

Responding to older AOD users

The ageing population

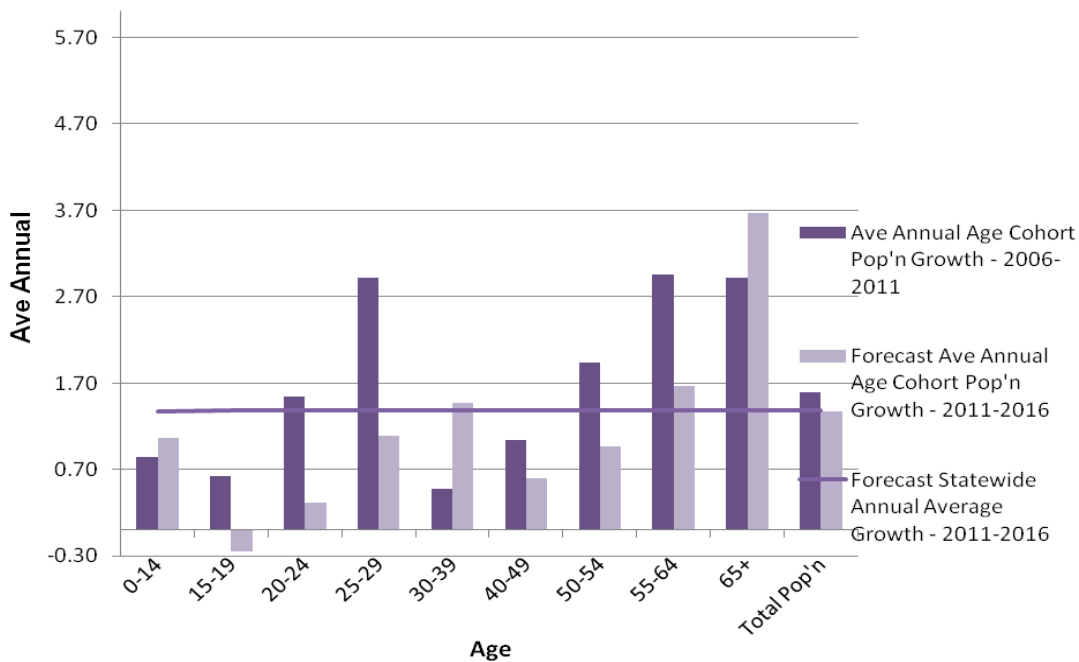
The ageing of the population represents a major transformation of the Australian population and presents significant challenges for social, health and economic policy and program planning.

The Australian Bureau of Statistics (ABS) estimates that the proportion of Australians aged over 65 will increase from around 13 percent in 2007, to around 23 to 25 per cent by 2056, and between 25 per cent and 28 per cent by 2101.¹

As illustrated in Figure 1, the Victorian population over fifty years of age is projected to grow annually at a greater rate than the state wide average.

Figure 1

Average Annual Growth Rate - Population Change - 2006-2011 & Forecast Population Change - 2011-2016 by Age Group, Victoria



Source: Dept of Community Planning and Development, 2010. Victoria in Future 2008 Regional LGA Projections

In Victoria the rate of population ageing will be most marked in outer metropolitan and rural and regional areas. Regional Victoria already has an older population than Melbourne and this is projected to continue.

¹ ABS (2008) Population Projections 2006-2101, [cat. No. 3222](#) accessed 11 June 2010

The ageing of our population is likely to have a dramatic impact on a range of government expenditure areas including social, health and income support spending.

Costs associated with alcohol and other drug use amongst older people is one such spending area, which to date has attracted very little attention. It would appear older AOD users tend not to approach AOD treatment services, with those over 60 years of age accounting for just 1 per cent of all completed courses of treatment for alcohol and 2 per cent of all completed courses of treatment for benzodiazepines in 2005-06.²

In many instances the underlying substance use issues of older people may go unrecognised. VAADA believes action should be taken now to establish AOD treatment programs for older people to ensure the AOD service system is equipped to respond to the needs of Victorians as they age.

AOD use among older people

Older people use alcohol and drugs in a variety of ways. They take prescribed medications for a range of physical and psychological conditions; they smoke cigarettes; drink alcohol and use illicit substances.³

Older people are at risk of developing substance use issues through a complex interplay of factors. These include physiological changes, increased isolation, transitional periods such as retirement and experiences of loss and grief.

It has also been suggested that differences between generational cohorts rather than age alone, accounts for some drug use in older people. For instance, it has been suggested that as the 'baby boomers' age, they may take established substance use attitudes and behaviours into older age.

The harms from AOD use in older people

There is a large body of evidence pointing to the harms associated with short-term and long-term alcohol misuse, including liver damage, stroke, alcohol-related brain injury, coronary disease, a range of cancers, and amongst older people especially, the risk of falls.

For older people, who may have drunk at risky levels for years, these harms are further exacerbated by the decreasing tolerance for alcohol brought about by age, as well as increased severity of withdrawal symptoms.⁴

Benzodiazepine and other tranquilliser use can greatly reduce quality of life and contribute to incontinence, confusion, lack of mobility, falls, instability and a range of other problems.

