dearth of literature on alcohol and older people, and often poor sampling of older people and less reporting about the drinking habits of older people in national surveys. It is thus clear that more research and better data on alcohol and older people are needed.

Although the pharmacokinetics of alcohol amongst older people might suggest that at any given alcohol intake, higher blood alcohol concentrations are reached, few data are available to state whether or not there are any substantive or special factors with regard to alcohol-related health outcomes.

In their systematic review of the health-related effects of alcohol use in older persons, Reid et al (2002) noted that 17 (20%) of the 84 studies demonstrated harm associated with increased alcohol exposures, 59 (70%) found no association between increased alcohol use and any of the selected outcomes, and eight (10%) reported benefit from greater alcohol use, Figure 13.

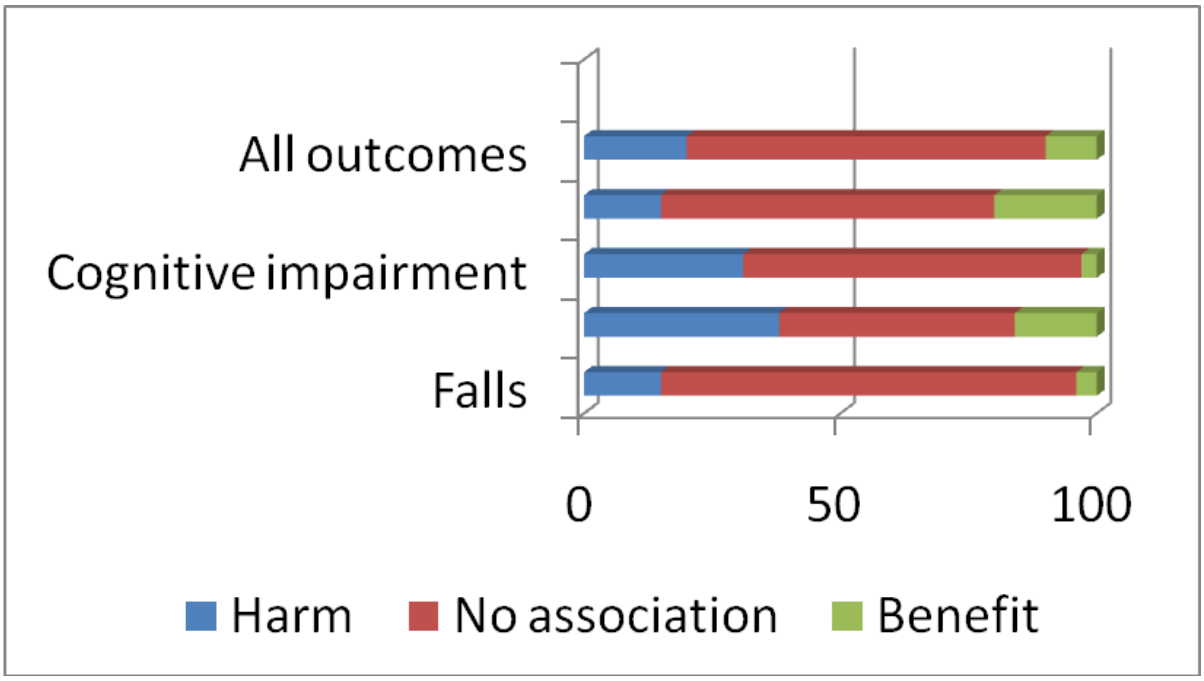

Figure 13 Distribution of outcomes (%) for studied categories. Source: Reid et al 2002.

Indeed, a number of studies suggest that older people who do drink have a better quality of life and less risk of dying than those who do not drink. The level of alcohol consumption that shows benefit is uncertain, but Kirchner et al (2007) found similar health parameters (eg, perceived health, depressive/ anxiety symptoms, and social support) between those who drank one to seven drinks weekly and those who consumed eight to 14 drinks weekly.

Indeed, most studies show that drinkers of alcohol have better life outcomes and less risk of dying than non-drinkers. For those who do drink, there is certainly no evidence that those who consume 20g alcohol per day are any worse or any better off than those who drink less. Of course, this may just mean that those who are healthier, wealthier and better socially adjusted are more likely to be light drinkers than abstainers or heavy drinkers.

10.2 Alcohol policy, interventions and older people

The specific impact of alcohol policy on older people has not been studied. However, there is no reason other than to assume that those policies that have immediate effect in reducing the consumption and burden of the middle aged, would not also work equally effectively for older people. Further, although there is scarce evidence, it seems that older people respond equally well to screening instruments and brief interventions as do younger adults. Thus, for older people who are at risk of or who are currently experiencing negative alcohol-related outcomes, the implementation of existing evidence based alcohol policy should be business as usual.

10.3 Focus on the middle aged

The GENACIS study convincingly demonstrated that, during the early 2000s, the middle aged (those aged 50-65 years) drank frequently and with high volume and that over the early adult age, these parameters of drinking did not decrease (Wislnack et al 2009).
Most alcohol-related deaths occur amongst the middle aged, and it is in this age group that, where a country's overall alcohol consumption is increasing, the steepest increases in alcohol-related deaths occur.

Data from Russia also show that, although alcohol-related deaths amongst older people (aged 55-74 years) were very high and responsive to socio-economic changes, a much higher proportion of deaths in the 1990s amongst those aged 15-54 years (59% of men and 33% of women) were due to alcohol than amongst those aged 55-74 years (22% of men and 12% of women) (Zaridze et al 2009), Figure 14.

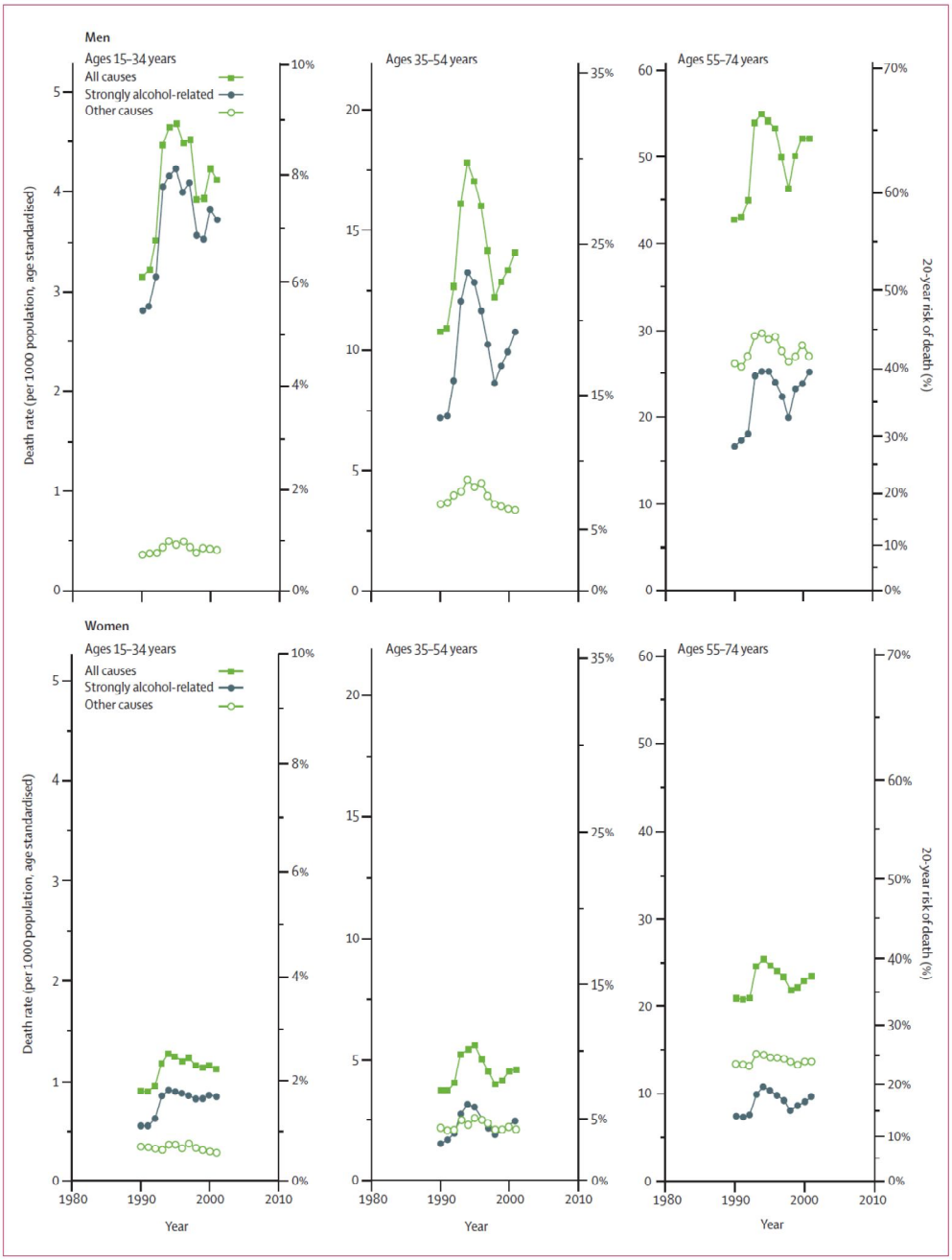

Figure 14 Mortality from all causes, from causes strongly related to alcohol, and from other causes in the Altay and Tomsk regions of Russia, 1990–2001. Source: Zaridze et al 2009.

This suggests that alcohol policy should target the middle age, since policy can have an immediate impact in reducing alcohol-related deaths amongst the segment of the population in which they are most occurring (Anderson 2009). Such policy is also likely to reduce the alcohol consumption of the middle age, thus preventing alcohol related problems amongst the future older population.
Further, there is some evidence that heavier drinking cohorts during times of less comprehensive and stricter alcohol policies continue their heavier drinking patterns as they age (Rosen & Haglund 2006).

It is becoming increasingly recognized that it is lifetime exposure to alcohol that is of importance in increasing risk of negative health outcomes. This has been well demonstrated in the relationship between lifetime exposure and reductions in brain gray matter volume (Taki et al 2006), and increases in female breast cancer (Collaborative group on hormonal factors in breast cancer 2002) and overall death (Rehm et al 2008).

Figure 15, for example, demonstrates that the lifetime risk of an alcohol-related death increases linearly with increasing alcohol consumption, even at very low doses.

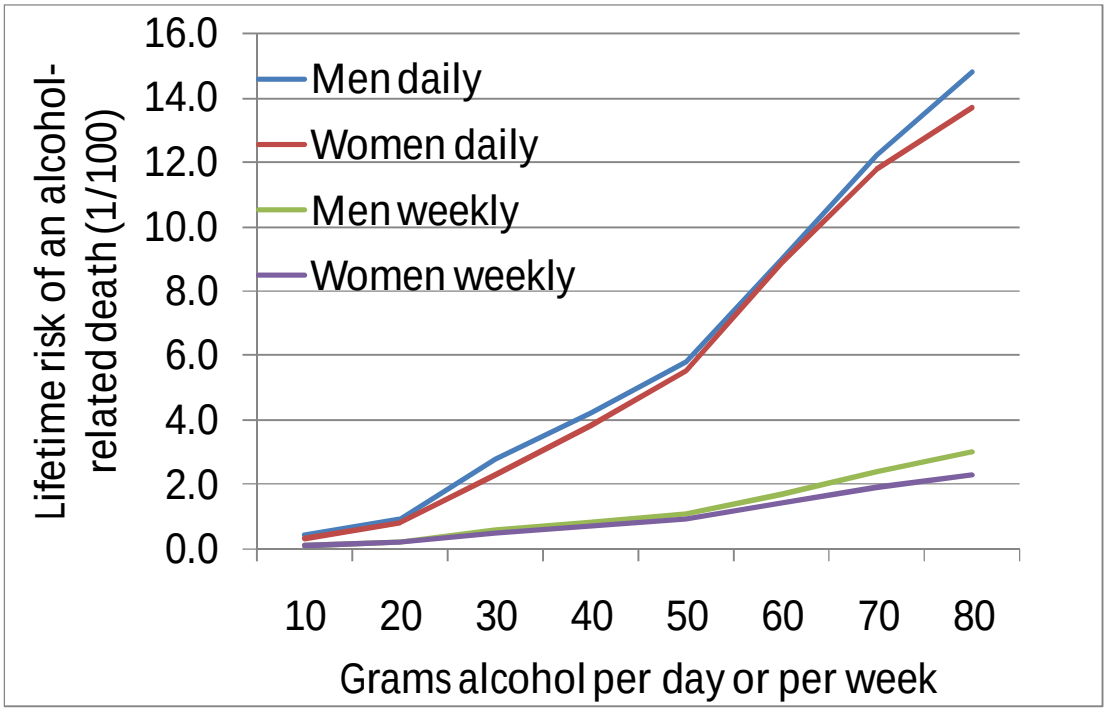

Figure 15 Lifetime attributable risk of dying from alcohol related to gram alcohol/day for men and women living in Australia. Source: Australian Guidelines 2009.

Given the importance of lifetime exposure, the maintenance of high frequency and high volume drinking of the middle age referred to above is likely to lead to upward pressure on the ill-health of the growing number of older people. For this reason also, if a country wanted to diminish the risk of alcohol-related ill-health continuing into older age, the target of alcohol policy should be the middle aged (Anderson 2009).

Fortunately, there are policy options that reduce the amount of alcohol consumed, with immediate effect (Anderson et al 2009; Anderson 2009; Babor et al 2010).

Clearly, any reduction in the dose of alcohol consumed, as well as in the frequency of drinking occasions and the amount drunk on a single occasion will have an immediate impact in reducing

alcohol-related injuries and those cardiovascular events related to heavy episodic drinking (Rehm et al 2010b).
In fact, this was illustrated by the rapid decreases in injury and cardiovascular deaths during the 1980s Gorbachev campaign in the former Soviet Union (Zaridze et al 2009). Even some chronic conditions, such as mortality from liver cirrhosis, also demonstrate an immediacy of impact from reductions in consumption. In France, rapid reductions in cirrhosis mortality occurred following wine shortages during the Second World War (Coppéré et al 1986). Other conditions, such as alcohol-related cancers will have longer time spans before interventions could show effects, with some reductions in risk occurring soon after changes in consumption, but with the full extent of reductions in risk not occurring until some 15 -20 years after reductions of alcohol use (Rehm et al 2007).

Modelling evidence in the United Kingdom has demonstrated that increasing taxes on alcohol and introducing a minimum price per gram of alcohol have immediate impact in reducing alcohol-related harm and mortality, with incremental gains achieved over a ten year time span (Brennan et al 2008).

In addition, primary health care based screening and advice based programmes are effective amongst the middle aged, with evidence of immediate impact in reducing alcohol consumption and related harm, as well as alcohol-related mortality (NICE 2007).

However, over the very long term, it remains important to continue with policies that delay the age of drinking onset, since an early age of drinking onset is associated with the development of alcohol dependence in later life (Grant & Dawson 1997). Individuals who grew up in US states where alcohol could be purchased before age 21 years were 30% more likely to develop alcohol use disorders into their 40s and 50s, than those who grew up in states where the legal drinking age was 21 (Norberg et al 2009). For the young, policy should focus on managing economic and physical availability (Babor et al 2010), rather than school-based education (Jones et al 2007) and prevention programmes (Spoth et al 2008), for which the evidence suggests little impact in reducing alcohol-related harm.

RECOMMENDATIONS

For existing older people

1. More and better data and reporting, standardized across Europe, is needed on alcohol use, consumption patterns and alcohol-related consequences amongst older people, including those aged 65 years plus and those aged 80 years plus, including also measuring lower levels of alcohol consumption and potential alcohol related consequences and health outcomes. This should include both longitudinal surveys and the incorporation of alcohol-related questions in studies of aging.

2. More and better research is needed on the absolute risk of alcohol over the life course and to older people including those aged 65 years plus and those aged 80 years plus.

3. More and better research is needed of the differential impact of existing alcohol policy measures, preventive programmes and health care based interventions on older people including those aged 65 years plus and those aged 80 years plus.

4. Although there is no specific evidence, there is no reason to think other than that existing alcohol policy measures, particularly those that impact on economic and physical availability, will also work amongst older people and should thus continue to be implemented.

5. Although there is limited evidence, screening and BI programmes for hazardous and harmful alcohol consumption seem to work just as well for older as opposed to younger people and should be implemented also for the older populations, supported by enhanced training for primary care providers.

For future older people

6. To reduce the alcohol-related burden in older people over the next 20 and coming years, alcohol policies and programmes should target and be intensively implemented toward the existing middle aged to get them urgently to drink less.

7. Given that alcohol-related harm is likely to increase amongst older people over the coming years, alcohol policies and programmes should become integral parts of strategies to promote healthy ageing.

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Appendix

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ANNEX 21

Report “Best practices on preventing the harmful use of alcohol amongst older people, including transition from work to retirement”

Istituto Superiore di Sanità

VINTAGE
Good Health into Older Age

Best practices on preventing the harmful use of alcohol amongst older people, including the transition from work to retirement

VINTAGE PROJECT - WP5 REPORT

Lidia Segura, Jorge Palacio-Vieira, Joan Colom

and Emanuele Scafato

Executive Agency for Health and Consumers

Health Programme 2008-2013 Together for Health

This report has been written by Lidia Segura, Jorge Palacio-Vieira, Joan Colom and Emanuele Scafato on behalf of the VINTAGE Project Group.

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[8] SEE APPENDIX

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Needless to say, any error or omission in the content of the report is the sole responsibility of the authors.

Preface

It is always difficult in practice to define what a best practice is. Worldwide, different views and perspectives, different elements and variables can influence the definition of best practice. The definition should be also influenced by the context, by different economic situation, different resources that could have a role in orienting the policy making process towards practice that, even if not best, should have a relevant impact on the ability to deal with a public health problem. The elderly wellbeing, health care and quality of life are frequently influenced by many relevant factors, and alcohol, according to the systematic review of the scientific evidence on alcohol and the elderly already provided by a VINTAGE dedicated report[9], appears to be one of the most relevant factor affecting the healthy life of a great number of older people.

Although there is an urgent need to develop good practices and effective policies and programmes to reduce the harmful use of alcohol by older people in all European countries, the results and the overview of the EU survey presented by this report probably does not fully allow to provide an exhaustive, final list of practices based on the need analysis provided through the views and the opinion of the different stakeholders. New forthcoming good practices and effective policies coming from the experience of the different stakeholders will be regularly and constantly updated on the specific VINTAGE website. Nonetheless, some evidences and epidemiological trends clearly identify all over Europe the need to start to reorganize the health services and the specific alcohol treatment services in order to satisfy the specific demand for alcohol prevention programs and treatment opportunities much more sensitive to the impact of an increasing rate of possible, not identified alcohol-related problems or diseases. As a consequence, professionals need to be trained in order to improve their capacity of detecting and managing harmful drinking amongst older people as well as to integrate in the daily practice actions and information tailored on the elderly needs.

The analysis of the grey literature complemented with the systematic review of the scientific evidence on the prevention of harmful alcohol drinking amongst the elderly helped VINTAGE group in identifying the existing gaps in the European Union Member States including relevant information on the knowledge about the transition from work to retirement.

Needs assessment, accessibility, setting approach, collaborative capacity building and partnership, evaluation, sustainability, transferability, availability of results, transparency of funding and support: this is the list of criteria that VINTAGE project cross-checked and applied for an in depth evaluation of a long list of experiences collected across the EU Member States. A list of core criteria that should be adopted ideally in any policy-making process eager to address this relevant Public health issue in the national health planning or strategy.

To reach as many professionals as possible from governmental offices, research bodies, non-governmental institutions and the private sector all over Europe in order to collect best practices has been the main goal of the VINTAGE EU survey whose main results, presented in this report, have been already submitted to a formal debate in the CNAPA, the Committee on National Alcohol Policies and Action, that outlined the need for implementation of best practices in Member State prevention programs.

[9](Anderson, P and Scafato, E (2010) , Alcohol and older people – a public health perspective. Report from Vintage project (http://www.epicentro.iss.it/vintage/pdf/VINTAGE%20Report%20Alcohol%20and%20older%20people_final.pdf)

It is questionable which among the wide range of reported activities can represents the gold standard for prevention of alcohol harmful use in older people: laws, restrictions to alcohol access, information messages and campaigns, or alcohol prevention and treatment services sensitive to the elder's need, etc. Probably, any project or action (research, prevention) endorsed with a clear start and end point, any program defined as a group of integrated and long term planned and implemented actions could act as best practices, a definition that should be anyway applied only to those intervention approaches that, through experience or research, have been proven to reliably lead to a desired result in a specific target group of people, in this case the elderly.

The adoption and implementation of activities aimed at increasing public awareness about the negative effects of drinking in late life as well as at tailoring new programs for prevention of the harmful use of alcohol that can met the special needs of this vulnerable target of the population it is highly supported and recommended by the VINTAGE group. Early detection and brief intervention are central actions to be integrated into a general strategy of prevention embracing a lifespan approach, having in mind that ageing is a process. Health status needs to be controlled and maintained by a competent specific attention to the different levels of exposure to risk factors that change with increasing age, leading to a higher susceptibility to the dangerous effect of alcohol consumption in older age.

The keywords to try to curb alcohol-related problems in the elderly are not only “screening” or “diagnosis” but also and mostly “interventions” to be jointly supported by the institutions and the community. Interventions that will be eased by ensuring that infrastructure for policy development will be in place together with priority setting, monitoring and surveillance, research and evaluation, workforce development and programme delivery as most of the recent WHO relevant documents ask for. Only through a renewed joint effort it will be possible to avoid that a common behavior should have a negative impact on the quality of life and ability to give not only years to life but also life to years to be lived.

