

Guest editorial

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Older people and dual diagnosis: building better lives Since the first themed issue on older people in *Advances in Dual Diagnosis* was published 10 years ago, the area of dual diagnosis in older people has flourished. The most remarkable achievement is that it has reached across several domains, including research, policy, workforce development and public education. But this veritable blossom of activity has not been confined to the UK. There is now a growing body of academics, practitioners, educationalists and policymakers who have helped make this endeavour achievable to improve the health and social outcomes of older people living with dual diagnosis. Older people of the “baby boomer” generation now represent the age group with the fastest rise in substance use and misuse. Using Disability Adjusted Life Years (DALYs) as a marker of population morbidity, alcohol use rose from the 14th to 5th highest place in ranking for people aged 50–69 in England between 1990 and 2017. For drug use, the rise was from 25th to 13th place. In people aged 70 and over, alcohol use rose from the 61st to 18th highest risk factor (Institute of Health Metrics and Evaluation, 2019). It is this age group of people now aged 55 and older, who will remain the focus of global attention in the coming decades.

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Alcohol and dual diagnosis

One of the most significant landmarks in harm reduction around alcohol misuse has come from an update of *Our Invisible Addicts* (Royal College of Psychiatrists, 2018) which reiterated guidance from its first report of 2011, where it recommended that “low risk” drinking for people aged 65 and over be defined as drinking no more than 12 UK units per week, or an average of 1.75 UK units per day.

These limits are not dissimilar to the current UK guidelines for low risk drinking of no more than 14 UK units of alcohol per week across all age groups (Department of Health, 2016). This low risk drinking guidance has been supported by a look at the wider evidence base which shows that when total disease burden is considered, an even lower level of between zero and 1 unit of alcohol per week has been shown to minimise harm across all health outcomes (Griswold *et al.*, 2018).

As a consequence of the *Our Invisible Addicts* report, all GP practices are now required to offer an NHS health check to patients aged between 40 and 74 (NHS England, 2019). All primary care practices in England are also now required to identify all newly registered patients drinking alcohol at increasing or higher risk levels. This includes the offer to assess and screen patients for anxiety and/or depression and offer advice and treatment that includes referral to mental health services (NHS Employers, 2015).

Such public health intervention have been supplemented by the first programme to improve health and social outcomes in older people with alcohol misuse – the UK *Drink Wise Age Well* programme aimed at increasing health awareness; tackling public stigma, providing information and advice; training and skills development; increasing resilience and providing structured support for people over 50 experiencing alcohol

problems (Wadd *et al.*, 2017). The impact of this five-year project for older people living with dual diagnosis is eagerly awaited.

Integrated care for dual diagnosis

Older people with substance use have multiple needs and complex physical co-morbidities, which is likely to mean frequent contact with primary care, medical, addictions, old age psychiatry and geriatric medicine services (Rao and Shanks, 2011). In view of this, the publication of an Information Guide (Royal College of Psychiatrists, 2015) was another milestone in policy change – designed to assist clinician decision making and improve health and social outcomes that included dual diagnosis.

The recent coexisting severe mental illness and substance misuse Quality Standard (National Institute of Health and Care Excellence, 2019) represents another step forward in the assessment of people living with dual diagnosis. These guidelines recommend that all older people with mental illness should be asked about their use of alcohol. But perhaps the largest step, if not leap, of all is the inclusion of older people with dual diagnosis in the Community Mental Health Framework for Adults and Older Adults (National Collaborating Centre for Mental Health (2019).

But there is still a long way to go for an evidence based around the prevention and treatment of areas such as alcohol-related cognitive impairment (Kelly *et al.*, 2019; Cabelleria *et al.*, 2020), as well as for depression (Stankov *et al.*, 2019) and bipolar affective disorder (Canham *et al.*, 2018) in older people. There is also a huge mountain to climb in our knowledge around interventions for older people living with drug misuse and dual diagnosis (Bhattia *et al.*, 2015).

This issue of *Advances in Dual Diagnosis* heralds the publication of a regular annual themed issue on older people. With wider global participation in research, practice and policy, it promises a new dawn for improving the assessment, treatment and recovery of older people living with dual diagnosis. Substance use and ageing both remain very much 21st century problems (McKee *et al.*, 2021) that will need better integration for better care.

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Further reading

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