

OLDER PEOPLE'S DRUG AND ALCOHOL PROJECT

REPORT IN BRIEF



Health

Report in Brief

This report summarises the key messages from the NSW Health Older People's Drug and Alcohol Project. The project was undertaken in the context of a number of factors bringing older people's drug and alcohol issues increasingly to attention:

- The ageing of the Australian population. There are more older people in NSW than ever before, and this number and proportion is set to increase.
- Generational change is being experienced with the ageing of the 'baby boomers'. This generation has been exposed to more and different patterns of substance use throughout their lives, and early indications and predictions suggest the baby boomers are also the first generation to take their substance use through into later life.
- Evidence suggests there is widespread under-recognition of drug and alcohol issues among older people.
- Drug treatment populations are ageing, and experiencing ageing-related health issues for the first time.

The *Older People's Drug and Alcohol Project Report* and *Summary Report* are available at www.health.nsw.gov.au

Who are 'older people with substance use issues'?

People aged 50 and over with drug or alcohol issues. This is a large and diverse group, and the terms adopted by the National Centre for Education & Training on Addiction (NCETA) can help to better understand the key groups within this larger group. **Maintainers** continue their previously unproblematic use into older age but normal ageing processes result in the potential for increased harms in later life. **Survivors** tend to be early onset users who have a long history of substance use problems which persist into older age and often contribute to additional health issues. **Reactors** are late onset users whose problem use begins in later life — often related to stressful life events (Nicholas & Roche, 2014b).

Important areas for attention include identifying and supporting *maintainers* and *reactors*, and improving services for *survivors*.

What drug and alcohol groups are used and what are the problems?

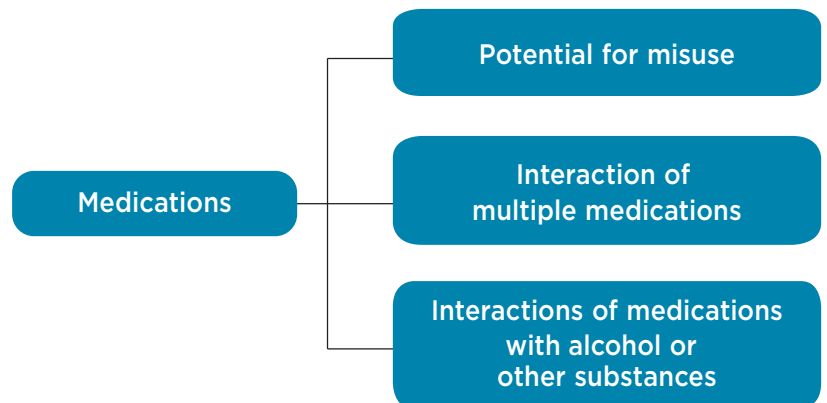
Alcohol is the substance most commonly used by older people, with older people most likely to be daily drinkers in Australia. People's ability to process alcohol reduces with age, and drinking alcohol creates greater risks for older people's health and for interactions with medications. This does not infer older people should not consume any alcohol. Moderate alcohol use can have positive social impacts and potentially protective health impacts. A key issue is that there are no clear definitions of moderate and unsafe drinking levels for older people. Also, a variety of individual and health factors will impact on the safe level of consumption for each person.

Illicit drugs are also a significant issue. Many drug and alcohol treatment groups, such as people on maintenance opioid substitution therapy (e.g. methadone), are ageing (AIHW, 2014a). They are now experiencing ageing-related health problems for the first time. Drug and alcohol services have not previously been expected to manage ageing related health problems, and aged health services are not specialised in managing substance use issues.



Additionally, there are emerging trends regarding cannabis use increasing among older people, most likely in line with the ageing of the baby boomers (AIHW, 2014b). The long term effects of cannabis on people’s cognition and on older people’s health are not well understood.

The misuse of **prescription drugs** by older people is an important and growing issue. Opioid analgesics (examples include codeine, fentanyl, oxycodone, and morphine) and benzodiazepines (“benzos”) are key drugs of concern. Older people are the most likely age groups to use multiple medications at the same time, both prescribed and over the counter. Key issues related to medications include:



In addition to the well-known health risks for all smokers, **tobacco use** by older people may impact on cognition and ageing related conditions.