It is relevant that the perception that “it’s too late to do something” resulting in not targeting alcohol policies and prevention programmes to the older people has been not expressed as a main view or opinion of hundred of stakeholders replying to the survey questionnaire sent all over Europe. It is up to society to solicit the public agenda in order to ensure that strategies and action on alcohol will continue to be considered as a priority in terms of public health prevention and receive a long term support to enable more valuable and positive outcomes aimed at improving health, safety and welfare levels.

Emanuele SCAFATO

VINTAGE Project Leader

Rome 10/12/2010

Introduction

The elderly population of Europe has grown more than twice as fast as the overall population since the early 1980s. With this demographic shift there has been a growing awareness of the importance of older adults' needs in many areas, but drinking and related alcohol problems among the elderly are still a "hidden" issue, often under-detected, neglected and unaddressed in many countries.

However, alcohol related problems can begin later in life and due to higher vulnerability, drinking amongst the elderly can increase susceptibility to falls and other injuries. It can also reduce the effectiveness of prescribed medication and cause a range of physical, mental and social difficulties resulting in increased utilization in services and consequent rise of health-care costs.

There is an urgent need to develop practices of effective policies and programmes to reduce the harmful use of alcohol by older people from all countries of Europe and to assess the impact of general policies among older people. There is also the need to develop prevention programs and treatment services sensitive to older people's needs and to train professionals to improve their understanding of drinking amongst older people and the provision of actions and information tailored to their needs.

In this context, however, three major achievements have recently occurred.

Firstly, the publication of the report by Hallgren et al 2010 that outlines (Hallgren M et al, 2009 and 2010) for first time the main health, social and economic effects of alcohol use by the elderly. The report also highlights that in Europe alcohol consumption among the elderly has increased over the past 5-10 years, that most EU Member States do not collect or report trends in alcohol consumption and alcohol-related harms by adults aged >=65 years and do not have alcohol consumption guidelines developed specifically for the elderly.

Secondly, the priority given in the Council conclusions (Council of the European Union, 2009) to the development and implementation of effective measures in primary and elderly health care in order to reduce the negative impact of drinking in terms of alcohol-related mortality, morbidity and disability.

Finally the award from EU to the Vintage project (Good health in older age), the first EU funded project aimed solely at providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people including the transition from work to retirement. The Vintage results will support the future implementation of alcohol policies by all member states. The time to act is now! (Scafato E, 2010).

Objectives

The WP5 of the Vintage project was aimed to collect best practices of effective policies and programs to reduce the harmful use of alcohol by older people.

The content of this report analyses:

- the evidence published in grey literature about innovative practices, projects, programs and if possible best practices on preventing the harmful use of alcohol amongst elderly people in Europe.
- the main results regarding the survey of best practices on alcohol prevention amongst elderly in Europe.

Methods

The collection of good practices was structured in two strategies: a "grey literature review"[i] of published initiatives and a survey addressed to professionals and researchers throughout Europe.

Grey literature review

The following terms (organized in four groups) were used to perform the searches:

- "alcohol", "alcoholism", "alcohol use disorders", "hazardous alcohol use", "harmful alcohol use", "alcohol abuse" , "alcohol misuse" and "alcohol withdrawal"
- "elderly", "healthy aging" and "morbidity and mortality"
- "geriatrics", "elder care" and "gerontology"
- "alcohol rehabilitation", "prevention" and "intervention"

Once defined, these terms were systematically entered into well-known sources of grey literature and Internet-based databases and meta-searchers. Combinations of terms and keywords were carried out in order to avoid loss of information. However given that each source of information has its particular methodology of searches it was not possible to use a homogenous plan of search.

Specific terminology and keywords, and several combinations between them were used (operated by means of "and", "or", "nor"). In some cases sources of information allowed to filter results by date, subject, country and other parameters. In order to be considered as a good practice, the project established that initiatives published in grey literature had to fulfill the following criteria:

- to be specifically designed for the elderly
- its objectives and strategies had to follow scientific evidence
- it should have been implemented in a population, sample or group of old people
- to be assessed and controlled by means of quality criteria.

[i] "Grey" literature is defined as "foreign or domestic open source material that usually is available through specialized channels and may not enter normal channels or systems of publication, distribution, bibliographic control, or acquisition by booksellers or subscription agents" (Grey Information Functional Plan, 18 January 1995).

Survey of best practices

The strategy chosen to collect examples of best practices of effective policies and programmes was inspired in previous successful initiatives and projects carried out in Europe (FASE, 2007) and consisted of reaching as many professionals as possible from governmental offices, research bodies, non-governmental institutions and the private sector and requesting them to respond to a standardized questionnaire or to provide additional contact details from professionals to whom the questionnaire could be also sent.

Collection strategy

The reach out strategy (see Annex I) was lead by GENCAT but done in collaboration with all the VINTAGE partners. To make it more effective and facilitate the follow up, it was organized in five different geographic areas, and each of the partners was responsible for covering all the countries included in their own area of influence as described below:

- GENCAT - Mediterranean countries (Cyprus, France, Greece, Italy, Malta, Portugal, Spain, Turkey).
- THL (former STAKES) - Nordic and Baltic countries (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden).
- IAS - Continental countries and UK (Austria, Belgium, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom).
- IVZ - South-east Europe and Balkans (Albania, Bosnia, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia).
- SZU - Central Europe countries (Bulgaria, Czech Republic, Hungary, Poland, Romania, Slovakia).

Each partner was asked to report on the possible contacts (see next figure) in their respective countries and for contacting both professionals and researchers in their corresponding areas and for reporting contact person details (name, last name, e-mail and institution), type of institution/centre, date of first delivery, date of fist reminder, date of questionnaire reception and comments/Incidences (see next figure and Annex I).

Name:
Institution:

Country	Contact person details (Name, Last Name, E-mail and institution)	Type*	Date delivery	Date reminder	Date received	Comments and Incidences

*Type = government; research body; private sector(Non Governmental Organization, etc); other(please, specify which)

They were also responsible for the delivery of questionnaires, for issuing the necessary follow-up reminders and for collecting responses and delivering them back to the work package leader partner.

In addition, the questionnaire was also circulated centrally to members from different networks like Alcohol Policy Network (APN), National Counterparts for Alcohol Policy in the WHO European Region, Primary Health Care European Project on Alcohol (PHEPA), International Network of Brief Interventions for Alcohol Problems (INEBRIA) and EUROCARE not reached directly by VINTAGE partners. A detailed database with all contact details was produced to avoid overlaps and contacting twice the same professional.

The collection period was initially planned for only 3 months, starting from January (2010) but it was finally extended until the end of June (2010).

Questionnaire

A standardized questionnaire was developed and sent to all participants together with a brief description on how to fill it in and an explanation of the main terminology and the criteria needed for its proper completion. The questionnaire was developed with the following parts (see Annexe I):

- A brief introduction to the study, its objectives and methods and the instructions for completing the questionnaire including definitions and criteria.
- Contact data: name, email and country
- For those not reporting any PPBp, a "Negative" brief module was included with a 4-point Likert scale from "4" (more important) to "1" (less important). It consisted in five short statements about the reasons of the lack of PPBp to be scored.

If there have been NO innovative PPBp related to preventing the harmful use of alcohol amongst older people including the transition from work to retirement in your country in the last 10 years, please write NO in this box and rate, under your opinion, the reasons for that:

	MOST IMPORTANT		LEAST IMPORTANT		DN*
Lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems.	☐	☐	☐	☐	☐
Low awareness of older adults' needs related with alcohol problems	☐	☐	☐	☐	☐
Lack of economic and human resources	☐	☐	☐	☐	☐
The perception among policy makers and professionals that it's too late to do anything	☐	☐	☐	☐	☐
Alcohol impact in the elderly population is unknown	☐	☐	☐	☐	☐
Other (describe):					

*DN= Do not know

- For those reporting a PPBp (positive), a list of questions was asked grouped in 6 components addressing mainly the following issues:
  - Basic facts: name, type of PPBp and aims and objectives.
  - Development: background, origin, main components and target.
  - Implementation: funding, level of implementation, starting date, duration and main results.

- Evaluation: how, when type of evaluation, pre-conditions for success, obstacles, harmful effects and main lessons learned.
- Extra details: website and contact information and references.
- Final comments and suggestions.

Assessment

All the responses and examples collected were systematically entered by GENCAT into a database to facilitate assessment. Completion of questionnaires was checked and a follow-up strategy by phone and e-mail was carried out aimed at completing missing information and clarifying some confusing details.

A two-step assessment process was carried out. In the first stage examples were analyzed according to the following criteria:

- **Focus of interest:** only alcohol, versus alcohol and other drugs
- **Target population:** exclusively designed for older people, or adapted to their needs; versus general population
- **Evaluation strategies:** not evaluated at all, versus evaluated or still under evaluation
- **Objective and scope:** covering phases from design and implementation to analysis and presentation of results

In the second stage, participants to the survey were approached again in order to stablish the initiatives fulfilled the criteria listed below:

- **Needs assessment**: if a pre-evaluation was carried out before developing the project. The needs assessment has to be done before the design and implementation of the plan and must cover specifically older people.
- **Accessibility:** if the program is widely and easily accessible for older people.
- **Setting approach:** it can be any specific geographic area (city, region or country) or a clinical setting. Participants were asked to inform the setting approach where their program was carried out and how the population could take part in it.
- **Collaborative capacity/partnership:** level of participation from different partners, centers and professionals or the existence of collaborative alliances among institutions.
- **Evaluation:** type of evaluation the program has developed to control its quality from the design to the implementation phase.
- **Sustainability:** availability of resources to sustain the initiative over the years.
- **Transferability:** the possibility of transferring the program to other settings and how the program has developed assets which could be helpful for people.
- **Availability of results:** existence of documents, papers and reports in both white and grey literature
- **Transparency of funding/support:** if the source of funding and support is public and transparent.

Results

Grey literature review

A total of 21 WebPages were used as sources of information. The annexe II shows the 96 documents found with their references, the source and the methodology used (keywords and terminology) to perform the searches. Sources of information were either at country (n=9; from United Kingdom, France, Spain, Germany), at European (n=7; European Union) or international level (n=5; including United States, Canada, Australia, Europe, etc). Most of the sources were "webpages" (in most of the cases libraries, Institutes of research) and "meta-searchers" (a tool which provides results from several searchers at once, for instance, "MetaCrawler").

Although a number of references were identified, none of the documents, papers, reports or publications fulfilled the best practice criteria (see methods section above).
In summary, the relevant results found are book chapters (n=19), reviews (n=14), reports (n=11), original articles (n=7), dissertations (n=5), congress communications (n=5), guides (n=3), books and, manuals (n=2), protocols (n=2), case examples (n=2), fact sheets (n=1) and others (n=25).
If we classify them according to their main topic or field of interest we found that the majority are focused on Raising awareness (n=24) or Social reinsertion/harm reduction (n=24), followed by Prevention/early intervention (n=18), Treatment (n=10), Personnel training (n=5), Needs Assessment (n=7), Elder care / Social and community support (n=8).

All documents found have been entered into the Grey Literature Database. It shows a brief description of each document and the complete reference and link (if possible) to access it. The database also facilitates the search by key words, topic or title (see also Annexe II).

24 examples have been classified under **raising awareness** documents and, in brief, cover the following aspects:

- Life expectancy, alcohol and healthy life years, and what this could mean for EU Member States in the near future
- Evidence concerning the projected demand for substance abuse treatment services for older Americans over the next 20 to 30 years
- Alcohol and health services for older women: recommendations for future research on this vulnerable population
- Knowledge and confidence as determinants to prevent alcohol-related risks and problems in older adults
- Public awareness program focused on caregivers education and how to address alcohol-related problems and their prevention
- Report on substance use/misuse (tobacco and alcohol) its importance, detection and diagnosis among older people
- Educational messages and the importance of addressing effective programmes to specific sub groups (children, adolescents, young adults, elderly)
- The amount of the problem of alcohol amongst the Elderly in Europe, main data
- Alcoholism and gerontology, failure to recognize problems of alcohol abuse in later life
- Description of the factors contributing to elderly alcoholism
- Review on the abuse of illicit drugs, tobacco, prescription and over-the-counter medications by the elderly
- Incidence and prevalence of substance abuse among the elderly in USA
- Definitions of alcohol risk, pertinent alcohol screening instruments and techniques
- Guide raising awareness of the scope and nature of alcohol amongst the elderly: a basic guide to prevention, assessment, intervention, treatment and aftercare
- Alcohol dependence and drug use among people 55 and older, changing trends and aging population
- Public Health and alcohol consumption, trends and related harms among the elderly (60 plus) in Europe citizens
- Dementia and alcohol, heavy drinkers, benefits of moderate alcohol consumption and stroke
- Use of alcohol amongst the elderly as a determinant of social isolation, over-medication and mental health
- Patterns of alcohol abuse amongst older women, risk of stigma, use medications, impact on mood, anxiety and depression
- Alcohol abuse amongst the elderly: the size of the problem, the changing pattern of consumption, the types of elderly drinkers, the consequences of drinking at these ages
- Abuse of alcohol amongst elderly, types of elder abuse, sings and symptoms, risk factors and prevention strategies
- Policies affecting older and retired people, active ageing (alcohol-related issues) in Europe

- Older patients and alcoholism. Alcohol levels amonst the elderly compared with younger patients
- General picture of Alcohol misuse among older people in the United Kingdom

24 were classified under **social reinsertion / harm reduction** and they cover the following aspects:

- Trends in alcohol consumption and aging process in a longitudinal study
- Different outcomes, beverages, drinking patterns and lifestyles among the elderly
- Risk of drinking and self-medicating in older women
- Alcohol and ageing, real-life experiences of older women
- Older adults and sobriety, actions, experiences, efficacy of family therapy for substance abuse in the older adult population
- Prevalence of alcohol amongst elderly, assessment and management in the psychiatric and general medical practice
- Alcohol consumption and mortality and mental and functional health in older adults, longitudinal analysis
- Use of alcohol by the elderly and impact on physical, psychological, social and cognitive health
- Three-way interaction among alcohol consumption, ageing process and chronic alcohol exposure
- Biological evidence of alcohol use and Alzheimer's disease (AD)
- Physical brain changes and neuropsychological consequences of alcoholism
- Alcohol use and bone health and osteoporosis in older women
- Moderate drinking is thought to improve overall cognitive function in older adults
- Analysis of the changes in the ageing body's response to drugs and alcohol
- Alcohol use and prescription drugs (especially benzodiazepines), and nonprescription drugs by elderly persons
- Long-term sobriety in exalcoholic man aged from 55 through 65, experiences with alcohol, recovery and quality live
- Alcohol-related problems amongst abusing or dependent drinkers, clinical description of indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age
- Prevalence of concomitant alcohol and alcohol-interactive drug use in older people
- Alcohol use and suicide among older adults
- Clinical indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age and older
- Active ageing, vulnerability of older people to mental health problems, isolation and social exclusion, over-medication, polypharmacy and drug alcohol interactions

- Alcohol as a risks factors for developing delirium, multifactorial nature and alcohol history
- Use of alcohol amongst the elderly, suicide, suicide attempts, self-destructive behavior, reckless driving and violent antisocial acts
- Alcohol-related problems and motor vehicle crashes

18 examples have been classified under **prevention and early intervention** documents and, in brief, cover the following aspects.

- Screening tools in the identification of older people with alcohol problems in primary care
- Geriatric alcoholism, barriers to proper assessment, available screening tools, treatment of alcohol withdrawal, alcohol dependence
- Healthy ageing as a population-based intervention, includes moderate alcohol consumption, being active, maintaining normal weight, and being proactive in preventive health
- Early detection and prevention of alcohol abuse among the elderly
- Current demographical trend and lack of recognition of drinking problems among elderly
- Screening alcohol use (frequency and quantity), drinking consequences and alcohol-related problems amongst the elderly
- Prevention and early intervention: programs that have proven effectiveness for the screening of geriatric substance abuse and mental health problems
- Brief alcohol interventions, instructions, pragmatic advice and interviews
- Symptoms and behaviors related to alcohol or drug dependence in the elderly
- Screening and diagnosis of alcohol abuse and dependence in great depth amongst the elderly
- Summary of screening, assessment, and treatment methods for the care of older adults drinking above recommended levels of alcohol
- Prevention and management of alcohol, alcohol screening, brief alcohol interventions and other issues related with elder drinkers
- Self-reported screening measures and guidelines for the selection and use of screening measures
- Methodological implications of formal screening instruments and other clinical measures in the recognition of alcohol problems in primary care
- Relationships between aging and substance abuse, and practical recommendations for clinical practice
- Healthy standards for the elderly
- Problems associated with the screening instruments used for alcohol use disorders in the elderly
- Screening procedures and brief interventions for alcohol abuse among the elderly

Under **treatment** we have classified 10 documents that cover the following aspects:

- Therapy modalities and the group-specific therapies among the elderly
- Growing population and alcohol-related diseases, course of alcohol addiction, consumption patterns, somatic and mental comorbid disorders
- Classification, prevalence, assessment and treatment of Alcohol use Disorders in the elderly
- Availability of treatment strategies for older alcohol abusers and review of research literature on alcohol abuse and older adults
- Substance abuse in older people, recent studies on epidemiology, screening techniques, brief intervention and treatment issues
- Experience of the elderly in alcohol treatments
- Literature on the epidemiology, physical consequences, and treatment of alcohol use and abuse among elderly
- Treatment strategies to assist older alcoholics, interventions, outreach, case management, monitoring of alcohol and drug use, group work in rehabilitation, casework, peer-help and strategies
- Issues and concerns involved in treating older alcoholic clients
- Pilot treatment/research project for late life drinkers who begin abusing alcohol after age 50

5 examples have been classified under **personnel training** documents and, in brief, cover the following aspects.

- Nursing policies, guidelines and clinical expertise to assist elder drinkers
- Education of treatment providers in charge of older adults
- Education programs addressed to pharmacists and other health care professionals responsible for the prevention of alcohol and drug misuse/abuse in older patients
- Educational program addressed to social workers including data on prevalence, drinking guidelines and other particular topics when working with alcohol problems in this the older group of age
- Materials addressed to develop and enhance application skills on how to deal with elderly people affected by alcohol-abuse problems

As **needs assessment** we have classified 7 documents covering in brief the following aspects:

- Aalcohol-related policies, practices, and problems experienced by a sample of intermediate care facilities and homes for elderly people
- Life-course patterns of alcohol consumption among Mexican Americans, Cuban Americans, and Puerto Ricans residing in United States
- Epidemiology and clinical effects of alcohol use in ageing men

- Alcohol use among older women, related risk factors and beneficial effects, screening methods to detect alcohol problems in this population, and treatment and prevention approaches
- Problem drinking in the elderly as a public health problem, signs predicting the increasing problem of drinking in coming generations, geriatric alcoholism, screening and diagnostic methods for older persons
- Definition of the criteria for the prevention and treatment of alcohol misuse among old people
- Alcoholism treatment, foundations for success in planning, needs assessment, program design considerations and administrative and management issues

8 examples have been classified under **elder care / social and community support** documents and, in brief, cover the following aspects:

- Drinking patterns in three retirement communites as a part of the residents' social behavior
- Promotion of a positive image of ageing to ensure that older people are able to live as independently as possible
- Drinking histories and patterns treated patients who were enrolled in a social community support
- Characteristics of the late-life onset elderly alcohol abusers, physical/medical problems, social network, financial and legal problems
- Information, support and assistance through a range of programmes and activities, to any individual or organisation within the voluntary or public sectors that have an interest in or are involved with people whose lives are affected by alcohol
- Pan-European research project addressed to solve the needs of elderly and physically impaired people, includin lifestyle risk factors as obesity, blood pressure, smoking, alcohol abuse
- Alcohol abuse and dependence in geriatric homes and community-dwelling for the elderly
- Determinants of mental well-being and its association with alcohol as a predictor of falls in the elderly

Survey of best practices

Characteristics of contacted people

The Figure 1 shows the distribution of contacted people among Europe by source. A total of 309 experts/participants received the questionnaire.