These harms may be further exacerbated among those older people also experiencing social and cultural isolation, poverty, and homelessness.

Risk of heroin overdose is known to increase with prolonged use. Mortality rates have steadily decreased in younger age groups since 2001, but have increased amongst those aged 45 and over.⁵

² Victorian Department of Human Services (2009) *The Victorian Drug Statistics Handbook 2007: Patterns of drug use and related harm in Victoria*, Victorian Government Publishing Service.

³ Crome, I & Crome, P (2005) 'At your age, what does it matter? – myths and realities about older people who use substances', *Drugs: Education, prevention and policy*, 12(5):343-347.

⁴ Crome, I & Crome, P (2005) 'At your age, what does it matter? – myths and realities about older people who use substances', *Drugs: Education, prevention and policy*, 12(5):343-347.

Older heroin users appear less likely than younger users to reduce or cease heroin use at times of limited supply, but when they do, appear more likely to engage in other risky drug using activities such as benzodiazepines injecting.⁶

There are few services available for older AOD users

There are few programs or initiatives in Victoria specifically geared to the needs of older AOD users.

As a consequence it would appear older AOD users tend not to approach AOD treatment services, with those over 60 years of age accounting for just 1 per cent of all completed courses of treatment for alcohol and 2 per cent of all completed courses of treatment for benzodiazepines in 2005-06.⁷

Older people with AOD issues may either remain hidden in the community or present to aged care services, general practice, or hospital emergency departments with a range of other mental and physical health problems.

In many instances their underlying substance use issues may go unrecognised, often masked by the expectation and perception that older people move more slowly, have poorer balance and have aches and pains.⁸

This highlights the need for age-appropriate screening tools to assist practitioners in non AOD agencies to identify AOD issues.

However, even when AOD issues among older people are recognised, aged care services lack specialised understanding of AOD issues, or capacity to effectively respond to them, particularly in residential settings where the older person may be unwilling or unable to stop their AOD use.

AOD agencies raised many of these concerns at a forum convened by VAADA in 2005 – ‘Older but not forgotten’, and again through the consultation process for VAADA’s 2010/11 state budget submission.

Research in 2007 by Victorian AOD clinician Simon Ruth suggests, however, that older people will access treatment when it is tailored to meet their needs. Based on investigation of a number of older-adult specific services in the United States of America and Canada, Ruth’s research found that agencies may inadvertently create barriers to treatment, and identified that treatment for older adults:

- Requires longer episodes of care and needs to be slower, gentler, holistic and more flexible;
- Has a greater degree of medical complexity;
- Is more likely to involve significant others.⁹

⁵ Degenhardt, L., C. Day, E. Conroy, S. Gilmour and W. Hall (2005) ‘Age differentials in the impacts of reduced heroin supply: Effects of a “heroin shortage” in NSW, Australia’ *Drug and Alcohol Dependence* 79(3): 397-404 and Degenhardt, L., and Roxborough, A. (2007) *Accidental drug-induced deaths due to opioids in Australia: 2005*, National Drug Research Centre: Sydney.

⁶ National Drug and Alcohol Research Centre (2004) *Opioid overdose deaths in Australia: 2004 edition*, National Drug Research Centre, Sydney.

⁷ Victorian Department of Human Services (2009) *The Victorian Drug Statistics Handbook 2007: Patterns of drug use and related harm in Victoria*, Victorian Government Publishing Service.

⁸ Drugs and Crime Prevention Committee (2006) *Inquiry into strategies to reduce harmful alcohol consumption*, Parliament, Melbourne. Chapter 13.1 ‘Older people’.

⁹ Ruth, S. (2007). *Developing a model of community based alcohol and drug treatment for an ageing population* [online] <http://www.health.vic.gov.au/travelfellowships/2007>

VAADA believes there is already substantial capacity within the AOD sector to provide effective and quality AOD treatment for older adults. Translating this capacity into better outcomes for older adults will entail partnerships with mental health, aged care and medical services as well as funding, infrastructure and workforce development, and should draw on the growing momentum around this issue.

Actions to address AOD use among older people

Effective responses to improve support and access to drug treatment for older Victorians include:

- Research into patterns of AOD use among older Victorians, impact of long-term AOD use on the ageing body, and implications for appropriate screening methods, effective engagement, and treatment interventions
- Funding to increase the range of AOD treatment options available to older Victorians, particularly those with ABIs, who are Indigenous and those in rural and remote areas
- Development of a planning strategy that focuses on generational changes in illicit drug use patterns within the context of an ageing population
- Development of broad-based community education campaigns to raise awareness about the increased harms associated with particular drugs on the ageing body, especially alcohol, tranquilisers and painkillers
- Development of a training strategy to enable health and aged care providers to more appropriately respond to AOD issues amongst older people
- Leadership in the development of stronger partnerships between primary, acute, and mental health services, aged care and AOD treatment services
- A pilot drug treatment project to address the gap in AOD services for older adults. The project should include outreach, project coordination, medical support coupled with funding for research and evaluation

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