Key challenges for older people, the community and the health system

Comorbidities and physical health issues	<ul style="list-style-type: none"> ■ Mental health and/or physical health comorbidities are common. Ageing-related health issues are relatively new for drug and alcohol services.
Cognition	<ul style="list-style-type: none"> ■ There are risks for and high rates of cognitive impairment among older people with substance misuse issues. This means services need to work differently.
Recognition, stigma and ageism	<ul style="list-style-type: none"> ■ <i>“I’m not a junkie.”</i> ■ <i>“I’ve had this many drinks for years and never had a problem before.”</i> ■ <i>“They’ve been using for 40 years; what difference will I make?”</i> ■ <i>“It would be cruel to take away the last pleasure in life.”</i>
Pain	<ul style="list-style-type: none"> ■ Rates of chronic pain have been shown to increase with age. ■ High rates of opioid prescription, and low use of non-pharmacological ways of managing pain, contribute to substance misuse in older people.
Social isolation	<ul style="list-style-type: none"> ■ Social isolation can play a part in initiating substance misuse, or be an outcome of it. ■ Alcohol can promote social inclusion, adding to the complexity of the issue.
Accommodation, finances and transport issues	<ul style="list-style-type: none"> ■ Financial difficulties often arise due to low income and/or the cost of using substances. This can impact on the older person’s ability to participate in the community, and on access to appropriate treatment and/or care. ■ There are limited appropriate accommodation options.
Carers	<ul style="list-style-type: none"> ■ Carer presence can create issues with disclosure and stigma. However, carer engagement can also improve access to services.
Relevant resources for older people	<ul style="list-style-type: none"> ■ Available health promotion resources and activities tend to be targeted towards younger people. ■ More needs to be done to promote clear messages to older people around safe use of alcohol and ‘risky’ drinking levels.
Issues with services	<ul style="list-style-type: none"> ■ There are some barriers to older people accessing existing drug and alcohol services and programs. Additionally, other services and sectors may not recognise and/or provide appropriate responses to older people’s substance misuse problems.

What can be done

In broad terms, older people with substance use issues are likely to benefit from

- **community level actions** to address social isolation and improve social connectedness, awareness and recognition of substance use issues in older people, and
- **coordinated service responses** to address health, care and support, and accommodation needs.

Appropriate care and support

A range of treatment outcomes may be appropriate and desirable for older people with drug and/or alcohol problems. These should be underpinned by person centred, holistic assessment and care. Successful outcomes may include abstinence for some older people with substance use disorders, as well as a wide range of other outcomes focused on harm minimisation, improved health, independent living and increased levels of wellbeing and social connectedness.

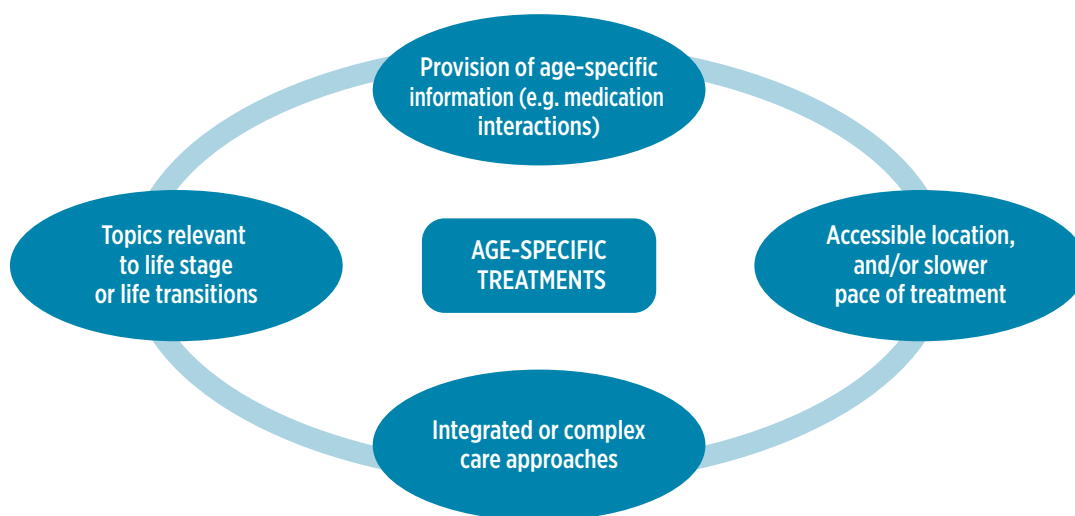
How do we provide effective treatment?

The available research evidence and expert opinion indicates that older people can respond equally well to younger cohorts to mixed aged treatments, and that more treatment in terms of length of stay or treatment adherence results in better outcomes for older people (Keurbis & Sacco, 2013). The evidence supports:

“Older people can and do benefit from treatment and in some cases have better outcomes than younger people.”
(Royal College of Psychiatrists, 2011).

- age-appropriate treatment and support of extended duration for those who are drug and/or alcohol dependent, and
- brief interventions for those whose substance use places their health at risk.

Age-specific treatments can improve outcomes and service acceptability for older people, and can involve:



The *Older People's Drug and Alcohol Project Report* provides recommendations for NSW Health drug and alcohol and mental health services. Collaborative work with other services and sectors, including aged health and aged care, will be central to improving services for older people with substance use issues.

Recommendations for drug and alcohol services include strategies to enhance responses in existing (mixed age) drug and alcohol service settings, as well as ideas for age-specific drug and alcohol approaches. For NSW Health mental health services, recommendations focus on strategies to improve screening, brief intervention and referral to drug and alcohol treatment, and to enhance integration of care.

The *Project Report* also provides a basis for policy, planning, workforce development and population health strategies to improve recognition, care and support for older people with substance use issues, as well as potential research priorities.

For further information on these issues, messages and recommendations; and full references; please refer to the *Project Report* at www.health.nsw.gov.au