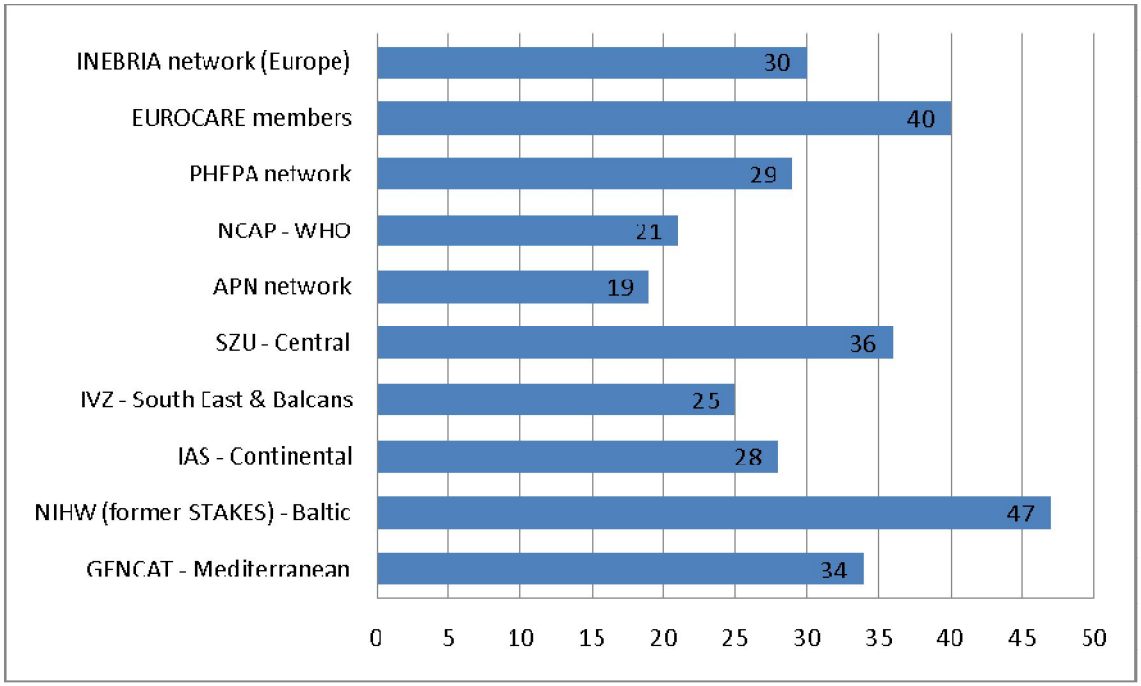

Figure 1. Experts/participants by source

Figure 2 shows the number of participants that received the questionnaire by country. UK is the country were the questionnaire was most distributed (n=36), followed by Spain (n=26), Finland (n=18) and Czech Republic (n=17).

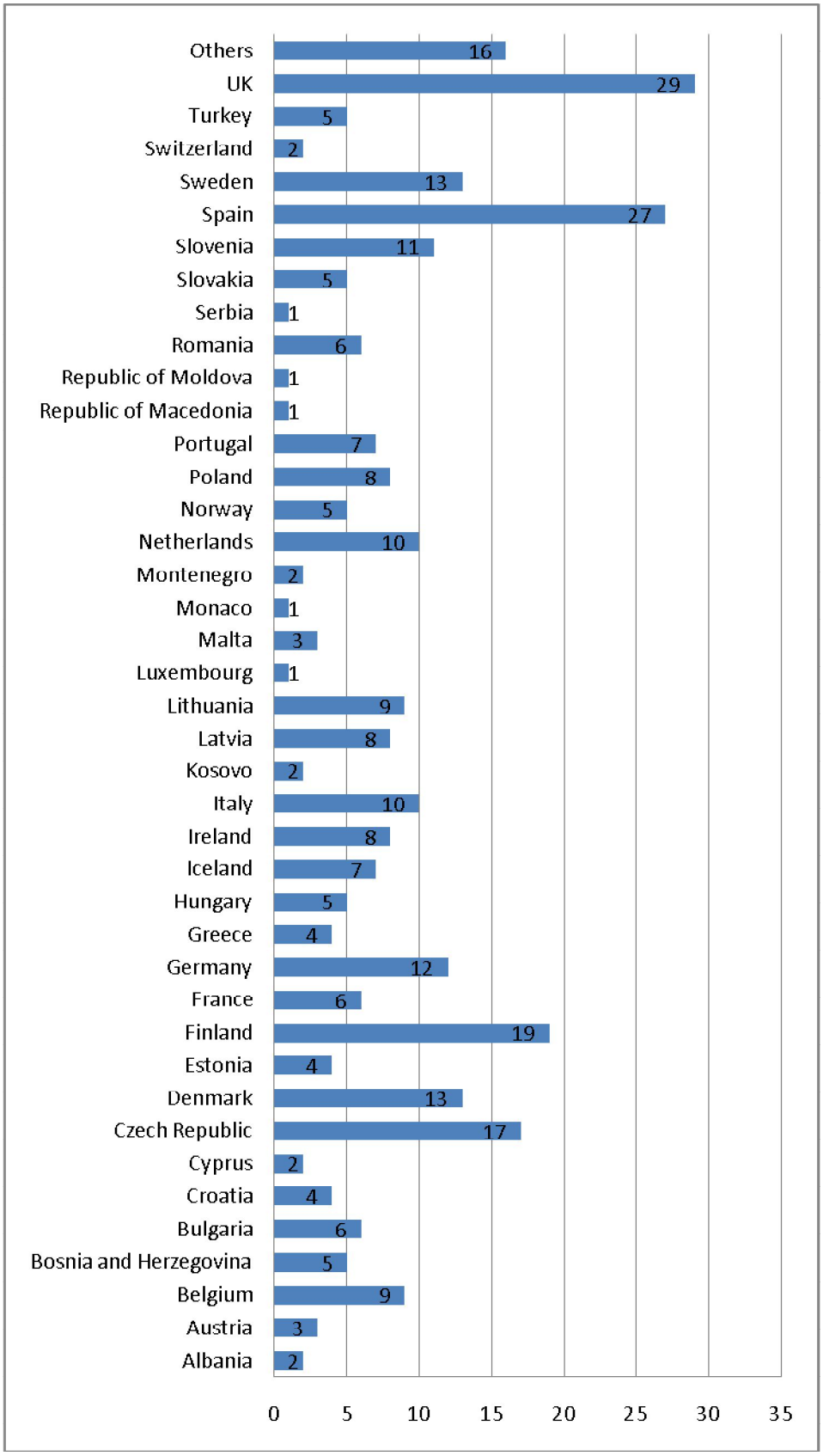

Figure 2. Experts/participants by country

As regards the type of institution, 133 (43%) contacts are from governmental institutions, 90 (29%) from research bodies (mainly universities), 65 (21%) from non-governmental organizations (NGO) and 21 (7%) from other types of institutions (or type of institution not reported) (Figure 3).

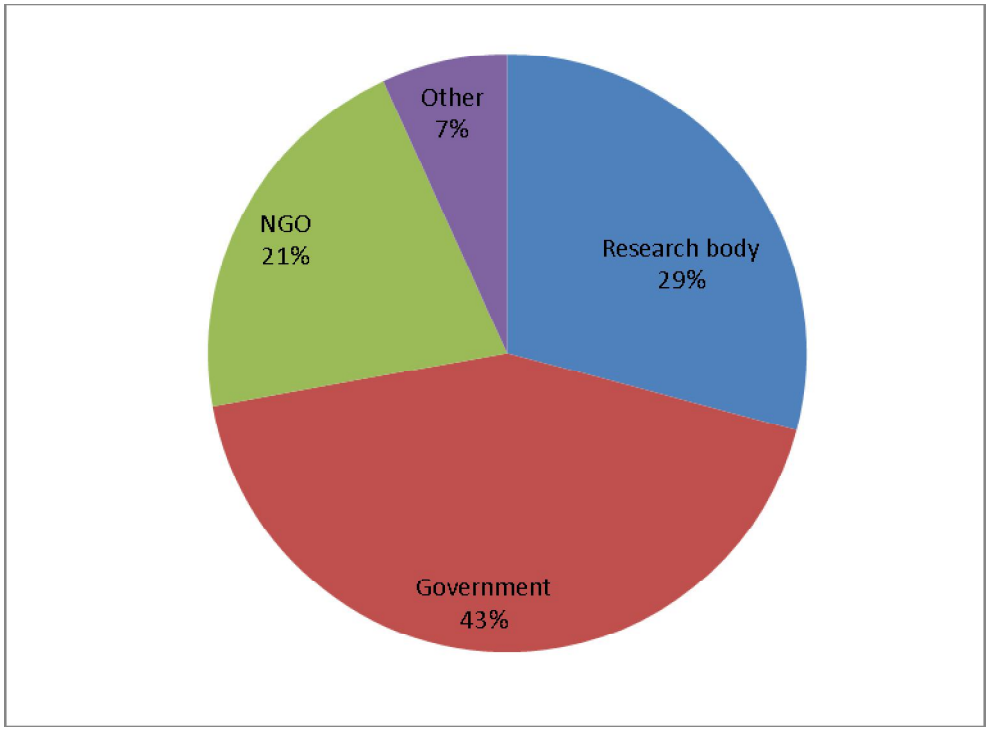

Figure 3. Experts/Participants by type of organization

53 negative and 36 positive responses were finally received. See in Figure 4 the distribution of the type of response received by country.

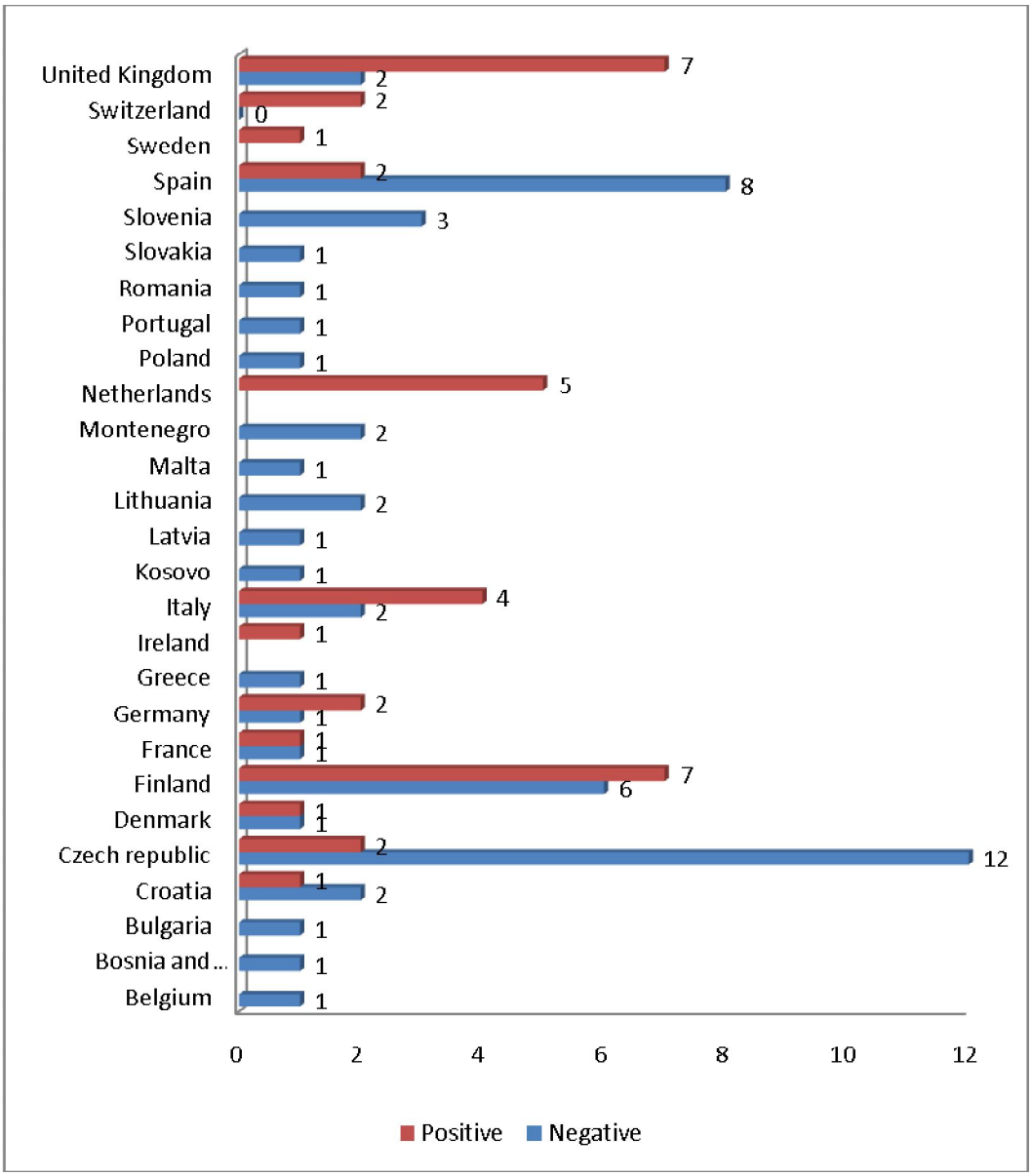

Figure 4. Type of responses by country

Negative responses and reasons for absence of best practices

Table 1 shows the mean response in the 5 questions. Scores ranged from “4” (most important) to “1” (least important), a high score means a high perception of the participants about the importance of such factor on the absence of best practices in their country.

Table 1. Mean responses on the reasons for the absence of projects, programs or PPBp as reported by the participants in the Vintage project.

Lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems.	3.36
Low awareness of older adults' needs related with alcohol problems (1)*	2.94
Lack of economic and human resources (1)	2.62
The perception among policy makers and professionals that it's too late to do anything (4)	2.12
Alcohol impact in the elderly population is unknown (1)	2.52

*In () the number of missing values

Regarding the reasons of the absence of good practices to prevent the harmful use of alcohol amongst elderly people in Europe, participants pointed out the lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems as the leading cause (mean score 3.36). In contrast, the perception among policy makers and professionals that "it's too late to do anything" was considered as the least important cause of the absence of such good practices (mean score 2.12).

Positive responses

Table 2 shows the 36 projects, programs or PPBp's and their main characteristics. All the 36 reported initiatives were assessed following the flowchart shown in the figure 5.

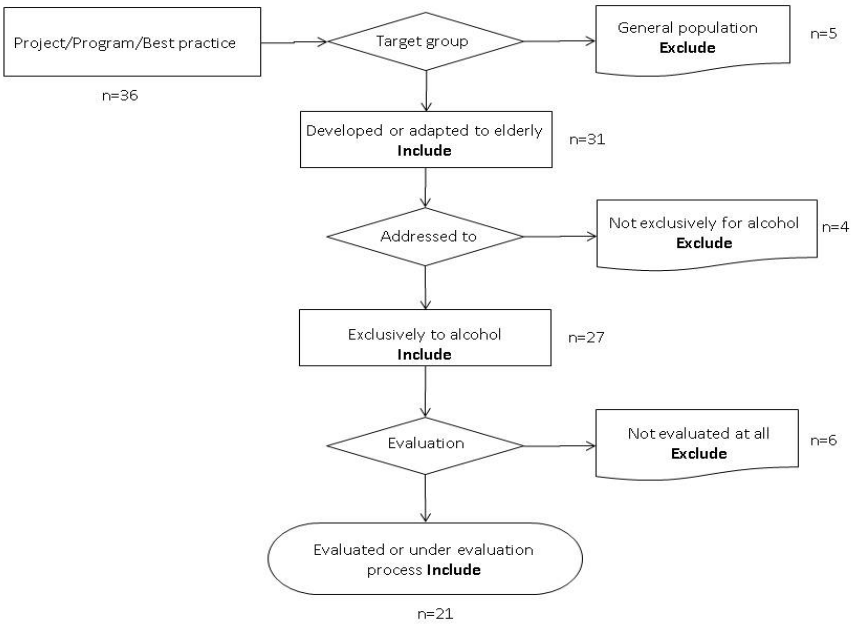

Figure 5. Assessment strategy for the inclusion of PPBp initiatives.

Quality assessment

Table 3 shows the quality assessment of the 36 PPBp, this analysis was based on the information reported by the participants in the study and some e-mails and phone interviews. In the light of the nine parameters defined as preconditions of a best practice, the main results obtained were:

Needs assessment: 86% of the examples reported having done a needs assessment study prior to its design. Most of the examples included pilot experiences or previous researches and surveys.

Accessibility: 62% of the initiatives were widely accessible for the older age group, 22% of them were adapted to be accessible to the older group of age, and 16% were not accessible for this age group.

Setting approach: 50% of the initiatives were implemented at the community level, 22% were implemented in health settings, 14% covered social care services, 11% were implemented at elder homecare, and 3% were implemented at other type of setting.

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Collaborative capacity/partnership: 20% of the 36 initiatives were reported having developed strategies to enhance the collaborative capacities and partnership.

Evaluation: 70% were evaluated or are currently under evaluation, 25% reported the absence of evaluation and 5% did not respond to this question.

Sustainability: 5% of the responses did not provide information about their sustainability. 47% were time limited (less than one and not more than 2 years) and 48% reported being sustainable through its integration in the system.

Transferability: Almost all the participants in the study (92%) considered that their initiatives can be transferred to other settings, contexts our countries.

Availability of results, documents: 32% of the initiatives have not been published or communicated and 64% have been published as a report, website, journal paper or guide (not information was recived from 5% of the PPBp).

Transparency of funding/support: More than 50% of the initiatives were funded by the government.

Only those initiatives that fulfilled at least some of the previous criteria and were targeted “only to older adults” or at least “adapted to older needs” were finally considered as best practices.

The assessment resulted in the inclusion of 21 initiatives, 58% of all the initiatives received. The complete description of the initiatives is available through the database (see section below).

The majority were projects (57%).

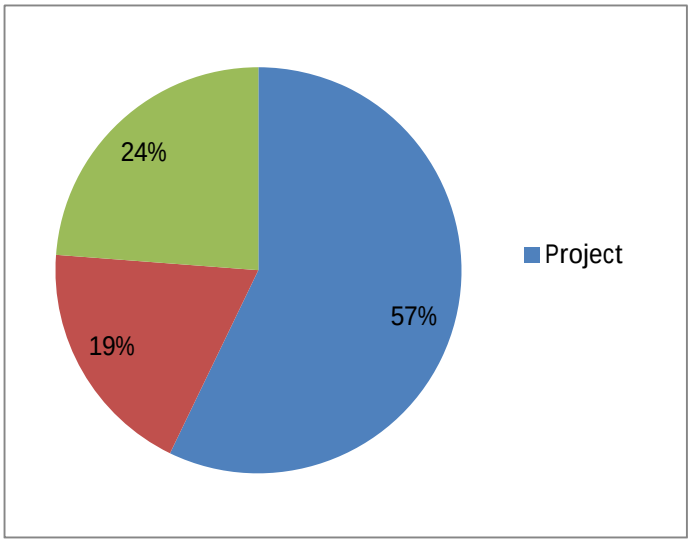


Figure 6. Reported initiatives by type

62% were targeted only to older adults (Figure 7).

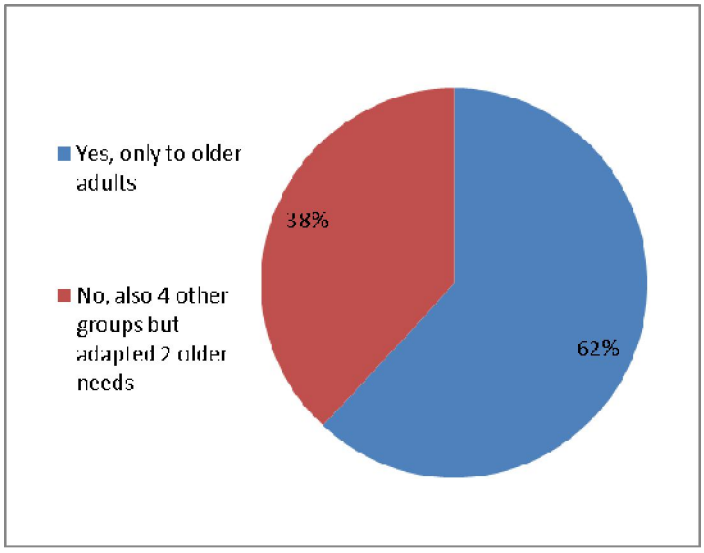


Figure 7. Reported initiatives by target population

47% were funded by the government followed by those funded by research bodies (Figure 8).

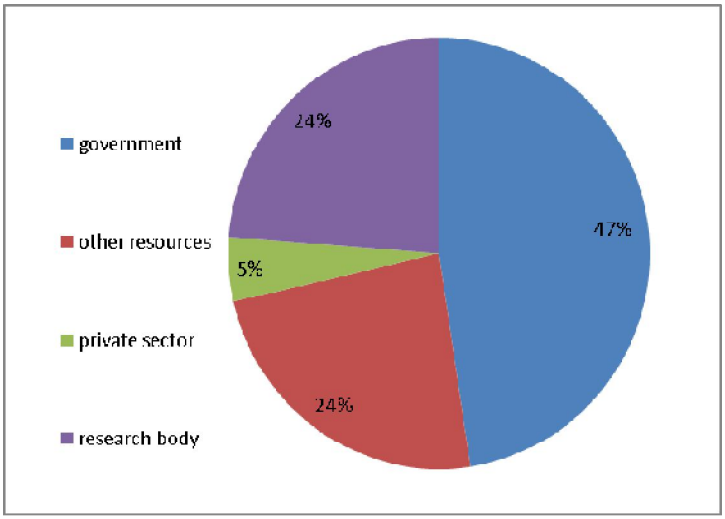


Figure 8. Reported initiatives by source of funding

Finally, figure 9 shows the level of implementation. The majority are initiatives implemented at national level (38%) followed by local and regional implementation (24% and 19% respectively).

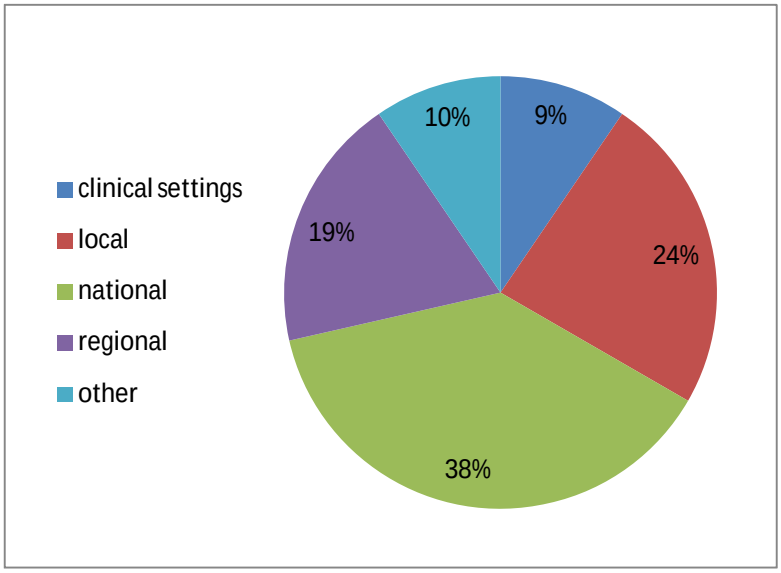


Figure 9. Reported initiatives by level of implementation.

