



## Ageing in the 21<sup>st</sup> century: Alcohol and other drug use among older Australians

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## The grey tsunami

- Proportion of people 65+ years projected to increase from 14% in 2014 to 18-20% in 2026
- In 10 years, 1 in 5 Australians will be over 65
- Currently there are 4.5 people aged 15-64 for every person aged 65+
  - Over the next 40 years, this ratio is forecast to drop to 2.7 people
- By 2055, approx. 40,000 people will be 100 years old; a 10 fold increase



## Substance use among older adults

Increasing rates of alcohol and drug use among older Australians

Older people more vulnerable to adverse effects of alcohol/drug use

Increased risk of:

- Falls and other injuries
- Diabetes
- Cardiovascular disease
- Mental health problems
- Obesity
- Liver diseases
- Suicide
- Early onset dementia and other brain injury
- Alcohol and other drug dependence
- Blood borne diseases



## Cost of substance use among older adults (Collins and Lapsley)

Net tangible costs to Australian residential aged care facilities in 2004/05:

- \$401.2 million for alcohol
- \$6.2 million for illicit drugs

Federal government outlays to residential aged care facilities in 2004/05:

- \$300.5 million for alcohol misuse
- \$4.6 million for illicit drug misuse

State/territory outlays to residential aged care facilities in 2004/05:

- \$15.5 million for alcohol misuse
- \$0.2 million for illicit drug misuse



## BUT!

- Research typically focusses on younger age groups
- Potential impact on service provision of AOD among older people is poorly understood



## Aim & Methods

Aimed to examine:

1. patterns in AOD use
2. treatment demand among older Australian
3. implications for service providers.



Secondary descriptive and inferential statistics were conducted on:

- National drug strategy household survey
- National hospital morbidity dataset
- Alcohol and other drug national minimum dataset



## Alcohol consumption

	2001	2013
<b>Lifetime risky drinkers</b>		
60-69 years*	15.5%	18.6%
70+ years*	12.4%	10.1%
60+ years	14.0%	14.7%
12+ years*	20.5%	17.6%
<b>Single occasion risky drinkers</b>		
60-69 years*	12.5%	16.3%
70+ years*	7.5%	6.3%
60+ years*	10.0%	11.7%
12+ years*	29.2%	25.7%

\* Significant difference between years (p<.05)

Source: 2001 & 2013 National Drug Strategy Household Survey (NDSHS). (NCETA secondary analysis, 2015).



## Alcohol treatment 60+ year olds

### Treatment episodes where alcohol was the principal drug of concern

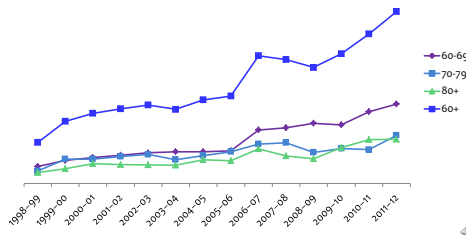
	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13
N	1,975	2,051	2,210	2,252	2,441	3,139	3,067	3,499	3,607	3,935	3,693
%	82.0	82.3	81.1	81.3	83.8	83.5	83.1	84.7	80.6	82.7	79.6

Source: Australian Institute of Health and Welfare (AIHW) 2002/03-2012/13 Alcohol and Other Drug Treatment Services (NCETA secondary analysis, 2015).



## Hospitalisation for other drug use

### Hospital separations for poisonings by heroin, other opioids, methadone, and other narcotics

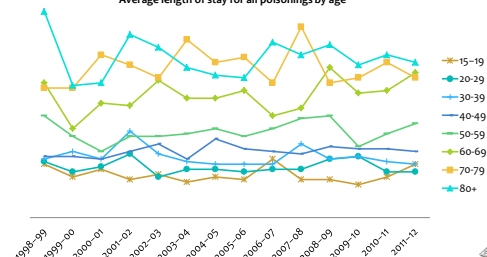


Source: Australian Institute of Health and Welfare (AIHW) National Hospital Morbidity Database, 1998-9 - 2011-12 Databases (NCETA secondary analysis, 2014).



## Length of hospitalisation

### Average length of stay for all poisonings by age

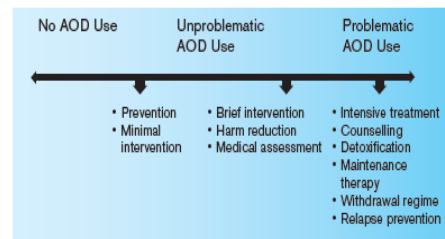


## Typology of older users

<b>Maintainers:</b>	Have continued their previously unproblematic use into older age but age-related changes (metabolic, co-morbidities, other medicines) result in increased harms later in life (Nicholas and Roche, 2014)
<b>Survivors:</b>	Early onset users who have a long history of substance use problems which persist into older age and often have resultant co-morbidities (Gossop, 2008)
<b>Reactors:</b>	Late onset users whose problem use begins in their 50s or 60s and is often associated with stressful events (e.g., bereavement, retirement, marital breakdown or social isolation) (Gossop, 2008)



## Spectrum of AOD problems



## Barriers to treatment

### Older people do well in treatment

But may be impeded by:

- Shame, embarrassment (feelings of past 'failures')
- Physical access to services (transport, stairs etc.)
- Attributing AOD-related symptoms to ageing
- Unsuitable services
- Collusion by client's family
- Not knowing where to turn for help



## Implications for service provision

Need to better address the needs of older AOD users in order to:

- Reduce healthcare costs
- Improve quality of life

This will require improved service provision, including:

- Better collaboration between aged care and drug services
- Up-skilling staff in both sectors
- Appropriate assessment tools for use with older people
- More age-appropriate services



## Thank you

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