In summary, the 21 reported initiatives for the prevention of harmful use of alcohol implemented in Europe were mainly projects, addressed exclusively for elderly, funded by the government and implemented at national level. Regarding their main elements the most common issues covered were: prevention/early intervention, raising awareness, social and community support (n=15), other elements such as personnel training (n=2) elder care (n=2), treatment (n=1) and needs assessment (n=1) were less common.
Reported initiatives included the issuing of protocols, clinical guidelines, models of patience attendance and networking strategies.

On the preconditions for success, the most relevant of those reported were professional empowerment, the direct and active participation of the people affected, the collaboration between different partners, the support of governmental and academic institutions and a clear and constant communication during the whole process.

14 of the participants reported obstacles found during the implementation of initiatives, among them, delayed implementation due to changes in the organizational structure, lack of an effective and wider communication strategy, absence of support at the management and professional level, time limitation, the absence of networking strategies and discontinuation in the financial support (2 cases).

On suggested strategies to improve their initiatives, the following were reported: having extra funding to contract more professionals, working in networks and creating research-groups and models. Better communication, dissemination, partnership and integration strategies were also reported as areas of improvement.

Database on best practices

In order to facilitate the consultation and dissemination of the results obtained, a searchable electronic database (Internet base) has been developed following the example of the Imhpa project. It is also accessible through the project website.

Sections in the database (database lay-out)

Two levels of display are provided:

- A table with a more detailed description (a few descriptors) of the programme and target group, risk factors, level of prevention, etc.
- A two pages description on a specific programme, including references and contact details.

The number of initiatives published in the database is 21, and have been included with the permission of the professionals who provided them. All fulfilled the established criteria (Figure 5).

The database includes several headings (see following image):

1. Home: General introduction on the database and its functioning

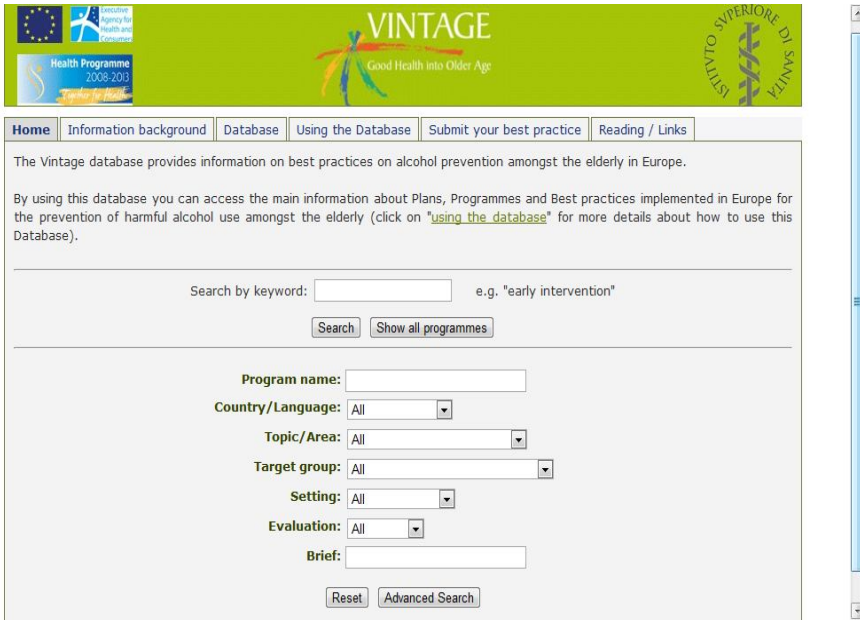
2. Information/Background: Guidelines for the user of the database and its development

3. Database: Information on Study and the elaboration of the database

4. Using the Database: Detailed information on how to use the database and contact information/feedback

5. Submit your Best Practice: Online questionnaire for others professionals and researchers interested in communicating their initiative

6. Reading/Links: Grey Literature about the prevention of alcohol-abuse amongst the elderly



Audience

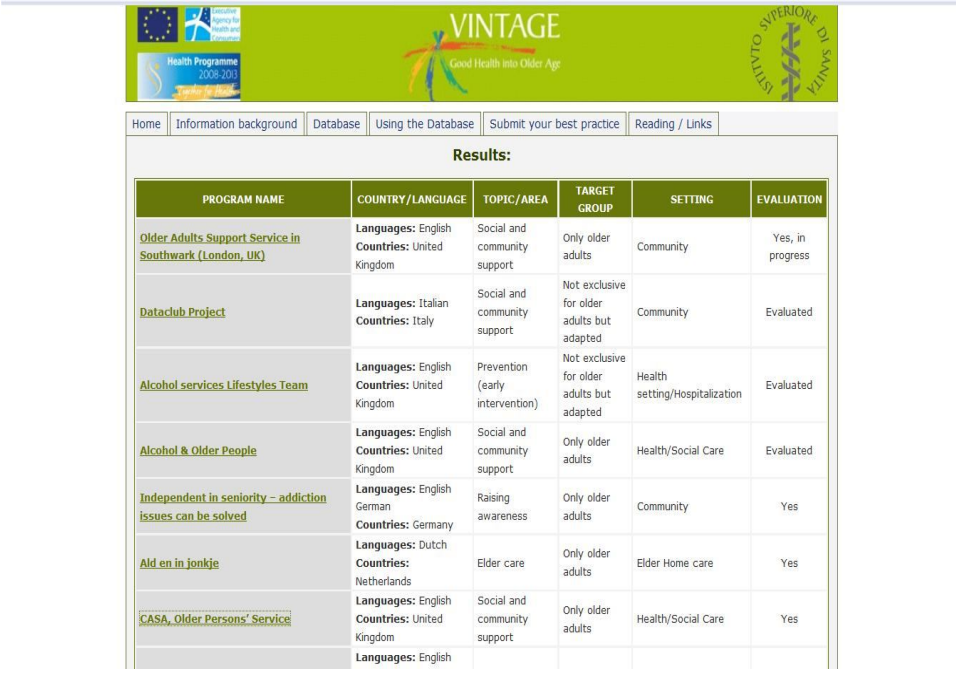
The database are mainly addressed to a potential audience of professionals and researchers all across Europe, and eventually throughout the world, interested in the prevention of alcohol-abuse problems amongst the elderly. Given the heterogeneity of collected Best Practices and grey literature this Web-page might also be useful for policy makers and other type of managers.

Usability

The descriptions of best practices are available by two different strategies, through a search engine and by topic area/setting. Firstly, programmes could be accessed by a searchable electronic engine system on the basis of key words to identify specific combinations of programme dimensions, for example:

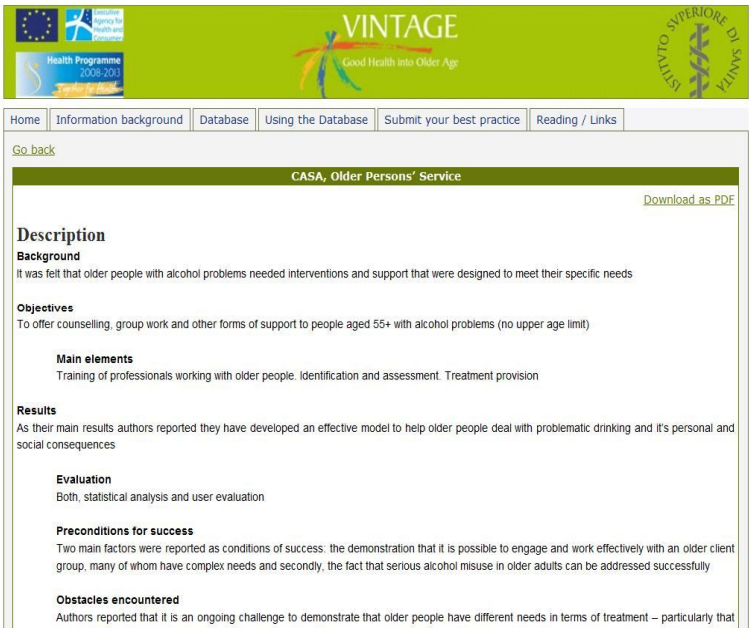
- Type of program (Country, Language),
- Topic area (Raising awareness, Personnel Training, Prevention/early intervention, Treatment provision, Harm reduction, Social and community support and others),
- Target group (Exclusive for elderly, Not exclusive to elderly but adapted, others),
- Setting (Hospital, Primary care, Residential care, Community level, others) and
- Evaluation (Evaluated, in process).

By clicking in "Show all programmes" all the initiatives finally included in the Vintage project can be shown organized according to the topics mentioned above and including the possibility to get to a brief description of the initiative.



PROGRAM NAME	COUNTRY/LANGUAGE	TOPIC/AREA	TARGET GROUP	SETTING	EVALUATION
Older Adults Support Service in Southwark (London, UK)	**Languages:** English **Countries:** United Kingdom	Social and community support	Only older adults	Community	Yes, in progress
Dataclub Project	**Languages:** Italian **Countries:** Italy	Social and community support	Not exclusive for older adults but adapted	Community	Evaluated
Alcohol services Lifestyles Team	**Languages:** English **Countries:** United Kingdom	Prevention (early intervention)	Not exclusive for older adults but adapted	Health setting/Hospitalization	Evaluated
Alcohol & Older People	**Languages:** English **Countries:** United Kingdom	Social and community support	Only older adults	Health/Social Care	Evaluated
Independent in seniority – addiction issues can be solved	**Languages:** English German **Countries:** Germany	Raising awareness	Only older adults	Community	Yes
Ald en in jonkje	**Languages:** Dutch **Countries:** Netherlands	Elder care	Only older adults	Elder Home care	Yes
CASA, Older Persons' Service	**Languages:** English **Countries:** United Kingdom	Social and community support	Only older adults	Health/Social Care	Yes
	Languages: English				

The search field allows performing searches by any of the topics, keywords and fields included in the selected initiatives. In addition, by clicking in "advanced search" a number of variables are available and allowing as well to filter and search more detailed information.



By clicking on a specific program the complete fiche of the project and detailed about its authors are shown

Finally, the original questionnaire has been made available on-line to facilitate a sustainable strategy to submit and collect new initiatives and update the database even after completion of the study period. The quality assessment and inclusion of examples in the database will follow the same strategy carried out with the current initiative.

Conclusions

The Vintage project was designed to build capacity by providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people, including the transition from work to retirement, and to invest in older people's health and well-being. As a part of the Vintage project this report summarizes the main findings obtained from the grey literature analyses and the collection strategy of best practices.

From both strategies it can be concluded that regardless of the quality and considering the variety of publications and reports, there has been a growing interest on the analysis of the harmful use of alcohol amongst the elderly in the last years.

A good amount of grey literature was addressed at raising awareness on the alcohol consumption patterns amongst the elderly, followed by the impact of alcohol consumption on the health of elderly and the provision of evidence on the efficacy of early detection. The high number of publications on social reinsertion and harm reduction might also reflect the increasing need to adequately deal with the elderly affected by alcohol related problems, mainly those at risk of physical (i.e. bone density) and mental conditions (i.e. Dementia and Alzheimer Disease). It is also important to highlight the relevance given in these studies to the risks of stigma and social exclusion among elderly.

Other of the most common references found in the grey literature review were those regarding prevention and early interventions. It is important to highlight the importance of studying the use of medication among the elderly and the potential risk for their physical and psychological well-being of the concomitant use of alcohol. Published as a revision paper Moore AA et al (2007) analysed the concomitant use of alcohol and some types of medications amongst the elderly concluding that it poses a variety of adverse consequences depending on the amount of alcohol and the type of medications consumed. In fact, these authors recommended to explore alcohol and medications together counselling the elderly about their safe use. In our study counselling strategies were categorised as Prevention and early intervention. In addition, this category includes many publications addressed to identify, screen, assess, intervene, treat and other issues related with elder drinkers. The existence of these types of publications was reviewed and reported as very important given to its role raising the awareness among clinicians as well as their role in identifying and addressing alcohol abuse issues in the older adult population (Loukissa D, 2007).

Regarding the assessment of alcohol-related problems amongst the elderly, its screening and management other authors have also review the most relevant literature. Some of them have provided accurate overviews on the alcohol use, prevalence of drinking and best practices in assessment and psychological treatment (Sorocco, KH and Ferrell SW, 2006). In concordance with the evidence found in grey literature these authors note age-appropriate psychological treatment interventions that include brief interventions, family interventions, motivational counselling, and cognitive behavioural therapies. Barriers to assessment and treatment are also discussed.

Although our results are restricted only to grey literature, we have found information on positive and negative alcohol-related health effects in the group of elderly, a fact also suggested in a systematic review published by Reid MC, et al (2002). According to these authors the magnitude of risk posed by alcohol use on the morbidity and mortality of older adults is still uncertain. Grey literature reflects somehow the growing body of literature and information on alcohol-related problems amongst the elderly and providing a complement of other types of information on this field.

The survey on PPBp, has resulted in a total of 21 initiatives being considered as best practices, according to the assessment protocol. The majority were grouped under the categories of Prevention/early intervention, Raising awareness and Social and community support. This increasing interest of researchers and professionals in Europe to study alcohol and its negative implications among the elderly can be considered an indicator of what some previous authors have argued: the need to adapt all the policies and strategies to the elder needs. The implication of governmental institutions were reflected in the fact that most of the reported initiatives were funded with public funds. However, only a few of the PPBp were reported to be integrated in the system as permanent prevention strategies and only a few have been properly evaluated and published in a peer review journal. The lack of permanent funds were reported as one of the main determinants of the implementation of permanent and long-lasting initiatives for the prevention of alcohol harmful use amongst the elderly.

When taking into account both sources of information, it can be concluded that:

- Public awareness about the effects of drinking at old age is growing even if a critical mass supporting higher levels of awareness and public health activation has to be achieved. Nonetheless, there is not only an increasing literature on drinking in the elderly but also some relevant, specific initiatives that have been carried out with promising results.
- The increasing interest on the publication of grey literature seems to adequately respond to the changing demographical context and its complexity.
- Although the objective of our study was to identify grey literature, comparisons of our results showed high concordance with systematic reviews published by other means.
- The implementation of new programmes for the prevention of the harmful use of alcohol are needed and will hopefully meet the special needs of the elderly and the diversity of factors affecting this group of population also taking into account the need for a gender approach.
- Screening and intervention techniques are increasingly available at research level but still lack integrating the related instruments into daily practice and specific initiatives.
- There is an overall lack of evidence and initiatives to support the elderly with alcohol related problems and diseases by means of community level initiatives.

It is recommended that efforts be made to:

- Assess the feasibility and appropriateness of instruments to be used among elderly population.
- Use grey literature as a helpful source of information addressed to ensure professionals, researchers, policy makers, students and interested people have a broader view on the prevention, intervention and social reinsertion of elderly affected by alcohol-related problems.
- Improve the dissemination of grey literature as well its availability in a broader context.
- Create standards to assess the efficacy of preventive initiatives addressed to older adults in Europe.
- Implement long-lasting initiatives for a comprehensive process, including professional training, needs assessment and a balanced provision of treatment.
- Create an upgradable database including the current and future initiatives addressed to the prevention of the harmful use of alcohol amongst the elderly at European level.

A renewed effort should be made to increase elderly people's empowered in terms of capacity to better deal with alcohol risks and supported in the need to reduce an avoidable burden of diseases hopefully ensure a higher level of awareness and healthier behaviour.

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Appendix

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TABLES AND ANNEXES

Table 2. Reported initiatives, type and objective.

Initiative	Type of PPBp	Main objectives
Case 1 - "Ald en in jonkje"	Program	Educating people of a nursing home for elderly people about the consequences of alcohol use
Case 2 - "CASA Older Persons' Service"	Project	It's designed to offer counselling about alcohol problems amongst people aged 55+. Its main elements are: Training of professionals working with older people; Identification and assessment; Treatment provision; and to publicize the needs and characteristics of the client group
Case 3 - "Older Adults Support Service in Southwark UK"	Best practice	Includes both alcohol and drugs misuse and their diagnosis and minimization. It also has a training program to professionals
Case 4 - "Alcohol & Older People"	Project	The project has several objectives. Collaborates with mental health teams. Is addressed to agencies of community care and provides training on alcohol issues.
Case 5 - "Alcohol services Lifestyles Team"	Best practice	Identification of alcohol problems in hospital attendance. Provide effective interventions. Reduce perceptions of stigma around alcohol
Case 6 - "Clubs of treated alcoholics"	Best practice/program	Rehabilitation and re-socialization of treated alcoholics and their family
Case 7 - "Toimintamallit käytännöiksi 2006-2008"	Project/Best practice	To develop best practices in alcohol and drug treatment for different treatment contexts
Case 8 - "Review of efficient and existing preventive intervention to reduce harmful use of alcohol among older people"	Project	1/ To highlight existing international interventions (published or not in scientific reviews) in addiction prevention among older people; 2/ to review systematically the literature on efficient interventions; 3/ to contribute to guidelines for health or social professionals working with older people.
Case 9 - "Expertenforum Altersalkoholismus des Kantons Zürich"	Project	Exchange of know-how between experts, improvement of specific treatments
Case 10 - "Ageing in good health"	Project	Aim of the project is to support elderly people (aged 65 and more) in a way that allows them to live as healthily and autonomously as possible
Case 11 - "Independent in seniority – addiction issues can be solved"	Project	To raise awareness and educate on addiction issues among the elderly. It is not solely focused on Alcohol, but also on prescription drugs and tobacco. Target groups were elderly (60+) and professionals in the health and care sectors that work with the elderly.
Case 12 - "Protocol alcohol, elderly and fall incidents at emergency rooms"	Program	To detect alcohol-misuse at an early stage in the over-55's
Case 13 - "Dataclub project"	Project	To create a system for evaluating the results of a model for treatment of alcohol-related problems and complexes based on the activity of self-help groups of CAT (community of local families developed by the Croatian psychiatrist Vladimir Hudolin)
Case 14 - "Tratamiento de enolismo crónico y otras drogas para transeúntes sin hogar"	Best Practice	To improve wellbeing of homeless people including the total abstinence of alcohol and drugs and other addictive behaviors.

Table 2 (continued). Reported initiatives, type and objective.

Initiative	Type of PPBp	Main objectives
Case 15 - "Alcohol and Older People"	Project	To highlight the issue that older people have significant alcohol problems
Case 16 - "Too much is always too much - ageing and alcohol project"	Project	To develop, through client work, processes of addiction work suitable for attending to and treating the elderly. To inform people of the adverse effects alcohol can have on the health of the elderly. To increase know-how on substance abuse and elderly care professionals. To conduct a survey on the drinking habits of the elderly. To generate discussion about the topic
Case 17 - "Coordination of treatment of alcohol and drug problems in Kainuu""	Project	To create a network of home care personnel which will prepare suggestions as to how to treat alcohol and drug problems among the elderly in Kainuu. Network: to inform the members of current knowledge related to the alcohol problems among the elderly and 2. to bring knowledge from the field (everyday situations, means, challenges) to the network
Case 18 - "A model for alcohol and drug treatment services and mental health services for elderly"	Project	To chart the need for know-how in alcohol and drug work and mental health work among the personnel of home care services and care for close relatives. To increase the know-how in alcohol and drug work and mental health work among personnel working with elderly with early stage, tailored training. To develop a job pair model for alcohol and drug work and mental health work taking place in elderly people's homes and service homes. To develop an appropriate operational model for alcohol and drug work and mental health work among elderly with collaborators
Case 19 - "Development of alcohol and drug treatment services in Itä-Uusimaa"	Project	To develop alcohol and drug treatment services for elderly in municipalities of Itä-Uusimaa
Case 20 - "Kamiina-project"	Best practice	To develop low threshold dwelling services and test them
Case 21 - "Triangeli-project"	Project	To develop an outpatient treatment service for patents having a double diagnosis and to create a network in the field
Case 22 - "Founding a dwelling"	Best practice	To start and develop dwelling services for alcoholics with dementia and develop a treatment model.
Case 23 - "Early identification hazardous alcohol consumption elderly"	Project	Offer physicians and nurse in accident and emergency department tools for early identification and brief interventions for the elderly. Providing an intervention when there is a relation between the injury and alcohol consumption. Besides development of the protocol, providers on accident and emergency department were also trained and a 'train the trainer' module was developed as part of the project.
Case 24 - "Söders specialteam"	Best Practice	To give better services and care to a special group of users
Case 25 - "Intervention in alcohol use among older people PCare settings"	Project	To identify the amount of older people with problematic drinking habits. Training of professionals working with older people in primary care settings. To develop new methods in intervention among older people with problematic drinking habits
Case 26 - "Guía de intervención sobre alcohol y otras drogas en atención primaria de salud" Intervention guide on alcohol and drugs at primary care services	Best Practice	s of detention, screening and managing

Table 2 (continued). Reported initiatives, type and objective.

Initiative	Type of PPBp	Main objectives
Case 27 - "Sucht im Alter"	Programme	Developing strategies of prevention
Case 28 - "Alcohol risk and harm in later life: A needs assessment in South of Tyne and Wear"	Project	Alcohol risk and harm in later life: A needs assessment in South of Tyne and Wear
Case 29 - "AESOPS"	Project	Authors reported at least 8 objectives... (see questionnaire AESOPS)
Case 30 - "The A Team"	Project	Reduce hospital admissions
Case 31 - "Home for seniors – department with special regime"		Home for seniors – department with special regime
Case 32 – "Osservasalute Report - Health status and quality of the health assistance in the Italian regions"	Programme	To collect comparable regional data coming from different sources; To monitor the alcohol consumption in the Italian regions through specific clear and scientific strictness indicators; To spread out public health care control tools through out: annual reports; web pages; press conference; events aimed to regional level; events aimed to specific problems.
Case 33 - "Data collection, analysis and monitoring on the impact of the use and abuse of alcohol on health in Italy for the implementation of the activities of the National Alcohol and Health Plan (PNAS)"	Project	Elaboration of the National Institute of Statistics (ISTAT) data, Update of available sources, Production of an annual report to be submitted to the Parliament
Case 34 - "Woman and Alcohol ("Alcohol e donna")"	Project	To increase woman awareness about the risk of alcohol consumption
Case 35 - "Alcohol Report Swedish Presidency"	Best Practice	The main purpose of the report is to outline the main health, social and economic effects of alcohol use by the elderly; To discuss recent trends in alcohol consumption and alcohol related harms; To determine whether current levels of consumption are problematic or warrant further attention
Case 36: “Veilig drinken op leeftijd / Drinking safely at old age”	Project	A training module called ‘Drinking safely at old age’ was developed for use by general practitioners in the Netherlands. The module describes the identification and discussion of risky drinking with elderly patients in general practice

Table 3. Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 1	Case 2	Case 3	Case 4
Type of initiative	Program	Project	Practice	Project
Needs assessment	Pilot test carried out in nursing homes	Based on previous and current research	Given the prevalence of alcohol misuse in England (still to confirm if there was an ad hoc needs assessment)	Not ad hoc, but given the rise of the problem they have assessed their own needs
Accessibility	Older adults with alcohol problems access to the program without restrictions	Only older adults identified or referred to the program without restrictions	Addressed only to older adults	Available to older citizens with alcohol problems in two districts of London. No access restrictions
Setting approach	Two regions in the north of Holland	Local/municipal and clinical Settings	Local (still to confirm more info about it)	Local level, specialized unit
Collaborative capacity /partnership	Yes, with mental health units at local level and with a national center of elderly research	The project is considered the “corner stone” of a prevention strategy with other collaborators	Not informed	Yes, mainly with hospital units, mental health institutions
Evaluation	Participants in the trainings are asked to assess the program and to rate their capacities to manage with old people	The project is assessed by both its managers and the people who attend its training sections. Funding agencies also evaluate it.	Yes but not finished. Qualitative Study. Not economically evaluated	From people attending the seminars. Qualitative study
Sustainability	The project is funded and incorporated to the national healthcare service in Holland	It is an ongoing challenge to demonstrate that older people need these projects because of their specific needs. Authors expect to get extra funding (the project ends in 2011)	Project integrated in the system	Will last for 3 years: 2008 to 2011. A little change to be extended
Transferability	The project has already been transferred to other regions of Holland.	Yes, but more awareness is and resources are needed. Authors expect to share their results with other colleagues in Europe	Yes	Should be applicable across Europe and beyond
Availability of results, documents	Published in Dutch (no additional information was provided)	Journal of Dementia Care, October of 2008. Fox. Michael. This same author will publish a book on his experiences in 2011	Alcohol use and misuse in older people. R. Rao. Journal of Substance Use, 2008	Report to funders with results. A paper is expected to be issued in may of 2011
Transparency of funding/support	Governmental funded and charitable trust	Funded by Primary Care Trusts, Charitable Organizations. In some cases those organization “suggest” some topics forced by the relation of alcohol and delinquency	Funded by the Government	Charitable Trust

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 5	Case 6	Case 7	Case 8
Type of initiative	Best Practice	Program	Project	Project
Needs assessment	As part of a service model recognizing the risk for older people	Sent by mail	In the context of training, different action models for different treatment contexts; home care services, health care centre, on-call clinics.	Partially informed: “Gap between international recommendations for health among elderly "Healthy aging" Difficulties reported by some health or social professional to cope with alcohol problems“
Accessibility	Not exclusively for older adults but according to the authors it is adapted to elderly	Not exclusively for older adults and according to the authors it is not adapted to elderly	Addressed only to older adults	Addressed only to older adults
Setting approach	Clinical settings (still to confirm more info about it)	National level (still to confirm more info about it)	National level	National level
Collaborative capacity /partnership	Authors mentioned that the development of alliances and collaborations would be an asset to achieve	Not informed	Not mentioned	Some collaboration with social and medical professionals
Evaluation	Yes (Observational study), but not as a dedicated service for older people. As a PHD chapter, but not dedicated to older people	Yes, individually by each Club. No economic evaluation.	Yes, evaluated the using the instructions of RAY and project work literature, and by an outsider company	No
Sustainability	Started in 1995 and has been integrated in the system	Developed in 1964 and Has been integrated in the system.	From 2006, finished after two years	2007, finished after two years
Transferability	Most certainly	This PPBp has been transferred to other countries during the past 30 years	Yes	Yes
Availability of results, documents	Oxford Handbook of Nursing Older People. ISBN; 978-0-19-921328-3	Several publications in local languages. Few in English, but not specific to elderly	No publications	The translation into English of our review is forthcoming (end february or beginning March 2010)
Transparency of funding/support	Funded by the NHS	Funds not mentioned	Private sector: Finland’s Slot Machine Association (RAY)	Funded by the government

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 9	Case 10	Case 11	Case 12
Type of initiative	Project	Project	Project	Program
Needs assessment	Partially informed: "The question of alcohol consumption among elderly is gaining significance"	Partially informed: The legislative body of the canton has commissioned the cantonal department of health to implement this project in three different communities.	A need for public awareness / education has been identified. The target group (60+) and multiplicators needed to be informed on the problems of substance abuse.	Increased alcohol use among elderly people
Accessibility	Addressed only to older adults	Addressed only to older adults	Addressed only to older adults	Not exclusive for older groups but adapted to older needs
Setting approach	National level	Local	National level	National level
Collaborative capacity /partnership	Not mentioned	Not mentioned	Not mentioned	Not mentioned
Evaluation	No	Yes, but not finished yet	Yes, A webpage counter of access. Economic evaluation reported	Yes, but not finished yet. Qualitative Study. No economic evaluation
Sustainability	2007 and integrated in the system	2009 lasted for less than 1 year	2006. Lasted from one to two years	Started in 2009 and lasted from one to two years
Transferability	Yes, it can be transferred	Yes, it can be transferred	If funding is assured, a similar campaign could easily be run in other regions or countries.	Yes
Availability of results, documents	www.forel-klinik.ch For full reference details of any published papers, reports or website please contact M. Thomas Meyer	http://www.baselland.ch/altern-gesundheit-htm.311183.0.html http://www.baselland.ch/fileadmin/baselland/files/docs/vsd/gefoe/gesund-altern_medien.pdf	Article "At-risk alcohol drinking in primary care patients aged 75 years and older" in the INTERNATIONAL JOURNAL OF GERIATRIC PSYCHIATRY in 2009.	Trainingshandleiding t.b.v. het invoeren van het Protocol ouderen, alcohol en vallen; Literature review on elderly, alcohol and fall incidents 2009; Factsheet alcohol and elderly
Transparency of funding/support	Funded by the private sector	Funded by the government	Funded by the government	Funded by the government

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 13	Case 14	Case 15	Case 16
Type of initiative	Project	Best Practice	Project	Project
Needs assessment	The CAT has stimulated the need for a national register of clubs that will allow the systematic collection of information	Observation of alcohol problems in the homeless	Not mentioned	Focused on substance abuse problems among the elderly increasing rapidly in elderly Finnish population No substance abuse services targeted at those over the age of 65
Accessibility	Not exclusively for older groups but adapted to their needs	Not exclusively for older groups but adapted to their needs	Yes, only to older adults	Yes, only to older adults
Setting approach	National	Local level	Not mentioned	National level
Collaborative capacity /partnership	Not mentioned	Not mentioned	Irish College of General Practitioners to work in partnership with another NGO the National Council on Ageing and Older People	Not mentioned
Evaluation	Yes, but not finished yet. Observational Study. No economic evaluation	Yes. Through various institutions which have rewarded the program	No	Yes, Structured self evaluation, Bikva client oriented evaluation, where the clients opinions were asked; outside evaluation
Sustainability	Started in 2000 and has been integrated in the system	Started in 1990 and has been integrated in the system	Started in 2005 and lasted for 1 year	2005. Not mentioned if the project lasted longer
Transferability	Yes, especially in countries where there are networks of self-help for alcoholics who work according to the principality of CAT	Yes	Yes	Yes, but in order for it to work and change into practices, training and tailoring for every work community or work place should be done if we really want implement innovative ways of doing substance abuse work with older people
Availability of results, documents	No reported	Informes de la Fundación Lealtad funadacion@fundacionlealtad.org. Memorias de Associació Rauxa (desde 1994)	www.icgp.ie. Alcohol and Growing Older documents	www.tippavaara.info "Listening to the voice of the elderly" May 2008 – English version is coming out spring 2010. A study on the drinking habits of the elderly (Haarni & Hautamäki) Other articles are coming soon
Transparency of funding/support	Research body	Funded by the government	Funded by other sources: ICGP and National Council for ageing and Older People	Government. Finland's Slot Machine Association (RAY) by Finnish government

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 17	Case 18	Case 19	Case 20
Type of initiative	Project	Project	Project	Project
Needs assessment	Children and young people have been the focus for a long time, but signs of problems among elderly came up by the media and service personnel	Gero-project in Tampere showed that there were no appropriate alcohol and drug treatment services for elderly patients in home care and care for close relatives	It was felt that there were not enough services for elderly and those employees did not have the required skills to handle alcohol problems	It started as a pilot. We adjusted services which were proven or in use in other parts of the country
Accessibility	Yes, only to older adults	Yes, only to older adults	Yes, only to older adults	Not exclusive for older groups but adapted to their needs
Setting approach	Regional level	Local. City of Tampere	Regional level	Local
Collaborative capacity /partnership	Not mentioned	Not mentioned	Not mentioned	Not mentioned
Evaluation	Yes. As a part of the Final Evaluation of the Coordination of the Treatment of Alcohol and Drug Problems in Kainuu-project	Yes. Bikva interim evaluation; interviews with clients home care service personnel, management of home care services, personnel of client counseling and orderer, and management of production units	No	Yes, but not finished yet
Sustainability	Developed in 2007 and has been integrated in the system	Developed in 2007 and lasted for 2 years	Developed in 2007 and lasted from 1 to 2 years	Developed in 2007 and lasted from 1 to 2 years
Transferability	Definitely, tailored to the local circumstances.	The job pair model for alcohol and drug work and mental health work taking place in elderly people's homes is an excellent one. Special knowledge goes to the old person when she/he is not able to go to the services	Yes	Yes
Availability of results, documents	No mentioned	Final report of the alcohol and drug work and mental health work model project. http://www.tampere.fi/hallintojatalous/tilastotjakatsaukset/julkaisusarja	Not mentioned	www.a-klinikka.fi/kymi Other documents under elaboration
Transparency of funding/support	Funded by the government	Funded by the government	Yes	Funded by Finland's Slot Machine Association (RAY)

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 21	Case 22	Case 23	Case 24
Type of initiative	Project	Best practice	Project	Best practice
Needs assessment	It started as a pilot. We adjusted services which were proven or in use in other parts of the country	It started as a pilot. We adjusted services which were proven or in use in other parts of the country	An increasing number of elderly drinking too much	Development within the ordinary home care organization
Accessibility	Not exclusive for older groups but adapted to their needs	Not exclusive for older groups but adapted to their needs	Yes, only to older adults	Not exclusive for older groups but adapted to their needs
Setting approach	Local	Local, municipality	Clinical setting	Local level
Collaborative capacity /partnership	Not mentioned	Not mentioned	Not mentioned	Not mentioned
Evaluation	Yes, evaluations by clients and collaborators	Not mentioned	Yes, feasibility of implementation of the protocol and number of elderly screened and offered a brief intervention.	No
Sustainability	Developed in 2007 and lasted from 1 to 2 years	Started in 2005 and has been integrated in the system	Developed in 2009 and lasted for 1 year	Started in 2001 and has been integrated in the system
Transferability	Yes	Yes	Not mentioned	Not mentioned
Availability of results, documents	www.a-klinikka.fi/kymi Other documents under elaboration	Newspaper articles of project and a report in Finnish	Not mentioned	Not mentioned
Transparency of funding/support	Funded by the government	other resources: Municipality	Not mentioned	Not mentioned

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 25	Case 26	Case 27	Case 28
Type of initiative	Project	Best practice	Program	Project
Needs assessment	There was a lack of intervention for this group	Yes, based upon a survey among professionals	Not explicit but it was developedin the light of "rising substance misuse or dependence in older people"	Based upon the UK national standards aimed at promoting active and healthy ageing, including substance misuse as a "hidden phenomenon" and a growing public health problem, with many people aged 65 or over drinking at hazardous or harmful levels
Accessibility	Yes, only to older adults	Not exclusive to older people and not adapted to this age-group	Yes, only to older adults	Yes, only to older adults
Setting approach	Not mentioned	Regional (autonomous community)	Regional	Regional
Collaborative capacity /partnership	Not mentioned	Not mentioned	Not mentioned	Not mentioned
Evaluation	Not mentioned	Yes, but not finished	Yes, but not finished	No
Sustainability	2009	Started in 2010 and integrated in the system	Started in 2010 and will last from one to two years	Started in 2009 and lasted for one to two years
Transferability	Not mentioned	Yes	Not clear yet "all projects are still in the planning period"	Yes
Availability of results, documents	Not mentioned	Will be available at the web: www.infodrogas.org	"all projects are still in the planning period"	http://www.ncl.ac.uk/ihs/people/profile/c.a.lock
Transparency of funding/support	Not mentioned	Government	Funded by a research body	Government

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 29	Case 30	Case 31	Case 32
Type of initiative	Project	Project	Not mentioned	Programme
Needs assessment	Evidence showed that the excessive alcohol consumption is associated with increases in several diseases	Yes, it was based upon a pilot test	Demand of citizens of a region of Czech Rep. to help to the target group	This project was developed as a part of the cooperation among the Institute of Hygiene of the Catholic University of Rome "Sacro Cuore" and the Istituto Superiore di Sanità (ISS)
Accessibility	Yes, only to older adults	Not exclusive to older people and not adapted to this age-group	Yes, only older adults can access	Not exclusive to older people and not adapted to this age-group
Setting approach	National	Regional	Local	National
Collaborative capacity /partnership	Not mentioned	Not mentioned	Not mentioned	Institute of Hygiene of the Catholic University of Rome "Sacro Cuore" and the Istituto Superiore di Sanità
Evaluation	No	No	No	Yes, annually reviewed by a panel of 20 experts and a quality assurance independent committee
Sustainability	Not mentioned	Started in 2009 and integrated in the system	Started in 2005 and is integrated in the system	Started in 2003 and is integrated in the system
Transferability	Not mentioned	Yes	Yes	Yes
Availability of results, documents	http://www.ncl.ac.uk/ihs/research/project/2144 Coulton, S., J. Watson, et al. (2008) BMC Health Services Research 8.	www.alcoholservices-ateam.org.uk	Only a web page (in Czech) www.dd-sloupvcechach.cz	http://www.osservasalute.it/index.php/rapporto
Transparency of funding/support	Government		Government	Government

Table 3 (continued). Quality assessment of reported projects, programs and good practices (n=36)

Criteria	Case 33	Case 34	Case 35	Case 36
Type of initiative	Project	Project	Best Practice	Project
Needs assessment	This project is based on a programme focused on prevention and health promotion included in the National Alcohol and Health Plan 2007-2010. Elaboration of periodical report	This project is based on a programme focused on prevention and health promotion included in the National Alcohol and Health Plan 2007-2010. This initiative has shown an increasing risk behaviour among older women		The implementation process was tailored to the specific regional structure of consultation and training of general practitioners and assistants
Accessibility	Not exclusive to older people and not adapted to this age-group	Not exclusive to older people and not adapted to this age-group	Yes, only older adults can access	Yes, only older adults can access
Setting approach	National	National	International	Regional
Collaborative capacity /partnership	Not Mentioned	Not Mentioned	Developed within a group of European Experts. Ten countries took part in this initiative	Not mentioned
Evaluation	Yes, the project is evaluated by the Italian Ministry of Health	Yes. A formal evaluation of the National Campaign.	Yes, By EU Expert Conference on Alcohol and Health, organised by the Swedish Presidency	Implementation was evaluated by a short self-completed questionnaire for GPs and assistants of health professionals beforehand, and short follow-up interviews two weeks and four weeks after training
Sustainability	Started in 2007 and is integrated in the system	Started in 2007 and is integrated in the system	Started in 2009 and lasted for less than one year	Started in 2009 and lasted for less than one year
Transferability	Yes, if a national statistic system is available	Yes, if a national statistic system is available		Taking into account local or national drinking guidelines for the elderly and methods in general practices.
Availability of results, documents	Ministry of Health, (2008). “Annual report of the Ministry of Health to the Parliament 2006-2007” available online at: http://www.ministerosalute.it/imgs/C_17_pubblicazioni_926_allegato.pdf	http://www.ministerosalute.it, www. iss.it, www.epicentro.iss.it, http://www.epicentro.iss.it/temi/alcol/pdf/Apd07-alcol_donna.pdf	http://www.fhi.se/en/Publications/All-publications-in-english/Alcohol-consumption-among-elderly-European-Union-citizens-consumption-trends-and-related-issues/	Risselada, A., Kleinjan, M., & Jansen, H. (2009). Low-threshold screening and intervention on alcohol among the elderly in general practice: Development, training and evaluation of the module ‘Drinking safely at old age’. Rotterdam: IVO.
Transparency of funding/support	Government	Government	International	Research body

Annexe I. Protocol and questionnaire

PROTOCOL FOR COLLECTING BEST PRACTICES ON PREVENTING THE HARMFUL USE OF ALCOHOL AMONGST OLDER PEOPLE INCLUDING THE TRANSITION FROM WORK TO RETIREMENT

Introduction

The senior European population has grown more than twice as fast as the overall population since the early 1980s. With this demographic shift, there has been a growing awareness of the importance of older adults' needs in many areas, but drinking and related alcohol problems is still a "hidden" issue, is often underdetected, neglected and goes unaddressed in many countries.

Reasons for that include:

- The perception that "it's too late to do something"" resulting in not targeting alcohol policies and prevention programmes to that group and also less referral for specialized treatment
- Reluctance by professionals to question elderly patients about their alcohol use, lower degree of suspicion when assessing elderly and AUD perceived as normal regarding poor health and life circumstances,
- Alcohol problems in the elderly usually appear as atypical and masked symptoms (confusion, falls, injuries, etc).

However, alcohol related problems can begin later in life and due to higher vulnerability drinking amongst the elderly can increase susceptibility to falls and other injuries. It can also reduce the effectiveness of prescribed medication and cause a range of physical, mental and social difficulties resulting in increased frequenting of services and costs.

There is a urgent need to develop practices of effective policies and programmes to reduce the harmful use of alcohol by older people from all countries of Europe and to assess the impact of general policies among older people. There is also the need to develop prevention programs and treatment services sensitive to older people's needs and to train professionals to improve their understanding of drinking amongst older people and the provision of actions and information tailored to their needs.

Vintage project seeks to advocate for increased attention to the prevention of alcohol-related harm in old age on the agenda of public, private and voluntary organizations.

The Vintage project is aimed at:

- **Providing the evidence base and collecting best practices to prevent the harmful use of alcohol amongst older people including the transition from work to retirement.**
- **Actively sharing best practice to upwardly harmonize policies and programmes to invest in older people's health and well-being.**
- **Undertaking systematic reviews and systematically collecting examples of best practice on the harm done by alcohol to the health and well-being of older people and on the effective policies and programmes to reduce such harm.**

Description:

- Systematic collection of examples of best practices of effective policies and programmes to reduce the harmful use of alcohol by older people from all countries of Europe.

Partners involved:

- Led by GENCAT in collaboration with SZU, STAKES, IAS and IVZ RS

Objective:

- Collect best practices to prevent harmful alcohol use by older people

  GENCAT - *Mediterranean countries* (Cyprus, France, Greece, Italy, Malta, Portugal, Spain, Turkey)
  THL (former STAKES) - *Nordic and Baltic countries* (Denmark, Estonia, Finland, Iceland, Latvia, Lithuania, Norway, Sweden)
  IAS - *Continental countries and UK (*Austria, Belgium, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom)
  IVZ - *South-east Europe and Balkans* (Albania, Bosnia, Croatia, Kosovo, Macedonia, Montenegro, Serbia, Slovenia)
  SZU - *Central Europe countries* (Bulgaria, Czech Republic, Hungary, Poland, Romania, Slovakia)

Deliverable:

- Report with documented best practices to prevent harmful alcohol use by older people

Target

- To identify as many practices as possible from at least 24 countries.

Procedure

- Information will be gathered from partners in European and international networks (e.g. Building Capacity project).
- A questionnaire will be developed and disseminated to partner agencies to gather detailed information on interventions and the outcomes of evaluations.
- Information will be stored in a database and be freely accessible online**.**

Quality assessment

- The following elements will be used for lead partner to assess the quality of the collected examples:

  - needs assessment;
  - accessibility;
  - setting approach;
  - collaborative capacity building and partnership;
  - evaluation;
  - sustainability;
  - transferability;
  - availability of results, documents, etc.;
  - and transparency of the funding and support.

Timetable and work plan

- **July 2009 - September 2009 -** development of protocol and questionnaire
- **October 2009 –** revision
- **1st November 2009 – 30th January 2010 -** collection of examples
  - Partner collects until 20th of January 2010
  - Gencat collects until de 30th of January 2010
- **February 2010 – March 2010** – analysis of results
- **April 2010 – June 2010 –** final report

Name:

Institution:

Country	Contact person details (Name, Last Name, E-mail and institution)	Type*	Date delivery	Date reminder	Date received	Comments and Incidences

*Type = government; research body; private sector (Non Governmental Organization, etc); other (please, specify which)

QUESTIONNAIRE FOR COLLECTING BEST PRACTICES ON PREVENTING THE HARMFUL USE OF ALCOHOL AMONGST OLDER PEOPLE INCLUDING THE TRANSITION FROM WORK TO RETIREMENT

Purpose of this questionnaire

This questionnaire has been developed to identify and collect innovative practices, projects, programs and if possible best practices on preventing the harmful use of alcohol amongst older people is one of the main aims of the Vintage project, so that we all can learn from what is going on in other countries.

Practices, projects and programs (PPP) can include a ***wide range of activities***, including for example laws and policies on reduced BAC levels for older adults, restrictions to alcohol access in old people's homes, it can also include activities that relate to general educational messages or campaigns and description of alcohol prevention and treatment services sensitive to elder's needs.

Collected examples will be uploaded to a database available in the Vintage website to enable us all to know what can be done. We would like this exercise to help us to raise questions on where are the current gaps in knowledge and approaches;

Instructions

On the following pages, please describe what you think have been some of the most innovative projects, programmes or best practices (PPBp) related to preventing the harmful use of alcohol amongst older people including the transition from work to retirement in your country in up to the last 10 years. If there is a very good PPBp that was introduced more than 10 years ago, it is fine to include it.

What we mean by ***innovative*** is where a PPBp has been changed into something new, or has been altered or renewed, or has been brought in or introduced for the first time. It is up to you to use your own expertise, experience and professional judgment to describe what you think is innovative. We are also looking for things that might be a bit creative or unusual.

By project we refer to any action (research, prevention, etc) endorsed with a clear start and end point. Programme refer to a group of actions that are continuously and integrative implemented.

By ***best practice*** we refer to approaches which are shown ("proven") to be effective for a group of people. A best practice can be identified through people's experience (clinical or otherwise) or through literature reviews of studies.

By ***older people*** we mean those aged 65 or more (>=65)

Please try to list, if possible, a minimum of 3 practices but If you wish to describe more PPBp, just copy and paste extra PPBp description forms. It is quite possible that there have been no innovative PPBp related to preventing the harm among elder people. If this is the case, please write NO in the box below and fill in the section with questions inquiring on the possible reasons.

The PPBp can be implemented at country, regional or municipal level.

Please state your name
Please give your e-mail address
Please state your country

If there have been NO innovative PPBp related to preventing the harmful use of alcohol amongst

older people including the transition from work to retirement in your country in the last 10 years, please write NO in the box and rate, under your opinion, the reasons for that:

	MOST IMPORTANT		LEAST IMPORTANT		DN*
Lack of public health policies on elderly addressing prevention strategies on alcohol consumption and related problems.					
Low awareness of older adults' needs related with alcohol problems					
Lack of economic and human resources					
The perception among policy makers and professionals that it's too late to do anything					
Alcohol impact in the elderly population is unknown					
Other (describe):					

*DN= Do not know

Please complete the forms and return them to _____ by e-mail _____ by 20th of January 2010 at the latest.

If there are any questions or queries, please contact _____

PPBp 1

6. Basic facts

1.4 What is the name of your PPBp?

1.5 Your proposed PPBp is a:

a) project
b) programme
c) best practice

1.6 What are the main aims and objectives of this PPBp?

7. Development

2.5 What was the background (reasons) for developing it?

2.6 How was it developed (did it start as a pilot project; was it transferred from another country)?

2.7 What are the main elements or components of this PPBp (please tick more than one if needed)?

a) Regulation or change in law
b) Education or raising awareness campaign
c) Training of professionals working with older people
d) Identification and assessment
e) Treatment provision

f) Community development
g) Other (describe):

Comment:

2.8 It is solely targeted to older adults?

a) No, it is also targeted to other age groups and it is not adapted to older people's needs
b) No, it is also targeted to other age groups but it is adapted to older people's needs
c) Yes, only to older adults.

8. Implementation

3.1. Who funds/funded the implementation of the PPBp (please tick more then one if needed)?

f) government
g) research body
h) private sector (Non Governmental Organization, etc)
i) alcohol industry
j) other resources (please, specify which)

3.2. What is the level of implementation of this PPBp?

g) national
h) regional
i) local (municipality level)
j) community / group
k) clinical settings (Primary, Hospital, etc)
l) Other

3.6. When did the implementation start (Year)?

3.7. How long did it last?

a) Less than one year
b) From one year to 2 years
c) Has been integrated in the system

3.8. What are the main results of this PPBp?

9. Evaluation

4.11. Has this PPBp been evaluated?

e) Do not know
f) No
g) Yes, but not finished yet
h) Yes (describe):

4.12. How was this PPBp evaluated?

a) Controlled study
b) Observational study

c) Qualitative study

Describe:

4.13. Was an economic evaluation included?

e) Do not know
f) No
g) Yes, but not finished yet
h) Yes (describe):

4.14. Is there ongoing evaluation of this PPBp?

e) Do not know
f) No
g) Yes, but not finished yet
h) Yes

4.15. What were, under your opinion, the pre-conditions for success for this PPBp?

4.16. Were any obstacles encountered during implementation?

d) Do not know
e) No
f) Yes. Describe

4.17. Were there any harmful effects of the PPBp?

d) Do not know
e) No
f) Yes. Describe

4.18. What are the main lessons to be learned from this PPBp?

4.19. How could this PPBp be improved?

4.20. Do you think this PPBp can be transferred also to other countries, regions, settings?

10. Extra details

6.1. Please list a website or contact organization or person to find out more information about this PPBp:

6.2. Please give full reference details of any published papers, reports or websites on this PPBp:

7. Final comments or suggestions

Annexe II. Grey literature results on the prevention of alcohol-abuse amongst the elderly

Elder care

- Title: "**Alcohol abuse and the elderly: Comparison of early & late-life onset**"

  Type of document: Report

  Description: Comparison of the drinking histories and current drinking patterns of two types of elderly 16 males and 10 females. Results indicated that individuals in the early onset group were younger, more likely to have had previous alcohol treatment, more likely to have changed residence, drank more, were intoxicated more often, and experienced more emotional problems than those in the late onset group (Schonfeld, L; 1987).

  Reference: Alcohol abuse and the elderly: Comparison of early & late-life onset. Schonfeld, L. 1987. Paper presented at the Annual Convention of the American Psychological Association (95th, New York, NY) Webpage, available in http://www.eric.ed.gov/PDFS/ED287135.pdf (accessed, July 2010)

- Title: **"Alcohol, mental health and wellbeing"**

  Type of document: Web page

  Description: Suggest that "at advanced age, in residential community homes, a 'social hour' with alcohol or a unit of alcohol at bedtime, can improve mental well-being. On the other hand, alcohol is also a cause of falls in the elderly because it affects balance" (Bateman, M; 2010). "drinkaware.com.uk"

  Reference: Alcohol, mental health and wellbeing. Bateman, M. 2010. Webpage, available in http://www.drinkaware.co.uk/facts/factsheets/alcohol-mental-health-and-wellbeing (accessed in august 2010)

- Title: **"GINA report"**

  Type of document: Report

  Description: Information, support and assistance through a range of programmes and activities, to any individual or organisation within the voluntary or public sectors that have an interest in or are involved with people whose lives are affected by alcohol. This report represents a very useful tool for professionals in charge of prevention and promotion of healthy living in the elderly (Gender Issues Network on Alcohol, 2009).

  Reference: Alcohol and Ageing, The views of older women and carers. Gender Issues Network on Alcohol (GINA) Alcohol Focus Scotland, 2009. Webpage, available in http://www.alcohol-focus-scotland.org.uk/pdfs/Alcohol%20&%20Ageing%20The%20views%20of%20older%20women%20&%20carers.pdf (accessed august 2010)

- Title: **"Remote Project"**

  Type of document: Project

  Description: Pan-European research project concerned with the needs of elderly and physically impaired people. The focus is especially on those living in geographical or social isolation whose independent life is at risk with chronic conditions or lifestyle risk factors. The project aims at defining

and establishing a multidisciplinary approach to Research & Development (R&D) of Information & Communication Technology (ICT) for addressing older people facing with geographic and social isolation in combination with chronic diseases (hypertension, arthritis, asthma, stroke, Alzheimer, etc.) and lifestyle risk factors (obesity, blood pressure, smoking, alcohol abuse, etc.)

Reference: Remote Project. Remote health and social care for independent living of isolated elderly with chronic conditions. Webpage, available in http://www.remote-project.eu/ (accessed July 2010)

- Title: **"High risk situations for elderly alcohol abusers"**

  Type of document: Study

  Description: Characteristics of the late-life onset elderly alcohol abusers. The results from administration revealed that most physical/medical problems were related to episodes of drinking, that the majority of abusers lived alone and had a small social network, and that few financial or legal problems relating to alcohol abuse were found. (Dupree, LW; 1987)

  Reference: High risk situations for elderly alcohol abusers. Dupree, LW; Schonfeld, L. 1987. Paper presented at the Annual Convention of the American Psychological Association (Los Angeles, CA). Webpage, available in http://www.eric.ed.gov/PDFS/ED265479.pdf (accessed, July 2010).

- Title: **"The Merck Manuals"**

  Type of document: Manual

  Description: Management of alcohol abuse and dependence. Useful mainly for geriatric homes and community-dwelling for the elderly this manual covers the most relevant issues for the prevention and management of alcohol-abuse amongst this group of population, for instance, epidemiology, physiology, pathophysiology, symptoms and signs; laboratory findings; screening and diagnosis, treatment, counselling, structured programs, pharmacotherapy, nursing Issues, patient and caregiver issues and end-of-life Issues.

  Reference: Web site: The Merck Manuals, Online Medical Library. Webpage, available in http://www.merck.com/mmpe/sec15/ch205/ch205a.html (accessed august 2010)

Needs assessment

- Title: **"Aging and alcohol use disorders: diagnostic issues in the elderly"**

  Type of document: Review

  Description: Review of: (a) problem drinking in the elderly as a public health problem of moderate proportions, especially in men; (b) the signs that predict the increasing problem drinking in coming generations of elderly women and men; (c) cases of geriatric alcoholism; (d) geriatric cases not properly identified; and (e) the present screening and diagnostic methods for alcohol use disorders lack adequate validation for older persons.

  Reference: Aging and alcohol use disorders: diagnostic issues in the elderly. Atkinson, RM. 1990. Int Psychogeriatr, 2(1), 55-72.

- Title: **"Treatment of older women with alcohol problems: Meeting the challenge for a special population"**

  Type of document: Review

Description: Alcohol use among older women, related risk factors and beneficial effects, screening methods to detect alcohol problems in this population, and treatment and prevention approaches. The authors concluded that although some progress has been made in understanding the effectiveness of alcohol screening, brief intervention, and treatment among older women, it remains to be determined how these protocols fit into the broad spectrum of health care settings and how to target specific interventions or treatments to appropriate subgroups of older women. (Blow, F and Lawton-Barry, K; 2003).

Reference: Treatment of older women with alcohol problems: Meeting the challenge for a special population.
Blow FC. 2000. Alcoholism-Clinical and Experimental Research. 24,(8), 1257-1266 (Conference on Women's Health Services Research, WASHINGTON, 1998 Natl Inst Alcohol Abuse & Alcoholism).

- Title: **"Alcohol and the health of aging men"**

  Type of document: Review

  Description: Assessment of the epidemiology and clinical effects of alcohol use in ageing men. Alcoholism demands aggressive intervention when encountered in cognitively impaired people. (Adams WL, 1999)

  Reference: Alcohol and the health of aging men. Adams WL. 1999. Medical Clinics of North America, 83(5), 1195

- Title: **"Aging and Generational Patterns of Alcohol Consumption among Mexican Americans, Cuban Americans and Mainland Puerto Ricans"**

  Type of document: Study

  Description: Description of life-course patterns of alcohol consumption among Mexican Americans, Cuban Americans, and Puerto Ricans residing in mainland United States. Age differences found in patterns of consumption among Mexican American and Puerto Rican males reflect aging effects. Cohort effects found for Cuban males (Black, SA; 1994).

  Reference: Aging and Generational Patterns of Alcohol Consumption among Mexican Americans, Cuban Americans and Mainland Puerto Ricans. Black, SA.; Markides, KS. 1994. International Journal of Aging & Human Development 39(2) 97-103.

- Title: **"One Last Pleasure? Alcohol Use among Elderly People in Nursing Homes"**

  Type of document: Report

  Description: Description of the alcohol-related policies, practices, and problems experienced by a sample of intermediate care facilities and homes for elderly people. Despite the problems reported, screening for alcohol problems among residents, treatment of identified problems, and training of staff were not found to be widespread. Challenges to social workers are identified (Klein, WC; 2002).

  Reference: One Last Pleasure? Alcohol use among elderly people in nursing homes. Klein, WC; Jess, C. 2002. Health & Social Work, 27(3) p193-203.

- Title: **"A Guide to Planning Alcoholism Treatment Programs"**

  Type of document: Guideline

  Description: Overview of alcoholism treatment; foundations for success in planning; needs assessment; program design considerations; and administrative and management issues. (McGough, D; 1986)

Reference: A Guide to Planning Alcoholism Treatment Programs. McGough, D. 1986. Superintendent of Documents, U.S. Government Printing Office, Washington, USA. Webpage, available in http://www.eric.ed.gov/PDFS/ED272805.pdf (accessed, July 2010).

- Title: **"Alcohol use and misuse. Practical psychiatry in the long-term care home"**

  Type of document: Book

  Description: Definition of the criteria for the prevention and treatment of alcohol misuse among old people. The problem of alcohol and drug misuse (and its combination) in the elderly; assessment of the utility of self-reported measures of alcohol in elderly. (Schwartz, K; 2007)

  Reference: Alcohol use and misuse. Schwartz, K. 2007. In: Practical psychiatry in the long-term care home (3rd rev. Exp. Ed.). Conn, DK. (Ed.); Herrmann, N(Ed.); Kaye, A(Ed.); Rewilak, D(Ed.); Schogt, B(Ed.); Ashland, OH, US: Hogrefe & Huber Publishers. Pp. 155-167.

Personnel training

- Title: **"Substance Abuse among Older Adults. Treatment Improvement Protocol"**

  Type of document: Guideline

  Description: This guide aims to educate treatment providers with information about older adults who, in general, are more likely to hide their substance abuse, less likely to seek professional help, and mistake symptoms of substance abuse for another ailment (Cook, P; 1998).

  Reference: Substance Abuse among Older Adults. Treatment Improvement Protocol (TIP) Series 26. Cook, P; Davis, C; Howard, DL; et al. 1998. Substance Abuse and Mental Health Services Administration, USA. Webpage, available in. Http://www.eric.ed.gov/PDFS/ED443054.pdf (accessed, July 2010)

- Title: **"Alcohol and other drug problems in Australia: the urgent need for nurse education"**

  Type of document: Review

  Description: Need to develop nursing policies, guidelines and clinical expertise to assist the community in addressing this issue. It also states that undergraduate, postgraduate and continuing education have a vital role to play in providing the profession with the knowledge, skills and research base to meet this challenge.

  Reference: Alcohol and other drug problems in Australia. De Crespigny, C. 1996. Collegian, 3(3), 23-9.

- Title: **"Preventing Misuse of Medication and Alcohol in an aging society."**

  Type of document: Manual

  Description: Continuing education program offered by the Illinois Pharmacy Foundation and Illinois Pharmacists Association. Its objective is to offer a resource for pharmacists and other health care professionals who work to prevent alcohol and drug misuse/abuse in older patients. Includes six sections following aspects of pharmacology and prevention perspectives, body changes in ageing, steps in developing community outreach programs, published articles on drug and alcohol abuse, self-care handouts for older adults, fact sheets on drug/alcohol misuse/abuse in older adults; and finally a clearinghouse order form, patient consent form, and sample presentation agreement (author: Illinois State Dept. On Aging, 1993. Springfield.; USA).

Reference: Preventing Misuse of Medication and Alcohol in an aging society. Pharmacists and Prevention Specialists Working Together. Illinois State Dept. On Aging, Springfield; USA. 1993. Webpage, available in http://www.eric.ed.gov/PDFS/ED363780.pdf (accessed, July 2010)

- Title: **"Instruction through teaching case examples"**

  Type of document: Case examples

  Description: Materials addressed to develop and enhance application skills. One of the cases showed how to deal with elderly people affected by alcohol-abuse problems. "Case Examples" of the National Institute of Alcohol Abuse and Alcoholism

  Reference: Instruction through teaching case examples. U.S. Department of Health and Human Services. Institutes of Health National Institute on Alcohol Abuse and Alcoholism. 2005. Webpage, available in http://pubs.niaaa.nih.gov/publications/Social/Teaching%20Case%20Examples/Case%20Examples.html (accessed July 2010)

- Title: **"Module 10C: Older adults and alcohol problems"**

  Type of document: Web page

  Description: Addressed to social workers as one of the professional groups who work most closely with older clients. Data on the prevalence of the alcohol consumption in United States, drinking guidelines, particular topics to be consider with elderly populations, strategies to screen, detect, prevent and treat alcohol problems in this age group

  Reference: Module 10C: Older adults and alcohol problems. National Institute on Alcohol Abuse and Alcoholism. 2005. Webpage, available in http://pubs.niaaa.nih.gov/publications/Social/Module10COlderAdults/Module10C.html (accessed July 2010)

Prevention/Early intervention

- Title: **"Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation"**

  Type of document: Book

  Description: Focused on the prevention and management of alcohol, addressing the alcohol screening, brief alcohol interventions and other issues related with elder drinkers. (Lawton-Barry, K; 2001)

  Reference: Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation. Lawton Barry, K; Blow, F. Webpage, available in www.healthyagingprograms.org/lib/getFile.asp?file=338 (accessed July 2010)

- Title: **"Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults"**

  Type of document: Review

  Description: Prevention and early intervention programs that have proven effectiveness. Demographic imperative for addressing late-life substance use and mental health problems, describes the current terminology of prevention programs and practices, provides a comprehensive

review of the published evidence base for the prevention and early intervention of geriatric substance abuse and mental health problems based on the empirical evidence, and describes dissemination and implementation issues that align with state needs and priorities. (Blow, F; 2010)

Reference: Evidence-Based Practices for Preventing Substance Abuse and Mental Health Problems in Older Adults. Blow, F et al. 2010. Older Americans Substance Abuse and Mental Health Technical Assistance Center. Webpage, available in http://www.samhsa.gov/OlderAdultsTAC/EBPSuicidePreventionsectionFINAL.pdf (accessed July 2010)

- Title: **"Alcohol Misuse among the elderly: an opportunity for prevention"**

  Type of document: Journal articles

  Description: Need to screen for alcohol use (frequency and quantity), drinking consequences, and problems related to interactions of alcohol and medications.(Mathews, S and Oslin, D; 2009)

  Reference: Alcohol Misuse among the elderly: an opportunity for prevention. Mathews, S and Oslin, D. 2009. Am J Psychiatry 166(10). Webpage, available in http://ajp.psychiatryonline.org/cgi/reprint/166/10/1093.pdf (accessed July 2010)

- Title: **"Alcohol use disorders in elderly people: fact or fiction?"**

  Type of document: Paper

  Description: Importance of the current demographical trend, the lack of recognition of the drinking problems among elderly, the inappropriate use of screening tools for older drinkers, the need to better integrate outreach services and the provision of training to healthcare professionals. (Dar K, 2006)

  Reference: Alcohol use disorders in elderly people: fact or fiction? Dar, K, 2006. Advances in Psychiatric Treatment, vol. 12, 173–181, Webpage, available in http://apt.rcpsych.org/cgi/reprint/12/3/173.pdf (accessed, July 2010)

- Title: **"Alcohol consumption among the elderly: dispelling the myths"**

  Type of document: Paper

  Description: Paper to assist physicians in early detection and prevention of alcohol abuse among the elderly by finding out likelihood of alcohol abuse or misuse in different contexts and discussing difficulties to spot potential alcohol misuse among the elderly. (Tivis, LJ; 2000)

  Reference: Review: Alcohol consumption among the elderly: dispelling the myths. Tivis, LJ; and Brandt, EN Jr. 2000. J Okla State Med Assoc, 93(7), 275-84.

- Title: **"What shall we tell older people about alcohol?"**

  Type of document: Book

  Description: Practical guide to providing brief alcohol interventions. The approach is spelled out in detail, even to the level of step-by-step instructions, with examples of potential dialogues around each of the main points. Contains a "Frequently Asked Questions" section providing especially pragmatic advice, set in the context of some general principles about interviewing around topics that are likely to cause patients some discomfort. (Rockwood, K; 2003)

  Reference: What shall we tell older people about alcohol? Rockwood, K. 2003. The Gerontologist. Oxford. Issue 43(6); 934.

- Title: **"Alcohol Problems in Older Adults: Prevention and Management."**

  Type of document: Book

  Description: Target symptoms or behaviors related to alcohol or drug dependence in the elderly, prevention and intervention, methods or instruments that will improve the recognition of these targets (Oslin D; 2001).

  Reference: Alcohol Problems in Older Adults: Prevention and Management. Barry, K; Blow, F and Oslin, D. 2001. Springer Publishing Company, Inc.

- Title: **"Identification and treatment of alcohol use disorders in older adults"**

  Type of document: Book chapter

  Description: Summary of screening, assessment, and treatment methods for the care of older adults drinking above recommended levels of alcohol use (Fleming, M; 2002).

  Reference: Identification and treatment of alcohol use disorders in older adults. Fleming, M. 2002. In: Treating alcohol and drug abuse in the elderly. Gurnack, AM. (Ed.); Atkinson, R (Ed.); Osgood, NJ. (Ed.); New York, NY, US: Springer Publishing Co. Pp. 85-108.

- Title: **"Healthy aging as an intervention to minimize injury from falls among older people"**

  Type of document: Study

  Description: Evidence for the promotion of healthy ageing as a population-based intervention for prevention of injuries from falls (healthy ageing factors and risk of fall-related hip fracture in community-dwelling older people). Lifestyle factors including never smoking, moderate alcohol consumption, being active, maintaining normal weight, and being proactive in preventive health care were seen to have a significant independent protective effect on the risk of hip fracture. (Peel NM, 2007)

  Reference: Healthy aging as an intervention to minimize injury from falls among older people. Peel, NM. 200. In Healthy aging and longevity, book series: Annals of the new york academy of sciences, 1114, 162-169. (editor Weller NJ)

- Title: **"Self-Report Screening for Alcohol Problems Among Adults"**

  Type of document: Book chapter

  Description: Overview on self-reported screening measures and discussion of the guidelines for the selection and use of screening measures. As a conclusion the authors emphasized the importance to consider the specific goals, setting, and other factors in selecting a screening measure. (Connors G ,2003)

  Reference: Self-Report Screening for Alcohol Problems Among Adults Connors, G and Volk, R. 2003. in Assessing alcohol problems, A Guide for Clinicians and Researchers Second Edition Editors: Allen, J, Wilson, V. Department of Health and Human Services, Public Health, Service National Institutes of Health National Institute on Alcohol Abuse and Alcoholism.

- Title: **"Assessment and treatment of alcoholism and substance-related disorders in the elderly"**

Type of document:

Description: Prevalence of geriatric alcoholism, barriers to proper assessment of alcoholism in this age group, usefulness of available screening tools, treatment of alcohol withdrawal in the elderly, treatment of alcohol dependence in the elderly with focus on brief intervention, and aspects of drug abuse in the elderly.(Menninger JA, 2002)

Reference: Assessment and treatment of alcoholism and substance-related disorders in the elderly. Menninger JA. 2002. Bulletin of the Menninger Clinic, 66 (2), 166-183.

- Title: **"Screening for alcohol misuse in elderly primary care patients: a systematic literature review"**

  Type of document: Review

  Description: Systematic review of the use of screening tools in the identification of older people with alcohol problems in primary care, finding that, in the elderly, AUDIT was a useful screen test for detecting harmful and hazardous drinking and CAGE for dependence. (Berks J; 2008)

  Reference: Screening for alcohol misuse in elderly primary care patients: a systematic literature review. Berks J, McCormick R. 2008. International Psychogeriatrics; 20(6): 1090-1103 (http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?ID=12009101309)

- Title: **"A Review of the problems associated with screening instruments used for alcohol use disorders in the elderl"**

  Type of document: Clinical note

  Description: Problems associated with screening instruments used for alcohol use disorders in the elderly". According to the authors "the alcohol use disorders in the elderly are under-diagnosed. There is a lack of research dedicated to the development of a valid screening tool for the alcohol use disorders specifically in the geriatric population. An increased amount of research needs to be devoted to this area". (Dole, E; 1999).

  Reference: A Review of the problems associated with screening instruments used for alcohol use disorders in the elderly. Dole, E and Gupchup, G. 1999. Consult Pharm: 14: 286-93. Webpage, available in http://www.ascp.com/publications/tcp/1999/mar/screening.shtml (accessed July 2010)

- Title: **"Screening and diagnosis: Alcohol use disorders in older adults"**

  Type of document: Book

  Description: State of the art of screening and diagnosis of alcohol abuse and dependence in great depth. Need to evaluate the sensitivity and specificity of newer screening instruments for "alcohol abuse" in the elderly. (DeHart, S; 1997)

  Reference: Screening and diagnosis: Alcohol use disorders in older adults. DeHart, Sara S.; Hoffmann, Norman G.; In: Older adults' misuse of alcohol, medicines, and other drugs: Research and practice issues. Gurnack, Anne Marie (Ed.); New York, NY, US: Springer Publishing Co, 1997. pp. 25-53.

- Title: **"Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation"**

  Type of document: Manual

Description: Screening procedures and some brief interventions, including some charts, figures and examples (Lawton Barry, K).

Reference: Prevention and Management of Alcohol Problems in Older Adults: Screening and Brief Intervention Implementation. Lawton Barry, K; Blow, F. Webpage, available in www.healthyagingprograms.org/lib/getFile.asp?file=338 (accessed July 2010)

- Title: **"Project 2015: State Agencies Prepare for an Aging New York"**

  Type of document: Project

  Description: Strategies to achieve healthy standards for the elderly in New York. (Pine, P; 2002)

  Reference: Project 2015, State Agencies Prepare for the Impact of an Aging New York. White Paper for Discussion. Office for the Aging. Pine, P. 2002. Webpage, available in http://www.suny.edu/provost/2015whitepaper.txt (accessed July 2010)

- Title: **"Substance Abuse Among Older Adults. Treatment Improvement Protocol"**

  Type of document: Protocol

  Description: Protocol summarizing the relationships between aging and substance abuse and provide practical recommendations for incorporating that understanding into practice. In addition it brings together the literature on substance abuse and gerontology to recommend best practices for identifying, screening, assessing, and treating alcohol and prescription drug abuse among people age 60 and older. (Blow, F; 1998)

  Reference: Substance Abuse Among Older Adults. Treatment Improvement Protocol (TIP). Blow, F. 1998. Webpage, available in http://ncadi.samhsa.gov/govpubs/BKD250/ (accessed July 2010)

- Title: **"Screening for alcohol problems in primary care: a systematic review"**

  Type of document: Study

  Description: Despite the methodological limitations, the literature supports the use of formal screening instruments over other clinical measures to increase the recognition of alcohol problems in primary care. (Fiellin D; 2003)

  Reference: Screening for alcohol problems in primary care: a systematic review. Fiellin D A, Carrington Reid M, O'Connor P G. Database of Abstracts of Reviews of Effects (DARE). 2003. Webpage, available in http://www.crd.york.ac.uk/CRDWeb/ShowRecord.asp?View=Full&ID=12000008520 (accessed august 2010).

Raising awareness

- Title: **"Healthy Ageing a Challenge for Europe"**

  Type of document: Report

  Description: Report on Substance use/misuse (tobacco and alcohol).States that health problems caused by alcohol use disorders are often under-detected and misdiagnosed among older people.

  Reference: Healthy Ageing, a Challenge for Europe. AGE, European Older People's Platform EuroHealthNet. The Swedish National Institute of Public Health R 2006. ISSN: 1651-8624. ISBN: 91-7257-481-X.

- Title: **"Healthy aging: keystone for a sustainable Europe"**

  Type of document: Paper

  Description: Main aspects of life expectancy in Europe and how they relate to healthy life years, and what this could mean for EU Member States. Other projects of the European commission related with the misuse of alcohol in the elderly and its consequences.

  Reference: http://ec.europa.eu/health/ph_information/indicators/docs/healthy_ageing_en.pdf

- Title: **"Substance use by older adults: Estimates of future impact on the treatment system"**

  Type of document: Report

  Description: Evidence concerning the projected demand for substance abuse treatment services for older Americans over the next 20 to 30 years, approaches for refining these projections, implications and ways to extend our knowledge in the area.(Korper, SP; 2002)

  Reference: Substance use by older adults: Estimates of future impact on the treatment system. Korper, SP. 2002. National Clearinghouse for Alcohol and Drug Information. USA. Webpage, available in http://www.samhsa.gov (accessed July 2010)

- Title: **"Informing older adults about non-hazardous, hazardous, and harmful alcohol use"**

  Type of document: Article

  Description: Providing older adults with knowledge and confidence to prevent alcohol-related risks and problems following an education model guided according to the instructional format. The authors conclude that older adults are willing to read extensively about the relationships between drinking, health, and use of medication.(Fink, A; 2001)

  Reference: Informing older adults about non-hazardous, hazardous, and harmful alcohol use. Fink, A; Beck, JC.; Wittrock, MC. 2001. Patient Education and Counseling, Vol 45(2). Pp. 133-141.

- Title: **"The aging alcoholic: A summary of the Michigan Experiment as a model of outreach and intervention"**

  Type of document: Book

  Description: Alcoholism and gerontology, failure to recognize problems of alcohol abuse in later life and the neglect of the older person's drinking problem and to overview considerations about treatment (Rathbone-McCuan, E; 1987).

  Reference: The aging alcoholic: A summary of the Michigan Experiment as a model of outreach and intervention. Rathbone-McCuan, E; Schiff, SM.; Resch, JE. 1987. In: Handbook of applied gerontology. Lesnoff-Caravaglia, Gari (Ed.); New York, NY, US: Human Sciences Press. Pp. 297-309.

- Title: **"Elderly alcoholism: Intervention strategies"**

  Type of document: Book

  Description: The factors contributing to elderly alcoholism, special populations and the historical factors that may precipitate elderly alcoholism (Beechem, M; 2002).

Reference: Elderly alcoholism: Intervention strategies. Beechem, M; Springfield, IL. 2002. US: Charles C. Thomas Publisher. 228 pp.

- Title: **"Substance abuse disorders"**

  Type of document: Book

  Description: Review on the abuse of illicit drugs, tobacco, prescription and over-the-counter medications, and alcohol by elderly persons, including as well a discussion of assessment and treatment implications. (Nirenberg, T; 1998)

  Reference: Substance abuse disorders. Nirenberg, TD.; Lisansky-Gomberg, ES.; Cellucci, T. 1998. In: Handbook of clinical geropsychology. Hersen, Michel (Ed.); Van Hasselt, Vincent B. (Ed.); New York, NY, US: Plenum Press. Pp. 147-172.

- Title: **"Substance abuse"**

  Type of document: Book

  Description: Incidence and prevalence of substance abuse among the elderly in USA, as, well as evidence-based approaches to assessment and intervention. (Rowan, N; 2007)

  Reference: Substance abuse. Rowan, NL.; Faul, AC. 2007. In: Handbook of gerontology: Evidence-based approaches to theory, practice, and policy. Blackburn, James A. (Ed.); Dulmus, CN. (Ed.); Hoboken, NJ, US: John Wiley & Sons Inc. Pp. 309-332.

- Title: **"Sreening and assessment of alcohol problems in older adults"**

  Type of document: Book

  Description: Definitions of alcohol risk, pertinent alcohol screening instruments and techniques; elements of alcohol assessments for older adults and assessment for their physical, mental, and functional health. (Barry, KL; 1999)

  Reference: Sreening and assessment of alcohol problems in older adults. Barry, KL; Blow, FC. 1999. In: Handbook of assessment in clinical gerontology. Lichtenberg, Peter A. (Ed.); Hoboken, NJ, US: John Wiley & Sons Inc. Pp. 243-269.

- Title: **"Introduction to substance abuse awareness for seniors: A guide for developing substance abuse awareness program for older adults"**

  Type of document: Guideline

  Description: Guide raising awareness of the scope and nature of this alarming epidemic, and offering a basic guide to prevention, assessment, intervention, treatment and aftercare. (ATTC, 2007)

  Reference: Introduction to substance abuse awareness for seniors: A guide for developing substance abuse awareness program for older adults. Regional ATTC Products & Resources. 2007. Addiction Technology Transfer Center Network. Webpage, available in http://www.attcnetwork.org/regcenters/productdetails.asp?prodID=440&rcID=2 (accessed July 2010)

- Title: **"Substance misuse and alcohol use disorders"**

  Type of document: Book chapter

Description: Alcohol dependence and drug use among people 55 and older and its changing trend as a function of an aging population . Chapter "Substance misuse and alcohol use disorders". (Naegle, M; 2008).

Reference: Substance misuse and alcohol use disorders. Naegle, M. 2008. In: Evidence-based geriatric nursing protocols for best practice (3rd ed.). Capezuti, E (Ed.); Zwicker, D (Ed.); Mezey, M (Ed.); Fulmer, TT. (Ed.); Grey-Miceli, D (Ed.); Kluger, M (Ed.); New York, NY, US: Springer Publishing Co. Pp. 649-676.

- Title: **"Use and Misuse of Alcohol Among Older Women"**

  Type of document: Paper

  Description: Knowledge about alcohol health services for older women and recommendations regarding necessary future health services research on this vulnerable population (older women represent the largest single group of health care users in many countries)(Blow, FC; 2000)

  Reference: Use and Misuse of Alcohol Among Older Women. Blow, F and Lawton Barry, K. 2003. National Institute on Alcohol Abuse and Alcoholism. Webpage, available in http://pubs.niaaa.nih.gov/publications/arh26-4/308-315.htm (accessed July 2010)

- Title: **"Alzheimer Europe"**

  Type of document: Report

  Description: First report of the collaboration project on Dementia summarizing the alcohol psychotropic effects. Cognitive impairment is frequently observed in heavy drinkers and visomotor capacity, memory or abstract thinking is also affected. Excessive alcohol consumption can lead to alcohol related brain damage; severe loss of short-term memory and is responsible for alcoholic dementia. The authors also mention the health benefit that moderate alcohol consumption lowers the risk of stroke as well as subclinical infarcts and white matter disease (Alzheimer Europe, 2006)

  Reference: EuroCoDe. European Collaboration on Dementia. Alzheimer Europe. 2006. First Interim Report. Project funded by the European Commission.

- Title: **"Alcohol, a women health issue"**

  Type of document: Book

  Description: Research suggests that people born in recent decades are more likely to drink throughout life than people born in the early 1900s. According to the book entitled "Alcohol, a women health issue" (NIAAA, 2008) this new pattern causes that older women may be especially sensitive to the stigma of being alcoholic, and therefore hesitate to admit if they have a drinking problem. Older women, more than any other group, use medications that can affect mood and thought, such as those for anxiety and depression. These "psychoactive" medications can interact with alcohol in harmful ways. Research suggests that women may be more likely to develop or to show alcohol problems later in life, compared with men.(NIAAA, 2008)

  Reference: Alcohol, a women health issue. U.S. Department of Health and Human Services. Institutes of Health
  National Institute on Alcohol Abuse and Alcoholism. 2008. Webpage available in http://pubs.niaaa.nih.gov/publications/brochurewomen/women.htm (accessed August 2010)

- Title: **"Healthy Ageing, a Challenge for Europe"**

  Type of document: Report

Description: Report by Swedish National Institute of Public Health concerning alcohol consumption trends and related harms among elderly (60 plus) EU citizens outlines the health-related, social and economic effects of alcohol use by the elderly, to discuss recent trends in alcohol consumption and alcohol related harms, and to determine whether current levels of consumption are problematic or warrant further attention (Healthy Ageing, a Challenge for Europe, 2006).

Reference: http://www.fhi.se/PageFiles/4173/Healthy_ageing.pdf

- Title: **"Alcohol & The Elderly"**

  Type of document: Fact-sheet

  Description: Fact-sheet designed to show the size of the problem, the changing pattern of consumption, the types of elderly drinkers, the consequences of drinking at these ages, the management and diagnosis of alcohol-related problems among older people, among others (IAS).

  Reference: Alcohol & the Elderly. Institute of Alcohol Studies (IAS), 2009. Webpage, available in http://www.ias.org.uk/resources/factsheets/elderly.pdf (accessed July 2010)

- Title: **"Elder Abuse and Neglect Warning Signs, Risk Factors, Prevention, and Help"**

  Type of document: Web page

  Description: Definition of the most important terms related to the abuse of alcohol amongst elderly, summarizes the different types of elder abuse, informs about the sings and symptoms of abuse by the elderly, shows the risk factors and suggests prevention strategies (hosted by the Helpguide.org).

  Reference: Elder Abuse and Neglect Warning Signs, Risk Factors, Prevention, and Help. Helpguide.org. 2008. Webpage, available in http://helpguide.org/mental/elder_abuse_physical_emotional_sexual_neglect.htm

- Title: **"AGE Platform"**

  Type of document: Web page

  Description: Wide range of policy areas that affect older and retired people. Among others, health, anti-discrimination, employment of older workers and active ageing, social protection, pension reforms, social inclusion, research, accessibility of public transport and of the build environment, and ICT. The Platform takes also active part in several EU projects. The majority of these projects are funded by the 7th Framework Programme. AGE Platform Europe is a European network of around 150 organisations of and for people aged 50+ representing directly over 28 million older people in Europe

  Reference: Age Platform Europe, http://www.age-platform.eu/en

- Title: **"Acoholism on e-Medicine web site"**

  Type of document: Web page

  Description: Among older patients with alcoholism, from one third to one half develop alcoholism after age 60 years. This group is harder to recognize. A recent population-based study found that problem drinking (>3 drinks/d) was observed in 9% of older men and in 2% of older women. Alcohol levels are higher in elderly patients for a given amount of alcohol consumed than in younger patients. (Thompson, W; 2010) (eMedicine web site)

  Reference: Alcoholism. Thompson, W et al. E-medicine. Webpage, available in http://emedicine.medscape.com/article/285913-overview (accessed august 2010)

- Title: **"Alcohol misuse among older people"**

  Type of document: Bulletin

  Description: General picture of Alcohol misuse among older people in United Kingdom. (Acquire, 2002).

  Reference: Alcohol misuse among older people. Acquire. Alcohol Concern. 2002, number 34. Webpage, available in http://www.alcoholconcern.org.uk/assets/files/Publications/Older%20People%20factsheet.pdf (accessed august 2010).

- Title: **"Substance use among older adults: a neglected problem; Drugs in focus. Briefing of the European Monitoring Centre for Drugs and Drug Addiction"**

  Type of document: Report

  Description: Report that highlights that 27 % of persons aged 55 and over in Europe declare that they drink alcohol on a daily basis.(Gossop, M;2008)

  Reference: Substance use among older adults: a neglected problem. Gossop, M. 2008. Drugs in focus. Briefing of the European Monitoring Centre for Drugs and Drug Addiction. Office for Official Publications of the European Communities. Webpage, available in http://ec.europa.eu/health-eu/my_health/elderly/index_en.htm (accessed august 2010)

- Title: **"Health Evidence Bulletin – Wales. Chapter 2: Healthy living"**

  Type of document: Book chapter

  Description: Educational messages (safe limits advice) on alcohol are more effective if tailored to specific sub groups (children, adolescents, young adults, elderly) and specific situations (work, pregnancy and drink-driving).

  Reference: Health Evidence Bulletins – Wales. Healthy living, chapter 2. Webpage, available in http://hebw.cf.ac.uk/healthyliving/chapter2.html (accessed August 2010)

- Title: **"Alcoholism among the elderly"**

  Type of document: Dissertation

  Description: Dissertation on a public awareness program focused on alcoholism among the elderly. Concludes that educating caregivers and professionals in the field of gerontology, by addressing alcohol-related problems and appropriate prevention interventions, can ultimately improve the quality of life of the elder abuser and their families (Sanchez, R; 2005)

  Reference: Alcoholism among the elderly. Sanchez, R. 2005. California State University, Long Beach, 82 pages; AAT 1426265

- Title: **"Mental Health and Well-Being in Older People – Making it Happen"**

  Type of document: Conference report

  Description: Conference recently held under the auspices of the Spanish Presidency of the Council of the European Union pointed to the use of alcohol amongst the elderly as one of the risks factors associated to the social isolation and suggested that care and treatment systems take their responsibilities in its prevention. In addition, alcohol use was identified as one of the factors

associated to the key determinants of adults' health. The problem of over-medication of older people and the relation between mental health and alcohol consumption was another of the issues treated during this conference.

Reference: Mental Health and Well-Being in Older People – Making it Happen Thematic Conference on Mental Health and Well-Being in Older People, Organised by the European Commission and Spanish Ministry of Health and Social Affairs, under the auspices of the Spanish Presidency of the Council of the European Union. June 28 – 29 2010.

Social and community support

- Title: **"Accommodation Strategy for Older People in Liverpool"**

  Type of document: Strategy

  Description: Strategy to promote a positive image of ageing and to ensure that older people in Liverpool are able to live as independently as possible within a safe environment of their choice" by addressing, among others, the specialist needs of older people with: dementia; learning disability, alcohol/drug dependency; or challenging behaviour (Peter Fletcher Associates).

  Reference: Accommodation Strategy for Older People in Liverpool. Peter Fletcher Associates. Liverpool final report. Webpage, available in http://www.liverpool.gov.uk/Images/tcm21-33192.pdf (accessed august 2010)
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- Title: **"Alcohol Use in Retirement Communities"**

  Type of document: Report

  Description: Investigation of drinking patterns in three retirement communities in southern California and Oregon. Data analysis revealed that drinking in the retirement community was widespread and that it was part of the residents' social behavior which was associated with high levels of social integration. A negative correlation between an individual's religiosity and drinking was observed in all data analyses and was also found to be significant when comparing late onset heavy drinkers with long-term heavy drinkers (Alexander, F; 1987).

  Reference: Alcohol use in retirement communities. Alexander, F; Duff, RW. 1987. Paper presented at the Annual Meeting of the American Society on Aging (Salt Lake City) Webpage, available in http://www.eric.ed.gov/PDFS/ED278907.pdf (accessed, July 2010)

Social reinsertion/harm reduction

- Title: **"Alcohol Drinking, Cognitive Functions in Older Age, Predementia, and Dementia Syndromes"**

  Type of document: Review

  Description: Revision of different outcomes, beverages, drinking patterns, or follow-up periods, and possible interactions with other lifestyle-related or genetic factors as sources of great variability among elderly. As conclusion affirms that there is no indication that light to moderate alcohol drinking would be harmful to cognition and dementia, and it is not possible to define a specific beneficial level of alcohol intake (Panza, F; 2009).

  Reference: Alcohol Drinking, Cognitive Functions in Older Age, Predementia, and Dementia Syndromes Panza, F et al. 2009. Journal of Alzheimers Disease, 17(1), 7-31.

- Title: **"Substance abuse"**

  Type of document: Book

  Description: Analysis of the recent literature on the use (and abuse) of alcohol, prescription drugs (especially benzodiazepines), and nonprescription drugs by elderly persons alcohol use disorders and problem drinking (Ganzini, L; 1996).

  Reference: Substance abuse. Ganzini, L; Atkinson, RM. 1996. In: Comprehensive review of geriatric psychiatry—II (2nd ed.). Sadavoy, J (Ed.); Lazarus, LW. (Ed.); Jarvik, LF. (Ed.); Grossberg, GT. (Ed.); Washington, DC, US: American Psychiatric Association. Pp. 659-692.

- Title: **"Substance abuse in the elderly"**

  Type of document: Book

  Description: Analysis of the changes in the ageing body's response to drugs and alcohol (Gomberg, E; 1998).

  Reference: Substance abuse in the elderly. Gomberg, ES. 1999. Lisansky; In: Sourcebook on substance abuse: Etiology, epidemiology, assessment, and treatment. Ott, Peggy J. (Ed.); Tarter, Ralph E. (Ed.); Ammerman, R T. (Ed.); Needham Heights, MA, US: Allyn & Bacon. Pp. 113-125.

- Title: **"The Older Adult Driver"**

  Type of document:

  Description: Recognised as another of the alcohol-related problems alcohol remains an important risk factor for a motor vehicle crash, and alcohol use in older adults is probably underestimated. Physicians should counsel their patients about the "not a drop of alcohol when driving" rule. Advising older drivers on injury prevention includes strongly discouraging alcohol use before driving. (Carr, D, 2000)

  Reference: The American Family Physician Web archive. The Older Adult Driver. Carr, D. Webpage available in http://www.aafp.org/afp/20000101/141.html (accessed august 2010)

- Title: **"Merck web site"**

  Type of document: Web page

  Description: The use of alcohol amongst the elderly is associated with suicide and suicide attempts, and it is sometimes the final act in a course of self-destructive behavior, such as alcoholism, reckless driving, and violent antisocial acts. Often, one factor is the last straw. This web site also shows the main risk factors and warning sings for suicide amongst the elderly, including obviously the harmful-use of alcohol. (Merck web site)

  Reference: http://www.merck.com

- Title: **"British Geriatrics Society and Royal College of Physicians. Guidelines for the prevention, diagnosis and management of delirium in older people."**

  Type of document: Guideline

  Description: Focus on alcohol as a risk factor for developing delirium, underlying its multifactorial nature and the importance to a good collection of the alcohol history for the proper diagnosis of this condition (British Geriatrics Society and Royal College of Physicians, 2006).

Reference: British Geriatrics Society and Royal College of Physicians. Guidelines for the prevention, diagnosis and management of delirium in older people. 2006. Concise guidance to good practice series, No 6. London: RCP.

- Title: **"Alcohol & the Elderly"**

  Type of document: Report

  Description: Report on the positive effects of certain patterns of alcohol consumption."Moderate drinking is thought to improve overall cognitive function in older adults" and, "among older women, regular moderate drinking may aid in delaying the onset of osteoporosis". In addition, evidence shows that, "for some individuals, moderate drinking may be a protective factor against coronary heart disease, the relationship is particularly strong for older men, as well as for postmenopausal women (Institute of Alcohol Studies, accessed 2010).

  Reference: Alcohol & the Elderly. Institute of Alcohol Studies (IAS), 2009. Webpage, available in http://www.ias.org.uk/resources/factsheets/elderly.pdf (accessed July 2010)

- Title: **"Change and Stability in Maximum Annual Alcohol Consumption and Alcohol-Related Problems among Aging Males: A 19-Year Follow-Up Study"**

  Type of document: Study

  Description: Change of maximum annual alcohol consumption and problem drinking as a concomitant of the aging process. The results revealed that decreases in drinking were likely to occur at the heavier levels of maximum number of drinks taken on a single occasion during the past year by the men in the longitudinal sample (Stall, R; 1986).

  Reference: Change and stability in maximum annual alcohol consumption and alcohol-related problems among aging Males: A 19-Year Follow-Up Study. Stall, R. 1986. Paper presented at the National Council on Alcohol (San Francisco, CA) Webpage, available in http://www.eric.ed.gov/PDFS/ED270655.pdf (accessed July, 2010).

- Title: **"A new paradigm for alcohol use in older persons"**

  Type of document: Conference report

  Description: Clinical indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age and older. Authors concluded that alcohol use may be hazardous or harmful for older persons, particularly in conjunction with physical or emotional illnesses, medication use, functional limitations, smoking, and driving after drinking. When asking about alcohol use in older persons, clinicians need to be aware of these factors to assist in identifying and managing potential or actual alcohol-related problems. (Moore, AA; 1999)

  Reference: A new paradigm for alcohol use in older persons. Moore AA, et al. 1999. 50th Annual Scientific Meeting of the Gerontological-Society-of-America Medical Care, 37(2), 165-179

- Title: **"Substance abuse in older women"**

  Type of document: Review

  Description: Analysis of the risk to older women of self-medicating with prescription drugs and alcohol, the risk of prescription drug abuse by a physician or physicians compared to other age groups, alcohol and drug abuse and the incidence of substance abuse. According to the author literature on elderly women and substance abuse is sparse. Conclusion: that older women are at risk for self-medicating with prescription drugs and alcohol and have more risk for drug-drug and drug-

alcohol interactions. Women are more likely to be prescribed psychotropics. Older women are at greater risk for prescription drug abuse by a physician or physicians than other age groups.The incidence of substance abuse remains underreported and underdiagnosed(Szwabo, PA; 1993)

Reference: Substance abuse in older women. Szwabo, PA. 1993. Clin Geriatr Med. 9(1), 197-208

- Title: **"The lived experiences of alcoholism in older women"**

  Type of document: Dissertation

  Description: Exploration of the real-life experiences of six women aged 50 years and above. The results showed the evolution of five major themes, Stigma, Shame, Abuse, Self-Worth, and Spirituality. Findings emphasize the need for increasing awareness of those who are currently working with older female and future research in this minimally studied group. (Milliard, S; 2006)

  Reference: The lived experiences of alcoholism in older women. Milliard, S. 2006. Capella University, 128 pages; AAT 3237874

- Title: **"The lived experiences of older adults who abuse alcohol: Why and how they became sober"**

  Type of document: Dissertation

  Description: Dissertation on how older adults who abuse alcohol made the decision to become sober and what actions they took to achieve sobriety and recovery. The findings of the study reflect the overall heterogeneity of the participants' experiences related to the abuse of alcohol and for future research recommends exploring the efficacy of family therapy for substance abuse in the older adult population and the need to consider the difference in clinical presentation and psychosocial needs of older adults who identify themselves as cultural minorities. (Henges L, 2008)

  Reference: The lived experiences of older adults who abuse alcohol: Why and how they became sober. Henges, L. 2008. Capella University, 131 pages; AAT 3289498

- Title: **"Together For Mental Health And Well-Bein""**

  Type of document: Dissertation

  Description: Key factors for active ageing Parent, AS Ms Parent highlighted that there is a need to address factors that increase the vulnerability of older people to mental health problems, including isolation and social exclusion, abrupt changes from employment to retirement, increased dependency, lack of adequate professional training and support for informal carers, and biological factors including adverse effects of over-medication, polypharmacy and drug alcohol interactions (EU High Level Conference, Brussels, June 2008).

  Reference: EU High Level Conference "Together For Mental Health And Well-Being" Brussels, 13 June 2008.

- Title: **"Alcohol consumption and health status in older middle-aged and elderly persons: Findings from a longitudinal national population health survey"**

  Type of document: Dissertation

  Description: Analysis of the prospective relationship of alcohol consumption to mortality and changes in mental and functional health in older adults ten years later. This dissertation found that occasional and light drinkers had significantly reduced risk of a substantial functional health decline, while moderate drinkers had non-significantly reduced risk. Findings suggest that light-to-moderate alcohol consumption confers some health benefits in older adults. (Chen, YL; 2009)

Reference: Alcohol consumption and health status in older middle-aged and elderly persons: Findings from a longitudinal national population health survey. Chen, YL. 2009. University of Northern British Columbia (Canada), 57 pages; AAT MR48753

- Title: **"Mental Health in Older People"**

  Type of document: Report

  Description: Use of alcohol by the elderly linked with impairments in physical, psychological, social and cognitive health. Moreover, the authors showed the need to prevent suicide by carrying out interventions on alcohol-related factors. Finally, alcohol is also described as a factor related to some mental health problems (dementia) amongst the elderly. (Jané-Llopis, E and Gabilondo, A ; 2008)

  Reference: Jané-Llopis, E., & Gabilondo, A. (Eds). Mental Health in Older People, 2008.Consensus paper. Luxembourg: European Communities.

- Title: **"Alcohol, Aging, and the Stress Response"**

  Type of document: Article

  Description: Three-way interaction among alcohol consumption, the hypothalamic-pituitary-adrenal (HPA) axis activity, and the ageing process. The ageing process may impair the HPA axis' ability to adapt to chronic alcohol exposure. Furthermore, HPA axis activation may contribute to the premature or exaggerated aging associated with chronic alcohol consumption. (Spencer R; 1999)

  Reference: Alcohol, Aging, and the Stress Response. Spencer, R and Hutchison, K. 1999. Alcohol Research & Health, 23(4).

- Title: **"Alcohol Use and the Risk of Developing Alzheimer's Disease"**

  Type of document: Review

  Description: Revision of the biological evidence suggesting that alcohol use may be associated with Alzheimer's disease (AD). Although the authors showed a relation between high levels of alcohol consumption and brain damage they also concluded that epidemiologic studies have not confirmed that drinking increases the risk of AD. (Tyas, S; 2001)

  Reference: Alcohol Use and the Risk of Developing Alzheimer's Disease. Tyas, S. 2001. Alcohol Research & Health, 25(4).

- Title: **"Impairments of Brain and Behavior The Neurological Effects of Alcohol"**

  Type of document: Article

  Description: Revision on the physical brain changes and neuropsychological consequences of alcoholism, beginning with the effects of chronic alcoholism on memory and other cognitive functions. In conjunction with age the authors argued that regardless of alcohol's role in ageing, older alcoholics, by virtue of their chronological age, may be particularly susceptible to the effects of alcohol. (Oscar-Berman, M; 1997)

  Reference: Impairments of Brain and Behavior The Neurological Effects of Alcohol. Oscar-Berman, M et al. 1997. Alcohol Health & Research World, 21(1).

- Title: **"Alcohol and Other Factors Affecting Osteoporosis Risk in Women"**

Type of document: Review

Description: Revision of the research on how alcohol use and other factors affect bone health and osteoporosis risk in women. The authors concluded that heavy alcohol use decreases bone density and weakens bones' mechanical properties. The effect of moderate alcohol consumption on bone health is less clear. (Sampson, W; 2002).

Reference: Alcohol and Other Factors Affecting Osteoporosis Risk in Women. Sampson, W. 2002. Alcohol Research & Health, 26(4).

- Title: **"Role of alcohol in late-life suicide"**

  Type of document: Review

  Description: Review of the literature related to alcohol use and suicide among older adults. The authors affirm that drinking among the elderly elevates suicide risk through interactions with other factors that are more prevalent in this age group, such as depressive symptoms, medical illness, negatively perceived health status, and low social support (Blow, FC; 2004).

  Reference: Role of alcohol in late-life suicide. Blow FC, et al. 2004. Alcoholism-Clinical and Experimental Research, 28(5), 48S-56S, s1 (Research Workshop on Alcohol and Suicidal Behavior Bethesda, MD, 2002).

- Title: **"Potential for alcohol and prescription drug interactions in older people"**

  Type of document: Study

  Description: Analysis of the patterns and prevalence of concomitant alcohol and alcohol-interactive (AI) drug use in older people. The authors concluded that many older people use alcohol in combination with AI prescription drugs. Clinicians should warn every patient who is prescribed an AI drug about alcohol-drug interactions, especially those at high risk for concomitant exposure. (Pringle, KE; 2005)

  Reference: Potential for alcohol and prescription drug interactions in older people. Pringle KE, et al. 2005. Journal of the American Geriatrics Society, 53(11), 1930-1936 (Annual Meeting of the American-Public-Health-Association, Washington, 2004).

- Title: **"Gerontological Society of America Conference Nov 2007"**

  Type of document: Conference report

  Description: Analysis of the paradigms for conceptualizing alcohol-related problems on persons who are abusing or dependent on alcohol and the extent to which these paradigms may not apply to older drinkers. Clinical description of indications of harmful, hazardous, and nonhazardous drinking in persons 65 years of age and older. Conclusion: alcohol use may be hazardous or harmful for older persons, particularly in conjunction with physical or emotional illnesses, medication use, functional limitations, smoking, and driving after drinking. Gerontological Society of America (Nov 1997)

  Reference: Gerontological Society of America Conference Nov 2007

- Title: **"Alcohol, drugs and much more in later life"**

  Type of document: Review

  Description: Revision concluding that despite the high prevalence of alcohol amongst elderly the assessment and management of substance use is frequently absent from everyday psychiatric and general medical practice. The potential for decreasing the incidence and severity of physical and

psycho/social events following a reduction or cessation in problem alcohol or other drug use means that assessment and intervention should become one of the cornerstones of management in this often disenfranchised and vulnerable group. (Hulse, G; 2002)

Reference: Alcohol, drugs and much more in later life. Hulse, G. 2002. Rev. Bras. Psiquiatr, (24.

- Title: **"The experience of long-term sobriety for men ages 55 through 65 who are currently members of Alcoholics Anonymous"**

  Type of document: Dissertation

  Description: Analysis of the experience of long-term sobriety for men ages 55 through 65 who are currently members of Alcoholics Anonymous. This qualitative research analyzed their experiences with alcohol, their motivations for recovery, and the quality of their lives since they stopped drinking. According to the authors' results factors like self-perception, relation with the family and relation with the community can be used to address prevention strategies for older men. (Strawbridge, J; 2007)

  Reference: The experience of long-term sobriety for men ages 55 through 65 who are currently members of Alcoholics Anonymous. Strawbridge, J. 2007. Capella University, 211 pages; AAT 3250064

Treatment

- Title: **"Report Strategies for recognizing and treating elderly alcohol abusers"**

  Type of document: Project

  Description: Pilot treatment/research project for late life drinkers who begin abusing alcohol after age 50. Four treatment strategies discussed. Comparison of late-life versus early-onset alcohol abusers, abusers versus clients without alcohol abuse, and program dropouts versus program graduates is presented (Schonfeld, L; 1984).

  Reference: Report Strategies for recognizing and treating elderly alcohol abusers. Schonfeld, L. 1984. Paper presented at the Annual Convention of the American Psychological Association (Toronto, Canada). Webpage, available in http://www.eric.ed.gov/PDFS/ED251736.pdf (accessed, July 2010).

- Title: **"The older adult alcoholic client"**

  Type of document: Book

  Description: Discussion on the issues and concerns involved in treating older alcoholic clients, including the prevalence of alcoholism; the criteria used to define alcoholism in the elderly; and its causes, diagnosis, and intervention strategies (Green NM; 1991).

  Reference: The older adult alcoholic client. Green, NM; Bridgham, J D. 1991. In: Health, illness, and disability in later life: Practice issues and interventions. Young, Rosalie F. (Ed.); Olson, E. (Ed.); Thousand Oaks, CA, US: Sage Publications, Inc. Pp. 61-72.

- Title: **"Recognition and assessment of alcohol and drug dependence in the elderly"**

  Type of document: Book

  Description: Treatment strategies to assist older alcoholics, interventions, outreach, case management, monitoring of alcohol and drug use, group work in rehabilitation, casework with

collaterals, AA and other peer-help strategies, and residential and inpatient treatment. (Atkinson, R; 2002)

Reference: Recognition and assessment of alcohol and drug dependence in the elderly. Oslin, DW.; Holden, R. 2002. In: Treating alcohol and drug abuse in the elderly. Gurnack, AM. (Ed.); Atkinson, R (Ed.); Osgood, NJ. (Ed.); New York, NY, US: Springer Publishing Co. Pp. 11-31.

- Title: **"Alcoholism in the older population"**

  Type of document: Review

  Description: Literature on the epidemiology, physical consequences, and treatment of alcohol use and abuse among elderly (Liberto, J; 1996).

  Reference: Alcoholism in the older population. Liberto, JG.; Oslin, DW.; Ruskin, PE. 1996. In: The practical handbook of clinical gerontology. Carstensen, Laura L. (Ed.); Edelstein, Barry A. (Ed.); Dornbrand, Laurie (Ed.); Thousand Oaks, CA, US: Sage Publications, Inc. Pp. 324-348.

- Title: **"Substance abuse in older people"**

  Type of document: Review

  Description: Revision of current information on substance abuse in older people, highlighting recent studies on epidemiology, screening techniques, brief intervention, and treatment issues and shows that although alcohol abuse is most common, abuse of narcotic and sedative drugs also occurs and that effective treatment modalities for substance abuse in older people exist and should be individualized to optimize success (Fingerhood, M; 2000)

  Reference: Substance abuse in older people. Fingerhood M. 2000. Journal of the American Geriatrics Society, 48(8), 985-995.

- Title: **"Treatment for alcohol-related problems: special populations: research opportunities"**

  Type of document: Study

  Description: Therapy modalities and the group-specific therapies needed among different populations (elderly included). Highlights that the etiology of problem drinking by older persons is studied rarely and that consequences of older persons' heavy drinking seem to be most often alcohol-related medical disorders, although there are often familial and social consequences. (Gomberg, E; 2003)

  Reference: Treatment for alcohol-related problems: special populations: research opportunities. Gomberg, E. 2003. Recent Dev Alcohol, 16, 313-33.

- Title: **"Unhealthy alcohol use in the elderly - Current screening and treatment strategies"**

  Type of document: Article

  Description: State of research about the growing population of older adults and alcohol-related diseases, course of alcohol addiction, consumption patterns, somatic and mental comorbid disorders in this area and review of clinically-relevant concepts related to identifying, assessing and treating older adults with alcohol-related disability. Due to demographic trends and an ageing cohort, which has higher rates of substance abuse than any previous generation, an increase in numbers of elderly alcohol abusers is predicted. (Lieb, B; 2008)

  Reference: Unhealthy alcohol use in the elderly - Current screening and treatment strategies. Lieb, B. 2008.

Fortschritte der Neurologie Psychiatrie, 76(2), 75-85

- Title: **"Alcohol use disorders in the elderly"**

  Type of document: Article

  Description: Classification, prevalence, assessment and treatment of Alcohol use Disorders in the elderly, with an emphasis on the special needs and unique aspects of engaging and treating this population. Ross, S, 2005)

  Reference: Alcohol use disorders in the elderly. Ross, S. 2005. Primary Psychiatry, Vol 12(1). Webpage, available in http://www.psychweekly.com/aspx/article/ArticleDetail.aspx?articleid=19 (accessed July 2010)

- Title: **"Substance abuse"**

  Type of document: Review

  Description: Discussion on the availability of effective treatment strategies for older alcohol abusers and review of the epidemiological and outcomes research literature related to alcohol abuse and older adults. It reveals positive outcomes, especially when "age-specific," cognitive-behavioral, and less confrontational treatment approaches are employed. Cummings, SM; 2008)

  Reference: Substance abuse. Cummings, SM; et al. 2008. J Gerontol Soc Work, 50(1), 215-241.

- Title: **"Older Adults and the Issue of Addiction"**

  Type of document: Book

  Description: Experience of the elderly in alcohol treatments (Veach, L; 2005).

  Reference: Older Adults and the Issue of Addiction. Veach, LJ.; Madwid, R. 2005. In: Critical incidents in addictions counseling. Kelly, Virginia A. (Ed.); Juhnke, Gerald A. (Ed.); Alexandria, VA, US: American Counseling Association. Pp. 95-99